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Extended Abstract
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COPD 2016: SEF Classification for Chronic Obstructive Pulmonary Disease (COPD) Management_Md Rashidul Hassan_ National Institute of Diseases of the Chest & Hospital, Dhaka, Bangladesh

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Chronic Obstructive Pulmonary Disease (COPD) is one among the foremost common respiratory ailments encountered by the physicians. Chronic obstructive pulmonary disease (COPD) may be a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. It's typically caused by long-term exposure to irritating gases or particulate, most frequently from cigarette smoke. People with COPD are at increased risk of developing heart condition, carcinoma and a spread of other conditions. Emphysema and bronchitis are the 2 commonest conditions that contribute to COPD. These two conditions usually occur together and may vary in severity among individuals with COPD. bronchitis is inflammation of the liner of the bronchial tubes, which carry air to and from the air sacs (alveoli) of the lungs. It's characterized by daily cough and mucus (sputum) production. Emphysema may be a condition during which the alveoli at the top of the littlest air passages (bronchioles) of the lungs are destroyed as a results of damaging exposure to cigarette smoke and other irritating gases and particulate. This disease may be a burden for both developed and developing countries. In 2007, a study on COPD referred to as BOLD-BD (Burden of Obstructed Lung Disease in Bangladesh) revealed the prevalence of COPD generally population to be 4.32% Chronic Obstructive Lung Diseases (COPD) may cause significant inflammation and narrowing of small airways which isn't reflected alright by FEV1. Moreover, FEV1 correlated well with exertional dyspnea, not with chronic productive cough even with wheeze. Patients with chronic productive cough are more susceptible to exacerbations than emphysema patient, so management of Chronic Obstructive Lung Diseases (COPD) depends on both symptoms and exacerbations besides FEV1. GOLD classification ABCD sub-classification isn't friendly for GPs. Considering limitations of FEV1, presence of complications (respiratory failure, other comorbidities), frequency of exacerbations and impact of disease on patients' life a replacement management plan for Chronic Obstructive Lung Diseases (COPD) patients is formulated which is simpler than Gold management plan. So, a modified staging and management of Chronic Obstructive Lung Diseases (COPD) is formulated which is predicated on symptoms (S) frequency of exacerbations (E) and performance (Lung Function= FEV1) and counting on these three parameters, SEF (symptom, exacerbation and Function) classification has been made. consistent with SEF classification, COPD patients are dividing into four stages on the idea of FEV1 and every stage is again sub-classified on the idea of symptoms and exacerbation.

Methodology: SEF trial of COPD was conducted from July 2011 to December 2012. it had been a prospective case control; cross over trial over one-year period.

Results: We recruited 153 as control patients in SEF Study. 12 patients excluded from case series as investigation demonstrated primary disease wasn't COPD. 111 (72.6%) patient skilled treatment and 27 (17.6%) patient not skilled treatment and three (2.0%) patient died during treatment 1 patient died thanks to cerebral stroke, 1 patient died thanks to taking treatment of Osteoporosis after infusion of Zolendronic Acid and died thanks to high fever and respiratory failure in ICU 2 days after infusion and 1 patient died thanks to Exacerbation of COPD in ICU of NIDCH.

Conclusion: SEF classification could also be an efficient tool that it are often an honest guide for a Generalist and Pulmonologist to optimize selection of drugs in COPD Patient. But needs further study to validate the result.

Biography

Prof. Md. Rashidul Hassan Director cum Professor, National Institute of Diseases of the Chest & Hospital, Dhaka 1212 is a Bangladeshi, completed his MD Respiratory Medicine from Dhaka University in the Year 1995. He is now Professor, Department of Respiratory Medicine, National Institute of Diseases of the Chest and Hospital [NIDCH], Dhaka 1212, Bangladesh. He is now Founding President of Bangladesh Lung Foundation and Founding Vice President of Evidence Based Clinical Practice Society of Bangladesh. He has published 63 papers in reputed Journals and has been serving as editorial board member of Journal of Asia Pacific Society of Respirology (APSR)

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