COPD facts and figures

A global and growing threat

- Approximately 251 million people globally were reported to have chronic obstructive pulmonary disease (COPD) in 2016.
- COPD is the fourth leading cause of death in the world.
- Global deaths from COPD are projected to increase by more than 30% over the next decade.

Who’s at risk?

- Long-term smokers.
- People exposed to large amounts of secondhand smoke.
- Anyone exposed to chemical fumes, vapors and dusts.
- People who are 40 and older.
- Anyone with an alpha-1 antitrypsin deficiency.

Overlap syndrome

Overlap syndrome is the coexistence of obstructive sleep apnea (OSA) and COPD.

- Research has indicated a prevalence of OSA in COPD patients as high as 66%.
- Patients with overlap syndrome may experience worsening symptoms of COPD and an increased incidence of COPD exacerbations.
- Continuous positive airway pressure (CPAP) remains the standard treatment for both OSA and overlap syndrome.
- Patients with overlap syndrome who use CPAP therapy have improved survival and decreased hospitalizations.

The current state of device therapy

- Approximately 1 out of 5 patients are on long-term oxygen therapy.
- Less than 1% of COPD patients are receiving some form of home ventilation.

COPD and comorbidities

THE OVERALL PREVALENCE OF CLINICALLY RELEVANT COMORBIDITIES IN COPD PATIENTS IS 2.6 PER PATIENT.

- 78.6% of COPD patients were found to have at least one comorbidity of clinical relevance.
- 68.8% of COPD patients were found to have at least two comorbidities.
- 47.9% of COPD patients were found to have three or more comorbidities.

COPD patients experience about 1 to 3 exacerbations and/or hospitalizations per year.

$11,195 is the average cost of an acute exacerbation of COPD.

50-75% of the costs for COPD are for services connected to exacerbations.
Why non-invasive ventilation (NIV)?

- In one year, NIV therapy reduces the risk of death in COPD patients by 76%.16
- COPD patients who used NIV at home after hospitalization had lower readmission rates (40% vs. 75% readmission rate in the control group).17
- Home NIV reduces the recurrence of acute hypercapnic respiratory failure following an initial event by 36% in the first year following the event when compared to CPAP (38.5% vs. 60.2%)18
- The addition of NIV to optimal standard therapy has beneficial effects on the quality of life of stable hypercapnic COPD patients.19
- When non-invasive ventilation is added to pulmonary rehabilitation in COPD patients with chronic hypercapnic respiratory failure, it may lead to improvements in quality of life, functional status and gas exchange.20

Combining home ventilation with home oxygen therapy

As an adjunct to typical care, non-invasive positive pressure ventilation (NPPV) is known to:
- Reduce the need for intubation21
- Lower mortality rates21
- Reduce likelihood of treatment failure21

Patients in the HOT-HMV study who received at home NIV in addition to oxygen therapy had a 51% decreased risk of re-hospitalization or death in the first year, compared to those who received oxygen therapy alone.22

Patients in the HOT-HMV trial treated with NIV and oxygen at home went a median of 4.3 months without a hospital admission or death, compared to 1.4 months of patients with oxygen only.22

The financial burden of readmission

- About 2 million patients are readmitted each year, costing Medicare $26 billion.23
- Of that $26 billion, an estimated $17 billion stems from potentially avoidable readmissions.23
- The total penalties billed by Medicare in 2014 were $420 million, as part of its Hospital Readmission Reduction Program.24
- The estimated cost of COPD to the US healthcare system is almost $50 billion annually.25

1 in 5 people hospitalized for COPD are readmitted within 1 month of discharge.26

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