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Launch of the First European White Book on Lung Disease:

CALL FOR CONCERTED POLICY ACTION IN EUROPE TO TURN THE TIDE OF THE PREVALENCE OF LUNG DISEASE

European Parliament, Brussels – 25 November, 2003. European decision makers joined forces today with the medical community and patients' groups to call for concerted policy action to turn the tide on the rapidly increasing prevalence of lung disease in Europe.

The call came during the launch of the first European White Book on Lung Disease hosted by Dr Caroline Lucas, Member of the European Parliament (Greens, UK), and chaired by the President of the European Respiratory Society, Prof. Walter McNicholas. In recognition of the European Commission's commitment to respiratory health, David Byrne, EU Commissioner for Health and Consumer protection, participated in the launch. The Commissioner was presented with the first copy of the White Book by Prof. Robert Loddenkemper, Editor-in-Chief of the White Book, as a token for his active and continuous support of lung health and for his leadership in the fight against tobacco in Europe.

Commissioner Byrne stated "The European Lung White Book is an essential reference guide" and that in light of its findings he will "remain committed to supporting work on respiratory health and lungs disease through the Community's research and public health programmes." To demonstrate both the importance and ease of screening for lung diseases, Commissioner Byrne and Dr Lucas took a spirometry test.¹

The European White Book on Lung Disease, published by the European Respiratory Society (ERS) and the European Lung Foundation (ELF), provides the first comprehensive survey on respiratory health in Europe and demonstrates how respiratory disease affects European health systems. In addition to providing epidemiological data collected from all 51 countries of the World Health Organization (WHO) Europe region, the European Lung White Book presents an initial assessment of the financial impact of lung disease on society, both in terms of cost of care and loss of productivity (lost work days).

¹ Spirometry, which provides an objective measurement of lung function is essential for the diagnosis of lung diseases such as COPD and asthma.

The total annual financial burden of lung disease in Europe is estimated at €102 billion², a figure comparable to the GDP of the Republic of Ireland. Chronic obstructive pulmonary disease (COPD) is the most costly respiratory disease in Europe, with annual costs estimated at €38.7 billion, of which 74%, (€28.6 billion) result from lost work days. The remaining costs for COPD, 26% of the total (€10.1 billion), cover inpatient care, medication, and ambulatory care. The indirect costs in productivity losses are almost 3 times the costs for direct health care.

In Europe, as well as in the rest of the world, respiratory diseases are amongst the leading causes of mortality and morbidity, ranking second (after cardiovascular diseases) in terms of mortality, incidence, prevalence and costs. "It is clear that given the impact of lung diseases, they must be made a priority under national healthcare plans", said Caroline Lucas. She then stressed that Europe has a major role to play, calling upon her Colleagues within the European Parliament to act where they can in making the Commission's Environment and Health Strategy³.

"The response of European Institutions and Member States must be commensurate with the extent of the problem", stated Prof. Walter McNicholas, President of the ERS. "We welcome the publication of the European Lung White Book, as a key contribution of the ERS and the ELF to improve the prevention, diagnosis and care for respiratory diseases in Europe," said Svein-Eric Myrseth, President of the European Federation of Allergy and Airways Diseases Patients' Association. Concluding the meeting, specialists in respiratory medicine, EU decision-makers, patients and other stakeholders united in calling for the following actions:

- a commitment of all Member States to prioritise the **prevention and early diagnosis** of chronic lung diseases (in particular COPD and asthma) in national healthcare plans and, in particular, to facilitate access to spirometry testing, a cost-effective and key diagnosis procedure for these diseases;
- **better monitoring** of the evolution of lung diseases. Members States and the European Parliament should ensure that the remit of the future European Centre for Disease Control include comprehensive surveillance for non-communicable and communicable lung diseases;
- the introduction of **legislative measures for smoking prevention** and the protection of non-smokers⁴, including bans on smoking in all public and work places⁵ and increases in the price of cigarettes, which have been shown to reduce the rate of smoking-related lung diseases; Member States should ratify the Framework Convention on Tobacco Control before the next World Health Assembly in May 2004⁶;

² This refers to the current 15 EU member countries plus Switzerland and Norway.

³ Spirometry, which provides an objective measurement of lung function is essential for the diagnosis of lung diseases such as COPD and asthma.

⁴ Second-hand smoke is a proven risk factor for lung cancer and COPD in adults and for recurrent respiratory illnesses, asthma and lung function impairment in children.

⁵ Ireland will introduce a total ban on smoking in public places, including pubs and restaurants at the beginning of 2004.

⁶ www.fctc.org

- a commitment of all Member States and EU institutions to ensure that more resources are allocated to research on lung diseases under the future Seventh Research Framework Programme (FP7);

For more information and/or to order a copy of the European Lung White Book, please contact

An abbreviated version of the *European Lung White Book* – “Lung Health in Europe, Facts & Figures” is available online at:

www.ersnet.org/whitebooksamples

Notes to editors:

1/ Founded in 1990, the ERS is a non-profit, international medical organisation with more than 6,500 members – scientists, doctors and allied health professionals, coming from over 90 countries. The Society’s mission is to advance respiratory medicine by stimulating and coordinating the actions of its members, in order to achieve the highest possible medical, paramedical and social standards in the treatment of respiratory disease. The Society cooperates with national and international societies to promote education, research, patient care and public health in the field of respiratory medicine. Through its activities, the ERS seeks to improve the prevention, management and treatment of lung disease.

2/ The European Lung Foundation (ELF) was created by the ERS with the mission of helping the European scientific community share its expertise in respiratory medicine with the public. In 2002 and 2003, the ELF, together with other partners, supported national campaigns in Sweden and Austria to promote lung health. These initiatives are part of a global European public awareness campaign, “The Breath of Life” campaign.

3/ Lung diseases rank second in Europe (after cardiovascular diseases) in terms of mortality, incidence, prevalence, and costs. In some countries (*i.e.* UK), they are already the leading killer. A further increase in the prevalence of lung disease is projected for the next decade, in particular for smoking-related diseases, such as COPD and lung cancer in women. Ninety per cent of COPD cases, as well as 80–85% of lung cancer cases are directly linked to tobacco smoking. Other risk factors, such as air pollution, allergens, infectious pathogens and toxic occupational agents, also play an important role in the development of lung disease in Europe and pose crucial threats to the welfare of all Europeans.

4/ Asthma is now the most frequent chronic disease in children with a prevalence varying from less than 1% (Poland, Latvia, Estonia, Lithuania) to more than 15% (UK, Ireland) and its prevalence is also increasing in adults, particularly in Western Europe.