



Symptoms and the Diagnosis of the Chronic Obstructive Pulmonary Disease (COPD)

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Description

Chronic obstructive pulmonary disease (COPD) is a progressive illness characterized by a restriction of airflow that is at best partially irreversible. It is a leading cause of increased morbidity and mortality, projected to rank seventh worldwide in terms of illness load and third in terms of cause of death. Chronic obstructive pulmonary disease (COPD) affects 32 million individuals in the United States and is the country's third leading cause of death. Patients often have bronchitis and emphysema symptoms, although the traditional trio also includes asthma or a combination of the above. Persistent bronchitis is clinically defined as the presence of a chronic productive cough for three months every two years (other causes of cough being excluded).

Pathologically, emphysema is characterized as abnormal, permanent expansion of the air regions distal to the terminal bronchioles, with deterioration of their walls but no apparent fibrosis.

Signs and symptoms

Patients usually present with a mixture of signs and symptoms of bronchitis, emphysema, and reactive airway disease. Symptoms include the following:

- which is generally worse in the mornings and produces a little quantity of colorless mucus.
- the most severe symptom, but it generally does not appear until the age of sixty.
- may occur in certain individuals, especially during exercise and exacerbations.

Physical examination has a low sensitivity for diagnosing mild-to-moderate COPD; nevertheless, physical symptoms are quite specific and sensitive for severe illness. Findings in severe disease include the following:

- Tachypnea and respiratory distress with simple activities
- Use of accessory respiratory muscles and paradoxical in drawing of lower intercostal
- Cyanosis
- Elevated Jugular Venous Pulse (JVP)
- Peripheral edema

Thoracic examination reveals the Hyperinflation (barrel chest), Wheezing - Frequently heard on forced and unforced expiration, diffusely decreased breath sounds, and hyper resonance on percussion, in some cases. Certain characteristics allow differentiation between diseases that are predominantly bronchitis which is predominantly emphysema. Chronic bronchitis characteristics are that the Patients may be obese, Frequent cough and expectoration are typical, Use of

accessory muscles of respiration is common, Coarse rhonchi and wheezing may be heard on auscultation and Patients may have signs of right heart failure (ie, cor pulmonale), such as edema and cyanosis. Emphysema characteristics are that the patients may be very thin with a barrel chest, patients typically have little or no cough or expectoration, breathing may be assisted by pursed lips and use of accessory respiratory muscles; patients may adopt the tripod sitting position, the chest may be hyper resonant, and wheezing may be heard and heart sounds are very distant.

Diagnosis

COPD is frequently misdiagnosed, and many patients with the condition may not be identified until the disease has advanced. To diagnosis this disease, the doctor will go through the signs and symptoms, as well as the patient's family and medical history, as well as any exposures to lung irritants, particularly cigarette smoke.

The following tests are used to diagnose COPD:

- These tests measure how much air one can breathe in and out and whether the lungs are supplying enough oxygen to the blood. The most common test, spirometry, involves blowing into an outsized tube that's connected to a little machine to live what proportion air one's lungs can hold and the way fast one can push air out of their lungs. Other tests include measurements of lung volume and diffusion capacity, the six-minute walk test, and pulse oximetry.
- A chest X-ray may show emphysema, a leading cause of COPD. An x-ray can rule out other lung problems or heart failure as well.
- A CT scan of the lungs can help identify emphysema and determine if you could benefit from COPD surgery. CT scans also can be used to screen for carcinoma. Analysis of arterial blood gases. This biopsy measures how well the lungs are transporting oxygen into the blood and removing CO₂.
- Laboratory tests are not used to diagnose COPD, but can be used to determine the cause of the symptoms or to rule out other medical conditions. For example, laboratory tests can be used to determine if one has the genetic disorder alpha1-antitrypsin deficiency, which can cause COPD in some people. This test can be done if one have a family history of COPD and develop COPD at a young age. There is specific treatment for COPD. A person can, however take measure to control the symptoms and slow the disease severity.
- COPD is frequently misdiagnosed, and many patients may go unrecognized and untreated until the disease has progressed. A CT scan of the lungs can aid in the diagnosis of emphysema, a leading cause of COPD. An x-ray can also rule out other lung issues or heart failures.