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STUDY OF DEMOGRAPHIC AND CLINICAL  
CHARACTERISTIC OF CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE PATIENTS IN MENOUFIA  
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### **List of abbreviations**

- AAD : Alpha 1 Antitrypsin Deficiency.
- ATS : American Thoracic Society.
- BMI : Body mass index.
- BTS : The British Thoracic Society.
- CO<sub>2</sub> : Carbon dioxide.
- COPD : Chronic obstructive pulmonary disease.
- CRP : C-reactive protein.
- CT : Computed tomography.
- CVDs : Cardiovascular disorders.
- CXR : Chest x ray.
- DALY : Disability –Adjust Life Year.
- DM : Diabetes Mellitus.
- ECG : Electrocardiogram.
- ERS : The European Respiratory Society.
- FEF : Forced Expiratory Flow.
- FEV<sub>1</sub> : Forced expiratory volume in first second.
- FEV<sub>1</sub>/FVC: Forced expiratory volume in first second/  
forced vital capacity.
- FVC : Forced vital capacity.
- GOLD : Global Initiative for Chronic Obstructive Lung  
Disease.
- GP : general practitioner.
- HB : Hemoglobin.
- HIV : Human immunodeficiency virus.
- HTN : Hypertension.
- ICU : Intensive care unit.
- IgE :Imunoglobulin E.
- IL-6 : Interleukin6.
- IM : Intramuscular.

- IV : Intravenous.
- KCO : The transfer coefficient of carbon monoxide.
- Kg/m<sup>2</sup> : kilogram/meter square.
- L : litter.
- LE : Egyptian pound.
- LRTIs : Lower Respiratory Tract Infections.
- LTOT : Long Term Oxygen Therapy.
- LVRS : Lung Volume Reduction Surgery.
- Mg : Microgram.
- Mg/L : Milligram/litter.
- MMRC : Modified medical research council.
- NICE : National Institute for Health and Clinical Excellence.
- NIPPV : Noninvasive intermittent positive pressure ventilation.
- NIV : Noninvasive ventilation.
- No. : Number.
- PaCO<sub>2</sub> : Arterial partial pressure of CO<sub>2</sub>.
- PaO<sub>2</sub> : Arterial partial pressure of oxygen.
- PEF : Peaked expiratory flow rate.
- PKa : Dissociation Constant.
- RSV : Respiratory synthetial virus.
- SaO<sub>2</sub> : Oxygen saturation.
- SR : Sustained release.
- TB : Tuberculosis.
- TLC : Total lung capacity.
- TLCO : Carbon monoxide transfer factor.
- TNF : Tumor necrosis factor alpha.
- UK : United Kingdom.
- US : United States.
- V<sub>A</sub>/Q : Ventilation/perfusion ratio (mmHg millimeter mercury).
- VO<sub>2</sub> max: maximum oxygen consumption.
- WHO : World Health Organization.

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# *Introduction*

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## **Introduction**

Chronic obstructive pulmonary disease (COPD) is a major cause of chronic morbidity and mortality throughout the world; many people suffer from this disease for years and die prematurely from it or its complications. COPD is the fourth leading cause of death in the world, and further increase in its prevalence and mortality can be predicted in the coming decades (**Lopez et al., 2006**).

Knowledge of the prevalence of COPD in different countries is incomplete. Good evidence suggests under diagnosis in the general population with only about 25% of cases being diagnosed (**Higgins and Thorn, 1989**).

The prevalence and burden of COPD are projected to increase in the coming decades due to continued exposure to COPD risk factors and changing age structure of the world's population (**Global Initiative for Chronic Obstructive Lung Disease, 2007**).

Cigarette smoking has been strongly implicated as risk factor for chronic obstructive pulmonary disease. As cigarette smoke is known to contain a large number of oxidants (**William Mac Nee, 2000**).

## *Introduction*

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An effective COPD management plan included four components: (1) Assess and monitor disease. (2) Reduce risk factors; (3) manage stable COPD; and (4) manage exacerbations and avoidance of risk factors to prevent disease progression (**Global Initiative for Chronic Obstructive Lung Disease, 2007**).

Prevalence, morbidity and mortality in Egypt are still lacking and have to be estimated; however COPD is arising significant health problem in Egypt (**Egyptian society of Chest Disease and Tuberculosis, 2003**).

A previous study was done for COPD patients in Chest department Ain shams University Hospital during period from July 1, 2006 to June 30, 2007 shows the great need and importance of performance of accurate statistical hospital records. The epidemiology, demographic, clinical characteristic of the patients and prescription pattern vary significantly between studied COPD patients and other studied in different countries; which highlight individuality of each country and necessity of national data on our health problems (**El – Sayed, 2007**) .

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*Aim of the work*

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