A breath of fresh air

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Symptoms of pulmonary disorder are one of the major reasons why patients seek advice from their doctor or pharmacist. They usually follow a seasonal pattern and are much more common during wintertime. Most symptoms follow common viral infections and are of a transient and self-limiting nature: very often the only therapy necessary is rest and simple symptomatic relief. Upper respiratory tract infections are rarely lethal, but they cause much morbidity and account for the loss of countless workdays, and school absenteeism.

The pattern of respiratory tract infection has changed significantly over the years and one now has to consider both the resurgence of “old” diseases such as tuberculosis as well as the emergence of “new” diseases, such as infection with Legionella and SARS. Indeed, the impact of widespread and frequent travel overseas has also had an effect on the epidemiology of respiratory communicable disease.

The rise in incidence of tuberculosis is multifactorial and the World Health Organisation predicts an increase of 57% in the EU and 10% in USA and Australia. Co-infection with TB and HIV only partly explains this rise and other factors are changes in patterns of human migration and in healthcare funding. In addition, the emergence of resistant TB strains poses a great challenge both to healthcare systems themselves, as well as to public health.

A hundred years ago, Sir William Osler referred to pneumonia as ‘captain of the men of death’. Mortality from...
this disease is no longer high; however
in today’s practice one often
encounters difficulties in treating
hospital-acquired pneumonia and lung
infections in patients with
compromised immunity. Treatment
options today are incomparable with
those available to Osler, while the
antibiotic armamentarium at the
disposal of physician and pharmacist is
extensive, and one that is rapidly
evolving to keep ahead of emerging
resistance.

In developed countries, a sizeable
portion of the workload of specialist
respiratory teams consists of care of
patients with non-communicable lung
disease. Asthma has a rising incidence
among all age groups in the Maltese
community and the impact of this
disease is felt at many levels, amongst
them the increasing demands and costs
for the provision of care. At an
individual level, patients are rightly
concerned about their quality of life
and Cordina’s paper in this Journal
addresses this issue together with the
need for adequate and sustained
control.

COPD is common among the middle-
aged and elderly population and
because of former patterns of cigarette
smoking in Malta, it is much more
prevalent among men. Epidemiological
patterns taken from other EU states
suggest a future increase in incidence
in Malta, given the high prevalence of
smoking among young women. Malta
forms part of the Global Initiative for
Chronic Obstructive Lung Disease
(GOLD) and a paper in this Journal
highlights the need to increase
awareness of COPD, not only at an
individual level, but also as a public
health problem on a countrywide scale.

Evidence-based medical practice is
here to stay, and guidelines for
management are often used as
standards of care. Locally, in the field
of respiratory medicine there are two
published sets of guidelines for
management (Asthma and COPD) and
another two are in the pipeline (Oxygen
Therapy and Pulmonary
Thromboembolic Disease).

The underlying methodology of
these four sets of guidelines has
been development by
multidisciplinary groups and their
basis upon systematic review of
scientific evidence.

Cigarette smoking contributes to
much morbidity and mortality among
our community. Cancer of the lung,
causally related to smoking, is the
most common form of cancer among
Maltese men and a forecast of
increasing incidence among women
mirrors the current gender-specific
smoking pattern.

The year 2004 was a landmark for
public health in Malta, in that
significant anti-smoking legislation
was implemented in the face of much
opposition from many quarters.
The restrictions on smoking in public
places were long-awaited by the
health care professions, but more
importantly they were eagerly
welcomed by the multitudes in our
population who feel that it is their
right to breathe clean air.