

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a degenerative disorder of the lungs in which there is a reduced ability to expire air. COPD includes chronic bronchitis and emphysema. Asthma may lead to chronic obstructive disease of the lungs as well.

Symptoms include dyspnea (shortness of breath), coughing (often productive of sputum), and recurrent bouts of bronchitis. The physician may hear decreased breath sounds or abnormal lung sounds, such as wheezing and rattles (rhonchi).

Most cases of COPD are related to cigarette use (past or current). However, not all who smoke get COPD. Obstructive lung disease develops in 10-15% of all cigarette smokers, and individuals who continue to smoke are likely to sustain a more rapid progression of the disease than non-smokers.

The most accurate method of diagnosing COPD is the pulmonary function test known as a spirometry (a measurement of the amount of air exhaled into a tube). FEV1 is the maximum amount of air exhaled during the first second of a forced exhalation. The average non-smoking adult shows a decline in FEV1 of 20–25 ml per year whereas the average heavy smoker declines 40–45 ml per year.

In underwriting, COPD is classified as minimal, mild, moderate, severe, and extreme. The chart below helps define each group of COPD by symptoms, medication, and FEV1 as a percentage of expected normal.

DEGREE	SYMPTOMS	TREATMENT	FEV1	RATING
Minimal	Asymptomatic, normal exercise tolerance, no chronic oral medications, stable CXR with no more than minimal interstitial markings	None	FEV1 is ≥80% and stable for ≥2 years	No rating
Mild	No more than occasional throat clearing or respiratory infection	None	60% 80%	Table B
Moderate	Dyspnea with moderate exertion such as climbing two flights of stairs	Inhaler	50% 60%	Table D
Severe	Dyspnea with mild physical activity such as dressing or walking one block	Steroids, multiple medications	40% — 50%	Table G
Extreme	Disabled, dyspnea at rest or with minimal activity	Home oxygen	< 40%	Decline

No adverse action is taken when the only mention of COPD is found on a chest X-ray report.

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