ICC Column

The unity of respiratory patient advocacy

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Dr. Baiardini and her colleagues have come to several important conclusions in their clinical review of the obstructive sleep apnea syndrome (OSAS) in the current issue of *Journal of Thoracic Disease* (*JTD*) (1). I would like to add one further conclusion that is a consequence of their observations.

In this spring season while the pollen levels are so high that they cover the windshields of your car each morning, worsening symptoms of nocturnal sleep disorders frequently occur. As Dr. Baiardini carefully documents, the upper and lower obstructive lung diseases chronic obstructive pulmonary disease (COPD), asthma, and rhinitis, which affect large segments of the population, are substantially worsened by and in turn worsen the adverse effects of OSAS, which leads to impaired quality of life and disabling fatigue, somnolence, and mental impairment caused by its effect of nocturnal pharyngeal constriction.

This vicious cycle of increasing symptoms and worsening disease must be diagnosed and interrupted. The authors provide guidance on therapies directed at the worsening COPD, asthma, or rhinitis as well as breathing therapies such as CPAP to cope with OSAS. I recommend that you read the research details of these observations and the clinically actionable approaches to diagnosis and therapy that can be incorporated into your practice to deal with these major respiratory conditions.

This conclusion reminds us of the similarities of COPD, asthma, and rhinitis that share the same respiratory epithelium and many other characteristics. The new diagnosis of asthma-COPD overlap syndrome (2) underlines the kinship of these disorders and their need to be considered together.

That is why in the final conclusion I would like to add that the patients who are afflicted by these diseases each have therapeutic needs that may include improved management of OSAS. Patient organizations, whether they focus on COPD, asthma, or rhinitis, need to work together to get this message to their members. This conclusion leads to the title of the editorial: the unity of respiratory patient advocacy. Whether it is patient education, updating of health care professionals, or governmental advocacy, respiratory patient groups should work together and coordinate their messages to ensure that the respiratory patients affected will benefit. Groups like EFA in the EU have successfully implemented this strategy. ICC has been in discussion with other patient groups to find ways to provide synergistic messages, and we intend to assist our member organizations in taking the same steps.

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Footnote

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References

1. Ferrando M, Bagnasco D, Roustan V, et al. Sleep complaints and sleep breathing disorders in upper and lower obstructive lung diseases. J Thorac Dis 2016;8:E716-25.
2. Postma DS, Rabe KF. The Asthma-COPD Overlap Syndrome. N Engl J Med 2015;373:1241-9.

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