

Life Style Modifications in Patients of Chronic Respiratory Diseases Why, When, and How

Sumer Sanjiv Choudhary*

Professor & Head Datta Meghe Medical College, SMHRC Nagpur

***Corresponding Author:** Sumer Sanjiv Choudhary, Professor & Head Datta Meghe Medical College, SMHRC Nagpur.

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One of the top four major chronic human diseases, according to the WHO, is chronic respiratory diseases [CRD]. These illnesses have significant negative economic effects as well as social and gender inequities within and between nations. The most common illnesses include chronic obstructive pulmonary disease (COPD), lung cancer, tuberculosis (TB), lung infections, asthma, and interstitial lung disorders, listed in decreasing order of prevalence. The severity of these complex diseases worsens with age, usually through more frequent and severe exacerbations, which commonly start in infancy and last the entirety of the patient's life. The prevention of disease, early detection of disease, and treatment of disease are priority for public health.

Starting in adolescence, lifestyle has an impact on health status. There is evidence that children may experience negative health effects. When health is measured using Huber et al. [1] "positive health" criterion, this becomes clearer; obese children, for example, have much lower daily functioning and quality of life scores than non-obese children. Individual and family behaviours, as well as "environmental" risk factors, all contribute to a shorter healthy life expectancy and a shorter life expectancy free of chronic disease. Tobacco use, as well as environmental contaminants, irritants, and allergens, all contribute to the prevalence of asthma, as well as the development and progression of a variety of CRDs. Smoking is another risk factor for behavioural health.

In the US, more than half of the population possesses at least two behavioural risk factors that when combined have a detrimental effect on chronic diseases [2]. The population-level reduction of smoking, physical inactivity, obesity, and malnutrition, as well as early identification and vaccination promotion, may increase the number of healthy years lived. Interventions, for instance, need to be carefully designed in order to be successful.

Ways to Keep Your Lungs Strong and Healthy

Do not smoke or quit smoking. You are surely aware that smoking raises your risk of developing lung cancer.

Make an effort to breathe more deeply.

Avoid being exposed to contaminants.

Infections should be avoided.

Improve your home's indoor air quality.

Get outside... Exercise.

Perform breathing exercises...

Hydration.

Vaccination and infection prevention

Behavioural approach

People who want to quit smoking should seek behavioural treatment, which entails identifying and modifying the behaviours that impact their smoking patterns. Individual, group, and telephone counseling are all successful.

Environmental safeguards

Environmental pollution is an established risk factor for CRD and COPD, particularly when using biomass fuels, is poor indoor air quality. It may be altered nevertheless by utilising cleaner fuels, superior cooking appliances or heaters, and improved ventilation. Worldwide, household air pollution [3] ranks first in terms of years of life lost to disability, with systemic health repercussions. Worldwide, occupational exposure is a significant contributor to both acute and chronic lung diseases. The aetiology of many occupational lung problems is well understood, in contrast to many other noncommunicable lung diseases, and they should be treated with tried-and-true methods.

Physical exercise

The world's health is significantly impacted by physical inactivity. Sedentary behaviour increases the risk of disease. Six to ten percent of the most harmful noncommunicable diseases, like coronary heart disease, type 2 diabetes, breast and colon cancers, can be avoided in order to prolong life, by changing their lifestyle to minimise and eliminate physical inactivity.

Nutrition

Consuming certain foods can affect the occurrence and development of COPD and other CRD. A nutritious diet can help you maintain your health. According to new research, nutrition may affect the onset and development of obstructive respiratory illnesses including asthma and COPD.

Self-management and education

An essential component of treating COPD is helping patients adjust to their conditions [4]. The development of collaborative self-management programmes aims to sustain patients' wellbeing, promote patients' self-efficacy, and enhance patients' health outcomes. These courses assist patients in understanding their illness, using drugs and medical equipment, managing symptoms and exacerbations, exercising, and working together to manage their illness.

Summary

Research has revealed many methods for reducing or preventing the burden of COPD and other CRD.; nevertheless, there is still a substantial gap between current scientific knowledge and population-based interventions. To address the problem and implement the required therapies, biomedical breakthroughs are used in conjunction with social, psychological, economic, and policy studies. We still need to create more efficient evidence-based policies and programmes in order to reduce tobacco use, regulate environmental pollution and workplace exposures, improve the prevention and treatment of respiratory disorders, encourage physical activity, and improve nutrition globally.

Key Points

- The foundation is early disease detection and surveillance.
- Smoking cessation and environmental exposure decrease are critical.
- Programmes at the population level that promote immunisation, early detection, and the decrease of obesity, smoking, physical inactivity, and malnutrition may lengthen healthy life spans.
- Long-term smoking cessation rates are regularly increased by medication and nicotine replacement therapy.
- The usefulness and safety of e-cigarettes are still unknown.
- There is currently no evidence to support the use of any type of behavioral or pharmacological treatment for smoking cessation.
- The incidence of infections and respiratory issues may be reduced by vaccination against pneumococcal and influenza diseases.
- Antibiotic medication can help avoid COPD exacerbations.
- The quality of life, symptoms, and physical and emotional engagement in everyday activities are all improved through pulmonary

rehabilitation.

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