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REVIEW

Global alliance against chronic respiratory diseases in Italy (GARD-Italy): Strategy and activities

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Summary
The steady increase in incidence of chronic respiratory disease (CRD) now constitutes a serious public health problem. CRDs are often underdiagnosed and many patients are not diagnosed until the CRD is too severe to prevent normal daily activities. The prevention of CRDs and reducing their social and individual impacts means modifying environmental and social factors and improving diagnosis and treatment. Prevention of risk factors (tobacco smoke, allergens, occupational agents, indoor/outdoor air pollution) will significantly impact on morbidity and mortality.

The Italian Ministry of Health (MoH) has made respiratory disease prevention a top priority and is implementing a comprehensive strategy with policies against tobacco smoking, indoor/outdoor pollution, obesity, and communicable diseases. Presently these actions are not well

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coordinated. The Global Alliance against Chronic Respiratory Diseases (GARD), set up by the World Health Organization, envisages national bodies; the GARD initiative in Italy, launched 11/6/2009, represents a great opportunity for the MoH.

Its main objective is to promote the development of a coordinated CRD program in Italy. Effective prevention implies setting up a health policy with the support of healthcare professionals and citizen associations at national, regional, and district levels. What is required is a true inter-institutional synergy: respiratory diseases prevention cannot and should not be the responsibility of doctors alone, but must involve politicians/policymakers, as well as the media, local institutions, and schools, etc. GARD could be a significant experience and a great opportunity for Italy to share the GARD vision of a world where all people can breathe freely.

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Introduction

Today the National Health System is responding to new needs for assistance characterized by the high prevalence of chronic conditions that require long term continuous care and the use of strategies to stabilize acute pathological situations and improve patients' quality of life. A new and different equilibrium must be sought in which the patient, not the disease, is at the heart of the system. We need to create new partnerships with the various stakeholders - not only those directly involved in the medical world - for an extensive interchange amongst all partners, highlighting the role of the different associations as a reference point. The person and not the disease must be at the center of the care pathway. This signifies the need for integration between hospitals and the local community, preserving the role of the network specialist and reinforcing the role of general practitioners (GPs) and pediatricians.

In the last decade several European countries have undertaken national initiatives to achieve these goals. In Finland, for instance, programs on COPD and asthma have been developed. The National Asthma Program was undertaken from 1994 to 2004 to improve asthma care and prevent increasing costs. The main goal was to lessen the burden of asthma on individuals and society. Data show that the incidence of asthma is still increasing but that its burden has decreased considerably and that it is possible to reduce asthma morbidity and its impact on both individuals and society, e.g. the number of hospital days has fallen by 54% from 110,000 in 1993 to 51,000 in 2003 (69% in relation to the number of asthmatics), with the trend still downwards. In 1993, 7212 patients of working age received a disability pension from the Social Insurance Institution compared with 1741 in 2003. The absolute decrease was 76% and 83% in relation to the number of asthmatics. The increasing cost of asthma (compensation for disability, drugs, hospital care, and outpatient doctor visits) ended: in 1993 the costs were € 218 million; they fell to € 213.5 million in 2003 (cost per patient per year decreased by 36%).[1] The Finnish National Program for Chronic Bronchitis and COPD (1998—2007) was set up with similar aims. Its major strengths were: multidisciplinary strategies and web-based guidelines in nearly all primary healthcare centers around the country. The prevalence of COPD remained unchanged. Smoking decreased in males from 30% to 26% and in females from 20% to 17%. Significant improvements in the quality of spirometry were obtained. Hospitalization decreased by 39.7% and COPD costs were 88% lower than had been anticipated for earlier investigations.[2]

In England, the Department of Health (DH) recently introduced a number of service frameworks for major health problems, such as heart disease and diabetes, to reduce