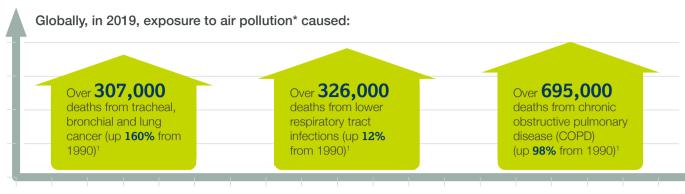
# **Climate change and respiratory diseases**

### Climate change is an important contributor to increased deaths and morbidity



Air pollution\* consists of particles which may enter the bloodstream.<sup>2</sup>

## Children may be disproportionately affected by climate-related respiratory issues



Children are vulnerable to air pollution as their lungs are still developing and they breathe twice as fast as adults.<sup>3</sup>



Almost half of lower respiratory tract infection deaths in children under five are caused by air pollution (soot) generated in the home.<sup>4</sup>



A staggering **two billion children** still live in areas where pollution exceeds standards set by the World Health Organization.<sup>3</sup>

# What can be done to improve patient outcomes and reduce the carbon footprint of respiratory care?

## All healthcare interactions have a carbon footprint<sup>5</sup>

#### In respiratory care:

Patients with uncontrolled asthma or COPD have higher healthcare demands, and their care is associated with an increased carbon footprint.<sup>6-8†</sup>

In the UK, poorly controlled asthma has a three-times greater carbon footprint per capita than well-controlled asthma, with greater healthcare resource utilisation and higher use of SABA<sup>‡</sup> reliever inhalers accounting for much of the difference.<sup>8</sup>

Therefore, policies and actions that advance implementation of guideline-based care for respiratory disease and improve patient outcomes are needed to protect the health of people and the planet. Drive early and accurate diagnosis as well as implement evidence-based guidelines to reduce healthcare utilisation and use of reliever inhalers<sup>10</sup>
Partner with healthcare system stakeholders, including specialist centres and patient advocacy groups to implement local guidelines to prioritise disease control and improve patient outcomes<sup>11</sup>

#### Deliver targeted interventions<sup>12</sup>

Prescribe the right medication at the right dose,<sup>11</sup> to the right person
Provide targeted interventions to high-risk patients e.g. ensuring

good inhaler technique<sup>11</sup>

#### Adopt community-based care and use of digital technologies<sup>13</sup>

- Conduct digital respiratory assessments when appropriate<sup>11</sup>
- Promote use of apps that facilitate self-management<sup>11</sup>

#### Drive improved clinical knowledge about the effects of climate change<sup>14</sup>

• Educate clinicians on sustainable practice<sup>14</sup> and include climate change

- on the medical curricula<sup>15</sup>
- Promote safe disposal and inhaler recycling<sup>11</sup>

#### Transition to a future of climate-friendly propellants in respiratory inhalers

- Lower-carbon propellant options for inhalers are in development<sup>16-18</sup>
  This transition is important to enable continued personalisation of inhaler
- choice for optimal disease control and better health outcomes<sup>19</sup>
  Working with regulators will be critical to support the safe and efficient
  - transition to low Global Warming Potential inhaled medicines

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