Lung disease costs set to rise to £2.5bn per year, experts project

The cost of treating a smoking-related chronic lung disease will exceed more than £2.3 billion per year in England – and £200 million in Scotland – by 2030, research suggests.

Rising healthcare costs will be caused by a substantial increase in the number of people living with the condition in the coming years, experts project.

Researchers say that healthcare services should adapt now to be able to meet the rising demand.

Chronic obstructive pulmonary disease – or COPD – is a debilitating lung disease that causes breathing difficulties and persistent coughing. Smoking is the main risk factor for the condition.

Experts at the University of Edinburgh assessed COPD rates from 2011 and information about the number of smokers at that time.

Using a mathematical model, they estimate the number of people with a COPD diagnosis in England will rise from just over a million cases in 2011 to more than 1.3 million by 2030. In Scotland, the number will rise from 100,000 to 120,000.

Researchers say the figures may appear surprising because smoking rates are predicted to decline in the same period.

They project that the total number of cases will rise because people are living longer with the disease rather than an increased rate of diagnosis.

More women will be living with COPD than men but the team says this is because women live longer than men on average anyway.

The mathematical model was developed by The Institute for Medical Technology Assessment at Erasmus University and the National Institute for Public Health and the Environment, the Netherlands. The model takes into account smoking rates, disease severity and the rate of deaths.

The study, published in the journal Scientific Reports, was funded by the University of Edinburgh, Edinburgh and Lothian Health Foundation and the Dutch Lung Foundation.
Dr Susannah McLean, who conducted the research whilst a PhD student at the University of Edinburgh, said: “Our findings suggest there will be a substantial number of frail, elderly people living with COPD in the coming years. I hope that advances in healthcare technologies will help to meet this rising demand.”

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