NYM Hospital Helps Emphysema and Chronic Bronchitis Patients Breath Easier

*Interventional pulmonology & critical care experts on new diagnostic, treatment techniques for COPD*

Brooklyn, NY (PRWEB) December 5, 2007 -- For the 12 million patients diagnosed with COPD in the U.S. - and the estimated 12 million more Americans who have the disease and don't know it - every breath can be a struggle. Simple activities like eating, dressing or showering can prove impossible. What's more, because COPD is both incurable and progressive, previously available treatments only work to slow the disease's progress. However, the growing field of interventional pulmonology has given rise to new diagnostic and treatment techniques that may help patients breathe easier.

"Chronic Obstructive Pulmonary Disorder (COPD) is increasing in frequency in the U.S., even as rates of cancer and heart disease are falling, in part because many patients are unaware of the risk factors and symptoms associated with the disease," explains Dr. Suhail Raoof, MD, Chief of Pulmonary and Critical Care Medicine at New York Methodist Hospital. In fact, in a 2005 American Cancer Society study of death rate trends between 1970 and 2002, death rates from notorious diseases like cancer, heart disease and stroke fell by anywhere from 2.7% (cancer) to 63% (stroke). "In this same study, COPD deaths increased by almost 103% during that time period," Dr. Raoof notes, adding, "COPD is now the fourth leading cause of death in the U.S., killing more than 100,000 patients each year and disabling millions more."

Advances in diagnostics can lead to better quality of life COPD is an umbrella disorder, encompassing emphysema, chronic bronchitis and several less prevalent diseases. According to Arthur Sung, MD, the Director of Interventional Pulmonology at New York Methodist Hospital and one of the foremost experts in the field, new technologies are key to earlier diagnoses, which can lead to treatment options that can slow the progression of the disease. "With tools and procedures using non-invasive modalities such as newer CT scanners and physiologic measures like pulmonary function tests, we can determine firsthand the beginning stages of COPD," Dr. Sung explains. "This allows us to devise and implement an immediate treatment plan encompassing everything from medication to pulmonary rehabilitation, so that our patients can stave off the ill effects of COPD for as long as possible," Dr. Sung adds.

For one devastating disease, a new treatment The most devastating disease within the COPD classification is emphysema, which is characterized by the loss of elasticity in the fibers of the lung's tissue and the collapse of small air sacs called alveoli, making inhaling - and particularly exhaling - labored and difficult. However, new, minimally invasive interventional pulmonology techniques on the horizon and in clinical investigational stages, such as creating airway bypass to improve ventilation and optimize lung mechanics, are holding promise for patients who have long suffered the ill-effects of COPD. "With the airway bypass technique, we can use bronchoscopy to place several small stents within the collapsed airways of the lung," Dr. Sung explains. "These stents ensure that the airways have new passages that trapped air in the lungs can escape, making it easier for patients to take deeper, fuller breaths and take more oxygen into the body," he adds.

COPD is a "national health priority"
Dr. Raoof contends that a continued focus on patient awareness of the various aspects of COPD, along with the medical community's aggressive pursuit of new treatments, techniques and, ultimately, a cure, are necessary to
reduce the devastating effects of the disease. "We must make COPD a national health priority," Dr. Raoof explains. In fact, the National Institutes of Health (NIH) is currently running a public information campaign to educate Americans about the risk factors and symptoms of COPD. According to the NIH:

- More than 80% of patients with COPD are active or former smokers
- Fewer than 20% of COPD sufferers develop the disorder through genetics or long-term exposure to chemicals or pollution; one in six COPD patients have no history of smoking
- The three main symptoms of early COPD are chronic cough, increase mucous in the sputum, wheezing, chest tightening, and shortness of breath during times of exercise or exertion
- COPD patients are more prone to lung infections and pneumonia, so most are advised to get a flu vaccine as well as a pneumonia vaccine annually.
- Healthy eating habits are a key aspect of COPD management, as studies have shown a link between proper nutrition and the health of lung tissue.

After completing his fellowship under the world's leading expert in Interventional Pulmonology, Dr. Sung established Brooklyn's first Interventional Pulmonology program as part of NYM's Complex Airway Center. In addition to practicing and training other physicians, Dr. Sung plans to engage in scientific studies regarding interventional pulmonology's potential to benefit COPD patients. "We are expanding the limits of this field, which is in its infancy, to be able to diagnose faster and more accurately, treat more effectively, decrease painful invasive procedures and increase our patients' quality of life," he concludes.

Bios:
Arthur Sung, MD is the Director of Interventional Pulmonology at New York Methodist Hospital. Dr. Sung received a BS from University of California, San Diego and an MD from New York Medical College. Dr. Sung completed fellowships in Pulmonary and Critical Care Medicine at Stanford University Medical Center and in Interventional Pulmonology at Beth Israel Deaconess Medical Center training under Armin Ernst, MD and Kevin Kovitz, MD. Licensed in Internal Medicine, Critical Care Medicine and Pulmonary Disease Certified, Dr. Sung received recognition of medical care provided for victims during Hurricane Katrina, New Orleans and was honored at the 8th Annual Leadership Development Program for Academic Physicians, American College of Chest Physicians in October 2007. Dr. Sung is a member of the American Thoracic Society, the American College of Chest Physicians and the American Association of Bronchology.

Suhaib Raoof, MD, FACP, FCCP, FCCM is the Chief of The Pulmonary and Critical Care Medicine Division at New York Methodist Hospital. A graduate of Delhi University in India, Raoof is currently the Vice Chairman of the Department of Medicine, the Program Director of the Pulmonary and Critical Care Medicine Fellowship, and the Medical Director of Respiratory Therapy. He is also a Professor of Clinical Medicine at Weill Medical College of Cornell University. Dr. Raoof has been certified by The American Board of Internal Medicine, Pulmonary Medicine, and Critical Care. Memberships include The American Thoracic Society, The American College of Physicians, The American College of Chest Physicians, and The Society of Critical Care Medicine. He is part of the leadership group of the American College of Chest Physicians, for which he currently serves at Regent-at -Large. Dr. Raoof has received multiple grants for his research, where his interests primarily lie in respiratory infections, mechanical ventilation, the importance of the positioning of critically ill patients, and teaching chest radiology in pulmonary fellowship and medical residency training programs.

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