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**GENDER AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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Chronic obstructive pulmonary disease (COPD) is one of the leading causes of morbidity and mortality, as well as a socially and economically significant problem throughout the world. According to epidemiological studies, the prevalence of COPD in the world is about 10.1% (11.8% of men and 8.5% of women). In particular, in the United States, the combined prevalence of COPD among men and women is 4.6%, in Europe - 7.4%, in Southeast Asia - 11.4%. Among people over 50 years of age, COPD develops 2 times more often in men than in women. In the US, the prevalence, morbidity, and the number of hospitalizations and deaths from COPD among women is increasing annually. Thus, the number of women who died from COPD for the first time exceeded the number of men in 2000. This phenomenon is partly explained by researchers to increased tobacco use.

There is evidence that the response of men and women to tobacco smoke is different. Men are more prone to the emphysematous phenotype and women to the airway-dominated phenotype. In addition, observational results indicate that women smokers are at greater risk of lung dysfunction, severe shortness of breath and progressive deterioration of the general condition than men who use the same amount of tobacco. It was found that mortality from emphysema in smokers did not depend on gender, but the risk for developing COPD correlated with the amount of tobacco consumed but not with gender. A systematic review and meta-analysis of pulmonary function studies has shown that women smokers are predicted to have a significantly faster annual FEV1% decline with age than men.

Analysis of literature data showed that women with COPD are usually younger than men and the disease develops up to 60 years. They smoke less, have a lower BMI, social and economic status than men. In addition, women with COPD have lower self-reported health status compared to men after correcting smoking and lung function. An international study in North America and Europe that examined gender differences in the diagnosis of COPD showed that women were less likely to have spirometry tests than men. Male-dominated bias in doctors' awareness of COPD can lead to delayed or misdiagnosed in women and potentially suboptimal treatment and poor outcomes.

Conclusion. The prevalence of COPD in women is increasing more rapidly than in men.To reduce the prevalence of COPD, the rate of progression of inflammation and the development of comorbid conditions, it is necessary to improve the quality of preventive measures (anti-tobacco programs), to improve the early diagnosis of COPD at the stage of primary health care (study of pulmonary function, especially in smokers), regardless of their gender, age, sex and race*.*

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