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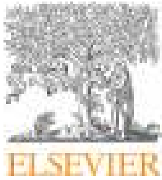

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Editorial

GOLD: Its Good Points☆

GOLD: puntos a favor

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In 1998, the Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD) was created as a collaborative effort between the National Heart, Lung and Blood Institute (NHLBI) and the World Health Organization (WHO). Its primary aim was to focus attention on and to improve treatment and prevention of chronic obstructive lung disease (COPD). Other objectives were to promote research and provide educational support in this area throughout the world. These objectives are being achieved with the help of patient organizations and foundations, the pharmaceutical industry, government agencies, healthcare suppliers, and stakeholders in COPD research, patient care, and health promotion and disease prevention.

This year, SEPAR is celebrating its "COPD-Smoking Year", the main aim of which is to raise public awareness of COPD and the impact of smoking. It has been 15 years since GOLD published its first strategy paper,[1] bringing together the knowledge needed to provide a route map for achieving these objectives.

After a year as national delegate for GOLD in Spain, I would summarize the distinctive features and strengths of this strategy as follows:

(1) *Structure.* GOLD is a non-profit-making, non-governmental organization, set up according to formal statutes. It consists of an Executive Committee, a Scientific Committee and 2 staff members (an Executive Director and a Scientific Director).[2] The Executive Committee meets on a yearly basis and the Scientific Committee meets before the American Thoracic Society (ATS) and European Respiratory Society (ATS) annual meetings. GOLD consists of an expert panel of respiratory medicine specialists, epidemiologists, and health educators. To free itself from dependence on contributions from the pharmaceutical industry, since July 1, 2014, GOLD activities have been funded by revenue from the sale of their documents and resources. These materials can be downloaded from the GOLD website (http://www.goldcopd.org).

(2) *Revisions.* In 2001, the GOLD program published its first consensus document, The Global Strategy for the Diagnosis, Management, and Prevention of COPD.[1] Since then, the guidelines have been updated annually, and in compliance with the original 5-yearly program, they were revised in 2006 and 2011. In the future, in view of the large amount of scientific evidence published every year, we will no longer differentiate between the yearly updates and the 5-yearly revisions. Future topics will include lung cancer screening in COPD patients, the role of statins, withdrawal of inhaled corticosteroids, and comorbidities.

(3) *Evidence-based medicine.* Since the inception of GOLD, recommendations have been classified according to the level of evidence adjudicated by the authors [from A (randomized clinical trials) to D (expert panels)]. This grading reflects the strength of the evidence supporting each recommendation.

(4) *Clinical impact.* It is unclear whether pharmacological treatment of COPD has changed since the initial version of the document. The latest revision of the GOLD strategy (2011)[3] presented a new approach to the multidimensional evaluation of COPD patients in which not only FEV1, but also the patient's burden of symptoms and the risk of future exacerbations are taken into account. Several studies have used existing patient cohorts initially recruited for other purposes in an attempt to validate this new approach to COPD. For example, Lange et al.[4] studied 6628 COPD patients in a 4-year follow-up, concluding that: (1) the new GOLD classification properly identified patients at risk of exacerbations (the percentage of exacerbations during the first year was 2.2%, 5.8%, 25% and 28.6% in groups A, B, C, and D, respectively), although the risk of exacerbation in C and D was limited exclusively to frequent exacerbators, but not to those with a FEVI<50%; and (2) despite being theoretically classified as low risk, patients in group B had a higher mortality than those in group C, probably due to cardiovascular or oncological comorbidities.

(5) *GOLD around the world.* Firstly, the GOLD consensus has inspired and formed the basis for numerous other clinical guidelines worldwide. A COPD opinion leader network, which participates actively in GOLD, has been set up in several countries. These GOLD national delegates share their ideas and work toward implementing care programs to meet the objectives of the GOLD program.

(6) *Website.* To facilitate international communication, GOLD launched a website with the latest news on all GOLD activities

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and access to educational materials for patients and the general public, available in multiple languages.

(7) *World COPD Day*. GOLD organizes the World COPD Day on the third Wednesday of November, working with healthcare professionals and COPD patient associations to hold awareness-raising events and COPD educational events all over the world. Every year, GOLD chooses a theme and coordinates the preparation and distribution of material for World COPD Day. These materials, together with a full list of the activities programmed for different countries, can be downloaded from the website (http://www.goldcopd.org/wcd-home.html).

In conclusion, the GOLD strategy paper is a living document with a worldwide impact, which aims to improve awareness of the disease and care of COPD patients. In the future, GOLD will expand its activities via the website. A greater number of translations will be available online, and apps will be created to facilitate access from a variety of platforms.

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