



INTRODUCTION

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During the last 10 yrs tremendous efforts have been made to elucidate the pathophysiological mechanisms of chronic obstructive pulmonary disease (COPD) and to improve the treatment of this debilitating disease. This has resulted in several international guidelines [1–3] and revised guidelines [4, 5] regarding the diagnosis, staging and treatment of this disease. However, despite intensive research, treatment of COPD remains symptomatic, and up until now, no single drug is able to alter the natural evolution of the disease. Indeed, only smoking cessation is known to improve the progression of the disease, and neither anti-inflammatory drugs, nor long-acting anticholinergics/ β_2 -agonists seem to influence the natural decline in FEV₁, although they may impact on quality of life and exacerbations frequencies [6].

The purpose of this international symposium “COPD: a clinical update”, organised by the Dept of Respiratory Diseases of the University Hospital Gasthuisberg, Katholieke Universiteit, Leuven, Belgium, March 11–13, 2004, was to provide a clinical update of several issues regarding COPD. Some 40 clinical and basic researchers, and internationally well-known experts in the field from all over Europe were brought together to discuss issues on exacerbations and progression of COPD and current and new treatment options. This issue of the *European Respiratory Review* contains the articles on current and new treatment options presented on the postgraduate symposium on March 13.

This symposium was accredited as a “European School of Respiratory Medicine” seminar, and was sponsored by Glaxo-SmithKline (GSK), Belgium. This occurred in the framework of

the “GSK Chair in Respiratory Pharmacology at the Katholieke Universiteit, Leuven”, attributed to G.M. Verleden. The sponsor is not responsible for the content of this Review.

It is very much hoped that this *European Respiratory Review* will provide an interesting synthesis and update of current and upcoming new drug treatments for chronic obstructive pulmonary disease. We are very grateful to P.S. Burge, Editor-in-Chief of the *European Respiratory Review* for granting us the privilege of publishing this symposium.

REFERENCES

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