USEFUL CONTACTS

Brisbanesouth
Division of General Practice
Enriching General Practice

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Living with Chronic Obstructive Pulmonary Disease (COPD)

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Acknowledgements:
NHS
www.nhs.com.au

The Australian Lung Foundation
www.lungnet.com.au

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Emphysema - the small **air sacs** become damaged, resulting in breathing difficulties.
Immunisation - this is usually given by an injection to build up the body's defences against such things as flu (also sometimes called a vaccination).
Inflammation - the body's reaction to an irritant leading to swelling and redness.
Influenza - an infectious illness, caused by a virus, which can seriously affect the breathing. It is usually known as flu.
Inhaler - a device that helps a drug to be breathed into the lungs.
MDI - **metered dose inhaler**. This type of **inhaler** may be used to treat breathing problems.
Mucus - a slimy fluid that is produced in the **airways**. It is also known as **phlegm or sputum**.
Nebuliser - a device that allows medicine to be inhaled as a fine mist.
Obstructive - something that is obstructive causes a blockage.
Phlegm - a slimy fluid that is present in the **airways**. It is also known as **mucus**.
Pulmonary - this is a word that describes anything to do with the lungs.
Pulmonary rehabilitation - an exercise and education programme which helps people with **COPD** overcome and cope with their breathing difficulties.
Pulse Oximeter - way of measuring blood oxygen concentration.
Spacer - device to help use an **MDI** effectively.
Spirometer - a machine used for a lung-function test, which helps identify different breathing problems.
Sputum - a slimy fluid that you cough up. It is a mixture of **mucus (phlegm)** from the airways and saliva from the mouth.
Sputum test - a test to see if the **mucus** in the lungs is infected.
Steroids - Medicines that reduce airways inflammation.
Trachea or windpipe - tube that delivers air from the mouth down to the lungs.
Wheeze - sound that can be heard when breathing through narrow airways.

GLOSSARY

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Air sacs - tiny sacs in the lungs, where oxygen passes between the lungs and the blood. They are also known as **alveoli**.
Airways - passages in the lungs that air travels through **Alveoli** - tiny sacs in the lungs, where oxygen passes between the lungs and the blood. They are also known as **air sacs**.
Antibiotic - medicine used to fight bacterial infection.
Anticholinergic - a type of **bronchodilator** medicine that helps to keep the **airways** open.
Asthma - a condition where **inflammation** causes the **airways** to narrow suddenly, so causing breathless.
Beta-agonists - a type of **bronchodilator** medicine that helps to keep the **airways** open.
Bronchiole - small **airways** in the lungs.
Bronchitis - **inflammation** of the **bronchi**.
Bronchodilator - medicine that helps breathing by widening the **airways**.
Bronchus (bronchi) - large airway. There is one leading into each lung.
Chest X-ray - a method of photographing the heart and lungs to check their condition.
Chronic - refers to something that lasts for long time.
Chronic bronchitis - when the lungs produce too much mucus over a long time.
Chronic obstructive airways disease (COAD) - an older name for **COPD**.
Chronic obstructive lung disease (COLD) - an older name for **COPD**.
COPD - **chronic obstructive pulmonary disease**. This is when the **air-ways**
in the lungs narrow, resulting in breathing difficulties. Breathing in irritants over a long time usually causes it.
Diaphragm - the large muscle under the chest that helps you to breathe in and out.
DPI - dry powder **inhaler**. This type of **inhaler** may be used to treat breathing problems.
Exacerbation - a flare up of symptoms.

INTRODUCTION

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Chronic Obstructive Pulmonary Disease (COPD) is the name that the doctors call your condition. This leaflet will guide you through managing your condition and teach you what to do if you have a flare up (exacerbation).

Chronic
Means long– standing. It has nothing to do with how bad the disease is, it simply means that it is not a short-term illness.

Obstructive
Means narrowed. In COPD the airways in your lungs are narrowed, so the air cannot flow freely.

Pulmonary
Refers to your lungs. It includes all the tubes that take air through your mouth and nose and into your lungs.

Disease
Means illness. It simply tells us that all is not well.

Your symptoms and history will point to a diagnosis of COPD. You will probably have a breathing test called spirometry. You may need a chest x-ray and blood test.

The term **COPD** covers a group of conditions. You may have been told that you have **COAD, chronic bronchitis**, or **emphysema**. These conditions, or a combination of these conditions are called **COPD**.

What Does COPD Feel Like?

COPD is different for each person. It depends which symptoms trouble you most and how severe they are. If you have other medical problems, for example, heart disease or diabetes, it can seem harder to cope and symptoms may feel more severe. **COPD** affects your lifestyle, and that of your family. It is not just 'being short of breath' - tiredness, frustration and depression can all play their part.

In general, people first notice they are having breathing difficulties at around 40-50 years of age. This is usually found in people who have a history of smoking. You may have noticed that you feel more out of breath, tired, or have been troubled with chest infections. You may have noticed that you can't do as much as your partner. Many people find that they have had a cough with **sputum or phlegm** for many years, and their breathing has gradually become more difficult. Other people may have had **asthma** for years and then started to notice that their treatment didn't work for as long as it used to.

Because **COPD** may have affected your lifestyle so gradually, you may not have even noticed that you have stopped doing the things you used to do, like walking or gardening.

'I first noticed a problem in as much as I was having trouble walking up a slope which, prior to that, I didn't seem to have too much of a problem with. I found myself puffing and blowing as I reached the top of this slope which indicated to me that things were not quite as they should be.'

George, aged 53

Holidays

You can still travel on holiday if you have **COPD**. If you are worried, discuss your needs with your doctor.

For example, your doctor may be able to help arrange for extra medicines if you need them while you are away. If you are flying, remember to keep medicines in your hand luggage.

For most people with **COPD** there is no risk from travelling by land or sea, but air travel will need to be discussed with your doctor. You may need to have a 'fitness to fly' test.

Occupational Therapy

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You may also be referred to an **Occupational Therapist** if you find that your ability to carry out day-to-day activities is restricted due to your **COPD**.

An Occupational Therapist will provide interventions to facilitate your independence through:

- Assessing your strengths and limitations
- Evaluating the degree of assistance you require
- Providing practical skills training and adaptive aids
- Providing information on how to maintain your independence

Particularly important for you living with COPD is energy conservation and work simplification. So when we talk about these two terms, it means changing the way you do things so you use less energy. This allows you to get more done, without getting tired, and leaves more energy for the things that you enjoy.

Stress reduction through stress management and relaxation is important when you have COPD as:

- Anxiety and stress increase your feelings of breathlessness
- Shortness of breath can increase your anxiety

An Occupational Therapist is able to work with you on all these topics. They can work with you when you are in the hospital or in your own home.

What is going on in my lungs?

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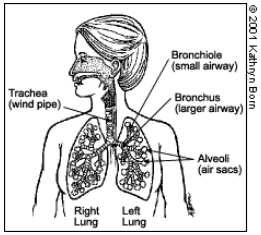
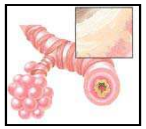
Your **airways** have a lining that produces mucus to keep the **airways** moist and supple. The **mucus** also washes away the dust and particles that you breathe in. Some people with **COPD** produce too much of this mucus which becomes thicker and is coughed up as **sputum** or **phlegm**. The reason that they over produce this mucus is because they have breathed in small particles and dust. This is usually from smoking cigarettes or pipes.

Your **airways** are surrounded by muscle that can hold them open or squeeze them, to make them narrow. In **COPD** these muscles may squeeze your **airways** a bit too tightly.



This makes the tubes narrower and makes it harder for you to breathe. There are medicines available to help keep your **airways** open.

The lining of your **airways** may also become swollen and inflamed. This makes them even narrower and makes it even more difficult for you to breathe.



The important thing is to look to the future. Although the damage to your lungs cannot be repaired, the aim of your treatment is to prevent further complications and to make your breathing as easy as possible. The most important thing if you smoke, is to stop

MEDICINES COMMONLY USED FOR COPD

There is a range of medicines available to make your breathing easier. There is no cure, but your medicine will help reduce your symptoms. But don't become disheartened if you still have some symptoms as this is to be expected.

Your doctors will usually prescribe medicines, often in the form of inhalers or puffers. These puffers either open the breathing tubes in your lungs (bronchi), or stop them from closing down. Some medications used for treating asthma can also help in COPD.

Bronchodilators are used to open up your airways, and you can usually feel the benefit of taking them quite quickly. There are different bronchodilators. If your symptoms require it you may have one or more inhaled bronchodilator to help open up your airways.

Steroids
Some people benefit from treatment with steroid inhalers - this depends on the severity of the condition and their susceptibility to chest infection. If you have a steroid inhaler (you will need to rinse your mouth and spit out after using.)

How to use your inhalers
You will need practical instruction on how to use your inhaler. Co-ordination is difficult for most people using a spray type inhaler (MDI metered dose inhaler) so it is important to get your technique checked.

Most people need to use a spacer with a MDI type device. To clean the spacer, rinse once a month in warm water and washing up liquid. Allow to air dry. More frequent cleaning is not recommended as it affects performance.

PULMONARY REHABILITATION

In the Brisbane South area Queensland Health offer Pulmonary Rehabilitation. Talk to your doctor about how to access your nearest centre.

These programmes aim to:

- Teach people about **COPD**, its effects and consequences, and ways to control the problems that may be caused by the disease, including how to adapt your home to make life easier
- Increase your strength and your tolerance to exercise
- Reduce your symptoms and help you gain control
- Improve your emotional wellbeing and your quality of life
- Help you cope with the frustrations caused by **COPD**
- Increase your self-confidence and independence
- Help you understand your disease and become more active in your partnership with your doctor

You may benefit from doing breathing or relaxation exercises. Your doctor will be able to advise you, or may refer you to a physiotherapist.

People with breathing difficulties sometimes avoid exercise as they worry about becoming breathless. But it is actually not harmful to become breathless, as long as the exercise is introduced gradually and sensibly.

Healthy Eating

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It is very important that you are a healthy weight.

If you are overweight talk to your doctor about a referral to a Community Health Centre. Achieving weight loss can improve your breathing and mobility as well as being of benefit to your overall health. If you need to lose weight try to reduce the amount of very sugary and very fatty foods in your diet.

If you are underweight you could be referred to a Community Health Centre. Ask your doctor for further advice. Dietician or ask your practice nurse for further advice.

Top tips for healthy eating

- Eat regular meals
- Try to have at least five portions of fruit and vegetables every day
- Ensure you have a good intake of fibre by trying to include some whole grain products in your diet
- Have at least eight cups of fluid every day
- Ensure you have a good calcium intake, the richest sources are dairy products, eg milk, yoghurt and cheese (this is particularly important for people on steroids)
- Oily fish such as sardines, pilchards, salmon, trout and mackerel are beneficial so try and have two servings each week.

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Flu Vaccine

Some people with **COPD** may be less able to fight off infections than others. Viral infections, such as flu can be serious. It is recommended that you have the vaccination each year to help protect you from flu. You should discuss this with your doctor.

Pneumococcal Vaccine

It is recommended that you have the vaccination twice (initial dose and 2nd dose in 5 years) to help protect you from pneumonia.

Two years ago I had a dose of flu. I started to get progressively worse as time went on until such time as I was gasping for breath. I finished up in hospital for a week and they got me back on the road again, being able to breathe.'

Albert, aged 67

Some people with COPD are prescribed oxygen therapy. Oxygen therapy is designed to help people with long-standing low blood oxygen levels. It helps to improve quality of life and has been shown to prolong life. It should be prescribed only if your blood oxygen levels are lower than is safe. This therapy should not be viewed as 'life support' which keeps you housebound, but as an aid to better life.

If you don't feel much immediate benefit from these medicines, don't be discouraged, but you should discuss your concerns with your doctor. Don't just stop your medications as this might suddenly make your lung condition worse.

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Ask your doctor to write down what medicine you need to take as a reminder.

Name of medicine	What it looks like	How often I should take the medicine

Nebulisers are designed to produce a fine mist from liquid medicine and may be used for:

- Flare ups (exacerbations) of COPD
- People with more severe COPD

Nebulisers are not recommended for normal use in COPD.

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It is important to remember that most people don't succeed at their first attempt, so don't think you can't give up because you only lasted a day before having a cigarette. One sticky bun is not the end of a diet.
Try again.

Many people are helped by joining a smoking cessation group and using some form of nicotine replacement therapy.

Your local Community Health Centre may run a Quit Smoking Course; Contact your doctor for further advise and referral to a quit smoking program.

Quitline 131 848
THE NATIONAL TOBACCO CAMPAIGN
A federal, state and territory health initiative

Tips on how to give up smoking

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Stopping smoking is the one thing you can do that will halt the progression of your disease. You can get help from your doctor for this.
If you have smoked for a long time, you may find it very difficult to give up. At first you may feel worse and cough up more phlegm than usual, but you should keep trying. It will get better and will help prevent any more damage to your lungs. People with **COPD** who continue to smoke will get more infections, and the symptoms will get worse more quickly than those who give up.

Methods of giving up smoking include:

- Deciding a date and suddenly and completely stopping
- Deciding how to spend the money you save
- Using a reward system so if you haven't smoked for a day, you reward yourself with something (you can also do this at the end of a week or month)
- Using nicotine replacement medicines, eg chewing gum, skin patches, a nasal spray or an inhaler, to help reduce the effects of nicotine withdrawal
- Your pharmacist will be able to advise you which one would be best for you
- Taking a medicine to help reduce the symptoms of nicotine withdrawal (your doctor may be able to prescribe something)

Flare Up (exacerbation)

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Many people with **COPD**, have times when they find it harder to breathe than normal. Often this is accompanied by a cough with yellow or green **sputum or phlegm**. These flare ups are what your doctor or nurse may call an **exacerbation**. Normally, patients make a full recovery within about a week and so are treated at home. Occasionally, if the **exacerbation** is particularly bad, a short stay in hospital may be needed.

Many **exacerbations** are caused by an infection.

If you are getting a chest infection it is very important to treat it promptly.
Signs of an infection include:

- A change in consistency or increase in the amount of **sputum or phlegm**
- A change in colour of **sputum or phlegm**
- Increase in breathlessness

You need to get advice quickly to stop it getting worse. Your doctor may be happy for you to keep a course of antibiotics and or steroids at home. If so, start the antibiotics as directed, increase relievers (bronchodilators) - if you have a supply of oral steroids, start these as directed. If your symptoms do not improve within 24-48 hours, or if you are increasingly short of breath, seek advice and arrange to see the doctor.

Try to avoid exacerbations
Eat healthily, exercise regularly as able, drink plenty of fluids and take the prescribed medication regularly or as directed. Avoid people with infections if possible. Stop smoking.

When to visit your Doctor

While you are feeling well it is a good idea to develop an action plan with your doctor.

Your action plan might include having a small supply of medicines at home to take if you need them, or increasing the dose of your medicines at agreed times when you both think you need to. Your doctor will be pleased that you want to take more control of your **COPD**. You should have a routine appointment with your doctor once a year.

You should contact your doctor if you think you are getting a chest Infection. You should visit your doctor if you feel your breathlessness has got much worse.

In an emergency, call your doctor.

My Action Plan

Change or new event	What should I do

What if I need to go into hospital

Occasionally, some people with **COPD** have an **exacerbation** that needs to be treated in hospital.

Depending on how much difficulty you are having with your breathing, you will either be treated in A&E and sent home when you are feeling a little better, or you will be taken to one of the wards.

While you are in hospital you may also see a physiotherapist. They will teach you special breathing techniques and exercises to help strengthen the muscles you use to breathe. A physiotherapist can also teach you how to clear some of the **mucus** from your chest as well as helping you to get back on your feet. A community Physiotherapist can follow up with you after discharge if you still are not 100%.