

COPD



Chronic obstructive pulmonary disease (COPD) is a term used to describe a group of progressive lung conditions that cause long-term breathing problems. Examples include emphysema, chronic bronchitis, and chronic asthma.

With emphysema, damage to the delicate air sacs makes it difficult to move air in and out of the lungs. Air becomes trapped within the air sacs, stretching them and making the lungs bigger but less effective. With chronic bronchitis, redness and swelling (inflammation) narrow the airways, making it difficult to cough mucus up. This trapped mucus clogs the airways, making it difficult to breathe.

COPD is estimated to affect one in seven adults aged over 45 years (at least 200,000 New Zealanders), although some people don't know they have the condition. The causes of COPD include:

- smoking (90% of COPD cases are smoking-related)
- airborne irritants and pollution (eg, mineral dusts)
- genetic diseases (eg, alpha-1 antitrypsin deficiency).

Common Symptoms of COPD

Symptoms of COPD can be similar to asthma, and some people can have both conditions. The difference between the two conditions is that the narrowing of the airways is normally reversible in people with asthma, whereas it can be difficult to open the airways back up in people with COPD. Common symptoms of COPD include:

- a persistent cough
- becoming short of breath or exhausted during activity
- excessive mucus (sputum/phlegm) production
- wheezing (a whistling/musical noise in the chest)
- being more susceptible to chest infections.

Your doctor will ask you about your past and present symptoms and may also ask you to blow into a device called a spirometer which checks airflow before making a diagnosis

of COPD. X-rays or CT scans may be used to detect emphysema or rule out other possible causes of breathing problems. Blood tests may also help in the diagnosis.

Managing your COPD

If you still smoke, it is vital to stop smoking because it is the only way to slow the worsening of your COPD. Quitting isn't easy, but nicotine replacement therapy and support groups like Quitline can help. Through Quitline and other smoking cessation providers, you can get a card that entitles you to nicotine patches, gum, or lozenges for five dollars.

QUITLINE – 0800 778 778 or quit.org.nz for free advice about how to stop smoking, support, and discount cards.

Medicines

Inhalers (“puffers”) are the most common type of treatment for COPD. Antibiotics and oxygen therapy may also be used. Although treatments for COPD will not cure the condition, they can help slow down its progression and provide relief from some symptoms.

Bronchodilators relax the muscles around the airways, relieving coughing and wheeze and making it easier to breathe. They work well for some people but not for others. Both short-acting and long-acting bronchodilators are available and they usually come as an inhaler.

Depending on your symptoms and your response to these inhalers you may be given either a short-acting or long-acting bronchodilator, or both. Your doctor will tell you how often to use your inhaler.

Short-acting bronchodilators: Ventolin, SalAir, Respigen, Duolin, Bricanyl, Asthalin, and Atrovent.

Long-acting bronchodilators: Spiriva, Spiolto, Serevent, Seebri, Oxis, Onbrez, Meterol, Incruse, Foradil, and Anoro.

If you are prone to sudden worsenings of your COPD, your doctor may prescribe you a combination inhaler that includes a corticosteroid. Examples include Vannair, Symbicort, Seretide, Rexair, and Breo.

Tip: After using a combination inhaler that contains a corticosteroid, rinse your mouth with water and spit it out.

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Your doctor will need to check your medicines and your breathing regularly to keep your COPD under control. Occasionally you may need to take antibiotics.

Tip: Symptoms such as a fever, increased shortness of breath, a fast heart rate, or an increase in the amount or colour of mucus may signal a chest infection, and you should contact your doctor.

Oxygen therapy is sometimes given to people with more severe COPD (and who do not smoke).

Stay active

Most local hospitals run pulmonary rehabilitation programmes which teach you about COPD and exercise. Ask your GP about attending one of these programmes.

Regular exercise is important. When you exercise, your muscles (including your breathing muscles), learn to do more work with less oxygen, meaning you can be more active. This helps reduce your symptoms and improves your quality of life.

Tip: See your GP before you start to exercise. A 'bronchodilator' inhaler used beforehand may help you breathe easier during exercise.

Choose something you enjoy (like walking or swimming):

- start with small amounts
- begin at a comfortable pace – keep your breathing under control, so you can still talk if you wish
- take as many rests as you need
- go regularly and increase your time/distance as your fitness improves
- aim for 30 minutes of exercise a day.

Breathing control

When you have COPD, you often get into the habit of shallow breathing. When you breathe like this, only the top part of your lungs fill with oxygen, adding to the feeling of breathlessness. A physiotherapist or practice nurse can teach you good breathing techniques including deep breathing, which may help reduce these symptoms.

Tip: For more advice about COPD or to find local support groups see the Asthma Foundation website, www.asthmafoundation.org.nz or phone 0800 100 506

Other things that can help

Flu vaccines are usually free for people with COPD and having one every year can reduce your risk of severe chest complications. Pneumococcal vaccination is also recommended although this is not usually free. You can keep yourself healthier by:

- avoiding a cold, damp home
- avoiding contact with people with colds or the flu
- eating a healthy diet and getting adequate rest
- managing stress
- staying away from smoke or polluted environments
- wearing a medical alert bracelet or necklace.

See your GP if you have weight loss or are concerned about your symptoms.

For emergencies

- Keep the phone and important numbers handy. Use 111 if there is an emergency situation.
- If living alone, arrange regular contacts or a support system so people can check you are okay.
- Talk to your GP about getting a home personal alarm.

Dealing with exacerbations

At times, COPD can suddenly get worse (this is called an exacerbation), usually due to an infection. If it is difficult to control your COPD at home, you may need to go to the hospital.

Signs that you might have an exacerbation include:

- more breathless than usual
- increased mucus or mucus that is very thick or discoloured
- wheezing
- sometimes swollen ankles.

Learn to recognise exacerbations but try to prevent them by following your treatment plan. Ask your doctor what you should do if your symptoms get worse and have a written self-management plan. Always ring your doctor or practice nurse if your COPD gets worse.

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