



Loving Arms  
Elder Care

## Chronic Obstructive Pulmonary Disease COPD

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that block airflow as you exhale and make it increasingly difficult for you to breathe. The key words are "chronic" and "obstructive." Chronic means that it's going to be with you a long time and obstructive means that airflow in the lungs is partly blocked. In all cases, damage to your airways eventually interferes with the exchange of oxygen and carbon dioxide in your lungs. COPD is a leading cause of death and illness worldwide.

Emphysema and chronic asthmatic bronchitis are the two main conditions that make up COPD.

*Chronic bronchitis* is increased coughing and mucus production caused by inflammation of the airways. Bronchitis is considered chronic (or long-term) if a person coughs and produces excess mucus most days during three months in a year, for two years in a row.

*Emphysema* is a disease that damages the air sacs and/or the smallest breathing tubes in the lungs so they can't push all the used air out of your lungs. This air remains trapped, so there's less room for fresh, oxygen-rich air to enter. You may notice that you have a hard time exhaling, and that you have limited energy. Shortness of breath occurs because the chest wall muscles have to work harder to expel the air.



### Symptoms

The early symptoms of chronic obstructive pulmonary disease (COPD) may be confused with asthma or acute bronchitis. But, while the symptoms of a cold or acute bronchitis usually go away in a few days or weeks, COPD symptoms last a long time. In general, symptoms of COPD don't appear until significant lung damage has occurred, and they usually worsen over time. People with COPD are also likely to experience episodes called exacerbations when their symptoms suddenly get much worse.

Most people have more than one of these signs and symptoms at the same time.

- coughing a lot, sometimes coughing up mucus
- chest tightness
- shortness of breath, especially during activity
- need a few weeks to get better from a cold or other lung infection
- not able to work or take part in simple activities you enjoy
- trouble breathing day and night
- wheezing, whistling, or squeaking when you breathe

If you're 40 or older with a history of smoking and have any of these symptoms for more than a few weeks, it's time to talk to your doctor about taking a breathing test for COPD.

## Risk Factors

In the United States, the leading cause of chronic obstructive pulmonary disease (COPD) is cigarette smoking.

Other risk factors include:

- pipe, cigar, and other tobacco smoking
- passive exposure (secondhand smoke) to cigarette smoke
- inhaling large amounts of dust at work or at home
- a rare genetic condition called Alpha-1-Antitrypsin Deficiency
- chronic inhalation of marijuana smoke
- long-term exposure to chemical fumes and vapors
- age--most people are at least 40 years old when symptoms begin.



## Managing your COPD

Even though COPD can't be cured, it can be managed at any stage. The good news is that there are many types of treatment options for people with COPD. Treatment is based on the person's general medical condition and how far the disease has progressed. The sooner you start managing COPD, the sooner you may start breathing better. So no matter what stage of COPD you're in, talk to your doctor about ways to manage your COPD so you can breathe better.

A combination of smoking cessation, medication, exercise, and other lifestyle changes can help manage your COPD.

### *Lifestyle changes*

- take medicines as prescribed by your doctor
- learn how to use your inhalers correctly
- get vaccinated--flu shot and the pneumonia vaccine
- set priorities--you may not be able to do everything you used to do, save your energy for the things that matter most
- plan to rest before and after a special occasion
- don't try to do two high-energy activities back-to-back
- don't lie down after eating--your full stomach can put pressure on your lungs and make it more difficult to breathe
- save your energy--sit down to brush your teeth or put on makeup
- wear clothes that are easy to put on
- use tools such as a shoehorn or a shower chair

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- relax often to prevent stress that can cause you to become short of breath
- control your breathing--talk to your doctor about techniques for breathing more efficiently
- clear your airways--controlled coughing, drinking plenty of water and using a humidifier
- exercise regularly--as directed by your physician
- eat healthy foods
- avoid smoke--in addition to quitting smoking, it's important to avoid places where others smoke
- avoid crowds--use a surgical mask to help prevent germs from reaching your lungs
- avoid cold air - cold air can trigger bronchospasm and shortness of breath

## *Medications*

Understanding your medications and how to take them is an important step in managing COPD. Medications taken by patients with COPD commonly include short-acting rescue inhalers and daily medications.

*Short-acting rescue inhalers* help to open the air passageways in the lungs when symptoms happen suddenly. It's very important that you always carry your rescue inhaler with you for sudden symptoms of COPD.

*Daily medications* should be taken regularly, every day, as prescribed by your healthcare provider to help manage your COPD.

Your doctor will tell you how to take your medicine. Follow his or her instructions with care, so that you get the right amount of medicine.

## *Pulmonary Rehabilitation*

A medically supervised program that combines education, exercise training, nutrition advice and counseling. It teaches you about lung function and offers exercises that may help you be more active with decreased shortness of breath. Some people receive training designed to improve respiratory muscle function, reducing the severity of breathlessness and improving the ability to exercise. Others learn how to avoid or reduce shortness of breath during meals by adjusting the types and amounts of food they eat. Exercising regularly can significantly improve the efficiency of your cardiovascular system.



## *Oxygen Therapy*

If there isn't enough oxygen in your blood, you may need supplemental oxygen. Today, oxygen can be delivered in many ways, from small machines that concentrate oxygen from the air, to tanks that are light and portable units that you can take with you to run errands and get around town. Some people with COPD use oxygen only during activities or while sleeping. Others use oxygen all the time.

## *Quit Smoking*

Quitting smoking is hard, but worth it. The most essential step in any treatment plan for smokers with COPD is to stop all smoking. It's the only way to keep COPD from getting worse — which can eventually result in losing your ability to breathe. But quitting smoking is never easy. The fact is, cigarettes are highly addictive, and quitting is both a physical and a behavioral challenge. Most smokers try to quit 6 to 9 times in their lifetime. Try rethinking the way you may have tried quitting in the past. Studies show that you can increase your chances of quitting by combining treatment and support. Talk to your doctor about the programs and products available to help you quit.

## *Surgery*

Surgery is an option for some people with some forms of severe emphysema who aren't helped sufficiently by medications alone:

- Lung volume reduction surgery. In this surgery, your surgeon removes small wedges of damaged lung tissue. This creates extra space in your chest cavity so that the remaining lung tissue and the diaphragm work more efficiently.
- Lung transplant. Single-lung transplantation may be an option for certain people with severe emphysema who meet specific criteria. Transplantation can improve your ability to breathe and be active, but it doesn't appear to prolong life and you may have to wait for a long time to receive a donated organ.

Living with COPD can be difficult — especially as it becomes more and more difficult to catch your breath. You may have to give up activities that you previously enjoyed. And your family and friends may face significant changes and challenges in an effort to help you. You may also find yourself facing some tough questions, such as how long you have to live and what you will do if you no longer can take care of yourself.

***Loving Arms Elder Care*** can work with you in sharing your fears and feelings with your family, friends and doctor and developing a comprehensive care plan for your current and future needs.

