

COPD



Chronic obstructive pulmonary disease (COPD) is a long term condition affecting the airways and includes conditions such as emphysema and chronic bronchitis. With emphysema, the air sacs in the lungs are gradually destroyed, making it more difficult to absorb oxygen. With chronic bronchitis, the airways may also become inflamed, narrower and produce more mucus. COPD is common in older age groups. Although often undiagnosed, it affects about one in seven adults aged over 45 years (at least 200,000 New Zealanders).

The causes of COPD include:

- smoking (nearly all COPD is smoking-related)
- airborne irritants and pollutants (eg, industrial dusts)
- inherited factors (eg, alpha-1 anti-trypsin deficiency).

Do I have COPD?

Continuing bouts of the symptoms below are signs you might have COPD. The diagnosis is usually made based on your past and present symptoms. Your GP (general practitioner) may also check your lung function using a spirometer, a device you blow into to measure airflow. This can confirm COPD and can also be used to track your progress over the years.

X-rays are not so good at picking up COPD but may be used to rule out other possible causes of breathing problems.

Common symptoms of COPD

- cough
- becoming short of breath or exhausted when active
- mucus (sputum/phlegm) production
- wheezing
- being susceptible to chest infections.

Managing your COPD

Smoking

It is vital to stop smoking; it is the only treatment proven to slow the worsening of COPD. Quitting might also improve how your lungs work. If you smoke, your GP or nurse can help you find ways to quit:

Quit Card – a discount voucher for nicotine replacement patches, gum or lozenges

QUITLINE – 0800 778 778 for free advice and support

www.quit.org.nz – for free online Quit Coach, support, advice and information.

Medicines

The main medicines for COPD are inhalers ('puffers'). Some people also require antibiotics and oxygen. Correct use of your medicines can help ease breathing and stabilise your condition (meaning it is less likely to worsen in the future). Bronchodilator inhalers help to relieve wheeze and shortness of breath – they work well for some people but not all.

- With some symptoms and not many exacerbations, you may only need a short-acting bronchodilator (short-acting beta-agonist [SABA] or short-acting muscarinic-antagonist [SAMA] or a combination of the two, as needed). Another option may be to use an inhaler once a day – in this case, the inhaler will be a long-acting beta-agonist (LABA) or a long-acting muscarinic antagonist (LAMA).
- With more symptoms, your inhalers may be changed to one or two regular long-acting bronchodilators (a LABA and/or a LAMA). These can be combined in one inhaler for convenience if required.
- Some people don't have a lot of symptoms but are at risk of getting exacerbations. They need to use a LAMA every day, either on its own or in combination with a LABA.
- With frequent symptoms and exacerbations, your doctor will use a combination of treatments, usually a LABA/LAMA combination but sometimes a steroid/long-acting bronchodilator combination.

Tip: Rinse your mouth and spit it out after inhaling a steroid.

2 MEDICINES IN 1 INHALER
ASK YOUR DOCTOR ABOUT ONCE DAILY ULTIBRO®
 Please see overleaf for important information



To keep your COPD under the best possible control and to prevent complications, get your GP to check your medicines and lung function regularly. Antibiotics may be needed for COPD exacerbations.

Tip: A change in mucus colour may signal a chest infection, and you should contact your GP.

Long term oxygen therapy is used by some people with more severe COPD (and who do not smoke).

Stay active

Pulmonary rehabilitation is a six-week programme of education and exercise usually run by your local hospital.

Ideally everyone with COPD should attend as it helps to reduce symptoms, increase day-to-day functioning and improve quality of life for those with COPD. Ask your GP about a programme.

Regular exercise is important. When you exercise, your muscles (including your breathing muscles), learn to do more work with less oxygen, meaning you can do more.

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 (eg, walking, swimming) and:
- 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

Often with COPD, a habit of shallow breathing means only the top part of the lungs fill with oxygen, adding to the feelings of breathlessness. By practising deep breathing, it may feel easier. A physiotherapist or practice nurse can teach you good breathing techniques

Tip: Advice to help the feeling of breathlessness and clear mucus from your chest can be found at the Asthma Foundation website www.asthmafoundation.org.nz – or phone (04) 499 4592 for local COPD support groups.

Other things that can help

- the annual influenza vaccine (flu jab) and pneumococcal vaccination can halve the risk of severe chest complications
- avoid a cold, damp home
- avoid smoky or polluted situations
- eat a healthy diet and get adequate rest
- avoid contact with people with colds or the flu
- manage stress
- consider a MedicAlert bracelet.

See your GP if you have weight loss (this can occur due to extra energy needed for breathing). Try frequent, small nutritious meals if breathless when eating.

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 (an exacerbation) due to infections, air pollutions or unknown reasons. If not managed well, it can result in a hospital stay.

Signs you might have an exacerbation

- more breathlessness
- more mucus (thicker, perhaps green/yellow)
- wheezing
- sometimes swollen ankles.

It is important to learn to recognise exacerbations, try to prevent them and help yourself get over them. Discuss a Self Management Plan with your GP about what to do if you are getting worse (and have a written copy). Ring your GP/practice nurse if you are getting worse.

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