Understanding and Managing Your Chronic Obstructive Pulmonary Disease (COPD)*

*Includes chronic bronchitis and emphysema.
LIVING WITH COPD

You may have been told that you have COPD. It is a lung disease that includes chronic bronchitis, emphysema, or both.

You may not know much about COPD, but you are not alone. Approximately 15 million Americans have been told by a doctor that they have COPD.

You have taken the important first step by seeing your doctor. COPD cannot be cured. But it can be managed and treated.

Take good care of yourself. Read this booklet to learn more about COPD and how to manage it.
ABOUT THIS BOOKLET

This booklet will help you learn about COPD.

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WHAT IS COPD

COPD can be serious. It is a lung disease in which your airways become narrowed. It usually gets worse over time. When you have it, you may not be able to breathe normally. People with COPD sometimes experience flare-ups, or a worsening of symptoms, in the natural course of the disease.

While COPD can’t be cured, it can be treated.

COPD stands for
Chronic obstructive pulmonary disease

Chronic—it’s long term and does not go away
Obstructive—the flow of air from the lungs is partly blocked
Pulmonary—another word for lungs
Disease—impaired lung function

People with COPD can have chronic bronchitis, emphysema, or both.

• **Chronic bronchitis** is a cough with phlegm (mucus) you have most days that doesn’t go away

• **Emphysema** happens when the tiny air sacs in your lungs break down and become bigger and weak. You might feel it’s hard to take a deep breath
WHAT IS COPD (cont’d)

**Chronic bronchitis**

The flow of air into and out of lungs is limited. Damaged airways get tight, swollen, and filled with mucus. This makes it hard to breathe.

- Airway muscles tighten
- Airway lining swells up
- Mucus builds up

**Emphysema**

Damaged air sacs trap air inside your lungs. Like old balloons, the tiny air sacs get stretched out of shape and break down. Old air gets trapped inside, so there is no room for new air to get in.

- Old air cannot get out
- New air cannot get in
COPD IS NOT ASTHMA

There are some differences between COPD and asthma.

When it starts
- COPD usually starts when you are older than 40 years of age
- Asthma often starts when you are a child, although it can start at any age

What causes it
- COPD
  - Smoking or being around smoking
  - Working or living in an area polluted by dust or chemicals
- Asthma
  - Being sensitive to something (like a certain food or pollen in the air) that causes an allergic reaction
  - Being sensitive to nonallergenic factors such as infections, exercise, and some drugs
  - Having a family history of asthma

When you have it
- COPD is a chronic disease that often gets worse over time
- Asthma attacks come and go—you may have no symptoms between attacks

COPD and asthma affect the airways differently, so the treatment of the 2 diseases is not the same.
WHAT CAUSES COPD

The main cause of COPD is repeated exposure to tobacco smoke. This includes your own or someone else’s.

COPD can also be caused by exposure to pollution and industrial fumes. In a small number of people, COPD is caused by a genetic disorder.

**Why should you quit smoking?**

Quitting smoking is the best way to slow down the course of COPD. It’s never too late to quit.

**Talk with your doctor about ways to quit.**

Quitting smoking is tough and can take several tries before you succeed. Your doctor can talk with you about several ways that might help you. And there are things you and your doctor can do to help you breathe better while you are trying to quit.
WHAT ARE THE SYMPTOMS OF COPD

You can have COPD and not know it. You may think you are just out of shape. You may think you are getting older. But you are working harder to breathe. Lung damage happens over time and starts before symptoms appear. COPD symptoms can differ from person to person.

You may have 1 or more of the following

- Shortness of breath
- Frequent cough with/without mucus (or smoker’s cough)
- Wheezing
- Fatigue

If you have chronic bronchitis

You may feel like you have a cough or cold that won’t go away. That is because your airways get tight, swollen, and filled with mucus. These things can reduce how much air flows in and out of your lungs, which can make breathing hard.

If you have emphysema

You may feel like you can’t breathe. You may have a tight feeling in your chest. That is because, like balloons, the tiny air sacs in your lungs can get stretched out. Then they may break down. Air gets trapped in them. So, there is less room for air to get in when you try to take a breath.

Tell your doctor about all your symptoms so that you can get the right treatment.
HOW DO YOU KNOW YOU HAVE COPD

Based on your symptoms, your doctor may recommend a spirometry test.

What is spirometry?
If your doctor thinks you may have COPD, he or she may recommend a test called spirometry (spy-rom-ih-tree). Spirometry is a common test that measures the function of your lungs. It is also called pulmonary function testing.

What does spirometry do?
• Measures the amount of air you can breathe out over a certain amount of time
• Lets your doctor check how well your lungs are working

Why can spirometry be useful for you?
A spirometry test
• Helps your doctor tell if you have COPD
• Shows how severe your COPD is
• Helps your doctor decide what medicines and other health instructions to give you
• Shows you and your doctor how well your medicine and the other ways that you manage your COPD are working
MANAGING YOUR COPD

Although COPD cannot be cured, it can be managed and treated. As part of your overall treatment plan, your doctor may talk with you about:

• Quitting smoking
• Flu and pneumonia vaccines
• Pulmonary rehab
• Prescription treatment options
TAKE THE MEDICINE YOUR DOCTOR PRESCRIBES

COPD treatment can include 2 kinds of therapy. Your doctor may give you 2 types of medicine. They are called rescue and maintenance.

Rescue therapy: short-acting medicine
• Is taken as needed to help you catch your breath when your breathing suddenly gets worse
• Helps you breathe better fast. Lasts for about 4 to 6 hours

Maintenance therapy: long-acting medicine
• Is taken every day to help manage your COPD
• May help reduce the need for rescue medicine
• Some may prevent or reduce flare-ups (worsening of symptoms) over time
• Lasts from 6 to 24 hours
• Should be taken even when you are breathing better so you can keep breathing better
• Must be taken every day to deliver full, long-term effects. Breathing better happens over time
• Some are available without steroids, while some have steroids

Take your rescue medicine only when you need it. But take your maintenance medicine every day, even if you are feeling and breathing well.
WHAT YOU SHOULD KNOW ABOUT INHALERS AND NEBULIZERS

Most COPD medicines are delivered using an inhaler.

Currently, COPD medicine can be taken using 4 different types of inhalers: pressurized metered dose inhalers, dry powder inhalers, a slow spray inhaler, and nebulizers. Though all inhalers use the same principle, they are not all the same. For example, some need to be shaken and others do not.

• Dry powder inhalers deliver the medicine when you breathe in
• Metered dose inhalers and a slow spray inhaler deliver the medicine when you press and breathe in. They also need to be primed before first use
• A nebulizer is a small machine that turns a liquid medicine into a mist. You inhale the mist through a mask

Talk with your doctor about the different inhalers available and the one that is best for you.

Using an inhaler takes some practice, so talk with your doctor or pharmacist if you have any questions or concerns.
DO YOU KNOW YOUR MEDICINES

When you have COPD, understanding what your medicines do and how to use each medicine is very important. Use the questions below to check how much you know.

Do you have a prescription for a rescue medicine?
- No  ❑ Yes

Did your doctor instruct you on how and when to use your rescue medicine?
- No  ❑ Yes

Do you have a prescription for a daily use maintenance medicine?
- No  ❑ Yes

Did your doctor tell you to take these medicines every day?
- No  ❑ Yes

Do you take your medicines every day?
- No  ❑ Yes

Do you take other medicines for COPD, such as oral steroids or antibiotics?
- No  ❑ Yes

Did your doctor tell you when to take these medicines?
- No  ❑ Yes

Do you talk to your doctor at each visit to make sure you know when to use these medicines?
- No  ❑ Yes

Do you have any questions about how or when to take your COPD medicines?
- No  ❑ Yes

Bring your answers with you the next time you visit your doctor, as well as your pharmacist. Reviewing them with a doctor will help you manage your COPD.
KNOW THE SIGNS OF A FLARE-UP

COPD flare-ups are episodes when you may develop new symptoms or feel your usual symptoms worsen. These flare-ups—often due to a respiratory infection, illness (like a cold), or exposure to pollutants—can be uncomfortable and unpleasant, and may even require hospitalization.

**Mild flare-ups**
- Symptoms may include increased shortness of breath or coughing, more wheezing than usual, or more phlegm or mucus than usual when you cough
  - If you experience a mild flare-up, call your doctor

**Severe flare-ups**
- Symptoms of a severe flare-up could include chest pain, blue lips or fingers, confusion or drowsiness, and extreme shortness of breath or coughing
  - If you experience a severe flare-up, call 911
- Plan ahead in case of an emergency—write down emergency contact phone numbers, make a list of your medications, and speak to your loved ones about what to do if your breathing worsens
REDDUCING YOUR RISK OF FLARE-UPS

As COPD progresses, flare-ups may happen more often. Each new flare-up can increase your risk of having another in the future. You can help reduce your risk of COPD flare-ups with lifestyle changes and maintenance treatments. Talk with your doctor to learn more.

Avoid COPD triggers

- Quit smoking
- Maintain good air quality in your home
- Avoid exposure to pollutants and allergens
- Consider additional lifestyle changes

Talk with your doctor

- Discuss the flu shot
- Ask about the pneumonia vaccine
- Be sure you are treating any other health conditions appropriately
- Ask your doctor or pharmacist to go over your medicines and how they’re used

Talk with your doctor about maintenance treatment

- Some maintenance treatments can reduce your risk of COPD flare-ups
LIFESTYLE CHANGES CAN HELP

COPD can be managed. You can do things that will help you feel better. These include

**Quit smoking**
If you are still smoking, talk to your doctor about quitting. Quitting smoking is the only way to slow down the progression of COPD.

**Get the vaccines you need**
They can help keep you from getting respiratory infections that can harm your lungs. Be sure to get a flu shot each year. Ask your doctor about the pneumonia vaccine.

**Pulmonary rehabilitation**
These programs offer exercise classes and teach you about COPD. Pulmonary rehabilitation could help reduce symptoms and improve quality of life.

**A breathing exercise**
Pursed-lip breathing is a simple, 4-step technique that may help you breathe better.
1. Sit upright, relax your neck and shoulder muscles
2. Take in a normal breath, slowly, through your nose for a measured count of 2
3. Purse your lips as if to whistle, and blow gently through your lips while counting to 4
4. Repeat for a minute or 2, or for as long as you feel comfortable
Diaphragmatic breathing (belly breathing) exercise

This kind of belly breathing helps your diaphragm move. (The diaphragm is the dome-shaped muscle at the bottom of your lungs.) The movement lets you take more air into your lungs and makes breathing easier.

Follow these steps

1. Lie on your back with your knees bent. Put a pillow under your head. After you do this exercise for some time, you can try it while sitting in a chair
2. Put the palm of one hand on your belly. Put the palm of your other hand on your chest
3. Breathe in slowly through your nose. Your belly should push out against your hand. Your chest should not move
4. Tighten your belly muscles. Breathe out slowly through your mouth. Keep your lips pursed. You should feel your belly go down

Start by doing this exercise for 5 to 10 minutes, 3 or 4 times a day. You can slowly increase the amount of time you do this.

Exercise and diet

Regular exercise and maintaining a healthy weight are important parts of your overall treatment plan.
LIFESTYLE CHANGES CAN HELP (cont’d)

Stay active!
For people with COPD, even light exercise can help make muscles stronger—including the muscles that you use to breathe. Exercise can help make you feel more energetic. Evidence shows that even a little exercise goes a long way.

Exercise at any level holds benefits for patients with COPD. But before jumping into any exercise program, be sure to talk with your doctor.

Take it slow
Exercise does not have to be intense to help people with COPD. There are 2 types of exercises that may help
• Resistance training
• Mild aerobic exercise
Good nutrition and a balanced diet are good for everyone, but they are especially important for people with COPD. Eating well helps keep you healthy, which helps you fight infections and may help prevent you from getting sick.

- Eat foods that are high in protein. If you don’t get enough protein, your body will break down muscle to get the protein it needs. If this happens, the muscles you need to breathe will weaken and you will lose strength.
- Drink plenty of water unless your doctor tells you not to.
- Limit your salt intake. Too much sodium can cause you to retain fluids, which may interfere with breathing.
- Limit your intake of breads and foods that are high in sugar.
- Avoid foods that produce gas or make you feel bloated. The best process to use in eliminating foods from your diet is trial and error.
- Choose foods that are easy to prepare. Don’t waste all of your energy preparing a meal. Try to rest before eating so that you can enjoy the meal.

The American Association for Respiratory Care (AARC) has gathered some nutrition tips for people with COPD.

These tips are general guidelines only. Remember, your doctor is your best source of health information.
COPD can change over time. So be sure to talk with your doctor as your symptoms and your needs change. You can work together to build a plan that will help you breathe easier.

- Be as descriptive as you can. Use real-life examples such as, “Whenever I vacuum, I need to sit down for a few minutes,” or “I haven’t been able to climb more than 4 steps at a time”
- Tell your doctor everything. The more you say, the better. Talk about your overall health, specifics about your breathing, and any other lifestyle changes
- Be sure to tell your doctor if you’re using your rescue inhaler more than usual. This could be a sign that your airways are narrowed
- Bring a family member to your appointment for added support
GET THE SUPPORT YOU NEED

COPD can be managed. You can do a lot to help keep it in control. Try contacting these helpful resources for more information and support.

**American Association for Respiratory Care**
www.yourlunghealth.org

**American College of Chest Physicians**
www.chestnet.org/Publications/Other-Publications/Patient-Education-Guides

**American Lung Association**
www.lung.org

**American Thoracic Society**
www.thoracic.org

**COPD–ALERT Support and Advocacy Group**
www.copd-alert.com

**COPD Foundation**
www.copdfoundation.org

**Global Initiative for Chronic Obstructive Lung Disease**
www.goldcopd.org

**National Emphysema Foundation**
www.emphysemafoundation.org

**National Heart, Lung and Blood Institute**
www.nhlbi.nih.gov

**National Home Oxygen Patients Association (NHOPA)**
www.homeoxygen.org

**National Lung Health Education Program**
www.nlhep.org

**Pulmonary Education & Research Foundation (PERF)**
www.perf2ndwind.org

**US COPD Coalition**
www.uscopdcoalition.org