

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Patient Information Fact Sheet

What is COPD?

Chronic obstructive pulmonary disease (COPD) is the blanket name for a number of lung conditions, including chronic bronchitis and emphysema. These diseases make it difficult to breathe.

What are the symptoms of COPD?

The first symptom of mild COPD is an early morning cough that may produce phlegm (a smoker's cough). You may also have shortness of breath. As the condition gets worse, wheezing becomes more of a problem and everyday activities will make you more breathless than usual. If you have severe COPD, you will get breathless with the slightest activity, or even while resting. All of these symptoms may be worse in the winter or after a cold.

Who gets COPD?

COPD usually affects people over the age of 40 and is more common in men. A few sufferers could have a family history of COPD. The most common cause of COPD is smoking. Other causes include severe chest infections in childhood, repeated chest infections as an adult, and environmental pollution.

What tests confirm a diagnosis of COPD?

If you are a smoker, have a cough that produces phlegm, and suffer from shortness of breath, you may have COPD. Your doctor may ask you to blow into a machine called a spirometer, which measures how well your lungs are working. Your doctor may also refer you to a pulmonologist (a specialist in conditions that affect the lungs) for an x-ray or further tests.

How is COPD treated?

There is no cure for COPD, but a lot can be done to relieve your symptoms. Stopping smoking at any stage of the disease will help reduce your cough and phlegm. Drugs called bronchodilators open up the narrowed airways and make it easier for you to breathe. There are two types of bronchodilator: anticholinergics such as **ipratropium** (Atrovent); and beta-agonists such as **formoterol** (Foradil), **metaproterenol**, **salmeterol** (Serevent Diskus), and **terbutaline**. Your doctor may prescribe these for you to take with an inhaler, or in some cases, as a tablet or syrup. If the drug is inhaled, it may be more effective if used with a plastic bubble, called a spacer (e.g., AerochamberPlus). If required, a higher dose of these drugs can be given using a nebulizer. In this case, the



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doctor will give you a prescription for a nebulizer solution, which comes in small plastic ampules containing a liquid form of the drug. The ampules are opened and placed into a nebulizer, which converts the liquid into a fine mist that is then inhaled through a mask attached to the machine.

In some cases, steroid inhalers are used to reduce inflammation and make it easier to breathe. Examples include **flunisolide**, **mometasone** (Asmanex Twisthaler), **triamcinolone**, **beclomethasone** (Qvar), **budesonide** (Pulmicort Flexhaler, Symbicort) and **fluticasone** (Advair Diskus, Advair HFA, Flovent Diskus, Flovent HFA).

Other medicines such as **theophylline** (Elixophyllin, Theo-24) may also help reduce symptoms. You may be prescribed a combination of drugs for your condition, and your healthcare provider or pharmacist will advise you on their use.

COPD can be made worse by chest infections, so if you have a fever or your phlegm becomes brown or green, you should see your doctor. A course of antibiotics may be prescribed to treat the infection. Ask your doctor or pharmacist for an influenza vaccination every autumn. This will reduce the possibility of chest infections.

Self Help

- Try to stop smoking completely and avoid second-hand smoke
- Avoid contact with anyone who has a cold or a chest infection and wash your hands often
- If you think you have a chest infection, see your doctor
- Get an influenza vaccine every autumn
- Try to do some gentle exercise every day. Ask your doctor for advice
- Dry air can make you cough; make the air more moist with a humidifier or by placing a bowl of water on a window ledge
- Breathing through your mouth can make you dehydrated, so try to drink plenty of fluids such as water and fruit juices
- Try to eat little and often, for example, five small meals rather than three large ones. A full stomach after a large meal will make it more difficult for you to breathe

Further information

American Lung Association: www.lungusa.org

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