

Chest
Heart &
Stroke
Scotland



LIVING WITH COPD



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**NO LIFE
HALF LIVED**



NO LIFE HALF LIVED

The information contained in this booklet is based on guidelines and practice and is correct at time of printing. The content has undergone peer, patient and expert review.

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ABOUT THIS BOOKLET

Who is the booklet for?

The booklet is for people who have chronic obstructive pulmonary disease (COPD). You may also find it useful if you are a friend, relative or carer of someone who has COPD.

What is this booklet about?

The booklet explains what COPD is, its causes and symptoms. It explains how COPD is diagnosed and managed and what you can do to help control your symptoms and keep yourself well.

The booklet also addresses some of the concerns you may have about living day-to-day with COPD and offers practical advice to help you continue to do the things that you enjoy.

How to use the booklet

The booklet is divided into different sections. These are outlined in the contents list. You do not have to read all of the sections at once. Some sections may be useful to you now, other sections you may want to come back to and read at a later time.

Further information

If you would like more information, we have a range of booklets and easy-to-read 'essential guides' on a number of different topics discussed in this booklet, including breathlessness, stopping smoking, oxygen therapy, physical activity and mental wellbeing. To see the full list our resources and to order, view or download them, go to:

www.chss.org.uk/publications or call the Advice Line nurses for more information on 0808 801 0899.

Also freely available is the website My Lungs My Life. The website provides information on treatment, diagnosis and all aspects of living with COPD or asthma. Available at

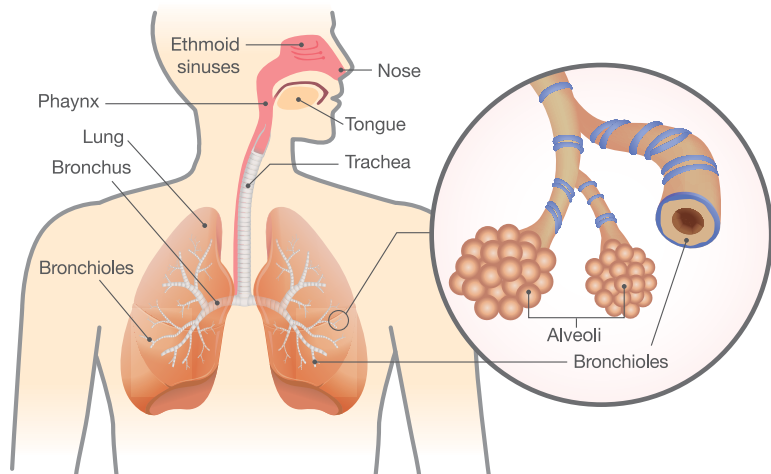
www.mylungsmylife.org.

UNDERSTANDING COPD

How do the lungs work?

In normal healthy airways, air travels into the lungs through the **trachea** (windpipe). The trachea divides into branches to supply your left and right lungs. These branches are called the left bronchus and the right bronchus. These **bronchi** divide further and branch into smaller and smaller air passages called **bronchioles**, which end in millions of tiny air sacs called **alveoli**. Around these air sacs are tiny blood vessels called **capillaries**.

Oxygen from the air that you breathe passes through the thin wall of the alveoli into the capillaries, where it attaches to the red blood cells. The oxygen is then carried through the blood vessels to the rest of the body. At the same time, carbon dioxide (a waste product) passes from the capillaries into the alveoli and is breathed out.

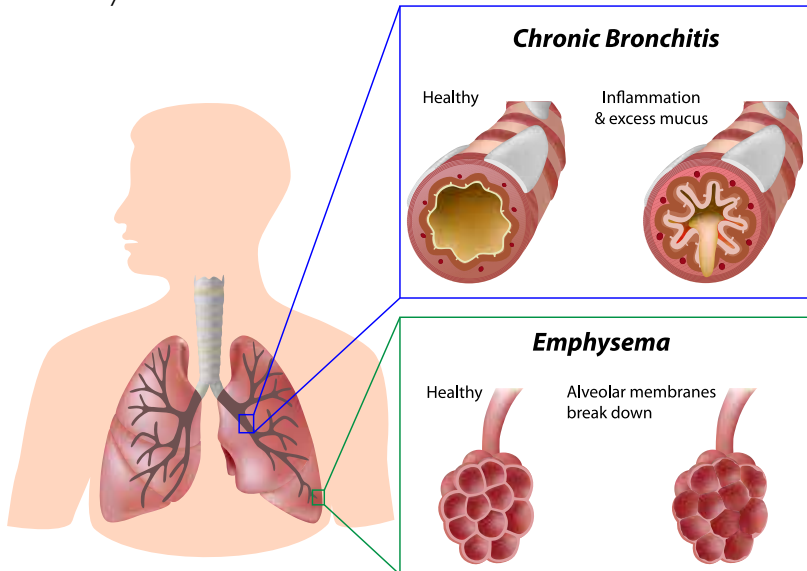


The airways are lined with **mucus** (a thick fluid), which helps to protect the lungs by trapping particles such as dust, allergens and bacteria stopping them from going down into the lungs. Fine hairs called **cilia** then brush the mucus and any foreign particles trapped in it back up the airways towards the throat. The mucus is then either coughed up or swallowed. This mucus is often referred to as phlegm, sputum or spit.

What is COPD?

Chronic obstructive pulmonary disease (COPD) is the name used to describe a group of lung conditions that cause long-term damage to the airways. COPD includes:

- **Emphysema**, damage to the air sacs in the lungs
- **Chronic bronchitis**, long-term inflammation of the airways



In COPD, inflammation over time causes permanent, irreversible damage to the airways and air sacs of the lungs.

- Irritation causes the airways to become swollen and inflamed, and the airways become narrower. The muscles in the airway walls tighten to try to stop the irritant getting further into your lungs. Over time, the muscles lose their elasticity (due to constant irritation and coughing) and the airways become floppy. This makes it more difficult for air to move into and out of your lungs, and you may notice yourself becoming more breathless or starting to wheeze when breathing out, especially on effort.
- Extra mucus is produced to trap any irritants and prevent them from entering the lungs. The cilia have to work harder to move the mucus and debris back up your throat. Over time the cilia become damaged and unable to clear the excess mucus. The mucus then goes deeper into the lungs and becomes harder to clear. At this stage you may notice an increase in cough and mucus production.
- In some people, the air sacs lose their structure and sponginess, which means that they cannot fill and empty so easily. This makes the exchange of oxygen and carbon dioxide more difficult and causes the symptoms of breathlessness and tiredness.

CHRONIC:	= long-term, permanent
OBSTRUCTIVE:	= describes the narrowing of the airways
PULMONARY:	= affects the lungs
DISEASE:	= illness

What causes COPD?

The main cause of COPD is smoking.

Particles from tobacco smoke irritate the airways, causing them to narrow and the air sacs in the lungs to become damaged. The cilia are unable to work properly because of increased mucus production, leading to an increased cough and frequent chest infections.

- Up to 1 out of every 4 people (25%) who are long-term smokers will develop COPD.
- In the UK, about 8 out of every 10 people with COPD are either current smokers or have previously smoked.

COPD does occur in non-smokers too. In 2 out of every 10 people with COPD, smoking is **not** the cause. Other causes of COPD include:

- Poor air quality
- Work-related exposure, such as workplace dust, chemicals and fumes
- Inherited diseases, such as alpha-1 antitrypsin deficiency (this is very unusual)

What are the symptoms of COPD?

The main symptoms of COPD include:



- **Breathlessness** that typically gets worse on exertion and deteriorates over time. In advanced COPD, breathlessness may be present most of the time, even while resting.



- **Wheeze** (a high-pitched whistling noise which occurs when you breathe).



- **Cough.**
- Producing more **mucus** (phlegm or sputum) than usual.

Other symptoms of COPD may include:

- Repeated or frequent chest infections (sometimes called flare-ups or exacerbations)
- Weight loss
- Tiredness (or fatigue)
- Ankle swelling






DIAGNOSIS OF COPD

More than 125,000 people in Scotland have a diagnosis of COPD. In addition, about twice this number (another 250,000 people) have COPD but do not know it.

Early diagnosis of COPD means improved care and better quality of life.

COPD
**Chronic Obstructive
Pulmonary Disease**

Get a diagnosis & get the right treatment **NOW**

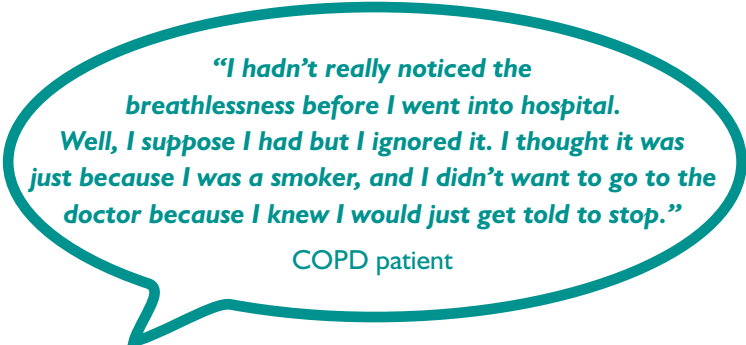
-  **Do you smoke, or are you an ex-smoker?**
-  **Do you cough often, and on most days?**
-  **Do you cough up phlegm, or mucus on most days?**
-  **Do you get more out of breath than others your age?**
-  **Are you more than 35 years old?**

Did you answer YES to 3 or more?
Ask your doctor if you could have COPD

Chest Heart & Stroke Scotland
Widgit Symbols from Widgit-health.com

How is COPD diagnosed?

COPD tends to 'creep up' on you as symptoms usually worsen gradually over time. Some people put up with or simply dismiss symptoms for many years before they reach a level that makes them visit their GP. Often symptoms are put down to something else, such as 'being unfit', 'being a smoker' or just 'getting older'.



“I hadn’t really noticed the breathlessness before I went into hospital. Well, I suppose I had but I ignored it. I thought it was just because I was a smoker, and I didn’t want to go to the doctor because I knew I would just get told to stop.”

COPD patient

However, the sooner you get a diagnosis and get the right treatment, the better your prospects are. Early treatment of COPD can make a big difference.

Your doctor might suspect that you have COPD if you are over 35 years, you smoke or have smoked in the past and you have any of the following:

- A cough that has lasted a long time and won't go away
- You get short of breath easily when you exert yourself
- You often cough up sputum (phlegm)
- You 'wheeze' when breathing
- You have frequent chest infections, especially during the winter

If your doctor thinks that you might have COPD, he may ask you about the following:

- Whether you are currently a smoker or you have previously been a smoker
- If anyone in your family has lung disease
- If you have lost weight without meaning to
- What level of physical activity you are able to maintain compared with usual
- Whether your symptoms wake you at night
- If your ankles or legs are swollen
- How easily you get tired
- Whether you might have been exposed to dust or fumes that could have caused damage to your lungs
- Whether you have any chest pain or you cough up blood (these two symptoms are uncommon in COPD but may help your doctor to diagnose a different condition)

Your doctor will examine you by listening to your chest and looking at other parts of your body, such as your fingers and ankles, to exclude any other conditions that could be causing your symptoms.

Your doctor may assess the severity of your breathlessness using the Medical Research Council (MRC) dyspnoea scale or the modified Medical Research Council (mMRC) dyspnoea scale (dyspnoea is a medical term for shortness of breath). This will give your doctor an idea about how your COPD is affecting your ability to function day-to-day.

The MRC and the mMRC dyspnoea scales use the same categories to describe your breathlessness. However, the MRC scale grades your breathlessness from 1 to 5. The mMRC scale grades your breathlessness from 0 to 4.

mMRC Grade	MRC Grade	Degree of breathlessness related to activities
0	1	Breathlessness only with strenuous exercise
1	2	Short of breath when hurrying on flat ground or walking up a slight hill
2	3	On flat ground, slower than most people of the same age because of breathlessness or has to stop for breath when walking at own pace
3	4	Stops for breath after walking about 100 metres or after a few minutes of walking on flat ground

To confirm your diagnosis, your doctor should check how well your lungs work by performing breathing tests (**spirometry**). Spirometry estimates your lung function by measuring the amount of air you can blow out into a machine (a spirometer). Your age, height and sex can all affect your lung function, so your results are compared to an average predicted value for someone of your age, height and sex.

To find out more about how spirometry is performed visit the My Lungs My Life website (www.mylungsmylife.org).

Two spirometry results are important in COPD, and you will often hear healthcare professionals refer to them:

- **FEV1** (Forced Expiratory Volume in one second) is the amount of air you can blow out in one second.
- **FVC** (Forced Vital Capacity) is the total amount you can blow out in one breath.

A value is calculated from the amount of air you blow out in one second divided by the total amount of air you can blow out in one breath. This is known as the FEV1/FVC ratio.

If your airways are narrowed, the amount of air you can blow out quickly (your FEV1) is reduced. This means it will take longer to blow out a full breath (your FVC). If your FEV1 is less than 80% of the predicted value or your FEV1/FVC ratio is 0.7 or less, you have a disease that has narrowed your airways. If you also have other features of COPD, your doctor will probably diagnose COPD.

Once COPD is diagnosed, the severity of COPD is indicated by the FEVI compared with the predicted value:

Mild (stage 1)	FEVI at least 80% of predicted value
Moderate (stage 2)	FEVI between 50-80% of predicted value
Severe (stage 3)	FEVI between 30-50% of predicted value
Very severe (stage 4)	FEVI less than 30% of predicted value

It is important to remember that COPD affects people in different ways. For example some people with mild damage to their lungs may be severely affected by their symptoms and some with severe damage may not feel badly affected.

Further tests that you might have include:

At diagnosis:

- Your doctor should arrange for a blood test and a chest x-ray to rule out other causes of your symptoms.
- Your body mass index should be calculated to check whether you are a healthy weight for your height. This is important because you will be able to manage your COPD better if you are not underweight or overweight.

To help your doctor decide on the best way of managing your symptoms, you may also be offered one or more of the following tests:

Test	Reason
Additional breathing tests	To decide whether you have asthma or COPD
Functional breathing tests	To see how activity affects your breathing
A blood test for alpha-1 antitrypsin	To find out if you have alpha-1 antitrypsin deficiency (an inherited condition that can cause COPD)
A computerised tomography (CT) scan of your chest	To get a detailed picture of the structure of your lungs
An electrocardiogram (ECG) or echocardiogram (Echo) or both	To check whether COPD has affected your heart
Pulse oximetry	To measure how much oxygen there is in your blood
A sputum test	If an infection is suspected

How is COPD different to asthma?

Usually your doctor will be able to tell whether you have COPD or asthma by asking some questions, examining you and performing some of the tests mentioned above.

Other features that can be used to help distinguish between COPD and asthma are shown in the table below.

	COPD	Asthma
Smoker or ex-smoker	Nearly all	Possibly
Age less than 35 years	Rare	Often
Chronic productive cough	Common	Uncommon
Breathlessness	Persistent and progressive	Variable
Night-time waking	Uncommon	Common
Symptoms vary from day-to-day	Uncommon	Common

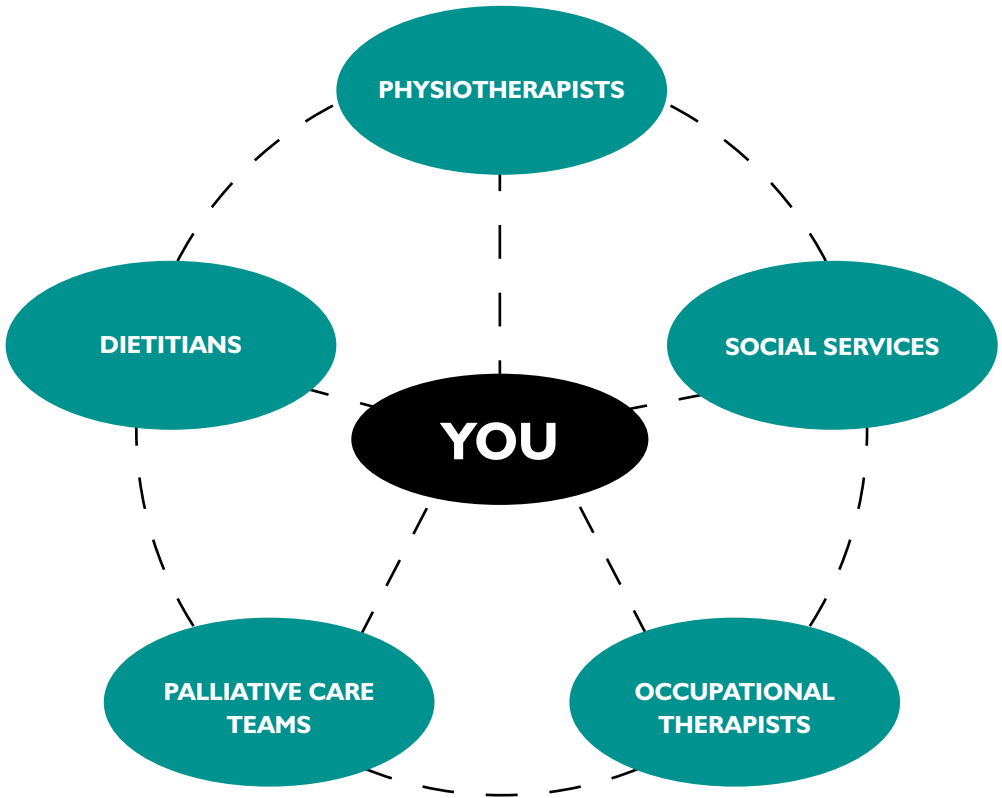
However, distinguishing between COPD and asthma can be difficult, especially in smokers and in older adults.

Some people have risk factors for and clinical features of both asthma and COPD; this is sometimes referred to as asthma and COPD overlap syndrome (ACOS).

MANAGEMENT OF COPD

Who will be involved in my care?

You may be referred to a specialist doctor or specialist nurse to confirm your diagnosis. Other people who may be involved in managing your COPD include:



What are the treatments for COPD?

Stopping smoking

If you smoke, stopping smoking is the most important thing that you can do if you have COPD.

Stopping smoking will help to slow down or prevent any further damage to your lungs.

You may not need any other treatment if your COPD is in the early stages, and your symptoms are mild and not troublesome.

Medical treatment

Treatment does not cure COPD or repair the damage to your lungs, but it can help to:

- Improve your symptoms such as breathlessness
- Prevent a flare-up of symptoms

There are several different types of medicines for people with COPD. Which ones you are offered will depend on your symptoms and on the severity of your COPD. Usually, you will need to try a treatment for a few months to see whether it helps or not. Your doctor or nurse will review how well the treatment is working. Sometimes you may need to try several medicines or combinations of medicines to find out which works best for you. It is important that you do not stop your medication without discussing it with your doctor or nurse. The most common way of delivering medicines to treat COPD is by inhaling them (breathing in fine particles of the medicine). This allows the medicine to be delivered directly

to your lungs, getting the greatest effect with the least side effects. The three main groups of inhalers used in COPD are:

- Short-acting bronchodilators
- Long-acting bronchodilators
- Corticosteroids

Short-acting bronchodilators

People with mild or moderate symptoms will usually be prescribed a bronchodilator. These open up (dilate) the airways (bronchi) by relaxing the muscle, making it easier to breathe.

There are two types of short-acting bronchodilator:

- Short-acting beta-agonist inhalers, such as salbutamol and terbutaline
- Short-acting antimuscarinic inhalers, such as ipratropium

Short-acting beta-agonists usually ease your symptoms in 5-15 minutes. Short acting antimuscarinics usually work in 30-40 minutes. The effect from both types of inhaler lasts for 3-6 hours.

These inhalers are usually only used when needed to relieve symptoms or to increase the amount of activity you are able to do.

Long-acting bronchodilators

These work in a similar way to the short-acting bronchodilators, but their effect lasts for 12-24 hours. If you still have troublesome symptoms despite using a short-acting bronchodilator your doctor will recommend a long-acting

bronchodilator. You will not notice an immediate difference in your symptoms when you use this inhaler, but you must use it regularly, as prescribed, for it to work properly.

There are two types of long-acting bronchodilator:

- Long-acting beta-agonist inhalers, such as salmeterol, formoterol, indacaterol and olodaterol.
- Long-acting antimuscarinic inhalers, such as tiotropium, aclidinium and glycopyrronium bromide.

For some people, especially those who have more symptoms, a combination of these two long-acting bronchodilators may be tried before adding a steroid inhaler.

Steroids

Steroids work by 'damping down' inflammation in your airways. A steroid inhaler will not have much effect on your symptoms, but may help to prevent flare-ups. They may be offered to people who are considered to be at a higher risk of a flare-up.

The main inhaled steroids include beclometasone, fluticasone and budesonide.

In people with COPD, a steroid inhaler should only be used in combination with a long-acting bronchodilator (usually combined in one inhaler).

Common side effects of inhaled steroids include oral thrush, sore throat and hoarse voice. These can be reduced by rinsing your mouth with water after use, and by using a spacer.

How is an inhaled medicine taken?

Inhalers

Inhaler devices come in many different shapes and sizes. Different devices will suit different people and it is important that you can use your inhaler properly to get the most benefit from it.

Your doctor, nurse or pharmacist should show you how to use your inhaler and make sure that you can use your inhaler properly, even when you are feeling breathless.

If you find your inhaler difficult to use or you feel it is not working, tell your doctor or nurse. They will help you find a device that is suitable for you.

For more information about the different types of inhaler and video clips showing how to use them correctly, see the My Lungs My Life self-management website (www.mylungsmylife.org).



Metered Dose Inhaler



Accuhaler



Easibreathe



Turbohaler

Spacers

If you have difficulty either with your inhaler technique or with the physical handling of your inhaler, you may find a spacer useful. A spacer attaches to a pressurised metered dose (aerosol) inhaler to help you inhale the medicine more effectively.

A spacer is a plastic dome or tube with a mouthpiece at one end and a fitting for your inhaler at the other end. Your inhaler delivers the dose into the spacer. This gives you more time to breathe in and you can take more than one breath per dose. The medicine is delivered more effectively to your lungs, reducing some of the side effects, especially those caused by inhaled steroids.



**Metered Dose Inhaler
plus Spacer**

There are large and small volume spacers available. Large volume spacers are very helpful but can be cumbersome and not easy to carry around. Small volume spacers are available for carrying in your pocket and using if required with your inhaler when out and about. There are also different spacers to fit different inhalers, so make sure that your inhaler fits onto your spacer properly. Ask your practice nurse or pharmacist if you are not sure.

To use your spacer:

- Make sure the valve in your spacer is working: some click open and shut when you breathe through them, and others make a whistling noise.
- Always shake your inhaler well before fixing it onto the spacer.
- Breathe out to empty your lungs.
- Seal your lips around your spacer mouthpiece.
- Holding your spacer level, activate your inhaler.
- Breathe in slowly and deeply.
- Hold your breath for a count of 10 or as long as you can. (This allows the medicine to reach the smaller airways of your lungs).
- If you are unable to take slow deep breaths or hold your breath, then breathe in and out as normal several times.
- Repeat the process again if you need to take 2 puffs of your inhaler.

It is important that you look after your spacer properly. Check the information that comes with your inhaler for instructions about cleaning and replacing your spacer.

Nebulisers

If you are using maximum doses of hand-held inhalers but are still badly affected by breathlessness, your doctor may recommend that you use a nebuliser.

A nebuliser is a device that turns the medicine into a fine mist that you can breathe in using a mouthpiece or a face mask. Many of the medicines that are available as an inhaler are also available as a solution to be used with a nebuliser.

Before being prescribed nebuliser treatment, you should have an assessment to make sure that you or your carer can use it properly. Do not be tempted to buy your own nebuliser before you have been properly assessed as this may not be the best treatment for you.

You will also be assessed when you have been using the nebuliser for a while to make sure that you are still getting benefit from it.

Other medicines used to treat COPD

Bronchodilator tablets (such as theophylline and aminophylline) are not often used to treat COPD, but may be useful if you are having difficulty using inhalers.

These medicines commonly cause side effects, and the levels in your body are affected by a number of things, including smoking. This is important because the level needed for the medicine to work well is only just below the harmful dose. Therefore, changes in the levels can mean that the medicine is either not as effective as it should be or that you may experience dangerous side effects.

Regular blood tests are done in people taking these medicines to make sure that the amount of theophylline in the blood is neither too high nor too low. Common side effects include palpitations, feeling sick and headaches. If you

are taking theophylline or aminophylline tablets and have any of these side effects, contact your doctor immediately.

Mucolytic medicines (such as carbocysteine or erdosteine) make sputum (phlegm) less thick and sticky. This may make it easier to cough up. Your doctor may prescribe you a mucolytic if you have moderate or severe COPD and frequent flare-ups (more than two per year) or severe flare-ups.

Steroid tablets (such as prednisolone) are often prescribed during a flare-up of COPD. This will usually be a short course of about 5 days. However, if you have severe COPD you may need to keep taking them for a while after the flare-up. If this is the case, you should be given the lowest dose possible that will control your symptoms and your doctor should monitor you for side effects.

Cough suppressants (for example codeine or pholcodeine linctus) should not be used regularly in people with COPD.

Antibiotics may be prescribed during a flare-up if it is thought to be due to an infection (if you are producing more sputum or your sputum has changed colour).

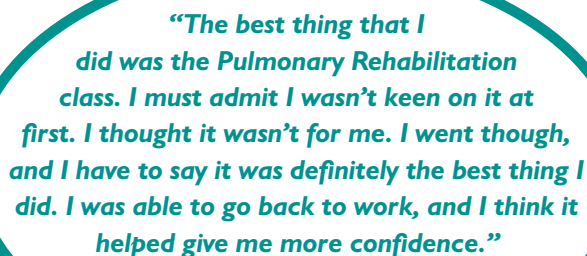
What other treatments are available?

Pulmonary rehabilitation

Pulmonary rehabilitation is a structured programme of physical activity and education specifically designed for people with long-term chest conditions like COPD. It is designed to improve your level of fitness and quality of life and can help you manage your symptoms of breathlessness, cough and

fatigue on a day to day basis. If you are having difficulty with daily tasks because of your symptoms or you have had an admission to hospital because of your COPD, you should be referred for pulmonary rehabilitation.

Pulmonary rehabilitation courses usually last for 6 or 8 weeks, once or twice a week. Individual courses will differ as they will be tailored to your specific needs. Every programme is organised and co-ordinated by a healthcare professional – usually a nurse or a physiotherapist. They will be at every class and will do your initial assessment. Some programmes are run in hospitals but many are based in the community, where it may be easier for you to attend, such as community and leisure centres or church halls. In some areas there may be an option for pulmonary rehabilitation style exercise to be delivered at home if the class is not appropriate.



“The best thing that I did was the Pulmonary Rehabilitation class. I must admit I wasn’t keen on it at first. I thought it wasn’t for me. I went though, and I have to say it was definitely the best thing I did. I was able to go back to work, and I think it helped give me more confidence.”

COPD patient

Pulmonary rehabilitation is one of the most effective treatments for people with COPD. It can lead to significant improvements in your quality of life and ability to exercise as well as improving symptoms such as breathlessness. Once you have completed pulmonary rehabilitation it is important to continue exercising at the right level for you to maintain the benefits.

Oxygen therapy

Not everyone with breathlessness will benefit from oxygen therapy. In fact, for some people, too much oxygen can be harmful if you have COPD.

Oxygen therapy is used to treat low levels of oxygen in your blood. Although this will usually cause you to be breathless, being breathless does not always mean that you have low oxygen levels.

If your doctor thinks that you will benefit from oxygen therapy, he or she will send you for an oxygen assessment.

After your assessment, if the specialist thinks that you will benefit from oxygen therapy, you will be prescribed oxygen for use at home. To get the benefits of oxygen therapy, you will need to use your oxygen for at least 15 hours a day. This is known as long-term oxygen therapy (LTOT). LTOT is normally provided at home using an oxygen concentrator, a machine which takes air from the room and separates the oxygen from the other gases in air, so that you breathe in pure oxygen. Oxygen is breathed through a nasal cannula (a small plastic tube that fits inside your nostrils) or a face mask, whichever suits you best.

If you want to use oxygen away from home, you can use portable cylinders of oxygen with a nasal cannula or mask. This is called ambulatory oxygen therapy.

In Scotland, oxygen equipment is provided through a supplier called Dolby Vivisol. They will make all the arrangements for you and will answer any queries about your oxygen.

Lung surgery

Surgery is an option for a very small number of people who have COPD. Some people with severe COPD may be considered for surgery to remove a large air pocket in their lung, or part of their lung. Very occasionally, people with very severe COPD that hasn't responded to other treatments may be referred to see whether they are suitable for a lung transplant. Lung transplant is a high-risk operation and only a small number of people will be considered suitable.

What follow-up should I receive?

Your COPD should be reviewed at least once a year. If your disease is stable this may be done at your GP surgery, often by the practice nurse. However, if your COPD is not stable or you need specialist interventions, your specialist should review your COPD.

At your review appointment, the following should be checked:

- Whether you smoke. If you do, you should be offered help to stop
- How well your symptoms are controlled
- Whether you have any complications of COPD
- How well any medicines that you take are working
- Your inhaler technique
- Whether you need to be referred to any specialist services
- Whether you might benefit from pulmonary rehabilitation

- Your lung function
- Your height and weight
- Your degree of breathlessness
- The presence of low mood or depression

In addition, if your COPD is very severe, you might also be assessed for:

- The presence of complications of COPD
- The need for oxygen therapy
- Whether you are getting enough nutrition
- Whether you need social services or occupational therapy



MANAGING A FLARE-UP OF COPD

What is a flare-up of COPD?

A flare-up, also known as an exacerbation, is when your symptoms suddenly get worse. You may have:

- ✓ Worsening breathlessness
- ✓ New or increased cough
- ✓ Increased sputum
- ✓ Discoloured sputum

You may also feel unwell and have a temperature.

Why does a flare-up happen?

A flare-up might be triggered by an infection, a change in the weather or by stress.

What should I do if my symptoms are getting worse?

It is important that a flare-up is managed quickly, to prevent your symptoms getting worse. Your healthcare professional should discuss what symptoms you should look out for and what to do if you notice your COPD getting worse.

This might include:

- Using your bronchodilator inhaler more often than normal
- Resting more
- Using your breathing and chest clearance techniques
- Making sure you drink plenty of fluids

If your symptoms do not improve or you are extremely breathless, feel drowsy or confused, have chest pain or have a high temperature, contact your GP urgently. If your GP is not available, contact NHS 24 (telephone 111) or call 999 for an ambulance.

Where will I be treated?

Most people can be treated at home if they have a flare-up, but some people will need to go into hospital. Where you are treated will depend on how severe your flare-up and your COPD is, your general health, and how well you would be able to cope at home.

Managing a flare-up at home

Treatment of a flare-up at home includes:

- Increasing your bronchodilator inhalers. This will usually be using an inhaler (plus a spacer) although some people might need to use a nebuliser.
- A course of antibiotics if you are producing more sputum and it has changed colour (a sign of infection).
- A short course of steroid tablets if your breathlessness has increased.

In some cases you may be treated at home after you have been assessed in hospital or have been in hospital for a short time. This means that you do not have to have a long stay in hospital. This is often referred to as 'hospital at home' or 'assisted discharge'.

Managing a flare-up in hospital

If your symptoms are more severe, you are generally unwell, you are not able to manage at home or the treatments you have had at home are not working well enough you may be admitted to hospital. In hospital you may have further tests and you will be monitored closely.

Management options in hospital include:

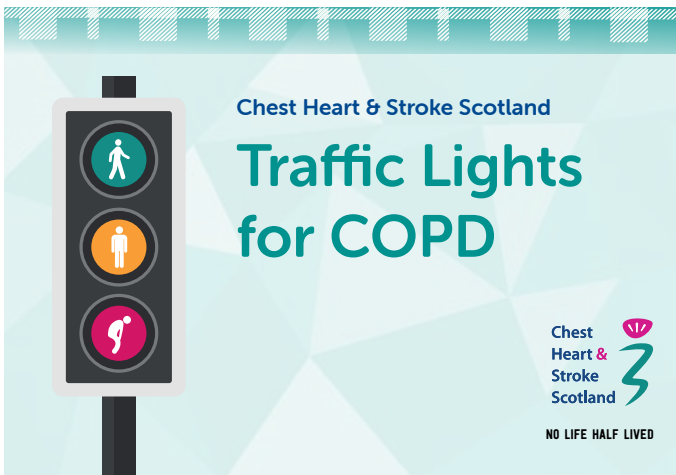
- **Physiotherapy** to help you clear excess mucus from your chest and to control your breathing.
- **Antibiotics.** If you have an infection, you may need to continue taking antibiotics or you may need to take different antibiotics.
- **Oxygen** if the levels of oxygen in your blood are low.
- **Non-invasive ventilation** is occasionally needed if you are finding it difficult to breathe. This is where a special machine helps to push more air into your lungs through a close-fitting face mask.
- **Intravenous theophylline** (through a drip) if your bronchodilators are not improving your breathlessness.

What is a self-management plan?

If you have a history of flare-ups, you may be given a self-management plan. This is a written plan that is agreed by you and your healthcare professional, which tells you what steps you should take to monitor your own symptoms, and what to do as soon as you notice your symptoms getting worse. Some people may have steroids or antibiotics to keep at home as a stand-by so that they can start them as soon as possible when a flare-up first begins, so that it does not get any worse.

Your self-management plan will also have details of what to do if you do not respond to treatment, and when to seek medical help.

Speak to your nurse about getting the CHSS Traffic Lights for COPD, a self management tool to help you monitor your symptoms.



WHAT CAN I DO TO KEEP MYSELF WELL?

Living with COPD can be difficult. While there is no cure for it, there are lots of things you can do to manage your COPD and live an active life. This includes:

- ✓ Monitor your symptoms and know when to get help
- ✓ Reduce your risk of getting a chest infection
- ✓ Make sure you are using your inhalers correctly
- ✓ Stop smoking
- ✓ Keep as active as you can
- ✓ Eat healthily
- ✓ Try to maintain a healthy body weight
- ✓ Learn how to manage your breathlessness
- ✓ Learn how to clear your chest
- ✓ Practise relaxation techniques
- ✓ Be aware of your environment

Monitor your symptoms and know when to get help

One of the most important things you can do is monitor your own symptoms. It is important you know what symptoms are 'normal' for you and how to recognise if things are getting

worse. Early treatment can stop you becoming more unwell and perhaps having to go to, or stay in, hospital.

If you notice your symptoms have got worse for a day or two, then you are probably having a flare-up. It is really important to know how to recognise this because the earlier you notice, the sooner you can deal with it.

Warning signs include:

- Generally feeling unwell
- Worsening breathlessness and wheeze
- Increased sputum production
- Change in sputum colour
- New or increased cough
- Feeling feverish
- Runny nose, sore throat
- Chest tightness
- Swollen ankles or legs
- Increased tiredness
- Unable to walk as far as normal for you

You may not get all these symptoms - just two or three can still be a sign that you are having a flare-up.

Don't ignore the warning signs! If you think you are having a flare-up, get help!

Reduce your risk of getting a chest infection

Chest infections such as influenza and pneumonia can become severe if you have lung disease. Prevention is better than cure, so to reduce your risk of getting a chest infection:

- **Make sure you are up to date with your vaccinations.**
 - Flu vaccine – you should have this every year. It is usually available from late September.
 - Pneumococcal vaccine – most people only need to have this once, although certain people may need it every year.
- **Try to avoid people with colds and chest infections.**
- **Get into the routine of good hand hygiene** and encourage visitors to do the same.
- **Exercise regularly** as this can boost your immune system, which will help avoid infections.
- **Keep yourself warm and well.** Wear warm clothes inside and outdoors and wear layers of clothing when it's cold. If you go out and it's very cold, cover your nose and mouth with a scarf as much as possible and wear a warm coat and hat.

Get the most out of your treatment

Taking your medication correctly, including using your inhaler correctly, is essential to manage your COPD. It will help to keep your symptoms under control and prevent flare-ups and having to go into hospital.

If you use an inhaler make sure you know how to use it and that you are comfortable using it even when you are very breathless. Lots of people don't realise that they are not using their inhalers correctly. Ask your respiratory nurse or your pharmacist to check your technique – they will be able to show you how to use your inhalers properly.

For more information about using your inhalers and video clips showing how to use your inhalers correctly, see the My Lungs My Life self-management website (www.mylungsmylife.org).

Stop smoking

If you smoke, the most important thing you can do for yourself is to stop smoking. Damage already done to your airways cannot be reversed but giving up smoking will stop any further damage to your airways caused by cigarette smoke.



Giving up smoking is never easy, but there is plenty of help and it is never too late to quit.

You are four times more likely to stop smoking if you have specialist support. Speak to your GP, nurse or pharmacist for advice and support, or contact Quit Your Way Scotland: telephone FREE on 0800 84 84 84 or visit cantstopsmoking.com

Keep as active as you can

Although you may not feel like it, one of the best things you can do to manage your COPD is to be as physically active as you can.

If you have not already been referred to a pulmonary rehabilitation programme, ask your doctor or nurse if there is one available in your area.

Some people worry that exercise might make them feel more breathless and that this will cause more harm. However, this is not the case; in fact the opposite is true! Regular exercise will help improve your breathing, ease your symptoms and help you have a better quality of life. It will also increase your strength and general fitness. This will make everyday activities less tiring and less demanding of your energy. Keeping physically active can also improve your mood.

The type of exercise you do will depend on your symptoms so it is always best to check with your doctor before you start any activity. If you are able, a daily walk is a good start if you are not used to exercise. If possible try to increase how much you do over time. Try to do some form of activity every day but make sure you take your time and practice your breathing control.

You may need to adjust your activity depending on how you are feeling. Remember, aim to be no more than moderately breathless in whatever you are doing – you should be able to talk a little as you exercise; if you can't you need to slow down. This will mean that you can be active but still in control of your breathing and you can recover comfortably when you stop.

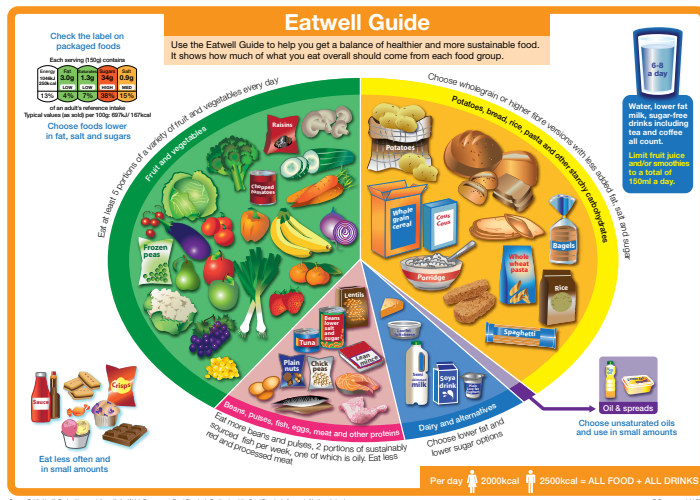
Your doctor may be able to refer you to a respiratory physiotherapist for individual help and advice or refer you to pulmonary rehabilitation. You might also want to find out about other exercise groups in your area for people with chest disease. To find out if there is a CHSS affiliated community chest support group in your area, visit **www.chss.org.uk** or call the Advice Line nurses on 0808 801 0899.

Eat healthily

When you have a condition like COPD, it is important to eat well. A good diet not only helps you to keep strong, fit and healthy but it will also help you to be better at fighting and avoiding infections. You should aim to eat a healthy balanced diet and drink plenty of fluids. If you can you should try to be as close as you can to your ideal weight. Your doctor, practice nurse or a dietitian can help you work out what this might be.

General guidelines on how to eat a healthy balanced diet suggest following a diet that is low in sodium (salt), fat (particularly saturated fat) and added sugar, but high in whole grains and protein.

It is also very important to keep well hydrated by drinking plenty. Aim to drink at least 6-8 glasses of fluid every day. Water, lower fat milk, sugar-free drinks including tea and coffee all count. Keeping hydrated stops your sputum from getting too sticky and makes it easier to clear your chest.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Try to maintain a healthy body weight

If you have COPD, keeping a healthy body weight is really important. Your doctor or nurse will be able to work out what is a healthy weight for you.

If you are overweight, your body will have to work harder to get the oxygen that it needs, which will make you feel more breathless and tired.

If you are underweight, you may be at greater risk of infection, have less energy and feel less able to cope with your COPD. Weight loss in people with COPD often occurs because of:

- Loss of appetite
- Breathlessness
- Tiredness
- Dry or sore mouth
- More energy being used to maintain breathing

If you notice you are losing weight, or you are having trouble eating, speak to your doctor. You may be referred to a dietitian who can advise you on your diet and meeting your nutritional requirements.

If you are underweight, here are some tips to help you increase the amount of energy you take in:

- Little and often – eat small amounts as often as possible.
- Try not to have drinks just before meals, as this can make you feel too full to eat.
- Choose full-fat or high energy options. For example, have full-fat milk or cream rather than skimmed or semi-skimmed milk; drink sugary drinks instead of diet drinks; or try thick, creamy soups instead of watery soups.
- Add extra energy to your food by adding high calorie ingredients. For example, add:
 - Cheese to pasta or mashed potato
 - Milk powder to full fat milk and add to drinks, cereals and sauces
 - Sugar, jam or honey to cereal or porridge
 - Butter to mashed potatoes, vegetables or sauces
 - Cream to fruit
- Snack on high energy and protein foods throughout the day. This includes cheese, creamy yoghurt, nuts and seeds, chips, chocolate.

If you have a health condition that meant you previously had to reduce the amount of fat and sugar in your diet, check with a healthcare professional what would be suitable for you.

A dry or sore mouth can often be due to the use of inhalers, nebulisers or oxygen therapy. This can make eating and swallowing difficult and can lead to taste changes, which can make eating less enjoyable. If this is the case speak to your doctor or nurse. The following suggestions may also help:

- Rinse your mouth with water after you have used your inhaler or nebuliser, and spit it out.
- Try eating softer foods, with plenty of sauce or gravy.
- Try sucking on boiled sweets or ice cubes made from fruit juice.
- Sugar-free chewing gum can help to stimulate saliva if you have a dry mouth.

Learn how to control your breathlessness

Living with breathlessness will probably be part of daily life if you have COPD. Learning how to deal with your breathlessness is essential so that you can get the most out of your life. There are many different ways you can manage your breathlessness, including learning and practising breathing control techniques and positions and using chest clearance exercises.

Breathing control techniques

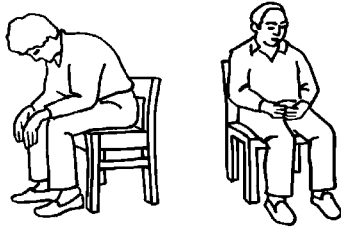
Learning and practising breathing control techniques is one of the best ways to control your breathlessness and reduce the feelings of panic and anxiety that so often come with it.

Breathing control involves gentle breathing, using as little effort as possible. With practice you can use breathing control to regain your breath after activity or during an episode of breathlessness. It encourages a more normal breathing pattern and helps to get air into the lower part of the lungs.

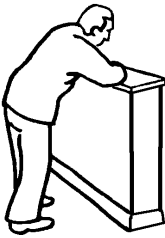
Examples of breathing control include:

- Relaxed slow breathing.
- 'Blow as you go', which is when you breathe out during the most effortful part of an activity for example, if getting up from a chair breathe out as you stand.
- Pursed-lips breathing, as if whistling but with no sound
- Paced breathing or using a rhythm that keeps in time with the activity you are doing such as climbing stairs. For example, breathe in as you put your foot on the step and breathe out as you push up.

There are also different breathing positions that can be used in combination with your breathing control. Try them all until you find the one that works best for you depending on where you are and what you are doing.



Sit on a chair leaning forward with both arms resting on your thighs, or sit upright against the back of the chair with your hands resting on your thighs. Relax your hands and wrists.



Stand leaning forward with your arms resting on a ledge, for example a windowsill, bench or banister rail



Lean back against a wall with your shoulders relaxed and arms resting down by your side. Your feet should be about 30cm away from the wall (or as far as is comfortable) and slightly apart.

Your physiotherapist can talk to you about which breathing exercises are best for you and also how to do these.

Marilyn was diagnosed with COPD 18 years ago. She had constant chest infections and spent days in bed taking cocktails of antibiotics. Then one of her friends told her about the Cheyne Gang – a singing group for people with COPD.

“Since joining the Cheyne Gang choir and doing the exercises from that with them I feel like I’ve been given my life back. Before this I would have said I was dying of COPD. Now I feel like I’m living with COPD. Since I started the exercises, I’ve seen a sharp drop in the number of chest infections I’ve had as well as finding that my breathing is much improved.”

Chest clearance techniques

People with COPD often cough and produce more sputum (phlegm) than is usual. It is important to clear sputum from your chest to help you breathe more easily, prevent infections and reduce bouts of coughing.

Chest clearance helps you to clear your chest, reduce obstruction in your airways and increase the amount of air getting into your lungs. In the long term, chest clearance can help to reduce the number and frequency of chest infections you might have.

There are several different techniques that can be used for chest clearance including the active cycle of breathing and the use of oscillatory positive expiratory pressure devices (for example, 'Acapella®' and 'Flutter®' machines). Some people may find one technique works better than another or is more convenient.

Active cycle of breathing

There are 3 individual components to this technique combining:

- Breathing control
- 'Deep breathing': also referred to as 'Thoracic Expansion Exercises' or TEE
- 'Huffing': also referred to as 'Forced Expiration Technique' or FET

Breathing control

This is very useful to learn and master (as explained earlier). It uses gentle relaxed breathing, using the lower part of your chest, with relaxation of your upper chest and shoulders. You shouldn't feel that you are working at breathing and you should allow your tummy to rise as you breathe in and fall as you breathe out.

Deep breathing

As the name 'Thoracic Expansion Exercises' suggests this concentrates on expanding your chest as far as possible to allow maximum air into your lungs, by deep breathing and breath holding. This allows air to move behind trapped mucus and loosen it to enable it to be coughed out.

- Take a slow, relaxed deep breath in, as far as you can, through your nose if you can
- Now hold your breath for the count of 3 (the deepest breath you can comfortably hold)
- Followed by a quiet relaxed breath out
- Repeat 3-4 times

Huffing

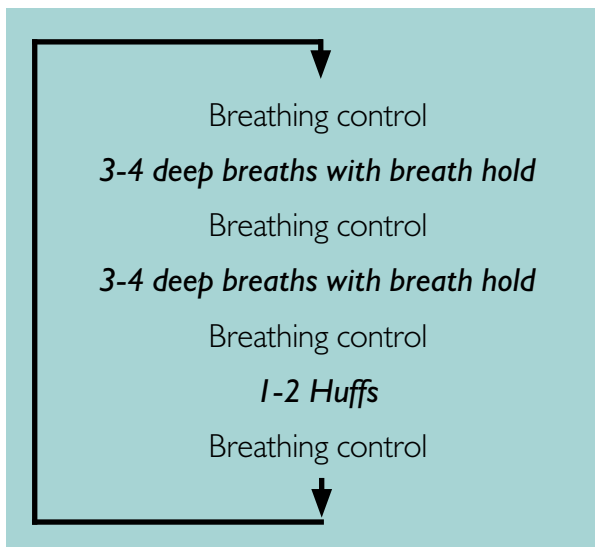
Also known as 'Forced Expiration Technique'. As the name suggests this concentrates on pushing air out of your lungs (imagine you are steaming up a mirror.) The idea is to encourage the sputum up through your airways until it can be cleared out. Too short a huff may not be effective, too long can lead to bouts of coughing, so practice is essential.

- Take a slightly deeper than normal breath in and then with your mouth open, squeeze the air out forcibly, making a 'huffing' sound. You should feel your stomach muscles contract strongly. If your huff is wheezy you are squeezing too hard.
- Keep 'huffing out' until you can't breathe out any more. (The huff should be long enough to move secretions from the smaller airways).
- Repeat 1-2 huffs then pause.
- Do breathing control in the pause to avoid wheeziness.*
- Repeat until you feel that the sputum is ready to be coughed out.
- Take a deep breath and huff again or cough to get the sputum into your mouth to clear out.

* The length of the pause will depend on how you are feeling. If you are wheezy or you have or are recovering from an infection, you may find you tire easily, so 20 seconds rest between each huff should give you enough time to recover. If you are well, pauses can be shorter.

Here is an example of how these breathing exercises can be used together in a cycle for maximum chest clearance.

This can be done sitting or lying but you may have to stay in one position for at least 10 minutes before changing your position to further clear your chest.



You should be shown how to do these chest clearance techniques by a respiratory (chest) physiotherapist. They will also recommend how often you should do them and will adjust the exercises to best suit you. If you have not already been shown these techniques, ask your GP about being referred to a local respiratory physiotherapist.

Practise relaxation techniques

Severe breathlessness can be quite frightening and for some people this can cause anxiety and sometimes feelings of panic. Unfortunately these feelings tend to make breathlessness worse. Taking control of breathlessness and learning how to deal with anxiety and panic attacks will help you get the most out of life.

Practising breathing control and relaxation techniques when you are feeling calm and relaxed will help you to cope with stressful situations when they arise. If you become confident about how to use these techniques, it will be much easier for you to use them when you actually need them. A respiratory physiotherapist or an occupational therapist can help you with these techniques.

Be aware of your environment

Things around you every day can affect the symptoms of COPD and increase the chances of a flare-up. Wherever possible, try to avoid things that can make your symptoms worse.

The weather

The weather can affect people with COPD so it can be helpful to keep an eye on the weather forecast so you know what to expect. In the winter, cold air or fog can cause your airways to become narrower and this will make your breathing more difficult. In the summer, the increase in temperature, air pollution, pollen count and humidity may also cause breathing to become more difficult.

CHSS Advice Line nurses offer a free text service to your mobile phone to alert you to cold weather and a significant temperature drop, pollen count, poor air quality or high winds. Call 0808 801 0899 to sign up for the free service.



WEATHER CONDITIONS & AIR QUALITY CAN AFFECT YOUR BREATHING.

Our Advice Line Nurses monitor the air quality, wind speed, temperature and pollen count every day.

They will send you a text message about bad weather or poor air quality in your area.

This will help you to plan your day.

To sign up text: **WEATHER** to **66777**
www.chss.org.uk

The infographic features a teal background on the left with white icons for sun, clouds, waves, a warning triangle, snow, and rain. The right side has a white background with teal text and a blue speech bubble icon.

Your house

Try to keep your house a smoke-free zone in order to protect your lungs as much as possible and avoid irritants that can affect your chest such as:

- Animal hair
- House dust
- Exhaust fumes
- Strong odours or perfumes
- Aerosol sprays
- Paints and solvents

The temperature of your house is also important as being cold can make your symptoms worse. Try to keep the rooms of your house a constant, similar temperature.

Some people with COPD are affected by dry air and central heating can make the air very dry so using a humidifier can help. If you are affected by damp air then good ventilation and using a dehumidifier might help.

Your job

If you think your job is affecting your symptoms you should ask your doctor or nurse for advice. If your work has an occupational health department they may also be able to offer additional advice and support.



LIVING WITH COPD

Coming to terms with COPD

Living with COPD and its symptoms such as breathlessness, regular coughing, feeling more tired and being less active isn't easy. People with COPD can feel frustrated that they can't do some of the things they used to be able to do. Some people become socially isolated because it is difficult for them to get out and about. All these things can get you down.

Feeling down for some of the time is a natural reaction as you adjust to life with COPD. However, if you feel you are struggling emotionally, then it can really help to talk to a family member, a friend or a healthcare professional about how you are feeling.

How might having COPD affect my relationship with my partner?

Having COPD does not mean you have to give up having an intimate relationship.

You may be worried about feeling breathless during sex and that your symptoms might become worse as a result. Also if you are having difficulty breathing or coughing then this can make you feel tired, anxious or depressed which can have an effect on your sex life. There can also be other challenges too in terms of not feeling attractive to your partner because of your condition and its symptoms.

Whatever your concerns, being open with your partner about how you feel can help put you both at ease so the best thing you can do is make sure you continue to communicate with your partner and stay open-minded to what you can and can't do. Try different positions and avoid positions that might put extra weight on your chest or stomach. Try chest clearance techniques before having sex. Remember there are also other ways to express physical intimacy such as touching, holding hands, kissing and hugging.

Will I be able to continue to work?

A diagnosis of COPD does not necessarily mean that you will have to stop working. Whether or not you are able to continue to work will depend on the severity of your symptoms such as your breathlessness and on the type of job you do.

In the first instance you should discuss this with your healthcare team and your employer. It may be possible to make changes to your current role (for example working less hours or from home more) that would enable you to continue working.

Can I still go on holiday?

With proper preparation you should still be able to travel and enjoy going on holiday. Make sure your vaccinations are up to date and speak to your doctor in advance about taking emergency medication such as antibiotics or steroids with you in case you experience a flare-up. You should also make sure you have adequate insurance cover.

If you use oxygen therapy, you will need to contact your oxygen supplier if you plan to travel outside Scotland. They will be able to help you arrange a supply of oxygen whilst you are away. See the Useful Resources section of this booklet for details of how to contact your oxygen supplier.

If you have COPD and are planning to fly then discuss this with your airline well in advance. Some airlines might request a fitness to fly assessment or document from your GP or medical team. This can involve checking your breathing using spirometry and measuring your oxygen levels. If you will need oxygen therapy during the flight, tell your travel operator and airline before you book your holiday so that arrangements can be made.

When travelling by air keep your medicines, including your inhalers, in your hand luggage.

Where can I get financial help?

If you have COPD or are caring for someone who has COPD, you might be entitled to financial support. Sometimes people with COPD have to give up work because their breathlessness stops them from doing what they need to do for their job. This can cause financial difficulties but there are benefits that you may be entitled to including Statutory Sick Pay, Employment and Support Allowance and Carer's Allowance.

What support is available?

There is plenty of help and support available for people with COPD and their families:

- **Join a support group.** It can be very helpful to hear how other people with a long-term chest condition cope. To find out if there is a CHSS affiliated community chest support group in your area, visit www.chss.org.uk or call the Advice Line nurses on 0808 801 0899.
- **Talk to a healthcare professional** if you have any questions or concerns about your condition or treatment.
- **Get support from your family and friends.** Let the people around you know how you are feeling and coping and how they might be able to help.
- **Call the Advice Line nurses.** CHSS Advice Line nurses provide confidential advice and information for people with COPD and their carers. Call FREE on 0808 801 0899.

Support for carers

It is very common for the person caring for someone living with COPD to feel anxious or stressed. This is normal and it's important to talk about any worries with the person you care for and their COPD team.

It can be as difficult for the caregiver as it is for the person living with COPD and it is important that you are both supported and able to cope as well as possible. There are various sources of help available from your local council as well as private and voluntary organisations.

- Chest Heart and Stroke Scotland provides access to Advice Line nurses, affiliated chest support groups and health information resources.
- Your local social work department can provide assistance at home.
- Carer's organisations can provide advice, information and support.
- Local organisations sometimes provide a 'sitting service' to give carers a break for a few hours a week.
- Shared Care Scotland can provide help with respite care.

COPD AND ANTICIPATORY CARE

COPD is a long-term condition for which there is currently no cure although symptoms and complications can usually be controlled. Because of the nature of COPD, it is difficult to predict if or when your condition will get worse. You may want to start thinking about what kind of care you would or would not want if your COPD does worsen. This is often referred to as **anticipatory care planning**.

Anticipatory care planning helps people and their families make decisions about their health care when things may become difficult. It will help you to manage your condition, improve your health and have a better quality of life. It can also help to reduce some of the stress related to increased symptoms, poorer quality of life, physical, emotional and financial worries. This can become increasingly important as things may start to change.

What is an Anticipatory Care Plan?

An anticipatory care plan (ACP) is where you record your future plans and wishes. Important information contained in your ACP may be shared to ensure your needs and wishes are considered if there is a rapid worsening of your health. For example, you may wish to consider where you would like to be cared for and other important issues for many months or years before approaching the end of your life. You may not wish to do this just now and that is absolutely fine.

Remember, you can change your mind and anything you have written in your plan at any time. Remember to write any changes in your plan and let the relevant people know so they are aware of them.

An ACP is not legally binding, but having a plan helps the key healthcare professionals looking after you know what is important to you now and in the future. If this time comes, anything you have written in your care plan will be carefully considered and respected. After making an ACP keep this in your possession and share it with anyone involved in your care. Take it with you if you go into hospital so that the people involved in your care are aware of your plan and can carry out your wishes.

Palliative care is the phase of an illness when care focuses on your symptoms and quality of life. At this stage, it can be helpful to let others know what your wishes are. The period of time palliative care can last varies but it can be many weeks, months or years.

End of life care usually refers to the last few days of life. It can be difficult to think ahead to this time, but it also may give you peace of mind to know that your thoughts have been put down on paper if you wish.

For more information on anticipatory care plans and end of life care see the My Lungs My Life website (www.mylungsmylife.org).

USEFUL RESOURCES

Chest Heart & Stroke Scotland

Rosebery House, 9 Haymarket Terrace

Edinburgh EH12 5EZ

Tel: 0131 225 6963

Advice Line nurses: 0808 801 0899 (free)

(Monday to Friday 9.30am-4pm)

Email: adviceline@chss.org.uk

Website: www.chss.org.uk

Chest Heart & Stroke Scotland supports people in Scotland affected by chest, heart and stroke conditions. Resources include the self-management website for people with COPD, called My Lungs My Life: www.mylungsmylife.org.

Action on Depression

Tel: 0131 243 2786

Information line: 0808 802 2020 (Wednesdays 2pm-4pm)

Email: info@actionondepression.org

Action on Depression runs a number of support services including email and phone information services, self help support groups and 'Living life to the full' courses.

Age Scotland

Tel: 0333 32 32 400

Age Scotland Helpline: 0800 12 44 222

Website: www.ageuk.org.uk/scotland

Age Scotland is the leading national authority on older people, age and ageing.

Carers Scotland

Tel: 0141 445 3070

Helpline: 0808 808 7777 (Monday to Friday 10am-4pm)

Email: advice@carersuk.org

Website: www.carersuk.org/scotland

Carers Scotland (part of Carers UK) offers information to carers throughout Scotland as well as details of local support.

Carers Trust Scotland

Tel: 0300 123 2008

Email: scotland@carers.org

Websites: www.carers.org/scotland

Carers Trust Scotland provides comprehensive carers' support services throughout the UK including independently-run carers' centres.

Dolby Vivisol (oxygen supplier)

Tel: 0800 833 531

Email: oxyadminsco@dolbyvivisol

Website: www.dolbyvivisol.com

24-hour free phone number that you can call for help with oxygen equipment and supplies

NHS 24

Telephone free on: 111

Website: www.nhs24.com

This phone service is designed to help you get the right help from the right people at the right time. The website provides comprehensive up-to-date health information and self-care advice for people in Scotland.

Quit Your Way Scotland

Tel: 0800 84 84 84 (8am-10pm)

Website: www.canstopsmoking.com

Quit Your Way Scotland offers telephone support and encouragement to callers wishing to stop smoking or who have recently stopped and want to stay stopped. Advisers can also tell you the location of your nearest free stop-smoking service, give you access to specialist counsellors and send you further information.

HAVE YOUR SAY...

Chest Heart & Stroke Scotland welcomes your comments and feedback on this resource to help us to develop the best information for you and others with COPD.

If you have any comments regarding this booklet or any of our other publications you can contact us through:



www.chss.org.uk



healthinformation@chss.org.uk



Rosebery House, 9 Haymarket Terrace
Edinburgh EH12 5EZ

PERSONAL STORIES

We would also like to hear from you if you would like to tell us about your experience of living with COPD, or of caring for someone with COPD.

Chest
Heart &
Stroke
Scotland



Advice Line Nurses



For confidential help, support and advice,
call our specialist nurses or visit

www.chss.org.uk

Chest Heart & Stroke Scotland (CHSS) is a wholly Scottish charity
Scottish Charity Number SC018761

Helplines
STANDARD

OUR PUBLICATIONS

We hope this information has been useful to you.

Our publications are free to anyone in Scotland who needs them.

To view, download or order any of our resources, visit **www.chss.org.uk/publications**

If you'd like more information about our publications, please contact our Health Information team:



www.chss.org.uk



healthinformation@chss.org.uk



0131 225 6963



Rosebery House,
9 Haymarket Terrace,
Edinburgh EH12 5EZ



Chest Heart & Stroke Scotland is a Scottish charity. Our ambition is to make sure that there is no life half lived in Scotland.

After a diagnosis of a chest or heart condition or a stroke, many people experience fear and isolation and struggle with the impact on their lives. **Chest Heart & Stroke Scotland** won't stand for that. The care and support we deliver every day ensures everyone can live the life they want to.

We offer our resources free of charge to anyone in Scotland who needs them. To help us to continue to do this, and to help provide vital services to people in Scotland affected by chest, heart and stroke conditions, you can donate at:
www.chss.org.uk/supportus/donations

CONTACT US

**For confidential advice, support and information call the CHSS Advice Line nurses on:
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