

10 COMMON QUESTIONS ABOUT COPD

Chronic Obstructive Pulmonary Disease, shortened to COPD, is an umbrella term for a group of conditions which cause long-term damage to the airways.

COPD includes:

- chronic bronchitis
- emphysema
- lung damage which is caused by chronic asthma

COPD causes the airways to narrow so air cannot flow freely in and out of your lungs. There is no cure for COPD but there are many things that you can do to manage your condition.

See the CHSS booklet C1 'Living with COPD'. It has all the information you need to help you live well with COPD.

Typical symptoms of COPD

COPD tends to creep up on you. You may have put up with symptoms for many years before going to your doctor, like when a chest infection won't go away or gets worse. So when a diagnosis of COPD is made it can sometimes seem sudden.

The 4 main symptoms of COPD are:

- coughing
- producing sputum (phlegm)
- breathlessness
- wheezing

You may have noticed other symptoms such as repeated chest infections, weight loss and tiredness. Your doctor will ask about your smoking history as this is often (but not always) the cause of COPD.



FACTSHEET

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What tests will be needed?

Your doctor will examine you by looking and listening to your chest. In addition your doctor will check other parts of your body (such as your fingers and ankles) to exclude any other conditions that may be causing your symptoms.

You may need some of the following tests and investigations:

- Sputum specimens
- Chest x-ray
- Heart tests (e.g. ECG, Echocardiogram)
- Lung function or breathing tests
- Blood tests
- CT scan

What causes COPD?

In COPD your airways are damaged, usually through constant irritation.

For example:

- smoking
- working in an occupation that creates dust
- unhealthy living conditions and / or poor air quality
- chronic asthma
- genetic factors

What is the treatment for COPD?

The most common way to treat COPD is by using inhalers. Inhalers allow drugs to be delivered directly to your lungs.

You may already be using inhalers.

The three main groups of inhalers used for COPD are:

- **Relievers** – these are called bronchodilators, they open up the airways in your lungs to make breathing easier. Relievers act quickly and can be used during an episode of breathlessness.
- **Long-acting relievers** – these are also bronchodilators. These should be used regularly to give longer lasting relief. They do not act as quickly as relievers.
- **Preventers** – these contain a bronchodilator and a steroid. The steroid reduces inflammation in your airways. You should use your preventer regularly even if you do not feel unwell.

Other drug treatment

You may need steroids and/or antibiotics if you have a flare up.

What can I do to help myself?

- Know how to take your inhaler correctly.
- Stop smoking
- Be physically active
- Monitor your symptoms and know when to see the doctor
- Protect yourself from getting ill

Are you taking your inhalers correctly?

Having the correct medication is only half of the battle. The other half is making sure you are using the device correctly so that medication gets into your lungs. Ask your nurse or other healthcare professional to **check your inhaler technique**.



Where can I get help to stop smoking?

If you smoke, stopping smoking is the most important thing you can do to help yourself. The damage caused by smoking is irreversible. However, the moment you stop smoking the risks to your health start to go down.

Options to help you stop smoking are:

- Internet, phone, text, one-to-one or group support
- nicotine replacement therapy
- other medication to help control cravings

Ask your doctor or pharmacy about what support is available in your area and /or contact Smokeline.

Smokeline will tell you about your nearest free stop smoking service, can provide access to specialist counsellors, and provide further information.

- Smokeline 0800 84 84 84: Free helpline 9am–9pm
- On-line information and support, text phone support and live on-line chat with a Smokeline advisor: www.canstopsmoking.com

You are four times more likely to quit smoking with professional support and nicotine replacement therapy than on your own.

See the CHSS factsheet *F1 Stopping smoking* for more information.

What does 'being active' mean?

Some people think that being active is the same as being fit, but it's not. There are many types of physical activity: walking, housework, gardening, sport, play and dance are just some.

There are many benefits of being active. It can help your heart, circulation, bones, muscle, your mood and much more. People with COPD can improve their breathing by being active.

See the CHSS factsheet F30 'Just move' for more information.



What is pulmonary rehabilitation?

Pulmonary rehabilitation (PR) is a structured programme of exercise, information and emotional support for people with chronic chest conditions. It also allows you to ask questions and get more information about living with COPD.

- PR can lead to significant improvements in your quality of life and ability to exercise as well as improving symptoms such as breathlessness.
- Individual programmes may differ, e.g. what exercises are used, duration of programme, amount of home exercise.
- 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.
- If there is a class in your area ask your GP, nurse, physiotherapist or hospital consultant to refer you.

See the CHSS factsheet F32 'Pulmonary rehabilitation Q&A' for more information.

When do I need to see the doctor?

Sometimes in COPD your condition can worsen quite quickly. This is called a flare up or exacerbation.

- It is important that you report any sudden changes in your symptoms to your doctor or nurse.
- Early treatment with antibiotics and/or steroids can often prevent you going into hospital.
- Ask your healthcare professional how you can help yourself. For example a **'self management plan'** and CHSS's 'COPD Traffic Lights' can help you with this.

You should also have a review with your doctor at least once a year to discuss how you are managing your COPD.

See the CHSS factsheet F22 '*How to make the most of a visit to your doctor*' for more information.

How can I protect myself from getting ill?

- Ask your GP for yearly flu injection to reduce the risk of infection and avoid a hospital stay/hospital admission.
- Ask your GP for a pneumonia vaccine. You will only need this once.
- Learn what **triggers** your breathlessness such as the weather, air quality or smoky environments.
- Join the CHSS free **Air Quality and Weather Text Service**. The Advice Line nurses will send free text alerts when poor air quality or bad weather are likely to affect you. Phone free to find out how to join.
- **Eat a healthy, balanced diet.** A good diet helps you to keep strong, fit and healthy. You will be better at avoiding and fighting infections
- **Keeping your lungs clear** to help avoid infections. This can also help you to breath more easily. Ask a physiotherapist to show you how to do this.



See the CHSS factsheet F24 '*Healthy eating*' for more information.

If you would like to speak to one of our nurses in confidence,
please call the Chest Heart & Stroke Scotland Advice Line

0808 801 0899

FREE from landlines and mobiles

The Advice Line is open from Monday to Friday 9.30am - 4pm.