PATIENT INFORMATION
Chronic Obstructive Pulmonary Disease (COPD) Fact Sheet

What is COPD?

COPD is a general term, which includes the conditions chronic asthma, chronic bronchitis and emphysema. It is due to narrowing of the airways, which are passages through which the gases, oxygen and carbon dioxide, flow into and out of the body.

The airways lead into air sacs where oxygen and carbon dioxide are exchanged. In COPD these air sacs may also be damaged (emphysema). Both the narrowed airways and damaged air sacs make it more difficult to breathe in and out properly.

The changes usually start with inflammation in the airways, which is the body’s response to a harmful substance (usually cigarette smoke) being breathed in over a period of time. If the inflammation lasts for a while, permanent changes start to take place.

What are the symptoms of COPD?

- Cough is usually the first symptom to develop
- Breathlessness and wheeze especially on activity. Difficulty with breathing may eventually become quite distressing
- Sputum. The damaged airways make a lot more sputum (mucus or phlegm.)
Management

What can I do to improve my health?

1. Stop Smoking

It is very important to stop smoking. Smoking and getting older reduce lung function over time. Whilst you can’t stop getting older you can stop smoking! Help is available by either speaking to your GP or contacting Suffolk Stop Smoking on 0800 0856 037.

2. Daily Activity

- Remember it is normal to become breathless
- Keep as active as possible by doing regular daily exercise (weather permitting)
- Set yourself targets and do a little more each day
- You don’t have to join a gym! Ask your practice or clinic nurse what might be suitable for you
- Breathing exercises are as important as physical exercise
- Avoid contact with people who have a cold

3. Weather conditions

In the winter months:

- Getting too cold can increase your susceptibility to colds and chest infections
- Keep your house warm. Recommended temperatures are 21 degrees Celsius (70°F) for the living room and 18 degrees (65°F) for the bedroom. A free advice line is available on 0800 952 1555.
- Wrap up to keep warm when going outside. It is better to wear several layers of thin clothing rather than one thick layer. Wear a hat and scarf as well as your coat and pull your scarf over your mouth to reduce the effect of the cold air on your airway. Wear shoes that are warm, flat and non-slip. Reduce the number of trips you make out in the extreme cold (less than 4 degrees Celsius (40°F)).
- Try to have at least one hot meal each day and plenty of hot drinks
- Move about as much as you can. If walking is difficult stretching and moving your arms and legs will help.
- If cold weather is forecast for several days, make sure you have an adequate supply of your medicines and inhalers.

In the summer months:

- Try and plan your day in a way that allows you to stay out of the heat. If possible, avoid going out in the hottest part of the day (11am – 3 pm). If you have to go out, stay in the shade, wear a hat and light loose fitting clothes. If you will be outside for some time, take plenty of water with you.
• Stay cool. Stay inside in the coolest rooms in your home as much as possible. Keep windows closed while the room is cooler than it is outside. Open them when the temperature inside rises. Close the curtains in rooms that get lots of sun. Try to eat more cold food, particularly salads and fruit that contain water. Electric fans directed on the face are particularly helpful.

• Open windows at night for ventilation. If you are worried about security, at least open windows on the first floor and above.

• Take cool showers or baths. Splash yourself several times a day with cool water, particularly your face and the back of your neck.

4. Diet

Discussions with your doctor/nurse whether you are over or underweight.

If you are overweight:

Too much food (too many calories) can cause your body to store the excess as fat. This fat is not just stored in the visible places eg around your waistline but also inside, around your lungs. It makes it harder for your lungs to move, making it more difficult to breathe. A sensible, balanced diet is the best way to lose weight:

• Try to have three meals a day
• Have a starchy food at each meal (eg bread, rice, pasta, potato, cereal)
• Use lean meat or fish
• Use low fat dairy products
• Eat plenty of fruit and vegetables (aim for 5 portions a day)
• Try to minimize fatty and sugary food/drinks
• Watch your portion sizes

Ask your doctor or a dietician for advice on a sensible weight to aim for. Very quick weight loss is not healthy.

If you are underweight:

Being underweight is equally unhealthy as this can cause weakness of the respiratory muscles. COPD can raise your body’s need for nutrition and so your usual diet may not be enough, making you lose weight. You may also find it difficult to eat because of shortness of breath.

• Sometimes it is easier to eat smaller, more frequent meals.
• Ask your doctor, nurse or dietician for advice on how to fortify your foods.
5. Vaccines

It is recommended that you have the flu vaccine every year; it is available from your GP’s surgery. A one-off vaccine against pneumonia is also encouraged (repeated every 7 years).

6. Medications

Short acting bronchodilator inhalers

These relax the muscles in the airways (bronchi) to open them up as wide as possible. They include:

- Beta$_2$ agonist inhalers eg Salbutamol (Ventolin) and Terbutaline (Bricanyl)
- Anticholinergic inhalers eg Ipratropium (Atrovent)

Some people with mild or intermittent symptoms only need a reliever inhaler ‘as required’ for when breathlessness or wheeze occur. Some people need to use an inhaler regularly. The beta$_2$ agonist and anticholinergic inhalers work in different ways. Using two, one of each type, may help some people better than one type alone.

Long acting bronchodilator inhalers

These include the beta$_2$ agonists called Formoterol (Oxis) and Salmeterol (Serevent), and the anticholinergic called Tiotropium (Spiriva). They work in a similar way to the short acting inhalers but each dose lasts at least 12 hours. They are an option if symptoms remain troublesome despite taking a short acting bronchodilator.

Steroid inhaler

A steroid inhaler may help in addition to a bronchodilator inhaler if you have more severe COPD. Steroids reduce inflammation. There are several brands eg Beclometasone. They may not have much effect on your ‘usual’ symptoms, but may help to prevent a flare-up. It is essential to take your steroid inhaler even if you are feeling well. When using a metered dose inhaler (MDI) the use of a spacer is advised. (See Spacers). Always remember to rinse your mouth after use.

Combination inhalers

Sometimes we may give you an inhaler that contains both a long acting bronchodilator and inhaled corticosteroid (Symbicort or Seretide) or a combination of two short acting bronchodilators (Combivent).

Spacers

A spacer device attaches to an inhaler. With a spacer device, you don’t have to co-ordinate actuating the inhaler and inhaling. Used properly it is as effective as a nebuliser. To clean you need to use water and washing up liquid. It should be allowed to dry naturally. Don’t do this more than once a month and don’t dry it with a towel or too much static will build up and it won’t work as well as it should.
Nebuliser

A nebuliser is a device that converts a liquid containing the medicine into an aerosol that can be breathed in. In this way, higher doses of medicines can be taken.

Bronchodilator tablets

These contain medicines such as theophylline that ‘open the airways’. Side effects are quite common and inhalers are usually better. However, some people find inhalers difficult to use, and tablets are an alternative. They may also be added in to the above treatments in severe cases.

Steroid tablets

A course of steroid tablets is prescribed if you have an exacerbation of COPD. They help by reducing the extra inflammation in the airways caused by infections. Taking steroid tablets long term is not advised due to the serious side effects which can develop.

Mucolytic medicines

A mucolytic medicine such as Carbocisteine (Mucodyne) makes the sputum less thick and easier to cough up. This may also have a knock-on effect of making it less easy for bacteria to infect the mucus and cause chest infections. It needs to be taken regularly and is more likely to help if you have moderate or severe COPD.

Antibiotics

A course is prescribed if sputum increases in amount or becomes coloured. The sooner you start the treatment the greater the chance of getting on top of the infection.

Oxygen

This may help some people with severe symptoms if the oxygen level of the blood is low. It does not help in all cases. The respiratory doctors/nurses will usually do some breathing tests and blood tests to assess whether oxygen is likely to be of benefit.

7  Breathlessness Clinic

The prime function of the clinic is to give you the tools to manage your breathlessness. You are shown different types of exercises to assist your breathing and given information about your condition to optimise your ability to cope.

8  Pulmonary Rehabilitation

If your COPD is limiting what you can do but you are on the best treatment, you can be offered a programme of pulmonary rehabilitation unless you cannot walk, have unstable angina, or have recently had a heart attack. It is a programme of care and activities co-ordinated by different types of health professional who work as a team to help you live as normal a life as is possible and to be as self-sufficient as possible. The programme should be designed specifically for you, with your full involvement. It should include exercises, together with information about COPD, diet and other ways of dealing with COPD.
Help is out there

- Your GP
- Your practice nurse
- Respiratory Nurse Specialists

Useful contact numbers:

- Suffolk Stop Smoking 0800 0856 037 or 01284 712725
- British Lung Foundation 020 7688 5556 or enquiries@blf-uk.org
- NHS Direct 0845 46 47

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