

Live Healthy and Be Well!

“You take my breath away”

I realize this is the February issue, and should be something about the heart, but I have had some questions lately about “COPD.” Chances are you may suffer from this condition yourself, or know someone or have a family member who uses inhalers and medicines for this, or possibly may even be on home oxygen. COPD is something that must be taken seriously, as there are few things that can make you more anxious than not being able to take an easy breath. There are two types of COPD that we will address, and their treatment and management for best outcomes. However, there is one important thing to know about both of them – they are largely *preventable*, and that is always the key to living healthy and being well.

COPD stands for “Chronic Obstructive Pulmonary Disease,” and exists in two major forms - *chronic bronchitis* and *emphysema*. Both forms are caused by insults to the lungs, such as environmental toxins, industrial fumes, vapors, particles, or most commonly, cigarette smoking. Some people may have a mix of the two conditions, but usually one of them dominates. The lungs react to these insults with inflammation which then limits both the inflow and outflow of air. The main and most notable symptom of people with COPD is called *dyspnea*, or shortness of breath. In the early stages, this occurs with exercise or exertion. As the condition progresses, it may be present all the time.

Long term inflammation of the large airways results in chronic bronchitis. It usually causes a chronic cough with sputum production, as the lungs try to clear the noxious stimulus causing the inflammation. More mucus is produced to try and help clear the airways and protect them from harm. Over time, the bronchial airways become thickened from the constant insult, and their lumens (inside openings) are narrowed resulting in the obstruction to airflow. People with chronic bronchitis have been referred to as “blue bloaters,” because their lips and skin often have a bluish tinge (from *hypoxia* or lack of oxygen), and they also tend to also have a problem with fluid retention.

Emphysema results from inflammation and damage to the small air sacs (alveoli) which are at the end of the bronchial pathways. The air sacs become enlarged, but the absorptive surface in their walls is destroyed, resulting in a less efficient absorption of oxygen. So, the lungs increase in size to try and compensate, but without the lining of the air sacs to do the work of gas exchange, there is actually now less surface area to do this necessary work. The lungs, although larger, become less elastic and functional, and this also limits the ability to get air in and out. The airways in the lung are now more prone to collapse, from lack of support, which even further decreases the inflow and outflow capability. People who have had emphysema for many years are usually thinner in stature from the increased work they do to breathe, may have a “barrel chest” from the increase in size of the lungs, and are sometimes referred to as “pink puffers” because of their tendency to exhale through pursed lips. This breathing technique increases the “back pressure” in the airways and prevents them from total collapse.

Both types of COPD are very serious. It is the third leading cause of death in the U.S., and the economic cost has been estimated at almost \$43 billion dollars a year in health care costs and lost productivity in the workplace. COPD is an uncommon diagnosis under the age of 40, but if you started smoking heavily at a young age, it must be considered if you experience the symptoms of dyspnea, chronic cough or sputum production, and/or a history of exposure to risk factors for the disease such as regular tobacco smoking, or industrial exposures. No single symptom or sign can adequately confirm or exclude the diagnosis of COPD, and it requires specialized pulmonary function tests from a professional source to confirm and properly diagnose.

If you have been diagnosed with COPD and you smoke, please stop to prevent rapid further progression. You will need to take better care of yourself, as something as simple as a cold or minor bronchitis can become very serious and have much more impact on a person with COPD. You should make sure and get your pneumonia shots, any vaccinations you need on schedule, and use inhalers and medicines your doctor prescribes. At some point, you may need oxygen at home part or all of the time, but this will keep you in better condition and improve your overall quality of life and allow you to function better and do more. As with almost all diseases, “an ounce of prevention is worth a pound of cure.” If you smoke, stop, and if you don’t – don’t start!

We really do enjoy hearing from you with any questions, concerns, or ideas for future columns and/or health and wellness related issues for the *Georgia Mountain Laurel*. Please send an email to rabundoctor@gmail.com, or call us at 706-782-3572, and we will be sure to consider your input. This and previous articles can be now be found on the web at www.rabundoctor.com in an archived format. If you use Twitter, then follow us for health tips and wellness advice @rabundoctor. Until next time, live healthy and be well!