

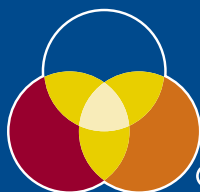
# Understanding and Managing Your Chronic Obstructive Pulmonary Disease (COPD)



Harvard Pilgrim  
HealthCare



Harvard Pilgrim  
HealthCare *of New England*



STRATEGIES *for*  
CHRONIC CARE



# Understanding and Managing Your Chronic Obstructive Pulmonary Disease (COPD)

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## WHAT IS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)?

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease comprised of chronic bronchitis or emphysema or, in many cases, both. Most people with COPD get it from smoking. Many people have COPD and don't even know it.

COPD cannot be cured, but it can be managed. If COPD is found early, there are many things you can do to help control your disease. Stopping smoking is the one thing you can do to help slow disease progression, help make you feel better, and allow you to continue doing many of the things you enjoy.

### It is time to think about your health...and learn more about COPD!

Your doctor may help you:

- Feel less short of breath
- Cough less
- Get stronger and get around better
- Feel better

Your doctor has told you that you have Chronic Obstructive Pulmonary Disease (COPD). And you may wonder what that means.

### Let's take a closer look at each of the words:

- **C**hronic—it's long term and doesn't go away
- **O**bstructive—the flow of air from the lungs is partly blocked
- **P**ulmonary—this is another word for lungs
- **D**isease—it's a serious health problem

## The two lung diseases that make up COPD are the following:

- Chronic bronchitis (pronounced bron-ki'tis)
- Emphysema (pronounced em-fi-see'mah)

Most people with COPD have both of these conditions. Some COPD patients may also have asthma. Although asthma is another airway condition, it is a different disease than COPD and is treated differently. Patients who have asthma and COPD need to be treated for both conditions.

## How asthma is different from COPD:

Asthma	COPD
Often starts in childhood	Usually starts in adulthood
Exact cause often not known	Smoking is the main cause. Other causes may include second-hand smoke and air pollution
Episodic	Chronic and progressive

## Major symptoms of COPD

Different people may react to COPD in different ways. However, the most common symptoms are:

- A cough, with or without phlegm, lasting for months or years
- Shortness of breath initially upon exertion but eventually at rest
- Breathlessness or wheezing
- Cough

Some patients may also:

- Become tired easily
- Feel like they are "hungry for air"
- Get depressed or anxious

Most people wait to go to the doctor until they are having a lot of trouble breathing. They ignore a cough or a breathing problem that may have persisted for years. Most people with COPD are at least 40 years old, but people younger than age 40 can also get COPD.

## How did my doctor decide I have COPD?

Your COPD was diagnosed based on symptoms and test results. Your doctor may have asked you:

- What are your symptoms? (such as constantly coughing or feeling short of breath)
- How long have you had your symptoms?
- What activities cause you to become short of breath?
- Do you smoke cigarettes?
- Are you exposed to dust and other air pollution?

Your doctor may have also asked if your symptoms are intermittent (sometimes you feel worse and other times you feel better). With some COPD patients, symptoms are bad all the time.

Pulmonary Function Tests (or PFTs) are used to confirm COPD. You may have had a spirometry test. When you blow into a spirometry machine, it measures how much air you exhale. Your doctor may order tests regularly to check on your COPD.



## Test your knowledge of COPD

*What causes COPD?*

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*What are the major symptoms of COPD?*

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*What is the most important thing you can do to prevent more damage to your lungs?*

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*What do Pulmonary Function Tests do?*

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# HOW IS COPD MANAGED?

*COPD is an illness that you will have for the rest of your life, but there's a lot you can do that may help you feel better and get around better.*



The main ways to manage COPD are:

- *Stop smoking.*
- *Stay fit.* Fitness includes eating right, exercising, getting flu shots, and avoiding things that could hurt your lungs (smoking, dust, etc.)
- *Take medicines that your doctor may feel you need.* These might include bronchodilators for maintenance therapy, antibiotics to treat an infection in the airways or lungs, or steroids to reduce inflammation in the lungs. In some cases, your doctor may order oxygen
- *Ask questions to make sure you understand your treatment.* Ask your doctor, your pharmacist, or your case manager any questions you have about COPD. The more you know, the more you can do to manage your symptoms better
- *Make lifestyle changes.* The most important thing you can do to help your lungs is quit smoking, but there are other things you can do as well that may help

## Types of medicines

### Rescue and Maintenance Medicines

Talk to your doctor about COPD treatment options. Your doctor will most likely give you 2 types of medicines. These are called **rescue** and **maintenance medicines**. They work together to control your symptoms.

**Rescue medicines** are taken as needed to help you catch your breath when symptoms suddenly get worse. They can help you breathe better right away. They last for about 3-4 hours. You should not take them to *prevent* symptoms.

**Maintenance medicines** are taken every day to help maintain control of symptoms and reduce the frequency of sudden worsening. They help you breathe better longer. They start to work gradually and may last 4-12 hours or more, depending on the medicine your doctor prescribes. Maintenance medicines are taken daily even when you are breathing well so you can keep breathing well.



***For both rescue and maintenance treatments, you must follow your doctor's instructions for taking the medicine exactly.***

### Rescue Treatments

Rescue medicines include:

- Bronchodilators, which you take through an inhaler or a nebulizer:
  - Short-acting beta<sub>2</sub>-agonist

**Note:** *With all inhalers, avoid getting spray into your eyes. It is important to take these medicines exactly as your doctor prescribed.*



## Maintenance Treatments

Maintenance medicines include:

- Bronchodilators, which you take through an inhaler or nebulizer:
  - Short-acting anticholinergic
  - Short-acting beta<sub>2</sub>-agonist
- Bronchodilators, which you take through an inhaler:
  - Long-acting anticholinergic
  - Long-acting beta<sub>2</sub>-agonist
- Bronchodilators, which you take as a pill or capsule:
  - Theophylline
- Combination medicines (inhaler or nebulizer):
  - Combination short-acting anticholinergic and short-acting beta<sub>2</sub>-agonist
  - Combination long-acting beta<sub>2</sub>-agonist and corticosteroids (“steroids”)

**Note:** *With all inhalers, avoid getting spray into your eyes.  
It is important to take these medicines exactly as your doctor prescribed.*

## Other COPD Medications: Corticosteroids or “Steroids”

Patients on oral steroids for their COPD are usually also on a bronchodilator. Steroids can be inhaled or taken orally. Oral steroids are usually taken for a short period of time when other medicines have not been able to control COPD symptoms. ***It is important to take these medicines exactly as your doctor prescribed.***



## Other medicines used to help people with COPD

### Antibiotics

When COPD symptoms suddenly get worse, the cause may be a respiratory infection. You may have a respiratory infection if:

- Your shortness of breath is worse
- You have more phlegm or mucus than usual
- Your phlegm or mucus is yellow or green
- You have a fever

Antibiotics help fight bacterial infection. If you have a respiratory infection, your doctor may give you an antibiotic to take for up to 2 weeks. It is important to take the entire amount prescribed, even if you feel better. ***Follow your doctor's orders exactly on how to take this type of medicine.*** Also, call your doctor if your symptoms get worse or don't improve by the time you have finished the medication.



***Note: Your doctor may want you to keep a supply of antibiotics at home in case you get an infection. If you think you have symptoms, call your doctor before starting an antibiotic.***

### Oxygen

If your disease has progressed, your doctor may give you oxygen to help you breathe better.

***Your doctor will tell you when and how to take the oxygen. Be sure to follow your doctor's directions exactly.***



## Using inhalation devices

COPD medicines are often taken using inhalation devices. Inhaling medicine may let it work more quickly to lessen your symptoms.

There are many different types of inhalation devices. They include:

- Metered dose inhalers (MDIs)
- Dry-powder inhalers (DPIs)
- Nebulizers

Your doctor will work with you to choose the best one for you.

***You must learn to use the inhalation device the right way to get the most benefit.*** This is very important during a rescue situation, when you need the medicine to reach your lungs quickly. If you are not sure how to use your inhaler, ask your doctor, nurse, or pharmacist. They can help you.



### Metered Dose Inhalers (MDIs)

Metered dose inhalers (or MDIs) are also called “inhalers” or “puffers.” They are small enough to carry in your pocket.

They can be used with an “open mouth” or a “closed mouth.” ***Check with your doctor to see which way you should take your medicine.***



Your doctor may suggest you use a ***spacer*** with your inhaler.

You should see your doctor if you are having problems with your MDI.

## Dry-powder inhalers (DPIs)

Dry-powder inhalers (DPIs) are different than MDIs. Instead of “press and breathe” devices, DPIs deliver the medicine when you breathe in. The medicine is a very fine powder. It is so fine that you may not



feel anything when you inhale. ***DPIs must NOT be used with a spacing device.***

- DPIs are made for use with specific medicines
- Some powder inhalers have a capsule that must be placed in the inhaler before each use
- Others have the medicine already inside the sealed DPI

## Nebulizers

Nebulizers are machines that are sometimes called compressors. They change liquid medicine into fine droplets that are breathed in through a mask. They allow a much higher dose of medicine than MDIs and DPIs.



- Nebulizers are often used in hospitals, but they can also be used at home.
- Nebulizers must be kept clean. ***Be sure to use and clean your nebulizer exactly as directed.***







## Sticking to your treatment plan

The best way to manage your health is to follow your treatment plan exactly as prescribed by your doctor. If you follow these 3 steps, you should get the most benefit from your medicines.

### Step 1: Get to know your medicines

It is important to understand the medicines you are taking. You should know:

- The name of each medicine
- What each one does
- The dose your doctor prescribed
- The time of day to take your medicine
- Warnings and possible side effects

This information will help you get the most benefit from your treatment. And that can improve your health and quality of life.

## Step 2: Take as directed

A daily reminder might help you to remember when to take your medicine. For example, you can decide to always take your morning dose when you brush your teeth. Set a watch alarm for a mid-day dose. Leave yourself a Post-it® note or an answering machine message for an evening dose.

**Note:** It is important to take your medicine exactly as directed by your doctor. It is ALSO important that you understand how to take your medicine. Be sure to review the directions for use with your doctor, pharmacist, or nurse.

## Step 3: Track your progress

It's a good idea to keep notes about your symptoms and the medicines you are taking. This will help your doctor know if you need to take a different medicine or have the dose changed. You should also write down any activity that causes your symptoms to get worse.

Another way to track your progress is to get Pulmonary Function Tests regularly to see if your lungs are working better with the medicine prescribed.



## Test your COPD medication knowledge

Fill in the chart for all of your COPD medicines. The first column is an example of how to fill in the chart.

If you are unsure of any of your answers, take the chart with you to the doctor or pharmacist.

<i>Name of your COPD medicine</i>	HandiHaler®
<i>What does this medicine do?</i>	Helps keep airways open
<i>What dose do you take?</i>	One capsule inhaled through the HandiHaler once a day
<i>What time(s) of day do you take your dose(s)?</i>	8 AM
<i>What are common side effects you can expect?</i>	Dry mouth

HandiHaler is a registered trademark of Boehringer Ingelheim Pharma GmbH & Co.


## Can you answer these questions?

*What COPD medicines are you taking?*

*Which ones do you use as rescue treatments?*

*Which ones do you use as maintenance treatments?*

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*What are 3 symptoms of a possible respiratory infection?*

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3.

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# HOW CAN I MANAGE MY COPD BETTER?

## What do I do if my COPD symptoms get worse?

### Have a Plan of Action

You and your doctor should make a plan for getting prompt medical treatment—including the addition of medications—if your COPD symptoms get worse. With your doctor, use the chart on the following two pages to outline that plan.





Your doctor may tell you to take additional doses of your short-acting beta<sub>2</sub>-agonist inhaler to relieve your symptoms fast. This may make your symptoms better in minutes.

However, if you have a respiratory infection, you may need antibiotics to help clear the infection. Respiratory infections can cause a COPD flare-up.

### **The signs and symptoms of a respiratory infection are:**

- More shortness of breath, more coughing
- More phlegm or mucus
- Phlegm that has turned green or yellow
- Fever and chills (although some patients do not have these symptoms)

## **What do you do if your COPD symptoms do not improve?**

### Contact List

Both you and your friends and family should have a list of people to call in case of a COPD flare-up.



***Your physician should be the first name on the list and the first person you call.*** Remember to check the list once a month and keep it up to date.

Service	Name	Phone Number
Pulmonologist (Lung Doctor)		
Primary Care Physician (Personal Doctor)		
Emergency Contact Person		
After 5 PM on weekdays/ weekends		
Hospital Emergency		911 or local emergency room number:
Clinic		
Pharmacy/ Pharmacist		
Other		
Other		
Other		

## When to go to the emergency room



**You may need to go for emergency care if you feel that you are in danger and cannot wait to speak to your physician.**

- You are very short of breath
- You are coughing up large amounts of phlegm constantly
- You are throwing up, so you cannot take oral antibiotics, medications, water, or food
- You are very nervous, confused, and/or drowsy
- You have chest pain

## Stay in control

Knowledge = power. Now that you know what causes COPD and how to treat it, you have the power to help control your symptoms. You now understand what your medicines do and when to take them. You should also know what to tell your doctor about how you've been feeling...and what to ask.

By taking charge of your COPD, you are on the road to improving your health!



