Living with

Chronic Obstructive Pulmonary Disease
What is chronic obstructive pulmonary disease? (COPD)

Chronic obstructive pulmonary disease is also known as COPD. It is a disease of the lungs and airways. Narrowing of the airways leads to blockage, which causes wheezing and shortness of breath. COPD also causes cough with mucus, especially on waking up in the morning.

COPD is *chronic* because it requires long term treatment, *obstructive* because it causes a blockage of the airways, *pulmonary* because it affects the lungs and a *disease* because it makes you ill. COPD has also been known as chronic bronchitis and emphysema.

In COPD the damage is usually caused by:
- smoking cigarettes over many years
- previous tuberculosis
- prolonged smoking of dagga (marijuana)
- working in the mines
- prolonged exposure to smoke from the burning of wood or coal.
Do I have asthma or COPD?

Asthma and COPD are often confused as they cause similar problems (wheezing and shortness of breath) and are both treated with inhalers (pumps). However, they have different causes and respond differently to treatment. COPD is not the same as asthma.

<table>
<thead>
<tr>
<th>Asthma</th>
<th>COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>In asthma the blockage of the airways and</td>
<td>In COPD the blockage of the airways and</td>
</tr>
<tr>
<td>shortness of breath changes from day to day</td>
<td>shortness of breath is more or less the</td>
</tr>
<tr>
<td>and even during the same day.</td>
<td>same each day</td>
</tr>
<tr>
<td>Asthma often starts in childhood or as a</td>
<td>COPD usually starts after the age of</td>
</tr>
<tr>
<td>young adult.</td>
<td>40 years</td>
</tr>
<tr>
<td>Asthma is usually made worse by exposure to</td>
<td>COPD is usually made worse when the</td>
</tr>
<tr>
<td>things such as grass, pollen, trees, pets,</td>
<td>person gets an infection in the lungs</td>
</tr>
<tr>
<td>smoke, and fumes.</td>
<td></td>
</tr>
<tr>
<td>Responds very well to treatment</td>
<td>Responds less well to treatment</td>
</tr>
</tbody>
</table>
Cigarette smoking and COPD

Cigarette smoking is the most common cause of COPD. If you continue to smoke the damage to your airways and lungs will get worse.

Stopping smoking will help prevent further damage and is the most important part of treatment.

Cigarettes are addictive and people often need help to stop smoking. Please discuss your smoking with your health worker. Some tips are:

- **Stop** suddenly rather than trying to gradually cut down.
- **Avoid** exposure to smoke from friends and family members.
- **Obtain** ongoing support from friends and family as well as your health worker.
- **Attend** a support group such as “smoke-enders”.
- **Talk** to your doctor about prescribing nicotine replacement.
How can my COPD be treated?

Medication cannot cure COPD or reverse the damage already caused to the lungs. Medication for COPD relieves shortness of breath by opening the airways as much as possible.

A: Inhalers

Usually COPD medication is given by an inhaler (pump). The medication goes straight to the airways where it is needed. Inhalers also reduce the chance of side effects, as very little medicine is goes to other parts of your body. Sometimes more than one inhaler is prescribed. Inhalers must be used every day.

The name or colour of my first inhaler is ..................................................

I take ........... puffs.................times a day

The name or colour of my second inhaler is ..................................................

I take ........... puffs.................times a day

Inhalers are safe and have few side effects, which disappear quickly when not using the inhaler. Sometimes they:
  • Increase the heartbeat       • Cause fine muscle tremors or shakes

Inhaled steroids, which are used in asthma, are not often used in COPD. Some patients with severe COPD and frequent infections may benefit from inhaled steroids. Your doctor can discuss this with you.

B: Tablets

In more severe COPD, tablets (e.g. Theophylline) can be added to try and open the airways as much as possible. These medications may cause side effects if there is too much in your blood. Common side effects include:
  • Nausea, indigestion or vomiting
  • Irritability and nervousness
  • Shakes
  • Headache
  • Poor sleep

The name of my tablet is: .................................................................

I take..................tablets.................... times a day
How to use my inhaler correctly

1. Remove mouthpiece cap
2. Shake
3. Hold pump upright
4. Form a seal with your lips around the mouthpiece
5. Press the inhaler once at the beginning of the breath. Breathe in deeply and slowly.
6. Hold breath for 10 seconds or as long as possible
7. Remove inhaler from mouth and breathe out slowly
8. Wait for 1 minute and then repeat steps 2–7 for second puff

RINSE MOUTH AFTER USE OF INHALED STEROIDS
How to use my spacer correctly

1. Assemble the spacer
2. Remove inhaler mouthpiece cap
3. Shake the inhaler
4. Place inhaler firmly into the spacer
5. Remove the spacer’s dust cap and form a seal with your lips around the mouthpiece. Press the inhaler with 1 puff into the spacer
6. Breathe in deeply through the mouth
7. Remove the spacer and hold breath for 10 seconds or as long as possible
8. Breathe out slowly
9. Wait for 1 minute and then repeat steps 3-8 for second puff

RINSE MOUTH AFTER USE OF INHALED STEROIDS
How severe is my COPD?

How short of breath do you get with your usual activities?

Tick the box below which best describes your condition:

<table>
<thead>
<tr>
<th>Mild COPD</th>
<th>Shortness of breath with hard exercise such as running or climbing stairs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate COPD</td>
<td>Shortness of breath when walking at a normal pace.</td>
</tr>
<tr>
<td>Severe COPD</td>
<td>Shortness of breath when you are not exercising, for example when you are getting dressed, washing yourself or talking fast. You may be unable to walk more than 200 metres. In some people with severe COPD, they develop heart failure with swelling of the legs.</td>
</tr>
</tbody>
</table>

What else can help my shortness of breath?

- Taking medication and stopping smoking are the most important things.
- Exercise to keep your chest, leg and arm muscles as strong as possible can also help with breathing.
- If underweight, which is common in severe COPD, eat a healthy diet
- If overweight, losing weight will help with your breathing
- You are more likely to get infection in your lungs. A flu vaccination should be taken every year, before the winter, to help prevent infection.
What to do when I have a chest infection?

In COPD a sore throat or common cold may easily develop into a chest infection. You may feel more wheezy or short of breath and produce more mucus. The colour of the mucus may change to yellow or green. You may have a fever.

If you think that you have a chest infection you should visit your health worker as soon as possible. Your health worker may prescribe an antibiotic and prednisone tablets for a short period of time. Prednisone tablets should only be taken for a short period, as long term use may lead to serious side-effects.

If the infection is severe it may be necessary to treat you in hospital for a few days.
Acknowledgements to the following contributors:

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Websites:

South African Thoracic Society:
www.pulmonology.co.za

National Asthma Education Programme:
www.asthma.co.za

Allergy Society of South Africa:
www.allergsa.org
To obtain these materials, please contact:

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