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COPD: Chronic Obstructive Pulmonary Disease

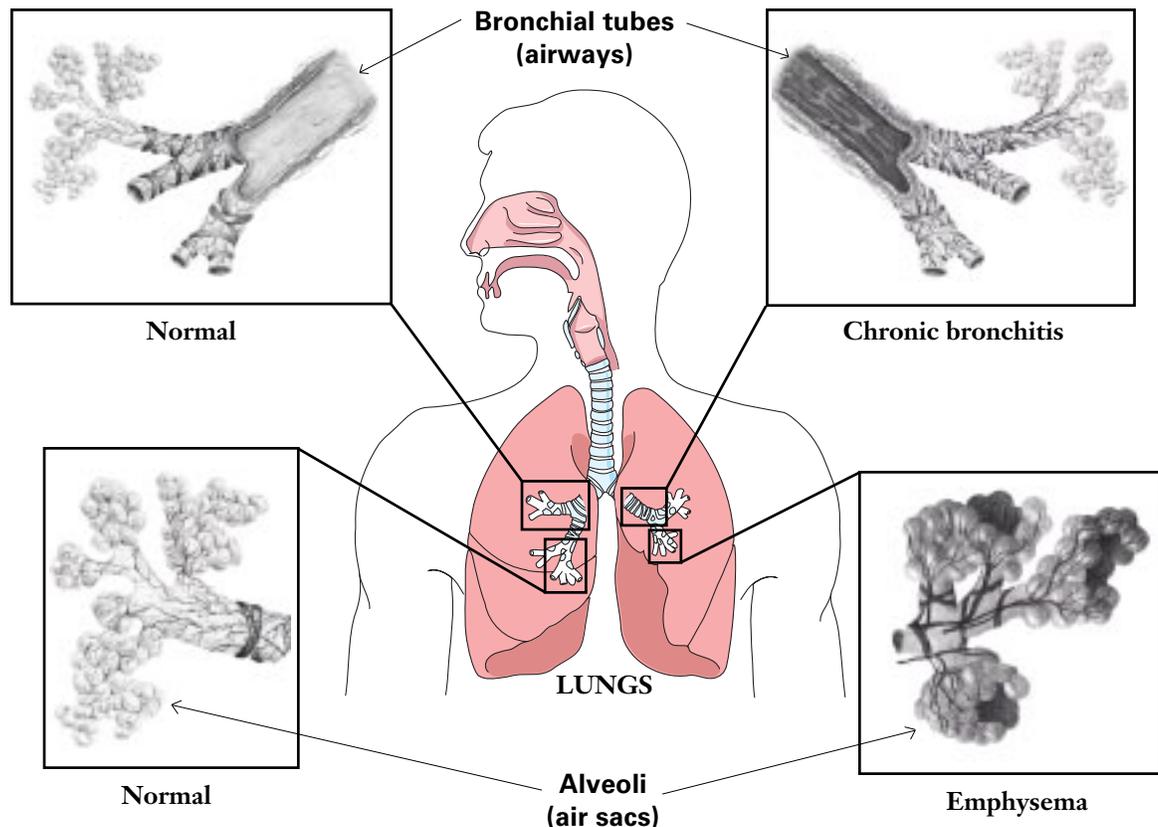
University of
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Information
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What is COPD?

COPD is a condition that affects the lungs and airways. Another name for the airways is the bronchial (BRONK-ee-ol) tubes. COPD stands for chronic (KRON-ick) obstructive (ob-STRUCK-tiv) pulmonary (PULL-muh-nair-ee) disease. **Chronic** means the condition is long term. You will have it the rest of your life, but you can learn to manage it. **Pulmonary** refers to your lungs and airways. The condition is **obstructive** because it limits the flow of air into and out of your lungs. COPD cannot be fully reversed. There are 2 main diseases that cause this obstruction. Most patients have both.

Chronic bronchitis (brank-EYE-tis) produces excess mucus that blocks your bronchial tubes (airways). The lining of the airways may become irritated or inflamed, and the airway muscles may spasm. A cough with mucus that lasts 3 months for 2 years in a row may be chronic bronchitis.

Emphysema (em-fuh-ZEE-muh) affects the air sacs in your lungs. The air sacs, called alveoli (AL-vee-OL-eye), become enlarged. As air sacs get bigger, the walls between the sacs are stretched thin and cannot spring back to their normal size. Many air sac walls are destroyed. The larger air sacs do not work



continued

well and trap stale air inside. It then becomes difficult for fresh air with oxygen to enter the sacs and blood stream.

The smallest airways, which are called bronchioles (BRONK-ee-ols), also weaken. They become less able to stretch. When you breathe out (exhale), these very small airways may collapse before they empty out. Then even more air is trapped in the air sacs.

Causes of COPD

Cigarette smoking is the most common risk factor for COPD. Smoking causes 80 to 90 percent of all COPD. The earlier in life you start smoking and the more cigarettes you smoke each day, the more likely you are to develop COPD. The number one way to slow down COPD is to **STOP SMOKING**.

In a small number of people, a rare genetic risk factor causes emphysema. These people lack alpha-1 antitrypsin. Their lungs are less able to protect against damage to the air sacs. COPD can run in families.

Other factors can put you at risk for COPD. They include second-hand smoke, air pollution, and being exposed at work to hazardous substances in the air, like dust and chemicals. Severe chest illnesses when you were a child and over-sensitive airways, or asthma (AZ-muh), also are risk factors. According to the American Thoracic Society, about 14 million people in the United States have COPD. It is the world's fourth leading cause of death.

Symptoms of COPD

Shortness of breath, coughing, producing sputum (mucus), and wheezing are symptoms of COPD. Shortness of breath usually gets worse during exercise, for example, when you walk up steps. However, other diseases can cause the same symptoms. The disease most often confused with COPD is asthma. There is some overlap of asthma with COPD, but asthma also differs from COPD. Between attacks of asthma, the lungs may work normally, and the person may be free of symptoms. Medical tests will help to detect if your condition is COPD.

How is COPD diagnosed?

To learn if you have COPD, the doctor will ask you about health problems. Coughing, wheezing, amount of sputum (mucus), chest discomfort, severe chest illnesses, and shortness of breath are some of the problems the doctor will ask about. He or she will also ask about smoking and exposure to hazards in the environment. Your doctor will give you a physical exam.

If your doctor suspects COPD, he or she may order lab tests and a chest x-ray. The doctor may also order breathing tests. These tests may be called PFTs (pulmonary function tests) or spirometry (spy-RAW-muh-tree). PFTs are a series of short tests that measure the amount of air coming in and out of your airways and lungs. These measurements help to identify whether COPD or another lung disease is causing your symptoms.

In the early stages of COPD (mild COPD), you may not be aware that your lung function is abnormal. When you **STOP SMOKING**, it can greatly slow down COPD.

Ways to control breathing

When you become short of breath, there are several methods you can use to help control your breathing. When you learn to control your breathing, you can get more air in and out of your lungs. The methods are briefly described in this section. To learn how to use these breathing methods, see the patient education sheet [COPD: Ways to Breathe Better and Save Energy](#).

Pursed-lip breathing. This method helps keep your air sacs and smallest airways open longer so that air is not trapped in your lungs. This helps stale air to get out of your lungs so more fresh air with oxygen can get in.

Diaphragmatic (belly) breathing. The main muscle we use to breathe is called the diaphragm (DIE-uh-gram). Diaphragmatic (DIE-uh-fruh-MAT-ik) breathing helps make this muscle stronger. Then more fresh air can get in and stale air can get out of your lungs. This method is also called belly breathing.

Relaxation. When you become short of breath, it's very easy to panic. Shortness of breath causes fear and anxiety. Eventually, panic can result. To help prevent this cycle, you can learn specific ways to relax. To help yourself relax, try yoga, positive imagery (for example, picturing yourself in a pleasant place), and alternate tensing and relaxing of muscles. Diaphragmatic and pursed-lip breathing (see above) will also help you relax.

Saving energy. You can learn ways to use less energy as you go about daily life. When you manage your energy better, it's easier to stay active.

Clearing mucus. Clearing mucus from your lungs will help keep the airways open and make it easier to breathe. This will help to prevent infections. There are a variety of methods and devices designed to help clear mucus. One method uses a special way to cough and is called controlled coughing.

Medicines for COPD

Medicines to treat COPD fall into several main groups. They are listed below. For more information about these medicines, see the patient education sheets [COPD: Medicines](#) and [COPD: How to Use Inhalers](#).

Bronchodilators (brank-oh-DIE-lay-ters) open airways to increase the flow of air. These medicines come as inhalers, nebulized (NEB-you-lized) liquids, and pills. Some inhaled bronchodilators are “fast-acting,” which means they provide quick relief and last up to 4 to 6 hours. Sometimes they’re called rescue inhalers. Other bronchodilators are “long-acting” and last up to 12 hours, but do not provide quick relief during an attack. They are sometimes called maintenance medicines.

Steroids (STEER-oyds) may reduce swelling and inflammation. Steroids come in different forms, such as inhalers (both metered-dose inhalers and dry-powder inhalers), pills, and injections (shots). Steroids are another type of maintenance medicine.

Expectorants (ex-PECK-ter-ents) and **muco-lytics** (myu-ko-LIT-iks) may be prescribed to help promote the removal of mucus produced in the lungs and airways. These medicines may help thick, sticky mucus become thin and more liquid, so that it’s easier to clear from the lungs and airways.

Antibiotics (an-tee-bye-AH-tiks) are used to treat infections caused by bacteria. They sometimes help when your COPD is worse. Your doctor will choose the medicine that is best to attack the kind of infection you have. Always take antibiotics exactly as prescribed to be sure bacteria are destroyed.

Oxygen therapy may be prescribed if the oxygen levels in the blood are too low. You should think of oxygen as a medicine. If your doctor prescribes oxygen for you, be sure to take it as prescribed. For more information about oxygen therapy, see the patient education sheet [COPD: Nutrition, Oxygen, and Exercise](#).

Avoiding COPD triggers

Some activities and substances can trigger flare-ups of COPD. It is important to take active steps to avoid triggers. The most common triggers are listed below. For more information, see the patient education sheet [COPD: Avoiding Triggers](#).

Cigarette smoking. One of the most important steps you can take to control your disease is to **STOP SMOKING**. When you smoke, you breathe in poisonous substances that stay in your lungs and airways. One of these poisons is carbon monoxide. Carbon monoxide makes your blood less able to carry oxygen. Smoke irritates your airways, which then may become inflamed and produce more mucus. Smoke also damages the cilia (SILL-ee-uh), tiny hairs that sweep the airways clear. When the cilia do not work, the airways become clogged with mucus and other matter. Clogged airways provide excellent conditions for infection to develop. Cigarette smoke also damages the air sacs in your lungs.

Why quit now? When you quit smoking — even though destroyed air sacs do not repair — your body starts to repair in other ways. When you quit, COPD does not progress as quickly. You'll be better able to remove mucus from your airways. You'll have fewer infections and fewer periods when symptoms worsen. For more information, see the patient education sheet [Smoking and Your Lungs](#).

To quit, learn what options are available to you. UPMC offers quit-smoking classes — also called smoking cessation (sess-AY-shun) classes. For information, call 800-533-UPMC (8762). For a complete quit-smoking guide, see the patient education booklet [Journey to a Smoke-Free Life](#).

Infections. Avoid people who have a cold, a sore throat, the flu, or pneumonia. Get a flu shot every year. Get the pneumonia shot, too, as your doctor recommends. Get lots of exercise, fluids, healthy food, and rest. Talk to your doctor about exercise.

Air pollution. Outdoor and indoor air pollution in your lungs can trigger shortness of breath or lead to an infection. Avoid traffic jams, smoke, strong chemicals, aerosol sprays, and the outdoors during air pollution alerts.

Weather. Cold air puts a strain on your lungs. When you are outside in cold weather, breathe through a scarf that covers your nose and mouth.

Second-hand smoke. Breathing second-hand smoke can change how your lungs and airways perform. Airways may become more sensitive to irritants. Your lungs may not work as well.

Supportive treatment

Nutrition, oxygen therapy, and exercise can give added support to your treatment. For detailed information, see the patient education sheet [COPD: Nutrition, Oxygen, and Exercise](#).

Nutrition. Good nutrition is important to make your body stronger. You need to eat a variety of foods every day. To prevent shortness of breath:

- Eat 6 small meals instead of 3 large meals.
- Select foods that need little preparation.
- Eat slowly.
- Avoid gas-forming foods.
- Ask your doctor for dietary guidelines.

Oxygen. Your doctor may order extra oxygen for you if there's not enough oxygen in your blood. When the blood has too little oxygen, the heart starts to beat faster and harder to get more oxygen to the body's tissues. Oxygen prevents heart damage and allows you to stay more active.

To decide what you need, the doctor will measure the amount of oxygen in your blood. Your doctor may ask you to have tests that will show how much oxygen you need when at rest, when active, and when asleep. Most insurance companies require these tests before they will cover the cost of providing oxygen. Oxygen cannot help all shortness of breath. Only your doctor can determine if oxygen can help you.

Exercise. You can build up your body and get into better shape with exercise. Exercise conditions your muscles and makes them more efficient. You may then feel less short of breath when you perform activities of daily living. By exercising, you can gain strength, flexibility, and endurance.

Ways for you to get exercise include activities such as walking, dancing, and stationary biking. But before starting an exercise program, ***it's important to talk with your doctor.*** You must proceed ***slowly and safely*** with an exercise program.

UPMC offers pulmonary rehabilitation (ree-huh-BILL-ih-TAY-shun) programs. If you need help starting to exercise, or if your doctor says your condition should be monitored during exercise, call 800-533-UPMC (8762) for information.

When should you seek help?

If any of the following occur, get medical care:

- Your mucus changes in color, consistency, or amount.
- Your wheeze, cough, or shortness of breath gets worse, even after you take your medicine and it has time to work.
- Your breathing gets difficult.
- You have trouble walking or talking.

Call 911 right away if any of the following happen:

- You get confused.
- You have trouble staying awake.
- Your lips or fingernails are blue or gray.

Follow-up visits

You will have regular doctor visits to see if your treatment plan is helping you. The doctor will make sure you're doing all you can to prevent problems. This includes getting a yearly flu shot and the pneumonia shot. How often you must go to your doctor for follow-up visits depends on your needs. *Write down the treatment plan your doctor tells you to follow.* It's very important to follow your treatment plan at all times, even when you feel well.

If you have questions

If you have any questions, call your doctor or nurse at _____.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

*University of
Pittsburgh
Medical Center*

*Information
for Patients*



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For help in finding a doctor or health service that suits your needs, call the UPMC Referral Service at 412-647-UPMC (8762) or 800-533-UPMC (8762).

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