



Uploaded to VFC Website

▶▶▶ November 2012 ◀◀◀

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](http://www.veteransforchange.org)

*Veterans-For-Change is a 501(c)(3) Non-Profit Corporation
Tax ID #27-3820181*

If Veteran's don't help Veteran's, who will?

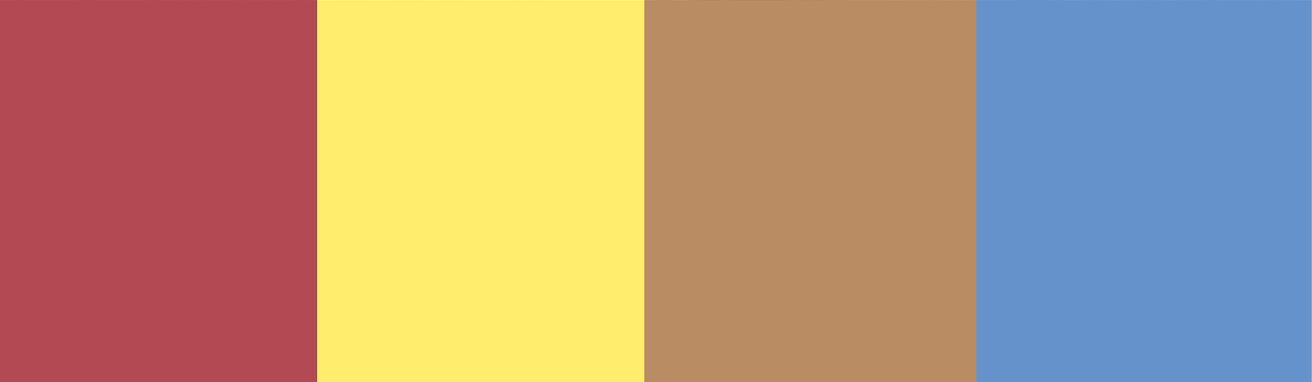
We appreciate all donations to continue to provide information and services to Veterans and their families.

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WGT2M5UTB9A78

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members.





COPD Disease Management Program

HUMANA MILITARY[®]
HEALTHCARE SERVICES
The spirit of working together.



A new beginning...

Welcome to Better Health...

Humana Military Healthcare Services (Humana Military) and the TRICARE Regional Office–South are pleased to offer a Chronic Obstructive Pulmonary Disease (COPD) program just for you.

Nothing is more important than your health. When you have a chronic condition, staying healthy is often more difficult. You may need help understanding your condition and identifying and managing your symptoms. That's what this health improvement program is all about. This booklet provides you with valuable information and guidance to help you take control of your health.

We believe you will benefit greatly as a participant in the COPD Disease Management (DM) Program. This program is offered to you at no cost.

Please call us on our toll free number at 1-800-881-9227 if you have any questions about COPD and our DM program. We are pleased to welcome you into this new program.

Thank you for allowing us to assist you in meeting your health care needs.



HUMANA MILITARY[®]
HEALTHCARE SERVICES
The spirit of working together.



Commonly Asked COPD Questions and Answers

What is COPD?

COPD describes a group of lung conditions (diseases) that make it difficult to empty the air out of the lungs. This difficulty can lead to shortness of breath (also called breathlessness) or the feeling of being tired. COPD is a term that is used to describe chronic bronchitis, emphysema or a combination of these two conditions. Chronic bronchitis is an inflammation of airways accompanied by coughing and spitting up of thick sputum (phlegm). In chronic bronchitis, these symptoms are present for at least three months in each of two years. Emphysema is a chronic respiratory disease where there is an abnormal increase in the size of the air sacs in the lungs, causing a decrease in the lungs ability to work correctly, and often, breathlessness. COPD is different from asthma, but it can be difficult to distinguish between COPD and chronic asthma.

What causes COPD?

Smoking is the most common reason people develop COPD. Alpha-1 antitrypsin deficiency causes less than one percent of COPD. Alpha-1 antitrypsin deficiency is suspected if there is early onset of COPD, little or no history of smoking and a family history of COPD. Exposure to occupational hazards or environmental substances such as those found in coal mining may also cause COPD.

What are the symptoms of COPD?

COPD can cause breathlessness, cough, production of phlegm and tiredness especially with activity. These signs and a history of smoking are an indication for testing to determine if you have COPD.

How is COPD diagnosed?

Your doctor may order these tests:

- Spirometry – This test is ordered to determine if you have COPD. You will be asked to breathe into a tube connected to a machine. The machine measures the amount of air you move in and out of your lungs and how well the air moves.
- Pulmonary Function Tests – In addition to spirometry, other tests may be done to find out if your health problem is related to your lungs. These tests measure how much air you move in and out of your lungs and how successful your lungs are at exchanging the gases oxygen and carbon dioxide with your bloodstream.
- Arterial Blood Gases (ABGs) – Your doctor will order this test to determine the amount of oxygen in your blood and how well your lungs are getting rid of carbon dioxide. ABGs are usually ordered if you have very severe COPD and are hospitalized.



- Chest X-ray – Emphysema produces distinctive abnormalities in the chest X-ray, which may also be used to rule out other diagnoses such as pneumonia or lung tumors.
- Oximetry – This test is a way of indirectly measuring oxygen levels in your blood. It is done by placing a small strap around your finger. Because oximetry machines can be unreliable, ABGs are generally the preferred test when determining if you need supplemental oxygen.
- Exercise Testing – It may be used to help determine the amount of disability and help determine if a patient can safely undergo lung resection surgery. An exercise test is done in a laboratory, either by having you walk on a treadmill or pedal a bicycle.
- Electrocardiogram (ECG) – ECG is used to assess your heart status if heart disease is suspected or present. Severe COPD causes strain on the right side of the heart, which produces characteristic changes in the ECG.
- Sputum Culture – This test is ordered to diagnose the type of bacterial infection when a patient has recurring bronchitis or pneumonia.

How is COPD treated?

Treatment is based on the severity of symptoms and limitations in activities of daily living. If you are a smoker, the most important treatment is to stop smoking. Your doctor may prescribe medications to widen the breathing tubes (bronchodilators), reduce swelling in the breathing tubes (anti-inflammatory drugs), or treat infections (antibiotics). A metered dose inhaler is the preferred route of administration for bronchodilators. In order to control your COPD, you must take the medications prescribed by your doctor exactly as ordered.

Currently there is no treatment available to restore damaged lungs. Lung volume reduction surgery may be considered as a way of removing some areas of the lungs with large amounts of emphysema.

What does it mean to have an exacerbation?

Exacerbation is a worsening or a “flare up” of COPD. An infection can cause an exacerbation. In some instances, it is unknown why an exacerbation occurs. Whatever the reason for your exacerbation, you should contact your doctor if your symptoms of breathlessness, cough, and sputum production worsen.



Commonly Asked COPD Questions and Answers

How do I use an inhaler?

Inhaled medication has to get into your lungs to work. Your health care provider will show you these steps to follow in using your inhaler:

1. Remove the cap and shake the inhaler
2. Breathe out
3. Hold the inhaler as instructed
4. Breathe in slowly through your mouth as you press down on the inhaler
5. Keep breathing in slowly and deeply
6. Hold your breath for 10 seconds
7. Breathe out
8. Repeat as instructed

Some people have trouble using an inhaler the right way. Your health care provider can give you a spacer (or holding chamber) or a nebulizer to make it easier for you to take your medication. A spacer or holding chamber attaches to your inhaler. It helps direct the medication into your lungs.

1. Attach the spacer or holding chamber to your inhaler
2. Shake well
3. Press the inhaler button to release a puff of medicine into the spacer or holding chamber
4. Breathe out, and then breathe in slowly and deeply on the mouthpiece
5. Hold your breath for 10 seconds
6. Breathe out
7. Repeat as instructed

A nebulizer is an electrically powered device that turns liquid forms of medicine into a fine spray that can be inhaled.

How do I know if I need oxygen?

Your doctor may order supplemental oxygen when ABGs indicate you do not have enough oxygen in your blood. Oxygen is used in severe COPD when the level of oxygen in the blood becomes dangerously low, and/or the level of carbon dioxide becomes dangerously high. It is also used when COPD is accompanied by right heart failure and pulmonary hypertension. Oxygen may be prescribed for use continuously, as needed to relieve breathlessness, or during exercise.



Oxygen is safe when used properly. **If you are prescribed oxygen, do not smoke or light cigarettes near it.** Keep your oxygen away from heat sources to avoid fire hazards. Your oxygen supplier should provide you with a complete list of instructions and safety precautions. Ask for instructions and make sure you understand them.

When is pulmonary rehabilitation appropriate?

If you have been hospitalized due to your COPD, ask your doctor if pulmonary rehabilitation can help reduce your breathlessness and improve your tolerance for exercise. A structured program may improve your quality of life by improving activity tolerance, strengthening muscles, and decreasing tiredness. COPD patients at all stages of disease benefit from exercise training programs.

A pulmonary rehabilitation program should be supervised and should provide cardiovascular reconditioning with endurance and muscle strength training, and education. It will be important for you to continue the exercise program your rehabilitation team develops for you once you leave the program.

When should I call my doctor or clinic?

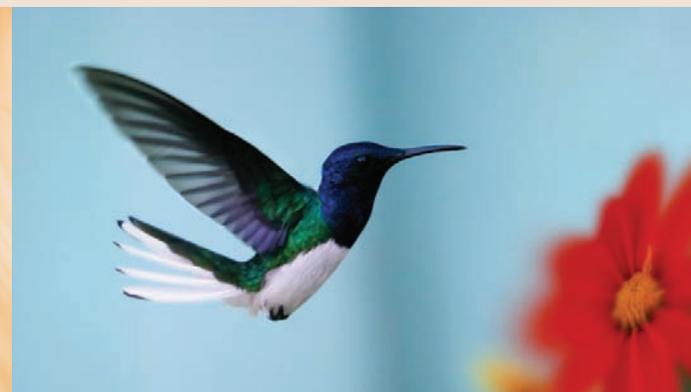
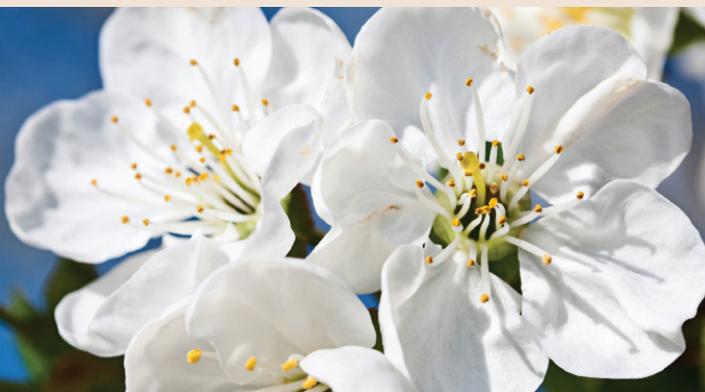
Dealing with a problem early can prevent a severe problem from taking place. Anytime you have a new symptom, or the symptom worsens for no known reason, you should consider calling your doctor. Describe your symptoms when you call, how long it has lasted, and what makes it better or worse. Providing this kind of information will help your provider determine the best steps to take to make you feel better.

When should I get immediate care?

Immediate care means that you should get medical help fast. Go to the clinic, the emergency room or call 911. Focus on slow and easy breathing while you wait for immediate care. Sit upright. Try to remain as calm and relaxed as you can.

Get immediate care if any of the following happen:

- Symptoms worsen despite medications.
- Your lips and/ or fingernails turn gray or blue.
- You are rapidly getting worse over a few hours.
- You can't say four or five words because you are so short of breath, wheezing, or gasping for air.



Controlling Your COPD



You can help control your COPD by following your doctor's advice, taking medications as prescribed by your doctor, staying away from anything that bothers your breathing, and monitoring your COPD so you can respond quickly to signs of an exacerbation. Here are recommended steps to control COPD:

- 1. Do not smoke.** If you smoke, you must quit now. Kicking the habit can be tough. Don't give up if you don't succeed on the first try. Many people who have quit tried several times before they succeeded. If you smoke, pick a quit day now. Ask your doctor about medications to assist you to quit smoking. Here are some additional resources related to quitting:
 - www.humana-military.com – select the beneficiary portal, Health & Wellness, Wellness & Safety, Wellness and Prevention and then select “Quitting Smoking”
 - www.ucanquit2.org
 - www.lungusa.org – select “Quit Smoking” from the menu at the top of the page

- 2. Schedule and keep regular appointments with your doctor.** Your doctor is the one person best able to help you decide your treatment goals and what you need to do to achieve those goals.
- 3. Take medications exactly the way your doctor prescribed them.** To learn more about your medications go to: <http://www.tricareformularysearch.org/dod/medicationcenter>
- 4. Avoid secondhand smoke.** Cigarette, pipe, and cigar smoke can affect COPD severely. Don't allow anyone to smoke in your home or car. Use an indoor air-cleaning device. It will not only reduce smoke in the air, but will also help control mold and animal dander.
- 5. Avoid outdoor triggers.** On days when air quality is reported as poor, stay indoors as much as possible. Weather changes can affect your lungs and airways. Stay indoors when the weather is very hot or very cold.





- 6. Don't ignore illness.** Call your doctor if you have a fever. An infection can worsen your COPD symptoms. Avoid people who have colds. Wash your hands frequently during the flu season. Treat cold symptoms immediately and talk to your doctor.
- 7. Get a flu vaccination unless hypersensitive to egg protein.** October and November are ideal months to get an annual flu vaccine.
- 8. Ask your doctor about a pneumonia vaccine.** The VA/DoD clinical practice guideline for the management of COPD recommends a pneumonia vaccine.
- 9. Avoid or control your stress.** Feeling upset or excited can change your breathing and increase your COPD symptoms. Relax and breathe in slowly through your nose, hold for 2 counts, then pucker your lips and breathe slowly out through your lips for 4 counts.
- 10. Start and maintain an exercise routine.** Walking can help you improve your activity tolerance. Before starting an exercise program, always talk to your doctor about a program that is right for you.
- 11. Maintain a healthy weight.** Malnutrition and weight loss in patients with COPD carry a poor prognosis. If you are underweight, you need to eat as many calories as possible. Medications used to treat COPD such as steroids may cause weight gain. Being overweight will make the symptoms of COPD worse. Whether you are underweight or overweight, you can lose muscle function from nutritional imbalances and lack of exercise. The way to reverse this process is to exercise and eat a balanced diet.
- 12. Avoid use of cough suppressants.** Cough has a protective value in COPD.
- 13. Avoid narcotic medications.** They can affect your ability to breathe effectively. Avoid these medications whenever possible.



COPD Medication Guide



Bronchodilators relax the bronchial muscles making the airways larger. This helps people with COPD breathe better. Bronchodilators can be grouped by how long they work or the way they widen the airways.

Brand Name	Generic Name	Drug Category/ Class	How it is given
Proventil Ventolin	albuterol/salbutamol	Short Acting Beta Agonist (SABA)	Short acting drugs are usually inhaled by a metered dose inhaler (MDI), dry powder inhaler (DPI) or in a liquid form from a nebulizer device. Albuterol Extended Release tablets (Vospire ER) are taken by mouth.
Alupent	metaproterenol		
Maxair	pirbuterol		
Brethine	terbutaline		
Atrovent	ipratropium bromide	Short Acting Anticholinergic (SAAC)	Short acting drugs are usually inhaled by a metered dose inhaler (MDI), dry powder inhaler (DPI) or in a liquid form from a nebulizer device.
Oxivent	oxitropium bromide		
Theo-24 Unidur Theochron SR	theophylline	Long Acting Theophylline	Tablets or liquid

Brand Name	Generic Name	Drug Category/ Class	How it is given
Slo-Bid Theo Dur Theolair Uniphyllin Respbid Slo-Phyllin	theophylline	Short Acting Theophylline	Tablets or liquid
Foradil	formoterol	Long Acting Beta Agonist (LABA)	Dry powder inhalation
Serevent	salmeterol		
Spiriva	tiotropium	Long Acting Anticholinergic (LAAC)	Dry powder inhalation

COPD Self Management Card

Green Zone (All Clear)

Your COPD is under control.

- Keep following your treatment plan and taking your medications
- Keep all physician appointments
- Do not smoke

Yellow Zone (Caution)

You are more fatigued, have an increase in sputum, have a fever, or just don't feel well.

You may be having an exacerbation of COPD that requires an adjustment in your medicines.

- Contact your physician's office. Describe your symptoms and follow your physician's advice
- Keep your physician appointments
- Do not smoke

Red Zone (Medical Alert)

You are having difficulty speaking you are so breathless.

- Have someone take you to the clinic or emergency room or call 911.

Physician Name: _____

Telephone: _____

Sources: VA/DoD Clinical Practice guideline for management of outpatient chronic obstructive pulmonary disease; 2007

<http://www.thoracic.org/sections/copd/resources/copdpatient.pdf>

<http://www.goldcopd.org>

<http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx>

Health Information Audio Library
Available 24 hours a day,
7 days a week at: 877-217-7946

Health and Wellness web site:
www.humana-military.com

HUMANA MILITARY®
HEALTHCARE SERVICES
The spirit of working together.