

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

A GUIDE FOR PATIENTS

Effective Date: December 30, 2009

What is Chronic Obstructive Pulmonary Disease (COPD)?

Chronic obstructive pulmonary disease includes chronic bronchitis and emphysema. Smoking is the most important cause of these diseases, although non-smokers can also get COPD. **If you smoke, quitting will reduce the severity of the disease and help you improve the quality of life over a much longer time.**

Chronic bronchitis and emphysema

In chronic bronchitis, inflammation occurring in the bronchial tubes may cause narrowing, which makes breathing difficult. A chronic cough that brings up sputum and mucus is present.

In emphysema, lung tissue and the small air sacs (alveoli) at the end of the airways become damaged and air becomes trapped in the lungs leading to shortness of breath.

COPD exacerbations

An exacerbation is a worsening of the condition that includes the following signs:

- rapid increase in cough
- sputum and mucus production (especially if yellow or green)
- increased shortness of breath
- blue lips or fingers

Exacerbations can be serious and life-threatening. Prompt and effective treatment can help most people recover to the level of breathing before the exacerbation.

Diagnosis

A medical history, physical examination and breathing tests (spirometry and/or pulmonary function tests) are used to diagnose COPD.

Treatment

Although there is no cure for COPD, the best way to slow the progression of the disease is to quit smoking (if you are still a smoker). Medications may reduce or relieve symptoms; taking them as prescribed is important. Ask your family physician and/or pharmacist to observe and further instruct you on your inhaler technique. Counseling, education, and exercise can help improve quality of life. Pulmonary rehabilitation programs are available in some areas and these have been proven to help.

Quitnow by Phone

A free telephone service offering advice, information and support about quitting smoking. Call toll-free within British Columbia - **1-877-455-2233**. The Quitnow Helpline is staffed from 10am to 6pm. After hours and on weekends, callers are invited to leave a message and a Quit Specialist will return the call during service hours. The BC Smokers' Helpline service is tailored to the individual needs of each caller.

- **Smokers who want to quit** can get information about all the different methods, help with deciding what method may be best for them, and what to expect once they quit.
- **People who have just quit** may wish for information about coping with withdrawal, and how to manage concerns about things like weight gain or sleep disturbance.
- **Smokers who are thinking of quitting** can discuss the pros and cons with a trained Quit Specialist. And the best thing is: no hassle, no pressure.
- **Smokers who wish to keep smoking** are also welcome to call the line; the helpline staff don't push anyone to quit smoking and don't judge people for smoking, and a chat may provide useful information.
- **Friends and family members** concerned about someone's smoking are encouraged to call to discuss what they can do to help.

Living with COPD

Remove factors that can worsen your condition such as smoking. Balance exercise and rest periods. Participation in a pulmonary rehabilitation program or a chronic disease self-management program can be helpful.

The BC Lung association has a list of contacts for Better Breathers clubs in different areas of the province (1-800-665-5864) for further information including other programs such as Breathworks, the is the Lung Association's national COPD program.

Breathworks offers practical information and support for people with COPD and for their families and caregivers. If you think you might have COPD, if you know you have it, or if you know someone who has it - BreathWorks can help. In addition to information on the website, it offers a free, confidential helpline and free fact sheets and brochures. Free Breathworks COPD Helpline 1-866-717-COPD (2673) (*in Canada*).

End of Life Planning

Planning for end of life circumstances is necessary for many patients in the advanced stages of COPD. Consider discussing end of life concerns with your physician and writing a legal document (advance directive) that helps ensure your health care wishes will be respected. An advance directive contains your wishes for treatment, a living will and a power of attorney. More details related to end of life care can be found at the HealthLinkBC web site at www.HealthLinkBC.ca