

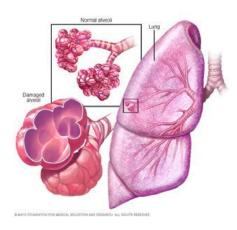
CBC MONTHLY HEALTH SPOTLIGHT: COPD AWARENESS

February 2019

WHAT IS COPD?

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of diseases that restrict airflow:

- Increased difficulty breathing. You can be tested for COPD by taking a breathing test called spirometry
- Is progressive and (currently) incurable, but people can live for many years with COPD and enjoy life.



Chronic: a disease that doesn't go away, even when you're feeling well and don't have symptoms

Obstructive: you have trouble getting air in and out of your lungs

Pulmonary: a disease that is in the lungs **Disease**: a medical condition with symptoms that affect structure or function

ABOUT COPD

SYMPTOMS

The most common symptoms include:

- Increased shortness of breath
- Frequent coughing
- Wheezing
- Tightness in the chest

WHAT ARE RISK FACTORS FOR COPD?

- 1. Smoking:
- COPD occurs mostly in people 40+ who smoke, or did earlier. Not all smokers end up with COPD, but 90% of people who have COPD are or used to be smokers
- 2. Environmental Factors:
- COPD can occur in people with longterm exposure to harmful pollutants including chemicals, dust, or fumes
- 3. Genetics:
- Alpha-1 Antitrypsin Deficiency (AATD) is the most commonly known genetic risk factor for emphysema
- Alpha-1 Antitrypsin-related COPD is caused by a deficiency of the Alpha-1 Antitrypsin protein in the bloodstream
- Without the Alpha-1 Antitrypsin protein, white blood cells begin to harm the lungs, causing deterioration

OTHER EFFECTS OF COPD

- Increases the risk of contracting the common cold, flu, and pneumonia;
- Increases the risk of developing pulmonary hypertension, which is high blood pressure in arteries connected to the lungs; and
- Can also cause respiratory infections, heart problems, lung cancer, and depression

IF YOU HAVE COPD

AVOID CATCHING INFECTIONS

- Wash your hands often
- Avoid close contact with people who have colds or the flu
- Get a flu shot each year

WORK WITH YOUR DOCTOR

- Ask about a pneumonia shot
- Always take your controller/ maintenance medicines as prescribed
- Discuss using antibiotics as soon as possible for infections or sinus problems
- Develop a COPD action plan

WHEN TO CALL 911

These serious signs require immediate medical attention:

- Disorientation
- Severe shortness of breath
- Chest pain
- Blue lips or fingers

SIGNS OF COPD EXACERBATION

Exacerbation is a flare-up where breathing is more difficult than normal, and you become sick.

Some early signs include:

- Constant low-grade fever
- Increased use of rescue medications
- Tiredness lasting over a day
- New or increased swelling in the ankles
- Increased frequency of morning headaches
- Rapid breathing
- Rapid heart rate

Call your healthcare provider within 24 hours if symptoms continue.



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HOW TO REDUCE COPD EXACERBATION: PURSED-LIPS BREATHING

This breathing technique helps you focus, slow your breathing, and stay calm. It keeps airways open longer so your lungs can get rid of stale, trapped air. It also improves the exchange of oxygen and carbon dioxide

- Breathe in through your nose (as if you are smelling something) for about 2 seconds
- Pucker (purse) your lips like you're getting ready to blow out candles on a birthday cake
- 3. *Breathe out* very slowly through your pursed lips for 4 to 6 seconds
- 4. Repeat

DURING AN EXACERBATION DO NOT

- Do not take extra doses of theophylline
- Do not take codeine or any type of cough suppressant
- Do not use over-the-counter nasal sprays for more than three days
- Do not smoke

LUNG DISEASES THAT MAKE UP COPD

EMPHYSEMA

This involves damage to the air sacs (alveoli) in the lungs. The damage makes it difficult for the body to get the oxygen it needs. Emphysema makes it hard for one to catch their breath. Emphysema is usually accompanied by chronic bronchitis

Emphysema can be diagnosed by exams such as blood tests, X-rays, ECG (Echocardiogram), Pulmonary/Lung function tests, and CT scans

CHRONIC BRONCHITIS

Chronic bronchitis is an inflammation of the breathing tubes inside the lungs. Tiny hair-like structures (cilia) line the airways and sweep up mucus to keep the airways clean

When the cilia are damaged it becomes harder to clear the mucus from the breathing tubes, which causes airways to swell and clog, which makes it harder to breathe

Signs of bronchitis include cough, production of mucus, fatigue, shortness of breath, slight fever and chills, and chest discomfort

Bronchitis is called "chronic" if it lasts at least 3 months and reoccurs for at least two consecutive years

REFRACTORY (NON-REVERSIBLE) ASTHMA

This type of asthma does not respond to normal asthma medications. During any asthma attack, bronchial airways tighten and swell

In common asthma, medications can usually reverse this process, but they do not work for refractory asthma

RESOURCES

Resources for those living with COPD, their caregivers, and the elderly in general, include:

COPD Foundation
The COPD Caregiver
FAQ for COPD Caregivers
Administration for Community Living
(ACL), supporting elders to live in the community

ACL's Eldercare Locator, connecting elders and caregivers to resources

Family Caregiver Alliance

Source: Based on information provided by the COPD Foundation