

- nebulisers - these devices turn the medicine into a mist that you can breathe in. They're used in an emergency when you need large doses of inhaled medicine, such as during a flare-up.

What you can do to manage your COPD

If you have a long-term condition like COPD, you'll feel better if you self-manage your condition and take some control of your life. Knowing all you can about your condition, your symptoms, your medications and how to cope with flare-ups will make your day-to-day life easier along with:

- exercise and pulmonary rehabilitation
- learning how to control your breathing
- eating well and keeping a healthy weight
- getting vaccinated
- taking care of your feelings



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POPLAR GROVE
P R A C T I C E

Patient Information Leaflet

COPD

(Chronic Obstructive
Pulmonary Disease)

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What is COPD?

Chronic obstructive pulmonary disease, or **COPD**, describes a group of lung conditions that make it difficult to empty air out of the lungs because your airways have been narrowed.

Two of these lung conditions are persistent bronchitis and emphysema, which can also occur together.

- **Bronchitis** means the airways are inflamed and narrowed. People with bronchitis often produce sputum, or phlegm.

- **Emphysema** affects the air sacs at the end of the airways in your lungs. They break down and the lungs become baggy and full of holes which trap air.

These processes narrow the airways. This makes it harder to move air in and out as you breathe, and your lungs are less able to take in oxygen and get rid of carbon dioxide. The airways are lined by muscle and elastic tissue. In a healthy lung, the tissue between the airways acts as packing and pulls on the airways to keep them open.

With **COPD**, the airways are narrowed because:

- the lung tissue is damaged so there is less pull on the airways
- the elastic lining of the airways flops
- the airway lining is inflamed

There are treatments to help you breathe more easily, but they can't reverse the damage to your lungs - so it's important to get an early diagnosis.

What causes COPD?

COPD usually develops because of long-term damage to your lungs from breathing in a harmful substance, usually cigarette smoke, as well as smoke from other sources and air pollution. Jobs where people are exposed to dust, fumes and chemicals can also contribute to developing **COPD**. You're most likely to develop **COPD** if you're over 35 and are, or have been, a smoker. Some people are more affected than others by breathing in noxious

materials. **COPD** does seem to run in families, so if your parents had chest problems then your own risk is higher. A rare genetic condition called alpha-1-antitrypsin deficiency makes people very susceptible to develop **COPD** at a young age.

What are the symptoms of COPD?

Symptoms include:

- getting short of breath easily when you do everyday things such as going for a walk or doing housework
- having a cough that lasts a long time
- wheezing in cold weather
- producing more sputum or phlegm than usual

You might get these symptoms all the time or they might appear or get worse when you have an infection or breathe in smoke or fumes. If you have severe **COPD**, you can lose your appetite, lose weight and find that your ankles swell.

What treatments work?

Your health care professional can prescribe several types of medicine or combinations of medications to improve symptoms like breathlessness and to help prevent a flare-up.

You can also do things to help manage your condition yourself. Keeping active and doing exercise can make a big difference - many people find this helps them more than inhaled drugs.

Don't smoke

If you smoke, the most effective treatment for **COPD** is to stop. Your health care professional and pharmacist can help you find ways that make it easier for you. You're four times as likely to quit with help from support services and medication.

Medications

Your doctor will decide with you which medications to use depending on how severe your **COPD** is, how it affects your everyday life, and any side effects that you may have experienced. Bronchodilators are a type of medicine that open up your airways to help you breathe more easily.

- If you only get short of breath when you're active, your doctor will give you a short-acting bronchodilator. This will help your breathing quickly and the effects last for four to six hours.

- If you're breathless daily, you'll be prescribed a long-acting bronchodilator. This may take longer to have an effect, but the effects last longer - 12 to 24 hours. There are two main types of long-acting drugs: anti-muscarinic or beta agonist. You may be started on one of each or on both. Sometimes they come in separate inhalers and sometimes in combinations. You may get on better with one or another version, but in general they are all thought to be equally effective. If you have regular flare-ups or exacerbations of your **COPD**, you may also be given a steroid inhaler. This can help reduce inflammation and swelling in your airways. This sort of drug is usually given with a long-acting bronchodilator in a combination inhaler - two medicines given in one inhaler. Steroid inhalers are also useful in people whose condition is an overlap of asthma and **COPD**. If you cough up a lot of sputum, you may be given a drug called a mucolytic as a tablet or syrup. This makes your sputum thinner and easier to cough up.

Taking your medicine

If you take inhaled medicine every day, take it as prescribed, even if you feel well. This can also reduce the risks of a flare-up. You can take your inhaled medicine in different ways. These include different sorts of inhalers:

- dry powder inhalers - suck in as hard as you can
- metered dose inhalers - they produce a puff of medication like an aerosol - use a slow deep breath in
- spacers - these attach to some inhalers to help you breathe in the drug more effectively