

Living with COPD

**Chronic Obstructive
Pulmonary Disease**



Chronic obstructive pulmonary disease (COPD) is a condition where there is a chronic (long-term) blockage of air flow in the lungs that interferes with normal breathing. It includes chronic bronchitis and emphysema. Approximately 16 million Americans have been diagnosed with COPD and although it can't be cured, it is treatable.



What causes COPD?

Cigarette smoking is the leading cause of COPD. Smoking a pipe or cigar may also increase your risk. Long term exposure to chemical fumes, dust, indoor, outdoor or occupational air pollution or secondhand smoke may also cause COPD.

What are the symptoms of COPD?

The symptoms of COPD develop slowly over time and may include:

- Long lasting cough that may produce mucus
- Lack of energy
- Frequent lung infections
- Shortness of breath that may get worse with physical activity
- Trouble catching your breath
- Wheezing (a whistling sound when breathing)

How do I know if I have COPD?

Your health care provider will review symptoms you may be experiencing, family and medical history, exposure to lung irritants (like cigarette smoke) and test results.

Diagnosis is confirmed by a lung function test called **spirometry**. During the test, you will be asked to blow out as hard as you can into a small machine. It measures how much air your lungs can hold and how quickly you can blow it out. Spirometry testing can detect COPD even before you have symptoms of the disease. Talk with your health care provider to discuss whether you need a spirometry test.

How is COPD treated?

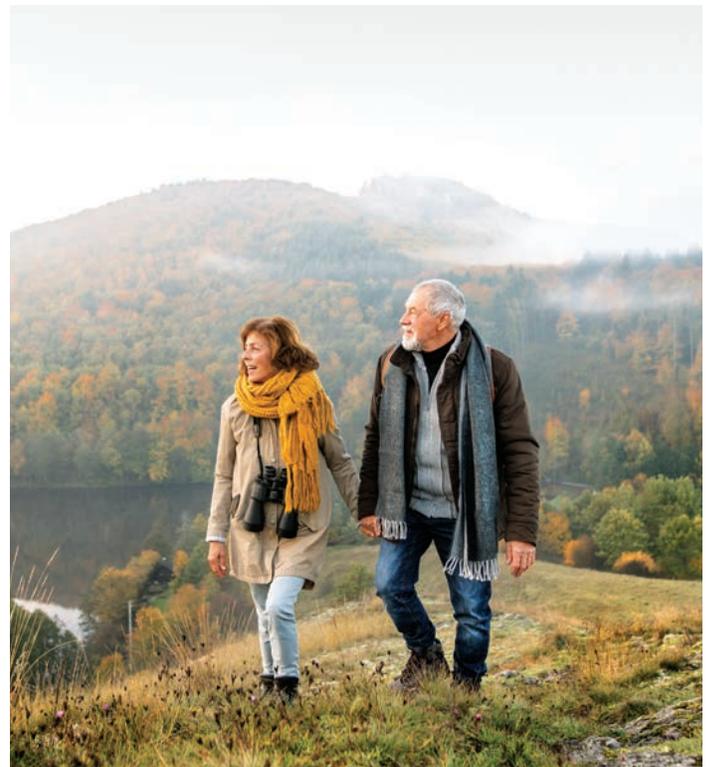
Medicines can ease the symptoms of COPD, treat and prevent future flare-ups (more frequent and worsening of symptoms) and help you breathe easier. Most medicines are inhaled so they can go straight to your lungs. Your health care provider will prescribe a medicine based on your symptoms and stage of the disease. The following are examples of medicines your health care provider may prescribe. Some medicines may be taken daily while others will only be taken as needed.

- **Short acting inhalers** such as Combivent[®], Respimat[®] or Atrovent[®] HFA open the airways and keep them open for about 4 to 6 hours. **Quick relief inhalers** like ProAir[®] HFA or Ventolin[®] HFA may also be needed to quickly open the airways and relieve symptoms such as coughing or shortness of breath.
- **Long acting inhalers** such as Spiriva[®] should be taken each day to open the airways and keep them open to prevent breathing problems. They should not be used for sudden symptoms during a flare-up.
- **Combination long-acting and anti-inflammatory medicines** such as Breo[®] or Advair[®] can open the airways and reduce the swelling and mucus inside the airways. Used every day they can prevent symptoms, making it easier to breathe. They should not be used for sudden symptoms during a flare-up.
- **Daliresp[®]** is a pill taken every day for people with severe COPD. It can reduce airway swelling and flare-ups and help to relax the airways.
- **Antibiotics** may be prescribed to get rid of certain bacterial infections that can cause COPD flare-ups.

Oxygen may be needed if you have a low level of oxygen in your blood. Some people may need oxygen during severe flare-ups, activity or while sleeping. Others use oxygen all the time.

Pulmonary rehabilitation does not cure COPD. It can teach you to breathe in a different way to help with shortness of breath, health status and exercise tolerance so you can stay active.

Surgery may be an option for some people with very severe COPD.



After a hospitalization for COPD you may, for a short period of time, be given a steroid medicine like prednisone to reduce the airway swelling. An inhaler that opens up the airways (short or quick acting bronchodilator) and relieves symptoms may also be needed. These medicines will help you get back to your daily activities and help you breathe easier so be sure to take them as your health care provider suggests even if you start to feel better.

Lifestyle Changes & Self Care Tips

- **Don't smoke and make sure no one smokes in your home.** COPD is a long-term sickness and will get worse if you do not stop smoking. For help quitting, visit smokefree.gov or call 800-QUIT-NOW (800-784-8669).
- **Avoid triggers.** Stay away from things that can cause a flare-up, including smoking, indoor and outdoor air pollution, cold dry air, hot humid air, and high altitudes.
- **Get a flu vaccine.** Lung infections can worsen COPD symptoms. Get a flu vaccine each year and talk to your health care provider about whether you need a pneumonia vaccine.
- **Clear your airways.** Drinking plenty of water and using a cool mist humidifier can help to thin the mucus in your airways.
- **Control your breathing.** Talk to your health care provider or respiratory therapist about ways to help you breathe easier. Discuss breathing positions and ways to relax when you are short of breath.
- **Stay active.** Walking helps to build up strength. Talk to your health care provider about how much activity is right for you.
- **Eat healthy.** A healthy diet can help you keep up your strength. If you are underweight, your health care provider may prescribe nutritional supplements. If you are overweight, losing weight can help you breathe easier.
- **Review how you use your inhaler(s) with your health care provider.** Correct technique when taking inhaled medicines can ensure you get the full benefit of the medicine and reduce your COPD symptoms. If you are having trouble using your inhaler, a spacer may help. A spacer attaches to your metered dose inhaler (MDI) and gets more medicine in your lungs so less gets on the inside of your mouth.



Get Support



- Call our nurse care managers at 866-750-2068, Monday - Friday, 8 a.m. to 5 p.m. (TTY service: 711)
- If you are having difficulty coping with your COPD diagnosis call Optum/United Behavioral Health at 888-777-4742, Monday – Friday, 8 a.m. to 7 p.m. (TTY service: 711)*

*Some employers may not offer behavioral health coverage through Harvard Pilgrim.