

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic Obstructive Pulmonary Disease (COPD) is a term which includes the conditions of **chronic bronchitis** / **emphysema** or both.

Bronchitis is inflammation of the airways of the lungs.

Emphysema is caused by damage to the smaller airways and air-sacs of the lungs.

Chronic bronchitis or emphysema can cause narrowing of the airways and often occur together.

COPD is common. About one million people in the UK have COPD. It mainly affects people over the age of 40 years. It is a chronic permanent condition but medication can be prescribed to treat the symptoms but there is no cure.

The Cause

Smoking is the cause of most cases of COPD. Smoking damages the lining of the airways which results in them becoming inflamed. You are more likely to develop COPD if you are a pack a day smoker. About 3 in 20 one-pack-per-day smokers develop COPD if they continue to smoke.

Pollution and dusty polluted work conditions may cause some cases, or make the disease worse.

It is very rare for non smokers to develop the condition.

Symptoms

Cough is usually the first symptom to develop. Some people think that it is just a 'smokers' cough' at the beginning of the condition but coughing becomes more persistent with increase in sputum.

Breathlessness and wheeze may initially only occur when you exercise when walking up hills or stairs. These symptoms can continue to get worse if you continue to smoke.

Difficulty with breathing may become quite distressing.

Sputum – smoking damages the airways causing them to produce more mucus than normal.

Chest infections become more common if you have COPD. Your sputum may become yellow/green and this may be accompanied by a temperature.

Anxiety can be experienced due to breathlessness. People may then reduce their activities to prevent them from becoming breathless, but by doing this they may become less fit therefore getting more breathless when they do try to be active. It is important to keep fit.

Tests

A test called **spirometry** is usually done to confirm the diagnosis. This test measures how much air you can blow out in one second divided by the total amount of air that you blow out in one breath. A low value indicates that you have narrowed airways. A low value combined with the typical symptoms of COPD will confirm the diagnosis.

X-ray- You may be sent for a chest x-ray as part of your assessment but this is not essential to make the diagnosis.

What are the treatments for COPD?

There is no cure for COPD but a great deal can be done to relieve its symptoms.

The treatments can be given in the form of inhalers or tablets. In severe cases oxygen therapy may be required.

1) Short acting bronchodilator inhalers

These relax the muscles in the airways to open them up as wide as possible. They include:

Beta agonist inhalers- Salbutamol (Ventolin) and Terbutaline (Bricanyl).

Antimuscarinic inhalers- Ipratropium (Atrovent).

2) Long acting bronchodilators

These are only taken once or twice a day and include Tiotropium (Spiriva) and Salmeterol (Serevent) and Formoterol (Foradil).

Symptoms of wheeze and breathlessness improve within 5-15 minutes with a beta agonist inhaler and within 30 minutes with an antimuscarinic inhaler.

Sometimes a combination of a short acting and a long acting inhaler is used. Sometimes a combination of both types of long acting inhaler is used. This is mainly used for people with more severe symptoms, or for people who have frequent flare-ups of symptoms. Bronchodilators also come in the form of tablets but have side effects therefore inhalers are usually better.

3) Steroids. These may be given as an inhaler or as a short course of tablets when symptoms get worse, for instance during an exacerbation or infection. They help to reduce additional inflammation caused by infection.

4) Antibiotics

A course of antibiotics may be prescribed if you develop a chest infection, as this will lead to a flare-up of symptoms. You may be supplied with a course of antibiotics and steroids to keep at home to start taking if your sputum changes colour along with an increase of breathlessness. Instruction will be given by your GP.

5) Mucolytic medicines

A mucolytic medicine, such as Carbocysteine (Mucodyne) or Mucysteine (Visclair), which make the sputum less thick and easier to cough up.

6) Oxygen

This may help some people with severe symptoms. It does not help in every case. A specialist usually assesses whether oxygen will help. Oxygen treats the lack of blood oxygen but does not treat breathlessness. Oxygen needs to be taken for at least 15 hours a day to be of benefit and will be prescribed for you. Normally, you will only be considered for oxygen if you do not smoke. There is a serious fire risk when using oxygen if you smoke.

7) Nebulisers

Nebulisers are machines which deliver a fine mist of liquid medication, delivered via a mask, which allow a higher dose of medication and are used for acute exacerbations of COPD.

Nebulisers can be borrowed from the surgery following discussion with your GP.

What can you do?

Stop smoking.

This is the most important thing you can do. Damage already done to your airways cannot be reversed, but stopping smoking prevents the disease from getting much worse. It is never too late to stop at any stage of the disease.

Your cough may get worse for a while when you give up smoking. An increase in cough after you stop smoking usually settles in a month.

Stopping smoking is the most important treatment. No other treatment may be needed if the disease is in the early stage and symptoms are mild.

Get immunised

Two immunisations are advised.

Flu- A yearly 'flu jab' each autumn protects against possible influenza and any chest infection that may develop due to this. Fleet medical centre hold flu immunisation clinics every autumn from the end of September until Christmas. You can book an appointment over the phone.

Pneumococcus – This germ can cause serious chest infections. This is a 'one off' injection and not given yearly like the 'flu jab'.

Do some regular exercise

People with COPD who exercise regularly tend to improve their breathing, symptoms, and have a better quality of life.

Eat well

You need to eat a well balanced nutritious diet. If you are overweight try to loose some. Being overweight can make you more breathless. If you are very breathless nutritious soups and shakes may be easier to manage.

Get an annual review

You will be sent a letter once a year to have a review in the COPD clinic held at the surgery. The clinic is run by Sister Kath Doran and a Nurse Practitioner Hilary Broom. They will carry out an assessment including spirometry and ensure that you symptoms are controlled as well as possible. They will review your medication and arrange for referral to a specialist if required. They can also talk to you over the phone to give you advice if you are unable to get to the surgery.

COPD and flying

If you are going abroad you should see your GP well in advance for a 'fitness to fly' assessment. Some people with COPD need oxygen when flying, as altitude can decrease the oxygen in your bloodstream.

Useful contacts.

COPD Clinic at Fleet Medical Centre- 01252619000.

This clinic is held at the medical centre on Tuesday and Thursday afternoon and run by Sister Kath Doran and Sister Hilary Broom.

If you are unable to get to the surgery they can arrange a visit by the community matron Maggie More or the COPD nurse specialist Jane Chiverton.

Phone for appointment or request a telephone consultation.

Breathe Easy Patient Support Group- 01483 7823743

Secretary Gill Main- 01252625803

Run by COPD specialist nurse Jane Chiverton. The group meets regularly and gives patients the opportunity to learn about living with a lung condition and share experiences. Many hold social events and invite speakers to come and talk about a wide range of subjects both medical and non medical. Call Jane on the above number. Held last Thursday of every month at Velmead Community Centre 2pm-4pm.

COPD Exercise Course

An eight week course tailored to maximise your exercise capacity and improve your quality of life. The programme will be delivered by fully qualified instructors with specialist training in Pulmonary Rehabilitation.

For information contact: Sean Herdman-Grant at Hart Leisure Centre on 01252 629974 ext 226.

Hampshire Stop Smoking Service – 0845 602 4663.

Free one-stop clinic offering non- judgmental help and support.

Oxygen Supply.

Assessment for oxygen requirement will be made by your GP or hospital consultant and only usually required in advanced disease. If you are having problems with delivery or supply of oxygen cylinders to your home please contact the medical centre and talk to the deputy practice manager and she will be able to advise you.

British Lung Foundation Helpline Number- 0845 850 5020

Advice line is run by nurse advisors who can give information on coping with COPD. They can send you leaflets on subjects ranging from benefits and allowances, going on holiday, to sex and breathlessness.

British Lung Foundation-www.lunguk.org/

Citizens Advice Borough (CAB) – 01252-617992

The CAB can give advice on matters such as benefits, applications for disabled parking, local transport and social services.