

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- Chronic obstructive pulmonary disease (COPD) is a lung condition characterised by damage to the airways and the lungs, almost always as a result of cigarette smoking
- 'Emphysema' is not necessarily the same thing as COPD. However, 'emphysema' is usually part of the lung damage associated with COPD.
- While the damage already caused by cigarette smoking cannot be reversed, smoking cessation will prevent further damage to the lungs and airways

What are the symptoms of COPD?

- Most of the symptoms of COPD are the result of obstruction of airways within the lungs
 - this is somewhat similar to asthma, except that this obstruction can usually be completely reversed in asthma, while it is usually irreversible in COPD
- Shortness of breath is the main symptom that results from this airway obstruction
- COPD may also be associated with wheeze, cough, sputum ('phlegm') production, and a tendency to develop chest infections with any cold or upper respiratory tract infection, particularly during winter months

What is the treatment of COPD?

- Treatments for COPD include stopping smoking, use of inhalers that help to open the airways ('bronchodilators'), inhalers that reduce the amount of inflammation within the airways ('inhaled corticosteroids'), pulmonary rehabilitation programmes to improve exercise capacity, and antibiotic and corticosteroid tablets for 'flares' or chest infections
- ***The most important treatment for COPD is stopping smoking***
- Patients with COPD **must** receive vaccination against influenza ('fluvax') each year, and against pneumococcus (the 'pneumonia vaccine' or 'pneumovax') every 5 years
- Inhaled bronchodilators, either short-acting (e.g. salbutamol or 'ventolin', terbutaline or 'bricanyl', ipratropium or 'atrovent') or long-acting (e.g. salmeterol or 'serevent', eformoterol or 'axis', tiotropium or 'spiriva'), may reduce symptoms of breathlessness
- Inhaled corticosteroids (including fluticasone/ 'flixotide' or 'seretide', budesonide/ 'pulmicort' or 'symbicort', beclomethasone/ 'Qvar') reduce the severity and frequency of 'flares' of COPD in those with more severe disease
- Pulmonary rehabilitation programmes improve breathlessness, improve exercise capacity and improve quality of life in patients with COPD
 - the pulmonary rehabilitation programme involves at least twice weekly visits to the hospital physiotherapy department for 6 to 8 weeks
 - at visits, patients undertake a gentle, graded exercise programme, receive education about COPD and will receive training in anxiety management and breathing control
 - ***all*** patients with COPD who are troubled by breathlessness should undertake a pulmonary rehabilitation programme

Remember:

- The 'treatment' that will have the most effect upon lung damage in COPD is stopping smoking
- It is never too late to stop smoking
- Maintaining exercise is the key to being as healthy as possible – the damage done to the lungs from cigarette smoking is not reversible and therefore COPD subjects need to remain fit and active to make their lungs work as efficiently as possible
 - all COPD subject who are significantly breathless should undertake a pulmonary rehabilitation programme

To improve lung health:
Stop smoking
Get regular exercise
Start a pulmonary rehabilitation programme
Have your 'flu shot every year