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**SOUTH EASTERN SYDNEY
ILLAWARRA**
NSW HEALTH

COPD Patient Education Resource

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South Eastern Sydney
Division of General Practice Ltd

COPD INFORMATION PACK

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- Think about quitting 1 day at a time.
- If you start smoking again, don't despair! Try to stop again. Reset a date to quit. Many smokers make several attempts prior to succeeding (the average is 6 attempts).

6. Emotional Reaction

Breathlessness can be frightening and therefore it is quite natural that sometimes you may feel anxious in relation to this. Likewise, individuals who are sometimes limited in their daily activities may feel depressed because they are not able to achieve all that they want to.

If anxiety or depression is an issue for you, discuss it with your doctor or nurse as there is help available.

Adapted from COPD Information Pack developed by the Respiratory Clinical Service Framework Implementation Group, South Eastern Sydney Area Health Service.

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5. Smoking Cessation

Smoking is the main cause of COPD. Toxic substances within cigarette smoke cause white blood cells (inflammatory cells) within the lungs to release enzymes. The walls of the lungs are destroyed by the exposure to these enzymes. As a result of the damage, the ability of the blood to absorb oxygen from the lungs is much reduced.

Individuals with COPD become progressively more and more breathless. The only way to stop this process is to quit smoking. Stopping smoking prevents further damage, but has little effect on damage already done.



Stopping smoking is the most important thing you can do

REMEMBER IT'S NEVER TOO LATE TO STOP!

- Ask for help from a doctor or nurse
- Ask about medications, patches, gums and lozenges
- Set a quit date. Tell your family and friends you are trying to quit. Ask them to keep cigarettes out of the house. Ask people to smoke away from home or smoke outside
- Stay away from places that make you want to smoke. Remove ashtrays from your home
- Keep your hands busy. Try holding a pencil instead of a cigarette
- When the craving is bad, chew gum or a toothpick or snack on fruits and vegetables. Drink water

What is COPD?

**COPD stands for
Chronic Obstructive Pulmonary Disease**

- The word **Chronic** means it won't go away
- The word **Obstructive** means partly blocked
- The word **Pulmonary** means in the lungs
- The word **Disease** means sickness

COPD is a long-term lung disease that reduces airflow in and out of the lungs, making it difficult to breath.

Although doctors cannot cure COPD, it is possible to improve your symptoms and slow the damage to your lungs by stopping smoking and attending Pulmonary Rehabilitation.

When you follow the instructions of your doctor and their team it will help you to:

- Manage your shortness of breath
- Cough less
- Get stronger and get around better
- Be in a better mood

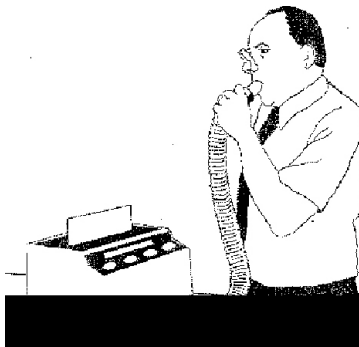
This Booklet is designed to help you and your family understand and manage COPD.

Who gets COPD?

Smoking is the major cause of COPD. Most people with COPD are smokers or were smokers in the past. Around 1 in every 5 smokers will become disabled from COPD. Quitting smoking can slow the rate of damage and prolong life. 85% of COPD could be prevented if smokers quit before they got breathless.

The news isn't all bad! Stopping smoking and taking the correct medicines can make breathing easier and help you exercise more. The more you exercise the better you will feel.

COPD is diagnosed with a simple breathing test called spirometry. This test is easy and painless. You are asked to blow hard into a mouthpiece and tubing which is connected to a machine called a spirometer. The spirometry result tells the doctor about the severity of your COPD – mild, moderate or severe.



Combination Medications

These contain both reliever and preventer medications that reduce the swelling and irritation in the walls of the small air passages in your lungs and keep the breathing tubes in your lungs open. These medications are usually used twice a day. You will have to use this medication regularly, even when you do not have symptoms.

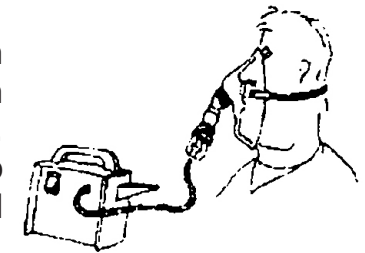
Spacer Devices

These devices improve the way the medication gets into the lungs and decreases the amount sticking to the tongue and throat which decreases the possibility of side effects.



Nebulisers

Nebulisers change liquid medication into a mist, which is breathed in through a mask or mouthpiece. Nebulisers must be well maintained to work effectively. Proper cleaning will help to prevent chest infections.

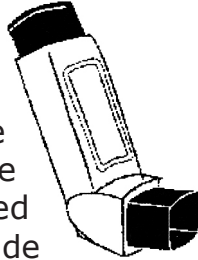


4. Exercise

Exercise is important for everyone but particularly important if you have COPD as the more you avoid it the less you will be able to do! The Prince of Wales, St Vincents and St George hospitals hold special exercise classes for individuals living with breathlessness called pulmonary rehabilitation. Ask your GP if they can refer you to this group.

3. Medications and Devices

Unlike asthma, the response to medications in COPD is usually small, but useful to many patients. The choice of appropriate medications should be discussed with your doctor. Some medications (e.g. oral corticosteroids) can have significant side effects. A medication may need a trial period with review by your doctor to decide whether it is of any benefit.



Many respiratory medications can be inhaled via nebulisers, metered dose inhalers (puffers), or dry powder inhalers (Turbohalers, Accuhalers, Autohalers or Handihalers). Some medications can also be given in tablet or injection form.

Reliever Medications

These medications open up the airways and relieve muscle spasm in the airway for easier breathing. They act almost immediately, so you should feel relief for about 2 to 4 hours. You should use this medication exactly as your doctor tells you.

Preventer Medications

Preventer medications are inhaled medications that decrease inflammation in your lungs and prevent infections. Should you have a problem with breathing, prednisolone (an oral tablet) may be prescribed by your doctor. This medication works quickly to reduce inflammation and bring your breathing under control. Prednisolone, like all medications, is only to be taken under doctors instructions.

Disease Self-Management

Be on the lookout for the early signs that you are becoming unwell and do something about them. In other words, be in control of your lung condition and have an action plan to manage your symptoms. It is most important that you learn to monitor your lungs and be familiar with what is **NORMAL** for you. You can then recognise the signs and symptoms of a chest infection as the problem develops, and seek immediate treatment to minimise the severity of the infection.

Signs to look for:

- Increased amount of sputum produced
- Increased use of reliever medication
- Decreased ability to exercise
- A change in sputum colour
- Increased breathlessness
- Increased ankle swelling
- Loss of appetite
- Fatigue
- Fever
- Nausea

You need to be prepared to increase your medications early when you feel worse or get an infection.

1. Notify your doctor and (if appropriate) your nurse or other health professional.
2. You should have an action plan completed by your doctor and a ready supply of any medications needed (e.g. antibiotics, prednisolone)

By monitoring your symptoms and using an action plan:

- The severity of the episode (exacerbation) may be decreased
- Hospitalisation may be avoided
- The length of stay in hospital may be decreased

See your doctor regularly:

- Go for checkups at least twice a year, even if you feel fine
- Ask to have your lungs tested
- Ask your doctor or nurse to arrange a yearly flu vaccination and a 5 yearly pneumonia vaccination
- Talk about your medications at each visit
- Ask the doctor to write down the name of each medication, how much to take and when to take it
- Bring the medications or the list of medications to every check up
- Talk about how your medications make you feel
- After your check up, show your family your list of medications. Keep the list at home where everyone can find it

Talk to your local Pharmacist:

Ask your GP for a free Home Medicines Review

Plan for problems:

- Plan now for problems in the future
- Put the things you will need in an emergency in one place so you can act fast:
 - Phone numbers for the doctor, the hospital, and people who can get you there
 - Directions to the hospital and doctors office.
 - Your list of medications
 - Some extra money

Get emergency help if you see any of these danger signs:

- Breathing is more difficult than usual - it is hard to talk or walk
- Your lips or fingernails turn grey or blue
- Your heartbeat or pulse is very fast or irregular
- Your medication does not help for very long or not at all

1. Influenza and pneumococcal vaccinations

Influenza (flu) vaccination:

Individuals who have COPD are at a greater risk of complications if they catch the flu, therefore it is highly recommended that you have the influenza injection every year during autumn. Ask your GP about this.

Pneumococcal vaccination is recommended for:

- Everyone over the age of 65
- People at increased risk of complications from pneumococcal diseases because of chronic illness such as COPD
- Aboriginal and Torres Strait Islanders aged over 50

The pneumococcal vaccination is given once every 5 years. Ask your doctor about this.

2. Action Plans

This is a plan of action that you and your doctor have agreed on if you become unwell. It will allow quick and effective treatment of an exacerbation. It will decrease the chance of severe illness and damage to your lungs and may help to avoid hospital admissions.

This Action Plan should be filled out with help from your doctor or specialist. Carrying it with you will ensure that other treating health professionals will have the vital information about your respiratory condition. It should be reviewed regularly by your doctor (yearly at a minimum). On the back of the Action Plan there is valuable information on what you can do to keep well.

**If you do not have an Action Plan,
discuss this with your doctor.**