

Understanding and Living with...

# Chronic Obstructive Pulmonary Disease or 'COPD'



Chest  
Heart &  
Stroke

## WE'RE ON YOUR SIDE



# **Understanding and Living with... Chronic Obstructive Pulmonary Disease or 'COPD'**



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## Introduction



Chronic Obstructive Pulmonary Disease or COPD is the name used to describe a number of long-term lung problems which can make breathing difficult. COPD affects the lives of thousands of people in Northern Ireland.

This booklet aims to help you understand the condition and discusses ways of coping to help you get the most out of life.

You may have to read it several times or dip in and out of the different sections as you need the information.



# The Lungs

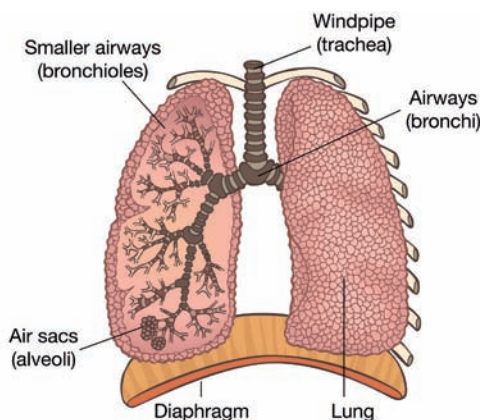
## How Your Lungs Work

In order to survive your body needs oxygen from the air you breathe. The lungs are designed to absorb oxygen from the air and transfer it into the bloodstream and then to remove waste gases, such as carbon dioxide.

When you breathe air in, through your nose or mouth, it travels down the back of your throat (pharynx), passes through your voice box (larynx), and into your windpipe (trachea).

Your trachea is divided into two air passages (bronchial tubes). One bronchial tube leads to the left lung, the other to the right lung.

The right lung has three sections, called lobes, and is a little larger than the left lung, which has two lobes. The bronchial tubes divide into smaller air passages (bronchi), and then into bronchioles. The bronchioles end in tiny air sacs called alveoli, where the oxygen and carbon dioxide are exchanged in your blood.



After absorbing oxygen, the blood leaves your lungs and is carried to your heart. Then, it is pumped throughout your body to provide oxygen to the cells of your tissues and organs. When the oxygen is used by the cells, carbon dioxide is produced and transferred into the blood. Your blood carries the carbon dioxide back to your lungs and it is removed when you breathe out.

The respiratory system has built-in methods to prevent harmful substances from entering your lungs:

- Your nose moistens and warms the air.
- The hair (cilia) in your nose helps filter out large particles.
- Mucus produced by cells in the trachea and bronchial tubes keeps air passages moist and helps in trapping dust, bacteria, and other substances.
- Cilia hair in the air passages move in a sweeping motion upwards towards the throat and mouth to get the mucus and bacteria etc out of the lungs.

Healthy lungs are made of a spongy, pinkish-greyish tissue. Lungs that have become polluted with harmful particles, like smoke, appear to have blackened spots on the surface.

Healthy lungs are elastic so they can expand when you breathe in. In contrast, a disease such as emphysema causes the lungs to lose their elasticity. When a lung can no longer expand properly or transfer oxygen to the blood, that person has difficulty breathing and tires easily. Other difficulties can occur because the tissues and organs aren't getting the oxygen they need.

# Chronic Obstructive Pulmonary Disease

## What is Chronic Obstructive Pulmonary Disease?

Chronic Obstructive Pulmonary Disease or COPD is the name used to describe a number of long-term lung problems which can make breathing difficult. Chronic Bronchitis and Emphysema are the most common conditions included in this umbrella term of COPD.

*Chronic Bronchitis* is inflammation and swelling of the air passages (bronchi), over a prolonged time. Excess mucus or phlegm is produced which you have to try to cough up.

*Emphysema* occurs when the little air sacs (alveoli) in the lungs are damaged. As air sacs are destroyed, the lungs are able to transfer less and less oxygen to the bloodstream. This causes shortness of breath.

Both of these conditions can co-exist and people can have symptoms which relate to both, hence the use of the general term COPD.

## What Causes COPD?

In COPD a person's airways are permanently damaged, usually due to prolonged irritation. In the majority of cases, smoking is the cause of this irritation and damage. However, occupational or environmental factors, such as dust or chemicals, and some inherited problems can also cause COPD.



## What are the Symptoms of COPD?

COPD tends to creep up on people. It can be put up with for many years before symptoms reach a point that will make a person go to the GP. Symptoms such as coughing, wheezing and shortness of breath are often put down to getting older.

In mild forms of COPD, breathlessness may only occur walking up a hill or stairs, or a cough and phlegm is only noticed after a cold or in winter. However, in severe cases, breathlessness can occur walking slowly along flat ground and even normal daily tasks and activities are difficult.



People who have COPD can be prone to chest infections because excess mucus in the lungs provides a good environment for bacteria to grow.

## How is COPD Diagnosed?

Your GP will ask you about your symptoms and your background. The doctor may ask questions such as:

- Do you cough every day? How often?
- How long have you been coughing like this?
- Do you cough up mucus?
- What makes you feel breathless?
- Do you smoke?
- How long have you smoked?
- What did you, or what do you work as?

The doctor will also examine you and listen to your chest to see how well you are breathing and if you have any signs of inflammation or a chest infection.

The best way to confirm COPD is with a breathing test called Spirometry. During this test you take as big a breath as you can and then blow out, as hard as you can, into a machine. This measures the amount of air which you can force out of your lungs in a second and the total amount of air that you can force out of your lungs. These results will indicate whether your airways have narrowed.



Other tests could include:

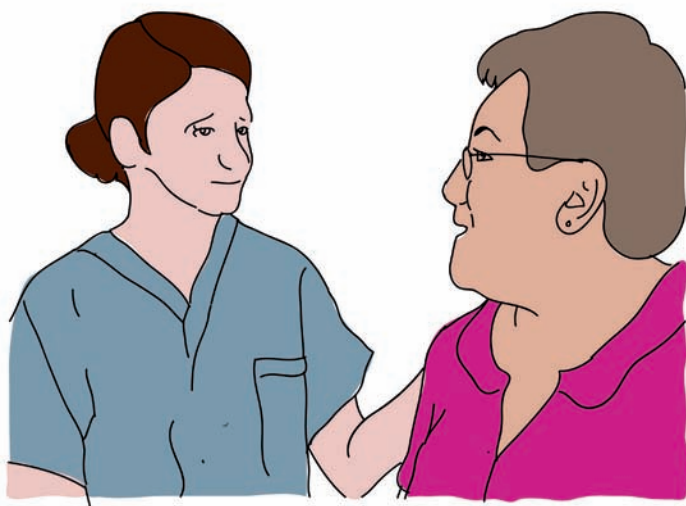
- **Walking test:** This will measure how quickly you get out of breath.
- **Chest X-ray:** This gives a picture of your lungs.
- **CT scan:** This scan gives a more detailed picture of your lungs.
- **Electrocardiogram (ECG) or Echocardiogram (Echo):** These tests will tell if your heart is not beating or pumping properly and if this is making you breathless.
- **A blood test** to measure blood gases: This shows how much oxygen and carbon dioxide you have in your blood.

Although COPD cannot be cured, its symptoms can be treated and your quality of life can be improved. Therefore it is important that you know:

- The usual pattern of your COPD - know your triggers and how to recognise exacerbations of your COPD.
- About your medicine.
- How to control your breathlessness.

## **Know What Triggers Your COPD**

Some things can irritate your lungs and make your COPD symptoms worse. For example, air pollution, smog, second-hand smoke, strong fumes, perfume and scented products, cold air or hot and humid air.



### Tips to Avoid COPD Triggers:

- Use unscented cleaning products.
- Avoid wearing perfume or aftershaves.
- Avoid using aerosol sprays.
- Turn on the kitchen fan when cooking.
- Avoid smoke either from surrounding smokers or fireplaces.
- Stay indoors on days which have high air pollen or pollution counts.
- When you are outside in cold weather, breathe through a scarf that covers your nose and mouth.
- Avoid people who have the cold or flu.
- Get your annual flu vaccination.

Avoiding your COPD triggers and living a healthy lifestyle can help reduce exacerbations of your COPD which is when your symptoms suddenly become worse. But it is also important to recognise an exacerbation and take quick action.



You should see your GP if you notice any of the following:

- Increased shortness of breath and/or wheezing.
- Chest tightness.
- Increased cough with or without mucus.
- A change in the amount, colour or 'stickiness' of the mucus.

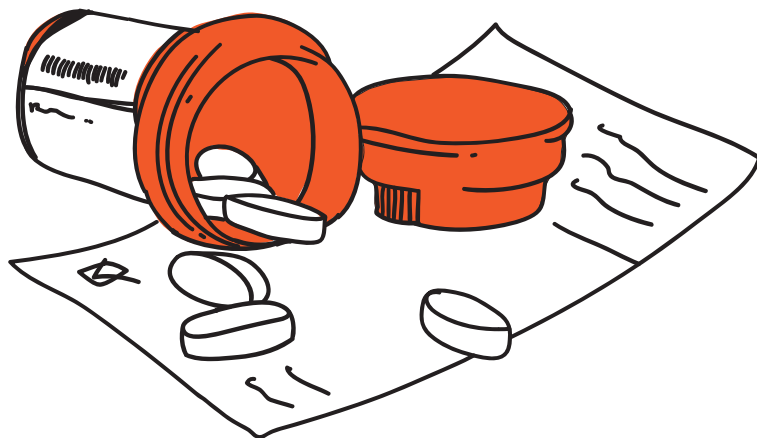
## COPD and Medications



Many different medications, which work in different ways, are used to treat COPD. Your doctor will decide which medicine or combination of medication is best for you based on your medical history, symptoms and tests.

The different groups of medications are:

- **Bronchodilators/Relievers** - open up the airways in your lungs to relieve or reduce shortness of breath and wheezing.
- **Steroids/Preventers** - work over the longer term, to reduce swelling and inflammation in your airways.
- **Antibiotics** - treat chest infections.
- **Mucolytics** - break up mucus.
- **Oxygen therapy** - raises oxygen levels in the blood.
- **Vaccinations** – help prevent flu and pneumonia.



## **Bronchodilators/Relievers**

Your doctor may recommend medicines called bronchodilators, that work by relaxing the muscles around your airways. This type of medication is commonly prescribed by inhaler, so that the drug can be delivered directly to your lungs, and help open your airways to make breathing easier. Bronchodilators can be either quick acting or long acting.

- Quick-acting bronchodilators (Relievers) act quickly, within 5-10 minutes, to relieve breathlessness and last about 4 to 6 hours. Reliever inhalers are colour coded blue and it is important that you carry one with you at all times.
- Long-acting bronchodilators (Controllers) take about 30 minutes to act but last for 12 hours. These inhalers are not used to relieve immediate breathlessness, rather they are taken daily to reduce the symptoms of breathlessness. These inhalers are colour coded green or turquoise.

If you have mild COPD, your doctor may recommend that you use a short-acting bronchodilator. You then will use the inhaler only when needed.



If you have moderate or severe COPD, your doctor may recommend regular treatment with one or more inhaled bronchodilators. Some people may need to use a long-acting bronchodilator and a short-acting bronchodilator. This is called combination therapy.

Bronchodilators can sometimes be prescribed in tablet form, in addition to inhalers for people with severe COPD, to keep the airways as open as possible. Bronchodilator tablets are also sometimes used if the person is unable to use an inhaler or has difficulty following a treatment plan with inhalers.

## **Steroids/Preventers**

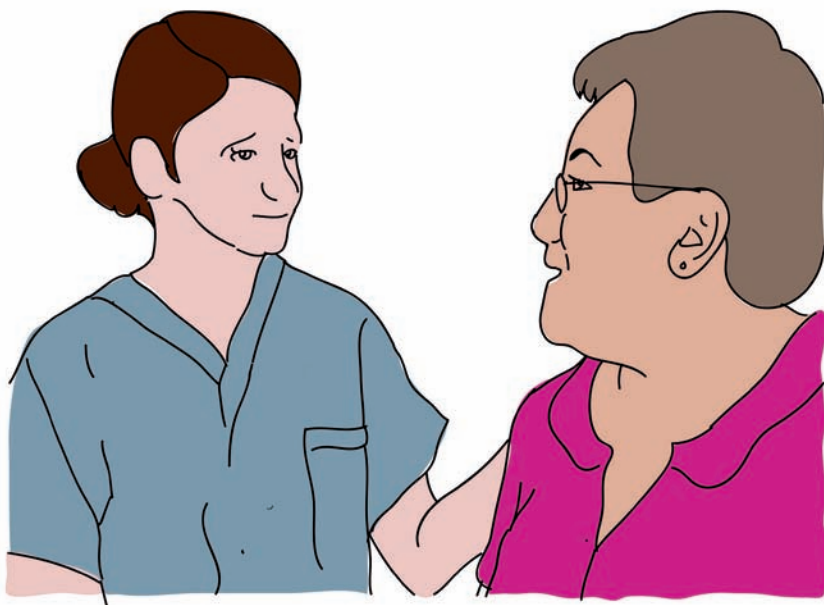
Steroids (Preventers) work to reduce the inflammation, swelling and mucus production that narrow the airways and cause breathing difficulties. The steroids work over the longer term to prevent these symptoms and will not give immediate or quick relief when you are breathless. Sometimes steroids and long-acting bronchodilators are used in combination. Steroids are also often prescribed as inhalers and are colour coded brown or orange.

Oral steroids can sometimes be prescribed if your COPD symptoms suddenly get worse. Oral steroids are then usually prescribed at a higher dose and reduced over time before stopping completely. It is important to note you can become ill if you stop taking steroids suddenly. **Do not** stop taking any steroid medicines without talking to your doctor.

## Inhalers

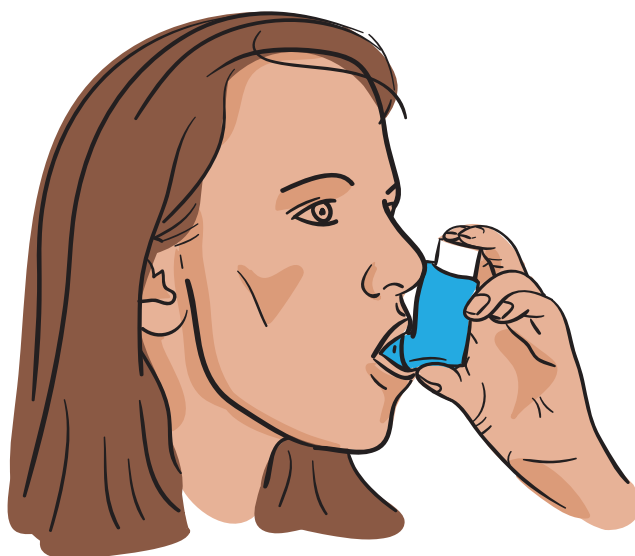
There are many different brands of inhalers made by many different companies. Generally they are colour coded in a similar way for clarity but it is extremely important that you know what kind of inhalers you have been prescribed and when you need to take them.

Inhalers are very effective if used correctly. It is very common to experience problems using inhalers and if you are having problems talk to your doctor or respiratory nurse. They will be able to check your inhaler technique or may give you a different inhaler.



There are two main types of inhaler:

- Pressurised Metered Dose Inhalers – These inhalers use an aerosol action to push the medication out of the inhaler as a fine mist for you to breathe in. The medication may be released by either pressing on the top of the inhaler or by breath activation.
- Dry Powder Inhalers – The medication comes as a powder stored in a small capsule, a disc or a compartment inside the inhaler. Dry powder inhalers require you to inhale more rapidly than you would with a traditional metered-dose inhaler to ‘suck’ the medication in.



## Using Your Inhaler

Different types of inhalers work in different ways but the general principles are the same:

1. Always make sure you are sitting upright or standing before taking your inhaler.
2. Shake the inhaler well.
3. Breathe out to empty your lungs.
4. Put the inhaler into your mouth and seal your lips around the mouthpiece.\*
5. When activating the inhaler take a deep breath in.
6. After filling your lungs try and hold your breath for a count of 10 or as long as you can manage.
7. Breathe out.
8. If you need a second puff, wait 30 seconds, shake your inhaler again, and repeat steps 3-7.

*\*Some of the dry powder inhalers require preparation prior to putting the mouthpiece in your mouth, in order to open the capsule or disc, so that the powder can be released.*

It is recommended you know the name of your inhalers, the colour codes and the mode of action.

### Spacers

Sometimes people can have difficulty co-ordinating the actions needed to use the aerosol metered dose inhalers i.e. pressing down on the inhaler and taking a breath at the same time. A spacer is a large chamber which is fitted to an inhaler. Instead of inhaling directly from the inhaler, a dose is sprayed into the spacer then the medication is breathed in from the spacer through a mouthpiece.

Other advantages of a spacer are that it is easier to hold and you can breathe in and out several times from the chamber, so if your lungs aren't working very well you don't have to get all the medicine in one breath. The spacer also reduces the amount of medicine from the inhaler which hits the mouth and throat rather than going to the lungs. The benefit of this is that you will have fewer side effects in your mouth and throat, such as hoarseness or oral thrush from steroid inhalers.

### Using Your Spacer

1. Shake the inhaler well.
2. Fit the inhaler to the inhaler hole in the opposite end of the spacer to the mouthpiece.
3. Breathe out to empty your lungs.
4. Put your mouth around the mouthpiece making sure there are no gaps.
5. Spray one puff into the spacer.
6. Breathe slowly and deeply from the mouthpiece of the spacer and hold your breath for 10 seconds if possible. Repeat two or three times with the mouthpiece still in your mouth. You can breathe out with the mouthpiece still

in your mouth as most spacers have little vents to allow your breath to escape.

7. If your doctor has prescribed two doses, wait for one minute then follow steps 3 to 6. Never spray the two puffs into the spacer together as it is not as effective as doing them separately.

## **Nebulisers**

A nebuliser is an electronic medical device which works by turning a solution of medication into a vapour which can then be breathed in. It is important to note that you should only be using a nebuliser if your doctor has advised it. The use of a nebuliser should be monitored to ensure it is beneficial and the medication is only available on prescription. Nebulisers may be prescribed for people who are unable to manage inhalers or whose symptoms are becoming worse.

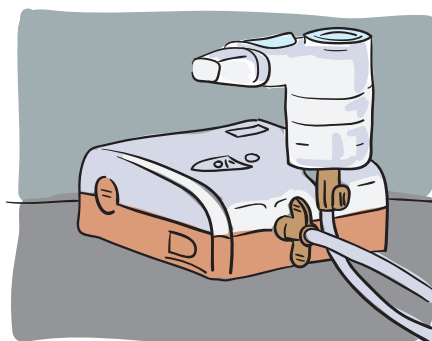
A nebuliser consists of:

- An electrical air pump (or compressor) to pump the air at pressure.
- The nebuliser chamber where the medication is placed.
- A length of plastic tubing connecting the pump (or compressor) and the nebuliser chamber.
- A mouthpiece or facemask used to breathe in the medicine.

The pump forces air through the solution in the nebuliser chamber. This changes the liquid into a fine mist which you breathe in through a mask or mouthpiece.

Before using a nebuliser you must get your doctor or respiratory nurse to give you a demonstration of how it works. It is also useful to have a set of written instructions on how to use your nebuliser. This written plan should include:

- How to set up the nebuliser.
- How to keep it clean.
- How to get it serviced.
- How to get it repaired.
- How much medicine to use.
- How to put the medicine in the nebuliser.
- When to use the nebuliser and how long for.
- How to recognise the warning signs that show you may be having an exacerbation.
- What to do in an emergency.



**Note:** It is extremely important that you are able to use your inhaler and/or nebuliser properly and know how to take care of them. Read all the instructions you are given and if you have any questions ask your doctor or respiratory nurse.

## Oxygen Therapy

Oxygen therapy may be prescribed if tests show that there are low levels of oxygen in your blood due to lung damage. The air we breathe every day contains 21% oxygen. With oxygen therapy the percentage is higher therefore increasing the amount of oxygen in the blood and helping to reduce shortness of breath.

Oxygen therapy must be prescribed by a doctor. Your doctor will prescribe a specific amount of oxygen that is right for you. Some people may need to use supplemental oxygen for prolonged periods, while others may only need oxygen during exercise or activity.

You can get oxygen in:

- A cylinder containing either liquid oxygen or compressed gaseous oxygen.
- An oxygen concentrator which is a machine that takes oxygen out of the ordinary air in your home and concentrates it for you to breathe.

If you are prescribed oxygen for short periods of time you will likely be prescribed a cylinder. If you are prescribed oxygen for longer periods the oxygen concentrator is probably more appropriate, although you will also need a back up cylinder in case of power failures. Smaller portable cylinders are also available to enable you to leave the house with your oxygen supply.



You breathe the oxygen through a face mask or through tubes that go into your nose (called a nasal cannula). The nasal cannula tends to be most people's choice as it allows you to eat and drink whilst using the oxygen.

**Note:** It is important to remember that oxygen is a prescribed drug and you should always follow your doctor's advice, for example, never change the flow rate yourself. It is also important to treat the equipment with care and make sure there are no naked flames or heat sources nearby as oxygen could cause a fire to spread rapidly. Keep cylinders in a place where they won't get knocked over and do not carry liquid oxygen in a backpack or other enclosed bag. Special carrying cases, shoulder or hand bags, shoulder straps and backpack oxygen units are available which provide proper ventilation for the unit to ensure safety.



## **Antibiotics**

Antibiotics are drugs that fight bacterial infections. It is especially important to start treatment for an infection as soon as possible if you have COPD. It helps to know the warning signs of an infection such as an increase in the colour, amount or stickiness of your mucus, an unusual increase in your shortness of breath or signs of fever. Colds and flu are caused by viruses (not bacteria) so antibiotics will not help.

It is important to take your antibiotics as prescribed, timing the doses accordingly and finishing the course of treatment, even if you feel better.

## **Mucolytics**

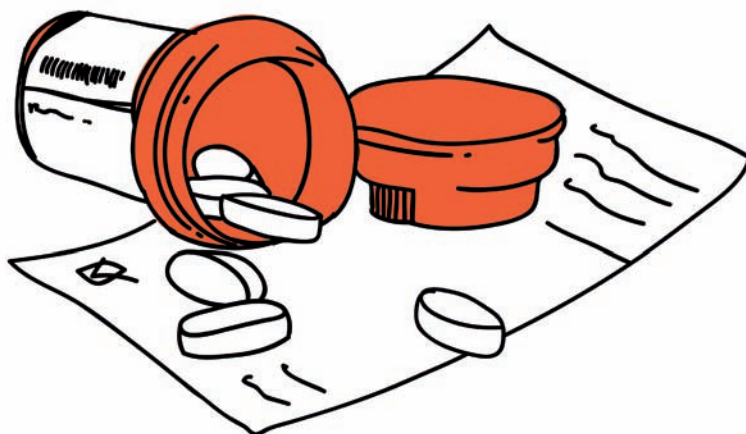
A mucolytic medicine may be prescribed if you have moderate or severe COPD and cough up a lot of mucus or have frequent or bad exacerbations. This type of medication breaks down the mucus in your lungs, making it less sticky and easier to cough up. It may also make it more difficult for bacteria to settle in the mucus and cause infections.

## Vaccinations

There are currently two vaccinations that people who have COPD should receive.

- Flu vaccine which is available every year from about late September. This is manufactured to try and immunise the population for the strain of flu that will be around at the end of the year.
- Pneumonia vaccine given once in a lifetime which will protect you against the most common form of pneumonia.

It is important that you take any medication prescribed by your doctor as directed and that your doctor or respiratory nurse has explained how to use your inhalers, nebuliser or oxygen equipment appropriately so that every dose you take gives you the most benefit.



## Know How to Control Your Breathing and Breathlessness

There are various techniques for coping with breathlessness. If you practise these and use them every day, they will help your breathlessness. They will also help you manage if you get short of breath suddenly.

### ***Breathing Control***

Breathing control aims to encourage you to use the correct muscles when breathing. People with COPD have to work harder to breathe and tend to breathe using the muscles in their upper chest, rather than the muscles in their lower chest. This takes more energy and is tiring. Breathing control exercises will help your breathing be more efficient and encourage you to use the correct muscles, especially your diaphragm.

### **Tips for Breathing Control Exercises**

- Sit in a comfortable position with your back well supported. Your upper chest and shoulders should be relaxed. Place one hand on your tummy between your lower ribs and navel.
- Breathe in through your nose, you should feel your tummy move out as you breathe in.
- Breathe out gently through your mouth, your tummy will move in as you breathe out.
- Concentrate on letting your tummy and the lower part of your chest move in and out under your hand as you breathe. It can sometimes help if you imagine the air is filling your tummy, like inflating and then deflating a balloon.

- Gradually try to increase the depth of each breath whilst staying relaxed.
- Practise this first when sitting. Then begin to practise while you are standing and then walking.

You should practise this breathing method several times each day (aim to do 5–10 breaths each time). The more you do it, the easier it becomes and your diaphragm will become stronger. A stronger diaphragm helps decrease your shortness of breath, strengthen your cough and remove mucus. Practising it everyday also means that it comes more naturally to you if you feel breathless.

If you find breathing control difficult when you are feeling breathless then take slow, relaxed breaths, each breath a little deeper until you feel less breathless. Try to feel calmer with each breath.



## ***Pursed Lip Breathing***

Pursed-lip breathing is another method that can help manage shortness of breath.

### **Tips for Pursed-Lip Breathing**

- Breathe in slowly. This should be a normal breath, not a deep one. It is best to breathe in through your nose, with your mouth closed, if you can. As you breathe in count “1, 2”.
- Pucker your lips in a whistling position. These are pursed lips.
- Breathe out slowly. Try to breathe out twice as long as you breathed in. As you breathe out, count “1, 2, 3, 4”.
- Relax.
- Repeat these steps until you no longer feel short of breath. If you get dizzy, rest for a few breaths. Then begin again.

Again, you should practise this breathing method several times each day so it comes naturally to you when you are breathless.

Learning to control your breathing will help you control and manage your breathlessness and reduce the feelings of panic and anxiety that come with shortness of breath.

### ***Positions of Ease when Breathless***

If you get breathless, there are several positions that can also help you get control of your breathing. These are often referred to as positions of ease. They allow your diaphragm muscle to work more effectively for you to use breathing control to reduce your breathlessness.

### **Relaxed Sitting Position**

Sit leaning forward from the hips. Rest your forearms on your thighs with relaxed wrists and hands.

### **Forward Lean**

Stand and lean forward from the hips onto something of a suitable height such as a wall, fence or banister.

### **Backward Lean**

Lean back against a wall with your shoulders relaxed and arms resting down by your side. Your feet should be 12 inches away from the wall (or as far as is comfortable) and slightly apart.

The choice of position you choose may depend on where you are at the time or you may find one that works better for you than the others.

Combine breathing techniques and positions of ease when you are feeling breathless.



### ***Controlling Breathlessness at Night***

Many people with COPD suffer from breathing difficulties during the night. This can be very frightening and increase your anxiety, making your breathlessness worse. Sleeping in an upright position can make you feel more comfortable; for example, lying on one side, rolled slightly forward with a slope of 4-5 pillows

to raise your shoulders. Also being prepared to cope with breathlessness during the night can help to reassure you if it happens.

### **Tips for Controlling Breathlessness at Night**

- If you wake up breathless, sit up and lean forward, for example, sitting at the edge of the bed and leaning your arms on a bedside table.
- Relax your shoulder and neck muscles.
- Use the breathing techniques to control your breathing.
- Keep a fan by your bed and turn it on when you are feeling breathless.
- Keep your inhalers by your bed and take your reliever.





## ***Clearing Mucus from your Lungs***

Some people with COPD produce a lot of mucus in their lungs and may find it hard to get it up which can make breathing even more difficult. Changes in the amount, colour or 'stickiness' of the mucus may be a sign you have a chest infection and you should contact your doctor.

### **Tips for Clearing Mucus**

- Drinking fluids can help stop the mucus from getting too sticky. Try to drink 8-10 glasses of fluid every day such as fruit juice or water.
- Some people with COPD who also have heart problems might need to limit their fluids, so be sure to follow your doctor's guidelines.
- Use your reliever inhaler to open the tubes before trying to clear mucus.

Try the following breathing exercises, mornings and evenings:

- Do some breathing control exercises, as described earlier.
- Take 3 or 4 deep breaths, holding your breath to the count of 3 each time and breathing out gently.
- Follow this with some more breathing control exercises.
- Take 1 or 2 huffs, a huff is a small breath IN and a fast breath OUT through an open mouth like you were cleaning a spot off glass. Tighten your tummy muscles and chest as you huff.
- Do some more breathing control exercises.
- Repeat until the mucus reaches the bigger airways and then cough to clear it out.

## Managing your COPD

Although COPD can not be cured, its symptoms can be treated and your quality of life can be improved. Pulmonary Rehabilitation, also known as pulmonary rehab or PR, is a broad programme that helps improve the well-being of people who have chronic (ongoing) breathing problems. PR has many benefits. It can help improve your tolerance to exercise, your ability to function, breathlessness, and your quality of life. The programme may also help relieve your breathing problems. It results in people seeing their doctors less often and spending less time in hospital. Even if you have advanced lung disease, you can still benefit from PR so contact your local team. You can also make changes to your lifestyle to help such as:

- If you smoke, STOP.
- Eat a balanced diet.
- Take more exercise.
- Conserve your energy.

### If you Smoke, STOP

If you have COPD and you continue to smoke, the damage will get worse and your symptoms will get worse. If you stop smoking, this alone will help improve your cough and mucus and slow the rate at which you become breathless.

It is not easy to stop smoking but there is help out there.



Ask your GP for information on nicotine replacement products. Many local hospitals run smoking cessation clinics and there are some GPs who also provide this service. You can also contact the Want 2 Stop Service on **0808 812 8008**.

## Tips to Help Give up Smoking

- Set a goal each day to make it through without smoking  
- If you tell yourself you're quitting for good it may be too overwhelming to think about. The key is to take one day at a time.
- Stay away from your triggers - Coffee, tea and alcohol are well-known triggers for smokers. So if you find they weaken your resolve, avoid them completely or drink fruit juice, water or decaffeinated versions instead.
- Reward yourself! - One of the great side-effects of stopping smoking is the extra money. Treat yourself - it's good to have something to show for your efforts and it will spur you on.



## Eat a Balanced Diet

If you have COPD, eating regularly and eating healthy foods is important because:

- Food provides you with energy, including the energy you need to breathe.
- Nutrients are necessary for a healthy immune system. If you have COPD, you are at increased risk of chest infections. A healthy diet and strong immune system can help you prevent and fight infections.
- If you are overweight, your heart and lungs have to work harder, which makes breathing more difficult. Eating healthy foods can help you lose weight.
- If you do not eat enough or are underweight, you generally feel tired, which in turn makes it more difficult to perform everyday activities. Being underweight may also increase your chance of getting infections. Eating healthy foods can help you gain or maintain your weight.





### **If you are Overweight**

- Aim to lose weight sensibly - about one pound per week is ideal.
- Choose low fat foods such as semi skimmed milk or low fat spread and cheese.
- Eat plenty of fruit and vegetables.
- Limit your sugar, salt, caffeine and alcohol intake.
- Steam, bake, boil and grill foods rather than frying.

### **If you are Underweight**

- If you are not eating well or have lost weight you may need to include nutritional or high energy supplements in your diet.
- A wide range of products are available, from high energy drinks like milkshakes or smoothies which can be bought at the supermarket to nutritional supplements which are prescribed by your doctor or dietician.
- Eat small amounts as often as possible throughout the day.
- You could also try high calorie snacks throughout the day such as nuts, crisps, dried fruit, cheese and biscuits, yogurts and chocolate are good options.
- Speak to the dietician for more specific information.

### **If you get short of breath at mealtimes, you can:**

- Eat small, frequent meals throughout the day instead of three big meals.
- Rest before eating.
- Eat slowly and chew foods well, taking plenty of time to eat.
- Breathe evenly when chewing.

## **Take more Exercise**

Exercise is good for everyone as it helps to contribute to our general well being. For someone who has COPD, exercise is beneficial as it can strengthen the breathing muscles which means they don't have to work as hard to get air into and out of the lungs.

Exercise also strengthens the muscles in your legs and arms making you stronger meaning you tire less easily. It has also been shown to help people feel more relaxed, and can help with the symptoms of moderate depression. Exercise also helps you sleep better at night and so you feel more refreshed and have higher energy levels the following day.

People who have COPD will benefit from exercise but you should be aware of your own ability and it is advisable to consult your doctor before increasing your activity levels. Walking and swimming are good aerobic exercises and also help to strengthen your upper and lower body. Even chair bound people can do some arm and upper body movements. Check with your GP or local respiratory team before starting on an exercise programme.

## Tips for Exercising

- Consult your doctor or respiratory nurse and ask advice on a suitable exercise programme.
- Make a commitment to a regular exercise programme, vary your activities and have fun.
- Start slowly and build up your exercise programme, setting yourself goals.
- Do light warm-up and cool down stretches.
- Take adequate rest periods during your exercise session.
- Use breathing control techniques during exercise.
- Pace yourself, avoiding sudden bursts of activity.
- Exercise sensibly in moderation.



## Conserving Energy

Many people who have COPD suffer from tiredness and lack of energy. Exercise can help increase energy levels but learning ways to conserve energy can be very helpful, especially for those unable to exercise.

### Tips for Conserving Energy

- Get good quality sleep. It is important to get as good a quality of sleep as possible. Lying in bed for hours but not sleeping well is worse than getting a few hours deep and restorative sleep. Get into a routine before bed to prepare your mind for sleep. Have a warm bath to relax and take a hot malt or sweet drink. Don't start jobs before going to bed or think about things that upset or worry you.
- Avoid movements that use lots of energy. Avoid bending and lifting too much.
- Organise how you go about things. Do energy consuming tasks at the time of day/week when you have most energy, but be flexible and plan some rest periods too. Good planning in advance will prevent you having to rush. Set priorities and make choices about what you want to use your energy for. Sit for activities that can be tiring, for example, washing or preparing meals.
- Organise your space. Put the items you use in a drawer or shelves that are between waist and shoulder level. Keep items in the area where they are going to be used to avoid unnecessary walking or carrying. Ask someone to help you re-organise your space.



- Eliminate unnecessary activities. Let dishes drip dry. Use a towelling bathrobe to dry off after a bath or shower.
- Pace yourself. A slow steady pace uses less energy. Give yourself time to do things. Rest before and after energetic activities, for example washing or preparing meals. Don't be tempted to overdo it on a good day as you will be overtired the next day. If you are overtired one day, look back to what you did the previous day. If you did too much, learn to adjust this.
- Ask for help. Household chores use up a lot of energy and you could get help with them. Friends and family could help with shopping or housework or social services may be able to get help for you.



## Living with COPD

With the right treatment, lifestyle choices, advice and support many people who have COPD can lead active daily lives.

### Working

Many people can continue in their employment as normal. However if your job involves heavy manual work, working in dusty/smoky environments or high levels of stress then your employment should be adjusted or commitments re-arranged to avoid unnecessary strain.

### Driving

There is usually no restriction for driving your own car, and the DVA (formerly the DVLNI) need not be notified unless attacks of breathlessness are associated with disabling giddiness, fainting or loss of consciousness. You may want to seek advice from your insurance company regarding insurance cover and pre-existing medical conditions.



## Travel and Holidays

Holidays can be a great way to recharge the batteries and relax. So start as you mean to go on and be organised. Think about your destination and make sure it is a comfortable environment for you, for example, a mild climate with adequate medical facilities in the area.



If you plan to fly, consult your doctor before you book. Many people who have COPD can go on planes, even if they need oxygen. Most airlines can make special provision for passengers who have breathing difficulties including those who require oxygen but a certificate from your doctor confirming your fitness to fly will be required. Contact the airline to check their policy on oxygen before you book as there may be an additional cost. Advice is often available from your travel agent or the airline's medical department.

If the flight is over 2 hours, it is best to take a walk along the aisle at regular intervals so that you reduce the risk of a DVT (blood clot) in your legs. Alternatively you could exercise your calf muscles for several minutes every half an hour to help circulation in the legs. It is also advisable to avoid alcohol and caffeine (tea, coffee and cola). Drink plenty of water to avoid dehydration, which is especially common during night flights.

Remember to take enough medication for the duration of your holiday and if you are flying, carry it in your hand luggage so that it is accessible and unlikely to get lost. It is also a good idea to take a list of your medications with you and a brief medical history.

Allow yourself plenty of time to get to the location and don't haul heavy pieces of luggage around. Plan your holiday so that you do and see all the things you want to without having to rush around. Take some time to relax through the days to avoid being overtired. Eat well and sleep well to avoid becoming run down.

The UK has healthcare agreements with some countries, which enable travellers to receive free or low cost emergency care. A European Health Insurance Card (EHIC) entitles you to reduced cost, sometimes free, medical treatment that becomes necessary while you're in a European Economic Area (EEA) country or Switzerland. EHIC application forms are available from the Post Office.

It is advisable to investigate any agreements between the UK and countries outside the EEA before making travel plans. In most countries around the world you will have to pay for treatment. All travellers are strongly advised to take out travel insurance.

## Sex

COPD does not diminish your sexual ability. However lack of energy and breathlessness may affect your stamina and interest in sex. Partners may also feel it is better to avoid sex. However, maintaining or resuming intimacy and closeness can help to decrease the loneliness and isolation of the person who has COPD.



Planning ahead and preparing will give you the confidence to remain sexually active, such as:

- Clear chest secretions prior to sexual activity.
- Using your bronchodilator before sexual activity.
- If you use supplemental oxygen for activity, plan to use the same amount of oxygen during sexual activity.
- Avoid sexual activity immediately after a heavy meal, after consuming alcohol, in an uncomfortable room temperature or when under emotional stress. All of these factors will only increase fatigue.
- Choose sexual positions that are less energy consuming and avoid pressure on the chest.
- Have your partner assume a more active role so that you feel less fatigued or anxious.

It is also important to remember that simply being close to someone is essential to help a person feel loved, special and truly a partner in the relationship.

## **COPD and Coping with Depression and Anxiety**



### **Depression**

Most people go through stages in learning to cope with a chronic illness such as COPD. A person who has just been diagnosed with a chronic respiratory disease may feel a lot of things. Some people feel vulnerable, confused, and worried about their health and the future. Others feel sad or disappointed in their bodies. For many, the situation seems unfair, causing them to feel angry at themselves and the people they love. Everyone's reaction is different, but they're all valid.

It is also important to remember that whilst you may be the one with COPD, the people around you who care about you are also affected by COPD. They suffer because they hate to see you unable to do the things you enjoy or worry when they see you unwell.

COPD can make you feel tired and you may not be able to do the things you once enjoyed such as hobbies or work. You may use oxygen and be reluctant to go out in public or have a chronic cough and be conscious in front of other people. All these things can socially isolate you and put you at an increased risk of developing depression.

Many people who have COPD can suffer from depression at some time or another and it is important to act quickly. When depression is left untreated, it drains both your emotions and your body. You not only feel bad, but you also have less energy to do the things you want to do, including taking care of yourself and managing your COPD.

Symptoms of depression can include

- Feeling down more often than not.
- Interrupted sleep or trouble getting to sleep.
- Sleeping much more than usual.
- Lack of interest in people or activities.
- Decreased motivation.
- Difficulty concentrating.
- Changes in appetite.
- Crying much more easily and more frequently than usual.
- Feeling irritable with everyone and everything in your life.

If you think you are depressed it is very important to talk to your doctor as it is a condition that can be managed. There are successful drug treatments for depression as well as relaxation techniques or activities such as yoga, tai chi, or reflexology. Meeting or talking to friends, getting out of the house, reading a book, listening to music and gentle exercise are also ways to manage feelings of depression.





## **Anxiety**

Breathlessness can be a frightening experience, especially when it is severe, leading to feelings of anxiety and panic. You may become anxious about becoming breathless or coughing in public or at night time. Unfortunately feelings of anxiety and panic cause physical symptoms such as a racing heart, sweating, feeling a need to go to the toilet, loss of concentration and irritability as well as increased breathlessness.

If you start to feel anxious it may help to try some breathing techniques such as pursed lip breathing or breathing control exercises. This will help your breathing and take your mind off your immediate worries.

Making time for yourself to relax can help prevent feelings of anxiousness. For some listening to music will help, for others a bath is relaxing.

## **Tips for Relaxation**

- Go to a quiet place where you won't be interrupted.
- Make yourself comfortable, either sitting or lying down.
- Start to breathe slowly and deeply, take deep breaths in through your nose and out through pursed lips.
- Gently tense, then relax, each part of your body, starting with your feet and working your way up to your face and head.
- Push any distracting thoughts to the back of your mind and imagine them floating away.
- Stay like this for a time, then take some deep breaths and open your eyes, but take few moments before you get up.

If you do feel anxious or depressed talk to your loved ones about your fears and anxieties, as it can help. Talking will also help them as they will have their own concerns about you.

It can also help to talk to other people who understand what you are going through. You might want to think about joining a local Respiratory Support Group. Details of support groups in your area can be obtained from NI Chest Heart and Stroke on **028 9032 0184**.



## Caring for Someone with COPD



If you are close to or caring for someone with COPD, you will find it helpful to learn about the condition yourself. The more you understand about COPD, its management and treatment, the more you will be able to help the person you are looking after. You will have a better understanding of their needs, and are also less likely to become impatient.

### Things Carers May Have to Help With

People with COPD can get breathless very easily, and they may rely on other people to do things for them. The things they will ask you to do will depend on their level of breathlessness. Some of the things you may be asked to help them with can include:

- Getting in and out of bed.
- Climbing up and down stairs.
- Household chores such as shopping, cooking and cleaning.
- Washing or dressing.
- You may also need to be familiar with the medication the person you are caring for takes.

If you are living in the same house as someone with COPD, there is a lot you can do to help:

- Make sure you make every effort to reduce indoor pollution, for example, asking people not to smoke in your home, avoid wearing perfumes or aftershaves, avoid using aerosol sprays, vacuum the house regularly especially if you have a pet and try to maintain a constant comfortable temperature.
- Make sure you include them in things you do. People with COPD may get out of breath easily, but they can still join

in with a lot of everyday activities and outings.

- Encourage them to keep a positive attitude, and continue making time for the things they enjoy.
- Be sensitive about their need for extra time to catch their breath.
- Get into a daily routine that suits you both.
- Learn to recognise an exacerbation and encourage quick action.

## **Looking after Yourself**

Caring for someone who is dependent on you is a big responsibility. It is realistic, not selfish, to think carefully about taking care of your own health and organising support for yourself. If you don't look after yourself, you run the risk of becoming so stressed or exhausted that you are no longer able to care for them.

Think about what you can do to look after your health. Common problems are stress, tiredness and depression.

To reduce stress levels and tiredness it is important that you get some time for yourself, and that you get a break from caring. Many carers say that getting a regular break is invaluable. Plan some time for yourself into your daily routine. You could try some of the tips for relaxation, go for a walk, read a book or do something else that interests you. Ask other family members or friends for some help. People often want to help - you just need to let them know how.

Many carers go through feelings of loss and grief for the way their life, and that of the person they care for, has changed.

It is not unusual to have feelings of anger, resentment, guilt, anxiety and depression.

Finding someone you can talk to about how you feel can help. Every carer is an individual, and each caring situation is unique. You are likely to find that most people who do not have experience of caring for another adult have no idea what it involves. But carers do have a lot in common, and it can be very helpful to meet and talk to other people who understand exactly what you're going through.



You both might want to think about joining a local Respiratory Support Group to meet other people with similar experiences, carers often come along to these groups. Details of support groups in your area can be obtained from Northern Ireland Chest Heart & Stroke on **028 9032 0184**.



## Benefits and Entitlements

Both you and, if applicable, your carer may be entitled to various benefits.

If you are employed you may be able to claim Statutory Sick Pay (SSP) from your employer depending on how long you have been employed, your age and how much you earn. You can claim SSP for up to 28 weeks. When your entitlement to SSP ends you may be able to claim other benefits.

Disability Living Allowance (DLA) and Attendance Allowance are benefits available to go towards the costs of help at home. If you have someone caring for you it is important to also find out if they are entitled to Carer's Allowance.

These benefits are assessed and paid by the Social Security Agency. The benefits system is complex and it changes frequently so it is important to get advice about what you are entitled to and how to fill in the necessary forms.

Information and advice can be obtained from the Social Security Agency or the Citizens Advice Bureau can give you independent advice about what you are entitled to.

### Support Services

Community support services to help you manage at home are usually arranged through Social Services within the Department of Health, Social Services and Public Safety.

You will have to have your needs assessed by Social Services before they will provide services for you. This is called an assessment of need.

The assessment should take into account:

- Your wishes as the person being assessed.



- Whether you have any particular physical difficulties which affect your ability to manage everyday tasks including personal care.
- Whether you have any particular housing needs.
- What sources of help you have access to, such as carers, family or nearby friends, and their willingness to continue providing care.
- What needs the people who provide care may have.

Once you have been assessed, the social worker can tell you about what services are available and whether you have to pay for them. Services can vary from area to area but might include:

- A home help or care assistant.
- Delivery of meals to the home.
- A place at a day centre or within a community group.

Whilst assessments of need and carer's assessments are free, Social Services can charge for some community care services.

The regulations about which community care services must be paid for, and how much can be charged, are complicated. The Citizens Advice Bureau can give you independent advice on accessing community care services.

Being told you have COPD can be devastating, but with help and support, life doesn't have to be all about COPD.

## **NICHS Services**

Northern Ireland Chest Heart & Stroke (NICHS) has a network of respiratory support groups across Northern Ireland. Contact 028 9032 0184 for advice or to find your nearest Respiratory Support Co-ordinator.

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ON YOUR  
SIDE**

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