**WHAT IS COPD?**

Chronic Obstructive Pulmonary Disease (COPD) is a preventable and treatable disease characterized by progressive airflow limitation in the lungs, which is not fully reversible. It is a general term used to describe two specific lung diseases: chronic bronchitis and emphysema.

People with COPD can have either chronic bronchitis or emphysema, although most patients have both.

Most people with COPD can still lead active and full lives if their condition is diagnosed early, if symptoms are controlled, and if both patients and their families are educated about the condition.

COPD is on the rise, especially as the population is aging. Already COPD is the fourth leading cause of death in Canada. The World Health Organization predicts that COPD will be the third leading cause of death in Canada and around the world by the year 2020. Over the last 20 years, COPD in females has doubled due to cigarette smoking.

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**COPD & EXERCISE**

Regardless of the severity of any symptoms, COPD patients **must** exercise.

It could be just a short walk around the house... what’s important, is that patients make an effort to be active.

Studies in pulmonary rehabilitation show that regular exercise progressively increases patients’ walking distances, which in turn improves breathing.

Patients should try to walk for about 5-15 minutes 3-4 times a day.

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WHO IS AT RISK FOR COPD?

- Smokers and people regularly exposed to second-hand smoke
- Workers with occupational exposure to dusts and chemicals - vapours, irritants or fumes
- Residents of areas with high levels of outdoor air pollution
- Those who have experienced repeated lung infections
- Those with a genetic predisposition to COPD - due to Alpha 1 anti-trypsin deficiency, or airway hyper responsiveness

SYMPTOMS

- Production of sputum, a mixture of saliva and mucus coughed up from the respiratory tract
- Coughing regularly, with or without sputum
- Fatigue
- Frequent chest infections
- Shortness of breath and/or difficulty breathing on exertion and/or at night
- Weight loss
- Loss of appetite

DIAGNOSIS

COPD should be considered in anyone who shows signs of chronic cough, sputum production, and shortness of breath, or has a history of exposure to any of the risk factors identified above, especially tobacco smoke. COPD diagnosis is confirmed by a spirometry test.

MANAGEMENT

There are medications that effectively reduce or control symptoms, reduce the severity of exacerbation (a symptoms flare-up), increase a patient’s tolerance and endurance for exercise, and improve his/her quality of life.

Bronchodilators relax the smooth muscles around the airways. They improve lung emptying, address shortness of breath problems, and enhance exercise tolerance.

Inhaled corticosteroids are prescribed to patients whose lung capacity is less than 50% predicted and to those who have had three exacerbations (symptoms worsening) in the last three years.

Combined therapy has been proven to be more convenient and effective in controlling symptoms than when using medicines separately. Ask your doctor about a new oral medication called Daxas, a phosphodiesterase 4 (PDE4) inhibitor, which reduces inflammation in the lungs.

Oxygen therapy improves survival rate as well as exercise capacity, lung mechanics and mental state. Depending on the oxygen level in the blood, some patients may need oxygen therapy only during exercise or sleep while some may require it at all times.

Surgical treatment, such as bullectomy or lung transplantation, may be considered in patients with severe COPD. Surgery may only be considered if the usual COPD treatments ( quitting smoking, medications, healthy lifestyle) don't relieve symptoms.

Avoiding infection – people with COPD, especially those with chronic bronchitis, are susceptible to infection. They should be vaccinated for influenza every year and for pneumonia every 3 to 5 years.

Poor nutrition is common in people with COPD. Chronic bronchitis and emphysema pose a problem to those who are overweight and underweight, respectively. Shortness of breath and fatigue may well prevent them from eating properly. Consult a nutritionist or dietician for nutritional requirements. Develop an action plan with your health professional and respiratory therapist.

Pulmonary rehabilitation is a comprehensive program that includes exercise training, nutrition counseling, education and psychological support. This program may not improve lung function or prevent its decline, but it will enhance exercise tolerance and quality of life, while minimizing instances of breathlessness. Ask a health professional if this program is offered at your local hospital.