

## COPD AND ME

### 2. Diagnosing COPD

The diagnosis of COPD is based on a combination of your medical history, an examination, an assessment of your symptoms and the results of a spirometry test which looks at the pattern of your breathing. You may have symptoms such as breathlessness and chronic cough, with or without phlegm, and a history of exposure to risk factors for the disease.

#### 2.1 Risk Factors

Tobacco smoking is the main cause of COPD. Breathing in tobacco smoke irritates the lungs. They become inflamed and you may develop a cough. Other factors can also lead to the development of the disease including:

- exposure to indoor and outdoor air pollution
- inhaling dusts
- chemicals or
- exposure to fumes in the workplace over many years.

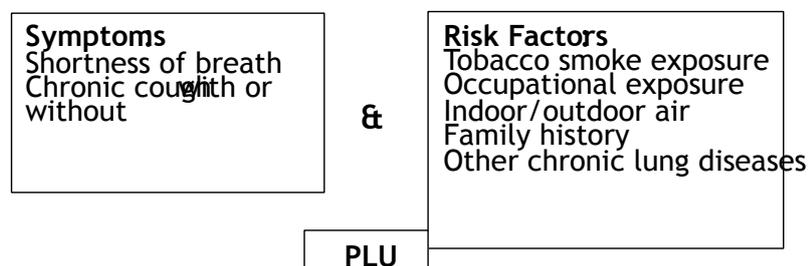
Some people who have never smoked develop COPD. This may be because of an existing illness, such as chronic asthma, and in others there can be a hereditary link called Alpha1 Antitrypsin, which can lead to the development of COPD.

#### 2.2 Symptoms

- Chronic and progressive breathlessness is the most common symptom of COPD.
- Chronic cough with or without phlegm a lot of the time.
- You may find you have to slow down when doing normal daily activities such as shopping, showering, dressing or walking. For example, you may find that you need to stop and catch your breath half way up a flight of stairs or that you need to rest during a walk.

These symptoms often worsen over time, although they can vary from day to day. An exacerbation (flare up) happens when these symptoms worsen suddenly often as a result of an infection.

If you are over the age of 35 and you suspect you have the symptoms of COPD, with or without the risk factors, and/or there is a family history of COPD, go to your GP for an initial assessment and to arrange a spirometry test.



**Spirometry Test** is required to establish the diagnosis of COPD in conjunction with appropriate symptoms & risk factors (listed above)

## 2.3 Investigations

### Detailed Medical History

Your GP will talk through the following with you:

- Past medical history and relevant family medical history.
- Smoking history or other risk factors.
- Onset of symptoms, history of exacerbations and/or previous hospital admissions for breathing problems.
- Other diseases including cardiac disease, osteoporosis, diabetes etc.
- Quality of life (QoL). You may be asked questions about how you are feeling and how you cope with certain activities. Your healthcare professional may use a questionnaire, which can be repeated when you are on treatment to check how you are getting on.
- An examination may also be done at this time, for example, blood pressure check, weight and chest sounds. These are important for general health and wellbeing.

## Spirometry Test

Spirometry measures how much air you can blow out and how fast you blow the air out of your lungs after you have taken in a full deep breath. This test is used to confirm the diagnosis of COPD as well as how severe it is. It may be repeated at follow up visits to check how you are getting on. This breathing test takes about 20 minutes to complete.

## Additional investigations

Other tests may be necessary for some patients or in some situations:

- Chest X-Ray and Computed Tomography (CT) of the chest.
- More detailed lung function tests in a Pulmonary Laboratory in the hospital.
- Pulse Oximetry which is a simple, non-invasive, painless way to check the amount of oxygen circulating in your blood.
- Arterial blood gas which is a special blood test done to help decide on treatment.
- 6 minute walk test - this indicates how far you can walk in 6 minutes and how walking for that time affects your oxygen levels, heart rate and other factors. Please be aware that not all these tests will be available in your GP practice, many of them are carried out in the hospital only.

**Need our help? Call the COPD ADVICELINE 1800 831 2146**