

COPD AND ME

6. Management & Treatment of COPD

6.1 COPD Medications

You may be prescribed several types of medicines to improve symptoms of breathlessness and help to prevent exacerbations (flare ups). Your healthcare professional (GP, Respiratory Nurse, Consultant) will decide with you which medications to use depending on how severe your COPD is, or what your everyday symptoms are.

Inhalers

Short Acting Inhaler: these can be used if you become short of breath occasionally or during activity as a reliever. They can be taken by inhaler, with a spacer device and more often during exacerbations or flare ups.

Long Acting Inhaler: these can be prescribed if you get breathless daily. They take longer to work but the effects last longer - between 12-24 hours. They can contain one drug or a combination of drugs depending on your symptoms.

Inhaled Steroids: steroid inhalers may be prescribed if you have more severe COPD or if you get a lot of exacerbations or flare-ups. They are usually combined with a long acting Inhaler. They may help to reduce inflammation and swelling in the airways or the lungs.

Types of inhaler devices



- There are many different types of inhalers available. Your healthcare professional will decide which one(s) are best for you in the management of your COPD. It is important to discuss how to use the inhaler correctly with your healthcare professional.
- Dry Powder Inhalers
- Meter Dose or gas/spray Inhalers
- Spacers attach to the meter dose and spray inhalers and help to deliver inhaled medication better into our airways
- Nebuliser (only if prescribed by your healthcare professional) - remember a spacer device is just as effective
- If you do not like your inhaler or you do not take it consistently discuss this with your healthcare professional.

Other Medicines for COPD

- **Oral medication:** Theophylline (Uniphylline) can be used to open the airways, but inhalers are first choice in stable COPD as they have fewer side effects.
- **Medicine to loosen your phlegm:** this usually comes in the form of a cough bottle or occasionally a tablet and helps to make the phlegm less sticky so it is easier to cough up. It needs to be taken regularly to be effective.
- **Steroid Tablets:** these may be prescribed if you are starting or have an exacerbation. They help to reduce the inflammation in the airways and help to reduce breathlessness. Take in the morning as prescribed as they can affect sleep.

- **Antibiotics:** These are usually prescribed if you have a chest infection or changes in your usual symptoms. To determine the correct antibiotic, a sample of your phlegm may be sent to the laboratory to see what bacteria are causing your infection.
- **Long-term antibiotic:** occasionally long term antibiotics are prescribed for more severe COPD and if you continue to get frequent exacerbations or flareups despite taking all your treatment and making every effort to prevent them.
- **Oxygen:** this is considered a medicine and will only be prescribed if the oxygen in your blood is low. A special assessment must take place before it is prescribed.
- **Morphine based drugs:** are sometimes prescribed in very severe COPD to treat the symptoms of breathlessness. This needs careful consideration and assessment by your Doctor or healthcare professional.

What can I do?

There are several different types of inhalers and they come in different devices therefore it is important to:

- Familiarise yourself with your inhalers and make sure you can use them properly.
- Ask your healthcare professional or pharmacist to show you the correct technique.
- Use a Spacer device if you have a Meter Dose Inhaler (MDI) as it is much more effective than using the inhaler on its own - ask for one if you don't have one.
- If there are changes made to your inhalers, make sure you are happy you can use the new ones and ask if you should stop or continue the old ones.

- Be aware of the side effects of all your medication and tell your healthcare professional immediately if you develop any of these.
- Always bring a list of your medications with you to your appointments and your COPD Communication Card if you have one.
- There are very few side effects with inhalers but occasionally they can make you cough or you can get thrush in your mouth. If you develop any symptoms tell your doctor or healthcare professional - don't just stop taking them. Rinsing your mouth after using your inhalers will help prevent a sore mouth.
- When using a nebuliser, wash out the chamber of your nebuliser at the end of each use with warm water and washing liquid, rinse well and leave to air dry.
Change the chamber as per manufacturer's advice and keep your machine clean.
- It is also important to wash your spacer as instructed and allow it to air dry.

6.2 COPD Communication Card

A COPD Communication Card given to you by your healthcare professional can be a guide to recognising and managing an exacerbation (flare up). This will contain all the information relevant to your COPD and an action plan for you to follow on a Good/Normal day, a Bad Day or if you are feeling Unwell or Very Unwell.

COPD Self-Management Plan - sample

<p>_____</p> <p>You are able to carry out your usual activities... your phlegm is a normal colour and amount for you</p>	<p>Continue with your medications as prescribed and continue your day as normal</p> <p>keep as active as possible</p>
<p>_____</p> <p>Your COPD may be bothering you e.g. More breathless than usual</p>	<p>Use chest clearance techniques use your reliever inhaler use breathing control exercises</p> <p>If no relief you may be unwell Move on to orange section for guidance</p>

are your
normal
medications
and inhalers
not working

are your
reliever
medications
every few
hours

—
—
M o r e
w h e e z y,
breathless,
M o r e
p h l e g m -
yellow or
green

Contact
your Doctor
or Out of
Hours
service for
advice

Call your
C O P D
Outreach
team or
C O P D
Support
Ireland
Adviceline
for advice

<p>_____</p> <p>If your reliever and rescue prescription are not helpful or you feel worse</p>	<p>If you are able to attend your Doctor then go to the hospital Emergency Department</p> <p>If you are short of breath at rest, have chest pain or confusion this is an emergency</p>
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6.3 Coping with Breathlessness

A common symptom of COPD is breathlessness. Breathlessness is feeling short of breath (SOB) or having trouble breathing. Many daily tasks can make you breathless such as walking, getting dressed, climbing stairs or doing jobs around the house. It may feel uncomfortable and being breathless can make you panic or feel frightened.

Taking control - What can I do?

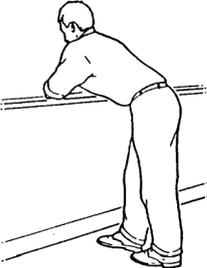
- **Do not hold your breath** this will make you feel more breathless.
- **Do not avoid** doing the things that make you breathless. When you learn how to control your breathing these feelings will not trouble you as much and you will be able to do more.
- **Do not panic** when you get breathless, your breathing will settle.

Use the following 3 steps to control your breathing:

STEP 1- Positions of ease

- These are positions that help you breathe more easily.

- They help to put your breathing muscles in a better position.
- They help you to relax your shoulders.

Sitting forward leaning	Standing forward leaning	Side lying
		

STEP 2- Pursed-lip breathing

Breathe in slowly: it may help to count yourself, inhale for the count of 2, one, two.

Pucker or purse your lips: as if you are going to blow out a candle.

Breathe out: slowly and gently through your pursed lips while counting to four. It may help to count to yourself, exhale for one, two, three, four.



STEP 3- Reliever inhaler

Use a reliever inhaler if you have been prescribed one (for example: Salbutamol/Ventolin).



6.4 Airway Clearance

A common symptom of COPD can be excess production of mucous (phlegm) in the lungs, which can often be hard to clear. Excess build-up of phlegm in the lungs can lead to chest infections.

What can I do?

- There are number of airway clearance techniques, please ask your

Physiotherapist for further advice on a technique which best suits you.

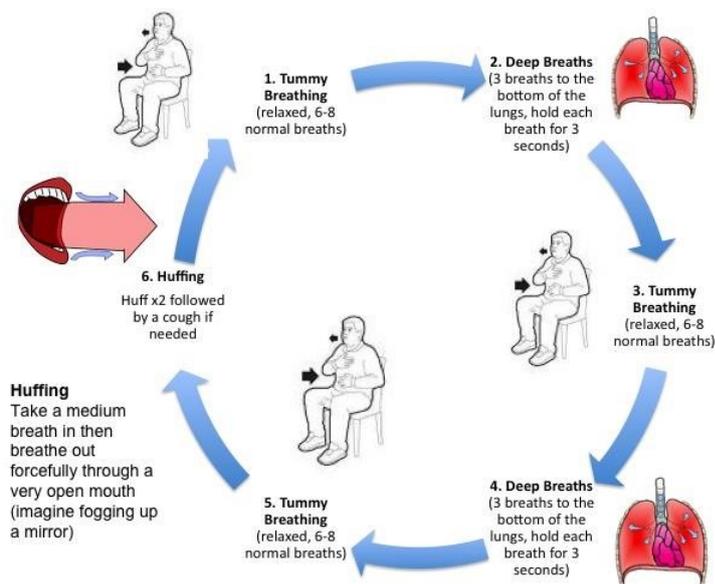
- The Active Cycle of Breathing Technique (ACBT) is a set of breathing exercises, which is used to help loosen and clear any phlegm you may have. (See below diagram)

It is good practice to clear your chest with these exercises every morning and evening if you suffer from excess build-up of phlegm. This might need to be increased to every 1-2 hours when you are feeling unwell and have lots of phlegm.

Repeat until your chest is clear and you no longer feel the “rattle” of phlegm.

Stop if you become tired or your chest feels wheezy or tight. Return to the exercises later when you are feeling better.

Sit comfortably and relax your shoulders.



6.5 What are exacerbations/flare ups?

Sometimes with COPD your usual symptoms might become worse or you may develop new symptoms. This can happen quite quickly or over the

course of a few days. These episodes are called exacerbations or flare ups and are usually triggered by inflammation in the lungs, infection or irritants including: chest infection, flu, air pollution, smoke or seasonal allergens.

Often there is a pattern to how a flare up starts. You need to recognise what that looks and feels like for you, it might be that:

There is an increase in the amount of phlegm you normally cough up.

- The colour of your phlegm is changing colour.
- You can't walk as far as you did the day before. For example, yesterday you could walk from your bed to the bathroom but today you need to rest half way.
- You feel you are getting a cold or flu.
- You can't lie down or sleep very well.

During an exacerbation or flare up:

- You may feel **more breathless** or feel you are not getting enough air in.
- Your cough is getting worse or you have developed a **new cough** - it can be dry or bringing up more phlegm.
- You might cough up more **phlegm** or the colour of your usual phlegm might change or become stickier.
- You may become **wheezy** or hear different noises when you are breathing.
- You might find it more **difficult to sleep** because you are short of breath or coughing more.
- You might feel **sleepier** during the day.
- Your ankles may become **swollen** or more swollen.
- You might develop a **temperature**.

More severe symptoms of exacerbations include:

- Chest pain.
- Blue lips or finger nails.
- Feeling confused or disorientated.

- Too breathless to talk.

What to do after an exacerbation:

- It can take a while to fully recover following an exacerbation or flare up and this can vary for each individual.
- For some people this recovery can be slow or can take up to six weeks. It is important that you continue to take all your medication as prescribed and follow your COPD Self-Management Plan

What can I do?

- Get your Flu vaccine yearly and the Pneumonia vaccine (Section 6.8).
- Quit smoking if you are a smoker and make your house a smoke free zone.
- Take all your medication including your inhalers as prescribed and check your inhaler technique regularly with your healthcare professional.
- Do your airway clearance as advised by your healthcare professional.
- Avoid crowded places during the cold and flu season.
- Avoid exposure to lung irritants such as smoke or sprays, aerosols and fumes.
- Wash your hands regularly and use hand sanitizers when you can't wash them.
- Drink enough water to stay hydrated and keep your phlegm from becoming thick or sticky.
- Take regular exercise, eat well and get a good night's sleep.
- Attend your clinic appointments.

6.6 Oxygen

Oxygen is used for some patients suffering from COPD. For some COPD can lead to low levels of oxygen in the blood. Tests for low blood oxygen levels include a fingertip probe, known as pulse oximetry, or a blood test taken

from the artery in your wrist, called an ABG. If you have continually low levels of oxygen in your blood this can cause damage to organs such as the lungs and heart. To prevent this you may be prescribed home oxygen by your doctor.

There are different types of home Oxygen equipment and your healthcare professional will help you decide which type will be best for you. If you are prescribed Oxygen for use at home, called long term oxygen therapy or LTOT for short, you must use it for at least 15 hours per day a day as this will give you the most benefit.

The equipment is designed to allow you to move freely around your home. Oxygen can also be prescribed to assist you when you are out and about. This is called ambulatory oxygen therapy or AOT and should be used as advised by your healthcare professional.

Oxygen may be prescribed when you are discharged from hospital and then discontinued once you have recovered from your current exacerbation. It is important to have a follow up appointment with your doctor or nurse to check.

Home oxygen is a drug so it is important to use it as prescribed. Not using your oxygen can make you more unwell but so can using it incorrectly. It is especially important not to increase the flow rate as this can cause serious side effects and will not help your COPD.

If you are prescribed home oxygen by your doctor it is important to remember the following safety tips.

- Look after your equipment and follow the instructions provided by your oxygen supplier.
- Do not expose your oxygen to naked flames or other heat sources.
- Do not smoke near oxygen equipment.

- Store oxygen equipment safely, your oxygen supplier will provide advice.
- If you are not using your oxygen, turn it off. Be especially careful not to leave oxygen tubing, with oxygen flowing through it, on beds, soft furnishings or even your lap.
- Ensure you have working smoke alarms and a fire extinguisher in your home.

6.7 Non-Invasive Ventilation (NIV)

Some people with COPD may find breathing extremely difficult as the lungs and the chest muscles work harder and harder for each breath. When we inhale we breathe in oxygen, this is used by all the cells in our body to make energy. This process creates Carbon Dioxide (CO₂) gas which is carried in the blood to the lungs where we exhale it into the air. If your lungs and chest muscles are overworked they become less efficient at taking oxygen in and breathing out carbon dioxide.

Signs of this include feeling tired and sleepy and sometimes a bit confused. To assist with your breathing and give your lungs some relief your Respiratory Team may prescribe a BiPAP® machine.

BiPAP® machines provide relief to overworked lungs and chest muscles by supplying air to the lungs at a higher pressure as you breathe in. This helps to keep the airways open reducing the amount of energy it takes to breathe and ensures a steady supply of oxygen to the body. When you breathe out the machine drops its pressure so that you can breathe out easily. These 2 different levels of pressure will be prescribed by your doctor to suit your own personal needs and adjusted if required.

BiPAP® is usually used at night time but can be used during the day if needed. Getting used to BiPAP® can be difficult and you may experience some or all of the following side effects.

- Dry, blocked, irritated nose.
- Discomfort.
- Claustrophobia.

It is important to discuss these problems with your doctor or nurse. They will help you manage these problems allowing you to continue your treatment.

6.8 Vaccines

People with COPD are more at risk of catching the flu and pneumonia, both of which can be very serious and affect your breathing. You can protect yourself from both of these diseases by getting vaccinated. This is when small quantities of inactivated organisms which cause the flu or pneumonia are injected into the body. This does not cause the flu or pneumonia but encourages your body's immune system to produce antibodies, allowing it to fight off infection.

The Influenza (Flu) vaccine

The flu is a highly infectious disease, so you need to have your flu vaccine every year - September or October time is best. Remember it will take 10-14 days for the vaccine to start protecting you against the flu.

You might experience some side effects such as soreness and redness at the injection site. These usually go away in a day or so.

The Pneumococcal (Pneumovax) vaccine

This protects against infections such as pneumonia, caused by a group of bacteria called Pneumococcal bacteria. Like the flu vaccine this vaccine encourages your immune system to make antibodies. Unlike the flu vaccine

you do not need to get it every year. All those over 65 regardless of any underlying disease need one dose of vaccine. Under the age of 65, most adults in risk groups which includes COPD, require one dose of vaccine and another after they reach the age of 65 but there needs to be 5 years between the two vaccinations. You can talk to your healthcare professional.

Need our help? Call the COPD ADVICELINE 1800 831 2146