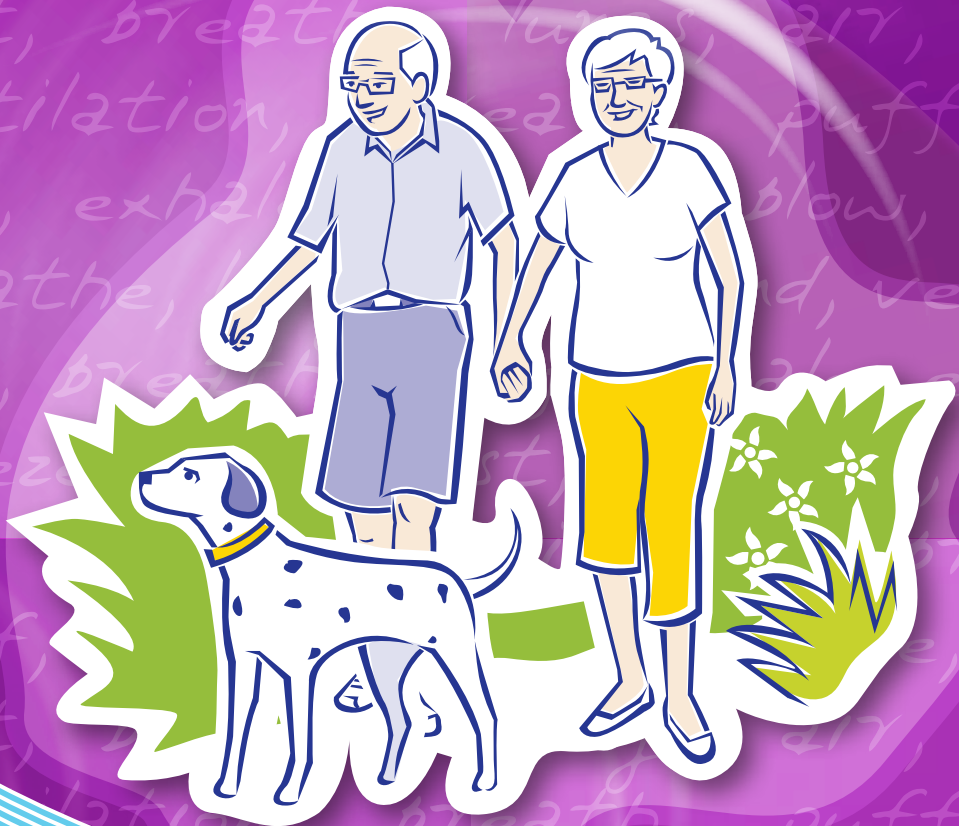


# Breathe Easier with COPD



the asthma foundation

*Better respiratory health for New Zealanders*



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## What is COPD?

*COPD stands for Chronic Obstructive Pulmonary Disease. Some people call it CORD (Chronic Obstructive Respiratory Disease). If you have COPD it means the breathing passages (airways) in your lungs are blocked and your lung tissue is damaged. This causes difficulty breathing or catching your breath.*

The term COPD covers conditions such as emphysema and chronic bronchitis. Emphysema means that the air sacs (alveoli) in a person's lungs have been destroyed and they have difficulty absorbing enough oxygen when they breathe. With chronic bronchitis the airways may become narrower and there will be increased mucus production and swelling (or inflammation).

### How your lungs normally work

Air travels from your nose and mouth down through your airways to your lungs. The airways get smaller and smaller (like an upside down tree), and at the end are the air sacs where oxygen enters your blood. Normally these tiny air sacs are elastic and spongy and act to hold your airway open. However with COPD the air sacs are damaged, lose their elasticity and become blocked with mucus.

**Diagram 1**

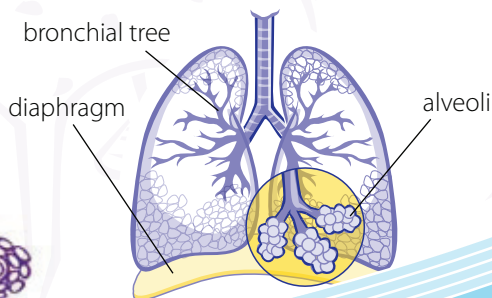
#### Normal Lung



#### In COPD



#### The Lungs



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## What are the symptoms of COPD?

*Unfortunately in the early stages of COPD, while the lungs are being damaged, there are often no obvious symptoms. When you start to experience symptoms it means that damage has already occurred. This damage cannot be reversed.*

### SYMPTOMS

Symptoms of COPD include:

- shortness of breath
- difficulty breathing, especially with exercise
- a cough
- presence of phlegm
- winter bronchitis
- wheezing

The symptoms may seem minor at first but can progress to the point where daily activities such as walking, getting dressed, and even eating can cause extreme shortness of breath.

COPD can be mild, moderate or severe depending on how badly damaged your lungs are.





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## 👁️ The difference between COPD and asthma

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Some of the symptoms of asthma and COPD are similar (for example, being short of breath or coughing). However, they are two quite separate conditions requiring different treatment and management. One key difference between them is that asthma is reversible – that means the airways of a person with asthma can go back to normal. COPD, on the other hand, is irreversible – but the symptoms can be controlled and further damage prevented.

Some people may develop COPD after long periods of poorly-controlled asthma.

## 👁️ How is COPD diagnosed?

*COPD can be diagnosed with a simple lung function test, known as spirometry. A person blows out as long and hard as they can into a tube attached to a machine which measures the time it takes to empty your lungs. The more obstructed your airways, the longer it takes to blow the air out.*

Spirometry tests are available in most areas either at public hospitals free of charge, or at larger medical centres or private laboratories where a charge may apply.

Your doctor will repeat your spirometry tests at set times. This is so s/he can see if your condition is getting worse.

It's recommended to doctors that they spirometry test their patients aged 35 or over if they smoke or have previously smoked.

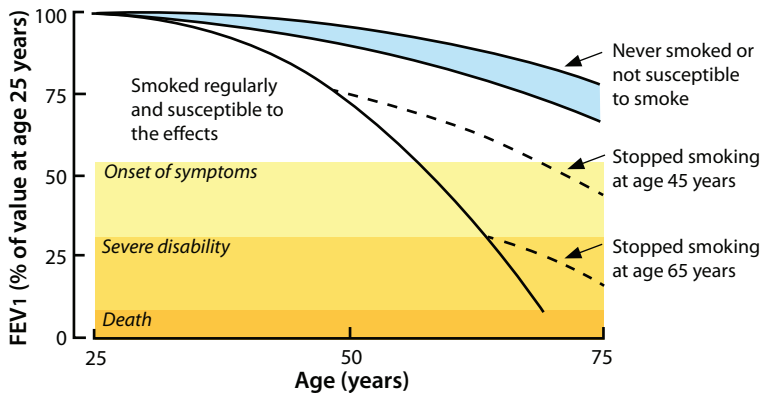


## What causes COPD?

*Smoking is the most common cause of COPD.*


*COPD develops over a number of years as your lungs are increasingly damaged. However, it does not usually become noticeable until after the age of 40. The more you smoke the greater your lung damage, and your COPD will worsen. Some people can develop COPD from being exposed to air pollution, dust or chemicals. This includes being exposed to second-hand smoke for long periods. There is an inherited condition called alpha1-antitrypsin deficiency which causes COPD in some people.*

**Diagram 2**



The diagram above shows the effect of smoking on the airways of those people who are susceptible to smoke. Adapted from Feltcher, C. & Peto, R. *The natural history of chronic airflow obstruction*, British Medical Journal, vol 1, 1977; pp. 1645–48





A comment that is often made is “I’ve smoked for many years, there’s no point in stopping now, the damage has been done”. This is not true. Diagram 2 shows the increasing rate of lung deterioration the longer a person smokes. The dashed line shows the slowing of the damage done from smoking when a person quits, compared to the solid line which is if a person continues to smoke.



## How common is COPD?

*It is estimated that 15% of adults over the age of 45 years suffer from COPD. The number of people who suffer from COPD increases as you look at older cohorts of people.*

COPD is the fourth most common cause of death in New Zealand and the third most common cause of death in the Māori population.

Māori are twice as likely as non-Māori to have COPD and men are twice as likely to have COPD as women, although this gap is closing.

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## How is COPD treated?

*There is no cure for COPD. Treatment focuses on relieving the symptoms you may experience and making sure you maintain as good a quality of life as you can.*

*The following are some things that will help control your symptoms and make you feel better.*

### Quit smoking

Stopping smoking is the **most important** step you can take. Every cigarette you smoke adds more damage and will make your condition worse. It is never too late to quit, as shown in Diagram 2. Everyone who stops smoking will notice some improvement in how they feel. Quitting smoking is the only thing that will prevent further damage to your lungs.

For more information on how to quit smoking:

1. Talk to your doctor or practice nurse
2. Talk to your pharmacist
3. Contact the Quitline on 0800 778 778 or visit [www.quit.co.nz](http://www.quit.co.nz)
4. Talk to your local asthma society – to find your local society see page 29, check out the Contact Us page on [www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz) or the White Pages.



## Medication

**TIP:** *Most medication for COPD comes in an inhaler. If you are unsure how to use your inhaler ask your doctor, nurse or pharmacist for help.*

A number of different medications can help with COPD symptoms. Not everyone needs all the medications and your doctor may have to try different ones to work out which is best for you.

### » Short-acting reliever inhalers

Reliever inhalers deliver medication directly to your airways causing the muscles of your airways to relax and open up.

People with mild COPD symptoms use a reliever inhaler when required for breathlessness. People with more severe COPD use a reliever inhaler regularly, up to four times a day.

You may also be given a reliever inhaler to use only when needed for breathlessness while you take a different inhaler regularly to prevent symptoms.

Examples of reliever inhalers are (the brand names are in brackets):

- Salbutamol (Respigen, Salamol, Ventolin)
- Terbutaline (Bricanyl)
- Ipratropium (Atrovent)

**TIP:** *Check with your doctor or pharmacist if you are unsure how often you should use your inhaler.*

### » Long-acting reliever inhalers

Long-acting reliever inhalers work the same way as reliever inhalers but the effect lasts longer. This means they only need to be used once or twice a day.

Long-acting reliever inhalers must be taken regularly everyday, not just when you are breathless.

You may also be given a short-acting reliever inhaler as well, which you only need to use when you are experiencing breathlessness.

Examples of long-acting reliever inhalers are (the brand names are in brackets):

- (e)Formoterol (Oxis, Foradil)
- Salmeterol (Serevent)
- Tiotropium (Spiriva)

**TIP:** *If you are using a Spiriva inhaler you cannot use an Atrovent inhaler to relieve acute episodes of breathlessness. Talk to your doctor or pharmacist for more advice.*

#### » Anti-inflammatory inhalers

If you have moderate or severe COPD, and are not getting adequate relief from your reliever inhalers, your doctor may suggest a trial of an anti-inflammatory inhaler. The doctor will only tell you to continue to use an anti-inflammatory inhaler if, after the trial, it was found to help your symptoms.

Anti-inflammatory inhalers reduce the swelling (inflammation) in your lungs and airways. In people with severe COPD they also help reduce the number of times they have COPD flare-ups (exacerbations).

Anti-inflammatory inhalers are taken regularly, twice a day.

Examples of anti-inflammatory inhalers are (brand names are in brackets):



- Beclomethasone (Beclazone)
- Budesonide (Pulmicort)
- Fluticasone (Flixotide)

Anti-inflammatory medication can be combined with long-acting reliever medication in one inhaler. Examples of these combination inhalers are (brand names in brackets):

- Budesonide/(e)Formoterol (Symbicort)
- Fluticasone/Salmeterol (Seretide)

**TIP:** *Anti-inflammatory inhalers can make your voice hoarse or cause fungal infections in your mouth. To prevent this rinse your mouth out after each dose. An easy way to remember to do this is to take your dose before you clean your teeth, twice a day or before you have a cup of tea or coffee.*

### » Theophylline

If the inhalers the doctor gives you don't totally control your symptoms, you can take a tablet called theophylline (Nuelin or Theodur).

Theophylline causes the muscles of your airways to relax and open up. It also increases the strength of your diaphragm (the large muscle at the base of the chest used when breathing in) and speeds up how quickly you clear mucus and phlegm from your lungs.

To help decide what dose you need to take, the doctor may ask you to have a blood test so s/he can measure the amount of drug that is in your body and change the dose if needed.



**TIP:** *Theophylline interacts with some other drugs and herbal products. Please check with your pharmacist before starting a new drug or herbal product.*



### » Antibiotics and anti-inflammatory tablets during flare-ups

Your doctor may prescribe a short course of antibiotics if you have a chest infection. Anti-inflammatory (or steroid) tablets may be prescribed as a short course for one or two weeks if you have a bad flare-up. They work best if taken as soon as the flare-up starts, so your doctor may give you some tablets to keep at home in case you have a flare-up.

**TIP:** *Make sure you have a COPD management plan. This will remind you when to start taking your tablets and how much you need to take. Talk to your doctor about getting a COPD management plan.*

### 🌀 Spacers and inhaler accessories

A spacer is a clear plastic tube with a mouthpiece or mask at one end and a hole for your inhaler at the other. A spacer is attached to the end of your inhaler to make it easier to use. It also makes the medication in the inhaler more effective because more of it is able to get into your lungs.

A valve in the spacer mouthpiece opens as you breathe in and closes as you breathe out. You take between 1 and 6 slow deep breaths after you have squirted 1 dose of your inhaler into the spacer.

Spacers are good if you have trouble working your inhaler or when you get so breathless that you have trouble breathing in the medication from your inhaler. Talk to your doctor or pharmacist about how to get a free spacer, and make sure they show you how to use it correctly.



Sometimes you may have difficulties using your inhalers due to conditions such as arthritis. There are devices available to make it easier. Ask your doctor, nurse or pharmacist whether a Haleraid (for use with an aerosol inhaler) or a Turbuhaler attachment may be helpful for you.

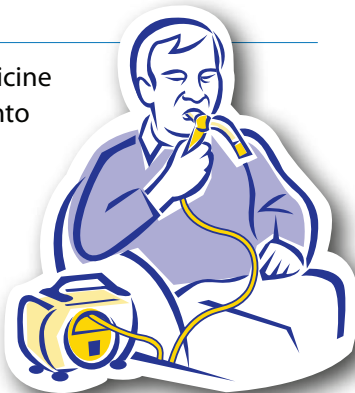
**TIP:** *Spacers need to be 'primed' before you use them to prevent your medicine sticking to the sides because of static electricity. To prime your spacer wash it in warm water with dishwashing liquid and leave to drip dry without rinsing. Spacers should be washed following these instructions weekly.*

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## ☼ Nebulisers

A nebuliser is a machine that turns liquid medicine into a fine mist which you can breathe easily into your lungs. The machine has a mouthpiece or face mask which you use to breathe in the medicine for between 3 and 10 minutes.

Nebulisers may be used to help you take your reliever medication when your COPD is so bad that you can't use your inhaler as you usually do.



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## ☼ Pulmonary rehabilitation

Pulmonary rehabilitation (rehab) is a programme of education and exercise that usually runs for at least 6 weeks. The programme is run in a group setting where you all learn more about COPD and how to control your symptoms.

Things you will learn about in the programme are:

- COPD management,
- exercise,
- moral support,
- quitting smoking and
- nutrition and diet.

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The programme is often run by a hospital and you may require a referral from you doctor to go. Ask your doctor for more details or contact your local asthma society.

**TIP:** *Getting involved in a pulmonary rehab programme is a great opportunity to meet other people who have COPD, who probably share the same concerns as you.*



## Vaccinations

Getting vaccinated against influenza or the 'flu' will reduce the risk of you getting a flare-up and/or going to hospital. It is **very important** that you get vaccinated every year to prevent getting sick over the winter.

**TIP:** *Every year the 'flu' vaccination is free between the months of March and June for people who have COPD. You can get one from your doctor or nurse.*

You can also get vaccinated against pneumonia, but this vaccine may not be free. Talk to your doctor or nurse if you want to get vaccinated against pneumonia.



## Clearing phlegm

People with COPD usually have extra phlegm (mucus) in their lungs. If you have phlegm, cough it up because if it stays in your lungs, it can clog your smaller airways, making it hard to breathe. The phlegm could also become infected. It's important to get the phlegm out.

Changes in the colour of your phlegm can be a sign that you may have a chest infection and you should contact your doctor.

If you have a lot of phlegm there are breathing exercises you can do to help remove it from your lungs. A physiotherapist can help you with this – ask your doctor about who to go to, visit the website: [www.nzsp.org.nz](http://www.nzsp.org.nz) or phone 04 801 6500 to find a physiotherapist in your area.

### BREATHING EXERCISES

You could try the following breathing exercise to help clear phlegm:

1. *do some tummy breathing or diaphragmatic breathing (see page over)*
2. *followed by 3 or 4 deep breaths, breathing out gently*
3. *followed by tummy breathing*
4. *followed by 1 or 2 huffs (cough phlegm up if it reaches the throat)*
5. *then back to tummy breathing*
6. *spit phlegm into a tissue and dispose of it*

A HUFF is a small breath IN and a fast breath OUT through an open mouth like you do to clean a spot off glass. Tighten your stomach muscles and chest as you huff. Huffing is more effective at clearing phlegm from the lungs than coughing.

### Diaphragmatic breathing or 'tummy' breathing.

1. place one hand on your stomach between your lower ribs and tummy button The upper chest and shoulders should be relaxed
2. breathe in through your nose, you should feel your tummy move out as you breathe in
3. breathe out gently through your lips, your tummy will move in as you breathe out
4. practice first when sitting and relaxed so that it is automatic when you really need it

**TIP:** Drinking lots of water and fluids will help keep the phlegm loose and easier to remove.



### Oxygen

Many people think oxygen is given to treat shortness of breath. This is not the case because being short of breath does not mean you are short of oxygen. If your body has low oxygen levels for long periods it can put a strain on your heart and lead to heart problems. Oxygen is given to prevent strain on the heart.

The tubes from the machine that deliver oxygen to your lungs are very long so you can move around your home while connected. Portable oxygen tanks are also available. It is vital **not to smoke** while you are taking oxygen, because of the high risk of fire.

Your doctor will decide whether you need oxygen. If your doctor thinks that your oxygen levels are low s/he will arrange for you to have a special blood test. You will need to be seen by a specialist respiratory doctor as well.



## What can I do to feel better?

### Physical Activity

*Regular physical activity is very important in helping you to keep well. If your heart and breathing muscles are in shape, they can work with less oxygen. That means you don't have to breathe in as much air to do the same amount of work, you're stronger and can do more before you feel tired.*

Physical activity should be a pleasure, so you should choose something that you enjoy. It doesn't have to be fancy or complicated, but it does have to be done safely and on a regular basis. **Even a small amount of physical activity is better than none at all.**

Walking suits lots of people with COPD. Begin by walking as far as you can without becoming too distressed or breathless. Then slowly build up the distance or time as your fitness improves. If you make walking part of your daily activities or routine you will soon notice the difference.



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### Here are some benefits of physical activity:

- *it helps you take control of your condition. Although it won't reverse your lung disease, it's an effective way to help improve your everyday quality of life*
- *your body uses oxygen better. Physical activity strengthens your breathing muscles as well as your arm and leg muscles*
- *you can maintain your independence. The more active you are, the easier doing daily activities or tasks – like shopping, cooking and cleaning – become. Being able to do more keeps you motivated*
- *you're less likely to be hospitalised. Physical activity can improve your general feeling of well-being while keeping you healthy, and living at home*
- *it helps you maintain your weight. Excess fat – especially around the stomach – tends to press on the diaphragm (the large muscle at the base of the chest used when breathing in), making it harder to breathe. Physical activity is a great way to keep your weight under control*
- *it can keep you from slipping into a downward spiral. The less you do, the less you'll be able to do. Physical activity stops this vicious cycle of inactivity, helping you breathe easier*
- *physical activity generally improves your mood. Regular activity has been shown to reduce symptoms of moderate depression and help you feel more relaxed*
- *it can improve your sleep, giving you more energy during the day*

Your doctor should give you a check up before you start increasing your physical activity. S/he may advise you to use your reliever inhaler before starting to help you to do more.

**TIP:** *Although being a little short of breath when exercising is uncomfortable, it is not harmful. Aim to do 20-30 minutes of physical activity a day, 3-4 times per week.*





## Some exercises to do at home

*The exercises below may be done sitting or standing. Time these exercises to suit your own rate of breathing. If you get breathless, rest in a position with your shoulders supported and wait until the breathlessness eases.*

### 1. Arm raising

Raise one arm above your head, as you breathe out. Hold and slowly lower your elbow to waist level again, while breathing in. Repeat with the same arm, and then swap to the opposite arm. (In time, consider adding a weight e.g. a can of baked beans.)



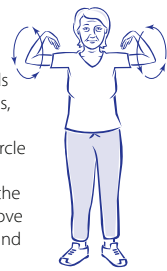
### 2. Arm extensions

Begin with your arms by sides. While breathing out, lift right arm up to shoulder level keeping arm straight (like a bird flying). Return arm to side while breathing in. Repeat with other arm.



### 3. Elbow circles

Sit or stand with your feet slightly apart. Place hands on your shoulders, with elbows at shoulder level. Circle elbows forwards, up and out. Breathe out as elbows move forward and up and breathe in when returning to starting position.



### 4. Elbow breathing

Sit with your feet slightly apart. Lift your elbows to shoulder level, with fingertips touching at front of chest. Pull elbows back while breathing in, so finger tips come apart. Breathe out and finger tips return to starting position.



### 5. Side bend

Place your right arm across body with right hand on left lower ribs. While breathing in slowly (through your nose), bend over to your left, dropping left hand towards the floor. Breathe out through pursed lips as you return to upright. Repeat this exercise with your left arm.



### 6. Hand behind head

Stretch your right arm above head, then bend right elbow and lower right hand to back of neck. Then, straighten elbow again and stretch hand upward to return to starting position. Repeat 3 times and then repeat with left arm above head.



### 7. Knee extensions

Sit with your feet slightly apart. Straighten one knee as you breathe out. Breathe in as your foot returns to the starting position.



### 8. Leg lifts

Sit with your feet slightly apart. Lift one knee up towards your shoulder as you breathe out. Breathe in as you return your knee to the starting position.



### 9. Step ups

Find a small step near something you can hold on to. Breathe out as you step up onto the step. Breathe in as you step down. Occasionally change the leg which goes up first.



## Eat well

You use a lot of energy when you breathe. If your body is working hard to breathe and you don't eat well, you will get tired quickly and you'll have little energy left for normal daily activities or tasks. If you eat well your body will have enough energy to help you breathe and do all the activities you want to do.



### FOODS

**If sometimes you don't feel like eating then:**

- *choose foods that will give you lots of energy in a small volume e.g. creamy soups, rice or milk puddings, foods with a slightly higher fat content like cheese or peanut butter*
- *don't drink fluids until after you've eaten as these fill you up*
- *buy convenience foods or liquid meal preparations.*

**If you have trouble preparing your meals or getting to the shop then you can:**

- *buy prepared meals from the supermarket*
- *ask if someone can take you to the supermarket when they go*
- *have home help prepare something for you to eat*
- *see if your local supermarket will deliver – you can order your groceries over the internet*

**TIP:** *If you get breathless when you eat you might find these tips useful:*

- *eat small frequent meals throughout the day instead of three big meals*
- *rest before eating*
- *eat slowly and chew foods well*
- *breathe evenly when chewing*
- *take plenty of time to eat.*





## HEALTHY EATING

If you are overweight you will benefit from losing some weight as this will lessen the work your lungs and heart need to do. For healthy eating follow these recommendations:

- *eat a variety of foods*
- *eat lots of cereals, breads, other grain products, vegetables and fruits*
- *choose low-fat dairy products, lean meats and foods prepared with little or no fat*
- *achieve and maintain a healthy body weight through regular physical activity and healthy eating*
- *limit salt, alcohol and caffeine*

## Save your energy

If you find you are getting tired, here are some things that will help you save your energy:

- *remove unnecessary activities from your day – for example, use a terry robe after showering to avoid the work of drying yourself, allow dishes to air dry after washing, have a portable phone and carry it around with you, use a washing basket with wheels to make it easier to carry laundry out to the line and sit for as many activities as possible*
- *ask for help if you need it – don't be afraid to ask for help when necessary. Some jobs may be too difficult to do alone. Asking for help does not mean you are dependent; it means you are using your energy to its best advantage*
- *organise your time – plan daily and weekly schedules so you are doing the most energy-consuming activities at the time of day or time of week when you have the most energy. Alternate difficult and easy tasks. Take planned rest periods. Keep your schedule flexible to allow for the unexpected*



- *organise your activities – repeating new ways of doing things will make that new way feel automatic. The more you do something, the less energy it will take*
- *organise your space – organise your most used items in drawers or shelves that are between waist and shoulder level, so you won't have to stoop or stretch to reach them. Keep items in the area in which they are used, in order to avoid unnecessary walking and carrying*
- *pace yourself – a slow, steady pace consumes less energy. Do one activity at a time and use slow, smooth movements. Rushing only increases discomfort*
- *alternate periods of work and rest and try to plan out your activities in steps, so if you start to get short of breath you can stop and rest when necessary, instead of working faster and harder in order to finish*
- *maintain a good posture – one of the easiest ways to save energy is to use your body properly. When the body is in proper alignment, less effort is required to maintain that posture*
- *avoid bending and lifting – push, pull or slide instead. If you must lift and carry, lift with your legs, use both hands and carry close to your body*
- *be certain to choose a work height whereby you can maintain good posture and eliminate strain from any segment of the body. Experimenting at different heights by adjusting either the height of the chair or the work surface is the best method of deciding which height is the most comfortable*
- *relax – relaxation can help restore energy. Sit in a comfortable chair with your back supported, shoulders relaxed, arms resting in your lap with elbows slightly bent and palms up and feet flat on the floor. Concentrate on relaxing your muscles and slowing down your breathing. Remember tension only uses energy!*
- *use proper equipment – use the right tool to do the job. For example, use long-handled equipment to avoid reaching or bending, use equipment to stabilise items in order to avoid holding, and use trolleys to do your carrying.*

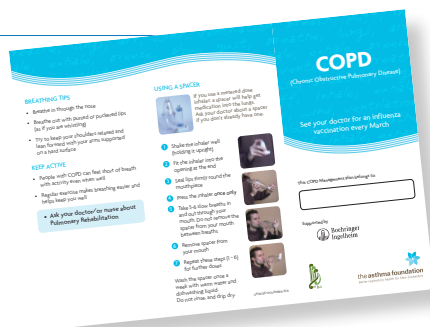


## Have a COPD Management Plan

A self management plan helps you work out how well you are, and what to do if your COPD gets worse, or what to do when you are feeling well. Your plan can be carried with you at all times so that you can check what you need to do if you start to feel worse wherever you are.

A COPD management plan is very important for knowing what to do if you have a COPD flare-up (see page 26).

To get a COPD management plan you need to talk to your doctor.



## Get support from family, whānau and friends

When you have COPD you can become focused on yourself because it takes so much more energy for you to do your normal day to day activities. Be aware of this and try to stay in touch with your friends and family/whānau, and carry on with your normal activities and hobbies.

In some parts of the country there are COPD support groups which are a great way get some support. Check out the Contact Us page on the Asthma and Respiratory Foundation website [www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz) or phone 04 499 4592.

## Deal with your stress

Stress can be created by any change, whether positive or negative. Having COPD is often stressful. It is not easy to accept that your breathing limits your daily life.

You can work out what triggers stress for you and note how it affects your body, thoughts and behaviour. It may be your environment (e.g. crowds or a smoky room), your physical state (e.g. discomfort from breathlessness or tiredness), or your psychological state (e.g. unrealistic beliefs about yourself, or feeling frightened). This is the start to changing unhelpful ways of dealing with stress.



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## How do we respond to stress?

### Physically

Our body has only one way of responding to physical and mental stresses. Chemical changes occur as we prepare to confront or avoid the stress (known as the “fight or flight” reaction).

These changes might include:

- heart beats faster
- breathing rate increases
- muscles become tense/sore
- urge to go to the toilet
- sweating/shaking
- not able to sit still

### Thoughts & Emotions

#### Thoughts

- racing thoughts
- difficulty concentrating or making decisions
- anticipating or magnifying problems which may not exist
- thinking more about ourselves and forgetting others peoples' needs

#### Emotions

- feeling irritable or angry
- feeling anxious or panicky
- feeling over-whelmed, helpless or hopeless

### Behaviours

- sleep disturbances
- decreased ability to say no to quick but unhelpful fixes such as alcohol, cigarettes, coffee
- more aggression towards people and objects
- unable to complete goals

## What you can do about stress: two important ways of coping

1. **Action** Sort out things you worry about by writing them down in three columns labelled action now, action this week and I can't do anything about this.

#### Action now

*e.g. Pick up the phone to clarify a worry with your medication*

#### Action this week

*e.g. Going to a concert, plan your trip in advance, obtain theatre plan to sort out the best seat for you*

#### Can't do anything

*Try to work out if there are any advantages in worrying about these events. If not, try to worry only about things you can take action on*





### Coping Actions:

- *change your pace or do something different*
- *try to keep as active as possible. Ask your doctor, physiotherapist or nurse about exercise and COPD*
- *share the load with a friend or counsellor*
- *when you feel overwhelmed by tasks, write a list and halve it. Most people are far too ambitious about the amount of things they can do in ONE DAY*
- *if you feel angry with someone else, distract yourself by going to another room or listening to music. Remember the 'fight or flight' reaction only lasts a short time provided you can stop the thoughts which activate it*
- *try to pursue interests. You may need to swap jobs in the house which demand too much energy (e.g. cooking instead of gardening)*

## 2. Accepting the limits of your condition



- *let go of unrealistic beliefs such as THE WORLD SHOULD BE FAIR AND JUST*
- *learn to accept responsibility for your own feelings. Even when things seem unfair with your health the meaning you attach to this can determine whether you become bitter and resentful or retain control over your feelings and actions*
- *make sure your goals are FLEXIBLE. You may need to adopt new goals if the old ones cannot be attained. Always have a plan B and emotionally prepare yourself for this option*
- *talk yourself into being patient. Setbacks and delays happen to many people with COPD – you are no different*
- *for everyone there are times when you do not get what you wanted or deserve. Unpleasant experiences are only permanent setbacks if you allow them to be*
- *remember we are not robots or saints, so why do we expect to always perform faultlessly?*



## You can learn to turn off the stress response in your body

Relaxation can prevent or lessen the degree of tension you experience when feeling stressed. Start before the tension becomes intense, by scanning your body (do a mental check of each part especially shoulders, neck, face, back and hands). Stress may also change your breathing patterns causing shallow breathing from the chest.



### COPING ACTIONS

Try this, in this order while sitting down

1. *move and stretch all parts of your body*
2. *realign body into correct posture Check that your shoulders are down*
3. *try the breathing techniques you were taught by your health professional*
4. *shut your eyes if you can and try to visualise a pleasant scene Water scenes are often very relaxing particularly if they are repetitive such as waves on the beach Try putting some music to your visualisation and note details in your scene Your mind will learn to associate that music with relaxation You can then play it or sing it to yourself to relax when you are away from home*
5. *stay put for a while, and then open your eyes when you are ready Rescan your body*



## What do I do if my COPD gets worse?

### What to do when you get breathless

#### COPING ACTIONS

1. *stop what you are doing*
2. *relax your shoulder and neck muscles*
3. *breathe low and slow*
4. *use “pursed lips breathing”. Breathe in through your nose, but breathe out slowly through pursed lips as if you were blowing out a candle*
5. *get yourself into a comfortable position:*
  - *sit leaning forward: have your feet apart and flat on the floor. Lean forward with your elbows on your knees or a table*
  - *high side lying: Lay on one side, propped up by 4-5 pillows to raise your shoulders – the top two pillows should form the shape of a V. Put a firm pillow under your arm on the side you are lying on. Roll your body slightly forward*
  - *stand leaning forward: stand with one foot in front of the other, lean forward on a ledge, shelf or table top, keeping your back straight*
  - *stand leaning back: lean back against a wall with your feet placed slightly apart out from the wall. Relax your shoulders and let your arms hang loosely by your sides*

**TIP:** *try not to hold your breath during activity – remember to continue to use breathing control (see page 14). Find a rhythm that suits you and what you are doing, for example, when you are walking try breathing in time with each step you take.*

## COPD flare ups (exacerbations)

A COPD flare-up happens when COPD symptoms (shortness of breath, coughing, spitting up mucus) get worse, or when new symptoms develop. It is often brought on by a lung infection and is one of the main reasons for people with COPD being hospitalised.

Learning how to avoid flare-ups is an important part of managing your COPD. It's also important to know what to do when you do get a flare-up. If you start treatment as soon as you notice the warning signs of a flare-up, you'll have a better chance of avoiding a serious illness or needing to go to hospital.



### **TIP:** *How to prevent flare-ups:*

- *take good care of yourself. Eat healthy foods, exercise, get enough sleep and try to stay away from people who are sick*
- *take all of the medications prescribed by your doctor. Ask for help if you have questions about how or when to take medications or what they're for*
- *talk to your doctor about having a COPD management plan to tell you what to do if you are heading towards a flare-up*
- *get a flu vaccination every year*
- *avoid anything that makes your COPD worse (triggers) – like air pollution, cigarette smoke or breathing very cold or very humid air.*



## What are the warning signs and symptoms of a COPD flare-up?

Sometimes flare-ups still happen, despite your best efforts to prevent them. Early treatment of flare-ups can prevent you from becoming seriously ill or having to go to the hospital. This is why it's so important to know your warning signs.

These warning signs include:

### WARNING SIGNS

- *mucus (phlegm) that is yellow, green or brown*
- *an increase in the amount, thickness or stickiness of your mucus (phlegm)*
- *chest pain*
- *fever*
- *swollen ankles*
- *needing to sleep sitting up instead of lying down*
- *morning headaches, dizziness, trouble sleeping, confusion*
- *blue lips or fingers*
- *an unusual increase in shortness of breath*
- *feeling sick*

If you notice any of these signs call your doctor right away or go to the hospital emergency department if you can't reach your doctor.

## Where can I find more information?

- Asthma and Respiratory Foundation of New Zealand – [www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz)
- Quitline – [www.quit.co.nz](http://www.quit.co.nz) or 0800 778 778
- local asthma society – to find your local society check out page 29, the Contact Us page on [www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz) or the White Pages for more detail.
- COPD support groups – to find your local support group check out the Contact Us page on [www.asthmafoundation.org.co.nz](http://www.asthmafoundation.org.co.nz) or phone 04 499 4592
- your doctor or practice nurse
- a community pharmacist
- The Canadian Lung Foundation – [www.lung.ca](http://www.lung.ca)

## References

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- The Canadian Lung Foundation. Found at [www.lung.ca](http://www.lung.ca) Cited on 1/4/08
- A Guide to Living Positively with Chronic Obstructive Pulmonary Disease. 2nd edition. Boehringer Ingelheim.

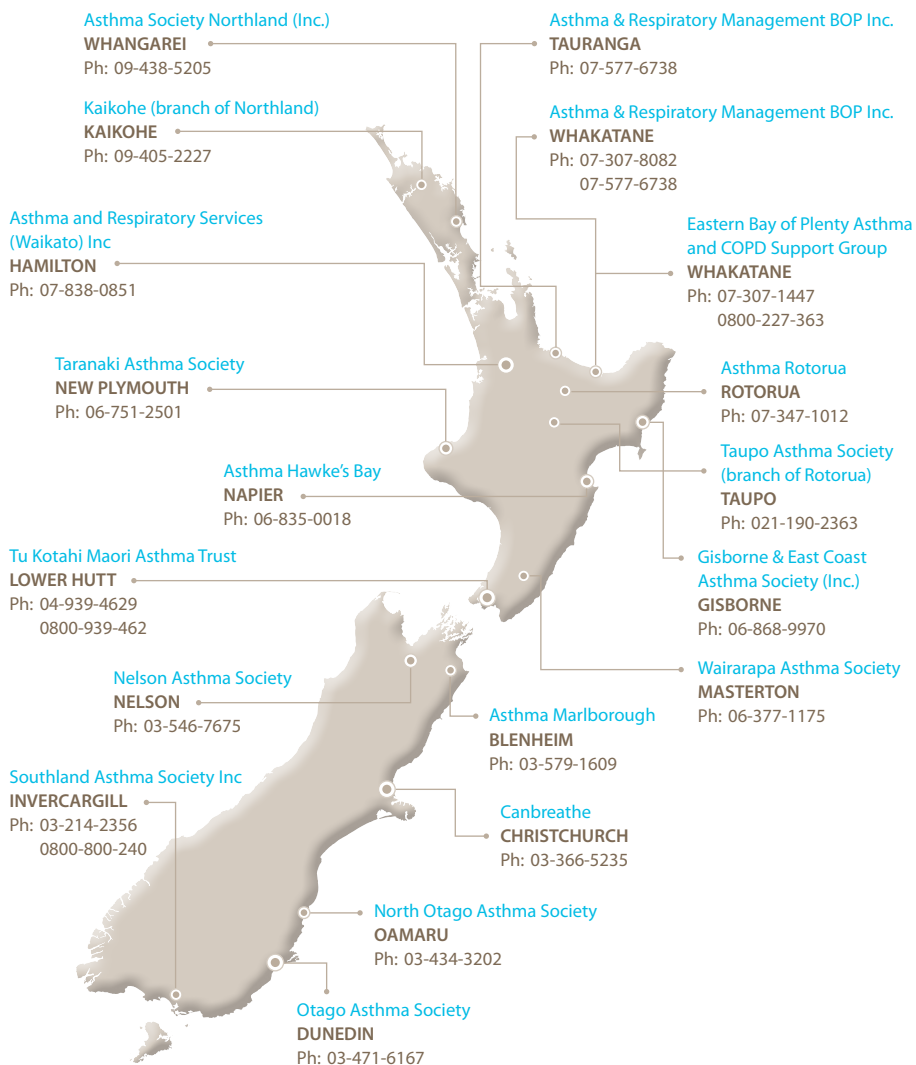
## Acknowledgements

- New Zealand Society of Physiotherapists for assistance in developing “Exercises to do at home”.
- Dr Claire Dowson, Senior Research Fellow and Clinical Psychologist, University of Otago, Specialist in psychology and respiratory conditions, for assistance in developing “Deal with your stress”.





## Your local affiliated Asthma Societies



*Breathe Easier with COPD*

UPDATED NOVEMBER 2013 - ASTH07