

COPD

What is COPD?

Chronic	=	it's a long-term condition and does not go away
Obstructive	=	your airways are narrowed, so it's harder to breathe out quickly
Pulmonary	=	it affects your lungs
Disease	=	it's a medical condition

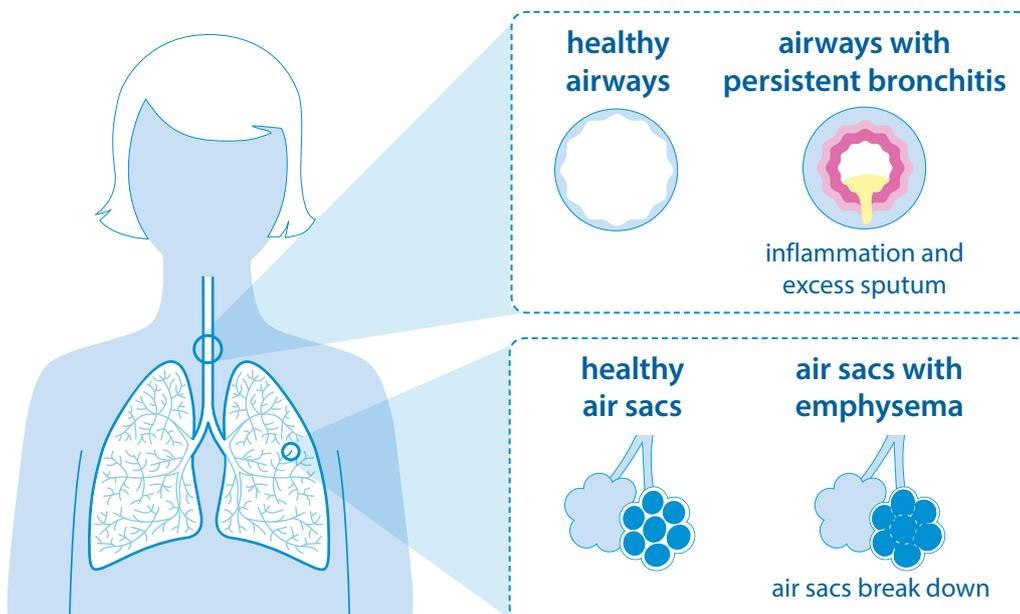
COPD describes a group of lung conditions that make it difficult to empty air out of the lungs because your airways have been narrowed.

Two of these lung conditions are:

- **long-term bronchitis** – when airways are inflamed and narrowed, often producing sputum or phlegm.
- **emphysema** – when the tiny air sacs at the end of the airways break down making the lungs baggy and full of bigger holes which trap air.

These conditions narrow the airways which makes it harder to move air in and out. This means your lungs are less able to take in oxygen and get rid of carbon dioxide.

There are treatments to help you breathe more easily and help keep you active, so it's important to get an early diagnosis.



What causes COPD?

COPD usually develops because of long-term damage to your lungs from breathing in a harmful substance. This is usually cigarette smoke, but smoke from other sources, air pollution, dust, fumes and chemicals can also contribute.

You're most likely to develop COPD if you're over 35 and are, or have been, a smoker or had chest problems as a child. COPD does seem to run in families, so if your parents had chest problems then your own risk is higher.

What are the symptoms?

Symptoms include:

- getting short of breath easily when you do everyday things
- having a cough that lasts a long time
- wheezing in cold weather
- producing more sputum than usual

You might get these symptoms all the time. Or they might start when you have an infection or breathe in smoke or fumes.

If you have COPD that has a severe impact on your breathing, you can lose your appetite, lose weight and find that your ankles swell.

How is COPD diagnosed?

Your doctor will ask about your breathing, how your daily life is affected and your general health. They'll ask if you've smoked or if you've been exposed to dust, fumes or chemicals.

They can check how well your lungs work with a **spirometry test**. This involves blowing hard into a machine which measures your lung capacity and how quickly you can empty your lungs.

They may also check your oxygen levels, how often your symptoms flare up and how short of breath you feel during everyday activities.

Your doctor should arrange a **blood test** and a **chest X-ray** to rule out other causes of your symptoms.

They'll also calculate your **body mass index (BMI)** to find out if you're a healthy weight. This is important because you can deal with your COPD better if you're not overweight or underweight.

You may see other health care professionals, such as **physiotherapists, dieticians, occupational therapists, talking therapists** and, if you smoke, **stop smoking advisers**. They can help you manage your condition and make your daily living easier.

What treatments work?

It's important you have a plan to help you manage your COPD that's agreed with your doctor or nurse. You can get one from [blf.org.uk/self-help](https://www.blf.org.uk/self-help). You should also have regular check-ups – at least once a year.

Medications

Your health care professional can prescribe medications, or combinations of medications, to improve symptoms like breathlessness and to help prevent a flare-up.

Bronchodilators are a type of medicine that you inhale to open up your airways and help you breathe more easily. You may be given inhalers with short-acting drugs, sometimes called reliever inhalers, or long-acting drugs. Most people will benefit from being on both kinds. They may be in separate inhalers or a combination inhaler.

If you have more than one or two flare-ups, you may be changed to an inhaler with a small dose of steroid in it, as well as one or two bronchodilators. This can help reduce inflammation and swelling in your airways.

If you cough up a lot of sputum, you may be given a drug called a mucolytic. This may make it thinner and easier to cough up.

Your inhaler will only help if you use it correctly. Ask your doctor, nurse or pharmacist to show you how.

Keep active and exercise

Being active can help improve your breathing, fitness and quality of life. **Pulmonary rehabilitation (PR)** is a programme of exercise and education designed for people living with COPD. It combines physical exercise with advice and discussions about your lung health. There is strong evidence that people with COPD benefit from PR and exercise more generally. Ask your doctor to refer you.

Oxygen

If you have a low level of oxygen in your blood, your health care team may send you to a specialist to see if oxygen can help you. If your oxygen levels drop when you're active, you might be given **ambulatory oxygen**, which is a small, portable oxygen cylinder. If you have low oxygen levels when you're resting, you may be offered **long-term oxygen therapy** in your home.

Get vaccinated

Make sure you get your flu jab every year. It's free for people living with long-term conditions like COPD.

Your doctor should offer you the pneumococcal vaccine which helps protect against pneumonia and other bacterial infections. Most people will need this only once.

COPD patient passport

Make sure you're getting the best care for your COPD. Visit [blf.org.uk/passport](https://www.blf.org.uk/passport)

Managing your COPD

You can also do things to help manage your COPD. Keeping active and doing exercise can make a big difference – many people find this helps more than inhaled drugs. By combining the two approaches, you're likely to get the most benefit.

Don't smoke

If you smoke, the most effective treatment for COPD is to stop. You're three times as likely to quit with help. Speak to your health care professional or pharmacist, or visit [blf.org.uk/smoking](https://www.blf.org.uk/smoking)

Eat well and stay a healthy weight

It's important to eat a balanced diet and maintain a healthy weight. If you're overweight it will be harder for you to breathe and move around. Find out more at [blf.org.uk/eating-well](https://www.blf.org.uk/eating-well)

Control your breathing

Controlling your breathing means breathing gently, using the least effort, with your shoulders supported and relaxed. You can use **breathing techniques** to help reduce breathlessness and there are certain **positions** that can help you recover when you feel out of breath. Find out more at [blf.org.uk/copd](https://www.blf.org.uk/copd)

Looking after other conditions

Many people with COPD have other long-term conditions. It is important to make sure all your health conditions are well managed and all your symptoms are properly treated. For example, heart disease is common in people with COPD and can be another cause of breathlessness. Having anxiety can make it harder to cope with feeling short of breath and worsen your breathlessness.

Managing flare-ups

A flare-up – sometimes called an exacerbation – is when your symptoms become particularly severe. This might be triggered by an infection or there may be no apparent reason.

Signs are feeling **more breathless**, **coughing more** and producing **more sputum**. Your sputum may also change in colour and consistency.

You should have a plan that you've agreed with your health care professional so you know what to do if you have a flare-up.

If you're more breathless, but you have no fever and your sputum is normal, the first step is usually to use your reliever inhaler more. Make sure you know how to make changes – such as increasing the dose.

Your plan may include a rescue pack of drugs (steroid tablets, antibiotics or both) that you keep at home. Talk about your particular situation with your health care professional and ask about side effects of long-term use of these drugs.

Make sure you know when:

- to make changes to your reliever medication
- to start to take steroid tablets
- to start to take antibiotics

Tell your doctor or nurse if things don't improve within two days of starting the drugs you keep at home. If you have more than three flare-ups in one year that require your rescue drugs, get a review with your GP or nurse.

Taking care of your feelings

Living with COPD can affect many aspects of your life. Physical symptoms such as breathlessness and coughing can mean you feel stressed, anxious or depressed.

Treatment is available to support you. Many other people have experienced anxiety and depression and have recovered. They are both very normal reactions to living with COPD. Talk to your health care professional about what help is available.

Further information

Read more about living with COPD at blf.org.uk/support-for-you

Our support groups are for people living with a lung condition. To find your local group, visit blf.org.uk/breathe-easy

Get in touch with us to find support near you.

Helpline: 03000 030 555

Monday to Friday, 9am-5pm

Ringling our helpline will cost the same as a local call.

helpline@blf.org.uk

blf.org.uk

British Lung Foundation
73-75 Goswell Road
London EC1V 7ER

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We value feedback on our information. To let us know your views, and for the most up to date version of this information and references, call the helpline or visit blf.org.uk