



## ASK THE BREATHWORKS COACH

### What is pulmonary (respiratory) rehabilitation?

Just as a money management class might help you get more out of your money by showing you how to budget and invest more effectively, a pulmonary rehabilitation program can teach you skills to manage your COPD more effectively so you can live life to its fullest. A pulmonary rehabilitation program can help someone with COPD become fitter and more physically active, and learn new ways of reducing breathlessness. In short, pulmonary rehabilitation can help you take more control over your COPD so it has less control over you.

But the benefits aren't just physical – becoming more physically active can increase your energy level, improve your mood, and help you maintain or regain your independence. Having better understanding and control of your COPD can also boost your confidence, and help keep you out of hospital when flare-ups occur.

So what are pulmonary rehabilitation programs designed to do?

- Increase your capacity for exercise
- Reduce your breathlessness and fatigue
- Increase your ability to do everyday tasks
- Improve your inhaler technique
- Provide emotional and social support

### Q&A on Pulmonary Rehab Programs

#### How do I find out whether I can participate in a pulmonary rehabilitation program?

Ask your doctor whether a pulmonary rehabilitation program is right for you. Most people with COPD can benefit from some type of pulmonary rehabilitation – the trick is finding a program. Your doctor may not be aware of all of the resources in your community, so you may

have to do some digging on your own. To find out what's available in your area, call The Lung Association, or your local hospital.

#### Are all pulmonary rehabilitation programs the same?

While most pulmonary rehabilitation programs share common goals, and usually include some combination of education and exercise, programs do differ from place to place.







**There are three main kinds of pulmonary rehabilitation programs.**

### **1. Formal, large-scale programs**

You need a doctor's referral to get into these kinds of programs, which take a broad approach to improving your health. Offered in larger centres, and typically based in hospitals (most programs don't require you to stay in hospital, though some do), comprehensive programs bring together a health care team, including respiratory therapists, physiotherapists, pharmacists, dietitians, social workers, and psychologists as well as doctors and nurses.

Before you begin a comprehensive program, one of the doctors will review your history, and examine you to make sure pulmonary rehabilitation is right for you. An exercise program will be made to fit your individual needs, and you can follow it at your own pace.

Comprehensive rehabilitation programs include training and counseling in the following areas:

- smoking cessation
- improving physical fitness
- breathing control
- energy conservation
- preventing flare-ups
- medication management
- nutrition
- learning to live with a chronic condition

Some programs offer an ongoing support program or group that will provide you with a network of understanding, and supportive people (and sometimes, even exercise equipment!) long after you finish the initial course.

Comprehensive pulmonary rehabilitation programs may be especially helpful for people who:

- are very inactive
- are afraid of physical activity
- eat a poor-quality diet
- struggle with breathlessness
- have difficulty controlling their breathing

**A rehabilitation program can help you stay healthy!**





## 2. Community-based rehabilitation programs

Not all communities offer formal, full-scale pulmonary rehabilitation programs. But that doesn't mean you can't reap the benefits of exercise, which is one of the most powerful tools for managing COPD (second only to quitting smoking, in fact). Community courses or programs (many of which are offered by The Lung Association) provide one or more of the essential elements of pulmonary rehabilitation. The possibilities include programs like maintenance programs, informal groups linked with local hospitals, nutrition classes offered by community centres, and exercise maintenance programs.

## 3. Self-directed, at-home rehabilitation programs

Maybe you're not a 'joiner'. Or you live in a town where no formal pulmonary rehabilitation programs are available. You can still improve your fitness level, and learn techniques to reduce breathlessness and fatigue: Many people with COPD develop their own self-directed rehab programs. For example, you can walk or climb stairs, gradually going a little farther each time, and practice breathing exercises every day. The key is sticking with it.

You can get help developing an at-home program. Speak to your doctor about possible exercises and activities. Read 'Canada's Food Guide' to learn how to choose healthier foods. Most importantly, learn proper breathing control so you can get maximum benefit from any rehabilitation program you choose. To learn more about breathing control techniques, check out The Lung Association factsheet: **Breathlessness**



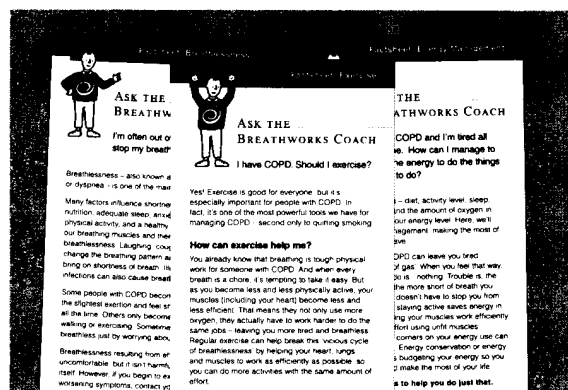
## More Resources for Pulmonary Rehabilitation

### The Lung Association website

Visit our website, [www.lung.ca](http://www.lung.ca), and look for the COPD link under the Lung Diseases section. Once you're in the COPD section, you can find pulmonary rehabilitation information in the section titled "Get Help for COPD".

### Other Factsheets

This factsheet is one of many that are available free through The Lung Association's Breathworks program. You can pick up more at your local Lung Association office. Or, you can ask to have copies mailed to you simply by calling us.



### BreathWorks / The Lung Association

If you would like advice or information on any other topic related to COPD, including details about exercise, nutrition, and coping skills, call The Lung Association at 1-866-717-COPD (2673) or your local hospital.



***Remember,  
you can do it!***



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Living Well with COPD™ - A plan of action for life  
self-management education program.*

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**B R E A T H W  R K S ™**





# ASK THE BREATHWORKS COACH

I'm often out of breath.  
How do I stop my breathlessness?

Breathlessness – also known as shortness of breath, or dyspnea – is one of the main symptoms of COPD.

Many factors influence shortness of breath. Good nutrition, adequate sleep, anxiety control, regular physical activity, and a healthy environment help our breathing muscles and therefore decrease breathlessness. Laughing, coughing, and talking change the breathing pattern and therefore may bring on shortness of breath. Illnesses like chest infections can also cause breathlessness.

Some people with COPD become breathless with the slightest exertion and feel short of breath nearly all the time. Others only become breathless when walking or exercising. Sometimes, people become breathless just by worrying about their breathing.

Breathlessness resulting from effort is uncomfortable, but it isn't harmful or dangerous in itself. However, if you begin to experience new or worsening symptoms, contact your doctor.

If your COPD is even moderately advanced, you may not be able to completely get rid of your breathlessness. But there are ways of helping yourself. The first step? Learn techniques that control your breathing, and help your lungs and breathing muscles work more effectively.

## 1. Learn breathing exercises

Everyone knows how to breathe naturally, right? But most people with COPD can benefit from learning to breathe in a couple of new and different ways.

Two helpful methods are:

- pursed-lip breathing
- diaphragmatic breathing

Before you start, ask your doctor if these types of breathing can help you. Also ask whether you need to have your medications changed or the doses adjusted. It's also a good idea to have a physiotherapist or respiratory educator demonstrate these breathing techniques, to make sure you're doing them correctly.

## Pursed-lip breathing

In COPD, the airways tend to close before you're finished breathing out (exhaling). If you can't push the 'used' air out, it's hard to take in a deep breath of fresh, oxygen-rich air. This is why you feel breathless. Pursed-lip breathing helps keep the airways open so stale air can escape. It also helps slow down your breathing, especially when you're doing something that takes effort and uses extra oxygen, like lifting, bending or walking.

**Pursed-lip breathing isn't complicated. In fact, you may already be doing it unknowingly.**



## Pursed-Lip Breathing



**STEP ONE**  
With your mouth closed, breathe in a normal amount of air through your nose.



**STEP TWO**  
Purse your mouth as if you're whistling or making a candle flame flicker gently.



**STEP THREE**  
Keeping your lips pursed, slowly blow the air out through your mouth. Do not strain yourself to force the air out.

**Try to breathe out (exhale) twice as long as you breathe in (inhale). Hint: It can be helpful to count to two as you inhale and to four as you exhale.**

You can use this type of breathing during activities that cause breathlessness, such as walking, or climbing stairs. You can also use pursed-lip breathing when you start feeling panicky and short of breath, to prevent your breathing from spiraling out of control. The trick is to practice when you're relaxed, so you find yourself doing it naturally as soon as you start becoming breathless.

## Diaphragmatic breathing

The diaphragm is the main breathing muscle. It sits at the base of your chest and separates your lungs from your abdomen. Learning to use this muscle more effectively may allow you to control your breathlessness. If you've ever watched a baby sleep, you've seen diaphragmatic breathing in action (babies and toddlers are natural 'belly-breathers') but we adults may

need a little practice to master the technique.

- **STEP ONE** Relax. Start by relaxing your shoulders. Try sitting comfortably in an easy chair.
- **STEP TWO** Place your hands lightly on your abdomen.
- **STEP THREE** Breathe in slowly through your nose. You want to feel your abdomen rise out under your hands.
- **STEP FOUR** Breathe out slowly through pursed lips. Your abdomen should fall inward.



## 2. Control rapid breathing

If you are short of breath, you automatically begin breathing faster, which in turn can make you panicky. Panic can send your breathing spiraling out of control. So how can you put on the brakes?

- Stop and rest in a comfortable position (see suggestions to follow).
- Breathe in through your mouth, blow out through your mouth.
- Breathe in and blow out as fast as necessary.
- Begin to blow out longer, but not forcibly. Use pursed-lip breathing if you find it works for you.
- Begin to slow your breathing.
- Begin to use your nose when breathing in.
- Once your breathing is under control, start diaphragmatic breathing (but only if you know it works for you).
- When you feel less short of breath, stay in this position, and continue pursed-lip breathing for five minutes, or until you feel your breathing is under control.

## 3. Practice proper positioning

Positioning your body properly can help reduce breathlessness. For instance, leaning forward slightly eases pressure on the diaphragm, allowing it to move more easily.

Keeping your arms, shoulders and neck loose and relaxed rests other muscles that help you breathe. (Tight muscles also keep you feeling tense and anxious.) Get into one of the following positions when you're trying to take control of your breathing.



## Sitting

- Place both feet on the ground.
- Lean your head and shoulders forward slightly.
- Rest your arms on your knees, or rest them lightly on a table or chair.
- Keep your arms relaxed. Pushing or grabbing at the table overworks some of smaller breathing muscles. (Hint: Letting your hands rest palms-up may help prevent you from tightening your arm muscles.)



## Standing

- Lean your back against a wall, pole, chair or counter.
- Place your feet slightly apart, and a comfortable distance away from the wall
- Relax and lean your head and shoulders forward slightly.
- Rest your hands lightly on your thighs, or a piece of furniture: Don't lean your weight on your arms.



## 4. Straighten up

Poor posture can make it difficult to breathe. Standing or sitting with your back bent, or shoulders slumped prevents the chest from expanding fully. Concentrate on keeping your spine straight (apart from the natural dip at the base of your back) to give yourself more 'breathing room'. Relaxing your shoulders (no hunching!) also gives some of your breathing muscles a break.

## 5. Exercise control

Many people with COPD find it difficult to exercise – some even avoid normal activities to avoid breathlessness. But that strategy is bound to backfire. The less physically active you are, the weaker your muscles become, so you actually have to work harder to do day-to-day things like lifting a bag of groceries, or taking a few steps. Staying as active as possible can help break this 'vicious cycle of breathlessness'.

Specially-designed exercise programs, tailored to your needs and abilities by a physiotherapist, are also very helpful. Check out The Lung Association factsheets **Exercise** and **Pulmonary Rehabilitation**, or call your local Lung Association office for more information.

## 6. Budget your energy

Learning how to 'budget' your energy can help you bring your breathlessness under control. Pacing and planning your activities, and re-organizing your home can allow you to accomplish your tasks without breathlessness. Sitting to dress yourself, allowing dishes to air dry, and economizing on stair climbing are all simple ways of saving energy. For more 'energy conservation' techniques, see The Lung Association's **Energy Management** factsheet.

## 7. Ease anxiety

Emotional stress can make you breathe more rapidly. This in turn, can trigger breathlessness. So how can you cope with anxiety? Here are a few ideas:

- Think ahead and avoid situations that cause stress.
- Make plans for situations you can't avoid, but which might cause you to become breathless. If you're traveling by air, for example, arrange for a wheelchair so you won't get winded walking from one part of the airport to another.
- If you start feeling anxious, sit down and collect your thoughts. Practice pursed-lip breathing. Remind yourself of the last time pursed-lip breathing and relaxation eased your breathlessness. Sit still for a few minutes while you calm down.
- Talk about your anxieties with your family and friends. If they're aware of emotional triggers, they can help you deal with them.
- Consider using a walker in situations where you experience breathlessness – long walks in the mall, for example.
- Consider therapy for your anxiety. Talk to your doctor about possible choices.
- Relax and try your best to remember that most things can wait. You don't have to do everything in one day, and you can ask for help.



**If I learn to control my breathing, do I still need to take my medications?**

Yes! Continue taking all medications as prescribed by your doctor, even if you feel you have better control of your breathing.

**Will oxygen help control my breathlessness?**

Oxygen therapy is not a cure-all. It's only helpful if you have critically low levels of oxygen in your blood (hypoxemia). If your doctor suspects you have hypoxemia, you will be sent for a blood test that measures how much oxygen is in your blood. For more information on oxygen therapy, check out The Lung Association's factsheet

**What you need to know about oxygen.**

***Remember,  
you can do it!***



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## ASK THE BREATHWORKS COACH

**I have COPD and I'm tired all the time.  
How can I manage to have the energy  
to do the things I want to do?**

Many different things – diet, activity level, sleep, stress, depression, and the amount of oxygen in your blood – affect your energy level. Here, we'll focus on energy management: making the most of the energy you *do* have.

You already know COPD can leave you tired, breathless and 'out of gas'. When you feel that way, the easiest thing to do is...nothing. Trouble is, the less active you are, the more short of breath you become. But COPD doesn't have to stop you from enjoying life. In fact, staying active saves energy in the long run by making your muscles work efficiently – you spend more effort using unfit muscles. Learning how to cut corners on your energy use can help you stay active. Energy conservation or energy management means budgeting your energy so you can keep going, and make the most of your life.

**Here are some tips to help you do just that.**



### 1. Pace Yourself

**Work at a slow, steady pace.** If you start to feel tired or breathless, stop and rest. Better yet, rest *before* you become breathless or fatigued, by alternating short periods of work with short breaks. Remember: the dishes, laundry, and sweeping can wait.

Rushing robs you of energy, so reduce the need to hurry. Plan ahead, and leave yourself lots of time to get things done. For instance, if you're planning a trip, start packing a week early, rather than the day before departure. Put your clothes out the night before an early-morning appointment, and set the alarm an extra 15 minutes early.

Pace your meals. Eat small meals often and rest after eating. Jumping into an activity while your body is still digesting is a recipe for breathlessness.

Listen to your body. On days you feel like taking it easy, work shorter periods or do jobs that take less energy.

### 2. Set priorities

**Figure out which jobs and hobbies are most important to you and focus on those.** Make sure some of the activities you love are high on the list; doing something you enjoy really does recharge your batteries! And make time for regular exercise — when your muscles are fit, you need less effort.

How can you shorten your must-do list? Do you really need to do all the ironing at once? Why not leave the ironing board up, and press only an item or two at a time? (Better yet – buy permanent press!) Do you have to dry dishes? How about letting them air dry? Why not cook potatoes in their skins, instead of peeling them?



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**Fact Sheet**



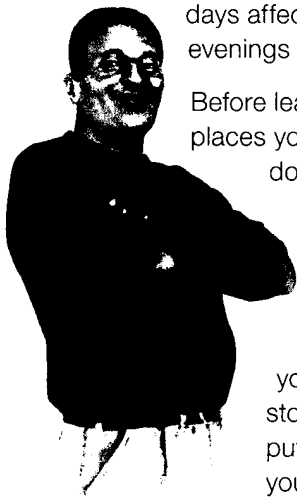
Your priorities will change as you get used to managing your chronic disease. You may choose to break jobs into smaller steps, do some activities less often, or relax your standards a bit.

Learn to 'just say no!' to things you don't want to do or can't do. We do many things only because others expect us to.

### 3. Plan ahead

#### **Plan your most tiring tasks for times when you have the most energy.**

You'll probably feel best right after you've taken your medications, so time your activities accordingly. Are afternoons tough? Try preparing dinner in the morning or in stages throughout the afternoon. Do hot, humid days affect your breathing? Wait until cooler evenings to tackle chores.



Before leaving the house, think about the places you'll be going. Can you park near the door? Are there benches to sit on?

Where are the bathrooms located? A little planning can eliminate the panic of searching for a washroom or a place to rest. List the items on your grocery list in the same order you would find them in the grocery store. If you start in the veggie aisle, put lettuce and peppers at the top of your list. That way, you won't have to walk as far.

Similarly, you can plan your week by spreading out activities, and balancing work and rest each day. Keep your schedule flexible. That way, you can put off your plans on days you have less energy.

### 4. Adjust activities

**Find easier, less tiring ways of doing chores:** these changes should help you stay active, rather than avoiding the activities altogether. (For example, sitting requires 25% less energy than standing.)

Below, we've listed some examples – no doubt you'll come up with many of your own.

- After a bath, slip on a terry robe instead of drying yourself.

- Shower while sitting on a bath stool.
- Sit while shaving, dressing, brushing your hair, or applying make-up.
- Consider trading your tub bath for a shower or a sponge bath – at least some days.
- Economize on stair climbing: Organize things so you make only one trip each day. (Hint: Use a laundry basket to collect items that need to be carried up or down at the end of the day.)
- Sit while peeling vegetables, washing dishes or ironing. Your chair should have good back support and allow you to sit without leaning.
- While making meals, make extra and freeze to use later.

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### **Get creative - think of new ways to make hard tasks easier.**

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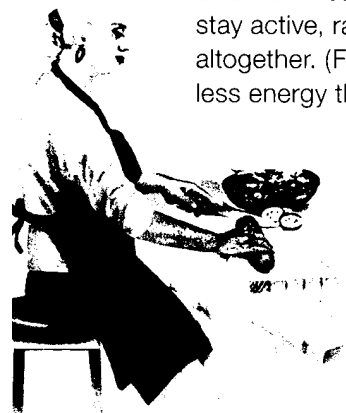
- Make bed-making easier by replacing heavy covers with a lightweight electric blanket or synthetic duvet.
- At bedtime, consider setting your clothes out for the next morning.
- Use your microwave or slow-cooker to prepare meals. It reduces the heat in your kitchen, and requires less energy to cook and clean-up.
- If you don't have a handicapped permit for your car, consider getting one.
- Try to avoid driving during rush hour. Driving on non-crowded streets is far less stressful, and you can avoid some air pollution, too.
- Shopping in small, efficiently-organized stores saves on walking.

### 5. Choose clothing carefully

**Dress for comfort!** Avoid tight-fitting bras and girdles, and choose garments that fit a little loosely. It's a bad idea to wear anything that pinches at the neck, or squeezes at the waist or chest when you inhale. (Suspenders are more comfortable than belts.) And, since tying shoelaces involves a lot of bending and stretching, try slip-on shoes when possible.

### 6. Organize your space

**Unnecessary reaching wastes energy** — particularly over your head or down to the floor. Organizing your space can cut down on tiring bending and twisting movements, and save





steps. For instance, before sitting down to work, organize tools and supplies within easy reach. And in the kitchen and workroom, plan counters and cupboards so the most frequently-used items are close at hand.

Here are a few other examples:

- Put your most frequently used objects in easy-to-reach drawers or shelves.
- Store socks and underwear in a waist-height drawer.
- Leave your shoes beside your bed, rather than by the front door.
- Before you shower or bathe, place all your soaps and shampoos within easy reach.
- Store pots in a chest-high cupboard or rack, rather than in the drawer beneath the stove.

## 7. Purchase proper tools

**The right tools can save time and effort.**

For example, to avoid lifting, use a wheeled cart or hand truck. To keep trips between kitchen and table to a minimum, carry plates, cutlery and hot dishes on a trolley. To reduce exposure to dust (which can irritate your airways), use a damp cloth instead of a feather duster, and consider wearing a mask while dusting and vacuuming.

Other items that can make everyday tasks easier:

- long-handled tongs
- long-handled shoehorns
- long-handled dustpans
- upright vacuum with disposable bag
- hand-held vacuum for small cleanups
- bath seat
- grab bars for the bathtub
- hand-held shower head
- raised toilet seat
- folding gardening stool

## 8. Ask for help

**Asking for help doesn't mean losing your independence** – it's a way of saving your energy for other, more important things.

Get help with jobs that make you breathless. Consider hiring help for household chores and yard work like lawn and garden maintenance, snow shoveling, and fall clean-up. Consider Meals on Wheels, or home grocery delivery.

## 9. Use relaxation techniques

**Take time to relax.** Tension, anxiety and worry can make you feel more tired and short of breath. Planning time for activities you enjoy and practicing a relaxation technique such as visualization or deep breathing might be helpful. And don't forget to listen to your body, so you can rest before you get tired.

## 10. Think about your posture

**Proper posture saves energy.**

Working with your back bent or shoulders slumped boosts your chances of muscle strain and increases the likelihood you'll hold your breath.

Try to avoid bending and lifting. Push, pull or slide instead. If you must lift or carry, lift with your legs, use both hands, and hold the object close to your body. Choose work surfaces that allow you to sit or stand straight. Experiment with counters and chairs of different heights. (Hint: Adjust the height of a table by placing sturdy books or blocks under the legs.)

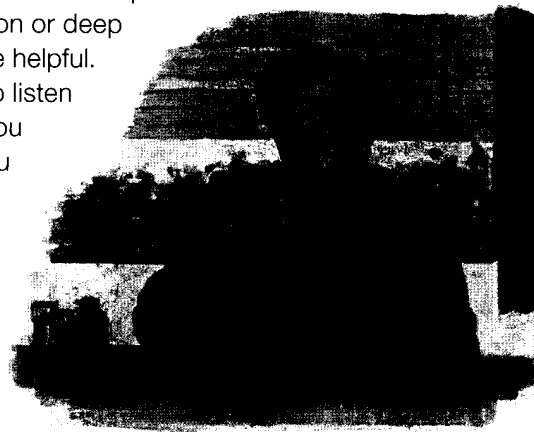
Remember to change positions frequently.

## 11. Control your breathing

**Controlling your breathing while you're exerting yourself can help reduce shortness of breath and fatigue.**

- Exhale when you're using the most effort. For instance, when bending, inhale while you are upright, and exhale as you bend.
- Do not hold your breath!
- Practice pursed-lip and diaphragmatic breathing techniques, so they come naturally.

For more information on controlled breathing techniques, check out The Lung Association factsheet **Breathlessness**.





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# ASK THE BREATHWORKS COACH

**I have COPD. Should I exercise?**

Yes! Exercise is good for everyone, but it's especially important for people with COPD. In fact, it's one of the most powerful tools we have for managing COPD – second only to quitting smoking.

## How can exercise help me?

You already know that breathing is tough physical work for someone with COPD. And when every breath is a chore, it's tempting to take it easy. But as you become less and less physically active, your muscles (including your heart) become less and less efficient. That means they not only use more oxygen, they actually have to work harder to do the same jobs – leaving you more tired and breathless. Regular exercise can help break this 'vicious cycle of breathlessness' by helping your heart, lungs, and muscles to work as efficiently as possible, so you can do more activities with the same amount of effort.

But the benefits don't stop there. Regular exercise can help you reach a healthy weight. It also strengthens your bones, and your body's ability to fight off infection. Becoming more physically active can also increase your energy level, boost your mood, and help you maintain or regain your independence. And being as fit as possible can reduce the odds that your COPD symptoms will worsen, which can help keep you out of the hospital.



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**Fact Sheet**



## **But I get tired and breathless so easily. How can I possibly exercise?**

Don't let the word 'exercise' scare you – if you have COPD, simple walking is one of the best ways of increasing your fitness level. It's easy, inexpensive, and can be done anywhere, at any time of year – in your hallway, at the nearby mall, or in a local park.

The trick is starting slowly, gradually doing a little more or working a little harder as you become fitter and stronger. Sticking with it is also important – you have to exercise regularly to reap the benefits. Remember, any amount of exercise is better than none at all. And small steps are better than no steps!

Getting started can be tough. You know you should exercise – but you don't feel great. Plus you may feel anxious about becoming short of breath. That's where the Lung Association can help. They can direct you to a Pulmonary Rehabilitation Program, (an exercise program specially designed for people with COPD) or a support group in your community. (For more information on pulmonary rehabilitation, check out The Lung Association Fact sheet:

**Pulmonary Rehabilitation.**) Or, if one of these programs isn't available in your area, The Lung Association can provide tips to help you get moving on your own.

## **What do I need to do before getting started?**

Before you even think about what kind of activity you'd like to do, take these two important steps:

### **1. Get your doctor's approval.**

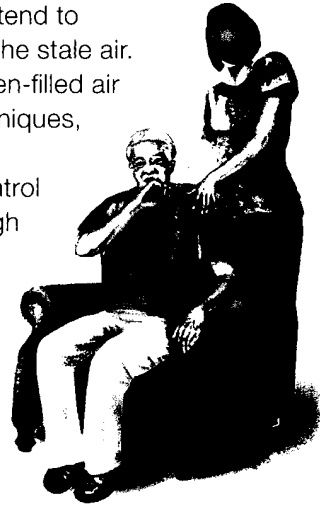
Before starting any exercise program, talk to your doctor. He or she will be able to help you decide what kind of exercise program would be best for you, and advise you how to use your medications before, during, and after exercising.

Your doctor may also suggest strategies to help get you started – using a walker, for instance. Meeting with your doctor will also give you a chance to take care of any necessary paperwork, like a referral to a pulmonary rehabilitation program, or an application for an accessible parking permit.

## **2. Brush up on breathing and coughing techniques.**

When you have COPD, your airways tend to close before you can breathe out all the stale air. This leaves less room for fresh, oxygen-filled air to enter the lungs. Some simple techniques, like pursed-lip breathing, will help get the 'old' air out of your lungs and control your breathing. Learning how to cough in a controlled way can also help clear the phlegm out of your airways so you can breathe a little easier. To learn more about productive coughing, pursed-lip breathing and other helpful techniques, check out the Lung Association fact sheet:

**Breathlessness.**



## **What else should I keep in mind before deciding when and how to exercise?**

Here are some tips that make exercise as easy and pleasant as possible – and help keep you on track.

### **1. Set goals**

Setting a goal is the first step towards achieving it. If you want to walk for ten minutes, make that your goal. Work with your doctor to establish goals that are reasonable for you and your health. Write them down in your preventative maintenance plan.

### **2. Personalize your pace**

Make sure your exercise plan is tailored to your fitness level and breathing ability. Start with the level of exercising YOU are comfortable with.

### **3. Build up slowly**

Don't push yourself too hard, but try to go a little further, or exercise a little longer every few days. That way you will increase the efficiency of your body and its muscles.

### **4. Alternate activities**

When you have COPD, you need strength in all your muscles. But you may not have the breath to exercise all your muscles at once. Exercise your arm muscles one day, and your leg muscles the next. That way, you'll get a complete workout without overtiring yourself.



## 5. Schedule wisely

Plan to exercise when you know your energy level will be high – shortly after taking your medications, perhaps. Also pick a time that your stomach isn't full – either before a meal, or an hour or two after eating. Once you figure out what works best for you, try treating your regular exercise time like you would an appointment, organizing the rest of your day around it. If you start wondering whether you have enough time to exercise – you'll find an excuse not to! Eventually exercising will become as much as part of your routine as brushing your teeth.

## 6. Listen to your body

If you are overtired or feeling sick, you may need to limit your exercising for that day. If you have a big event one day, think about cutting your usual exercise time in half, or postponing your walk until the next day.

## 7. Dress for comfort

Wear loose-fitting clothing. Dress in layers, so you can take off a sweater if you get too hot. Choose shoes that fasten easily, and offer good support as well as ample cushioning – a good-quality pair of cross-trainers or walking shoes with Velcro® fasteners is ideal.

## 8. Watch weather and pollution

Avoid exercising outdoors if pollution levels are high or the weather is too cold, too hot, or too humid. If possible, plan to exercise indoors on those days.

## 9. Treat yourself

To stay motivated, give yourself a little reward after exercising – coffee with a friend, for example. Or buy yourself that CD or book you've been wanting, but only after you've stuck with your program for two weeks.

**Reward yourself  
for reaching  
your goals!**



## Exercise regularly

You'll lose the benefits of exercise unless you do it regularly. Make fitness a priority, and set aside specific times during the week to exercise. Aim for at least three times per week. Even a small amount of exercise is better than none at all – as long as you do it consistently.

On the other hand, if you do have to discontinue exercising for some time due to illness or any other reason, don't get discouraged. Start again slowly, and you will gradually regain your muscle conditioning.

## Find the fun!

**The key to staying active is finding an activity you enjoy – you'll be more likely to keep going if exercise feels more like fun than work.**

Like to dance? Sign up for lessons. Love the water? Call your community pool or local Y to find out if aqua-fit classes are available. Always wanted to try yoga or Tai Chi? Contact your community centre to see whether they offer an introductory course. Make a regular walking date with a friend – it's a great excuse to visit, and you're more likely to get out of the house if someone is expecting you!

Prefer to exercise on your own? Listen to lively music while you work through your routine, or consider exercising in a treadmill or stationary bike so you can watch your favourite TV program while you walk or pedal.



## I want to design my own workout. What do I need to know?

First of all, a fitness routine for someone with COPD should include three main kinds of exercise:

1. Flexibility
2. Aerobic
3. Strengthening

Examples of each of these kinds of exercise are shown below. You can use them to create your own exercise routine. Remember to get your doctor's approval before starting this or any other exercise program.

### 1. Flexibility Exercise

Regular stretching is an important part of every exercise routine. It helps keep your muscles flexible and relaxed, and makes your joints move more freely. Stretching can also prevent soreness, and relieve tension and strain. First, warm up your muscles by walking in place or strolling slowly for a few minutes. Then do some gentle stretches before moving on to the main part of your workout. Don't forget to do some cool-down stretching at the end of your routine – this will gradually bring down your heart rate and blood pressure. As you stretch, try not to hold your breath. Instead, breathe slowly and naturally.

These exercises allow you to reduce stiffness and increase your range of motion. It is important when doing these exercises to feel a stretching sensation, possibly with slight discomfort, but not pain.



**Back Thigh Stretch** – Sit with your back straight, one foot flat on the floor, and the other foot extended in front of you with the heel on the floor and the toes pointing upward.

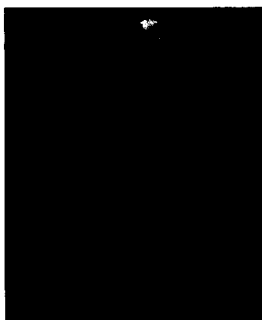
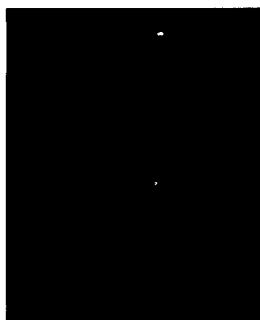
- Reach down to touch your foot, calf or knee (as far as you are able without pain).
- Remember, bend from the hip, not from the back.
- You should feel a stretch in the back of the thigh.
- Hold this position for 30 seconds. Work up to holding the position for 60 seconds.
- Stretch the back of the other thigh in the same way.
- Repeat 3 times on each leg.



**Buttock Stretch** – Sit with your back straight and one ankle placed on the knee of the opposite leg.

- Bend forward at the waist.
- You should feel a stretch in the buttock.
- Hold this position for 30 to 60 seconds.
- Stretch the other side of the buttock in the same way.
- Repeat 3 times on each leg.





**Front Thigh Stretch** – Stand resting one hand on a wall or on the back of a chair for balance.

- Hold your ankle or the hem of your trousers with your hand and pull up gently.
- You should feel a stretch in the front of the thigh.
- Hold this position for 30 to 60 seconds.
- Stretch the other thigh in the same way.
- Repeat 3 times on each leg.



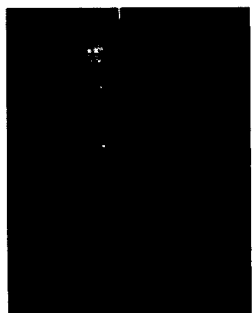
**Shoulder Stretch** – Sit or stand with your back straight and one hand placed on the outside of the elbow of the opposite arm.

- Pull the elbow gently across the chest.
- You should feel a stretch in the shoulder of the arm being pulled.
- Hold this stretch for 30 to 60 seconds.
- Stretch the other shoulder in the same way.
- Repeat 3 times on each arm.

## Your Exercise Notes

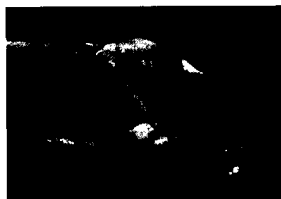
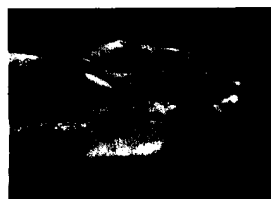
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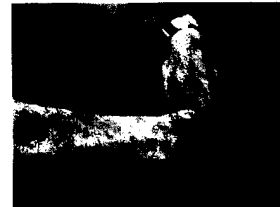
**Shoulder and Chest Stretch** – Stand with one hand and forearm placed against a wall. The forearm should be level with the shoulder. The elbow should be slightly behind the shoulder.

- Turn your head away from the wall.
- You should feel a stretch in your arm and chest.
- Hold this stretch for 30 to 60 seconds.
- Stretch the other side of the chest in the same way.
- Repeat 3 times on each arm.



**Palm Up Forearm Stretch** – Sit or stand with your back straight and one arm extended in front of you with the palm facing up.

- With the other hand, gently push down on the fingers of the extended hand.
- You should feel a stretch in the forearm.
- Hold this position for 30 to 60 seconds.
- Stretch the other palm in the same manner.
- Repeat 3 times on each hand.



**Palm Down Forearm Stretch** – Sit or stand with your back straight and one arm extended in front of you with the palm facing down.

- With your other hand, gently push down on the back of the extended hand.
- You should feel a stretch in the forearm.
- Hold this position for 30 to 60 seconds.
- Stretch the other palm in the same manner.
- Repeat 3 times on each hand.



**Neck Stretch** – Sit or stand with your back straight and your feet flat on the floor.

- Tilt your head to one side.
- Push down on opposite hand.
- You should feel a stretch in the side of the neck opposite the tilt.
- Hold this position for 30 to 60 seconds.
- Stretch the other side of the neck in the same manner.
- Repeat 3 times on each side.

**There are many possibilities for aerobic exercise. Pick the activities that you enjoy the most; ask a friend or family member to join you, and start today!**



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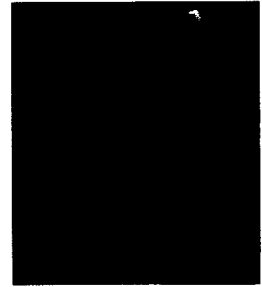
### 3. Strengthening Exercise

Resistance training strengthens and conditions your muscles, so they won't tire as quickly. Strong, fit muscles also use oxygen more efficiently, which eases the load on your lungs. For people with COPD, resistance exercises that work the upper body are especially helpful, since they strengthen the breathing muscles, too.

To build strength, you can pedal a stationary bike, perform stretches using rubber tubing, or work out with weights. But you don't necessarily need special equipment. For example, you can strengthen your arm muscles by carrying groceries, or doing elbow bends and other upper body exercises while holding a soup tin 'weight'.

### FOR THE FRONT OF THE THIGHS

Choose either A, B, or C



**A. Leg Extension:** Sit with your back straight, your hands resting comfortably on your knees and your feet flat on the floor.

- Extend one leg straight out in front of you so that your heel is on the floor and your toes pointing upwards.
- Return the leg to its original position.
- Repeat 5 to 15 times for each leg.

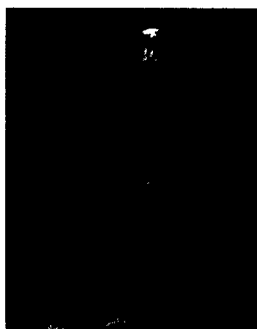
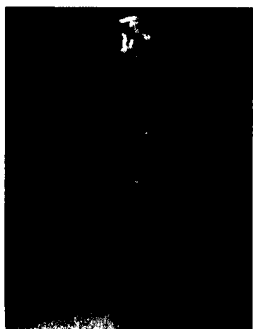


**B. Leg Extension:** Sit with your back straight, your knees forming a 90 degree angle to the floor and your hands resting comfortably on your knees.

- Lean slightly forward and stand up from the chair to a straight position with your hands at your sides. (If the chair has armrests, use them to help you stand up if needed.)
- Return to the original position
- Repeat 5 to 15 times.

**Progression:** Do this exercise holding weights in your hands.





**C. Knee Lift:** Stand with your back straight and your hands by your sides, or stand with one hand on a wall or a chair for balance.

- Lift one leg so the knee forms a 90 degree angle.
- Return the leg to its original position.
- Repeat 5 to 15 times for each leg.



**B. Leg Lift:** Stand with your back straight resting your hands on a wall or on the back of a chair for balance.

- Give one leg a small slow kick backwards.
- Return the leg to its original position.
- Repeat 5 to 15 times for each leg.

**Progression:** Do this exercise with weights on your ankles

## FOR THE BACK OF THE THIGHS

Choose either A or B



**A. Knee Bend:** Stand with your back straight, resting your hands on a wall or the back of a chair for balance.

- Lift your foot out behind you so your lower leg is parallel with the floor.
- Return the foot to its original position.
- Repeat 5 to 15 times for each leg.

**Progression:** Do this exercise with weights on your ankles.

## FOR THE ANKLES



**Heel Lift:** Sit with your back straight, your hands resting comfortably on your knees and your feet flat on the floor.

- Raise your heels.
- Return the heels to their original position.
- Repeat 5 to 15 times.

**Progression:** Do this exercise from a standing position (see 3rd photo)

**Remember: strong, fit muscles use oxygen more efficiently, which eases the load on your lungs.**





- Lift the front of your feet, pointing your toes upwards
- Return the feet to their original position.
- Repeat 5 to 15 times.

**Progression:** Do this exercise from a standing position (see 3rd photo).



**Arm Extension:** Stand with your back straight and one arm held straight out in front of you parallel to the floor. If you need help to maintain balance, hold the back of a chair with the opposite hand.

- Pull your elbow back to form a 90 degree angle.
- Return the arm to its original position.
- Repeat 5 to 15 times for each arm.

**Progression:** Do this exercise pulling both elbows back at the same time.

## Your Exercise Notes

[illegible]



## FOR THE CHEST



**Standing Push-Ups:** Stand facing a wall, with your feet flat on the floor far enough away from the wall so that your hands can be placed flat on it. Your hands should be at shoulder height and shoulder width apart.

- Keeping your feet flat on the floor, let your shoulders move in towards the wall.
- Return the body to its original position as if doing a push-up.
- Repeat 5 to 15 times.

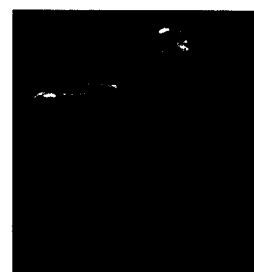
## FOR THE SHOULDERS



**Side Arm Lift:** Sit with your feet flat on the floor and your arms straight down at your sides.

- Lift one arm out to the side so that the arm is parallel to the floor.
- Return the arm to its original position.
- Repeat 5 to 15 times for each arm.

**Progression 1:** Do this exercise lifting both arms at the same time. **Progression 2:** Do this exercise with weights in your hands.



**Front Arm Lift:** Sit with your back straight, your feet flat on the floor and your arms straight down at your sides.

- Lift your arm in front of you so that it is straight out from the shoulders and parallel to the floor.
- Return the arm to its original position.
- Repeat 5 to 15 times for each arm.

**Progression 1:** Do this exercise lifting both arms at the same time. **Progression 2:** Do this exercise with weights in your hands.

## FOR THE ARMS



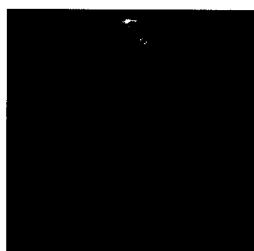
**Front Elbow Bend:** Sit with your back well supported, and your arms hanging straight down by your sides.

- Bend your elbow lifting the hand and forearm upwards.
- Return the arm to its original position.
- Repeat 5 to 15 times for each arm.

**Progression 1:** Do this exercise from a standing position while holding on to the back of a chair.

**Progression 2:** Do this exercise bending both elbows at the same time. **Progression 3:** Do this exercise with weights in your hands.





- Extend the lower arm straight back.
- Return the arm to it original position.
- Repeat 5 to 15 times for each arm.

## Your Exercise Notes

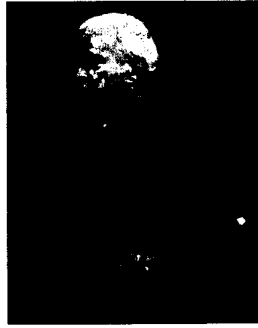
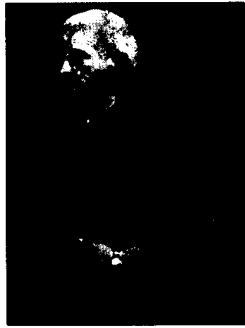
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**Don't forget to stretch after completing your aerobic and strengthening exercises.**





## FOR THE ABDOMEN



**Abdominal Contractions:** Sit with your back straight, your feet flat on the floor, and your hands placed on your abdomen with your fingers pointing towards your navel.

- Contract your abdominal muscles pulling your navel inwards and breathing out at the same time.
- Release your abdomen to its original position and breathe in slowly.
- Repeat 5 to 15 times.

**Progression 1:** Do this exercise from a standing position.



**Side Arm Lift:** Sit, or stand with your back straight, your feet flat on the floor about shoulder width apart. With your upper arms down at your sides, bend your elbows and hold your hands out in front of you. Your elbows should be about level with your navel. Or, you can simply cross your arms on your chest.

- Keeping your feet and hips still, turn the top half of your body to the side.
- Return your upper body to its original position.
- Repeat, turning the top half of your body to the other side.
- Repeat 5 to 15 times for each side.

## FOR THE NECK



**Chin Pull:** Sit with your back well supported, your feet flat on the floor.

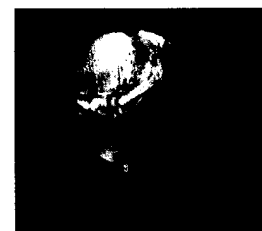
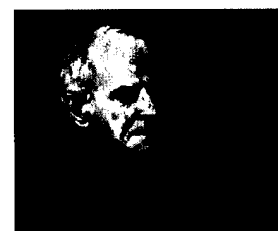
- Pull your chin and head back gently.
- Return the chin to its original position.
- Repeat 5 to 15 times.

For increased range of movement you may want to place one finger on the middle of the chin and push gently when you pull your head and chin back.



**Chin Drop:** Sit with your back well supported and your feet flat on the floor.

- Bring your chin to your chest.
- Return the chin to its original position.
- Repeat 5 to 15 times.



**Head Rotation:** Sit with your back well supported and your feet flat on the floor.

- Turn your head to the side as if looking over one shoulder.
- Return the head to its original position.
- Repeat, turning your head to the other side.
- Repeat 5 to 15 times on each side.



## Your Exercise Notes

[illegible]





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**Living Well with COPD™** - A plan of action for life  
self-management education program.*

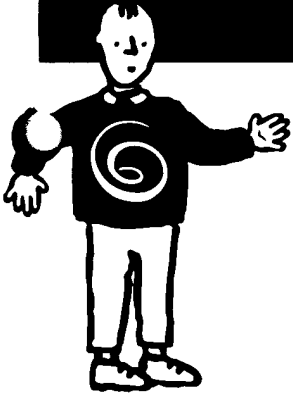
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Get the information and support you need from one of our  
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## ASK THE BREATHWORKS COACH

**I know I will always have COPD.  
What can I do to manage it?**

COPD is a chronic disease, which means it cannot be cured. However, there are many ways you can manage COPD so that you can do the things you want to do. To stay healthy, you need to understand your disease and learn how to manage it.

**Here is what you can do:**

- quit smoking (most important)
- exercise regularly
- eat well
- get an annual flu shot each fall
- get a pneumonia shot
- wash your hands regularly
- take your medications properly
- learn how to live with COPD
- follow your action plan

### **1. Quit smoking**

It is never too late to quit. Although quitting smoking will not fix the damage that has already been done to your lungs, it can help prevent more damage. Quitting smoking is hard but it is the best thing you can do to feel better.



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When you can't breathe, nothing else matters.

BREATHWORKS™

**Fact Sheet**

July 08





## 2. Exercise regularly

Regular exercise is important. If your 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 are stronger and can do more before you feel tired. There are special exercise programs for people with COPD. These programs, called pulmonary rehabilitation programs, are run by health professionals who can help you find the exercise that you can do and enjoy. (To learn more about programs, check out The Lung Association fact sheet: **Pulmonary Rehabilitation**.) Contact your provincial Lung Association to find out if there is a pulmonary rehabilitation program in your area.

## 3. Eat well

By eating well, you will have more energy to breathe properly and do the things you want to do. Eating healthy foods will help you maintain your weight, feel good about yourself, and reduce your risk of serious health problems like diabetes and stroke.

### Tips for eating well:

- Eat a variety of foods, especially fruit, vegetables and whole grains.
- Avoid greasy food or junk foods.
- Limit salt, alcohol and caffeine.

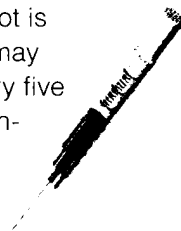
For more information about eating well, refer to Canada's Food Guide. Developed by Health Canada, the Food Guide is available for download at [http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/index_e.html) or you can order a copy by calling 1-800-O-Canada. If you have more specific questions about your diet, talk to a dietician.

## 4. Get the flu shot

To help you to stay healthy, ask your doctor or health-care provider about getting a flu shot. This should be done every year in the fall. A person who has an allergy to eggs should not get the flu shot.

## 5. Get the pneumonia shot

Another way you can stay healthy is to get the pneumonia shot. The pneumonia shot is not given every year, but some people may need to repeat the pneumonia shot every five to ten years. Talk to your doctor or health-care provider about getting the pneumonia shot.



## 6. Wash your hands

Proper hand washing can help reduce your chances of getting a cold or the flu. Always wash your hands before eating or preparing a meal and after using the toilet.



**Remember, stay healthy and follow your action plan.**



## 7. Take your medications properly

If your COPD medication is not getting in to your lungs, it cannot do its job. That is why it is important to follow your doctor's instructions exactly when taking any medications. Ask your respiratory educator or health-care provider to watch you use your medication device to make sure that your medication is getting in to your lungs.

## 8. Learn how to live with COPD

COPD affects almost everything you do. It may be hard to do some of the things that you used to enjoy. You may also get tired quickly. When you learn how to manage your COPD, you can enjoy the things you want to do. You can learn to pace yourself. Talk to your doctor or respiratory educator about ways to manage your COPD.

## 9. Follow your action plan

An action plan is a written set of instructions from your doctor. It explains what medication you should be taking on a daily basis when you feel well and how to increase your medication if your breathing problems get worse. Your action plan can help you to deal with any problems before they get worse.

### What can I do to manage flare-ups?

#### What is a flare-up?

A flare-up is what happens when your COPD starts getting worse. You may have one or more of the following for 48 hours or longer:

- more shortness of breath than usual
- more coughing
- more mucus than usual
- mucus changes colour

#### What causes a flare-up?

Flare-ups can be caused by:

- infections
- smoke
- dust
- allergens
- air pollution
- strong fumes or odours
- weather changes (cold air, hot air or humid air)
- stress



### How can I avoid flare-ups?

You can avoid flare-ups by learning what makes your COPD worse and what to do before it gets worse. For example, if cold air bothers you, cover your mouth and nose with a scarf (wrapped loosely). Another example may be to take your medication before walking on a windy day. Talk to your doctor about preparing an action plan. An action plan can help you recognize early signs of a flare-up and what steps you can take.

### What should I do if I start to have a flare-up?

Follow your action plan. It will tell you what to do if your breathing is getting worse, what medications to take and when to seek medical help.

Sometimes flare-ups still happen, despite your best efforts to prevent them. If you learn to recognize when the flare-up is starting, you may have time to start treatment before your flare-up hits full force. Early treatment could save you from having to stay in hospital.

**Remember, begin to manage your flare-up as early as possible.**



**A respiratory educator can help you to manage your flare-up with an action plan.**

It is important to see your doctor on a **regular basis** in order to help manage your COPD.

You should go to emergency when your breathing is getting much worse, your treatment is not improving your breathing or you feel uncomfortable staying at home because of your breathing.

If you do not see your doctor on a regular basis and instead go to emergency for ongoing care, you may not benefit from the follow-up that your doctor and health team can provide.



*Remember, by staying healthy and managing your COPD, you CAN enjoy the things you want to do.*

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## COPD ACTION PLAN FOR

Name: _____	Phone Number: _____
Dr.: _____	BreathWorks Helpline: 1-866-717-2673
Hospital Emergency #: _____	Respiratory Educator: _____
Pharmacist (name): _____	Phone #: _____
Phone #: _____	

<ul style="list-style-type: none"><li>• My breathing problems have not changed (shortness of breath, cough, and mucus).</li><li>• My appetite is normal.</li><li>• I have no trouble sleeping.</li><li>• I am able to exercise and do my daily activities as usual.</li></ul>	Continue taking my medications as prescribed by my doctor. _____ _____ _____ _____
---	--

<ul style="list-style-type: none"><li>• I am feeling stressed or have been exposed to things that make my breathing worse.</li><li>• I am more short of breath than usual.</li><li>• I am coughing or wheezing more than usual.</li><li>• I have more mucus than usual.</li></ul>	<ul style="list-style-type: none"><li>• Try to avoid or stay away from what is making my breathing worse.</li><li>• Breathe from my diaphragm or with pursed-lips.</li><li>• Lean forward. Relax my neck, shoulders and arms.</li><li>• If standing, lean against a wall with my feet slightly apart.</li><li>• Take my medications, especially my reliever.</li></ul> _____
---	---

<ul style="list-style-type: none"><li>• I have increased shortness of breath.</li><li>• I have more mucus than usual.</li><li>• I have green or yellow mucus with or without a fever.</li></ul>	Call my contact person or doctor. Start my treatment as soon as possible. Start my antibiotic _____ for ____ days. _____ _____ Start Prednisone _____ for ____ days. _____  <b>IF MY SYMPTOMS DO NOT IMPROVE AFTER 48 HOURS, I WILL CALL MY DOCTOR. IF IT IS AFTER OFFICE HOURS, I WILL GO TO THE EMERGENCY ROOM.</b>
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I FEEL I AM IN DANGER	WHAT SHOULD I DO?
<ul style="list-style-type: none"><li>• I am extremely short of breath.</li><li>• I am confused, agitated or drowsy.</li><li>• I have sudden chest pain.</li></ul>	<b>CALL 911</b>



### Signs that the flare-up may be getting worse:

- an increase in the thickness or stickiness of your mucus
- chest pain
- fever
- swollen ankles
- needing to sleep sitting up instead of lying down
- morning headaches, dizziness, trouble sleeping, confusion
- blue lips or fingers
- feeling sick

If you notice any of the above signs, call your doctor right away. If you can't reach your doctor, have someone drive you to the nearest emergency room.

If you are ever unsure about what to do, call your doctor and ask for guidance

### If you have any of the following, go to the emergency room immediately. Call 9-1-1 or an ambulance. Do not drive yourself.

- sudden, extreme breathlessness
- sudden chest pain
- feeling confused, agitated or drowsy

### What can I expect at the hospital?

- You will be asked what medications you currently take so it is a good idea to always have an up-to-date list of all your medications (including how much you take and how often) that you can bring with you.
- You will be asked questions about your COPD.
- You will be given medications to open your airways so you can breathe easier.
- Your pulse, temperature and blood pressure will be taken.
- You may be given oxygen with a mask.
- An attachment may be placed on one of



your fingers. This measures the oxygen in your blood.

- An intravenous or IV may be started. This provides another way of giving you medication to open your airways.
- You may be given an anti-inflammatory to decrease swelling in your airways.
- You may be given an antibiotic if your flare-up is due to a lung infection.

### What should I do before I leave the hospital?

Make sure you understand any medication changes that have been made at the hospital. This includes medications that have been started or increased during your hospital stay. You should know how long to keep taking each medication and when you should decrease or stop taking them.

If the hospital staff thinks it will take more than a few days for your emergency room record to reach your doctor, it might be a good idea to ask for a copy to take home with you.

### What happens when I go home?


Within 2-3 days of leaving the hospital, you should call your doctor for an appointment. You and your doctor need to talk about why you ended up in the emergency room so you can prevent it from happening again.

Your doctor will also need to know about any medications you were given, any new drugs or any increase in the dose of your usual medications. Your doctor can also tell you how long to keep taking the medication prescribed at the hospital before returning to your regular medication routine.

Your doctor may also want you to see a respiratory educator who can help you manage your COPD.

**Remember, always keep an up-to-date list of your medications including how much you take and how often you take them.**



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## About this Guide

**If you think you might have COPD, if you know you have it, or if you know someone else who has it — this guide can help.**

If you think you might have COPD, this guide can help you get the information you need to get an early and accurate diagnosis.

If you've been diagnosed with COPD, you may already know some of the challenges ahead. Learning about how to live with COPD can help make your future more certain, more hopeful. This guide is a first step toward learning to manage your disease. Share this guide with your family, friends and caregivers.

**This guide can help you learn to:**

- *prevent and slow the progression of your COPD*
- *relieve your symptoms*
- *improve your health and better manage your COPD*





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# COPD and Your Health

Breathing – we all do it. It's easy for most people. We take it for granted. But if you have COPD, breathing can be a struggle.

**Chronic Obstructive Pulmonary Disease** – that's what COPD means – is a long-term disease that makes it hard to move air in to and out of your lungs. Once you've got COPD, you can't get rid of it. In fact, your COPD may get worse. But there are ways you can manage your COPD and treat your symptoms.

Many people with COPD live satisfying, hopeful lives. So can you. Learning how to manage your COPD is the first step to feeling better. And that's what this guide is all about – helping you to recognize whether you have COPD and, if you do, helping you learn to manage it.





## The Lung Association's BreathWorks program

We know that COPD can affect every part of your life. Climbing stairs, preparing a meal, or taking a walk – simple things you once did without a second thought – become serious challenges.

COPD can keep you from working. It can change relationships with your spouse, your family and friends, and your co-workers. In fact, the emotional toll of COPD can be as big as the physical symptoms. But you can learn to cope with your symptoms and your feelings.

The BreathWorks Program is designed to help you and your family cope with the emotional and physical challenges of living with COPD. We will give you the support and practical information you need to live a full life.

You'll find our BreathWorks **Coach** in this guide. Just like an actual coach, the BreathWorks **Coach** helps you get the best from yourself - helping you to help yourself.

The BreathWorks **Coach** is here to:

- *answer your questions*
- *direct you to important information*
- *encourage you to take charge of your COPD symptoms*

To learn more about COPD, and to get free, confidential advice, call our BreathWorks COPD Helpline. A Certified Respiratory Educator will answer your questions about COPD:

The Lung Association's BreathWorks COPD Helpline:  
**1-866-717-COPD (2673)**

**You can also visit our** website at **[www.lung.ca/copd](http://www.lung.ca/copd)** for detailed information about COPD.





## What is COPD?

COPD is short for Chronic Obstructive Pulmonary Disease. It means the airways (breathing tubes) in your lungs are swollen and partly blocked. COPD is a long-term disease that gets worse over time.

**COPD can't be cured, but it can be treated.** With the right treatment, people with COPD can lead active lives and live for many years. People can learn strategies for living with COPD.

COPD includes two major breathing diseases:

- *chronic bronchitis*
- *emphysema*

The **chronic bronchitis** part of COPD makes your airways red, swollen and irritated. The glands in your airways make extra mucus (phlegm), which blocks some air from passing through. This makes you cough, spit up mucus, and feel short of breath.

The **emphysema** part of COPD damages the tiny air sacs (alveoli) at the tips of your lungs. Normally your air sacs are stretchy, like balloons – they stretch out as you breathe in and shrink as you breathe out. But emphysema makes your air sacs stiff. They can't stretch anymore, so air gets trapped inside them. This makes it hard for you to take in air and it makes you feel tired.

COPD is on the rise in Canada and around the world. More than 750,000 Canadians have COPD. Lung Association research shows that many more have COPD symptoms but have not yet been diagnosed.





## Signs and symptoms of COPD

People with COPD usually have some of these symptoms:

- *feeling short of breath*
- *feeling tired*
- *coughing, and coughing up phlegm (mucus)*
- *wheezing*
- *getting lung infections a lot (the flu, pneumonia– it usually takes you longer than most people to get better after a cold)*
- *losing weight without trying*

COPD is the kind of disease that sneaks up on you. It might start with a cough that doesn't go away. Or maybe you notice you're short of breath when you walk up the stairs.

People might think that feeling short of breath is a normal sign of aging but it's not. If you have these signs and symptoms, see your doctor. Ask for spirometry, a simple test that measures how much air you move out of your lungs.





## Quick COPD test

If you are over 40 and you smoke, or you used to smoke, take this quick test:

	YES	NO
1. Do you cough regularly?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you cough up phlegm (mucous) regularly?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do even simple chores make you short of breath?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you wheeze when you exercise or do chores, or at night?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you get a lot of colds, and do they last longer than other people's colds?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to one of these questions, you may be at risk for COPD. Ask your doctor about a simple breathing test called spirometry.

If you do have COPD, it's really important to get diagnosed early. The sooner you're diagnosed, the easier it is to treat your COPD.





## **Ask the BreathWorks Coach**

### ***“Why are my COPD symptoms different from other people’s COPD symptoms?”***

People with COPD can have a range of symptoms and triggers (things that make their symptoms worse). Some people get short of breath from walking. Other people wheeze and cough up a lot of mucus (phlegm). Some people find it hard to breathe cold air. Other people find it hard to breathe warm, humid air. Each person’s symptoms and triggers are a little different.

There are different stages to COPD. Someone with early-stage COPD may be active, exercise a lot and live a fairly normal life. Someone with severe COPD might have a less “normal” life— he might need to take oxygen all the time and he might not be able to walk far or exercise much.

Your treatment depends on your symptoms and your stage of COPD. The great thing is that you can improve your symptoms and slow down your disease by taking medicine, joining a pulmonary rehab group or exercising on your own, and making healthy choices. Even people with advanced COPD can become more fit and more healthy if they get the right treatment and get active.





## What causes COPD?

Smoking is the main cause of COPD in 80-90% of cases. Other things that can cause COPD are:

- *a rare genetic disorder called Alpha-1 antitrypsin deficiency*
- *second-hand smoke*
- *air pollution (dust or chemicals)*
- *having repeated lung infections as a child*

Sometimes people with COPD feel guilty or ashamed. They think “I smoked, so I guess I brought this disease on myself.” People with COPD who feel ashamed or guilty might avoid seeing the doctor. They might be in denial about their symptoms. They might not reach out to get the help they need. This is a problem.

Everyone who feels sick deserves to feel better. Everyone with COPD deserves to get help. It doesn't help to think about the past and feel guilty. What's important is to think about today and tomorrow and the future. What can I do now to feel my best? How can I live the healthiest life possible?





# How to Manage Your COPD

COPD can't be cured, but you can relieve some symptoms.

If you have COPD, you need to stay as healthy as you can. Your COPD will get worse over time, even with the best care. But you can do a lot to slow down the progression of COPD.

Begin by talking to your doctor. Your doctor will work with you to manage your COPD. Your treatment will depend on the stage your COPD is at, and what your symptoms are.

It's important for you to learn to manage your COPD yourself. You might see the doctor once a month or once in a while – but you have COPD all day every day. So you need to know what to do on your own. If you know what to do to take care of yourself, you can feel better and more in control. Of course, if your symptoms get worse, or if you have any questions or concerns, you should go to the doctor for help.

If you don't have a family doctor, try to get one. It's easier to manage a long-term disease like COPD if you get regular care from the same doctor. It's also important to work with a team of people who can help you manage your COPD. On page 35, we talk about your COPD team.





# The BreathWorks PRIME Plan to manage your COPD

To feel better with COPD, you have to work at it every day. By making healthy choices - not smoking, eating right, exercising – you can slow down your COPD. You can enjoy a more active, fun life. The trick is to work at it every day, not just when you feel horrible.

*These five steps will help you manage your COPD:*

- 1. Prevent and slow the progress of your COPD.**
- 2. Relieve your symptoms.**
- 3. Improve your health and get active.**
- 4. Make sure you prevent flare-ups, and treat flare-ups quickly** (a flare-up is when your COPD symptoms get worse).
- 5. Establish your COPD team.**





# 1

## **Prevent your COPD from getting worse: QUIT SMOKING**

If you've already stopped smoking, congratulations. You've done the best thing possible for your COPD. Quitting smoking is the very best way to prevent COPD and to slow it down if you already have it.

If you haven't yet quit smoking, now's the time to quit. It's never too late. By quitting, you prevent further lung damage. If you continue smoking, the damage will continue and you'll be more likely to have chest infections, coughing, and phlegm (mucus). The toxins and tar in cigarettes will continue to clog up your lungs, stopping your lungs' natural cleaning action.

Quitting is tough. It may be one of the toughest things you ever do. The good news is that there are people, programs and medicine to help you quit smoking. Your chance of success is highest if you combine quit smoking supports.

Each year thousands of people with COPD quit smoking. So can you. It's not easy, but quitting smoking is the single best thing you can do to improve your health and your quality of life.

Quitting smoking can be a major turning point in your life. Many people say quitting gives them a better sense of well-being and inspires them to make other healthy choices, like eating better and exercising more. Many smokers don't quit until they get diagnosed with COPD. A COPD diagnosis is a wake-up call. After they quit and start treating their COPD, many people feel much better than they have in years.







The decision to quit smoking  
is yours to make. No one else  
can make it for you.



# ASK THE BREATHWORKS COACH



## ***“I need help to quit smoking. Where can I get it?”***

If you want help to quit smoking, contact:

- **The Lung Association** – for information on quitting and referrals to quit programs in your area, call The Lung Association toll-free, at **1-866-717-COPD (2673)** or visit our website at **[www.lung.ca/copd](http://www.lung.ca/copd)**
- **Your family doctor**
- **Your friends**
- **a local support group**

Your doctor may recommend medical treatments to help you quit smoking. These include:

**Nicotine replacement therapy**, such as the nicotine “patch” or nicotine gum. You can get these over-the-counter (without a prescription) at most pharmacies.

**Bupropion hydrochloride** and **varenicline tartrate**  
These are medicines that work on the “addiction centre” in the brain. They can reduce your craving to smoke. You need a doctor’s prescription for them.

Quitting smoking may be one of the hardest things you’ll ever do. But it gets easier with practice. Research shows that every time you try to quit, you boost your chances of quitting for good. Your chance of success is even higher if you combine quit methods like counseling, nicotine replacement (“the patch”) or other medications.



## Don't fall for:

- programs that promise “quick cures” or
- “light” or “low-tar” cigarettes as an alternative to quitting — they’re as harmful as regular cigarettes

It's tough to quit if you don't have help. Most people have to try four of five times before they can quit for good. Keep trying. You're worth it! In fact, your life may depend on it.

**You can do it!**





# 2

## Relieve your symptoms

Breathlessness, cough, mucus and fatigue – all are symptoms of COPD. There are many ways you can prevent or relieve some of these symptoms. You can:

- *take medicine*
- *control your breathing and conserve your energy*
- *avoid things that trigger your COPD symptoms*

Medicines can help control COPD symptoms. Exercise and healthy eating can also make you feel better. If you're out of shape and eat poorly, you run the risk of increased breathlessness, cough and mucus. You want to be as healthy and as physically active as your lungs will allow.

You'll also want to avoid the things that cause breathing problems. Simple things, like a whiff of perfume or a blast of cold air, can trigger your COPD. For details on how to avoid these triggers, see page 22 of this guide.

### *Take COPD medicines*

Medications cannot cure COPD, but they can help relieve symptoms. Different types of medicines treat different symptoms. When your symptoms are under control, you'll feel better.

Sometimes, your symptoms may get worse – this is called a COPD flare-up. If you have a flare-up, your doctor may prescribe extra medicines to help you feel better.

To get the full benefit from your medications, you must follow the doctor's instructions. Some medicines are to take only when you need them, like your quick-relief bronchodilator. Other medicines must be taken regularly, every day. Take them as instructed by your doctor. If you're not sure about when or how to use your medications, ask your doctor, your pharmacist, or call the BreathWorks helpline.

Keep a list of all the medicines you take, and show it to your doctor and pharmacist. They can make sure you don't have any drug interactions.





## *Here are the basic COPD medications you should know about:*

- *bronchodilators – to relieve shortness of breath*
- *combination bronchodilators & anti-inflammatories – for prevention*
- *antibiotics – for fighting infection*
- *vaccines for flu and pneumonia – to prevent infections*
- *supplemental oxygen– a helper*

### ***Bronchodilators***

If you have COPD, your main symptom is probably shortness of breath. You might get short of breath when you exercise, when you do chores, when you feel upset, or for no reason at all.

Bronchodilator medicines open up the airways (breathing tubes) in your lungs. When your airways are more open, it's easier to breathe. Bronchodilators can be inhaled or taken as a pill.

#### **The three main groups of bronchodilators are:**

- i. beta2-agonists*
- ii. anticholinergics*
- iii. xanthines*

#### **i) Beta2-agonists work to relieve breathlessness.**

Beta2-agonists are medicines you inhale. They come in two varieties: short-acting and long-acting. Short-acting beta2-agonists are often used as a “rescue” (“quick-relief”) medicine, to open airways quickly. They can also be taken on a regular basis.

#### **ii) Anticholinergics also work to relieve breathlessness, but in a different way than beta2-agonists.**

Anticholinergics are effective in treating COPD - especially if they are taken on a regular basis. Anticholinergics also come in two varieties: short-acting and long-acting. Anticholinergics are also medicines you inhale.

#### **iii) Xanthines are tablets that may help relieve breathlessness.**

Xanthines/ theophyllines are pills that can make your breathing muscles stronger and make your airways more open and less swollen.

**Doctors may prescribe more than one kind of bronchodilator to treat your COPD.**





## ***Combination bronchodilators and anti-inflammatories***

If you have ongoing breathing problems and moderate or severe COPD, your doctor may prescribe a combination medicine. Combination medicines combine a bronchodilator that relieves shortness of breath, and an inhaled corticosteroid\* that brings down the swelling in your airways. Over time, combination medicines can help prevent COPD flare-ups.

Combination medications are “preventer” medications that need to be taken every day, usually twice a day. They come in inhalers. Combination medicines help over time, but they do not help right away. If you need help right away, take your quick-relief medicine, a bronchodilator like salbutamol (Ventolin, Airomir) or formoterol (Oxeze).

\*Note: Corticosteroids for COPD are **not** the same thing as the anabolic steroids some bodybuilders take to build muscle.

## ***Antibiotics***

Some COPD flare-ups are caused by bacterial infections in your airways (breathing tubes). Antibiotics treat COPD flare-ups caused by bacteria. Different antibiotics kill different types of bacteria.

Many COPD flare-ups are caused by viruses. Antibiotics don't work on viruses, so you won't be able to use antibiotics if you have a viral infection.

Your doctor may give you an antibiotic prescription to have on hand and fill if you feel a COPD flare-up is coming on. Your doctor will give you a COPD action plan with clear directions on what to do and what medicine to take if you have a flare-up.





## ***Vaccines for flu and pneumonia***

Vaccines can help protect you against specific strains of flu and pneumonia. Both types of vaccine can lower your chances of getting a flare-up. You need to take a “flu shot” every year, usually in the fall. Most people need to take the pneumonia shot once, but some people might need a second dose (a booster) - ask your doctor about this.

## ***Supplemental oxygen***

If you have lung damage from COPD, it may be hard for you to get enough oxygen from the natural air. Low oxygen levels can make you short of breath and tired. If your blood oxygen level is very low, the doctor may prescribe you supplemental oxygen.

Not everyone who has COPD needs to be on oxygen. To find out if you need supplemental oxygen, speak to your doctor or Certified Respiratory Educator.

To get the most from your medicines,  
you must take them as instructed by  
your doctor.





# ASK THE BREATHWORKS COACH



***“How do I know if I’m taking my COPD medicines properly? They’re all so confusing.”***

Puffers, dry powder inhalers, spacers.... These are just three of the devices you might use to take your medicines. It is important to use your COPD inhalers and devices properly, so all your medicine gets to your lungs, where you need it. You will not get the full benefit of your medicines unless you take them properly.

Learning to take your medicines can be complicated. Begin by asking your doctor for a demonstration. And don’t forget to ask your pharmacist to give you a demonstration too. Then, if you’re still confused, keep on asking!

There’s a good reason that you inhale so many of your COPD drugs. Inhaling medication directly into the lungs is the best way to take the medicine, and it means you’ll have fewer side effects.

If you have questions about your medicines or their devices, ask your doctor, pharmacist, respiratory therapist, or a Certified Respiratory Educator from The Lung Association’s BreathWorks Helpline at 1-866-717-COPD (2673).



## ***Control your breathing and conserve your energy***

Many people with COPD want to do certain things but can't, because they are short of breath. There are ways to be less short of breath when you walk, talk, and exercise. You can:

- *Practice simple breathing techniques*
- *Clear your mucus (phlegm)*
- *Learn how to conserve your valuable energy.*

By following these steps, you can do more of the things you want to do.

The Lung Association website has diagrams and instruction that explain different breathing and coughing techniques. It also offers a section called "Living with COPD", that gives advice on how to do chores with less effort, how to travel with COPD, how to garden with COPD, and more.

### **Go to [www.lung.ca/copd](http://www.lung.ca/copd) for more information.**

You can also ask your doctor about breathing techniques, and for a referral to a pulmonary rehabilitation class that will teach you these techniques and other strategies for coping with COPD. For more details on pulmonary rehabilitation, see page 25 of this guide.

Remember, don't rush! Life is not a race. Take your time. Conserve your energy. Rest if you feel dizzy at any time. Rest between your tasks. Stress can make breathing difficult, so plan your activities ahead of time and try to keep stress to a minimum. You'll accomplish the things you want with less breathlessness.





# ASK THE BREATHWORKS COACH



## ***“How can I make sure the air I breathe won’t make my COPD symptoms worse?”***

Often, air pollution can trigger your COPD symptoms – it can make your symptoms worse. Here are some tips to make sure that you avoid air pollution and breathe the cleanest air possible:

### **Outdoor air**

If you live in an area that’s prone to smog, the simplest way to avoid dirty air is to stay inside during a smog alert, ideally in an air-conditioned place. Listen to the radio, watch television, and read the newspapers. When smog alerts appear, stay indoors, close your windows, and turn on the air conditioner. Make sure you stay cool, and make sure you drink water to stay well-hydrated.

Keep in mind that smog can happen at any time of year, not just in summer.

Also, avoid travelling in rush hour and avoid using underground parking. If you can, get someone to drop you off at the door.

### **Indoor air**

Keep your indoor air clean by making your home totally smoke-free. Air out your living environment. Keep fresh air moving throughout. Keep rooms clean and uncluttered. Dust often.

Try not to use chemicals in your home. Everyday things like paint, varnish, household cleaning products, hair-spray and perfume can trigger breathing problems. Avoid things with strong smells and perfume, and use natural cleaning products instead.

For more information on improving the quality of the air you breathe, contact The Lung Association at

1-866-717-COPD (2673).



## *Avoid triggers- things that make your COPD symptoms worse*

Many people with COPD notice that dusty or smoky air makes it harder for them to breathe. For other people, polluted air, cold air, humidity, or wind make breathing harder. Strong smells can also cause breathing problems.

As you live with your COPD, you'll figure out the triggers that irritate your breathing.









# 3

## Improve your health and get active

If you have COPD, you'll feel much better if you stay active. Exercising can help you breathe better and can give you more energy.

But it can be hard to get active if you have COPD. People with COPD are often tired. When you're tired, you feel like sitting around and doing nothing. Sitting still is tough on your body. It weakens your heart and lungs and reduces the fitness of your muscles. In the end, you feel even worse – you have less energy, you're more tired, and you're more short of breath. So you feel even less ready to get active. It's a trap – the less you do, the less you can do.

Thankfully, it's possible to break out of this trap and get moving.

### *Exercise regularly*

It pays to exercise. Regular exercise will help you get out of the trap of sitting still and feeling tired all the time.

When you're fit, you can supply enough energy to your lungs, arms and legs for all your daily activities. Your exercises don't have to be fancy or complicated, but you do have to exercise regularly. A good way to start exercising is to do stretching and breathing exercises and take a walk every day.

### *Join a pulmonary rehabilitation program*

A great way to learn how to exercise, and to get encouragement, is to join a pulmonary rehabilitation program. Pulmonary rehabilitation is strongly recommended for most people with COPD.

Pulmonary rehabilitation (also called respiratory rehabilitation or just rehab) is a special program for people with long-term lung diseases like COPD. It's usually led by a respiratory therapist, a nurse, or a cardio-pulmonary physiotherapist.



Rehab teaches people with COPD:

- *How to exercise – and it gives you a chance to practice exercising*
- *How to manage your COPD – it covers topics like nutrition, how to do chores with less effort, etc.*
- *How to do breathing and coughing techniques*

Pulmonary rehabilitation classes are usually fun, too- COPDers enjoy this chance to spend time together and encourage one another.

Full-scale pulmonary rehabilitation programs are usually offered at hospitals or clinics in larger cities. If you live in a smaller centre that doesn't offer pulmonary rehabilitation classes, there are some alternatives to try:

- *informal programs offered by smaller hospitals*
- *exercise maintenance programs*
- *nutrition classes at your local community centre*
- *a mall-walking club in a neighbourhood shopping centre*
- *an aqua-fit class at your local pool.*

Many people with COPD develop their own self-directed “rehab programs,” including activities they pursue on their own, often in their homes.

Joining a pulmonary rehabilitation program may require a referral from your doctor. Talk to your doctor to see if pulmonary rehabilitation is for you. Then call the BreathWorks Helpline at 1-866-717-COPD (2673) to see if there's a pulmonary rehabilitation program available in your area.

Before you begin any exercise program, talk with your doctor. Ask if using your bronchodilator medicine before exercising will help you exercise more easily. Also ask about breathing and coughing techniques that can help you as you're exercising.





## Eat well and keep your weight in check

Eating nutritious foods can help you feel better. If you eat unhealthy food, or if you don't eat enough, you can be low on energy. When you're low on energy, you don't feel like exercising, and your muscles get weaker. When your muscles are weak, it's harder to breathe. Good food can help you feel more energetic.

Some people with COPD are underweight. They find it tiring to chew, and eating makes them short of breath. So they eat less, and they don't get the nutrition or energy their body needs. If you are underweight, try easy-to-eat, high-calorie foods, as well as nutritional supplements. Try to eat many small meals each day, instead of a few large ones. Ask your doctor for a referral to a dietitian.

Some people with COPD are overweight. Being overweight can also cause problems for people with COPD. For example, if you have a large stomach, it can press against your diaphragm, a muscle that helps you breathe – this can make it harder to take a breath. People who are overweight should avoid unhealthy food and high-calorie drinks (pop, beer) and should try to exercise more. It's also helpful to see a dietitian for advice on choosing healthy foods.

**Canada's Food Guide** is a good place to learn about healthy eating. It's a free guide put out by Health Canada, and it comes in many different languages. Ask for a copy from your doctor or your local health unit, look at the guide online, or call 1 800 O-Canada (1 800 622-6232) to order your free copy from Health Canada.

If you are concerned about the foods you eat or about your weight, speak to your doctor. Your doctor may be able to help you develop a plan for healthy eating or may refer you to a dietitian.





## **Enjoy and maintain sexual intimacy**

Sexual intimacy is one of life's great pleasures. But it's a difficult topic for many people to discuss. Sexual intimacy - feeling loved and touched by another - is a key element of a complete relationship between two loving adults. Although COPD may make maintaining a full and healthy sex-life less straightforward than it otherwise might be, it does not mean the end of your sex life!

Plan to have sex at times when you're rested. If you eat a very large meal or drink a lot of alcohol before lovemaking, you could get breathless. Don't worry—your COPD medications won't interfere with sexual functioning. In fact, taking a dose of your quick-relief medicine (bronchodilator) before sex may reduce breathlessness. Use any sexual position that is comfortable and pleasurable for you and your partner. And go slowly - - don't rush!

## **Take control and ask for help when you need it**

Managing your COPD is all about helping yourself. You can do it. Find out all you can about the disease. Reading this guide is a good first step.

But as much as you need to help yourself, there will be times when you need to reach out to others. Don't be afraid to ask for help.

Plenty of organizations, starting with The Lung Association and its BreathWorks Program, are there to support you. BreathWorks is ready with help, advice and information. To find out what's specifically available near you, call The Lung Association toll-free, at **1-866-717-COPD (2673)** or visit our website at [www.lung.ca/copd](http://www.lung.ca/copd).

Stay connected! Loneliness and boredom can set in very quickly if you don't keep in contact with your friends and family. Joining a COPD support group, like those offered by The Lung Association, is a great way to meet new people and get encouraged and inspired.

Managing your COPD is all about  
helping yourself.





# 4

## Make sure you prevent and treat flare-ups

A flare-up is when your COPD symptoms get worse. Flare-ups are usually caused by:

- *a trigger - like air pollution or allergies , or*
- *a chest infection – from a virus (cold, flu, etc.) or from bacteria*

It's very important to prevent flare-ups and to treat them as soon as you can. Flare-ups are the main reason COPD patients go to hospital. They can be deadly.

Some symptoms of a COPD flare-up are more shortness of breath, more coughing, and more phlegm (also called mucus or sputum – often it turns green or yellow or gets thicker during a flare-up).

**In the battle against flare-ups, you need to know four things:**

- i. How to avoid a flare-up*
- ii. How to recognize the early-warning signs of a flare-up*
- iii. How to begin treatment for a flare-up*
- iv. When to call your doctor or go to the emergency department for treatment.*



### *i. How to avoid a flare-up*

To avoid a flare-up, you must take good care of yourself. This means you should:

- *take your medicines as directed*
- *eat right*
- *get enough sleep*
- *exercise*
- *stay away from people who are sick*
- *get your flu shot, and ask about getting a pneumonia shot*
- *wash your hands properly and often- see the steps to proper handwashing, below.*



### **Ask your doctor for a COPD flare-up action plan**

Always try to stay one step ahead of getting sick. Try to have your own family doctor, and go for regular check-ups. Talk to your doctor about creating a “plan of action” to deal with a flare-up. A flare-up action plan will tell you what to do and what medicines to take if you notice a flare-up coming on. This plan will also tell you when it’s time to go to your doctor’s office or the emergency department.



## *ii. How to recognize the early-warning signs of a flare-up*

You can often tell when a flare-up is about to begin. You might notice increased breathlessness, sore throat, cough, tiredness and cold symptoms.

If you catch your flare-up in time, it can be much easier to treat, and it can save you from having to go to the hospital. The key is to pay attention to the early-warning signs of a flare-up.

### **Early-warning signs of a COPD flare-up:**

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

If you have any of these symptoms for longer than 24 hours, call your doctor right away. You may have an infection that requires medical treatment. If you can't reach your doctor, go to the nearest hospital emergency department.

### **More serious warning signs:**

- *Chest pain*
- *Blue lips or fingers*
- *Confusion*

If you notice any of these signs, don't wait. Call 911 or ask someone to take you to the nearest hospital emergency department.





### *iii. How to begin treatment for a flare-up*

Since COPD flare-ups can begin quite suddenly and unexpectedly, it's a good idea to have worked out a "plan of action" beforehand with your doctor. Your plan might involve keeping a supply of antibiotics or corticosteroid pills on hand, along with instructions from your doctor on how to use them if a flare-up starts. Your doctor might tell you to start taking antibiotics or corticosteroid pills at the first sign of a cold or infection. If that's the case, don't wait. Start right away. If you treat your flare-up as soon as possible, you're less likely to get seriously ill.

### *iv. When to call the doctor or go to the emergency department*

Some flare-ups will be minor, but others may be very serious. If you're having a flare-up and your medicines aren't working, or if you're getting worse, get help. Call your doctor. If your doctor isn't available, go to the nearest hospital emergency department. Follow the advice in your COPD Plan of Action.

Take good care of yourself so you can avoid COPD flare-ups.



# THE BREATHWORKS COACH SAYS

*Think about  
your future*



People with COPD may live a long time after they are diagnosed. Eventually, people with COPD may die from the disease, or from a complication of it.

If you have COPD, it's a good idea to think about the future. Go over the medical options with your doctor. Discuss your wishes with your friends and family- those people who may make decisions on your behalf if you are unable to do so. Prepare a "living will" to specify the medical treatments you would choose or refuse.



Learning to manage  
your COPD is the first  
step to maintaining  
your health and  
regaining hope.





# 5

## Establish your COPD team

It's hard to cope with COPD alone. You shouldn't have to.

Managing your COPD is a "team sport." The members of your team should include your family, your friends, and healthcare professionals.

Healthcare professionals on your COPD team may include:

- *your doctor - you may have a family doctor and a respirologist (a breathing specialist doctor)*
- *your nurse*
- *your pharmacist*
- *the respiratory therapist, nurse, or cardio-pulmonary physiotherapist who leads your pulmonary rehabilitation program*
- *a Lung Association BreathWorks COPD educator. The Lung Association offers a toll-free line that people with COPD and their families can call to get answers about COPD. A Certified Respiratory Educator with expertise in COPD will answer your questions free of charge. Call 1-866-717-COPD (2673).*

What to discuss with your COPD healthcare team:

- *all your symptoms, especially if they are getting worse*
- *what chores and activities you find the hardest*
- *what you can do to keep healthy: how to eat well, how to exercise, etc.*
- *what things trigger your COPD*
- *if you are using more of your quick-relief medicine than usual*
- *questions about your treatment*
- *concerns you may have about your medicines or their side effects*
- *what to expect in the future*



# Getting the Most from your Doctor's Visit - Advice for Better Communication

Doctors are often rushed. It helps if you make an extra effort to make sure you and your doctor understand each other. Here are some ways to improve communication with your doctor:

- *Prepare a written list of the questions you want to ask. Put the most important questions at the top of your list.*
- *Take notes as the doctor is answering your questions. If you don't understand the doctor's answers, ask for more details.*
- *Show the doctor a written list of all your symptoms. Be honest - tell the doctor all your symptoms.*
- *Bring along all the medicines you are taking - your COPD medicines, and whatever other pills or herbal medicines you take.*
- *If you're not sure you're taking your medications correctly, ask the doctor. Show the doctor how you take your medicine, and ask if it's the right way.*
- *Bring a friend or relative to your appointment. That person can help you understand and remember the details. They can also take notes for you.*
- *Ask the doctor about programs in your community that help people with COPD.*
- *Ask about joining a pulmonary rehabilitation program.*
- *If you get home from your doctor's visit and realize you missed a question or don't understand something the doctor told you, phone the doctor's office right away. Ask the nurse or doctor to explain things to you.*

The Lung Association's BreathWorks Program is ready to help you every step of the way. Make us a part of your team! Call our Certified Respiratory Educators free, at **1-866-717-COPD (2673)** or visit our website at **[www.lung.ca/copd](http://www.lung.ca/copd)**.





# Keep in Touch

By reading this guide, you've taken an important first step: you've learned more about COPD. Congratulations!

To live your life to the fullest, you know you've got to manage your COPD. To do that, you might need more information about the disease. Maybe you want to learn more about exercise, medications, or breathing techniques. Whatever you need, we're here.

We'd be happy to send you other free COPD resources and pamphlets, or to answer your questions by phone.

To ask about our full list of COPD resources, or to speak with a Certified Respiratory Educator, call the free BreathWorks Helpline, at **1-866-717-COPD (2673)** or visit our website at **[www.lung.ca/copd](http://www.lung.ca/copd)**.





The Lung Association understands **COPD (Chronic Obstructive Pulmonary Disease)**. We are Canada's most trusted source of lung information. In 1900, we began our successful fight against tuberculosis. Our annual Christmas Seal Campaign funds important research and community programs. We work with thousands of Canada's leading doctors, scientists and health care workers – as well as patients – to bring you the information you need about lung diseases.



BreathWorks FREE Helpline: **1-866-717-COPD (2673)**  
Staffed by Certified Respiratory Educators

**[www.lung.ca/copd](http://www.lung.ca/copd)**

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Supported by unrestricted educational grants from the following partners:





## COPD ACTION PLAN

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
PHN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Family Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
After Hours Phone #: \_\_\_\_\_

You have been diagnosed with **Chronic Obstructive Pulmonary Disease (COPD)**. As someone with COPD, you are either in your stable, everyday state or having a flare up. This Flare up Plan is a written contract between you and your doctor about how you will manage your COPD flare ups. This Plan will help you and your doctor to quickly recognize and treat flare ups to improve your health.

**COPD (chronic obstructive pulmonary disease)** has 2 states:

**When you are am stable:**

1. Breathing without shortness of breath
2. Able to do daily activities
3. Mucous is easy to cough up
4. Sleep well
5. Able to exercise as directed by physician

**How to tell if you are having a flare up**

A flare up may occur after you get a cold, get run down or are exposed to air pollution or very hot or cold weather. There are 3 things that define a flare up:

1. Increased shortness of breath from your usual level
2. Increased amount of sputum from your normal level
3. Sputum changes from its normal colour to yellow, green or rust colour

Some people may feel a change in mood, fatigue or low energy prior to a flare-up.

**If any 2 or all of these symptoms persist for 48 or more hours do the following:**

**(Your physician will check the desired action plan for you)**

- ☐ Take your rescue inhaler 2-4 puffs as needed (up to 4-6 times per day) for shortness of breath.
- ☐ Contact your family doctor immediately for a check up and medication review.
- ☐ Take your prescribed antibiotic for a COPD flare up (see over).
- ☐ Take your prescribed prednisone for a COPD flare up (see over).
- ☐ Contact your doctor if you feel worse or do not feel better after 48 hours of treatment.
- ☐ Other \_\_\_\_\_

**If you are extremely breathless, anxious, fearful, drowsy or having chest pain, call 911 for an ambulance to take you to the emergency room.**

Physician Signature \_\_\_\_\_

Patient/Caregiver Signature \_\_\_\_\_

**Please turn over**







# COPD MAINTENANCE MEDICATION RECORD

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
PHN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Family Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
After Hours Phone #: \_\_\_\_\_

**Patients:** Take the following maintenance medications **every day** to help maintain control of your COPD symptoms.

**Physicians:** Please fill in prescribed maintenance medications.

Medication Prescribed	How Much to Take	When To Take

# COPD FLARE-UP MEDICATION RECORD

**Patients:** Please fill in date when you start and finish your flare-up medications.

**Physicians:** Please fill in prescribed flare-up (antibiotics & prednisone) medications.

Medication Prescribed	Start Date / Finish Date	Start Date / Finish Date	Start Date / Finish Date

***Make sure to take prescribed medication until all finished.***











## I FEEL WELL

### MY SYMPTOMS

- I feel short of breath: \_\_\_\_\_
- I cough up sputum daily. No Yes, colour: \_\_\_\_\_
- I cough regularly. No Yes

## I FEEL WORSE

### MY SYMPTOMS

- I have changes in my sputum (colour, volume, consistency), not only in the morning
- I have more shortness of breath than usual

Note that these changes may happen after a cold or flu-like illness and/or sore throat.  
Some people feel a change in mood, fatigue or low energy prior to a flare-up.

### MY ACTIONS

- I use my **prescription for COPD flare up**
- I avoid things that make my symptoms worse
- I use my breathing, relaxation, body position and energy conservation techniques
- If I am already on Oxygen, I use it consistently and increase from \_\_\_ L/min to \_\_\_ L/min
- I notify my contact person \_\_\_\_\_ (Tel: \_\_\_\_\_) and/or see my doctor (Tel: \_\_\_\_\_)

## PRESCRIPTION FOR COPD FLARE-UP

1) If your SPUTUM becomes yellowish/greenish

start Antibiotic \_\_\_\_\_ Dose: \_\_\_\_\_ #pills: \_\_\_\_\_ Frequency: \_\_\_\_\_ #days: \_\_\_\_\_

if repeating antibiotics within 3 months, use the following antibiotic instead

start Antibiotic \_\_\_\_\_ Dose: \_\_\_\_\_ #pills: \_\_\_\_\_ Frequency: \_\_\_\_\_ #days: \_\_\_\_\_

2) If you are more SHORT OF BREATH than usual, take \_\_\_\_\_ puffs of \_\_\_\_\_ up to a maximum of \_\_\_\_\_ times per day, as necessary

If your SHORTNESS OF BREATH DOES NOT IMPROVE,

start PREDNISONE \_\_\_\_\_ Dose: \_\_\_\_\_ # pills: \_\_\_\_\_ Frequency: \_\_\_\_\_ # days: \_\_\_\_\_

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License

\_\_\_\_\_  
Date

## I FEEL MUCH WORSE OR IN DANGER

### MY SYMPTOMS

- My symptoms have worsened.
- After 48 hours of treatment my symptoms are not better.
- I am extremely short of breath, agitated, confused and/or drowsy, and/or I have chest pain

### MY ACTIONS

- I notify my contact person and/or see my doctor
- After 5 pm or on the weekend, I go to the hospital emergency department (Tel: \_\_\_\_\_)
- I dial 911 for an ambulance to take me to the hospital emergency department.

**Important Information:** Make a follow-up appointment with your doctor to periodically review your plan of action or if you need to use your additional treatment twice within a short period of time (e.g. 3 months).







This action plan is a written contract between you and your doctor to give you firm direction in how you will manage your COPD flare-ups. This action plan will help you and your doctor to quickly recognize and treat flare ups to allow you to aggressively manage these flare-ups and prevent further deterioration in your lungs and your health.

A COPD flare up is most commonly characterized by changes in your sputum and/or an increase in your shortness of breath. It can sometimes occur after you get a cold or flu, get (or feel) run down or are exposed to air pollution. They may also occur during changes in the weather.

Before or during a flare up you may notice changes in your mood such as feeling down or anxious. Some people have low energy or fatigue before and during a COPD flare up. Flare-ups cause symptoms, which include cough, wheezing, sputum, & shortness of breath.

Your flare-up action plan is to be used only for COPD flare-ups. Remember there are other reasons you may get short of breath such as pneumonia or heart problems. If you develop shortness of breath and you do not have symptoms of a COPD flare-up, see a doctor.

**REMEMBER:**

1. Take your regular medication as prescribed
2. Do not wait more than 48 hours after the beginning of a COPD flare up to start your antibiotic and prednisone
3. Make sure when you start an antibiotic that you completely finish the treatment
4. Quitting smoking and ensuring that your vaccinations are up-to-date (influenza annually, pneumococcal at least once) will help prevent future flare ups of your COPD.



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Physician Name

Signature

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Date

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**Important Information: Make a follow-up appointment with your doctor to periodically review your plan of action or if you need to use your additional treatment twice within a short period of time (e.g. 3 months).**





**Pharmacological Treatment**

1. Short-acting (beta2-agonists and anticholinergic) bronchodilators to treat wheeze and dyspnea. Continue all of your long acting bronchodilators or inhaled steroids as prescribed.
2. Prednisone (oral) → 25-50 mg once daily for 10 days for patients with moderate to severe COPD<sup>1</sup>.
3. Antibiotic choice is prescribed based upon the presence of risk factors as below.
4. Severe AECOPD complicated by acute respiratory failure is a medical emergency.  
Consider consultation with an emergency specialist or respirologist.

**Antibiotic Treatment Recommendations for Acute COPD Exacerbations<sup>2</sup>**

GROUP	PROBABLE PATHOGENS	FIRST CHOICE	ALTERNATIVES FOR TREATMENT FAILURE
I, Simple Smokers FEV1 > 50% ≤ 3 exacerbations per year	H. influenzae M. catarrhalis S. pneumoniae	Amoxicillin, 2nd or 3rd generation cephalosporin, doxycycline, extended spectrum macrolide, trimethoprim-sulfamethoxazole <i>(in alphabetical order)</i>	Fluoroquinolone β-lact/ β-lactamase inhibitor
II, Complicated, as per I, plus at least one of the following should be present: FEV1 < 50% predicted; ≥ 4 exacerbations/year; ischemic heart disease; use home oxygen or chronic oral steroids; antibiotic use in the past 3 months	As in group I, plus: Klebsiella spp. and other gram-negative bacteria Increased probability of β-lactam resistance	Fluoroquinolone β-lact/ β-lactamase inhibitor  <i>(in order of preference)</i>	May require parenteral therapy Consider referral to a specialist or hospital.
III, Chronic Suppurative II, plus: Constant purulent sputum; some have bronchiectasis; FEV1 usually < 35% predicted; chronic oral steroid use; multiple risk factors	As in group II, plus: P. Aeruginosa and multi-resistant Enterobacteriaceae	Ambulatory – tailor treatment to airway pathogen; P. Aeruginosa is common (ciprofloxacin) Hospitalized – parenteral therapy usually required	

**General Recommendations**

1. Patients need to be instructed to call or visit their treating physician if symptoms persist or worsen in spite of patient-initiated treatment.
2. The prescription of antibiotics and prednisone can only be renewed once unless re-evaluated by the physician.
3. To reduce the risk of antibiotic resistance, if more than one treatment is required over 3 months, the class of antibiotics should be changed on subsequent prescription.
4. Review with your patient general measures to prevent future COPD exacerbations including smoking cessation, annual influenza vaccination, pneumococcal vaccination and appropriate use of inhaled medications.

<sup>1</sup> Aaron SD, Vandemheen KL, Hebert P, Dales R, et al. Outpatient oral prednisone after emergency treatment of chronic obstructive pulmonary disease. *N Engl J Med* 2003; 348(26):2618-2625.

<sup>2</sup> O'Donnell DE, Hernandez P, Kaplan A, Aaron S., et al. *CTS recommendations for management of COPD – 2008 update – highlights for primary care.* *Can Resp J* 2008; 15(Suppl A): 1A-8A.

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## Recommendations for the management of Chronic Obstructive Pulmonary Disease (COPD)

### What is COPD?

COPD, a respiratory disorder largely caused by smoking, is characterized by progressive, partially reversible airway obstruction and lung hyperinflation, systemic manifestations, and increasing frequency and severity of exacerbations.

### Who should be targeted for screening?

Smokers or ex-smokers more than 40 years old. And answers yes to any question below:

1. Do you cough regularly?
2. Do you cough up phlegm regularly?
3. Do even simple chores make you short of breath?
4. Do you wheeze when you exert yourself or at night?
5. Do you get frequent colds that persist longer than those of other people?

Early **diagnosis**, confirmed by **spirometry** is key to optimal management.

Definition of "airflow obstruction"

A post-bronchodilator FEV<sub>1</sub> / FVC < 0.70 indicates air flow obstruction.

FEV<sub>1</sub> = forced expiratory volume in one second  
FVC = forced vital capacity



### Epidemiology of COPD in Canada

As many as 750,000 Canadians have been diagnosed with COPD.

- The prevalence continues to rise, particularly among women.
- It is the fourth leading cause of death in Canada.
- Imposes huge psychosocial and financial burdens on Canadians.
- COPD is underdiagnosed.

### Evaluation of COPD

Disease severity can be assessed using the Medical Research Council Dyspnea Scale.

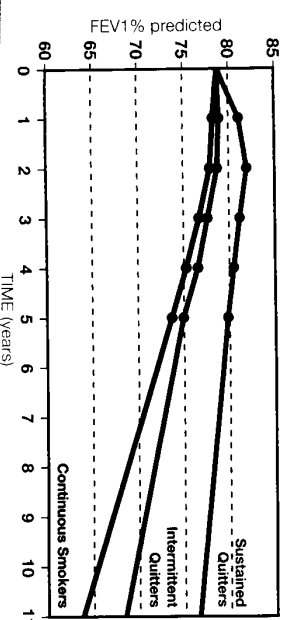
COPD stage	Symptoms
<b>MILD</b>	Shortness of breath from COPD when hurrying on the level or walking up a slight hill (MRC 2).
<b>MODERATE</b>	Shortness of breath from COPD causing the patient to stop after walking about 100 m (or after a few minutes) on the level (MRC 3-4).
<b>SEVERE</b>	Shortness of breath from COPD resulting in the patient too breathless to leave the house, breathlessness after dressing/undressing (MRC 5), or the presence of chronic respiratory failure or clinical signs of right heart failure.

### Management

#### Smoking cessation

Smoking cessation is the single most effective intervention that reduces both the risk of developing COPD and slows its progression.

Adapted with permission from the American Thoracic Society  
(Am. J. Respir. Crit. Care Med.)



### COPD is amenable to therapy

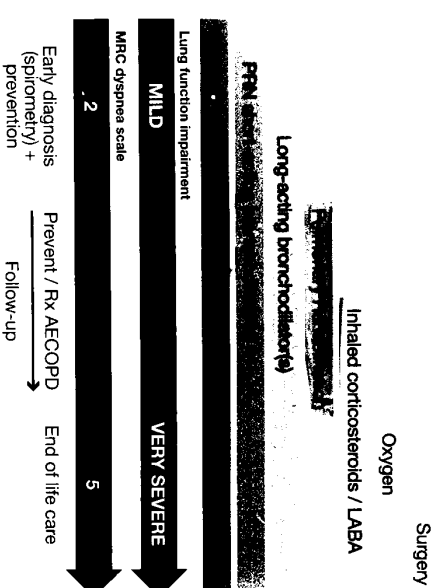
Management strategies should combine pharmacotherapy and non-pharmacotherapy interventions in order to improve symptoms, activity levels and quality of life.

Education of both the patient and their family is invaluable.

The goals of management of COPD are as follows:

1. To prevent disease progression (smoking cessation);
2. To alleviate breathlessness and other respiratory symptoms;
3. To improve exercise tolerance and daily activity;
4. To reduce frequency and severity of exacerbations;
5. To treat exacerbations and complications of the disease;
6. To improve health status; and
7. To reduce mortality.

An approach to the management of chronic obstructive pulmonary disease.



#### Non-Pharmacotherapy

All COPD patients should be encouraged to remain active. Stable, symptomatic patients should be referred to a comprehensive pulmonary rehabilitation program, which includes exercise training and self-management education. Benefits include reduced dyspnea, improved exercise tolerance and quality of life which, in turn, reduces the burden on the healthcare system.

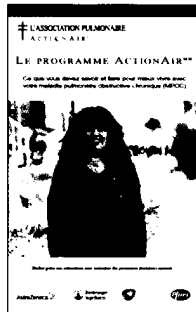


## Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis & emphysema – free materials:

### The BreathWorks Plan

An easy to understand 41-page guidebook filled with information to help prevent the progression of COPD, relieve symptoms, and to help manage the disease. Features the PRIME preventative maintenance program.

English Quantity: \_\_\_\_\_  
French Quantity: \_\_\_\_\_



### Individual BreathWorks Fact Sheets: 8 1/2" x 11"

#### Medications and Devices

English Quantity: \_\_\_\_\_  
French Quantity: \_\_\_\_\_

#### I have COPD. Should I exercise?

English Quantity: \_\_\_\_\_  
French Quantity: \_\_\_\_\_

#### Do I need Oxygen Therapy for my COPD?

English Quantity: \_\_\_\_\_  
French Quantity: \_\_\_\_\_

### With Every Breath Video

A 30 minute video on a personal experience of COPD from the well-know radio broadcaster, Peter Gzowski. This includes reasons to quit smoking as well as the benefits of a pulmonary rehab program for exercise and education on COPD.

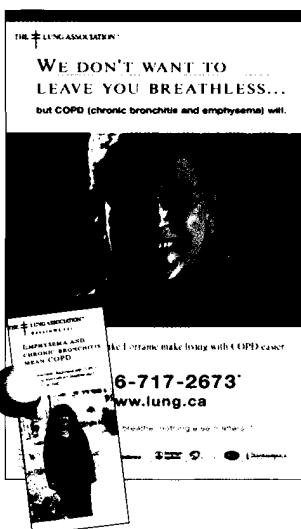
English Quantity: \_\_\_\_\_  
French Quantity: \_\_\_\_\_

### Every Breath I Take:

#### A Guide to Living with COPD

Rick Hodder, MD with Susan Lightstone.

This book details the latest medical information about COPD, including information about which drugs might prove useful, and how to keep yourself fit and well nourished. Call 1-866-717-2673 toll-free to order. Price: \$14.95 + GST



### BreathWorks Poster

11" X 17" Poster promoting the BreathWorks toll-free Helpline.

English Quantity: \_\_\_\_\_  
French Quantity: \_\_\_\_\_

### BreathWorks Promotional Brochure

Tri-fold brochure that explains the BreathWorks Program, Helpline and free educational materials available.

English Quantity: \_\_\_\_\_  
French Quantity: \_\_\_\_\_



### BreathWorks Newsletter

Free newsletter with articles of interest for people with COPD, caregivers & healthcare professionals.

Bilingual Quantity: \_\_\_\_\_

## Free COPD Resources

To order these free materials today, fax or mail in this form, call The Lung Association's BreathWorks Helpline at 1-866-717-2673 or visit [www.lung.ca/breathworks/](http://www.lung.ca/breathworks/)

Mail to: The Lung Association  
573 King Street East  
Toronto, On M5A 4L3

Fax: (416) 922-9430

Order Online: [www.lung.ca/breathworks](http://www.lung.ca/breathworks)

Call Toll-free: 1-866-717-COPD (2673)

For requests over 100,  
please call the toll-free number above

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## DO YOU HAVE EMPHYSEMA, CHRONIC BRONCHITIS OR COPD?

Lorraine LeBlanc knows what it's like to live with chronic obstructive pulmonary disease (COPD). "When you have COPD, simple day-to-day tasks such as climbing stairs and walking will leave you short of breath and feeling weak," explains Lorraine. "Being able to talk to someone at The Lung Association about my disease, helps me control the illness instead of it controlling me."

The Lung Association's BreathWorks™ Helpline is staffed by COPD Educators who will provide you with information and expert advice on managing the disease and improving your quality of life.

The Lung Association helps people who have difficulty breathing. We fund respiratory research, promote better management of asthma, help those with chronic lung disease and address the affects of air quality on lung health.

When you can't breathe, nothing else matters.™

THE  LUNG ASSOCIATION™

**1-866-717-COPD (2673)**

[www.lung.ca/breathworks](http://www.lung.ca/breathworks)