

# Breathless due to COPD?

Many people have breathing trouble due to a lung problem called 'chronic obstructive pulmonary disease' (COPD). It's caused by permanent damage to the inside of the lungs, usually from smoking. It can make people breathless, give them a cough and too much phlegm, and make their chest feel tight. All this can make it harder for them to do the things they want to do. And it can make them very ill.

Although COPD can't be cured, there are things that can help. This issue of *Treatment Notes* explains the problem and what can help make it easier to live with.

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Consumers' Association

# Treatment Notes

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### Healthy lungs

One of the jobs of the lungs is to get oxygen from the air into the blood. With each breath, air flows in and out of the lungs, through the airways. The main airways branch again and again, getting smaller and smaller the further they reach into the lungs. At the end of the smallest airways are tiny bags called 'air sacs'. Oxygen from the air passes through the lining of the air sacs into the blood. In healthy lungs, air passes easily through the airways to and from the air sacs, with each breath.



Branching airways in the lungs

### Damaged lungs

Some people, particularly smokers, develop a lung problem called COPD. See the box, right, for an explanation of this term. People with COPD have lung damage and find it harder to breathe. The two main types of damage that can occur are:

- when the insides of the main airways are swollen and produce too much phlegm (used to be called 'chronic bronchitis'). This can narrow the airways.
- when many of the air sacs are damaged or destroyed ('emphysema'). This makes it harder for oxygen to get from the lungs into the blood.

Many people have a mixture of both of these types of lung damage. So just saying that they have either chronic bronchitis or emphysema may be wrong. Instead, these sorts of lung damage are now all called COPD.

### What COPD means

COPD stands for chronic obstructive pulmonary disease.

Chronic means the problem is long term or permanent.

Obstructive means the flow of air is 'obstructed' or blocked, so it's harder to breathe.

Pulmonary means the problem affects the lungs.

COPD is sometimes known as: 'chronic airflow limitation', 'chronic obstructive airways disease', or 'chronic obstructive lung disease'.

COPD does not include asthma, although some people have both asthma and COPD.

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## What causes it

Most people with COPD get it through **smoking**, which damages the airways and air sacs. And, if you've got COPD and keep smoking, your lung damage will get worse. In some people, COPD is caused by breathing in large amounts of certain dusts or toxic chemicals.

## Effects on your health

People with COPD have to make more effort than normal to breathe. The first signs of COPD can include continually getting chest infections or feeling breathless. As the problem gets worse, people feel more and more breathless and wheezy, and usually develop a nagging cough, too much phlegm, or tightness in the chest.

These symptoms can make you tired and unwell all the time, and exhausted even after just a short walk. Some people end up so poorly they can't walk around at all, and many die early. More than 26,000 people died of COPD in England and Wales in 1999.

Sometimes, people with COPD suddenly get very ill and their symptoms get worse. This is called an 'acute exacerbation' and is often due to a chest infection. It needs special treatment, such as antibiotics and oxygen, and perhaps admission to hospital.

## Is it COPD?

If your doctor suspects you have COPD, they'll probably suggest you have some tests to confirm it. You might also need to see a chest specialist.

One important test is called 'spirometry'. It gives the doctor an idea of how bad your breathing is and how damaged your lungs are. It involves you breathing in and then blowing into a tube that's connected up to a

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machine. The test can measure:

- the maximum amount of air you can breathe out, after taking a full breath in
- the maximum amount of air you can force out in 1 second, after taking a full breath in.

If you've got COPD, you can't breathe out as much air as someone with healthy lungs, or force as much air out of your lungs in 1 second.

Your doctor may also suggest that you have other tests. These might include measuring the level of oxygen in your blood, and a chest X-ray which can help rule out other causes of your symptoms.

## Helping your symptoms

COPD can't be cured. But there are things that can help stop it getting worse and make it easier to live with.

## Quitting smoking

If you smoke, the best thing you can do is to quit. This won't cure COPD, but it will slow down or prevent more damage to your lungs. Quitting also reduces your chances of dying from COPD or other diseases.

But, of course, giving up can be extremely difficult and may take several attempts. Nicotine replacement therapy, such as gum or patches, or a medicine called bupropion (also called Zyban), can improve your chances of success when trying to quit. To get the best from these medicines, support from your doctor, pharmacist, nurse or smokers' clinic is crucial. See the box, on the right, for more information. And there's another *Treatment Notes* leaflet available called 'Medicines to help you stop smoking'. Your doctor, nurse or pharmacist might be able to give you a copy.

## Medicines to help you quit

Nicotine replacement therapy (NRT) works by giving you nicotine without the harmful chemicals in tobacco smoke.

Bupropion (Zyban) is thought to work on parts of the brain involved in nicotine addiction.

NRT and bupropion can both help reduce the withdrawal effects of stopping smoking. And, if you're determined to quit, either may increase your chances of success.

With either method, it's important to get regular support. Ideally, this should be from a special 'smoking clinic' or smoking advisor. Your doctor, pharmacist or practice nurse can also advise you.

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## Medicines

There are several types of medicine that can help with COPD symptoms. Your doctor, nurse or pharmacist can give you more information, including possible side effects.

● **Bronchodilators** are the main medicines for relieving the symptoms of COPD (they're also used for asthma). They help make breathing easier by widening your airways. Most come in a 'puffer' (inhaler).

**Short-acting beta<sub>2</sub> agonists** (for example, salbutamol or terbutaline) are best taken when your breathing is particularly bad, rather than at fixed times each day.

**Antimuscarinics** (for example, ipratropium or oxitropium, also known as anticholinergics) and **long-acting beta<sub>2</sub> agonists** (for example, salmeterol) work at least as well as short-acting beta<sub>2</sub> agonists. But, they're best taken at fixed times each day.

**Theophylline** comes as tablets rather than as an inhaler. It helps reduce COPD symptoms. But, getting the dose just right for each patient can be tricky. Smoking or taking certain other medicines can reduce how well theophylline works or increase its side effects.

Most people with COPD need to take at least one of these bronchodilator medicines. At first, your doctor will probably suggest you use a short-acting beta<sub>2</sub> agonist, as and when you need it. If this doesn't work, an antimuscarinic or long-acting beta<sub>2</sub> agonist can be tried. Some people will need to be on more than one bronchodilator. Theophylline is only recommended if the other bronchodilators don't work well enough.

Other medicines that can help include:

● **Corticosteroids**, also known as 'steroids', which work by making the airways less inflamed. When taken by inhaler, corticosteroids can help certain people with COPD.

## Rehabilitation

Rehabilitation programmes can help people with COPD. But, they need to last at least 4 weeks and may include:

- learning about COPD and its treatment
- exercises (for example, to help breathing and make arms and legs stronger)
- learning new ways of coping with COPD
- psychological help (for example, for someone who is anxious or depressed).

These programmes are only available in some areas. And they're only suitable if you're mobile and motivated enough to take part and continue the exercises afterwards.

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● **Mucolytics**, which help make phlegm thinner and less likely to block up the airways. They might be worth trying if you have 'acute exacerbations'. They come in capsules or liquid. But, you can only get them from your GP on a private prescription.

● **Vaccinations** against flu and a certain type of pneumonia. They're recommended for anyone with COPD. You'll need the flu jab every autumn. The pneumonia jab is usually only given once.

## Pulmonary rehabilitation

Special 'rehabilitation' programmes can help people with COPD. They can improve symptoms, increase mobility and make life easier and more enjoyable. See the box, left, for more information.

## Oxygen

People with very severe COPD have particularly low levels of oxygen and need a special oxygen supply at home. Tests show that using this can help stop such people from dying early from COPD. But only if it's used for at least 15 hours a day. You may be able to get a portable supply for when you travel or do any sort of activity.

If you're given oxygen, you have to stop smoking because of the risk of an explosion. Smoking can also stop oxygen from doing any good.

## Further information

### British Lung Foundation/Breathe Easy Club

Information and support for people with lung disease. ☎ 020 7831 5831 [www.lunguk.org](http://www.lunguk.org)  
NHS Direct ☎ 0845 4647 [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)



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*Treatment Notes* contains general medical information that will not always apply to you. Don't start, or stop, prescribed medicines without speaking to your doctor or pharmacist first.

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