

Patient Information Leaflet

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THE ADAM PRACTICE

COPD

Information

Pack

For further information visit

www.nhs.uk or www.patient.co.uk

Introduction

This information is for people with chronic obstructive pulmonary disease (COPD), their families, friends and carers. It provides advice and information about COPD, including what the symptoms are, how it can be treated and what steps you can take to manage your condition and look after yourself. It also offers advice on how to take care of your emotional well-being and where you can turn for further information and support.

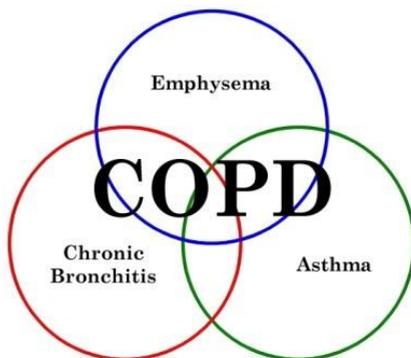
COPD stands for Chronic Obstructive Pulmonary Disease

- **Chronic** means it won't go away
- **Obstructive** means partly blocked
- **Pulmonary** means in the lungs
- **Disease** means sickness

What is COPD?

This is the name used to describe a number of conditions including emphysema and chronic bronchitis.

Emphysema affects the air sacs in your lungs (alveoli), and chronic bronchitis affects your airways (bronchi). If you have COPD, you might have just one of these conditions, or you might have more than one.



COPD is a condition where the airways become inflamed and the air sacs in your lungs are damaged. This causes your airways to become narrower, which makes it harder to breathe in and out. Therefore, people with COPD have breathing difficulties, and this can affect many aspects of your day-to-day life. Unfortunately there is no cure for COPD, but there are lots of treatment available to help you manage your condition, improve your symptoms and live an active life.

(P.T.O)

3 When you follow the instructions of your doctor/nurse it will help you to :

- Manage your shortness of breath
- Cough Less
- Get stronger and get around better
- Improve your mood



Who gets COPD?

Smoking is the major cause of COPD. Quitting smoking slows the rate of damage and prolongs life. Smoking inflames the air passages which narrow, making breathing more difficult. The airways produce excess sputum (phlegm), making infections more likely. Less oxygen gets into the blood because of the damage to air sacs. Exertion becomes increasingly difficult. The news isn't all bad! Stopping smoking and taking the correct medicines can make breathing easier and help you exercise more. The more you exercise the better you will feel.

Because the normal lung has a large reserve, you can have COPD without any symptoms. However, many patients cough and bring up sputum most days. Some get frequent, prolonged chest infections.

COPD is diagnosed with an easy breathing test called spirometry. You are asked to blow hard into a tube connected to a machine. The result tells the severity of your COPD.

Mild:

- Breathing capacity over 80% of normal.
- You feel a little out of breath if you work hard or walk rapidly, especially on hills or stairs.

Moderate:

- Breathing capacity is below 80% of normal.
- You feel out of breathe if you work hard or walk rapidly and have to slow down on hills and stairs.
- You may have trouble doing hard work of chores.

Severe:

- Breathing capacity is less than 50% of normal.
- You probably can't work or do chores around home.

(PTO)

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- You cannot walk upstairs or across the room very well.
- You tire easily.
- You may require oxygen.

Very Severe:

- Breathing capacity is less than 30%
- You may find it difficult to leave the house
- You may require oxygen

Self Management of COPD

Be in control of you lung condition and have an action plan to manage your symptoms if you get a chest infection. Ask your nurse for this at your appointment.

By using an action plan early:

- Severity of an episode may be decreased.
- Hospitalisation may be avoided or the length of stay reduced.

See your Nurse regularly:

- Go for check ups.
- Have your lungs tested.
- Ask the Dr/nurse to list your medications, how much to take and when to take it.
- Bring medications or list to every check up.
- Show your family your medication list and keep it handy.
- Have yearly flu injections.



Influenza and Pneumococcal Vaccinations

Influenza or “Flu” is caused by a virus spread by a sneeze or cough.

Symptoms included fever, headache, muscle aches, cough and fatigue.

The vaccine is safe and can not cause influenza because the viruses it

contains are dead. Anyone who has had an allergy to eggs should not be vaccinated. People who have a fever should wait until they feel better.

One common bacterial cause of pneumonia can also be prevented with pneumo vaccination. Pneumococcal infection can be life threatening in older people, those with poor immune systems, and those who suffer from chronic illness.

Medications and Devices

The response to medication in COPD is often small, but helpful. Discuss treatment with your doctor/nurse. The majority of medications fall into two main groups—relievers and preventer. Many medications can be inhaled via metered dose inhalers (puffers), or dry powder inhalers (Turbohalers, Accuhaler or Handihalers).



Reliever Medications

Bricanyl, Ventolin

These medications help open up the airway. These act quickly so you should feel some relief from breathlessness within 5 to 10 minutes and good relief in 1 hour. You may benefit from regular use of this medication, as your doctor prescribes. Wait 1-2 minutes between puffs.

Atrovent

This is not as rapid as those listed above, but they last longer (up to 6 hours). Wait 1-2 minutes between puffs.

Spiriva

This is a long acting bronchodilator (airway opener) that lasts for 24 hours. It should only be taken once daily.

Serevent

This is a long acting bronchodilators that act within 10-30 minutes of a dose and last for up to 12 hours.



Combination and Preventer Medications

Seretide, Symbicort and Fostair

These contain both reliever and preventer medications that reduce the swelling and irritation in the walls of small air passages in your lungs. They are usually used twice a day and may need to be used regularly. Using devices incorrectly can result in incorrect doses of medication.



Accuhalers

Accuhalers (Flixotide, Seretide, Serevent) produce a fine powder which is inhaled into the lungs.

1. Check number of doses left in Accuhaler.
2. Hold Accuhaler in one hand, place thumb of the other hand on thumb grip.
3. Open Accuhaler by pushing thumb grip as far as it goes.
4. Slide lever until it clicks. Extend neck comfortably.
5. Breathe out gently and fully away from mouth piece.
6. Put mouthpiece between lips to form a seal.
7. Breathe in forcefully until lungs are comfortably full.
8. Remove Accuhaler from mouth and hold breath for 10 seconds or as long as comfortable.
9. Breathe out slowly.
10. Close Accuhaler by placing thumb in thumb grip and sliding it back until cover clicks into place.

To take a second dose repeat steps 2 to 10.

After using your inhalers rinse your mouth well and spit, to stop medication sticking to the mouth and throat, helping to decrease side effects. The Accuhaler contains 60 doses. A dose counter on the side displays the doses left. For the last 5 doses, the number is red. Do not breathe out into the Accuhaler as moisture clogs up the powder. Keep Accuhaler dry. Close when not in use.

Turbohalers

Turbohalers (Bricanyl, Pulmicort, Symbicort) produce a fine powder of medication that is inhaled into the lungs. After using Pulmicort and Symbicort rinse your mouth well and spit. Before use, check the content indicator on the side of the device.

1. Check content indicator window on side of device.
2. Unscrew cap and lift off.
3. Hold turbohaler upright and turn grip to right as far as it will go away from you.

4. Twist grip back to left, towards you until it clicks. (Click indicates the dose is ready to inhale.)
5. Breathe out gently and fully, away from mouthpiece.
6. Place mouthpiece between lips and form a seal.
7. Breathe in quickly and deeply until the lungs are comfortably full.
8. Remove device from mouth before breathing out.
9. Replace cap and screw shut.

To take a second dose, repeat steps 3-8.

The dose indicator window on the side of the Turbohalers should be checked regularly. When a red line appears in the window, there are approximately 20 doses left. When red fills the window, the turbohaler is empty. The symbicort turbohaler counts down the number of doses left. The rattling sound heard when shaking the turbohaler is the drying agent built into the base. It is not medication. The turbohaler should be kept dry. Ensure the cap is replaced securely after use. Avoid breathing into the Turbohaler.

Metered Dose Inhalers

These inhalers (Fostair, Clenil, Atrovent, Atrovent Forte, Flixotide, Qvar, Seretide, Serevent, Ventolin) produce a fine mist or aerosol that is inhaled into the lungs.



1. Remove dust cap and check that canister fits securely into mouthpiece.
2. Shake inhaler vigorously.
3. Hold inhaler upright.
4. Extend neck comfortably.
5. Breathe out gently.

6. Place inhaler between lips and form a seal.
7. As you begin to breathe in, press canister firmly. Continue to breathe in slowly until lungs are full. If unable to press down on canister with one hand, two hands can be used. Hold breath for 10 seconds or as long as it is comfortable.
8. Breathe out gently.

Wait 30-60 seconds between puffs or reliever medication. It is not necessary to wait between puffs of preventer medication.

Spacer Devices

- **Aerochamber**
- **Volumatic**

Inhalers are most effective used with a spacer device. These increase medication delivered to the lungs

and decrease the amount sticking to the tongue and throat, reducing side effects. Use only one puff of medication in the spacer at a time.



1. Join the 2 halves of the spacer by matching the “lug(s)”. Small volume spacers are in one piece and do not require assembling.
2. Remove cap, shake inhaler vigorously.
3. Put mouthpiece of inhaler into the hole in the spacer at the end opposite the mouthpiece.
4. Place lips around the mouthpiece. While exhaling fully, release 1 puff of medication, by pressing canister firmly. If needed, use two hands to press canister.
5. Breathe in slowly and deeply through mouth until lungs are comfortably full.
6. Hold breath for 10 seconds then repeat steps 4-5 OR breathe in and out normally 5 times.

To take a second dose, wait 30 to 60 seconds and repeat steps 4-6.

Cleaning the Spacer Device

Medications will discolour the spacer device. To wash the spacer (once a fortnight):

1. Separate the halves.
2. Swish in hot soapy water.
3. Shake off excess moisture and soap—do not rinse, as soap helps to reduce static charge.
4. Allow to drip dry—do not cloth dry as the plastic will become charged and medication will stick rather than passing through to your airway.

Handihalers

1. Open dust cover by pulling it upwards then open mouthpiece.
2. Remove capsule from foil strip and put into chamber.
3. Close mouthpiece firmly until you hear a click (leaving the dust cover open).
4. Hold handihaler with mouthpiece facing up and press piercing button once, then release.
5. Breathe out completely (away from mouthpiece) .
6. Seal lips around mouthpiece.
7. Breathe in quickly and deeply (at a rate sufficient to hear the capsule vibrate) until lungs are comfortably full.
8. Take Handihaler out of mouth and at the same time hold breath for 10 seconds, or for as long as is comfortable. Resume normal breathing.
9. Repeat steps 6 to 8 once to make sure capsule is completely empty.
10. Open mouthpiece and tip out empty capsule and dispose. Close mouthpiece and replace cover.



Clean the Handihaler once a month. Open the dust cover and mouthpiece then open the base by lifting the piercing button. Rinse the complete inhaler with warm water to remove and powder.

Emotional Reactions

COPD can be a very tough illness to live with and only people who have the disease, and their families, can understand. COPD can restrict activities. Feelings of anger, frustration, grief, sadness, denial, avoidance, anxiety, worry and confusion are common.



Learning to live with COPD involves acknowledging the emotional stress, accepting the illness as something to be coped with, and getting help when necessary. Pulmonary rehabilitation is a useful way of finding out how to manage COPD.

Useful Contacts

Out of Hours (OOH): 111

British Lung Foundation: www.blf.org.uk

Quit4Life: 0845 602 4663

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