

# **Catherine Street Medical Centre**

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## **What is chronic obstructive pulmonary disease?**

Chronic obstructive pulmonary disease (COPD) is a general term which includes the conditions **chronic bronchitis** and **emphysema**.

## **What causes chronic obstructive pulmonary disease?**

Smoking is the cause in the vast majority of cases. There is no doubt about this.

Air pollution and polluted work conditions may cause some cases of COPD

## **What are the symptoms of chronic obstructive pulmonary disease?**

- Cough
- Breathlessness (shortness of breath) and wheeze.
- Sputum/ phlegm
- Chest infections are more common if you have COPD.
- Other symptoms of COPD can be more vague. Examples are weight loss, tiredness and ankle swelling.

**Chest pain and coughing up blood (haemoptysis) are not common features of COPD and require urgent review with your Doctor.**

## **Do I need any tests?**

### **Spirometry**

The most common test used in helping to diagnose the condition is called spirometry.

### **Other tests**

A chest X-ray occasionally, a special CT scan of the chest, blood test re ?  
Anaemia.

## *What is the progression and outlook?*

Symptoms of COPD typically begin in people aged over 40 who have smoked for 20 years or more. Once symptoms start, if you continue to smoke, there is usually a gradual decline over several years.

## *How can the course of the disease be altered?*

**Stop smoking is the single most important piece of advice.** If you stop smoking in the early stages of COPD it will make a huge difference. Damage already done to your airways cannot be reversed. However, stopping smoking prevents the disease from worsening.

## *What are the treatments for chronic obstructive pulmonary disease?*

**Stopping smoking is the most important treatment.** No other treatment may be needed if the disease is in the early stage and symptoms are mild.

If symptoms become troublesome, one or more of the following treatments may be advised

(**Note:** treatments do not **cure** COPD. Treatments aim to ease symptoms. Some treatments may prevent some flare-ups (exacerbations) of symptoms.)

It can be helpful to consider treatments for three separate problems.

- Treatments for stable COPD
- Treatments for exacerbations of COPD
- Treatments for end-stage COPD

## *Treatments for stable chronic obstructive pulmonary disease*

The main treatments are medications given in devices called inhalers.

### **Bronchodilator inhalers**

An inhaler with a bronchodilator medicine is often prescribed. These relax the muscles in the airways (bronchi) to open them up (dilate them) as wide as possible.

### **Steroid inhalers**

Steroids reduce inflammation. Steroid inhalers are only used in combination with a long-acting beta-agonist inhaler. (This can be with two separate inhalers or with a single inhaler containing two medicines.)

## **Bronchodilator tablets**

Theophylline is an oral bronchodilator (it 'opens' the airways) medicine that is sometimes used. It is used in stable COPD rather than in an acute exacerbation. Aminophylline is a similar medicine (usually given by injection in hospital) but there are tablets.

## **Treatment of exacerbations**

Treatment of a flare-up (exacerbation) of COPD involves adding extra medicines temporarily to your usual treatment. This is usually steroid tablets with or without antibiotics. These medicines are usually taken until your symptoms settle down to what is normal for you.

## **Admission to hospital**

If your symptoms are very severe, or if treatments for an exacerbation are not working well enough, you may need to be admitted to hospital. In hospital you can be monitored more closely. Often the same medicines are given to you but at higher doses or in a different form. If you are unable due to breathlessness to use your inhalers Nebulisers might be used. You may need oxygen to help you breathe.

## **Home oxygen**

This may help **some** people with severe symptoms or end-stage COPD. It does not help in all cases. Unfortunately, just because you feel breathless with COPD it does not mean that oxygen will help you. Great care has to be taken with oxygen therapy. **Too much** oxygen can actually be **harmful** if you have COPD.

To be considered for oxygen you would need to have very severe COPD, and be referred to a consultant (respiratory specialist) at a hospital

If found to help, oxygen needs to be taken for at least 15-20 hours a day to be of benefit.

Normally, you will only be considered for oxygen if you do not smoke. There is a serious risk of explosion or fire when using oxygen if you smoke.

## **What can I do to help?**

### **Get immunised**

Two immunisations are advised.

- A yearly 'flu jab' each autumn protects against possible influenza and any chest infection that may develop due to this.

- [Immunisation against pneumococcus](#) (a germ that can cause serious chest infections).  
This is a one-off injection and not yearly like the 'flu jab'.

### **Try to do some regular exercise**

Studies have shown that people with COPD who exercise regularly tend to improve their breathing, ease symptoms, and have a better quality of life.

[Any regular exercise or physical activity is good.](#)

You may be referred for pulmonary rehabilitation or be under the care of a community respiratory team. You will be given exercises and advice to try to help you stay as fit as possible.

### **Try to lose weight if you are overweight**

[Obesity can make breathlessness worse.](#)

***FOR MORE INFORMATION VISIT :***

***www.COPD.ie***