

Living With

Chronic Obstructive Pulmonary Disease

COPD

A Guide for African Americans



Regina King



Dusty Baker



Boehringer
Ingelheim

ACP

AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | Doctors for Adults

Contents

Introduction	3
What Is COPD?	4
Who Is at Risk?	8
Warning Signs	11
Keys for Coping	13
Medical Treatments	18
Activities of Daily Living	22
Taking Charge	25
Resources	26

Introduction

Do you know anyone who feels short of breath almost all the time? Or who often coughs or wheezes and has trouble with activities of daily living? Those are common signs of **COPD—chronic obstructive pulmonary disease.**

COPD is a lung condition consisting of emphysema and chronic bronchitis. It is the **fourth leading cause of death** in America. Cigarette smoking is the leading cause of COPD.

Fortunately, the outlook for people with this disease has been improving, thanks to more effective medical treatments coupled with lifestyle changes.

This guidebook and video program may help you and your loved ones

- Understand COPD.
- Work with your doctor to help manage it.
- Find the support you need.

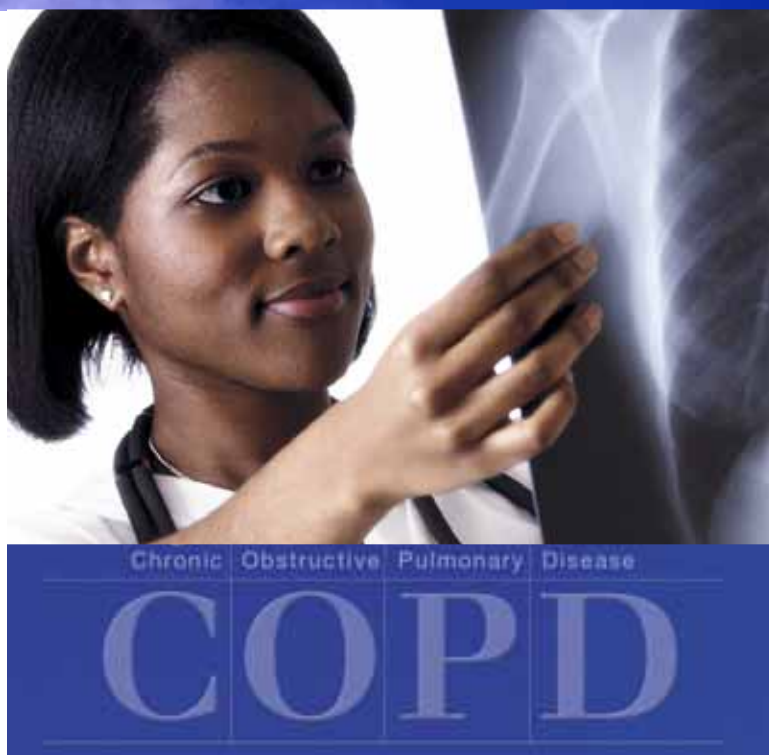
Copyright © 2005
Boehringer Ingelheim Pharmaceuticals, Inc.
All Rights Reserved AT-10706

No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying or recording, or by any information storage and retrieval system, without the written permission of the publisher, except when permitted by law.

Manufactured in the United States of America

For further information contact:

Conrad & Associates, LLC
10415 Stapleford Hall Drive
Potomac, MD 20854
(800) 553-0504
(301) 983-6417



What Is COPD?

COPD is a lung condition that makes it difficult to breathe. COPD stands for *chronic obstructive pulmonary disease*. When a person has COPD, airflow to and from the lungs is partly blocked by airways that are damaged, narrowed, and/or partly filled with mucus.

COPD includes two common lung diseases that make it harder to breathe. A person with COPD may have emphysema or chronic bronchitis or both. Most people with COPD have both. COPD is different from asthma.

COPD is the fourth-leading cause of death in the United States. Since the year 2000, more women than men have died from COPD.

Many people with COPD have shortness of breath or a cough but have not been diagnosed by a doctor. About 10 million adults in the United States have been diagnosed with COPD. Another 14 million or so have symptoms of abnormal lung function but have not been diagnosed.

What Is Chronic Bronchitis?

When someone has *bronchitis*, the walls of his or her airways are narrowed and irritated. The irritated airways make extra mucus that gets coughed up.

Swelling and mucus in the airways block air moving in and out of the lungs. Having a lot of mucus in the airways can make it very difficult to breathe and may make it easier for the lungs to get infected.

What Is Emphysema?

At the ends of the airways are tiny air sacs. Oxygen enters the body through these air sacs. In healthy people, each breath fills the air sacs with oxygen. In those with emphysema, the air sacs are damaged, and it becomes harder to breathe.

COPD usually involves both emphysema and chronic bronchitis. However, if you have only one of these diseases, you still have COPD.

See your healthcare professional if you have one or more of the following symptoms. Find out if it could be COPD.

- A cough that does not go away
- Frequent “chest infections” or bronchitis
- Shortness of breath
- Fatigue with activity



COPD can make breathing difficult. Having COPD can also make it harder to do normal daily activities. Fortunately, most people with COPD may be able to continue their activities and pursue fairly normal lives. To be successful in managing COPD, you should stop smoking, take your medications as prescribed, and continue to exercise.

If someone you love has COPD, you may be able to help him or her manage daily activities and pursue a fairly normal life. Encourage your loved one to stop smoking, take medications as prescribed, and exercise regularly.

Who Is at Risk?



Anyone who smokes is at risk for COPD. Those who spend time around someone who smokes are also at risk for COPD. Cigarette smoking is the leading cause of COPD. In fact, cigarette smoking is responsible for 80 to 90 percent of all cases of COPD. The best way to prevent COPD is not to smoke.

The chances of dying from COPD depend on several factors, including the following:

- Age when you began smoking
- Total number of years of smoking
- Number of packs smoked per year
- Whether or not you still smoke

If you smoke and you develop COPD, you should quit smoking.

Additional Factors

COPD tends to get worse more quickly in African Americans than in Caucasians. African Americans also have higher rates of hospitalization and emergency room visits from COPD than Caucasians.

Smoking might affect African Americans with COPD even more than Caucasians. Smoking might also affect women more than men.

Breathing tobacco smoke in the air from another person who smokes can also cause breathing problems.

Preventing COPD

Smoking is the one COPD risk factor that everyone can control. Help prevent COPD by not smoking!

If you know any teenagers who think that smoking may be cool, encourage them to think again. Talk about the influences of advertising, movies, and peer pressure. Kids hear messages that try to make them believe that smoking is cool, but it's not.



Some teenage girls have intense feelings of anger and irritability. These difficult feelings have been associated with starting to smoke and also with continuing to smoke.

Help your teenager to

- Find positive ways of dealing with anger and other difficult feelings.
- Talk about his or her concerns.
- Find self-expression through art, music, or dance.
- Be involved in sports.

Adult role models are also important. If any adults in your family smoke, try to help them quit.



Warning Signs



What are the warning signs of COPD? At first, a person might just feel a little bit short of breath and cough sometimes.

Over time, the coughing may start to produce more mucus—also called “sputum” or “phlegm.” The person may have frequent “chest infections” or bronchitis. He or she might have trouble sleeping because of coughing and shortness of breath.

COPD also leads to a general decrease in energy level. As the condition worsens, it becomes harder to perform normal daily activities.

Get Checked!

To keep COPD from getting worse, it is very important to discover it as early as possible.

Anyone who might be at risk should watch for early warning signs and see a doctor if he or she:

- Smokes and would like to stop.
- Feels short of breath and the feeling persists.
- Has a cough that will not go away.
- Has frequent “chest infections” or bronchitis.



To help diagnose COPD, a doctor will review the person's medical history, do a physical exam, and do a chest x-ray.

The doctor will also do a breathing test. In this test, the patient breathes into a device called a spirometer. It measures how much air she or he can blow out and how fast. If the result is below normal, the person may be asked to inhale a medication and repeat the test to see if the results improve.

Sometimes additional testing may be needed. A pulse oximetry is a quick, painless test that uses a small probe attached to your ear or finger. It measures the amount of oxygen in the blood.

Certain blood tests also can measure how much oxygen and carbon dioxide are in the blood.

Anyone who has symptoms that might be COPD should see a healthcare professional as soon as possible. It is not good to wait for the symptoms to get worse.

Keys for Coping



The tools for managing COPD have improved in recent years. Although there is no cure, it is possible to do things that may help you feel better.

The right treatment may help you breathe more easily and continue doing normal, daily activities. Getting the right treatment can also help you stay out of the hospital and may decrease the frequency of severe breathing trouble.

Family members and other caregivers can do a lot to help. They can provide crucial emotional support. They can also help you make important lifestyle changes.

Lifestyle Changes

Many lifestyle changes are needed for coping with COPD. It is not easy to make all these changes, but the benefits may make a huge difference. Family members can provide encouragement and help monitor progress. Many COPD patients and caregivers find it very helpful to join a support group.

A person who has COPD must take the following precautions:

1. Do not smoke.

Smoking makes the symptoms of COPD worse. Breathing gets worse in people who continue to smoke, compared with those who quit. Anyone with COPD should give up smoking. Talk with your doctor if you need help quitting. Many programs are available to help smokers quit. If you've already tried without success, try again.



2. Avoid dust and fumes.



Many things can irritate the lungs, including exhaust fumes, air pollution, chimney smoke, and perfume. Breathing anything that irritates the lungs will make COPD worse. Avoid exposure to dust and fumes at work and in the home. Also avoid breathing other people's cigarette smoke. If anyone smokes at home, he or she needs to quit or smoke only outside the home. You should not be exposed to smoke indoors at your workplace, either.

3. Guard against colds and flu.



Talk with your doctor about having yearly flu shots. Avoid contact with people who have colds or flu. Avoid crowds during the flu season, wash your hands often, and see the doctor right away if you get a chest infection or your bronchitis gets worse. Ask your doctor if you should have a pneumococcal vaccination.



4. Follow an exercise plan or pulmonary rehabilitation program.

When breathing becomes more difficult, you might not feel like exercising. However, not exercising makes it harder to cope with feeling short of breath.



Do not do too much exercise too suddenly. Talk with your doctor about what types of exercise are best for you, and try to build exercise tolerance gradually. For example, you might take several walks during the day for a period of time before starting to engage in more strenuous activity. Breathing exercises can also be helpful.

Family members can help make sure that you exercise regularly. Your doctor might suggest that you enroll in a pulmonary rehabilitation program. This involves exercise training to increase how long you can be active before feeling tired and short of breath. It may help to reduce symptoms, help you feel better, and make it easier to do your normal, daily activities.

Medical Treatments

If you have COPD, you should see your doctor regularly. Even if you are feeling fine, it is important to see your doctor to confirm that the medicines are working and if your lungs are getting better or worse. Your doctor will give you a flu shot in the fall and might also recommend a pneumococcal vaccination.

Medicines

Your doctor might prescribe one or more of the following for COPD:

- **Bronchodilators** to help widen the airways and improve the airflow into the lungs
- **Corticosteroids** to help reduce airway inflammation, irritation, swelling, and mucus
- **Antibiotics** if you have a respiratory infection
- **Oxygen** if the amount of oxygen in your body is too low



Bronchodilators are the most important type of medicine to take for managing COPD. By opening the airways, they can make it easier to breathe. Bronchodilators may help with shortness of breath and improve the ability to exercise. They may also reduce hospitalizations and attacks of severe shortness of breath.

Most bronchodilators are inhaled using a handheld inhaler. Using an inhaler properly is important for getting the full benefit of the medication. Your healthcare professional can show you how to use an inhaler and help make sure you are using it correctly. Some bronchodilators are in a dry powder form.

Inhaler Devices

Most inhaled medications for COPD come in a metered-dose inhaler (MDI).

Some other types of inhalers contain a tiny amount of medicine in powder form. These are called dry powder inhalers (DPI).

A machine called a nebulizer is sometimes used to give bronchodilators when a person cannot use an inhaler.

Some people with COPD may improve their breathing by using inhaled corticosteroids. Corticosteroids can also be taken as a pill for a short period of time when breathing gets very bad.

Oxygen therapy involves breathing from oxygen tanks or machines. This can be helpful when COPD is very severe and the amount of oxygen in the body is too low. If you have COPD and low oxygen levels in your body, using extra oxygen every day, all day long, will help you live longer.



Keep track of the medicines you take. It is very important to take all your medicines exactly as prescribed. Ask your doctor to write down the name of each medicine, how much to take, and when to take it.

Bring your list of medicines to each checkup, or bring the actual medicines. Tell your doctor about any side effects you may feel.

Additional Treatments

In addition to medication, many people with COPD benefit from a supervised exercise training program called *pulmonary rehabilitation*. This involves exercise training to increase how long you can be active before feeling tired and short of breath. It can help to reduce symptoms, help you feel better, and make it easier to do your normal daily activities.



An exercise training program can be useful at any stage of COPD—from mild to severe. The longer you keep doing it, the more useful it can be. An exercise program may last a few weeks or up to six months, depending on your COPD symptoms.

For some people with very severe COPD, a doctor may advise lung transplantation. In certain cases, the doctor might suggest *lung volume reduction surgery* to remove part of the damaged lung. Surgery may help a small number of patients with COPD improve their breathing symptoms, but it does not help them live longer.

Activities of Daily Living

Involving yourself in your own care can make a difference in managing COPD. Family members can also assist with activities of daily living.

Personal Care

- Avoid perfumed toiletries and sprays.
- Wear loose, comfortable clothing.
- Use a bath stool and a handheld showerhead.
- If excessive humidity bothers you, use a fan or leave the bathroom door open.
- Keep items you might need at night by the bedside, such as slippers, flashlight, medications, tissues, and water.



Medications

- Each morning, lay out your medications for the day.
- Know how to use your inhaler properly.
- Mark your calendar to note when you'll need to reorder each medication.
- Keep a list of all the medications you are taking. Take it along each time you visit the doctor.

Food Preparation

- Plan well-balanced meals.
- When cooking, make sure there is good ventilation. Turn on the exhaust fan if needed.



Household Tasks

- Avoid cleaning solvents or other strong chemicals. Dust with a damp cloth.
- Use an air-filtering mask when you are doing an especially dusty cleaning job.

Going Out

- Carry a cell phone if possible, so that you can call for help if you have a breathing emergency.
- Know your limits. Don't try to do too much at one time.

Activities

- Keep an exercise journal, or talk to someone each day to report your exercise activities.



Taking Charge



If you accept your condition and stay involved in your health care, you can help cope with COPD and maintain your quality of life.

Remember, you can take charge! Make a commitment to your health . . . because you are worth it! Try to make the most of every day, for yourself and for your loved ones.

Resources

For more information about COPD or support for patients or caregivers, contact the following organizations or visit their websites.

American Lung Association

800-LUNG-USA (800-586-4872)

www.lungusa.org

The National Emphysema Foundation

Norwalk, Conn.

<http://emphysemafoundation.org>

National Heart, Lung, and Blood Institute

National Institutes of Health

Bethesda, Md.

301-592-8573

www.nhlbi.nih.gov/health/public/lung

National Lung Health Education Program

www.nlhep.org

MedlinePlus

National Library of Medicine

www.nlm.nih.gov/medlineplus/

[cpdchronicobstructivepulmonarydisease.html](http://www.nlm.nih.gov/medlineplus/cpdchronicobstructivepulmonarydisease.html)

Quit-Smoking Support Programs

Freedom from Smoking®

American Lung Association

800-LUNG-USA (800-586-4872)

www.lungusa.org

Offers an education program and online message board support for ALA members.

www.smokefree.gov

1-800-784-8669

Online guidance sponsored by the National Institutes of Health, Centers for Disease Control and Prevention, and other U.S. government organizations.

Sponsor



Boehringer Ingelheim Pharmaceuticals, Inc.

Boehringer Ingelheim Pharmaceuticals, Inc., based in Ridgefield, Conn., is the largest U.S. subsidiary of Boehringer Ingelheim Corporation (Ridgefield, Conn.) and a member of the Boehringer Ingelheim group of companies.

The Boehringer Ingelheim group is one of the world's 20 leading pharmaceutical companies. Headquartered in Ingelheim, Germany, it operates globally with 144 affiliates in 45 countries and nearly 36,000 employees. Since it was founded in 1885, the family-owned company has been committed to researching, developing, manufacturing, and marketing novel products of high therapeutic value for human and veterinary medicine.

In 2004, Boehringer Ingelheim posted net sales of US\$10.2 billion (8.2 billion euro) while spending nearly one-fifth of net sales in its largest business segment, Prescription Medicines, on research and development.

For more information, please visit www.boehringer-ingelheim.com.

Partner



American College of Physicians (ACP)

Established in 1915, The American College of Physicians (ACP) is the nation's largest non-profit medical specialty organization and second-largest physician group. Its mission is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine. Its membership comprises more than 115,000 physicians in general internal medicine and related subspecialties, including cardiology, gastroenterology, nephrology, endocrinology, hematology, rheumatology, neurology, pulmonary disease, oncology, infectious diseases, allergy and immunology, and geriatrics.

Internists are specialists in the prevention, detection, and treatment of illnesses that primarily affect adults. In the area of public policy, ACP's activities include research and development of policy statements and government relations activities designed to shape decisions of the legislative and administrative sectors of government.

For more information about internal medicine physicians, please visit www.doctorsforadults.com.

Credits

Sponsor

Boehringer Ingelheim Pharmaceuticals, Inc.

Partner

American College of Physicians

Patrick C. Alguire, M.D., FACP

Director, Education and Career Development

Contributors to the Video

Cynthia D. Brown, M.D.

Clinical Assistant Professor

Brody School of Medicine at East Carolina University

Greenville, North Carolina

Steven E. Gay, M.D., M.S.

Clinical Assistant Professor of Medicine

Medical Director, Critical Care Support Services

Division of Pulmonary and Critical Care Medicine

University of Michigan Health System

Special Thanks to:

Dusty Baker



Regina King



Project Manager

Carol Brandenburg

Executive Producer

Conrad Productions

Author

Nancy Henderson

Freelance Health Writer

Washington, D.C.

Cover and Guidebook Design

Design Partners

www.dgdesignpartners.com

DISCLAIMER: This video and guidebook program is intended for informational purposes only, with the understanding that no one should rely upon this information as the basis for medical decisions. Anyone requiring medical or other healthcare should consult a physician or other healthcare professional. Any actions based on the information provided are entirely the responsibility of the user and of any medical or other healthcare professionals who are involved in such actions.

The sponsor (Boehringer Ingelheim Pharmaceuticals, Inc.), the partner (American College of Physicians), the producers (Conrad Productions and Alan Weiss Productions), the guidebook author (Nancy Henderson), and the video writer (Deborah Gobble) have used reasonable efforts to include timely and accurate information in this videotape and guidebook. Accordingly, the sponsor, partner, producers, and writers make no representations or warranties, expressed or implied, regarding the accuracy or completeness of the information provided herein and specifically disclaim any liability, expressed or implied, in connection therewith.