

UNDERSTANDING & MANAGING

YOUR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)*



*Includes chronic bronchitis,
emphysema, or both



COPD used to be thought of as an “old man’s disease.” Now, 53% of people with it are women. Almost 70% of people with it are under age 65.

LIVING WITH COPD

You may have been told you have COPD.* It is a lung disease that includes chronic bronchitis (bronk-eye-tis), emphysema (em-fuh-zee-muh), or both.

You may not know much about COPD. You may feel scared and confused, but you are not alone. More than 12 million American adults have COPD.

You have taken the first steps by seeing your healthcare practitioner. The key is to manage your disease and live better with it. COPD cannot be cured. But it can be managed and treated.

You can learn more about COPD and how to manage it in this booklet. You will get tips to help you follow your treatment plan and take good care of yourself.

*Chronic (kron-ick) obstructive (ob-struck-tiv) pulmonary (pull-muh-nair-ee) disease.

ABOUT THIS BOOKLET...

This booklet will help you learn about COPD. It may help you manage it well. The topics covered include

What Is COPD? 4

What Causes COPD? 7

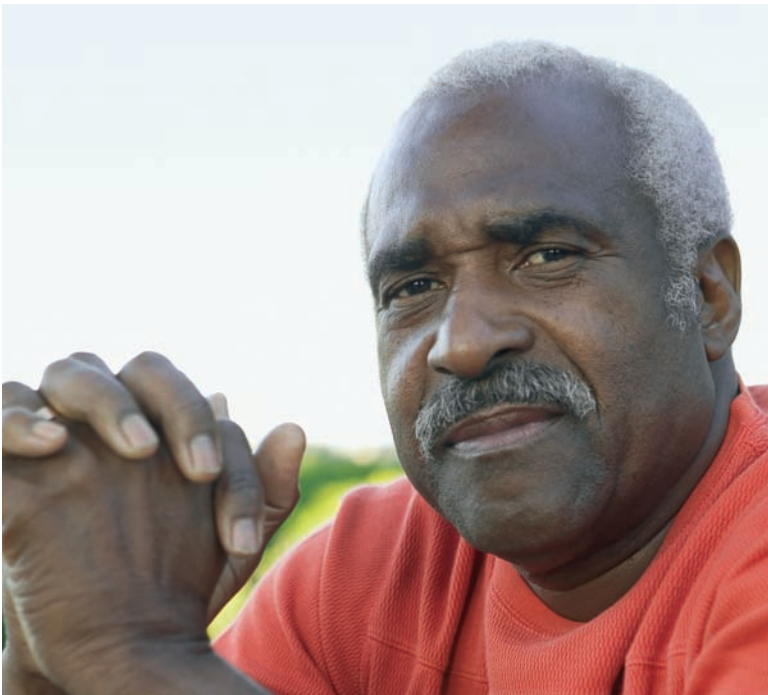
What Are the Symptoms of COPD? 8

How Do You Keep Track of Your COPD? 11

How Can You Manage Your COPD? 12

Get the Support You Need
(COPD Resources) 22

Please refer to *My Symptoms Journal*. This will help you keep track of your symptoms. You can keep track of your medicines, too. There's space to write down your questions and concerns. Talk with your healthcare practitioner about them.



WHAT IS COPD?

COPD is a lung disease. It causes problems with your breathing. That's because your lungs

- Have trouble pushing "used" air out
- May not have enough room left to take in healthy new air

Chronic—long-lasting and doesn't go away

Obstructive—partly blocks the flow of air from the lungs

Pulmonary—has to do with the lungs

Disease—a sickness

The many faces of COPD

COPD is not just one disease. It is a group of different lung diseases. It most often includes

- Chronic bronchitis: swelling, and in time scarring, of the main airways in the lungs
- Emphysema: damage to the air sacs in the lungs

You can have just one of these diseases, or you may have both.



Asthma IS NOT COPD

Some people with COPD have asthma, too. Asthma is also a disease that affects the airways. But it is a different disease. If you have COPD and asthma, you need different treatments for each one.

Some ways COPD and asthma are different:

When it starts...

COPD:

Usually starts when you are over age 40

Asthma:

Although it can start at any age, asthma often starts when you are a child

What causes it...

COPD

- Smoking or being around smoking
- Working or living in an area polluted by dust or chemicals

Asthma

- Being sensitive to something (like a certain food or pollen in the air) that causes an allergic reaction
- Being sensitive to non-allergenic factors such as infections, exercise, and some drugs
- Having a family history of asthma

When you have it...

COPD

Is a chronic (long-lasting) disease that often gets worse over time

Asthma

Attacks come and go—you may have no symptoms between attacks



WHAT CAUSES COPD?

The main cause of COPD is smoking. Approximately 1 out of 4 smokers get COPD. Other things that may raise your chances of getting COPD include

- Being around other people's smoking
- Working or living in an area polluted by dust or chemicals
- Having had problems with lung growth and development
- Frequent respiratory infections

Some of these things—such as problems with lung growth—you can't control. But some, such as smoking, you can control. Although you have COPD, you can do a lot to help it from getting worse. See "How Can You Manage Your COPD?" on page 12.

If you smoke, quitting is the most important thing you can do. It may help slow down your disease.

WHAT ARE THE SYMPTOMS OF COPD?

You can have COPD and not know it. You may think you're just out of shape. You may think you're just getting older. But you are working harder to breathe. COPD symptoms can differ from person to person.

You may have one or more of the following:

- Shortness of breath
- Frequent cough (or "smoker's cough")
- Mucus coming from the lungs and throat
- Wheezing
- Fatigue
- Lung infections, such as bronchitis, more than once a year

If you have chronic bronchitis...

You may feel like you have a cough or cold that won't go away. That's because your airways get tight, swollen, and filled with mucus. These things reduce how much air flows in and out of your lungs. That makes it hard to breathe.

If you have emphysema...

You may feel like you can't breathe. You may have a tight feeling in your chest. That's because, like balloons, the tiny air sacs in your lungs can get stretched out. Then they may break down. Old air gets trapped in them. So, there's no room for new air to get in.

Record your symptoms in *My Symptoms Journal*. Tell your healthcare practitioner about them. That will help you get the right treatment.



Know the Symptoms of a Respiratory Infection

Respiratory infections can cause a flare-up. The signs and symptoms of a respiratory infection are

- More shortness of breath, more coughing
- More mucus
- Mucus that has turned green or yellow
- Fever and chills (although not everyone gets these symptoms)

If you have any of these symptoms, call your healthcare practitioner.



HOW DO YOU KEEP TRACK OF YOUR COPD?

You need to find out how your disease is doing. This way you can tell your healthcare practitioner how you are feeling. Then your healthcare practitioner knows whether your treatment is working. He or she can find out if changes need to be made in your medicine or treatment plan.

Your healthcare practitioner can tell how your COPD is doing by

- How many and how severe your symptoms are (share your symptom record in *My Symptoms Journal* with him or her on every visit)
- Using a simple breathing test called spirometry (spy-rom-ih-tree). It measures how well air moves out of your lungs. (It's the same test used to find COPD in the first place.) Ask your healthcare practitioner how often you need this test
- Any complications, such as heart problems, you may have developed

HOW CAN YOU MANAGE YOUR COPD?

COPD cannot be cured, but it can be managed. You can do a lot to feel and live better with it.

These include



Do not smoke

If you smoke, quitting is the most important thing you can do. It is the **only action** that may stop your disease from getting worse. Try to stay away from people who smoke. Second-hand smoke is bad, too.



Have a healthy diet

With COPD, you need to eat well. The right food can give you energy and help you breathe. It may help you fight infections and illnesses.



Stay at a healthy weight

Being overweight makes your heart and lungs work harder. It makes it harder to breathe. Being underweight may make you feel weak and tired. It may make you more likely to get an infection.



Get regular activity

Being active can give you more energy. It can help tone your muscles, like those you use to breathe.

Talk with your healthcare practitioner about what you should weigh. Ask him or her to help you make an eating and exercise plan. Talk with him or her before you start exercising.

Get the vaccines you need



They can help keep you from getting the flu and pneumonia. Those are infections that can hurt your lungs. Ask your healthcare practitioner which shots to get and when.

Avoid pollutants



Try to stay away from

- Second-hand smoke
- Dust
- Chemicals

Taking medicine your healthcare practitioner prescribes

Most people get many medicines to take. They work together. They help control your symptoms. These are called

Rescue medicines: Taken as needed to help you catch your breath when your usual symptoms suddenly get worse. This type of medicine

- Can quickly help you breathe easier
- Works fast and lasts for about 4 to 6 hours
- Includes bronchodilators (bronk-oh-die-lay-ters) that you take through an inhaler or nebulizer (neh-bu-ly-zur)*

Do not take rescue medicines to prevent symptoms. If you are using your rescue medicines every day, you need to see your healthcare practitioner.

*Inhalers and nebulizers are machines. You use them to take some medicines.



Maintenance medicines: Taken every day to help you keep symptoms under control. This type of medicine

- Helps you breathe better
- Starts to work gradually and may last 4 to 24 hours
- May help reduce the need for rescue medicines
- Includes
 - Bronchodilators that you take through an inhaler or nebulizer, or as a pill or capsule
 - Combination medicines that you take through an inhaler or nebulizer

Take your maintenance medicine every day. Take your daily medicine even if you are breathing well.

What to know about inhalers and nebulizers

Inhalers:

- Let you breathe in medicine through your mouth
- Come in two kinds:

Metered Dose Inhalers (MDIs), Also Known as Inhalers or Puffers

- Deliver the medicine when you press and breathe
- Are small enough to fit in your pocket
- Can be used with open or closed mouth
- May be used with a spacer (a device attached to an inhaler that helps the medicine get to your lungs)

Dry Powder Inhalers (DPIs)

- Deliver the medicine when you breathe in

Nebulizers:

- Are used with a mask or a mouthpiece
- Are often used in hospitals, but may be used at home
- Must be kept clean

Tell your healthcare practitioner what medicines you take. Tell him or her about

- Prescription medicines
- Over-the-counter medicines
- Herbal and diet supplements

Other medicines that help people with COPD include

Corticosteroids (“steroids”)

- Can be taken by mouth or inhaled
- Usually taken for a short time by mouth when symptoms are getting worse or in hospital

Antibiotics

- For respiratory infections caused by bacteria
- Must take full amount prescribed

Oxygen

- Used when there is not enough oxygen in the blood
- Can help you breathe better if your disease has gotten worse
- May be needed only with activity or while sleeping, or 24 hours a day

DO YOU KNOW YOUR MEDICINES?

Keep track of your answers in *My Symptoms Journal*.

<p>Do you have a prescription for a "Rescue Medication?"</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did your doctor instruct you on how and when to use your "Rescue Medication?"</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a prescription for a "Daily Use" maintenance medication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were you instructed to take your daily "maintenance" medicines every day by your doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Pulmonary Rehabilitation (ree-ha-bill-ih-tay-shun)

Your healthcare practitioner may tell you to see a respiratory therapist. That's a person who can help make a care plan for your COPD. The plan may include

- Breathing exercises
- Instruction on how and when to take your medicines
- Recommendations for healthy lifestyle changes, such as exercise and food plans

Follow your treatment plan just as your healthcare practitioner tells you. Be sure you understand what you're supposed to do. Know what medicines you are taking. Know how to take them. If you have any questions, talk to your healthcare practitioner.



Take an active role in your health

You may have many healthcare practitioners, such as

- Nurses
- Doctors
- A respiratory therapist
- A dietitian (die-eh-tih-shun)
- A pharmacist, and more

They all help you manage your disease. Take an active part in your care. Find out what you can do to control your symptoms. It's a good idea to

- Tell your healthcare practitioner how you are feeling. Use *My Symptoms Journal* to track your symptoms
- Bring a friend or family member to your healthcare visits. He or she can help you remember what was said
- Ask questions when you don't understand something about your care. Write down the answers you get
- Talk about anything that bothers you. These can be physical or emotional things
- Keep all your healthcare appointments
- Renew your medicines before they run out

Talking to your healthcare practitioners

The more you tell your healthcare practitioners about what's going on with you, the more they can help. Be partners with them. Tell them about your

- Symptoms
- Medicines
- Other health problems
- Lifestyle

Bring *My Symptoms Journal* to each visit. Write down your questions before you go. Then write down the answers you get.



Bring ***My Symptoms Journal*** to each visit. Keep track of your answers in ***My Symptoms Journal***.

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
- Feeling sad or depressed

Irritants or Things That Made Symptoms Worse

- Respiratory infections
- Exercise
- Changes in the weather
- Indoor or outdoor air pollution
- Exposure to cigarette or other smoke
- Exposure to things that cause allergies
- Chemicals or other irritants at work
- Worry or stress
- Other/something else

Types of Medicines Used This Month

- Rescue medicine
- Maintenance medicine

GET THE SUPPORT YOU NEED

COPD can be managed. You can do a lot to help keep it in control. And there are a lot of ways to get information and support.

Try contacting these helpful resources:

American Lung Association® (ALA)

1-800-LUNGUSA

www.lungusa.org

**Global Initiative for Chronic Obstructive
Lung Disease (GOLD)**

www.goldcopd.org

National Lung Health Education Program (NLHEP)

1-972-910-8555

www.nlhep.org

National Heart, Lung, and Blood Institute (NHLBI)

1-301-592-8573

www.nhlbi.nih.gov

The National Emphysema Foundation

1-203-866-5000

www.emphysemafoundation.org

Centers for Disease Control and Prevention (CDC)

1-800-311-3435

www.cdc.gov

Pulmonary Education and Research Foundation (PERF)

1-800-539-8390

www.perf2ndwind.org

MY SYMPTOMS JOURNAL

You will find the journal in the back pocket. Keep it with you—in your pocket or purse. Use it to record your symptoms. Write down information or questions you may have, too. Bring it to your healthcare practitioner visits. The information in it may help decide how well your treatment plan is working.

My COPD symptoms

This section will help you identify the irritants that cause your symptoms. You can also keep track of how often you have symptoms and how strong they are—and if your symptoms change. Share these details with your healthcare practitioner.

Symptoms	Irritants or Things That Made Symptoms Worse
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Respiratory infections
<input type="checkbox"/> Cough	<input type="checkbox"/> Exercise
<input type="checkbox"/> Producing sputum (phlegm)	<input type="checkbox"/> Changes in the weather
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Indoor or outdoor air pollution
<input type="checkbox"/> Tightness in chest	<input type="checkbox"/> Exposure to cigarette or other smoke
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Exposure to things that cause allergies
<input type="checkbox"/> Feeling sad or depressed	<input type="checkbox"/> Chemicals or other irritants at work
	<input type="checkbox"/> Worry or stress
	<input type="checkbox"/> Other/something else

My COPD medicines

This section can help you keep track of how often you take your medicines.

<p>Do you have a prescription for a “Rescue Medication?”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did your doctor instruct you on how and when to use your “Rescue Medication?”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a prescription for a “Daily Use” maintenance medication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were you instructed to take your daily “maintenance” medicines every day by your doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



Boehringer Ingelheim Pharmaceuticals, Inc. has no ownership interest in any other organization that advertises or markets its disease management products and services.

*A patient educational resource provided by
Boehringer Ingelheim Pharmaceuticals, Inc.*



♻️ Printed on recycled paper in the U.S.A.
Copyright © 2007, Boehringer Ingelheim Pharmaceuticals, Inc.
All rights reserved. (09/07) DM45518

BI26361