

Health Note

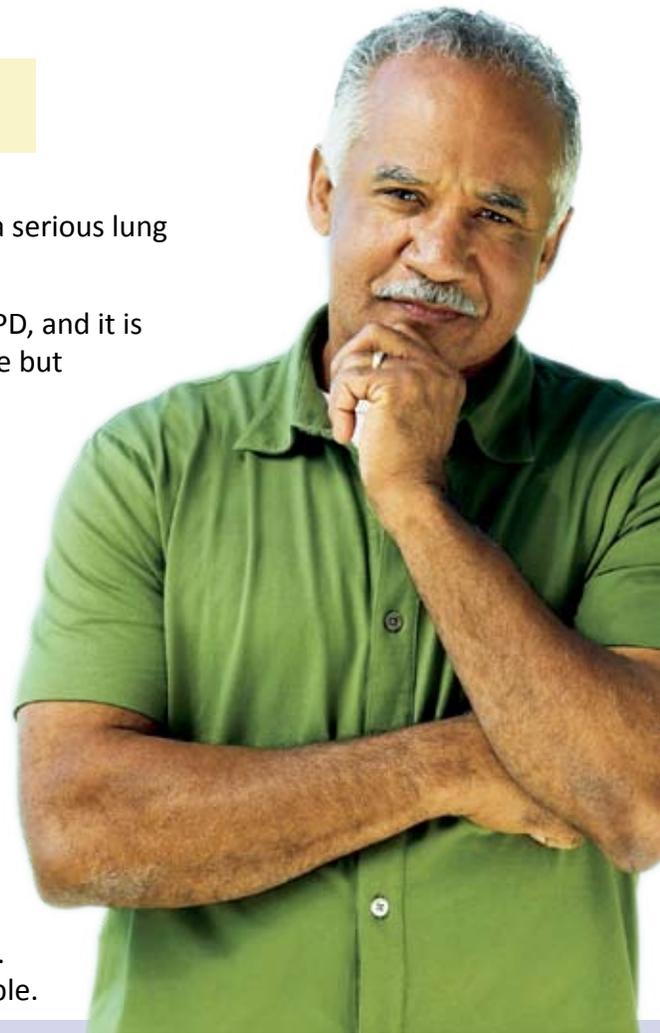
What is COPD?

COPD is short for Chronic Obstructive Pulmonary Disease. It is a serious lung disease that includes emphysema, chronic bronchitis, or both.

More than 12 million Americans have been diagnosed with COPD, and it is estimated that another 12 million people likely have the disease but don't even know it.

- COPD is the 4th leading cause of death and 2nd leading cause of disability in the United States (U.S.).
- Every four minutes, someone dies from COPD in the U.S. That's more than 124,000 people per year.
- COPD is projected to cost the U.S. economy a total of \$49 billion in 2010.
- African Americans have more emergency room visits and similar disease severity when compared to Whites who have smoked cigarettes over a longer period of time and are heavier smokers.

If you have COPD, then the airways that carry air to and from your lungs are partly blocked, making it hard to breathe. COPD is a progressive disease, meaning it gets worse over time. While it cannot be cured, COPD is both preventable and treatable.



Are You at Risk for COPD?

Although COPD is commonly thought of as a disease of the elderly, 7 in 10 people with COPD are younger than age 65. COPD can be caused by many factors that damage the lungs and the airways, including:

SMOKING

Cigarette smoking is the most common risk factor for COPD, though you can also develop COPD if you smoke a pipe or cigar or are exposed to secondhand smoke.

Smoking accounts for as many as 9 out of 10 cases of COPD.

19.8% of adult African Americans smoke.¹

Although you can't undo the damage that smoking has already caused, quitting smoking is the most important thing you can do to prevent or slow damage to your lungs.

ENVIRONMENTAL EXPOSURE

Breathing in air pollution – including chemical fumes and dust from the air or workplace – can also contribute to COPD. Pollen can irritate the lungs of a person with COPD. You can also develop COPD from indoor pollution, especially if you use wood- and coal-burning stoves in a poorly-ventilated area for cooking and heating.

GENETIC FACTORS

In rare cases, a genetic condition known as alpha-1 antitrypsin (AAT) deficiency may cause COPD. People who have this condition have low levels of the AAT protein, which prevents the loss of the lungs' elastic fibers. In its absence, emphysema is almost inevitable. If you have this condition and smoke, COPD can worsen very quickly. About one in every 2,500 Americans has this deficiency.

¹CDC. Cigarette Smoking Among Adults—United States, 2007. MMWR 2008; 57(45): 1221-6

COPD Symptoms

Symptoms of COPD may include:

- Shortness of breath
- Constant coughing (with or without mucus or phlegm)
- Wheezing
- Tightness in the chest
- Constant clearing of the throat
- Not being able to take a deep breath

In the early stages, you may not notice these symptoms. Many people think the symptoms of COPD are simply a sign of aging, but they are not. As the disease gets worse, symptoms can become more severe and make it difficult to perform even basic tasks, such as walking to the mailbox or climbing stairs. If you have any of these symptoms, then talk to your doctor.

Diagnosing COPD

People who are developing COPD may not show symptoms until the disease is well-developed. It is also often misdiagnosed as asthma. If you have the risk factors for COPD – smoke or have long-term exposure to air toxins – then talk to your doctor about being tested for COPD. If you experience constant coughing or shortness of breath, then ask your doctor about taking a spirometry test.

WHAT IS SPIROMETRY?

Spirometry is a non-invasive and painless test that measures how well your lungs are working. The test is simple – you blow into a tube connected to a machine known as a spirometer, which detects the amount of air blown out and the strength of that breath. It can detect if you have COPD even before you start showing symptoms.

The spirometry test also shows your doctor the severity, or stage, of the disease. Your doctor may order other tests to see if your symptoms are caused by lung disorders other than COPD.

THERE ARE FOUR STAGES OF COPD:

Stage I – Mild: The airways in your lungs have narrowed slightly, and you may have a cough that won't go away.

Stage II – Moderate: Your lung airways have become narrower, and you may become easily winded during brisk activities like exercising or climbing stairs. By the time you experience shortness of breath, you may have already lost 50 percent of your lung function.

Stage III – Severe: Airflow into and out of your lungs is limited, and you may run out of breath quickly doing the simplest of activities.

Stage IV – Very Severe: Airflow into and out of your lungs is severely limited. At this stage, you are at risk for other serious problems such as lung or heart failure. You also may have a very low quality of life.

WHERE CAN I GET TESTED?

Your primary care doctor can administer the test, or can refer you to someplace that can. You also can visit the COPD Foundation's Mobile Spirometry Unit (MSU) for a free test. Visit www.COPDFoundation.org to find out when testing will be available in your area.

WHY SHOULD I GET TESTED FOR COPD?

With a proper diagnosis, your doctor can prescribe a treatment plan that can help you control symptoms and slow or delay further damage to your lungs. Leaving symptoms untreated or undiagnosed may cause the disease to get worse quickly.

COPD Treatments

There is no known cure for COPD, but there are several treatments available that can help manage its symptoms at any stage. Talk to your doctor before you start any treatment plan to find out what therapies are best for you.

YOUR TREATMENT PLAN MAY INCLUDE:

Quit Smoking: This is the single most important thing you can do to help slow the progression of COPD. It is also important to avoid smoky areas. Talk to your doctor about the tools available to help you quit smoking.

Rescue Medications: These are taken when you suddenly need help breathing. A short-acting bronchodilator is a type of rescue medication that works quickly. Rescue medications are only meant to be taken when needed, but the effects are not long-lasting.

Daily (or Maintenance) Medications: Your doctor may prescribe you a COPD treatment that is meant to be taken every day. One example is a long-acting bronchodilator, which is an inhaler that relaxes and widens the airways so that more air can get in and out. The effects of long-acting bronchodilators last up to 24 hours. Once prescribed a COPD treatment, make sure you know how to use your medicine and follow your doctor's direction, using the same dosage at the same time each day.

You should not stop taking your daily medicines if you start feeling better. Although your symptoms may seem as if they are improving, COPD is a progressive disease and the damage to your lungs is not reversible.

Corticosteroids: These treatments reduce the swelling in the airways. Some COPD medications contain both a bronchodilator and a corticosteroid, and others may contain more than one type of bronchodilator.

Oxygen Treatment: Some people with COPD may require supplemental oxygen to help them breathe. This is used in people whose lungs no longer provide their body with enough oxygen. A doctor will measure how much oxygen is in your blood and determine the amount needed. Oxygen treatments supply oxygen directly into your lungs through tubes that you place in your nose. This way, your lungs do not have to work as hard to get oxygen.

Pulmonary Rehabilitation: This therapy helps increase the strength of your lungs through exercise to reduce shortness of breath. Pulmonary rehabilitation also educates patients about COPD. Research has shown that pulmonary rehabilitation can improve lung function.

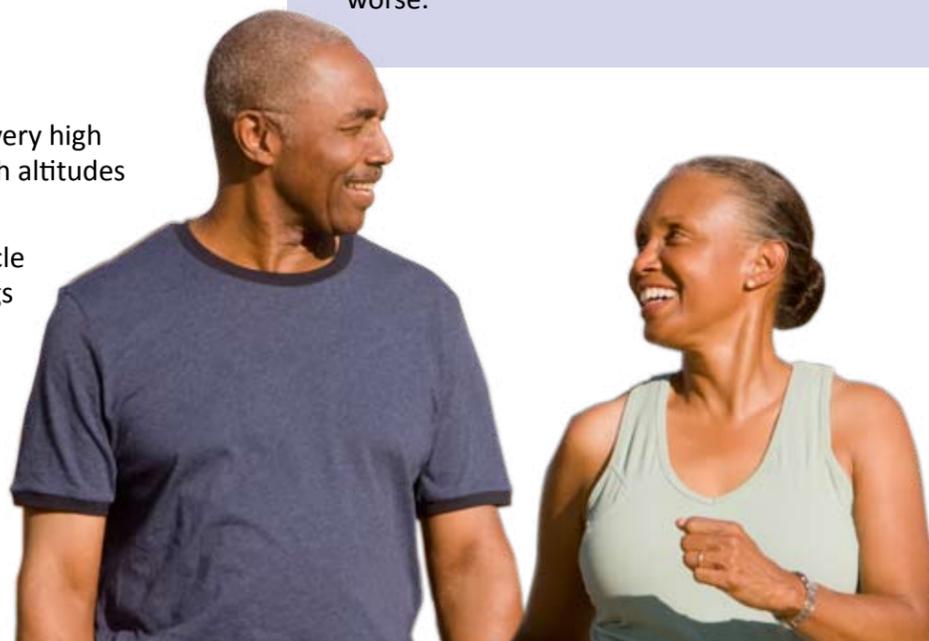
Surgery: People with severe COPD may be candidates for lung surgery, including transplants. Another surgical option is lung volume reduction surgery, which involves taking out the sickest part of the lung. Speak to your doctor to see if this is an option for you.



Managing COPD

Steps can be taken to make living with COPD more manageable. If you have COPD, then you can reduce breathing problems by avoiding things that might irritate your lungs. You can prevent COPD or lessen the symptoms simply by:

- Not smoking
- Avoiding lung irritants and allergens
- Using protective gear, like a face mask, to avoid inhaling airborne substances in the workplace
- Preventing infections
- Getting an annual flu shot
- Having good nutrition
- Drinking lots of fluids
- Staying out of very low or very high temperatures and very high altitudes
- Maintaining proper weight
- Exercising to increase muscle tone and to keep your lungs healthy and strong



Dealing with Weather Changes

Weather is one of many factors that can trigger your COPD symptoms.

Your symptoms can get worse when the air is very cold (below freezing) or when it is hot (above 90 degrees Fahrenheit) and humid. If the cold and strong winds bother you, try wearing a scarf or face mask loosely over your nose and mouth, and breathe through your nose on wintry days. The scarf, or muffler, and breathing through your nose warm the air before it enters your lungs, which helps avoid making your symptoms worse.

How COPD Affects Our Community

- In 2001, more Black females aged 45-64 had chronic bronchitis than Black males, White males or White females in the same age group
- In 2006, the COPD age-adjusted mortality rate for African Americans was 28.1 per 100,000
- 1,823 Maryland residents died from COPD in 2005, ranking the state the 27th highest in COPD mortality in the U.S.

Topics for Discussion with Your Doctor

1. What should I do if I think I have (or a loved one has) COPD?

2. I am a current smoker, or have ever smoked in the past. Yes No
 - o If you answered "yes," for how long? _____
3. Are the symptoms I am (or my loved one is) experiencing related to COPD? (Check all that apply and list any additional symptoms)
 - Shortness of breath
 - Constant coughing (with or without mucus or phlegm)
 - Wheezing
 - Tightness in the chest
 - Constant clearing of the throat
 - Not being able to take a deep breath
 - Others: _____
4. How can I tell if I have (or my loved one has) COPD versus asthma?

5. I am (or my loved one is) currently being treated for the following (List any illnesses you are/your loved one is being treated for):

Share this list with your doctor, and be sure to ask about spirometry.

Additional Notes

For More Information about COPD

American Lung Association

www.lungusa.org/lung-disease/copd

COPD Foundation

www.COPDFoundation.org

The COPD Foundation provides many resources including:

- **COPD Information Line:** Toll-free number staffed by volunteers with COPD who can answer almost any question you may have about COPD. The information line also provides information for caregivers of people with COPD. 1-866-316-COPD (2673).
- **COPD Digest:** Free, quarterly publication about COPD. Contact the COPD Information Line for a copy, or read it online at the COPD Foundation's website.
- **Mobile Spirometry Unit:** Provides free spirometry tests. Contact the COPD Foundation to find out when it is visiting your area.

DRIVE4COPD

www.DRIVE4COPD.com

DRIVE4COPD is a national public health campaign that aims to find the “missing millions” of people who may have COPD and don't even know it.

Know COPD

www.knowcopd.com

Learn all about COPD, including tips for managing it, hear stories from people living with the disease, and request a free copy of “The Guide to Better Breathing.”

The National Institutes of Health National Heart, Lung and Blood Institute COPD Learn More Breathe Better®

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

U.S. COPD Coalition

www.USCOPDCoalition.org