

Dear Community Partner/ Health Care Provider:

Did you know?

- COPD is the third leading cause of death in the United States;
- COPD is the second leading cause of disability in the United States;
- COPD is a major driver of avoidable healthcare costs;
- In many hospital settings, 1 out of 5 COPD patients are readmitted within 30 days.

In September 2015, Breathe NH began implementing the NH COPD Plan, best described as a roadmap that outlines a multidisciplinary and coordinated approach to improve the lives of those impacted by COPD and reduce the burden of the disease in our state. The plan is a guide for COPD prevention, diagnostic and management efforts and encourages coordinated action. Through four multi-disciplinary work groups, the plan seeks to:

- Prevent COPD and increase awareness of COPD
- Support primary care providers to ensure that patients are properly diagnosed and receive consistent and optimal care
- Support those affected so they can face the disease with courage, confidence and hope.

To that end, Breathe NH is supporting the plan efforts through the dissemination of a COPD toolkit to assist providers in educating themselves, patients, caregivers, and any ancillary office/hospital staff that may be directly involved with patient care. Enclosed are the following:

- | | |
|----------------------------------|--|
| • COPD Plan Objectives | • List of Pulmonary Rehabilitation Centers |
| • COPD Action Plan | • List of NH COPD Support Groups |
| • COPD Clinical Guidelines (ACP) | • Breathing Matters, Summer 2016 |
| • COPD Glossary of Terms | • COPD Foundation/ Breathe NH flyers |
| • The impact of COPD infographic | |

You can access many documents on our website: www.breathenh.org/copd or order additional materials from Breathe directly (603) 669-2411. If you would like to get directly involved with the NH COPD Plan implementation, contact us about joining one of the four work groups at COPD@breathenh.org – we welcome your participation!

With best regards –

Jane Goodman

COPD Program Manager

The **IMPACT** of **COPD**

The 3rd Leading Cause of Death in the U.S.

With an estimated 12 million individuals who remain undiagnosed, **chronic obstructive pulmonary disease (COPD)** is prevalent, but preventable. Do you know the facts about this chronic lung condition and its impact on patients, their families and the nation?



50% of survivors of a first COPD hospitalization return to the hospital within 6 months.¹



Today, more **women** than men die from COPD each year.²

Cost of COPD to the nation:³

\$49.9 billion



1.5 million emergency department visits were made for COPD in 2000.³

visits were made for COPD in 2000.³

2 out of 5 COPD patients



retire prematurely causing

\$316,000

in lifetime income loss for the patient.⁵



The overall death rate for COPD has increased **67%** since 1980.⁶

COPD patients say the disease limits:



Normal Physical Exertion **70%**



Household Chores **56%**



Social Activities **53%**



Ability to Work **51%**



Sleeping **50%**



Family Activities **46%**

What you can do:

- Visit **COPD.org** for patient resources.
- Ask your doctor to use the COPD Alliance-endorsed **Population Screener™** to assess your risk for COPD.
- If you're currently a smoker, talk to your doctor about a smoking cessation program.

There is no cure for COPD.

Sources

1. Confronting COPD in America, 2000. Schullman, Ronca and Bercovats, Inc. (SRBI) Funded by Glaxo Smith Kline.
2. U.S. Department of Health and Human Services, National Institutes of Health, National Heart Lung and Blood Institute. Morbidity and Mortality: 2009 Chartbook on Cardiovascular, Lung and Blood Diseases.
3. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219062/>
4. http://www.unm.edu/patiented/articles/how_serious_chronic_obstructive_lung_disease_050970_5.htm#zz28sm5UPmrk
5. <http://www.biosciencelibrary.com/1471-2458/11/602>
6. http://www.nhlbi.org/Documents/08_02_02COPD_SS.pdf
7. http://www.nhlbi.org/resources/confronting_copd/summary.pdf
8. <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=77>



copd
ALLIANCE

www.copd.org

Graphic by Liquis Design

NH COPD Plan Objectives

What is the New Hampshire (NH) COPD Plan?

The NH COPD plan is a state-specific action plan or ‘roadmap’ designed to prevent COPD and reduce its burden in New Hampshire through coordinated action.

Who Developed the NH COPD Plan?

Breathe New Hampshire (Breathe NH) convened a diverse group of COPD stakeholders, including patients, caregivers, health care providers, businesses and public health leaders, to create the plan. Four work groups and an advisory group worked with Breathe NH staff from January through November 2014 to produce the plan. We hope the NH COPD plan is a springboard for future action and we look forward to working with many more partners to refine and implement the plan.

Why a NH COPD Plan?

To Prevent COPD

- COPD is the third leading cause of death in the US, behind heart disease and cancer.
 - COPD is largely a preventable disease.
 - COPD is a major driver of avoidable healthcare costs.
- The **NH COPD plan** will help prevent COPD through community mobilization and aligning advocacy efforts. We must act now to shift the future course of COPD in NH.

To Appropriately Identify, Care for, and Support all those with COPD

- Approximately 170,000 NH adults have COPD but half of them are undiagnosed.
 - COPD adversely affects quality of life and those with COPD often have other diseases such as asthma, heart disease, diabetes, or mental health disease.
- The **NH COPD plan** will provide useful resources for health care providers to promote a COPD standard of care and local best practices. It will also encourage information-sharing and collaboration through the NH COPD Network.

To Increase COPD Awareness

- COPD is often misunderstood and misdiagnosed. It is common for those at risk to overlook early warning signs.
 - Those living with COPD and their caregivers often feel isolated and powerless.
- The **NH COPD plan** will help raise public awareness of COPD and its causes through communication strategies, increased media attention, and engaging patients and their caregivers in solutions.

To Improve Understanding of COPD

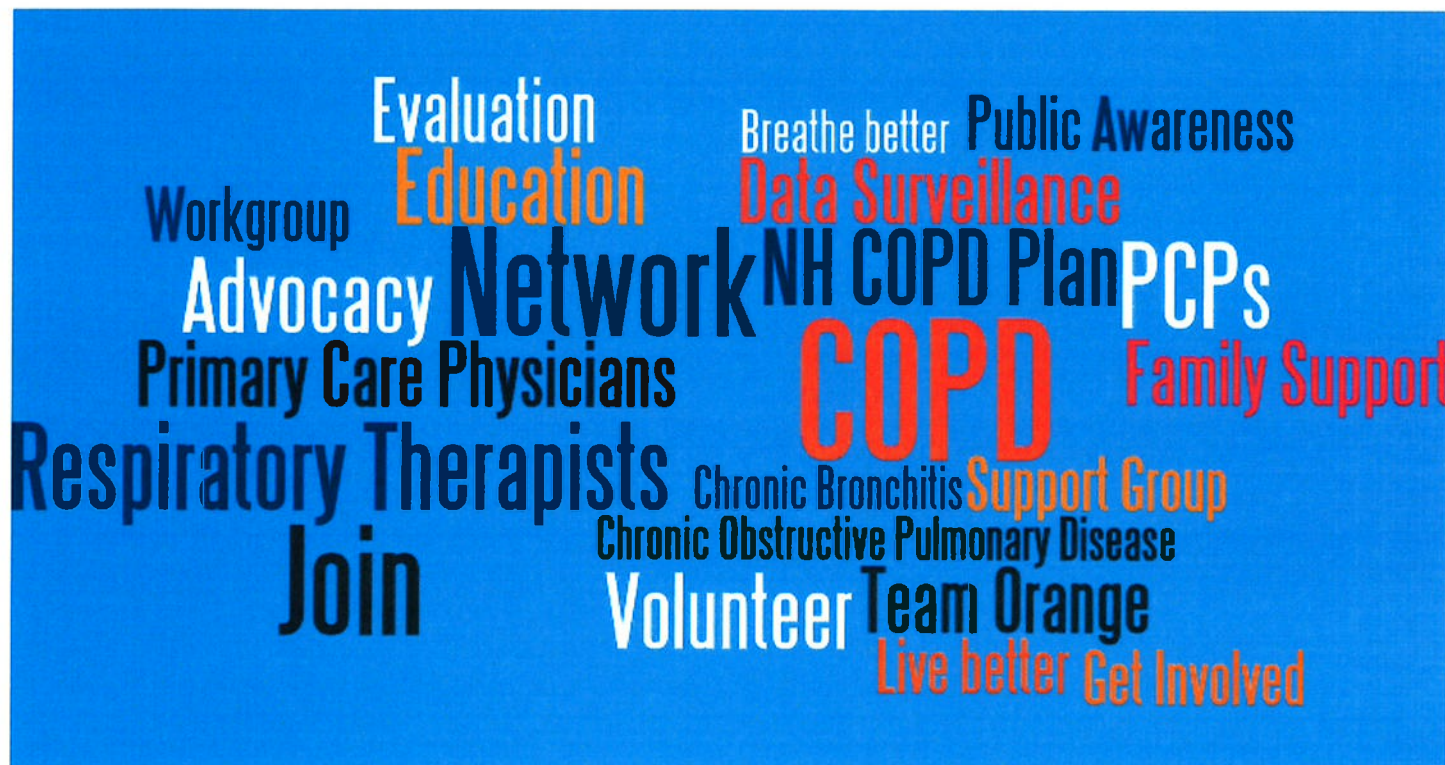
- COPD prevalence varies widely in NH, ranging from 4.1% in Cheshire County to 11.3% in Coos County.
- COPD is higher in groups with lower income and education levels.
- More information and data are needed to better understand and address geographic and other variations in the disease.

- The **NH COPD Plan** will increase the availability of useful COPD data and will encourage the sharing and use of data to guide interventions and outreach efforts.

Our organization has just completed a NH COPD action plan, which outlines key actions to prevent COPD, improve the health and care for those living with the disease, and encourage collaboration.

NH COPD NETWORK

Collaborating to reduce the burden of COPD (Chronic Obstructive Pulmonary Disease) in New Hampshire



Why COPD? COPD is:

- 3rd leading cause of death in the U.S.
- 2nd leading cause of disability in the U.S.
- A major driver of avoidable health care costs

What is the COPD Network?

A diverse group of stakeholders statewide working to reduce the burden of COPD in New Hampshire.

Who are the stakeholders?

Stakeholders include: anyone impacted by COPD, including, but not limited to: COPD patients and their family members and caregivers, medical providers, researchers, local and state government, employers, schools and colleges, policymakers, insur-

Why join the Network?

- Stay informed about the NH COPD Plan and our progress
- Share ideas and resources with Network members
- Take action on COPD and connect with others

What we need from Network members?

- Help us spread the word about COPD
- Share your expertise and recommendations — join a workgroup
- Help promote the Plan within your own network

What will Breathe NH do?

- Provide a home for the Network at www.breathenh.org/COPD
- Provide staff and support to oversee Network
- Grow and sustain the Network
- Organize annual meeting/educational forum for Network members



Phone: (603)-669-2411
Fax: 603-645-6220
E-mail: copd@breathenh.org
Visit: www.breathenh.org/copd

Assessment Pathway

Host factors
Genetic factors
Sex
Airway
hyperreactivity
immunoglobulin E
Asthma

Diagnosis

Symptoms of cough
Sputum production or
Dyspnea or history of exposure to risk factors for the disease.

Spirometry

Post-bronchodilator FEV1/forced vital capacity <0.7 that is not fully reversible.

American Thoracic Society / European Respiratory Society Task Force. Standards for the Diagnosis and Management of Patients with COPD 2004 [updated 2005 September 8].

Exposures

Smoking/Occupation
Socioeconomic status
Environmental pollution
Perinatal events
Childhood illness
Recurrent broncho-
-Pulmonary infections

Consider Checking for Alpha 1 Antitrypsin Deficiency

- Early-onset pulmonary emphysema (regardless of smoking history)
- Family members of known alpha-1 antitrypsin-deficient patients
- Dyspnea and cough occurring in multiple family members in same or different generations
- Liver disease of unknown cause
- Adults with bronchiectasis without evident etiology should be considered for testing

American Thoracic Society/European Respiratory Society Statement: Standards for the Diagnosis and Management of Individuals with Alpha-1 Antitrypsin Deficiency. *Am J Respir Crit Care Med.* Vol 168(2003):pp 818-900.

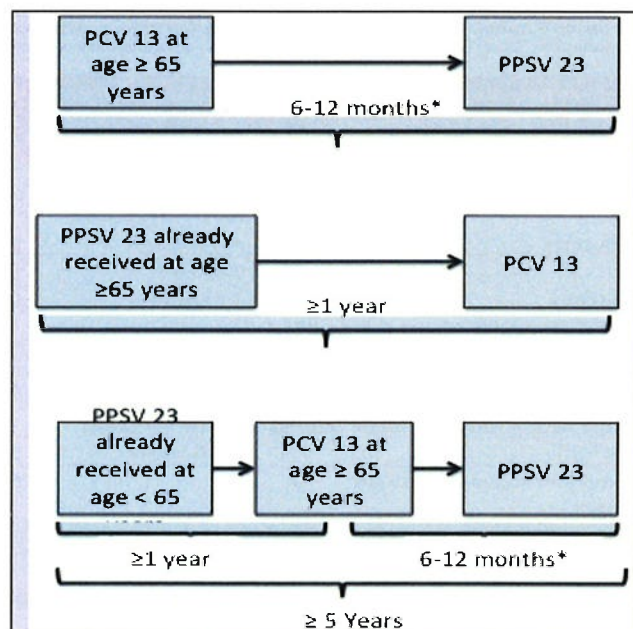
Spirometry Grades

SG 0 At Risk	SG 1 Mild	SG 2 Moderate	SG 3 Severe
Normal spirometry does not rule out emphysema, chronic bronchitis, asthma, or risk of developing either exacerbations or COPD	Post bronchodilator FEV1/FVC ratio <0.7, FEV1 >60% predicted	Post bronchodilator FEV1/FVC ratio <0.7, 30% < FEV1 < 60% predicted.	Post bronchodilator FEV1/FVC ratio <0.7, FEV1 < 30% predicted

Tobacco Cessation Counseling

Vaccinations

Drugs for Tobacco Cessation	Approx Price per month	Drugs for Tobacco Cessation	Approx Price per month
Varenicline*	\$ 160	Nicotine gum/Lozenges	\$30-\$70
Bupropion SR*	\$ 65	Nicotine inhaler*	\$50
Nicotine Patch	\$ 70	Nicotine nasal spray*	\$50
*Require Prescription			



Abbreviations:

PCV13 = 13 Valient pneumococcal conjugate vaccine, PPSV23 = 23-Valent pneumococcal polysaccharide vaccine

*Minimum interval between sequential administration of PCV13 and PPSV23 is 8 weeks; PPSV23 can be given later than 6-12 months after PCV13 if this window is missed.

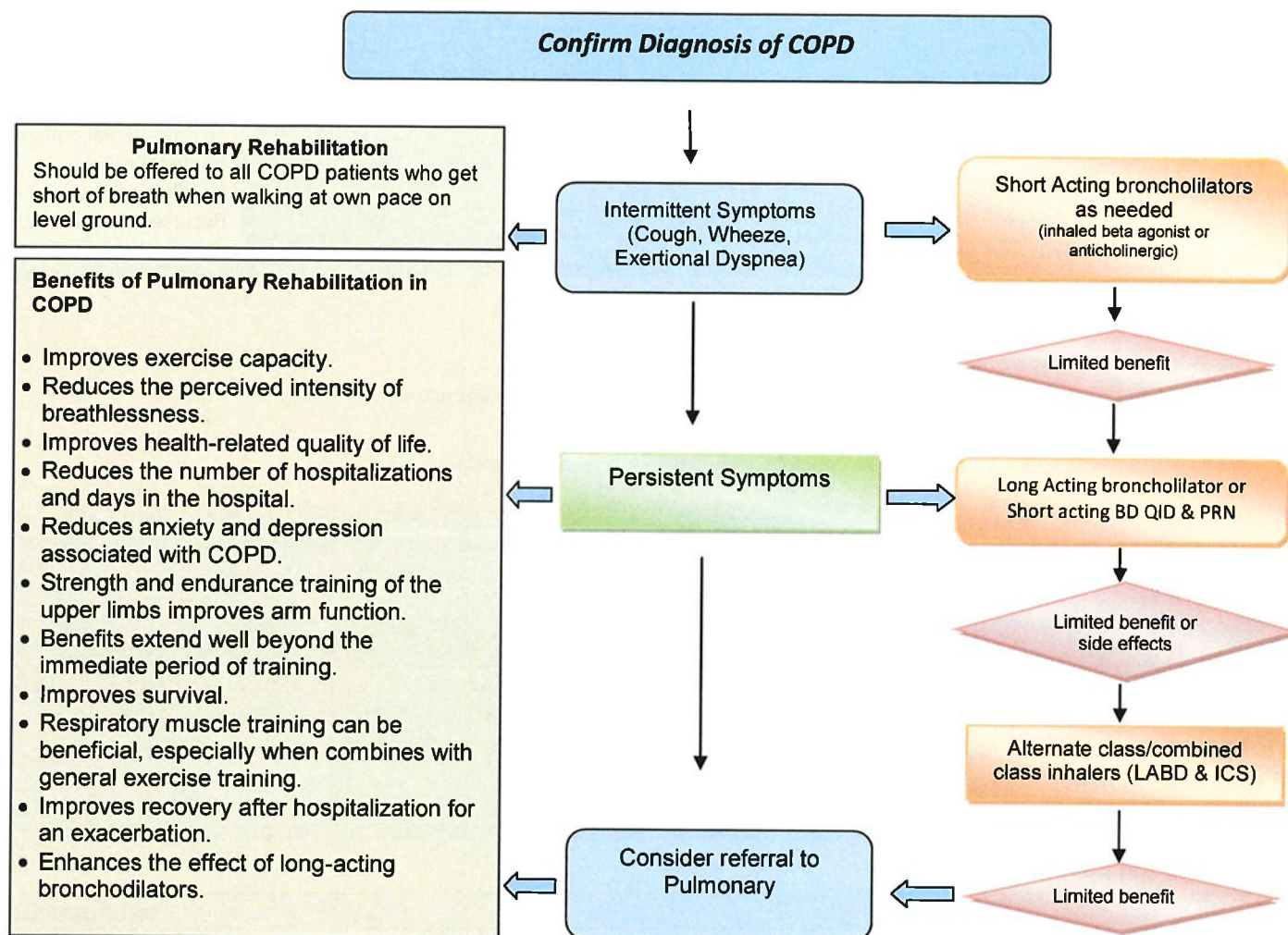
CDC. Use of influenza A (H1N1) 2009 monovalent vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR.* 2009;2009(58):1-8.

Strategies:

1. **ASK:** EVERY patient at EVERY clinic visit, tobacco-use status is queried and documented.
2. **ADVISE:** In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Refer to Tobacco cessation:** Patients are connected with Tobacco cessation counselor.

National Guideline C. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease.

COPD Management Tool



1. National Guideline C. British Society guideline on pulmonary rehabilitation in adults. Accessed 1/23/2015. <http://www.guideline.gov/content.aspx?id=47037>. 2. American Thoracic Society European Respiratory Society Task Force. Standards for the Diagnosis and Management of Patients with COPD 2004(updated 2005 September 8)

Inhaler/Nebulizers	Inhaler Strength (mcg)	Nebulizer solution (mg)	Avg per month Cash Price	Inhaler/Nebulizers	Inhaler Strength (mcg)	Nebulizer solution (mg)	Avg per month Cash Price
Beta 2 Agonist - Short Acting (SABA)				Anticholinergics - Long Acting (LAMA)			
Albuterol	90 (HFA-MDI)	0.63/3 ml, 1.25/3 ml, 2.5/3 ml	\$ 60	Spiriva	18 (DPI)		\$380
Xopenex	45 (HFA-MDI)	0.63/3 ml, 1.25/3 ml	\$ 75	Tudorza	400 mcg (DPI)		\$375
Anticholinergics - Short Acting (IB)				Inhaled Corticosteroids (ICS)			
Ipratropium Bromide		0.5/2ml	\$ 150	Pulmicort	90, 180 (DPI)	0.25/2 ml, 0.5/2 ml	\$260
Short Acting Anticholinergic plus B2-Agonist (B/SABA)				Flovent	44-220 (HFA)		\$250
Duoneb		0.5/2.5/3 ml	\$ 250		100,250 (DPI)		
Combivent Respimat Inhaler	20/100		\$ 360	Asmanex	220 (DPI)		\$250
Beta 2 Agonist - Long Acting (LABA)				Inhaled Corticosteroids (ICS) plus Long Acting B2-Agonists (ICS/LABA)			
Foradil	12 (DPI)		\$260	Symbicort	160/4.5 (HFA)		\$290
Serevent	50 (DPI)		\$340	Advair	250/50		\$350
Brovana		15 mcg/2ml	\$700	Dulera	100/5, 200/5 (HFA)		\$270
Perforomist		20 mcg/2ml	\$700	Breo Ellipta	100/25 (DPI)		\$290
Arcapta Maleate	75 (DPI)		\$240				

My COPD Action Plan

Contact your health care provider or doctor if you have any questions or you are unsure what action to take.

My name: _____ Date of birth: _____ Today's date: _____



I Feel Well

- ☐ Usual activity level and appetite
- ☐ Usual amount & color of mucus
- ☐ Sleeping well or as usual

Take Action

- Take daily medicines as directed
- Use oxygen as directed
- Do normal activities
- Avoid all tobacco smoke or anything that makes me feel worse



I Don't Feel Well

- ☐ More short of breath than usual
- ☐ More and/or thicker mucus

If both checked and any one or more below are checked, Take Action

- ☐ Taking more reliever medicines
- ☐ Not much energy, poor appetite
- ☐ Not sleeping well, symptoms wake me
- ☐ New or more ankle swelling

Take Action

- Call my health care provider
- Use daily medicines & oxygen as directed
- Use quick relief inhaler or nebulizer
- Start Prednisone * _____
- _____
- *avoid NSAIDS (Ibuprofen, Advil, Motrin, Aleve)
- Start antibiotic _____
- Rest & use pursed lip breathing
- Avoid all tobacco smoke or anything that makes me feel worse



I Feel Much Worse

- ☐ Severe shortness of breath
- ☐ Chest pain
- ☐ Confused, slurring of speech or drowsy
- ☐ Not able to sleep
- ☐ Coughing up blood

Take Action

- Call 911 or have someone bring you to the emergency room
- Increase oxygen to _____
- Take emergency dose of Prednisone _____

My doctor or health care provider: _____ Phone #: _____

My lung specialist: _____ Phone #: _____

My COPD Action Plan (page 2)

- Fill this form out with your health care provider and update as needed.
- Keep this visible for quick reference, such as on your refrigerator.

Date: _____

Completed by: _____

My COPD Medicines

Name	What it looks like (color, shape, size, etc)	Number of puffs or tablets	How often	What it's for

My COPD classification: ☐ mild ☐ moderate ☐ severe ☐ very severe

My Lung Health Tests

Date	Weight	FEV ₁ Liters % Predicted	Oxygen or O ₂ Saturation	Where tests were done

My Plan for Staying Well

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|------------|
| 1. Get annual flu vaccine (shot) | ☐ Yes | ☐ No | Date _____ |
| 2. Get pneumonia vaccines (shot) | ☐ Yes | ☐ No | Date _____ |
| 3. Attend Pulmonary Program | ☐ Yes | ☐ No | Date _____ |
| 4. Ways I can move more each day | ☐ Yes | ☐ No | Date _____ |
| 5. Ways I can eat healthier each day | ☐ Yes | ☐ No | Date _____ |

My Other Health Conditions

- | | | | | |
|---|--|--|---------------------------------------|---|
| ☐ Asthma | ☐ Cancer | ☐ GERD | ☐ Osteoporosis | ☐ Anemia |
| ☐ Congestive Heart Failure | ☐ Anxiety/panic | ☐ Heart attack | ☐ Sleep apnea | ☐ High Cholesterol |
| ☐ Depression | ☐ Arthritis | ☐ High blood pressure | ☐ Stroke | |
| ☐ Diabetes | ☐ Tobacco use/dependence | ☐ Other | | |
| | ☐ past ☐ current | | | |

My Other Medicines

Name	What it looks like	Number of puffs or tablets	How often	What it's for

Pulmonary Rehabilitation Program Resource List



Androscoggin Valley Hospital

59 Page Hill Rd, Berlin, NH 03570

Main: (603) 752-2200

www.avhnh.org

Ann Morin, RN (603) 326-5860

Cheshire Medical Center

580 Court St, Keene, NH 03431

Main: (603) 354-5400

www.cheshire-med.com

Mary Ann Riley, RRT, TTS (603) 354-6730

Concord Hospital Cardiac Rehab, Pulmonary Rehab and Speech Therapy

250 Pleasant St, Concord, NH 03301

Main: (603) 225-2711

www.concordhospital.org

Marc Lacroix, PT (603) 227-7000 x3051

Dartmouth-Hitchcock Medical Center

One Medical Center Drive, Lebanon, NH 03756

Main: (603) 650-5000

www.dartmouth.hitchcock.org

Heidi Pelchat, RRT, RCP, AE-C (603) 650-5861

Elliot Hospital - The Elliot at River's Edge

185 Queen City Ave, Manchester, NH 03101

Main: (603) 669-5300

www.elliethospital.org

Robert Fishwick, RCP, RRT-NPS, C-NPT (603) 663-2366

Exeter Hospital

Exeter Physical Therapy for Pulmonary Diseases

5 Alumni Drive, Exeter, New Hampshire 03833

Main: (603) 778-7311 www.ehr.org

Deborah Saunders, RCP or Barbara Burleigh, PT
(603) 580-7921

Frisbie Memorial Hospital

11 Whitehall Road

Rochester, NH 03867

Main: (603) 332-5211

www.frisbiehospital.com

Brad Johnstone, RRT, RCP (603) 335-8442

Cindy Andersen, RRT, RCP (603) 335-8431

Littleton Hospital - Littleton Regional Healthcare

600 St. Johnsbury Road

Littleton, NH 03561

Main: (800) 464-7731

www.littletonhealthcare.org

Lanette Madden, RN (603) 444-9387

LRG Healthcare Lakes Region General Hospital

80 Highland Street, Laconia, NH 03246

Main: (603) 524-3211

www.lrglgh.org

Jannine Sutcliffe, RN (603) 527-7154

Memorial Hospital Pulmonary Rehabilitation

3073 White Mtn. Hwy, No Conway, NH 03860

www.memorialhospitalnh.org

Tanya Carbonaro, RN (603) 356-5461

Monadnock Community Hospital

452 Old Street Road, Peterborough, NH 03458

Main: (603) 924-7191

www.monadnockhospital.org

Essy Moverman, RCP, RRT, AE-C, TTS

(603) 924-4699 x4291

Northeast Rehabilitation Hospital

70 Butler St, Salem, NH 03079

Main: (603) 893-2900

www.northeastrehab.com

Susan Suslavich, CRT (603) 681-3195

Portsmouth Regional Hospital

333 Borthwick Ave, Portsmouth, NH 03801

Main: (603) 436-5110

www.portsmouthhospital.com

Judi Breen, RRT (603) 433-4895

Saint Joseph Hospital

172 Kinsley Street

Nashua, NH 03061

Main: (603) 882-3000

www.stjosephhospital.com

Jodi Boutwell, MSN, APRN, FNP-BC

(603) 882-3000 x67108

Southern NH Medical Center

29 Northwest Blvd, Nashua, NH 03061

Main: (603) 577-2000 www.snhmc.org

Brenda Baird, RN-BC, CCVRN

Lynn Cummings, RRT, CCP (603) 577-5738

Speare Memorial Hospital

16 Hospital Rd, Plymouth, NH 03264

Main: (603) 536-1120

www.spearehospital.com

Candee Adams, OT (603) 238-6440

Weeks Medical Center

173 Middle St, Lancaster, NH 03584

Main: (603) 788-4911

www.weeksmedicalcenter.org

John Goodwin, OTR/L (603) 788-5009

Wentworth-Douglass Hospital

789 Central Ave, Dover, NH 03820

Main: (603) 742-5252

www.wdhospital.com

Judith Fleming, RRT or

Caroline Faulkingham, RRT, RCP, CPFT

(603) 742-5252 x2752

Lung Health Support Groups in NH Resource List



Breathe New Hampshire

145 Hollis Street, Unit C

Manchester, NH 03101

Contact: 603-669-2411

Email COPD@breathenh.org

Meets on the second Wednesday of the month from 1:00 – 2:30 p.m.

Better Choices Better Health Chronic Disease Self-Management

Memorial Hospital

PO Box 5001

3073 White Mtn. Hwy

No Conway, NH 03860

Contact: Joan Lanoie, Dir. of Volunteer Services

603-356-5461 x2291

Cheshire Support Group

Cheshire Medical Center

580 Court St

Keene, NH 03431

Contact: Mary Ann Riley 603-354-6730

The group meets quarterly

Tobacco-Free or Trying to Be Support Group

Contact: Kate McNally 603-354-6513

First Wednesday of the month

INSPIRE Pulmonary Support Group

PO Box 117

Nashua, NH 03061

www.INSPIRENashua.org

Contact: 603-577-5738

3rd Monday of the month, 1:15 SNHMC West Cafeteria

Must have completed a pulmonary rehabilitation program at So. NH Medical Center

Monadnock Easy Breathers Support Group

Monadnock Community Hospital

The Bond Wellness Center

452 Old Street Road

Peterborough, NH 03458

Contact: Essy Moverman 924-4699 x4291

Meets monthly on the fourth Friday, 1:30 – 3:00 PM

Sarcoidosis Support Group

Exeter Pulmonary/Critical Care

9 Buzell Ave

Exeter, NH 03833

603-775-0234

COPD Glossary

Action Plan

A plan created with your health-care provider to help you manage your COPD symptoms and stay on track with your wellness.

Alpha-1 antitrypsin

A kind of protein that helps to keep the elasticity of tissue in the lung. In some people, an inherited deficiency of this protein leads to the development of emphysema.

Bronchodilators

Medications that relieve the tightening of the airways and that are in pill form or inhaled form. They include anticholinergics and short-term and long-term beta₂-agonists.

Chronic Bronchitis

An inflammation, or constant swelling and irritation, of the airways that causes increased production of mucus. It is considered chronic (or long-term) when a person is coughing and producing excess mucus for most days of the month for at least 3 months of a year for 2 or more years in a row.

COPD (*chronic obstructive pulmonary disease*)

A term to describe two common diseases that result in airflow obstruction: emphysema and chronic bronchitis. Patients may experience either or both of these conditions.

COPD Exacerbation (Flare-up)

A flare-up or bad attack that is usually caused by an infection in the lung, but it is not always known why there is a worsening of symptoms. Usually accompanied by more mucus, coughing and breathlessness.

COPD Network

A diverse group of individuals and organizations working together to reduce the burden of COPD in New Hampshire supported by *Breathe NH*.

COPD Plan – New Hampshire

A “roadmap” created by NH stakeholders to prevent and bring more attention and resources to COPD.

Emphysema

Part of COPD that involves the tiny air sacs in the lungs (alveoli). In emphysema, the lungs lose elasticity, which causes the air sacs to become enlarged, making breathing difficult. In advanced emphysema there are large empty spaces in the lung.

Lung Health Awareness Team (LHAT)

A group of *Breathe NH* volunteers interested in raising awareness and spreading the word about lung health issues in New Hampshire.

Nebulizers (atomizer)

A machine that can produce an extremely fine spray for deep penetration of medicine into the lungs.

Oxygen (O₂)

A gas that provides the body with energy. When breathed in, it is pulled into the lungs, where it is transferred to the blood through the air sacs (alveoli). People who do not get enough oxygen into their systems may need oxygen therapy.

Pulmonary Rehabilitation

A multidisciplinary program of exercise, education and breathing retraining meant to help people with COPD stay conditioned, reduce symptoms or breathlessness, and improve lung function and attitude in order to improve quality of life.

Pulmonologist

A medical doctor who has special training about lungs and treatment of lung disorders.

Spirometry (pulmonary function tests)

A way of measuring the amount of air entering and leaving the lungs. This is the one way doctors and other health-care providers can diagnose COPD.

COPD

LEARN MORE
BREATHE BETTER®

A program of the National Institutes of Health.

 **Breathe**
NEW HAMPSHIRE
Improving lung health since 1916



THINK IT MIGHT BE COPD? IT'S TIME TO SPEAK WITH YOUR DOCTOR.

As soon as you notice the signs and symptoms of COPD (Chronic Obstructive Pulmonary Disease) in yourself or a loved one, make an appointment with your doctor or health care provider. Acting early is essential to taking control of the disease so you can live better with it.

Follow these tips to make sure you get the most out of your office visit.

1) LEARN ABOUT COPD SYMPTOMS BEFORE YOUR APPOINTMENT.

Learning about COPD symptoms gives you a better understanding when talking with your health care provider. You may want to keep a log of your symptoms for the days or weeks before your appointment and bring it with you. Include details of what you were doing when you experienced any of these COPD symptoms and how long they lasted:

- Shortness of breath during everyday activities
- Feeling like you can't breathe
- Not being able to take a deep breath
- Constant coughing, sometimes called "smoker's cough"
- Wheezing
- Excess sputum production



As soon as you notice the signs

and symptoms of COPD in yourself or a loved one, it's time to make an appointment with your doctor or health care provider. Acting early is essential to getting control of the disease so you can live better with it.

It's not always easy to get all the information you need in the brief time of a typical office visit. Follow these five tips to make the most of it.



NIH

National Heart, Lung,
and Blood Institute

*COPD Learn More Breathe Better®
is a trademark of HHS.*

 **COPD**
FOUNDATION

2) UNDERSTAND YOUR RISK FACTORS FOR COPD AND DISCUSS THEM WITH YOUR DOCTOR.

A history of smoking is one of the main risk factors for developing COPD but it's not the only one. Long-term exposure to pollution, certain chemicals and dusts may cause COPD. There are also some genetic conditions that cause the disease. Share all the risk factors you may have, as complete information will only help your provider give you the best care.

3) KNOW WHAT TO EXPECT BEFORE THE VISIT.

If you do have symptoms of COPD, you may need to take a breathing test to determine whether you have the disease. Called spirometry, this quick, noninvasive test can be done in the provider's office.

4) BRING YOUR QUESTIONS AND A NOTEPAD.

Before your appointment, write down questions you have about COPD and bring them with you. Take notes during the visit, and don't be afraid to ask the provider to repeat something if you don't understand it. A few questions to include may be:

- How will I know for sure if I have COPD?
- How will you treat my COPD?
- What are the side effects of the treatments?
- Are there things I can change to make life with COPD easier?

5) DON'T GO ALONE.

If possible, bring a family member or friend with you. Two sets of ears are always better than one when hearing information about your health.

6) LEARN MORE ABOUT THE RESOURCES AVAILABLE.

Visit the **COPD Learn More Breathe Better website**: COPD.nhlbi.nih.gov or the **COPD Foundation website**: www.copdfoundation.org at any time to learn more about COPD and to see what resources and support may be available in your area. The COPD Foundation also has a toll-free **COPD Information Line 1-866-316-COPD (2673)** which offers one-on-one support, peer-to-peer information and referrals on COPD by patients and caregivers impacted by the disease.



COPD Learn More Breathe Better®

is a program of the National Heart, Lung and Blood Institute. It was created to help people diagnosed with and at risk for COPD to become informed about the disease and ways to live better with it.

For more information and free, downloadable materials, visit:
COPD.nhlbi.nih.gov

Contact the National Heart, Lung, and Blood Institute at:
nhlbi.nih.gov



**HOW TO GET THE MOST
FROM YOUR OFFICE VISIT**

COPD

LEARN MORE BREATHE BETTER®

A program of the National Institutes of Health.



NOW THAT YOU KNOW IT'S COPD, HERE'S HOW TO BREATHE BETTER.

You have taken the important step of being aware of your symptoms, and seeing your doctor or health care provider for testing and a diagnosis. While COPD (Chronic Obstructive Pulmonary Disease) is a serious lung disease that worsens over time, your provider can suggest treatment options and ways to help you manage COPD. Here are some things you can do now to breathe better and improve your quality of life.

1) QUIT SMOKING.

If you smoke, quitting is the best thing you can do to prevent more damage to your lungs. Ask your provider about new options for quitting. Many resources to help are available online. Visit smokefree.gov; lungusa.org; or call **1-800-QUIT NOW** for more information.

2) AVOID EXPOSURE TO POLLUTANTS.

Try to stay away from other things that could irritate your lungs, like dust and strong fumes. Stay indoors when the outside air quality is poor, and avoid places where there might be cigarette smoke.

3) VISIT YOUR PROVIDER REGULARLY.

See your doctor or health care provider on a regular basis. Bring a list of all medications you are taking to each office visit. If your current symptoms worsen, or if you have new ones, be sure to tell your doctor.

IT'S SERIOUS, BUT YOU'RE NOT ALONE.

COPD—also known as emphysema or chronic bronchitis—is a serious disease that partially blocks the airways, or tubes, that carry air in and out of the lungs. It worsens over time, making it harder to breathe.

COPD is the third leading cause of death in the United States. There are currently more than 12 million people who have been diagnosed. An additional 12 million are likely to have it, but don't know it.

With proper diagnosis and increasingly better treatments for COPD, there is reason for hope. Be sure to follow your provider's recommendations so you can manage your COPD, breathe better and have a better quality of life.



NIH National Heart, Lung,
and Blood Institute

NIH Publication No. 13-5841
Originally printed September 2006
Reprinted September 2013

COPD Learn More Breathe Better®
is a registered trademark of HHS.



Talking with your doctor is good for your breathing.

To get the best treatment for your COPD, it's important that you speak honestly with your doctor or health care provider at each visit. Let them know what's really going on with your breathing. Don't hesitate to ask questions about your disease, symptoms and treatment options. Read our *Patient Tips* factsheet for help on getting the most from each visit.

4) FOLLOW TREATMENT ADVICE.

Take your medications exactly as prescribed. And follow your provider's advice on how to treat your COPD.

5) TAKE PRECAUTIONS AGAINST THE FLU.

It can cause serious problems for people with COPD. So, do your best to avoid crowds during flu season. Consider getting a flu shot every year. And ask your provider about the pneumonia vaccine.

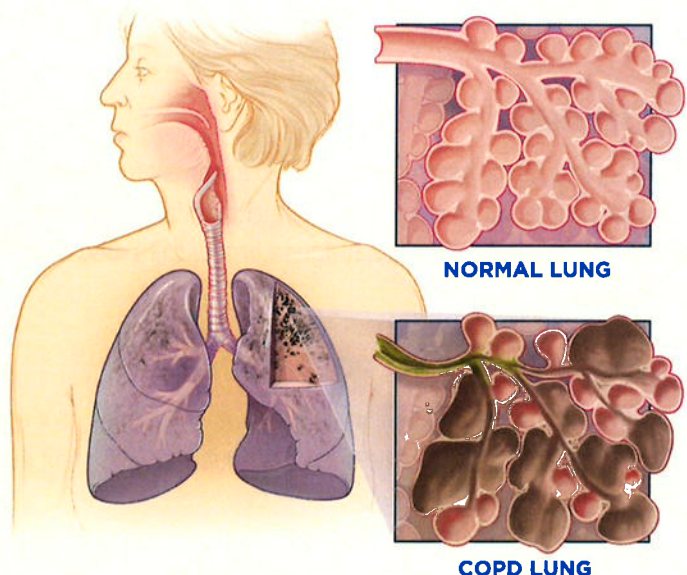
6) SEEK SUPPORT FROM OTHERS WHO HAVE COPD.

See if your local hospital has a COPD support group. You can also find a very active COPD community online. Family members can be supportive, too, as you learn to live with and manage your COPD.

HOW DOES COPD AFFECT BREATHING?

When lungs are healthy, the airways and air sacs have an elastic, flexible quality. They expand to fill with air and then bounce back to their original shape when air is exhaled. This elasticity helps to retain the normal lung structure and also helps the air to move quickly in and out.

In people with COPD, the air sacs no longer bounce back to their original shape, and the airways can become swollen or thicker than normal. COPD can also cause increased mucus production. The airways can become partially blocked, making it even harder to get air in and out of the lungs.



DIAGNOSIS AND TREATMENT OF COPD

IT STARTS WITH A TEST CALLED SPIROMETRY

It's one of the best and most common ways to help diagnose COPD. Using a machine called a spirometer, this noninvasive breathing test measures the amount of air a person can blow out of the lungs (volume) and how fast (flow). The results help your doctor assess how well your lungs are working and the best course of treatment.

Next, your doctor may suggest one of more of these treatment options:

MEDICATIONS

Two of the most common are bronchodilators and inhaled steroids, but your provider may recommend other types of medications for your COPD. Bronchodilators usually come in an inhaler and work to relax and open up the muscles around your airways, making it easier to breathe. Inhaled steroids help prevent the airways from getting inflamed.

PULMONARY REHABILITATION

This is a program that helps you learn to exercise and manage your disease with physical activity and counseling. It can help you stay active and carry out your day-to-day tasks.

PHYSICAL ACTIVITY TRAINING

Your provider, or a pulmonary therapist your doctor recommends, may teach you some activities to help your arms and legs get stronger and/or breathing exercises that strengthen the muscles needed for breathing.

OXYGEN TREATMENT

If your COPD is severe, your doctor might suggest that you breathe oxygen some or all of the time to help with shortness of breath.

SURGERY

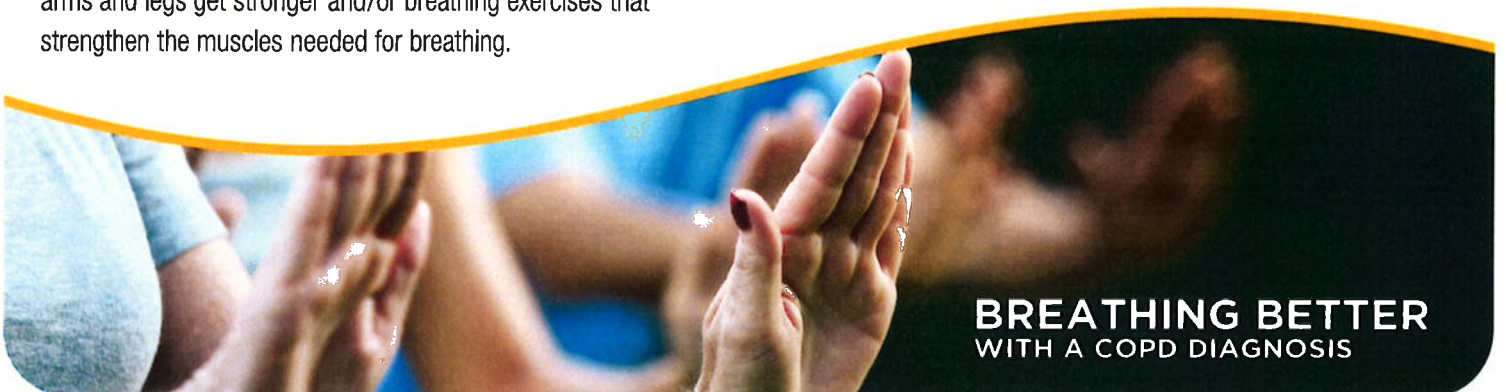
In some severe cases of COPD, providers may suggest lung surgery to improve breathing and alleviate some symptoms.

WHAT TO DO IF YOUR SYMPTOMS SUDDENLY WORSEN

Symptoms of COPD can get worse all of a sudden. When this happens, it is much harder to catch your breath. You might also have ...

- Chest tightness.
- More coughing.
- A change in your cough (becomes more productive; more mucus is expelled).
- A fever.

There could be many causes for symptoms getting worse, such as a lung infection or heart disease related to severe lung damage. The best thing to do is call your health care provider right away.



BREATHING BETTER
WITH A COPD DIAGNOSIS



WHEN TO GET EMERGENCY HELP

Seek emergency help if your usual medications aren't working and:

- It is unusually hard to walk or talk (such as difficulty completing a sentence).
- Your heart is beating very fast or irregularly.
- Your lips or fingernails become gray or blue.
- Your breathing is fast and hard, even when you are using your medication.

BE PREPARED. HAVE VITAL INFORMATION ON HAND.

Think of everything you or others would need to know in a medical emergency, and have it all together in an easy to grab place. Things like:

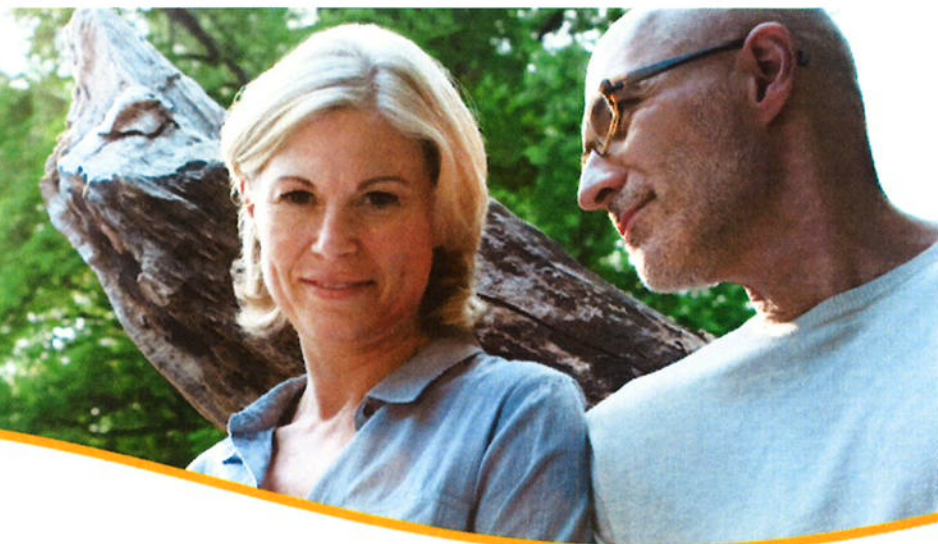
- A list of all medications you are taking for COPD and other conditions
- Contact information for your doctor or health care provider, including name, office address, office and emergency phone numbers
- Directions to the doctor's/provider's office
- Directions to the nearest hospital
- People to contact if you are unable to speak or drive yourself there
- Health insurance card or information

For more information about diagnosing, treating, managing and living with COPD, visit **COPD.nhlbi.nih.gov** or contact the National Heart, Lung, and Blood Institute at **nhlbi.nih.gov**.

COPD

LEARN MORE BREATHE BETTER®

A program of the National Institutes of Health.



WHEN YOU THINK A LOVED ONE HAS COPD, WHAT CAN YOU SAY? PLENTY.

It's hard to watch someone you love miss out on so many good things in life because of COPD (Chronic Obstructive Pulmonary Disease), don't just watch it happen. Say and do these six things now to help your loved one breathe better and get more out of life.

1) KNOW THE SYMPTOMS OF COPD.

Make note of those you recognize in your loved one. Symptoms can come on so gradually, that people with the disease often don't recognize how their lives are changing due to shortness of breath, wheezing, chronic cough, etc.

2) YOU KNOW THEY'RE MISSING OUT. TALK ABOUT IT.

Discuss with your loved one the good things in life they're missing out on because of their COPD symptoms—like taking walks and playing with grandchildren.

3) ARE DAILY TASKS GETTING HARDER?

Mention to your loved one that you notice how hard it is becoming for them to climb stairs, go grocery shopping, etc. Let them know that this may be related to COPD.

4) SUGGEST AN OFFICE VISIT.

A doctor or health care provider can diagnose COPD with a simple breathing test called spirometry. It's quick, painless—and worth it.

5) ENCOURAGE YOUR LOVED ONE TO BE A GOOD "MANAGER."

Once diagnosed, there are many ways that your loved one and their provider can manage the symptoms of COPD. The earlier a person receives treatment, the better their chances to improve quality of life.

6) OFFER RESOURCES TO HELP.

Go online with them to the National Heart, Lung, and Blood Institute's *COPD Learn More Breathe Better®* campaign Web site copd.nhlbi.nih.gov to learn more about COPD and support group opportunities in their area.



NIH

National Heart, Lung,
and Blood Institute

COPD Learn More Breathe Better®
is a trademark of HHS.

SIX TIPS FOR TALKING TO LOVED ONES ABOUT COPD

Additional Resources Available
at Breathe New Hampshire

COPD & Asthma

COPD

Quit Smoking

