You have had coughing and wheezing spells lately and noticed being more short of breath after climbing the stairs. You think you are just “out of shape” or overweight, or that it is because of your asthma. If you are a non-smoker, asthma is the most likely cause, but it could be something more.

Breathe New Hampshire has served the people of New Hampshire since 1916. Through education, advocacy, research, and partnerships, we are working to eliminate lung disease and improve the quality of life for those living with lung disease in New Hampshire.

We invite you to join us as a volunteer, partner, or donor, so that we can continue to strengthen our efforts.

Disclaimer: This brochure is published for information only. Any person with COPD or asthma should seek medical advice.

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How are COPD and asthma different?

Both COPD (Chronic Obstructive Pulmonary Disease) and asthma are serious lifelong lung diseases that make it difficult to breathe. COPD and asthma are difficult to tell apart because some symptoms are alike, including shortness of breath, coughing, and wheezing. Certain conditions or “triggers,” such as cold weather, infections, and exercise, can make symptoms of COPD and asthma worse. A person can have both COPD and asthma. There are some important differences:

Smoking: Smoking is the most common cause of COPD. Although asthma symptoms can be linked to smoking for some people, many non-smokers also have asthma.

Triggers: Asthma symptoms often have a set of triggers, such as pollen, mold, or smoke. Removing the trigger often improves asthma symptoms. Asthma symptoms are usually less predictable than COPD symptoms, coming and going as people are exposed to triggers. COPD symptoms tend to be more constant. While quitting smoking slows the progression of COPD, removing other triggers often does not help COPD symptoms.

Wheezing: Those with asthma often wheeze as they breathe. COPD may also cause wheezing, but lung sounds are hard to find in these patients.

Attacks or episodes: An asthma attack may last minutes, hours, or days. COPD episodes can last weeks or months.

Disease progression: Both COPD and asthma are chronic diseases. Over time, COPD makes it harder to breathe because changes in the lungs are permanent. People may have asthma their entire lives, but their ability to breathe over time should not change because of their asthma.

Prevention: It is still not clear if asthma can be prevented, but most COPD cases can be prevented by staying away from tobacco smoke. Other causes of COPD include bacterial or viral infections and long-term exposure to dust, fumes, and air pollution.

Age: COPD symptoms rarely start before age 40. Asthma symptoms can begin at any age, even in early childhood.

Nasal symptoms: Although both COPD and asthma affect the airways, nasal symptoms like sniffling or nasal discharge are all common asthma symptoms but not COPD symptoms.

Why is it important to know the difference?

Treatments for COPD and asthma are different. If people with COPD are misdiagnosed, they may not get the right treatment. Speaking with your doctor about your symptoms and getting a breathing test called spirometry can help you get the correct treatment. This simple test measures the amount of air you can blow out of your lungs and how fast you can blow it out.

If you notice symptoms of COPD, see your doctor as soon as possible to find out the best form of treatment. If your asthma feels out of control, talk to your doctor about how you can better manage it.

For more information, visit our website at www.breathenh.org or call 1.800.835.8647.

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