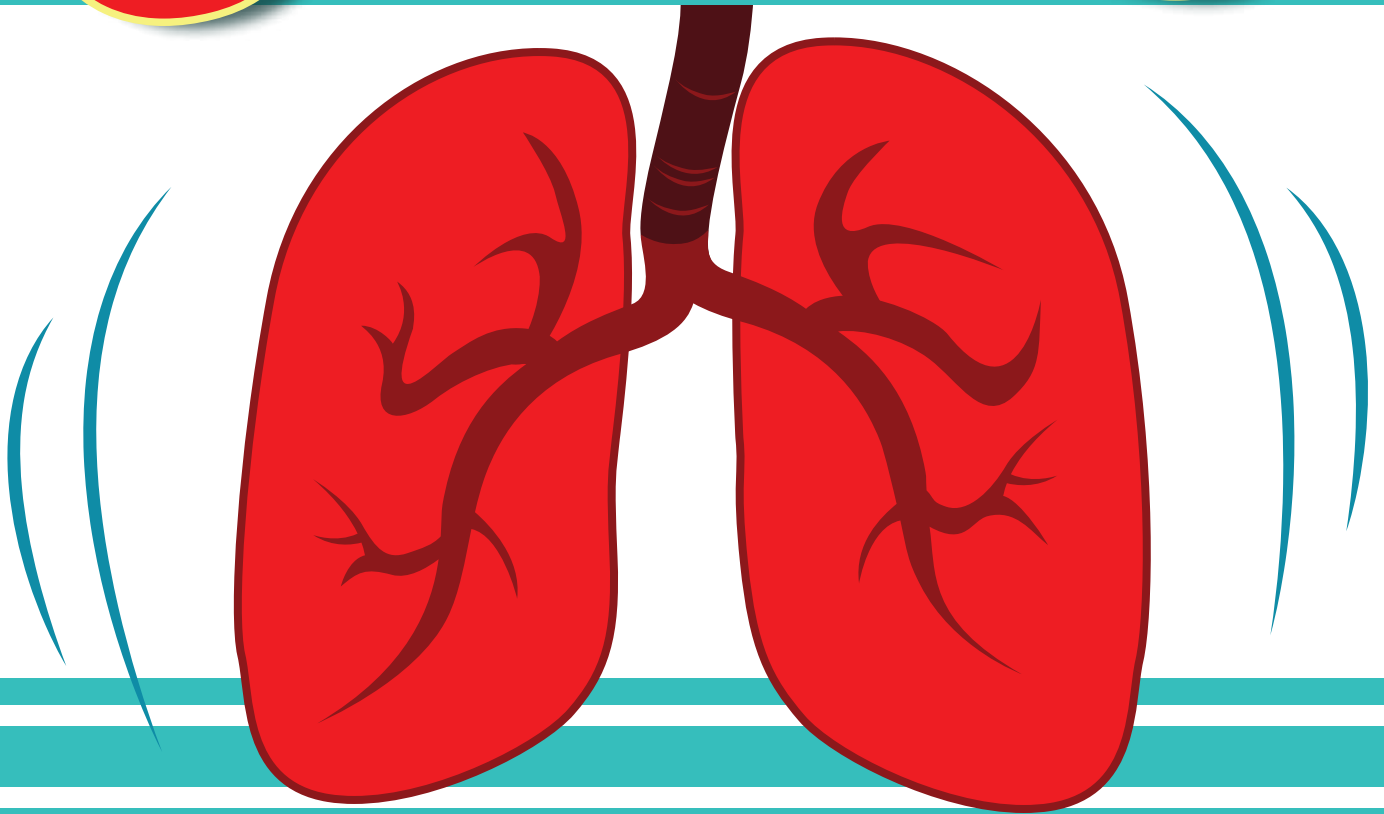


COPD



YOUR DISEASE,
One Breath at a Time!



Chronic Obstructive Pulmonary Disease

COPD

When you were young breathing was easy. You didn't even have to think about it. Breathe in, breathe out, live life. But you're older now, and after several years of being exposed to smoke, you're no longer able to take breathing for granted. It's harder to do. It may even hurt. You could have emphysema or chronic bronchitis or a combination. You're dealing with COPD: Chronic Obstructive Pulmonary Disease.

This book is intended to be a self-management guide to help you better understand and deal with your condition. The goals of this book and a good COPD care program include:

- Slowing the progress of the disease
- Improving your health
- Relieving COPD symptoms
- Making exercise easier

You're not alone in dealing with COPD. Education, support and treatment are here for you.

Your wellness is a goal within reach. And that's a breath of fresh air.

DISCLAIMER: This book provides general information about COPD and related issues. The information does not constitute medical advice and is not intended to be used for the diagnosis or treatment of a health problem or as a substitute for consulting a licensed health professional. Consult with a qualified physician or health care practitioner to discuss specific individual health needs and to professionally address personal medical concerns.

COPD

YOUR DISEASE, ONE BREATH AT A TIME

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FIRST THINGS FIRST: WHAT IS COPD?

YOU LEAVE ME BREATHLESS

Chronic Obstructive Pulmonary Disease refers most often to emphysema, chronic bronchitis, and chronic asthma. We'll take a closer look at these conditions in a bit. These lung diseases can be caused by...

- Several years of heavy smoking
- Longtime exposure to air pollution
- Scarred or damaged breathing tubes or air pouches due to an illness or injury
- Inherited genetics

MISSION:DEFINITION Chronic (CRON-ick): Lasting for a long time or constantly recurring.

SIGNS AND SYMPTOMS

You may not feel any symptoms of COPD at first. Your symptoms may be mild and not warrant any concern. If it gets worse, some common signs and symptoms may include...

- A cough that lasts a long time
- "Smoker's cough," which brings up a lot of mucus
- Shortness of breath, especially when exercising or being active
- Wheezing
- Tightness in the chest

Having COPD usually means getting colds and the flu more often.

More smoking = more lung damage.
More lung damage = more severe symptoms.

THE 6 COMMON SIGNS OF COPD

- 1 An ongoing cough
- 2 Excess mucus
- 3 Shortness of breath
- 4 Wheezing
- 5 Tiredness
- 6 More frequent flare-ups

COPD BY THE NUMBERS

12 million

Estimated number of Americans who have been diagnosed with COPD. Another 12 million may be living with the disease and not yet know it.

TIP-OFF

For smokers who don't quit when symptoms of COPD arise, damage to the lungs happens faster. Quitting will slow down the damage, lessen the symptoms and reduce flare-ups.

AS TIME GOES BY

Your symptoms may have started out slowly and mild. Maybe you didn't even notice them at first. Then maybe you found that it was a little harder to breathe when you walked up the stairs. Maybe that little cough aggravated you or kept you from sleeping well at night. You adjusted your lifestyle and tried to make breathing easier again.

But in time, the breathing difficulty got worse. Even everyday activities wore you out and caused you to pant. Coughing became stronger and more frequent. You noticed swelling legs, ankles and feet. You lost weight, and you seemed weaker in your lower muscles.

Hopefully by this time you saw a doctor. And if so, you were introduced to the four little letters that were about to become a big part of your life: COPD.

CODE RED

Symptoms of COPD can go way beyond the shortness of breath or scratchy cough. Some may require immediate treatment at a hospital. Call **911** or have a friend or family member get you to the closest emergency care facility if you experience any of these **severe symptoms**:

- A hard time talking or catching your breath
- Very fast heartbeat
- Fingernails turning blue or gray, a sign of blood with a low oxygen content
- Mental confusion

CLEARING THE AIR: BREATHTAKING BREATHING FACTS

Breathing isn't all about oxygen. Air has 21% oxygen. The body only needs 5%. It's the carbon dioxide that makes it all matter.

CHECK IT OUT!

WebMD: COPD Symptoms:

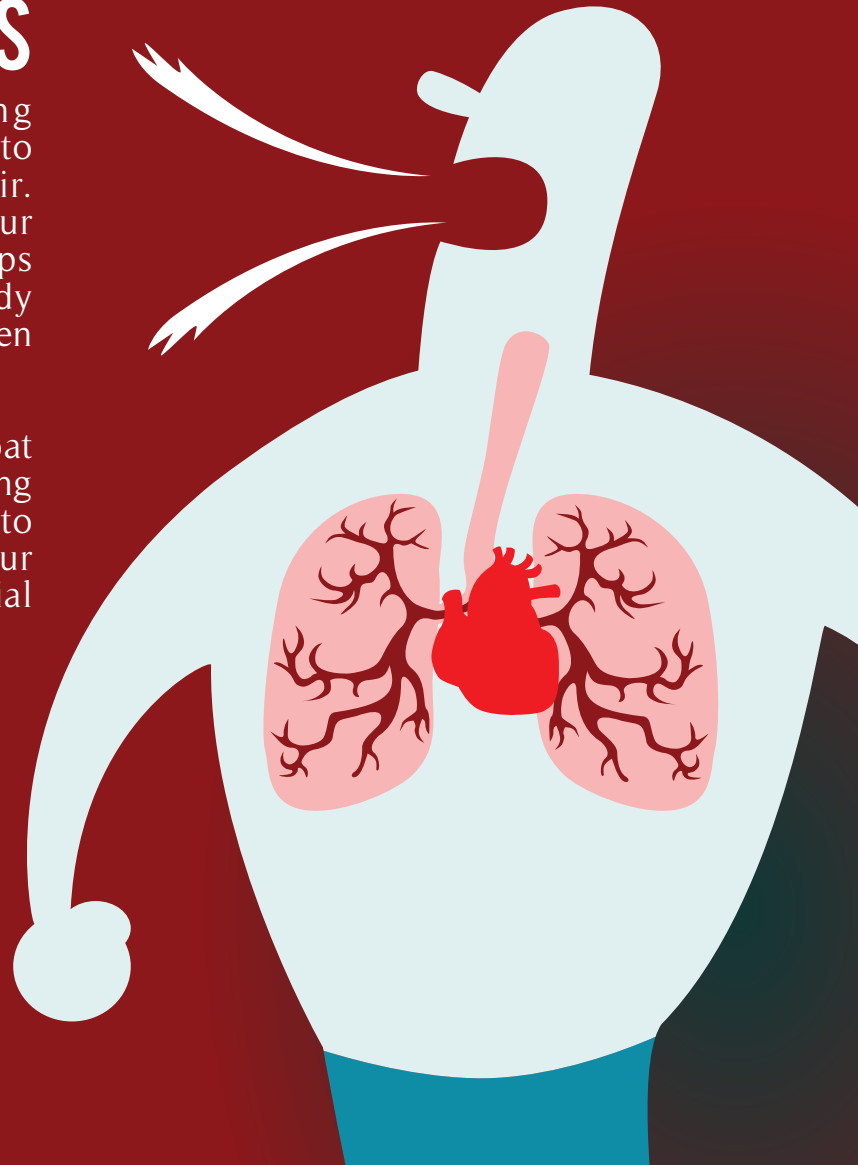
webmd.com/lung/copd/tc/chronic-obstructive-pulmonary-disease-copd-symptoms

FRESH AIR REFRESHER

BREATHING BASICS

Here's how this breathing thing works: Breathing brings fresh air into your lungs and removes stale air. The fresh air carries oxygen to your bloodstream. Your heart then pumps blood with oxygen through your body to all your organs, which need oxygen to work smoothly.

Fresh air enters the nose and throat and into a large airway or breathing tube that branches many times into smaller and smaller tubes. Your breathing tubes are lined with special muscles that relax and contract with breathing. At the ends of each of the smaller airways is a balloon-like pouch that expands and collapses as you breathe in and breathe out.



As your heart pumps, blood flows through arteries to all your organs. As the blood passes by each organ, it gives up some of its oxygen to feed the organ, and removes the waste gas. When you breathe out, the stale air is pushed out.



CLEARING THE AIR: BREATHTAKING BREATHING FACTS

The right lung is slightly larger than the left.

CHECK IT OUT!

How Stuff Works: How Your Lungs Work:

[science.howstuffworks.com/
life/human-biology/lung.htm](https://science.howstuffworks.com/life/human-biology/lung.htm)

THE BIG THREE: COP Diseases

AIRWAY TO HEAVEN We've seen the process of breathing for healthy lungs. But sometimes air that normally flows easily in and out of the lungs gets slowed down. Mucus in the breathing tubes, tightening muscles and swelling of the tissues in the breathing tubes can cause airway distress.

These complications in the airways can cause...

- Wheezing or coughing
- Feelings of weakness or tiredness
- Shortness of breath
- Gaining or losing weight

For people with COPD, one or more of these symptoms may be felt from time to time.

When we talk about Chronic Obstructive Pulmonary Disease, we really mean three respiratory conditions that affect breathing. Here's a brief look at each of these.

EMPHYSEMA

WHAT IT IS

Emphysema causes the balloon-like pouches at the ends of breathing tubes (alveoli) to become enlarged, like a balloon that's been blown up many times. This makes it harder for oxygen to get into the bloodstream and causes the stale air to be trapped in the enlarged pouches.

WHAT IT DOES

Emphysema can make you feel short of breath, or unable to breathe deeply. The tricky thing about emphysema is you can have it for years without seeing the signs of it. The main symptom is a gradual shortness of breath. Over time, this condition becomes noticeable and starts to get in the way of everyday tasks and activities. Shortness of breath even while resting is common.



EMPHYSEMA CONTINUED

WHAT CAUSES IT

Emphysema is most often caused by long-term exposure to airborne irritants, such as:

- ★ Tobacco smoke
- ★ Industrial fumes
- ★ Marijuana smoke
- ★ Coal and silica dust
- ★ Air pollution

WHAT INCREASES YOUR RISK

Smoking

Cigarette, cigar and pipe smoking are the most likely sources of emphysema. The number of years and amount of tobacco smoked raise the risk for all types of smokers.

Age

The damage to the lungs caused by emphysema develops gradually. Most people with tobacco-related emphysema don't start to feel the symptoms until between the ages of 40 and 60.

Exposure to secondhand smoke

Secondhand smoke is smoke inhaled from someone else's cigarette, pipe or cigar. Just being around secondhand smoke raises the risk of emphysema.

Occupational exposure to fumes or dust

Emphysema is more likely to develop if you're exposed to breathing the fumes from certain chemicals or dust from grain, cotton, wood or mining products like coal dust. Smokers who breathe these elements have an even greater risk.

Exposure to pollution

Breathing both indoor and outdoor pollutants can increase your risk of emphysema. Indoor pollutants include heating oil fumes. Outdoor pollutants include car exhaust and industrial smog.

WHAT CAN HAPPEN WITH IT

The cold, hard reality of emphysema is that if you have it, you're more likely to develop life-threatening complications, such as:

- ★ Collapsed lung
- ★ Holes in the lungs
- ★ Heart problems

WHAT TREATS IT

THE BAD NEWS: Emphysema can't be cured.

THE GOOD NEWS: There are treatments that can help ease the symptoms and slow the progress of emphysema. These treatments include...



Medications

- Stop smoking drugs
- Inhaled steroids
- Bronchodilators
- Antibiotics



Therapy

- Breathing rehab
- Oxygen



Surgery

- Lung reduction: removing small parts of the damaged lung
- Lung transplant: removing the damaged lung and replacing with a healthy one from a donor

COPD BY THE NUMBERS

4.7 million

Number of non-institutionalized adults who have ever been diagnosed with emphysema in 2011, according to the Centers for Disease Control.

MISSION:DEFINITION

Inflammation (in-fluh-MAY-shun):

Redness, swelling, pain, tenderness and heat of an area of the body, especially as tissues react to injury or illness.

CHRONIC BRONCHITIS

WHAT IT IS

Bronchitis refers to the inflammation of the bronchial tubes leading into the lungs. This inflammation creates an excess of mucus secretions in the tubes with tissue swelling that may close off bronchial tubes or make them narrow. Chronic bronchitis includes a cough that happens every day, brings up mucus and that lasts for at least three months, for two straight years.

WHAT IT DOES

Chronic bronchitis restricts the air flow in and out of the lungs. It can bring about complications ranging from severe shortness of breath to respiratory failure and even death.

WHAT CAUSES IT

Cigarette smoking is the main cause of chronic bronchitis. It can also be caused by other irritants that are breathed in repeatedly and affect the bronchial tubes.

WHAT INCREASES YOUR RISK

Smoking, breathing airborne chemicals and secondhand smoke, dust, and other bronchial irritants raise the risk of chronic bronchitis.

WHAT TREATS IT

- ★ Stop smoking programs
- ★ Antibiotics
- ★ Bronchodilators

COPD BY THE NUMBERS

324,000

Number of visits to emergency rooms with chronic and unspecified bronchitis in 2009, according to the Centers for Disease Control.

CHRONIC ASTHMA

WHAT IT IS

Asthma affects the air flow in and out of the breathing tubes of the lungs. Most people with asthma don't suffer from COPD, and not all people with COPD have asthma. But many COPD sufferers do have a form of asthma along with their emphysema or chronic bronchitis. Some people even have a mix of all three.

WHAT IT DOES

The airways become narrow because the muscles around the lungs tighten and they clog with too much mucus. When you try to force air through the smaller tubes, breathing gets harder. You make wheezing or whistling sounds when you try to breathe, and you may cough and spit up mucus.

DID YOU KNOW?

Asthma is the most common chronic childhood disease in first world countries.




WHAT CAUSES IT

The exact cause of asthma is still not known. But again, chronic asthma is made worse by cigarette smoking, exposure to secondhand smoke and occupational inhalants like harmful chemicals, exhaust and air pollution. Some medical experts claim chronic asthma continues to last due to the foods we eat. Cutting down on dairy products like milk can keep asthma symptoms from happening. Watch out for other food items and allergies that can trigger breathing problems.

WHAT CAN HAPPEN WITH IT

A constant cough, shortness of breath and wheezing are signs of chronic asthma. These symptoms can last hours, days or even weeks. If this condition is not kept under control, it can lead to an attack, and require emergency medical attention.

WHAT TREATS IT

-  Bronchodilators: inhalers with medicine that relaxes the breathing tubes
-  Corticosteroids: Medicine that treats the inflammation and swelling of the airways
-  Leukotriene inhibitors: Medicine in pill or tablet form that prevents asthma symptoms

MAKING MATTERS WORSE

Other diseases that can strike and affect you if you suffer from COPD are **influenza (the flu)** and **pneumonia**.

INFLUENZA (FLU)

The flu is a highly contagious virus that strikes suddenly. It's easy to confuse a common cold with the flu. Flu symptoms last longer and are more severe. While most people connect the stomach flu with nausea and vomiting, they aren't really associated with the flu.

True flu symptoms include:

- ★ Fever
- ★ Muscle aches
- ★ Severe weakness and tiredness
- ★ Sore throat
- ★ Cough

When you have COPD and you get the flu, you're more likely to have lung infections that could be life threatening. Preventing lung infections from the flu is your primary goal. Get a flu shot every year as soon as it's available, usually in the early fall. Some people worry that the shot will give them the flu. This is impossible because the shot is made from a form of the virus that has been killed.



PNEUMONIA

Like the flu, having COPD makes it more likely to develop pneumonia, especially during the winter. Pneumonia may happen after you're exposed to a virus or bacteria. It causes your breathing tubes to swell and fill with mucus, making it harder for you to breathe. A pneumonia shot could keep you from catching the disease. Most people only get one in their lifetime but you may need a booster after age 65, if you haven't had one in the last five years. Symptoms for pneumonia may include:



- ★ Fever
- ★ Shortness of breath
- ★ Change in amount or color of mucus
- ★ Muscle spasms
- ★ Inflamed lining of the airway

COPD BY THE NUMBERS

49,597

Number of deaths from pneumonia in 2010, according to the Centers for Disease Control.

CHECK IT OUT! ✓

American Lung Association:
Chronic Bronchitis and Emphysema
lung.org/lung-disease/emphysema

COPD and Asthma:
worldallergy.org/professional/allergic_diseases_center/copd_and_asthma/

BEST DEFENSES: PREVENTING LUNG INFECTIONS

DID YOU KNOW?

When you have COPD, you're more at risk for lung infections as a result of the cold or flu.

INFECTION DETECTION

Preventing lung infections is your top goal when you have COPD. Remember that the earlier you get help from your doctor, the sooner they can get you the care you need. Early signs and symptoms can be different in different people, but here are a few to look out for:

- Fever or chills
- Sore throat and painful neck glands
- Shortness of breath
- Coughing, wheezing, chest tightness
- A change in the amount, color or smell of mucus
- Tiredness
- Stabbing chest pain when breathing

Call your doctor right away if you have any of these symptoms.

THE PREVENT DEFENSE

If keeping yourself healthy and infection-free is your goal (and it should be!), make a commitment to yourself to take these actions:

- 1 Get the flu shot every year.** Early is best but anytime during the flu season is okay. Tell your doctor if you have an egg allergy, as there are special flu shots to take instead.
- 2 Talk to your doctor about the pneumonia shot** if you haven't had one in the last five years.
- 3 Encourage other people** in your home to get a flu shot. Keeping them healthy will reduce your exposure to the germs.
- 4 Stay away from anyone** who has the cold or flu.
- 5 Stay out of crowds,** especially during cold and flu seasons in the winter.
- 6 Eat healthy,** well balanced meals.
- 7 Exercise** regularly.
- 8 Get enough sleep.**
- 9 Stop smoking.**
- 10 Keep your lungs clear** of mucus, which can trap germs.
- 11 Keep your breathing equipment clean** and sanitized.
- 12 Stay hydrated** by drinking plenty of water.

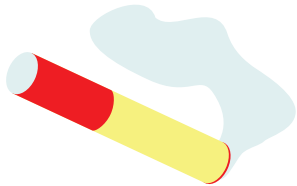
MISSION: DEFINITION

Irritant (EAR-uh-tint): Something that causes slight inflammation or discomfort to the body.

THAT IS SO IRRITATING!

People with COPD and asthma have to watch out for irritants, substances that can cause their airways to swell and make it hard to breathe. These irritants can also cause excess mucus to build up. Here are some common irritants and how to deal with them.

IRRITANT: Smoking



IN A NUTSHELL: Smoking and cigarette smoke is the most common irritant that causes COPD in the U.S. Pipe, cigar and other types of tobacco smoke are also irritants, especially when the smoke is inhaled.

HOW TO DEAL: Stop smoking. Ask your doctor about ways to quit. There are many methods and plans that are effective for quitting the habit, and we'll discuss the subject in the next chapter.

IRRITANT: Secondhand smoke

IN A NUTSHELL: Cigarettes don't have to be smoked to be harmful to you. The threat of secondhand smoke from others' cigarettes or cigars is just as real a threat. It can irritate the sensitive bronchial tubes and cause coughing, mucus build-up and breathing difficulty.

HOW TO DEAL: Demand that others not smoke around you. Keep your home and work area smoke-free. Stay out of places where smoking is allowed. Reserve smoke-free hotel rooms and rental cars when traveling.



IRRITANT: Air pollution, pollen and other airborne allergens



IN A NUTSHELL: Smog is the result of car, house and business exhaust systems that pollute the air and make breathing difficult, especially for those suffering from COPD and asthma. For people with allergies, unseen particles of pollen, ragweed, mold and other allergens can trigger breathing episodes.

HOW TO DEAL: Stay indoors when the air is smoggy or traffic is heavy with exhaust fumes. Stay away from industrial places or power plants. Pay attention to local news alerts every day about air quality and pollen counts. If there is a pollen or allergen alert, use air conditioners and air filters in your house. Keep windows and doors closed as much as you can.

IRRITANT: Dust

IN A NUTSHELL: Like pollen, some people are more sensitive to the tiny dust particles in the air in our homes or work places.

HOW TO DEAL: Use a wet mop and damp cloth when cleaning to keep your home as dust-free as possible. Vacuuming stirs up dust, so ask a friend to vacuum for you. Leave the house while the vacuum cleaner is in use, if you can. Wearing a breathing mask that covers your mouth and nose will keep you from inhaling the dust.



IRRITANT: Pets



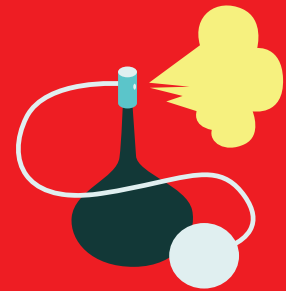
IN A NUTSHELL: Some pets can shed dander from their fur or feathers. These particles can find their way into breathing tubes and cause irritation. Dander is usually more of a problem for those with asthma rather than COPD, but it can still do damage, especially if you're allergic to it.

HOW TO DEAL: Keep pets out of your bedroom and any areas where you spend a lot of time. Allergens can be cut down by having someone bathe your pet at least once a week.

IRRITANT: Perfumes, aerosols and chemicals

IN A NUTSHELL: Just like pollen and dust, for those allergic to certain chemicals and odors, breathing can be painful and labored.

HOW TO DEAL: Don't use perfume, aftershave, cologne or other scented products. Stay away from aerosol sprays. Use roll-on deodorants and liquid or gel personal hygiene products instead. You should also steer clear of chemical products such as ammonia, chlorine bleach, mothballs and other products with strong odors.



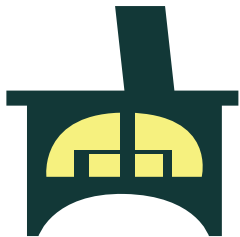
IRRITANT: Gasoline



IN A NUTSHELL: Aggravating fumes from gasoline can cause problems for people with asthma and COPD.

HOW TO DEAL: Try not to pump gas if you can. If you have to, stay in the car during fueling with the windows rolled up and the doors shut. Wear a breathing mask to avoid the fumes from the gasoline.

IRRITANT: Cooking and heating



IN A NUTSHELL: In some parts of the world, COPD caused by the indoor pollution from heating and cooking with coal or wood is greater than cigarette smoking.

HOW TO DEAL: If you have to use a fireplace or wood-burning stove, make sure it's well ventilated. Don't sit near the opening. Always use exhaust fans to remove any fumes or smoke while cooking.

IRRITANT: Extreme weather, heat and humidity

IN A NUTSHELL: Cold air, strong winds, heat and humidity, and changes in the weather can trigger COPD symptoms. Coughing, shortness of breath and excess mucus can be brought on by these weather conditions.

HOW TO DEAL: Wear a scarf or mask over your mouth and nose in cold weather. When it's hot and humid, don't exercise or work outdoors. Your body works harder to stay at its normal temperature when the weather is very cold, very hot or humid.



CLEARING THE AIR: BREATH-TAKING BREATHING FACTS

If your lungs were open flat they would cover the size of a tennis court. Don't try this at home. Just trust us.

CHECK IT OUT!

Everyday Health:
8 Ways to Avoid Infection
[everydayhealth.com/copd/
avoiding-infections.aspx](http://everydayhealth.com/copd/avoiding-infections.aspx)

I QUIT!

KICKING THE SMOKING ADDICTION

COPD BY THE NUMBERS

19

Percent of U.S. adults 18 years and over who currently smoke cigarettes.

THE BENEFITS OF SMOKING

- 1.
- 2.
- 3.
- 4.

Uh...Okay. So the point here is: There are no benefits of smoking. There are benefits to quitting, such as better health, cleaner clothes and more money in your bank account.

QUITTERS ARE WINNERS

If you've already quit smoking, congratulations! You've taken that first, all-important step toward managing your COPD. Stopping the habit of smoking is the best way to slow down the progress of COPD. You'll have more energy and less of a risk of developing other diseases. Sure, quitting smoking might make a rich tobacco executive cry a little but isn't it worth it to improve your health?

THE NEGATIVES OF SMOKING

We looked at the benefits of smoking cigarettes. Now let's list a few of the risks and negative factors that smoking can provide.

- 1 Cigarette smoke contains more than 4,000 chemicals. Many of these are harmful and can cause cancer.
- 2 Smokers are twice as likely to suffer heart attacks as nonsmokers.
- 3 Smokers are 10 times more likely to develop cancer than nonsmokers.
- 4 Cigarette smoke is harmful to everybody who inhales it, not just the smoker.
- 5 Smoking is an expensive habit.
- 6 **Eighty seven percent** of lung cancer deaths are the result of cigarette smoking.
- 7 Pancreatic, cervical, kidney, stomach cancer and leukemia are all linked to smoking.



THE NEGATIVES OF SMOKING CONTINUED

- 8 Cigarettes damage reproductive organs. Women smokers are more likely to have trouble conceiving and are more likely to have a miscarriage.
- 9 A third of all heart disease-related deaths are caused by smoking.
- 10 Nicotine in cigarettes speeds up the heart rate and causes arteries to tighten.
- 11 Smoking causes skin and teeth to turn yellow.
- 12 Smoking damages clothes, curtains and car interiors.
- 13 Premature aging and wrinkles are also effects of cigarette smoking.

Add a few other ailments to the list such as...

→ Eye problems like macular degeneration and cataracts → Bone thinning → Peptic ulcers → Stroke

**COPD BY
THE NUMBERS**

20

**Percent of
chronic smokers
who develop
COPD.**

STEP 1: QUIT, STEP 2: FEEL BETTER

Well, now that we've gotten all that negative stuff out of the way, it's time to look on the positive side. You're going to quit smoking and start feeling better. After quitting, your health will start to improve almost right away.

AFTER 24 HOURS

Your chances of a heart attack go down.

2 WEEKS TO 3 MONTHS

Your circulation gets better and your lung function rises by up to 30%.

1 TO 9 MONTHS

Your lungs are able to fight infection better. Coughing, sinus congestion, tiredness and shortness of breath go down.

5 TO 15 YEARS

Your chance of stroke is reduced to that of a nonsmoker.

10 YEARS

Your risk of dying from lung cancer is about half that of a smoker who doesn't quit.

15 YEARS

Your risk of heart disease is that of a nonsmoker.

TEN TIPS FOR QUITTING

Q: What's the hardest part about quitting smoking?

A: The first two days. The entire first week can seem daunting and tough, but the nicotine withdrawal during those first two days is the roughest. Conquer those days and you'll find each day gets easier.

Tip #1: Commit yourself

Make an honest commitment to yourself that you are stronger, better and smarter than any nasty habit. Tell yourself you can do this, no matter how tough, and stick to those commitments.

Tip #2: Make a plan

Set a day for stopping and mark it on your calendar. Get prepared. Decide ahead of time what you'll do to stay smoke-free, where you'll go, and what places and people you'll stay away from that can derail your plan.

Tip #3: Find a support group

Sharing your victories, struggles and uncertainties with others can help you through the hardest times. An online support forum like the About.com group (quitsmoking.about.com/od/support/Quit_Smoking_Support_Groups.htm) can help put you in touch with others in your same situation. They'll provide answers and suggestions, and in time you'll do the same for someone who needs your help. Check out your health insurance provider to see if they have a support group associated with its plan. Your doctor may also have support group resources in your area.

Tip #4: Reward yourself

Make a plan to reward yourself after the first day, the second day, after a week, after two weeks, a month. Sorry, your rewards can't be cigarettes! Make them something affordable and special to you: a book, some music, a dinner at a favorite restaurant, a massage or a movie. Put the money you would have spent on cigarettes into a jar. On reward day, use that cash to celebrate your smoke-free victory with a special treat.

Tip #5: Fight the urges

When that irresistible and overpowering urge for a cigarette comes on, wait it out and fight it off. Take some deep breaths. Have a healthy snack. Call your support person. Do some exercises. Take a drink of water. Fight the urge and defeat it, one little battle at a time.

Tip #6: Change up your routine

When you were a smoker, you probably had a routine that incorporated your smoking. Now you need to mix up things so you don't go near the places or people who enable you to smoke. Go around the outdoor smoking areas at work; tell your smoking friends you need a break from them for a while; take a different route while driving to avoid the stores where you bought cigarettes.

Tip #7: Make a list

Start a list of all the reasons for not smoking. Hang these on the refrigerator, a mirror or anywhere you'll see them often. Use them to motivate yourself to stay smoke-free. Remind yourself why you need to stay smoke-free.

Tip #8: Throw away the past

Get rid of your cigarettes, lighters, ashtrays, matches and any other objects that remind you of your former habit. These things can trip you up and lure you back. Out of sight, out of mind.

Tip #9: From ash to cash

Clean out the ashtray in your car and fill it with coins. This will keep you from using the ashtray for smoking.

Tip #10: Think positive

It may be the best tip of all to keep a positive outlook and know you can do this. The right attitude often leads to success in life, and in quitting smoking especially. Tell yourself you can do it, that you're stronger than any pack of cigarettes and that you deserve to live a healthy life.

CLEARING THE AIR: BREATHAKING BREATHING FACTS

Smoking costs the U.S. more than \$150 billion in health care costs each year.

Quitting isn't easy. If you slip up and smoke, be sure to get right back on track again.

MEDS THAT HELP YOU QUIT

Talk with your doctor before using any of these medications for quitting smoking. Also check with your insurance provider to see if they cover the cost of these treatment plans.

WHAT IT IS:

Nicotine patch

WHAT IT DOES:

You wear a nicotine patch on the skin, usually on the arm. It supplies small doses of nicotine to your bloodstream throughout the day.

WHAT IT IS:

Nicotine gum

WHAT IT DOES:

As you chew this gum, it releases nicotine. You can chew this gum when you feel the urge to have a cigarette.

WHAT IT IS:

Nicotine nasal spray

WHAT IT DOES:

With a doctor's prescription, you spray this into your nose for fast relief from nicotine cravings.

WHAT IT IS:

Pills

WHAT IT DOES:

There are several prescription medicines on the market. Talk to your doctor about which one is best for you. These medicines don't contain nicotine, but work in other ways to suppress the desire to smoke.

WHAT IT IS:

Nicotine inhaler

WHAT IT DOES:

Inhaled through the mouth, it satisfies the urge for cigarettes, working as quickly as nicotine gum.

WHAT IT IS:

Nicotine lozenge

WHAT IT DOES:

Placed between your gums and cheek, you suck the lozenge slowly. As it dissolves the nicotine enters the bloodstream.

WARNING!

Never smoke cigarettes while using the patch, gum, sprays, inhalers or pills. Too much nicotine in your system can cause a **heart attack**. Carefully follow the directions on the package.

CHECK IT OUT! 

**Centers for Disease Control:
Smoking Cessation:**

[cdc.gov/tobacco/data_statistics/
fact_sheets/cessation/quitting](https://cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting)

MANAGING YOUR MEDICINE

GO TEAM!

You have several players on your COPD management team who are all working toward the same goal: to make you well. These players include your doctors, nurses, case managers, pharmacists and family members. But the most important member of this team is its manager: you. Know that doctors appreciate patients who play an active part in their own care. There are several things you can do to make sure you're getting the full benefit of your treatment.

Keep all of your appointments. Put reminder notes on your refrigerator or bathroom mirror or enter them into your smartphone's calendar alerts. If you can't keep the appointment, remember to call and reschedule.

Make sure you understand your medical condition clearly. If you don't understand something your doctor says, speak up right away and ask for explanation.

Write down your questions before the visit.

Be honest and tell your doctor about your symptoms, problems and concerns. Don't rely on your memory to remember all the details of your office visit. Take notes when you're with your doctor or nurse.

PUT ME IN, COACH

As the player-manager of your treatment team, it's time to step up to the plate and do what's best in order to win the battle. Make these strategies part of your game plan:

- Remember that medicine works best when you follow your doctor's instructions. If you take your meds wrong, it could do more harm than good.
- Read the label carefully before taking any medicine.
- Make sure you're taking the right amount of each medicine at the right time. Don't skip doses or change the amount of the medicine you take each time. It could be dangerous. If your medicine doesn't have a label, call your doctor and ask for directions. Make sure you write them down.
- Take your medicine in a well lit room, since most medicine bottles look alike and can be easily mixed up.
- Check expiration dates on your medicines. Expired medicines can hurt you. Throw them away.
- Tell your doctor if you have any side effects from the medicine.



PUT ME IN, COACH: CONTINUED

- ★ Organize your medicines in a pillbox. These can also remind you to take your medicine at the right time each day. They're inexpensive and available at any drug store.
- ★ Never share medicines. Sharing medicine with another person, even if he or she has the same symptoms, can be dangerous.
- ★ Some medicines should not be taken together. Doing so can cause dangerous side effects. Be sure all of your doctors and pharmacists know which medicines you take.

QUEST FOR ANSWERS

Before your next appointment, write out a list of questions about your medications. Having this list with you and recording your doctor's answers will help you understand the what, why, when and how of your prescriptions.

For example:

Q: What am I taking?

A: _____

Q: Why am I taking this?

A: _____

Q: How should I take it?

A: _____

Q: How long will I be taking it?

A: _____

Q: What side effects may happen from this medicine?

A: _____

Q: What other drugs or food could interact with this?

A: _____

Q: What symptoms should I watch for that may prompt me to call you?

A: _____

Q: Should I take it on an empty stomach or with food?

A: _____

Q: Can I drink alcohol while taking this medicine?

A: _____

Q: Where should I store this medicine?

A: _____

Q: Anything else about this medicine I should know?

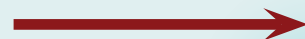
A: _____

MISSION: DEFINITION

Corticosteroid (core-tick-oh-STARE-oyd): a synthetic steroid hormone used to treat inflammatory and allergic diseases.

MEDICATIONS LIST

MEDICATION	WHAT THEY DO	WHAT I TAKE
Bronchodilators	Relax and open the muscles around the airways. Two types of medications are used to relax airway muscles. Short acting – Give you quick relief of symptoms and last 4 to 6 hours. Long acting – Last 6 to 12 hours; not to be used for quick relief of symptoms.	
Corticosteroids	Reduce, reverse and in some cases stop irritation, swelling and mucus build-up in breathing tubes. Three forms of corticosteroids: Oral Inhaled Nasal	
Non-Corticosteroids	Stop swelling and mucus build-up when coming in contact with something that bothers you. Two types of non-corticosteroid medications: Anti-Inflammatories Anti-Leukotrienes	
Anti-Histamines	Stop the symptoms of hay fever allergies (itching, sneezing, runny nose and watery eyes).	
Expectorants & Mucolytics	Loosen mucus so that it's easier to cough up.	
Cough Suppressants	Stop a steady, dry cough that doesn't bring up any mucus.	
Antibiotics	Fight infections.	
Water Pills (Diuretics)	Get rid of any extra body water or fluids—sometimes prescribed for people with heart problems such as congestive heart failure.	
Digitalis Drugs (Digoxin)	Make the heart beat stronger and more regularly—sometimes given to people with heart trouble.	



HAIL TO THE INHALER!

BREATHING EASIER WITH YOUR INHALER

You already know that COPD can make regular breathing difficult and painful. Your doctor has probably put you on a Metered Dose Inhaler (MDI) to relax your airways and help you breathe. Inhalers are common for people with COPD. They usually contain a bronchodilator, a corticosteroid or a combination.

It's important to know how to use it the right way to get the most out of it. Your inhaler works at its best when you use it with a spacer tool, which we'll discuss soon.



MISSION: DEFINITION

Bronchodilator (bron-ko-DI-lay-ter):

A drug that opens the bronchial tubes, taken by inhaler to alleviate asthma or other breathing ailments.

If you don't have a spacer for your inhaler, follow these steps:

- STEP 1:** Shake the inhaler before using, then remove the cap from the mouthpiece.
- STEP 2:** Open your mouth wide, and place the mouthpiece 1 or 2 inches from your mouth.
- STEP 3:** Tilt your head back slightly, keeping your mouth wide open.
- STEP 4:** Take a slow deep breath through your mouth, press down one time on the canister.
- STEP 5:** Hold your breath for 10 seconds if you can.
- STEP 6:** Breathe out slowly through pursed lips.
- STEP 7:** Wait 2-3 minutes before repeating the dose.
- STEP 8:** Put the cap back on the mouthpiece after your last puff of medicine.
- STEP 9:** Rinse your mouth with water so your throat and mouth won't be bothered.

CARE INSTRUCTIONS FOR YOUR INHALER

Like any piece of useful equipment, taking care of your inhaler will make it last longer and perform better. NEVER store inhalers in a place that may have extreme temperatures, like in the glove compartment of a car or in a refrigerator. Clean your inhaler at least every three or four days or sooner if it seems blocked (releasing little or no medication).

To clean your inhaler:

- ★ Remove the metal canister from the plastic dispenser.
- ★ Run WARM water through the plastic dispenser.
- ★ Shake water from the dispenser and let air dry.
- ★ Place the cap back on the mouthpiece.

In some cases, you may need to use your inhaler before it's all the way dry. If so:

- ★ Shake off the extra water.
- ★ Replace the canister.
- ★ Test spray it in the air.
- ★ Take your normal dose.

USING A SPACER

A spacer is a small tube used with a metered dose inhaler that can help the medicine go deeper into your lungs. It causes less mouth discomfort and makes the inhaler simpler to use. You should use a spacer when you can, but not with a dry powder inhaler or breath-activated inhaler.

To get the best results, use the spacer in the right way.

Spacer Instructions

- ➔ Remove the protective cap from the inhaler and spacer.
- ➔ Check inside the spacer for dust or other objects before each use.
- ➔ Place the inhaler mouthpiece into the end of the spacer.
- ➔ Hold the spacer and inhaler firmly, and shake 4- 5 times.
- ➔ Breathe out as normal.



Spacer Instructions Continued

- ➔ Place the mouthpiece of the spacer in your mouth between your front teeth and seal your lips around the mouthpiece, keeping your tongue flat and under the mouthpiece. (If you use a mask, place the mask gently over the mouth and nose.)
- ➔ Push down on the end of the inhaler and breathe in slowly.
- ➔ When you have taken in as much air as you can, hold your breath for 5-10 seconds. (If you use a mask, keep the mask sealed on your face and breathe in and out 5-6 times.) If the spacer makes a whistling sound, slow down.
- ➔ Breathe out slowly through pursed lips.
- ➔ Rinse your mouth out after using the inhaler.

Remember to:

- ★ Always use medicine the way you are told.
- ★ Use only one puff at a time, and wait two to three minutes between puffs.
- ★ Breathe in slowly to fill your lungs.
- ★ After using, remove the inhaler from the spacer and replace the caps on both.
- ★ Return the spacer to its plastic storage bag.

To clean your spacer:

- Clean at least once each week or more often if you're having breathing trouble.
- Remove inhaler from spacer.
- Undo the parts that can be removed. (If you use a mask, gently remove mask from mouthpiece.)
- Soak the spacer parts in warm water with a mild detergent for 20 minutes.
- Rinse with clean, warm water.
- **Never** boil or put the spacer in the dishwasher.
- Shake spacer parts and set them on a clean area to air dry.
- Let the spacer parts air dry all the way before putting them back together.
- When dry, store spacer in a clean plastic bag.

CHECK IT OUT! 

WebMD: Inhaled Relief: How COPD Devices Work

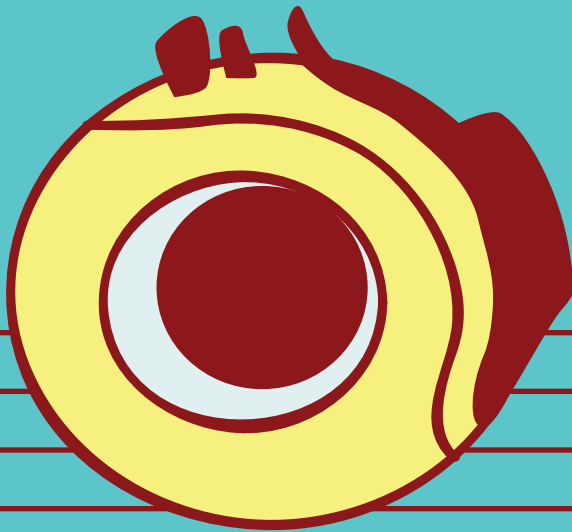
webmd.com/lung/copd/how-copd-devices-work

MORE THAN ONE WAY

Other Treatment Options

BEYOND THE INHALER

Treating COPD is a complete team effort, right down to the tools and medicines. More than one treatment method is often needed to get you breathing easier and feeling better. This chapter takes a look at some of the other treatment options.



DRY POWDER INHALER (DPI)

This newer form of inhaler is different from your Metered Dose Inhaler (MDI) discussed in the last chapter. A dry powder inhaler is activated by your breath, so when you breathe through the inhaler, medicine is quickly released into your lungs.

How to use dry powder inhaler:

- Follow the instructions to load your DPI.
- Turn your head to the side and breathe out normally.
- Wrap your lips tightly around the mouthpiece of the DPI.
- Take a breath in very quickly and deeply.
- If you can, hold your breath for 10 seconds.
- Breathe out slowly through pursed lips.
- Wait 2-3 minutes before repeating the dose.
- Rinse your mouth with water to avoid irritation to your throat and mouth.

NEBULIZER

Unlike the portable inhalers, nebulizers are electric or battery-powered compressors that turn the relief medicine into a mist that you breathe into your lungs. With a mouthpiece or a facemask covering your mouth and nose, you're able to take in the mist, breathing in and out. While nebulizers come in different shapes and sizes, some may need to be plugged in, and some can be noisy, heavy and hard to carry.

How to use your nebulizer:

- Always take your nebulizer treatment either before eating or one hour after eating. Never take your breathing treatment on a full stomach.
- Place the compressor on a table or counter at a height you can easily reach.
- Keep a glass of water and tissues on the table within reach, in case you need them.
- Always wash your hands before you measure and prepare your medicine.
- Measure the medicine and put it in the nebulizer cup. Don't touch the inside of the cup.
- Attach the top to the nebulizer cup and connect the tubing to the nebulizer and the compressor.
- Turn on the compressor. A fine mist will flow out through the mouthpiece.
- Place the mouthpiece securely in your mouth between your teeth and close your lips around it to make an airtight seal.
- Breathe in naturally through the mouthpiece; hold your breath for 1 to 2 seconds. Remove the mouthpiece and breathe out slowly through pursed lips. This will allow the medicine to go deep into your lungs.
- Tap the side of the nebulizer cup every 2 to 3 minutes.
- Continue the treatment until the nebulizer cup is empty. This may take 15 to 25 minutes.
- Turn the compressor off, and place a cover over the machine when finished.
- Cough to bring up any mucus.



PEP (POSITIVE EXPIRATORY PRESSURE) THERAPY AND FLUTTER VALVE® THERAPY

PEP improves airflow through partially blocked airways. PEP therapy and Flutter Valve® therapy may help you to cough more mucus from your lungs. Your doctor may prescribe one or both of these therapies. Some PEP valves have pressure settings you can change. Your doctor will tell you what settings to use and how often to perform your therapy. Follow the instructions closely. Don't make any pressure setting changes unless directed by your doctor. Know that extending the time of your PEP therapy can make you too tired.



PEP (POSITIVE EXPIRATORY PRESSURE) THERAPY AND FLUTTER VALVE® THERAPY

How to use your PEP Valve:

- Turn the control knob on the PEP valve to set the pressure.
- The pressure indicator should align with the pressure prescribed.
- Attach the mouthpiece to the device.
- Sit in a comfortable position.
- Place nose clips on your nose.
- Seal your lips around the mouthpiece.
- Take a deep breath in.
- Breathe out 2 to 3 times longer than you breathe in.
- If you've correctly made it this far, you should hear the air flowing.
- Continue this pattern for 10 to 20 breaths.
- Remove the mouthpiece from your mouth.
- Perform 2 to 3 gentle coughs from the diaphragm.
- Repeat this process for 10 to 20 minutes or until all the mucus has been cleared.

How to use your Flutter® Valve:

Stage 1: Mucus Loosening

- ★ Take a slow deep breath but don't fill your lungs all the way.
- ★ Hold your breath for 2 to 3 seconds.
- ★ Place the Flutter® Valve in your mouth, adjust the tilt and keep your cheeks stiff.
- ★ Breathe through the Flutter® at a fairly fast rate, but not too forceful.
- ★ Breathe beyond a normal breath, but don't empty your lungs all the way.
- ★ Try not to cough.
- ★ Repeat the previous steps.

Stage 2: Getting Rid of Mucus

- ★ Slowly breathe in, filling your lungs all the way.
- ★ Hold your breath for 2 to 3 seconds.
- ★ Place the Flutter® in your mouth and adjust the tilt, keeping your cheeks stiff.
- ★ Breathe out forcefully through the Flutter® as much as you can.
- ★ Repeat these steps for 2 breaths.
- ★ Cough.
- ★ Return to Stage 1 and repeat the full sequence of steps until your lungs are clear.
- ★ You may add more sessions if needed.

DID YOU KNOW?

The Flutter® Valve was invented by Dr. Henry Heimlich, the same man who created the Heimlich Maneuver, the abdominal thrusting method for dislodging food from a choking person.

CHECK IT OUT!

Mayo Clinic: COPD Treatment:

[mayoclinic.org/diseases-conditions/copd/basics/treatment/con-20032017?footprints=mine](https://www.mayoclinic.org/diseases-conditions/copd/basics/treatment/con-20032017?footprints=mine)

OXYGEN 101

TANKS FOR THE BREATH OF FRESH AIR

An oxygen treatment plan can raise the level of oxygen flowing into your lungs and bloodstream. This extra oxygen can help you...

- ➔ Breathe easier
- ➔ Sleep better
- ➔ Live longer
- ➔ Have fewer headaches
- ➔ Move around better
- ➔ Feel more alert and less irritable

MISSION:DEFINITION

Nasal cannula (nay-zul KAN-yuh-luh):

A lightweight tube with two soft, hollow prongs fitted in the nose for breathing oxygen.

OXYGEN EQUIPMENT

Oxygen comes in several forms—**liquid oxygen container**, **compressed oxygen tank**, or **oxygen concentrator**. You can also get portable oxygen to take on the go. If oxygen is prescribed for you, your doctor or Respiratory Therapist will help decide which type is best.

WHAT TO KNOW ABOUT YOUR OXYGEN

A medical equipment supplier will show you exactly how to:

- Set up and clean your equipment
- Refill the tank or container when needed
- Check for problems
- Check your personal flow rate (your “dose”— how much oxygen comes out of the tank each minute)
- Adjust your personal flow rate

Your doctor will decide on the flow rate of oxygen that’s best for you. You may be told to turn the flow up or down based on the activity you’re doing. Remember that oxygen is a medicine. Use it only as directed by your doctor. Never change your flow rate unless your doctor tells you.

OXYGEN SAFETY

Oxygen won’t explode, but it can make a fire burn faster and stronger. To safely use your oxygen, follow these rules...

- Never smoke when your oxygen tank is on. (You’re not supposed to be smoking anyway, remember?!)
- Don’t use vapor rubs or petroleum jelly when using oxygen. They’ll burn if a spark ignites. Use only water-soluble creams.
- Keep your oxygen well away from any open flame, such as a fireplace, stove or cooking surface and away from electrical appliances that could produce a spark.
- Always keep an eye on the oxygen tubing. Keep it out from under blankets, clothes, carpet or furniture.
- Place the oxygen in a secured upright position. Make sure it’s turned off when not being used.
- Don’t store the oxygen concentrator in a closet.
- Always keep your oxygen equipment clean and dry.
- Post NO SMOKING signs outside by the front door.

CLEARING THE AIR: BREATHTAKING BREATHING FACTS

Oxygen is the most important chemical in the body. 70% of the body's waste is removed through breathing.

ON THE ROAD TO BREATHING EASIER: TRAVELING

It's important to plan ahead when traveling with oxygen. Your equipment will allow you to travel and be as mobile as you want to be, but it takes a little planning. Call the airline or your travel agent a few weeks before you travel and ask about a list of rules for managing and storing your oxygen supply for the trip.

By car:

- ★ **Know** how long your portable oxygen supply will last. Have extra oxygen on hand in case your trip takes longer than you planned. Traffic jams and car trouble can happen, so plan ahead.
- ★ **Secure** your equipment. In your car, place the oxygen you're using upright in the seat next to you and fasten it with a seat belt and shoulder harness. Place spare oxygen units on the floor in the back seat. Never place tanks in the trunk of your car.

By plane:

- ★ Make reservations several weeks in advance. Tell the airline that you need to use oxygen during the flight. Ask if your oxygen device is approved for carry on. If it's not, the airline will need to have oxygen for you. You may have to pay extra for this service. Make sure to have oxygen waiting for you when you arrive at your destination. You may also be asked for a letter from your doctor, a brief medical history and a prescription from your doctor for oxygen.

By ship:

- ★ If you need oxygen during a sea trip, you'll need to give most cruise lines four to six weeks' notice before you leave. Arrange for your oxygen tanks to be dropped off at the ship before you leave. You'll also be asked for a letter from your doctor, a brief medical history and a prescription from your doctor for oxygen.

ON THE ROAD Continued

By bus or train:

★ Call your local terminal at least a week before you're scheduled to leave and let them know you're traveling with oxygen. In most cases you'll be allowed to take your own oxygen with you. Reserve your seat in the non-smoking section of the bus or train.

BE ALERT!

If you're using oxygen, you should watch for danger signs that your oxygen dose is not right. Call your doctor right away if you...

- Are breathing too fast or too slow.
- Feel short of breath.
- Feel anxious, nervous or restless.
- Have a headache that won't go away.
- Have slurred speech.
- Feel confused or can't concentrate.
- Notice that your lips or fingernails have a bluish color.

Ask others not to smoke. Not only can smoking make it hard for you to breathe, it's a fire hazard around oxygen.

Identify a "chain" of oxygen suppliers along your travel route and at your destination. Your local supplier can help you with this.

CHECK IT OUT!

National Heart, Lung, and Blood Institute: Oxygen Therapy?

nhlbi.nih.gov/health-topics/oxygen-therapy

Disabled World: Oxygen Travel Tips:

disabled-world.com/travel/oxygen-travel.php

RELAXATION NATION

The Joys of Staying Stress-Free

THE MIND-BODY CONNECTION

Relaxation is important to both your mind and body. Living with COPD can make you feel anxious, worried, scared and heavily stressed. Having a plan for relaxing and de-stressing can help calm your nerves and breathe more easily. Here are a few techniques for doing just that. Find a quiet and comfortable space where you won't be bothered. This can be at home or even outdoors on a pleasant day.

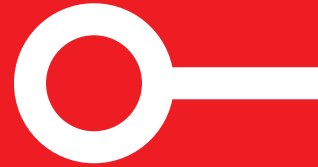
Relaxation



This technique involves tensing and relaxing muscle groups one at a time. Start with your face, frowning hard for about 10 seconds. Relax. Move on to the other muscle groups—shoulders, arms, chest, legs and feet—tensing and relaxing each set of muscles until you've covered your whole body.

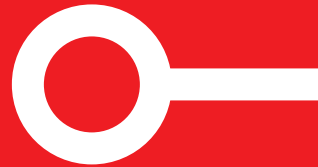
Meditation

Start with your eyes closed. Concentrate on your breath, breathing deeply once or twice and then simply breathe normally. Think about a calming place, time, word or image and repeat that thought. If your mind wanders, simply bring it back to your breathing and your calming thought or word. Soothing music may also help. You may fall asleep in your relaxed state. Sit up straight without back support if you want to stay awake.



Yoga

Practiced for more than 5,000 years, yoga is a perfect combination of meditation and exercise. It provides improved health and a better sense of well-being. Yoga uses repeated movements and stretching that can help improve strength and flexibility. Improved mental and physical health and greater self-understanding are goals of the art. Careful attention to breathing is a major focus of the practice of yoga.



DID YOU KNOW?

Yoga can lift your mood and improve emotions. The practice increases levels of the brain chemical *gamma-aminobutyric acid*, or GABA. Low levels of GABA have been connected with mood disorders such as depression and anxiety.

CHECK IT OUT!

HELPGUIDE.COM:
Relaxation Techniques for Stress Relief:
helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm

HOW TO BREATHE

Exercises for Improving Airflow

FOR REAL?

I know what you're thinking: 38 pages in and you're just now telling me how to breathe? Well, the truth is there are special breathing exercises and methods to make you feel calm. Be patient and practice these methods for several days and you'll start to feel their benefits.

CONTROLLING YOUR BREATHING

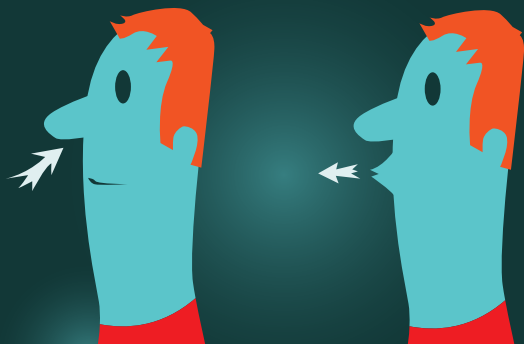
You know that terrifying feeling of being out of breath or not being able to catch your breath? This feeling is common for people with COPD. Gasping for air and breathing faster doesn't help. Panicking certainly doesn't help. What does work? Try these simple techniques.

Pursed-lip breathing

HOW TO DO IT:

- ★ Relax your neck and shoulders and breathe in slowly through your nose. Keep your mouth closed. (If you can't breathe through your nose, breathe gently through your mouth.)
- ★ Purse or pucker your lips as if you were going to blow out a single birthday candle.
- ★ Breathe out slowly and gently through your pursed lips. Breathe out 2-3 times longer than when you breathed in. You may hear a soft whistling sound. Make sure you don't blow out your imaginary candle. If you think you have, you're still breathing too hard.

With practice, this technique can become simple and natural. You can use it any time you feel short of breath, even during physical activity.



MISSION:DEFINITION

Diaphragm (DI-uh-fram):

A dome-shaped sheet of muscle between the chest and stomach. It works with chest muscles to make breathing in and out possible.

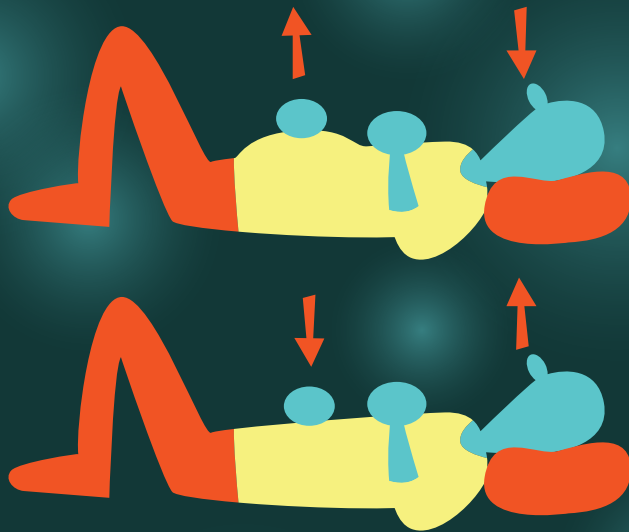
Abdominal breathing

Breathing deeply from the abdomen uses the diaphragm, a large muscle under the lungs, to help you breathe better. As you breathe out, the diaphragm pushes on the lungs, forcing stale air out. The abdominal muscles help move the diaphragm up, using more force to empty your lungs.

HOW TO DO IT:

- ★ Lie on your back with a pillow under your head. (You can also sit in a chair that supports your head and lets you recline slightly.) Bend your knees and relax your neck, shoulder and stomach muscles.
- ★ Put one hand over the center of your stomach, just below your rib cage. Put the other hand on your upper chest.
- ★ Breathe in slowly through your nose, using your stomach muscles. The hand on your stomach should rise as you breathe in and fall as you breathe out. The hand on your chest should remain almost still.
- ★ Try to control your breathing so that you breathe out for twice as long as you breathe in.

In time you'll be able to breathe this way while standing, walking or doing other activities. As your breathing muscles become stronger, your breathing will be easier.



CLEARING THE AIR: BREATH-TAKING BREATHING FACTS

Breathing exercises have been proven to work in reducing anxiety disorders, depression, irritability, muscle tension, headaches, poor focus, tiredness, irritable bowel and other digestive disorders.

I CAN BREATHE CLEARLY NOW

Most people with COPD have something else in common: Too much mucus in the lungs. Clearing that stuff helps you breathe easier and keep lung infections away. These **Postural Drainage** methods use gravity to clear mucus from deep in your lungs. Lie on a bed or on the floor, with pillows beneath you. Check with your doctor about which of these positions to use and how long you should stay in each one. Keep tissues handy and cough after each position. Note the color and amount of mucus you cough out.

Here are some general rules to follow when doing postural drainage:

- ➔ Never do postural drainage with a full stomach.
- ➔ Use your inhaler or nebulizer at least 30 minutes before doing postural drainage.
- ➔ Consider using postural drainage before breakfast to clear mucus that has built up during the night and again before bed to help your breathing while you sleep.

On each side: To drain the sides of your lungs, lie on one side with a small pillow under your head and two or three pillows under your hips. Keep your chest lower than your hips. Breathe using abdominal breathing and lie quietly for a period of time suggested by your doctor. Turn to the other side and repeat this process.

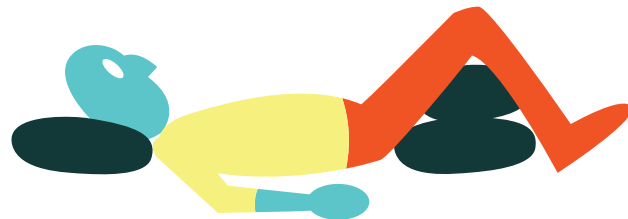


CHECK IT OUT! 

**WebMD: COPD and Exercise:
Breathing and Exercise Programs for COPD:**

webmd.com/lung/copd/copd-and-exercise-breathing-and-exercise-programs-for-copd

On your back: Lie on your back on a flat surface with pillows beneath your head and bent knees. Rest your arms at your sides and use abdominal breathing for as long as your doctor suggests. This method helps drain the front portion of your lungs.



On your stomach: Drain the back of your lungs by kneeling over two or three pillows placed under your stomach. Rest your arms by your head and breathe using abdominal breathing. Stay in this position for the time suggested by your doctor.



WORDS OF WISDOM

ASSORTED TIPS FOR FEELING BETTER

ALTERNATIVE AVENUES

Equipment, medications and breathing techniques are all important in the battle against COPD symptoms. But in this chapter we'll look at some alternative methods for relieving pain, congestion and stress. These methods don't require inhalers, medicines or machinery. As always, talking with your doctor first is recommended.

CONTROLLED COUGHING

Uncontrolled coughing can frazzle you, exhaust you and make your chest and throat hurt. Controlled coughing can help clear your breathing tubes by bringing up excess mucus.

HOW TO DO IT:

- Sit in a chair with both feet on the floor.
- Fold your arms across the upper part of your abdomen.
- Breathe in slowly and deeply through your nose and hold your breath for a few seconds.
- Bend forward slightly and cough sharply, two times as you breathe out. As you cough, use your folded arms to push on your abdomen. You may want to keep a box of tissues handy.
- Return to an upright position and take a deep breath through your nose.
- Relax for a few seconds then repeat the process several more times.

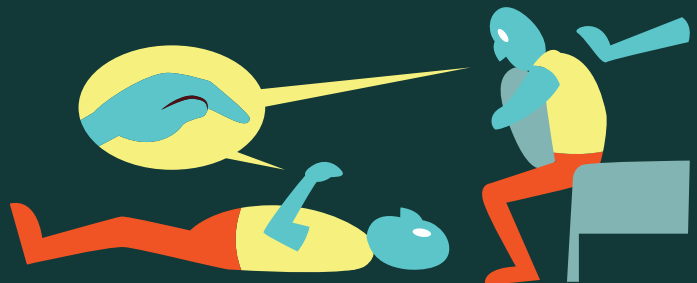
CHEST PERCUSSION

You can help loosen the gunk in your chest by using your cupped hand to gently clap your chest and back while lying in the postural drainage positions mentioned earlier. Chest percussion is like tapping the bottom of a ketchup bottle to get the stuff moving. It works for clogged breathing tubes too, breaking up the mucus so it's easier to cough up.

HOW TO DO IT:

For the chest: Lie on your back and gently clap your cupped hand on your chest. Make sure to clap only on the rib cage, never over the liver, kidneys or other organs. Women should not clap directly on their breasts.

For the back: Sit on the edge of a bed, hunched over with a pillow or two under your chest. Have a partner gently clap a cupped hand on your back. Make sure not to clap on your spine.



CONSERVE ENERGY

Give yourself a break and don't push yourself. Of course exercise and activities are important for your physical and emotional health, but be careful not to overdo it. Your energy level will change from day-to-day and hour-to-hour. Set an easy pace of activity to take you through the day. Move at a slow, steady pace, trying not to bend or lift heavy objects. Simplify your tasks. Don't push yourself if you are tired. Cut yourself some slack and finish your task tomorrow. If you follow these simple steps, your shortness of breath will get better and your energy will improve.

COPD BY THE NUMBERS

70

Percentage of COPD patients surveyed by the Lung Association who said the condition limited them in normal physical activities.

HOW TO DO IT:

- Make your tasks easier. Give yourself plenty of time to complete your tasks and set realistic goals.
- Plan out your activities ahead of time. Space them out throughout the day. Save the activities that take up the most energy when you're feeling the best.
- Rest before and after your activities.
- Don't be afraid to ask for help. Chances are your friends and family will be all too willing to lend a hand.
- Stop and rest if you get tired while doing an activity. Come back to it at a later time when you feel rested.
- Sit down to bathe and groom yourself. A shower chair and a detachable showerhead are useful items.
- Get a good night's sleep each night. Elevate your head when sleeping.
- Rest after each meal and don't plan activities right after eating.
- Take it easy going up stairs. Rest after a few steps then continue on when you feel like you can manage it.
- Don't push or pull heavy items of 10 pounds or more. The strain can cause breathing problems or worse.

CHECK FOOD LABELS FOR NUTRITION FACTS

Except for fresh fruit, vegetables and meat, most foods have labels that tell you the vitamin, mineral and nutrient content. This information can be helpful for those with COPD. Your doctor may suggest a high-calorie/high-protein diet to help you gain weight, strengthen muscles and boost your energy. Too many carbohydrates may make breathing difficult.

Check labels to see if the food is the right choice for you. Many snack foods are high in sodium and sugar, which give you “empty calories” that don’t improve your health.

HOW TO DO IT:

- Consult your doctor about your diet.
- Get more potassium. This helps the heart, nerves and muscles work the way they should. Find it in...
 - ★ Bananas
 - ★ Oranges
 - ★ Raisins
 - ★ Sweet potatoes
 - ★ Peas
- Get more calcium. Calcium helps build bones and regulates blood pressure. Find it in...
 - ★ Low-fat dairy products
 - ★ Sardines and salmon
 - ★ Dark leafy green vegetables
- Get more Vitamin D. This helps your body use the calcium. Find it in...
 - ★ Sunlight
 - ★ Vitamin D milk
 - ★ Fish and fish liver oils
- Get more fiber. Find it in...
 - ★ Bran
 - ★ Whole grains
 - ★ Fruits
 - ★ Vegetables
- Ask your doctor about vitamins and supplements.
- Cut down on salt.
- Limit the junk food.
- Choose meals that you can prepare quickly and easily.

EAT RIGHT, FEEL BETTER

Eating well-balanced meals high in nutrition can help you fight respiratory infections and keep you well and strong.

HOW TO DO IT:

○ Eat foods from each of the five food groups every day:

- ★ Meat, poultry, fish, beans, eggs, nuts
- ★ Vegetables
- ★ Fruits
- ★ Milk, yogurt, cheese
- ★ Bread, cereal, rice, pasta

- Eat several small meals a day. Eating five to six small meals a day is easier to digest than fewer large meals. That demand on your system and oxygen level can hinder your breathing.
- Prepare and freeze leftovers.
- Stay away from caffeine.
- Don't eat "gassy" foods.
- Make lunch your main meal of the day. This gives you more energy at the time of day you need it most.
- Don't lie down right after eating.
- Drink lots of fluids. They thin the mucus and make it easier to cough up. Water, juices and nectars are best.

CHECK IT OUT!

WebMD: COPD: Clearing Your Lungs:

webmd.com/lung/copd/clearing-your-lungs-when-you-have-copd

U.S. Food and Drug Administration: How to Understand and Use the Nutrition Facts Label:

fda.gov/Food/LabelingNutrition/ucm274593.htm

EYES ON THE PRIZE

THE EXERCISE CONNECTION

GET WITH THE PROGRAM

A lot of people with COPD cut down on their physical activity to avoid feeling short of breath. Trouble is, with less activity, your condition may actually get worse. Exercise is good for you. It strengthens muscles and bones, keeps you from feeling breathless and makes you feel better overall.

An exercise routine doesn't have to mean bench pressing 200 pounds over your head or running the Boston Marathon or swimming the English Channel or even joining an expensive gym. Simply walking on a regular basis is good exercise. Just keep these tips in mind before starting any exercise program:

Check with your doctor before starting any exercise program. ASK:

- What types of exercises should I do?
- How often should I exercise?
- How long should each session last?
- How should I use my oxygen while exercising?
- What medicine will help control my breathing during exercise?

Warm up before you start to exercise. DO:

- Breathing exercises | → Stretching | → Walking slowly for 5 to 10 minutes

Set reachable goals.

Even if they're small ones, reaching your goals will encourage you to go further and give you a sense of success. You can set your goals higher as you go along.



GET WITH THE PROGRAM Continued

Do the exercises you enjoy. If you're not enjoying the exercise, do something new. TRY:

→ Walking | → Gardening | → Biking | → Light swimming

Add some variety to your workout routine.

Work out with a friend. Sharing the experience with friends can make you more willing to exercise.

Don't overdo it. Set a pace that's comfortable for you. Start out by exercising for short periods of time and slowly increase your routine. Keep a diary to jot down your daily exercise progress.

Stop and rest. If you get dizzy or short of breath or feel cramps or pain, stop and sit down.

Cool down. When you finish exercising, don't just sit or lie down. Repeat your warm-up routine:

→ Stretch | → Practice breathing | → Walk at a slower pace

Do these for five minutes or more before stopping.

Reward yourself. Give yourself a treat when you reach a goal. You've earned it!

WARNING! Don't push it!

Cut down on your exercising or stop if you have:

- Infection, sore throat or neck glands
- A fever or temperature of 101° F or if your face feels hot and flushed
- Wheezing or coughing that lasts one hour after taking your medicine
- Weakness or tiredness that makes you feel like you can't complete your normal activities
- Labored or fast breathing
- Don't exercise when it's extremely hot or cold.

CHECK IT OUT! 

COPD Guidelines for Exercise and Pulmonary Rehab:

my.clevelandclinic.org/health/articles/copd-exercise-and-activity-guidelines

SWEET DREAMS

SLEEPING AND COPD

GOOD NIGHT, GOOD HEALTH

Everyone needs a good night's sleep. Our bodies need it, just like they need food and water. Give it eight hours of restful sleep each night and it'll reward you with better health. Starve your body of sleep and you risk poor health. Talk with your doctor if you're having trouble sleeping.

Being tired may cause:

-  Daytime sleepiness
-  Irritability
-  Mood swings
-  Accidents (car crashes and falls)

SLEEP APNEA

Sleep apnea is a condition in which your body stops breathing for short periods of time while you sleep. The airways collapse, preventing air from entering the lungs. Scary, right? And what's scarier is the fact that it can happen hundreds of times each night. Every time you stop breathing for 10 seconds or more, your body has to work harder to get the air it needs to survive. Your heart has to pump blood faster and stronger. Organs and tissues may lose oxygen. Your body will fight to get air by "waking" you from deep sleep. The results of these interruptions are tiredness, feeling irritable and a higher risk of accidents. More serious health problems are also more likely:

- ★ High blood pressure
- ★ Heart disease and heart attack
- ★ Stroke

A doctor must diagnose your sleep condition. Ask if you're at risk. Anyone can have sleep apnea, but it is more common if you are:

- ★ Male
- ★ Middle-aged or older
- ★ A person who snores loudly, chokes or gasps during sleep
- ★ A person who experiences daytime sleepiness and frequent headaches
- ★ Overweight
- ★ A person with a neck size greater than 16 inches for women or 17 inches for men

TREATING SLEEP APNEA

After determining that you have sleep apnea, your doctor will decide on a treatment plan. Here are some options:

Continuous Positive Airway Pressure (CPAP) is a machine that pumps a steady flow of air to you through a small mask that fits over your nose (or nose and mouth). It keeps your airway open, making it easier to breathe while you sleep.

Weight loss, exercise, and avoiding smoking and alcohol may be ordered by the doctor to help prevent your sleep apnea from getting worse.

Dental appliances similar to a mouth guard may be fitted by your dentist for you to wear while sleeping. This appliance will keep your airway open at night.

Surgery may be performed to remove any tissue blocking your airway. By removing the tissue, your airway will become larger, making it easier to breathe at night.

Medications may be helpful in some cases when your sleep apnea is caused by thyroid gland problems.

Other options may be available. Ask your doctor about other treatments that may be available for you.

NO MORE RESTLESS NIGHTS

Getting a good night's sleep is important for staying healthy. When you have a chronic condition like COPD, you need restful sleep even more. Sleep apnea increases the risk of making your COPD worse. Review the risks for sleep apnea, talk with your doctor, and seek treatment if you're diagnosed. After treatment, you'll feel the benefits almost immediately:

- ★ Your body will receive the sleep it needs to stay healthy.
- ★ You'll awake feeling more refreshed.
- ★ The negative effects of sleep apnea on your COPD will lessen.
- ★ Your body will have more energy to deal with your COPD.
- ★ Your overall well-being will improve.

CHECK IT OUT! 

COPD.net: Getting Your Best Sleep – Even with COPD

copd.net/living/getting-best-sleep-even-copd/

THINK POSITIVE

KEEPING EMOTIONALLY FIT

DON'T GET MAD, GET EVEN-KEELED!

While you concentrate on your physical health and the steps necessary to breathe easier, it's important to remember your emotional health. Living with COPD can make you angry, frustrated and depressed. Feeling better is always the goal, both physically and emotionally.

Depression, anger and frustration are normal feelings. Accept them and try to work through them. Gaining control over your emotions starts with first accepting them and understanding them. Try these outlets for dealing with your emotions:

→ Write in a journal

→ Talk with a friend or family member

→ Join a support group

It's hard to stay positive when you only focus on the negative. The only one who really has the power to change is the person staring back at you in the mirror. A positive outlook on life can improve your health.



TIP-OFF

Try these tips to help you stay positive and emotionally fit:

- Get dressed every day
- Laugh
- Enjoy the small things
- Take a walk
- Stay involved with others
- Get a good night's sleep
- Set goals and work to achieve them
- Follow your treatment plan
- Join a support group with others who share your condition

DEALING WITH DEPRESSION

Depression is that deep sense of sadness and despair that gets in the way of living your life. It can last for weeks or even months or longer. This sadness makes it harder to concentrate. It lowers your energy level and derails your ability to deal with everyday problems.

Depression may be caused by medications, pain or by chemical changes in the body. Some of the symptoms of depression are:

- Appetite changes
- Insomnia or disturbed sleep
- Decreased energy level
- Decreased ability to concentrate and make decisions
- Loss of interest in things you once enjoyed
- Wide mood swings

TREATING DEPRESSION

The best way to treat depression is to prevent it in the first place. Try these tips to avoid becoming depressed:

- Keep in contact with people you enjoy being around.
- Stay as active as possible physically and mentally.
- Try to control negative thoughts.
- Discuss your feelings with your family and close friends and make them aware of your needs.
- Set reasonable goals for yourself.

CLEARING THE AIR: BREATHTAKING BREATHING FACTS

By the age of 80, you will have taken more than **600 million** breaths during your life.

If you think you're suffering from depression, ask your doctor about treatment options. Your doctor may prescribe medications and/or suggest speaking with a counselor to help you through difficult emotional periods. Remember that your emotional health is just as important as your physical health.

CHECK IT OUT! 

Everyday Health: Coping With the Emotional Challenges of COPD:
everydayhealth.com/health-report/copd/copd-and-depression.aspx

WebMD: Depression Health Center:
webmd.com/depression/default.htm

COPD AND ME!

Fill out the information on this page to use as a quick reference in the event of an emergency. Talk with your doctor and family when completing this form.

Name: _____

Doctor's name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I have the following conditions:

COPD

My advance directives or
living will is on file at:

Allergies: _____

Circle directive of your
choice, if needed:

No intubation
No CPR

Emergency medicine only
Comfort measures only

I take these medicines:

Medicine name	How much	How often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESOURCES

American Lung Association

1-800-LUNG-USA (1-800-586-4872)
lung.org

National Heart, Lung, and Blood Institute

NHLBI Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
nhlbi.nih.gov

The National Emphysema Foundation

HealthOne Center
1719 East 19th Ave.
Denver, CO 80218
emphysemafoundation.org

COPD Foundation Information Line

1-866316-COPD (2673)

COPD Population Screener™

Are You at Risk?

drive4copd.org/AreYouAtRisk/TaketheScreener.aspx

National Lung Health Education Program

nlhep.org

U.S. Food and Drug Administration

fda.gov
1-888-INFO-FDA (1-888-463-6332)

Transportation Security Administration (TSA)

Guidelines for Travelers with Disabilities and Medical Conditions
TSA Cares: Toll free 1-855-787-2227
tsa.gov/traveler-information/travelers-disabilities-and-medical-conditions

American Airlines

Special Assistance: Oxygen and Medical Devices
aa.com/i18n/travelInformation/specialAssistance/oxygen.jsp

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MCARE14-00015E

COPD

YOUR DISEASE, One Breath at a Time

Chronic Obstructive Pulmonary Disease. If you're dealing with COPD, you know that even drawing a simple breath can feel like a workout. But there is help and there is relief. You're not alone in the battle for breath.

This self-management guide takes you through the realities of COPD to help you better understand the condition. You'll learn how to improve your health, how to slow the progress of the condition and relieve the symptoms, and how to make exercise a part of your treatment.

Breathe easier. Help is within reach.



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