



COPD
FOUNDATION®

Take Action Today. Breathe Better Tomorrow.

COPD 101:
UNDERSTANDING
THE
BASICS
OF
COPD

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COPD Foundation, Inc.’s 2022 Health Equity Program - Health Education & Empowerment Program sponsored by AstraZeneca.

What Is COPD?

Chronic obstructive pulmonary disease (COPD) is a term that describes chronic lung diseases that cause swelling and blockages of the airways. COPD includes the conditions emphysema and chronic bronchitis. Symptoms can include difficulty breathing, low oxygen levels, and cough with or without mucus.

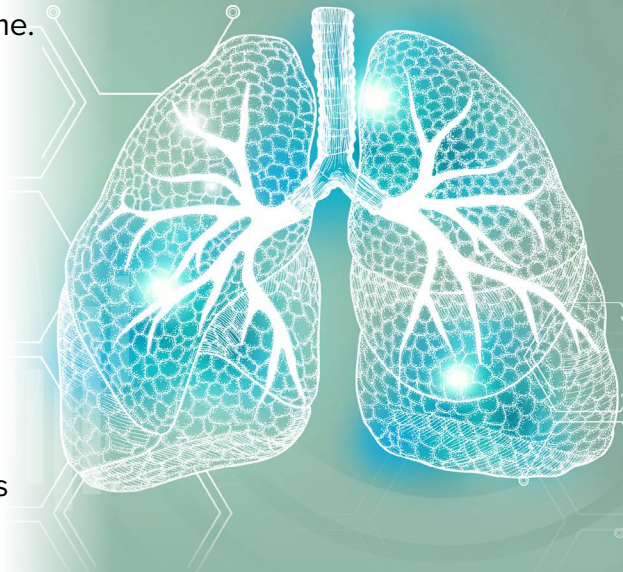
Let's break down the meaning of COPD.

Chronic: The disease is always present and lasts for a long time. The symptoms of COPD can take years to develop and can vary from day to day.

Obstructive: Airflow through the lungs can be blocked by swelling or mucus.

Pulmonary: The disease is in your lungs.

Disease: An illness or sickness that has specific symptoms.



Each person who has COPD may experience different symptoms. Currently, there is no known cure for COPD, but the COPD Foundation is committed to helping find a cure! With the right diagnosis and treatment, there are things that you can do to slow the progress of the disease and live a happier, healthier life.

Anyone Can Get COPD

There is a common myth that COPD is “only a smoker’s disease,” but did you know that as many as 25% of people with COPD have never smoked?¹

COPD can be related to:

Early-life events:

- Being born early
- Childhood asthma or respiratory infections

Genetics (passed down in families):

- Alpha-1 antitrypsin deficiency
- Other genetic mutations

Infections:

- Pneumonia
- Tuberculosis

Smoking:

- Tobacco smoke
- Vaping or e-cigarettes
- Cannabis (marijuana)
- Secondhand smoke

Environmental factors:

- Smoke, chemical fumes
- Mold and dust particles
- Indoor and outdoor air pollution²

Common Symptoms of COPD

More than 10 percent of the world's adult population live with COPD.²

The symptoms of COPD are not always the same for each person. They can also be different from day to day, with some days being better than others.

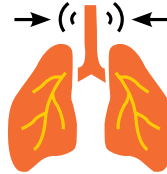
Some common symptoms include:



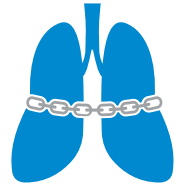
Shortness of breath



Cough with or without mucus



Wheezing



Tight feeling in the chest

Many people do not get diagnosed until after age 40, but early signs of COPD can be found in adults as young as 20 years old.^{2,3}

It is important to talk to your health care provider as soon as you notice symptoms of COPD or if you have a family history of genetic COPD so you can get tested. If COPD is found and treated early, damage to your lungs may be slowed.³

COPD can progress for years without noticeable symptoms like shortness of breath.

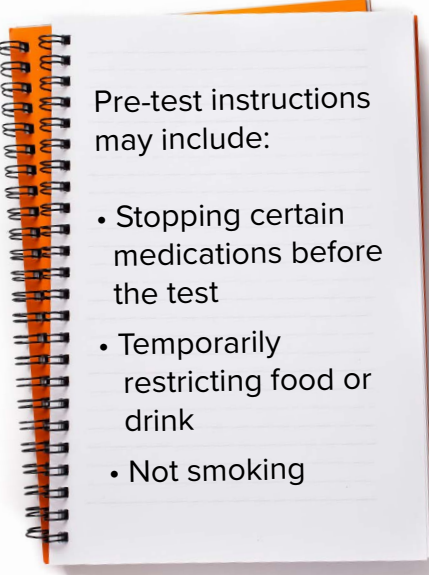
Do not ignore your symptoms even if you think they are related to another health condition. When in doubt, have it checked out!

How is COPD Diagnosed?

A **pulmonary function test (PFT)** can help determine if you have COPD and its severity. This test measures how well your lungs are working.

These breathing tests are sometimes done in your primary care provider's office or they may refer you to a lung specialist called a pulmonologist.

PFTs are simple, painless, and only take around an hour to complete. It is very important that you follow the directions given to you by your provider before testing.



Pre-test instructions may include:

- Stopping certain medications before the test
- Temporarily restricting food or drink
- Not smoking

During this test, you will be asked to blow all of the air out of your lungs into a machine called a spirometer. You may be asked to repeat the test a few times. Afterward, you may feel tired, but there should not be any side effects from testing.

Your doctor may order additional tests to get a more complete picture of your lung health. These may include chest x-rays, bloodwork, or other useful testing such as the six-minute walk test.

Talk to your provider about PFTs and genetic COPD testing if you have symptoms of COPD.


What Is an Exacerbation?

In the normal course of COPD, some days will be better than others. You know your body better than anyone else. It is important to pay attention to how you are feeling and any changes that you are experiencing.

Sometimes you may experience an increase in symptoms of your COPD. They may be worse or last longer than what you normally experience day to day. This is called a flare-up or exacerbation. Flare-ups can be caused by infection or other environmental factors and can make breathing more difficult.

Some warning signs of an exacerbation include:

- **Fever**
- **Increased shortness of breath, wheezing, or coughing**
- **Unusual tiredness**
- **Change in mucus (color, thickness, or amount)**
- **Using your rescue inhaler more than usual**



Make sure to contact your health care provider if you notice a difference in your symptoms.

Common Treatments for COPD

There are a variety of medicines and therapies that will help improve symptoms for those with COPD. Because everyone with COPD is different, your provider will choose the correct combination of treatments to manage your condition.

Medications

There are different types of medications that you may be given to treat your COPD.

Short-acting or **rescue medications** may be prescribed for quick relief of symptoms and to help you to breathe easier.


Short-acting bronchodilators work quickly to help relieve shortness of breath by widening your airways and relaxing the muscles in your lungs.

Rescue medications are used in addition to (not to replace) your daily maintenance medications.

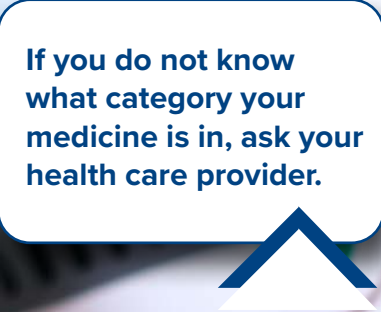
Medications that are used daily are often called **maintenance medications**. They do not work quickly but help to prevent COPD symptoms and flare-ups over time. You may need to take these medicines for days or weeks before you notice any changes in your symptoms.

Long-acting bronchodilators are used to relax the muscles around your airways over time and help you breathe easier. They are not used for quick relief of symptoms.

Inhaled corticosteroids work to reduce inflammation in the lungs over time and must be taken daily.



Remember to rinse your mouth after using these medications to reduce the chance of thrush (fungal infection).



If you do not know what category your medicine is in, ask your health care provider.

These medications may come in different forms, such as an inhaler (dry powder, metered dose, or soft mist) or liquid to be used in a nebulizer (a machine that turns liquid into a mist). Masks that fit over your nose and mouth or mouthpieces are used to deliver nebulized medication when you breathe in.

You may be prescribed a combination of both types for best results. You can learn more about the types of inhalers at <https://copdf.co/inhaler>, and to learn how to use and store them, please visit <https://copdf.co/videos>.

There are many kinds of inhalers, some are best used with a spacer (plastic chamber that holds the medication as you breathe in) to help get the medication down into your lungs.

It is a good habit to rinse your mouth without swallowing, after each use of inhaled or nebulized medication.



Other Common Medicines



<p>Systemic corticosteroids</p>	<p>Are used to reduce the swelling in your lungs.</p>	<p>They are often given through a pill or in a shot and are most often used for a short period of time during a COPD flare-up.</p>
<p>Antibiotics</p>	<p>Are given to treat bacterial infections in your lungs such as pneumonia or bronchitis. These types of infections can make COPD symptoms worse.</p>	<p>Take all your antibiotics as prescribed even if you start to feel better. Antibiotics can cause other medications to be less effective so talk to your pharmacist about medication interactions.</p>
<p>Mucolytics</p>	<p>Thin out your mucus making it easier for you to cough out.</p>	
<p>PDE Inhibitors</p>	<p>Are given to help reduce the frequency of flare-ups in certain patients.</p>	
<p>Oxygen therapy</p>	<p>May be prescribed if you have low levels of oxygen in your blood.</p>	<p>Talk to your health care provider if you think supplemental oxygen may help you.</p>

Additional Treatments

Managing your COPD does not have to be puzzling. Just like each person is unique, so is their treatment for COPD. There are many things that help each person feel their best with COPD.



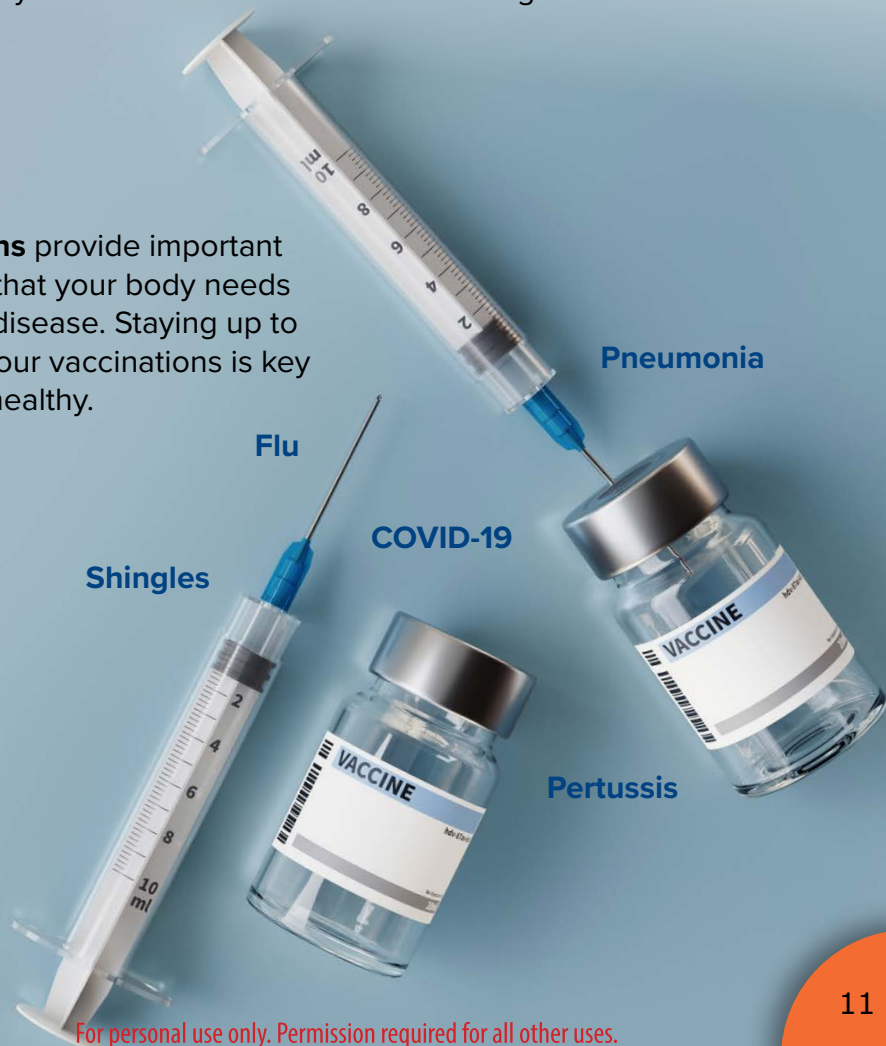
In addition to medications, your provider may suggest other things to help manage your COPD.

Pulmonary rehabilitation is a health program that includes things like education and exercise to help improve COPD symptoms.

Breathing techniques like **pursed-lip breathing** are used to help you get more oxygen into your body.

Nutrition is a vital part of staying healthy with COPD. Food is fuel for your body and eating balanced meals helps your body to have the energy it needs to stay active and do the work of breathing.

Vaccinations provide important protection that your body needs to combat disease. Staying up to date with your vaccinations is key to staying healthy.



Coping with COPD

It is normal to have many different feelings and emotions on your COPD journey. Having a good support system is important.

Support can be found in many places including talking with your friends and family or joining a local or online support group such as COPD360social <https://copdf.co/360social>.

Your health care team is one of the best resources that you have for managing your COPD. If you or your loved one need a little extra support, talk to your medical provider and they can refer you to a counselor or other professional to help you and your family manage the stress from chronic illnesses. To learn more visit <http://copdf.co/copingwithcopd>.



Remember: there are no silly questions!



Learn More

For more information on COPD, turn this booklet over and read **COPD 201: Beyond the Basics**.

The COPD Foundation has a collection of resources for your COPD journey:

Visit <http://copdf.co/education-materials> to download our educational materials for free.

The COPD Foundation YouTube channel offers a variety of educational and exercise videos at <https://copdf.co/youtube>. You can also find videos to help you with proper inhaler and nebulizer techniques by visiting <https://copdf.co/videos>.

Join us at COPD360social, a community where you can ask questions, get information, and make lasting connections <https://copdf.co/360social>.

St. Landry Parish, Louisiana residents can also connect with Opelousas General Health System at: <https://www.opelousasgeneral.com/> or Better Breathers Club 1-(337)594-3801 for COPD support and additional resources.

COPD Screener

Are you or someone you love experiencing symptoms of COPD or other lung disease, but have not been diagnosed? Fill out the screening tool and symptom tracker in the middle of this booklet, tear it out and take it to your provider.

References:

1. The Centers for Disease Control (CDC), (2022, May 5). How is Smoking Related to COPD? CDC.gov. Retrieved Oct. 17, 2022 from <https://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html>.
2. Global Initiative for Chronic Obstructive Pulmonary Disease (2023) "Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease." https://goldcopd.org/wp-content/uploads/2023/01/GOLD-2023-ver-1.2-7Jan2023_WMV.pdf Accessed February 6, 2023.
3. Stoltz, D. et al. Towards the elimination of chronic obstructive pulmonary disease: a Lancet Commission. The Lancet Commission. 2022; 400(10356): 921-972. DOI: [https://doi.org/10.1016/S0140-6736\(22\)01273-9](https://doi.org/10.1016/S0140-6736(22)01273-9)

Click the link or scan the QR code to answer a few questions. We appreciate your feedback about these educational materials. <https://copdf.co/101-201Feedback>



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COPD Screening Tool

Are you experiencing symptoms of COPD or other lung disease, but have not been diagnosed? Fill out this screening tool and symptom tracker, tear it out, and take it to your provider for further discussion.

Figure 1: CAPTURE Screening Tool

For each question, place an X in the box with the answer that is best for you. There are no right or wrong answers, only answers which are right for you.

Please answer each question	No	Yes	
1. Have you ever lived or worked in a place with dirty or polluted air, smoke, second-hand smoke, or dust?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your breathing change with seasons, weather, or air quality?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does your breathing make it difficult to do things such as carry heavy loads, shovel dirt or snow, jog, play tennis, or swim?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Compared to others your age, do you tire easily?	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2 or more
5. In the past 12 months, how many times did you miss work, school, or other activities due to a cold, bronchitis, or pneumonia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*COPD Assessment in Prietary Care to identify Undiagnosed Respiratory Disease & Exacerbation Risk™

Figure 2: CAPTURE Tool Scoring and Clinical Recommendations

Total Score (check **ONLY one box** based on above score) **RECOMMENDED ACTION:**

0 or 1	<input type="checkbox"/>	A. Low likelihood of COPD based on CAPTURE: No further testing recommended at this time
2, 3, or 4	(check one based on highest Peak Flow)	
Record Highest Peak Flow (highest of 3):	Females ≥ 250 L/min	<input type="checkbox"/>
_____ L/min	Males ≥ 350 L/min	<input type="checkbox"/>
	Females < 250 L/min	<input type="checkbox"/>
	Males < 350 L/min	<input type="checkbox"/>
5 or 6	<input type="checkbox"/>	D. Significant likelihood of COPD: Evaluation including spirometry recommended

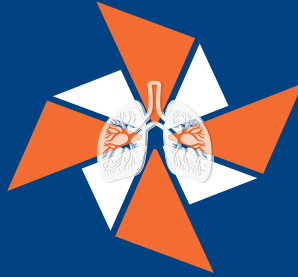
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Martinez FJ, Mannino D, Leidy NK, et al. A new approach for identifying patients with undiagnosed chronic obstructive pulmonary disease. *Am J Respir Crit Care Med*. 2017;195(6):748-756. <https://doi.org/10.1164/rccm.201603-0622oc>

The American Journal of Respiratory and Critical Care Medicine is an official journal of the American Thoracic Society.

Figure 2. Yawn BP, Han M, Make BM, et al. Protocol summary of the COPD Assessment in Primary Care To Identify Undiagnosed Respiratory Disease and Exacerbation Risk (CAPTURE) validation in primary care study. *Chronic Obstr Pulm Dis*. 2021; 8(1): 60-75. doi: <http://doi.org/10.15326/jcopdf.2020.0155>



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COPD360 Community Support Line:
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Bronchiectasis and NTM Information Line:
1-833-411-LUNG (5864)