

If you have COPD, your energy levels are reduced. Here are some ideas on making daily activities easier –

**Kitchen:** Store all utensils within easy reach. Use long handled tongs for picking things up off the floor. Use a kitchen trolley and sit if possible.

**Bathroom:** Install handgrips/rails next to bath, shower and toilet. Sit down while showering, drying and dressing.

**Clothing:** Choose loose fitting garments that are easy to put on and take off.

**Telephone:** Place phone by bed or use extension cord/cordless phone.

**Outdoors:** Have clothes lines within easy reach and use laundry trundler. Build raised garden beds, use garden pots, long handled tools and a kneeling stool.

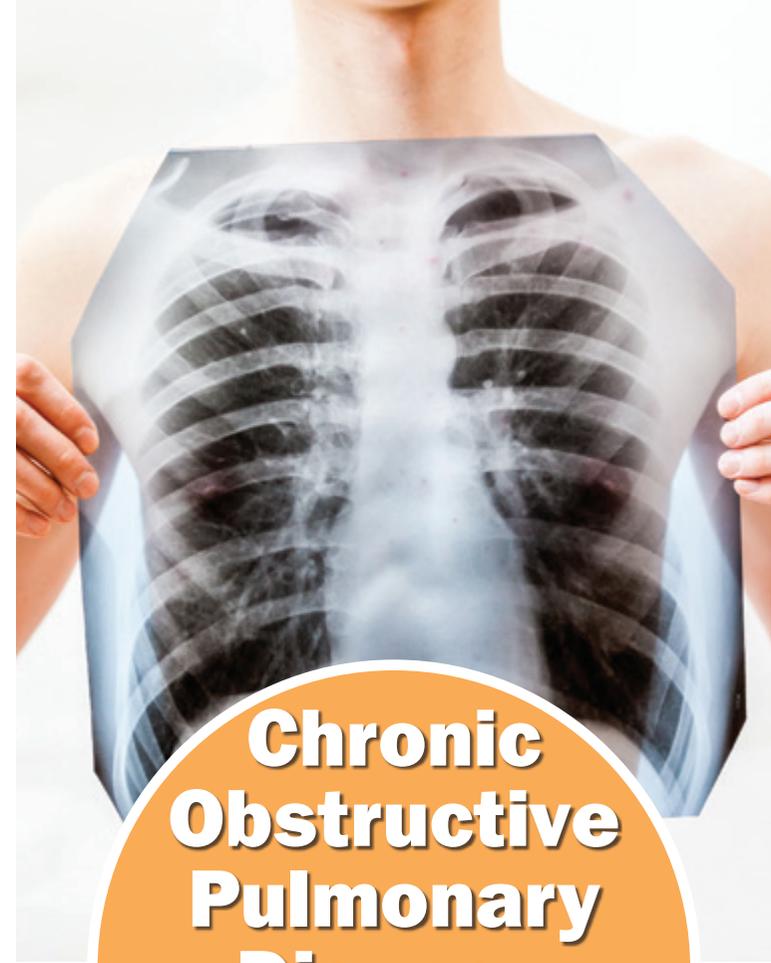
**Emergency Measures:** Have emergency phone numbers near telephone. Consider installing a medical phone alarm system. Have your GP complete a COPD Management Action Plan.

#### **Information and support:**

The more you know about your COPD the better you will be able to successfully manage it. For help in managing your COPD consult your GP or contact Asthma Auckland. COPD support groups have been established by Asthma Auckland to provide support and information for people with COPD and their families and friends. COPD groups available with Asthma Auckland in **Central Auckland, North Shore and West Auckland.**

**Call Asthma Auckland on  
(09) 630 2293  
for more details**

**For further information please  
contact your local asthma  
society**



# Chronic Obstructive Pulmonary Disease

## COPD

Information on  
COPD

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Asthma New Zealand-The Lung Association © June 2016



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## What is Chronic Obstructive Pulmonary Disease (COPD)?

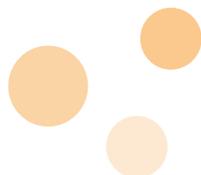
COPD is characterized by airflow limitation that is not fully reversible. It is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases.

The chronic airflow limitation is caused by a mixture of chronic bronchitis and emphysema, the relative contributions of which vary from person to person. While asthma is usually distinguished from COPD, in some individuals with chronic respiratory disease it remains difficult to differentiate the two diseases.

### Epidemiology

Prevalence of COPD is higher in smokers and ex-smokers more than in non-smokers, in those over 40 more than those under 40, and in men more than women.

- Morbidity (illness) due to COPD increases with age and is greater in men than in women.
- Mortality (death) due to COPD is one of the leading causes of death in most countries. In New Zealand, COPD is second only to stroke, it ranks third in men and fourth in women.
- The Global Burden of Disease Study has projected that COPD will become the third leading cause of death worldwide by 2020. This increased mortality is driven by the expanding epidemic of smoking and the changing demographics in most countries, with more of the population living longer.



### Risk Factors

- The most common cause for COPD is cigarette smoking or exposure to tobacco smoke. This irritates the lungs and causes irreversible damage.
- Some occupations such as industrial work can have exposure to airborne irritants which may cause lung damage.
- Alpha1-antitrypsin (AAT) is a protein produced in the liver which helps protect the lungs. AAT deficiency is an inherited condition which accounts for 1-2% of COPD and results in the lungs being more susceptible to damage.

### Factors that make it worse

COPD has many triggers which can exacerbate the illness. These are factors which irritate the lungs or increase the work the lungs need to do in order to obtain needed oxygen.

- Cigarette smoke
- Heavy activity
- Weather changes
- Pollution
- Colds and Flu
- Obesity

### Symptoms

- People with COPD are likely to experience shortness of breath, particularly when exercising and later in the disease, on passive movement.
- Wheezing – a high pitched sound which can be heard on exhalation.
- A chesty, productive cough, possibly with blood in the phlegm.
- Weight loss may be noted due to the work the muscles need to do to breathe.

### How can COPD be managed

There is no cure for COPD but there are lifestyle modifications and medications that can be taken to help prevent further decline and successfully manage symptoms.

### Lifestyle Changes

- Smoking cessation programmes such as Quitline are beneficial to prevent any further decline in lung function. Smoking causes long term damage to the lungs and therefore can cause or worsen COPD.
- Regular exercise minimises symptoms of fatigue and breathlessness. It is recommended that people with COPD partake in mild to moderate exercise training as vigorous exercise could make the symptoms of breathlessness worse.
- Weight management and nutrition is important to maintain a healthy weight. Eat small frequent meals that are full of energy.
- Pulmonary rehabilitation focuses on physical exercise, disease education and psychological and social interventions. COPD support groups can be important for the patient, their families and friends. Asthma Auckland has monthly support groups that are further explained on the back of this pamphlet.

### Medications

The main medications used in the treatment of COPD are:

- Bronchodilators or relievers; these are short acting and long acting beta-2-agonists that work on the smooth muscle in the lungs. They cause the muscle to relax and therefore open the airways.
- Short acting beta-2-agonists are taken when symptoms of breathlessness occur and long acting beta-2-agonists are taken twice daily with the preventer.
- There are short and long acting anticholinergic medications; these work on nerves to stop the narrowing of the airways. They can also prevent the secretion of mucus.
- Corticosteroids or preventers; these work on the swelling and inflammation in the airways, and they also reduce mucus production.