

COPD – PERSISTENTLY CONSTRICTED AIRWAYS



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DEAR PATIENT,

Your doctor has diagnosed you with COPD. COPD stands for Chronic Obstructive Pulmonary Disease. COPD is not curable but can be managed well.

At a glance: COPD

- Around 6 in 100 adults have COPD.
- The typical symptoms are coughing, phlegm and breathlessness during exertion.
- It is very important not to smoke as this is the main cause of COPD.
- Inhaled medication helps to alleviate respiratory complaints and prevent a sudden deterioration.
- Physical activity and learning breathing techniques are also an integral part of COPD treatment. You can learn them in a patient education programme.

▶ THE DISEASE

COPD leads to persistent inflammation (*chronic bronchitis*) and narrowing (*obstruction*) of the airways. In a healthy lung essential oxygen reaches blood via what are known as *pulmonary alveoli* or air sacs. In the case of COPD some are destroyed or overinflated like small balloons. The technical term for an overinflated lung is *emphysema*. As a consequence of constricted airways and partial overinflation, not enough oxygen reaches the body. This results in complaints such as breathlessness. It is typical for COPD that this obstruction does not completely disappear even after inhaling the corresponding medication. COPD is incurable and generally tends to progress.

▶ RISK FACTOR SMOKING

The main cause of COPD is:

- smoking

Tobacco smoke is responsible for this condition in around 9 out of 10 patients. Furthermore, smoke exacerbates the symptoms and allows COPD to progress more rapidly.

Other risks are, for example, passive smoking, air pollution and frequent infections of the airways during childhood.

▶ COMPLAINTS

The typical symptoms of COPD are:

- breathlessness during exertion, later often even when at rest
- coughing
- phlegm

COPD can deteriorate suddenly and repeatedly. If your condition is worse than usual and persists for at least two days, experts refer to this as *exacerbation* or *flare-up*. In the opinion of experts, your doctor should ask you about your COPD symptoms and possible flare-ups every time you visit the practice. Special questionnaires are also used for this. It is important to recognise symptoms and any flare-ups early on in order to adjust your treatment if necessary. The goal is to always successfully control any respiratory difficulties.

▶ TREATMENT

Medication and non-medicinal forms of treatment that work together are used to manage COPD.

If you smoke, the most important and effective step is to stop completely.

▶ TREATMENT

Your personal treatment will be determined by the severity of your symptoms and how frequently your COPD suddenly worsens.

The main components of your treatment are:

- avoidance of pollutants, for instance smoking or dust at work, regular physical activity, breathing exercises
- inhalation of medication that widens the airways. You can inhale your medication as a spray or powder. In the case of minor discomfort, it may be enough to inhale your medication only when needed, for instance, if you are breathless. However, experts normally recommend taking medication that widens your airways whether you are symptom-free or not. If one active ingredient alone is not sufficient, various active ingredients from different medication groups can be combined.
- Experts only recommend an additional cortisone-like active ingredient in the following circumstances: You already regularly inhale two airway-widening medications and still experienced flare-ups. A cortisone spray may help: In one study its use meant that around 1 in 10 flare-ups could be avoided.
- If symptoms such as thick phlegm and coughing persist, a sufficiently high dose of an expectorant medication may be an option, for instance *N-acetylcysteine*.
- Long-term oxygen therapy may be necessary to treat severe COPD.

▶ MORE INFORMATION

This information is based on the latest scientific findings from the National Treatment Guideline COPD and contains practical tips for COPD patients.

The Programme for National Treatment Guidelines is funded by the German Medical Association (BÄK), the Association of Statutory Health Insurance Physicians (KBV) and the Working Group of Scientific Medical Societies (AWMF).

Methodology and other sources: www.patienten-information.de/kurzinformationen/copd#methodik

Contact to self-help groups

You can find out from NAKOS (national contact and information office for the encouragement and support of self-help groups) where there is a self-help group in your area: www.nakos.de, tel.: 030 3101 8960

The German original version is from 2021.

▶ WHAT YOU CAN DO

- Talk to your doctor if you are willing to give up smoking. Ask about suitable back-up programmes such as a tobacco withdrawal course or behavioural therapy combined with medication.
- Experts recommend that you engage in physical activity. Regular exercise is just as important as medication for good management of your condition. It alleviates breathlessness and ensures that your body remains resilient. For many people practicing a sport in a group is more fun than on their own, for instance in the case of “rehab exercise classes”. If you are already severely physically impaired, you can benefit from accompanied training therapy in your home.
- You can learn specific breathing techniques and body positions that allow you to breathe more easily, for instance pursed lip breathing and the coachman’s position.
- You can learn how to inhale correctly. Other information leaflets are available about inhalation and the various inhalation devices: see grey box.
- Experts recommend that you have a written action plan detailing your personal treatment and the concrete steps to be taken in an emergency.
- You can participate in a COPD care programme (in short: DMP COPD). The goal is to coordinate the management of your condition by the various GP and specialist practices. Talk to your care team about this.
- If there is any suspicion that your disease was caused by your occupation, contact your company doctor or the employers’ liability insurance fund as soon as possible.

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