

COPD

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COPD stands for chronic obstructive pulmonary disease. It means that your lungs have been damaged and don't work as well as they used to. COPD doesn't go away, but there are treatments that can help stop it getting worse.

We've looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for you.

What is COPD?

If you have COPD the airways in your lungs have been damaged over many years. This is usually caused by smoking. Breathing in other poisonous chemicals (such as coal dust) can also cause COPD.

There are two main types of lung damage in COPD. One is bronchitis. If you have bronchitis, your airways become narrow and inflamed, making it harder to breathe. Your lungs may also make too much mucus, which causes coughing. The bronchitis you get because of COPD lasts for a long time. It's not the same as having a bad cough that's caused by a virus, although doctors sometimes call this bronchitis too.

The other type of damage is emphysema. Emphysema causes parts of your lungs to lose their stretchiness. This means your lungs don't squeeze air out properly. When you breathe out, some old air gets trapped in your lungs. So, you don't get the full amount of fresh air when you breathe in.

Having COPD can mean you have bronchitis, emphysema, or both at the same time.

What are the symptoms?

The main symptoms of COPD are coughing and getting short of breath. Your cough may last a long time. And you may get short of breath doing everyday things, like going for a walk or doing housework.

You may sometimes get attacks of COPD symptoms: these are when you suddenly get a lot worse. You should always see a doctor or go to hospital if you're having trouble breathing.

If you smoke, you may find coughing normal. But coughing may be a sign of lung damage, so it's important to get it checked by a doctor.

What treatments work?

If you have COPD and smoke, the best thing you can do is stop smoking. Giving up can be hard, as you probably know if you've tried before. But your doctor can help you find ways of making it easier. There are also lots of other ways to keep healthy too. And there are medicines you can take to stop your COPD getting worse.

Giving up smoking

Stopping smoking can help slow down the damage COPD does to your lungs. It may help you live longer. There's research to show that several treatments can help you give up, even if you've been smoking for years. Getting support from a doctor, nurse or counsellor will also increase your chances of giving up.

Nicotine patches or gum can help you stop smoking. You can also get nicotine lozenges to suck, or a nasal spray. These things give your body a small supply of nicotine, which help prevent withdrawal symptoms. You can

buy them from a pharmacy or your doctor can prescribe them. Some brand names are Nicorette, Nicotinell and NiQuitin CQ. They don't have many side effects. A few people got indigestion or a sore mouth after using nicotine gum, but these problems didn't last long.

Bupropion (brand name Zyban) is a drug that makes it easier to give up smoking. You'll need a prescription from your doctor. You start taking it one or two weeks before you plan to give up. You may get headaches, nausea, a dry mouth or have trouble sleeping. But these effects go away when you stop taking it.

Bupropion might cause seizures (fits) in some people. You shouldn't take it if you have epilepsy. Talk to your doctor about whether bupropion is right for you.

There's also a newer drug that aims to help people stop smoking. It's called varenicline (Champix). Varenicline can increase your chance of giving up, but it sometimes causes severe mood changes as a side effect. Some people even start to have suicidal thoughts.

Staying healthy

Taking part in a lung care programme can help you stay healthier. They're usually organized in hospitals. You'll learn about how your lungs work and how to do exercises that make them stronger. You'll need to keep doing these exercises at home, after your programme finishes. You'll also learn about your medicines and the best way to take them. Ask your doctor if there's a local programme near you.

Some regular exercise can also help you stay healthy. Even gentle exercise, like walking, can help you get fitter and do more of the things you enjoy.

It's also important to get your flu and pneumonia jabs. Getting flu or pneumonia could make you very ill. Talk to your doctor and make sure you get protected. You need a new flu jab every year.

Medicines you breathe in

The first treatment you get for COPD will probably be an inhaler. They're similar to asthma inhalers. Breathing in medicine through an inhaler helps to open up the airways in your lungs and make breathing easier. There are several kinds of inhaler, so if you find yours hard to use, talk to your doctor. He or she will be able to suggest a different type.

You'll probably start with a fast-acting inhaler. You can use this for quick relief whenever you get breathless. They keep working for three or four hours.

There are two main types of fast-acting inhaler. One type contains drugs called beta-2 agonists: for example, salbutamol (brand names are Salamol and Ventolin) and terbutaline (Bricanyl). The other type contains anticholinergic drugs, such as ipratropium (Atrovent).

If one type of short-acting inhaler doesn't help on its own, your doctor might suggest you take both types together.

If you've tried using one or both types of fast-acting inhaler and still get symptoms, your doctor may suggest a long-acting inhaler. They don't work as quickly, but the effects last for up to 12 hours. So, you only need to take them once or twice a day.

Like fast-acting inhalers, long-acting inhalers also come in two different types. One type is long-acting beta-2 agonists, such as formoterol (Foradil, Oxis) and salmeterol (Serevent). The other type is a long-acting anticholinergic, called tiotropium (Spiriva).

Both types of long-acting medicine work well. They stop you feeling out of breath and help you do more before you get tired. You should get fewer attacks of COPD (when your symptoms suddenly get a lot worse).

Some people get side effects from these drugs. Beta-2 agonists may make your hands

tremble. They can also make your heart beat faster, especially if you already have a heart problem or take too much. Taking a beta-2 agonist for a long time slightly raises your risk of getting heart problems. And even though long-acting beta-2 agonists aim to improve your breathing, some people get worse attacks of COPD symptoms while they're taking them. There's a slightly higher risk of dying of breathing problems if you take a long-acting beta-2 agonist.

Anticholinergic drugs don't seem to cause many side effects. About 1 in 10 people taking them get a dry mouth.

If you've already tried short-acting and long-acting inhalers and you still get symptoms, your doctor may prescribe a steroid inhaler. These aren't the same as the anabolic steroids that some bodybuilders use. The steroids used to treat COPD are called corticosteroids. They're similar to natural chemicals that your body makes.

Some examples of corticosteroids are beclometasone (Becotide, Qvar) and

budesonide (Pulmicort). You'll probably take steroids together with a long-acting inhaler that contains a beta-2 agonist.

Corticosteroids can cause bruising on your skin. Some people get a fungal infection in their mouth, called thrush, but this is easy to treat. Taking high doses of steroids for a long time can increase the risk of your bones getting weaker. Your doctor should talk to you about this side effect.

Other treatments you may need

If you get a bad attack of COPD symptoms, your doctor may prescribe antibiotics. These will help to kill any bacteria that may be causing an infection and making your breathing worse. Steroid tablets may also help if you have a COPD attack. You'll usually only take them for a short time.

If you cough up a lot of mucus, your doctor may suggest you try anti-mucus drugs to break it up. They usually come as tablets, called carbocisteine and mecysteine

(Visclair). But there's not much research to say how well they work.

If other drugs haven't helped, or you can't use an inhaler for some reason, your doctor may suggest you try theophylline (Nuelin SA, Slo-Phyllin). You can take it as a tablet or syrup. It's not usually the first choice of treatment, because it can have nasty side effects. Some people who take theophylline feel sick and get headaches. And it can sometimes cause more serious problems, such as seizures and abnormal heart rhythms.

What will happen to me?

Treatments can't repair the damage to your lungs, but they can help stop it getting worse. Some people live with COPD that stays the same for years. For other people, COPD gets worse more quickly. If you stop smoking, there's a good chance that you can slow down how quickly your COPD gets worse.

Where to get more help or support

COPD is a serious condition, and you may find that getting help and support makes your life easier. The British Lung Foundation runs Breathe Easy patient groups for people with breathing problems. You can find out more on their website (<http://www.lunguk.org>).

The National Institute for Health and Clinical Excellence (NICE) has produced a guide on what people with COPD can expect from the NHS. You can read it at their website (<http://www.nice.org.uk/cg012>).

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