

WHAT ABOUT OXYGEN?

Some people with COPD develop low oxygen levels in the blood. Home oxygen treatment in this situation is very beneficial. It is also one of the treatments that has been shown to improve survival in people with COPD.

To find out if oxygen can help you, see your doctor who will arrange for an out-patient appointment at hospital for some tests. You will have your blood oxygen measured. If this is at the appropriate level, you will be prescribed oxygen at home.

Oxygen treatment at home is provided through an **oxygen concentrator**. This is an electrically-operated machine that extracts oxygen from the air in your home. You can then breathe the oxygen through nasal cannulae (small, soft plastic tubes that fit just inside your nostril) or a mask. The oxygen supply tube from the concentrator may be many feet long, so you can move around the house whilst having your oxygen treatment.

Some people like to have a **portable oxygen** system in addition to their concentrator. This contains enough oxygen for an hour, supplied in a shoulder pack, and makes shopping or travelling easier. But it is harder to get on the NHS and it can be refilled from an oxygen cylinder, not a concentrator.

DOES LUNG DISEASE AFFECT YOU OR YOUR FAMILY?

If you are concerned about lung disease, please fill in your details below, turn overleaf to tick the boxes as required and return this coupon to us.

Name: _____

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Where did you pick up this leaflet? _____

Under the terms of the Data Protection Act, the British Lung Foundation and its related company, BLF Trading Ltd, will retain and use the data you have provided for administrative purposes and to inform you of fundraising and other activities. We hope you will want to remain in touch with our work, but if you would prefer not to receive future mailings, please tick this box.

The British Lung Foundation may supply information to other charitable organisations for their use in seeking support. If you would prefer that we do not supply your details to other such organisations, please tick this box.

THE BRITISH LUNG FOUNDATION

On average, one person in every family has a lung disease, such as asthma, bronchitis, emphysema, lung cancer, pneumonia or bronchiectasis. The British Lung Foundation is the only charity working throughout the UK for the prevention, diagnosis, treatment and cure of all lung diseases.

Our free Breathe Easy Club is Britain's only support network for people with all lung conditions, their friends, family and carers. A free magazine offers information on lung conditions and the latest news on BLF research. The Club has more than 120 groups throughout Britain, enabling people with lung conditions to exchange experiences and information.

If you want to know more, please return the coupon. Although the Club and our publications are free, the British Lung Foundation relies entirely on voluntary support. Any donation to our lung research programme will help us find ways of conquering lung disease in the 21st Century.

BRITISH LUNG FOUNDATION

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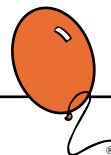
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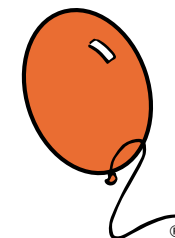
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BRITISH LUNG FOUNDATION



COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)



THE FACTS

WHAT IS COPD?

COPD stands for chronic obstructive pulmonary disease. This is a common long-term lung disease that makes it harder for people to breathe.

COPD is an overall term for a number of conditions including chronic bronchitis, chronic bronchiolitis or small airways disease and emphysema. The word 'chronic' has nothing to do with severity. It simply means the problem is long-term.

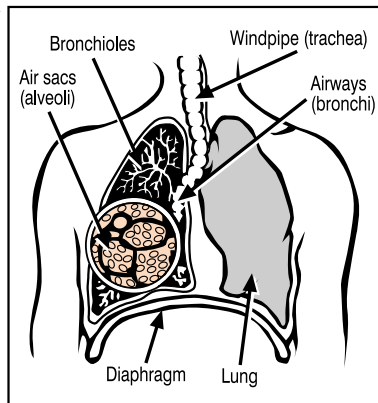
DEFINITIONS

- **Chronic bronchitis** - Bronchitis means inflammation of the large airways or bronchi. This leads to an increase in mucus in the airways producing phlegm which makes you cough.
- **Chronic bronchiolitis or small airways disease** - The airways become narrower making it harder for the air to get in and out of the lungs. Narrowing of the airways causes shortness of breath.
- **Emphysema** - This is where the alveoli (air sacs) in the lungs are gradually destroyed. This reduces the support to the airways, causing them to narrow and may, if severe, lead to people having difficulty absorbing enough oxygen. This can produce shortness of breath.

WHAT CAUSES COPD?

The most common cause of COPD is cigarette smoking. Even if you used to smoke you are at greater risk of developing COPD. However, once you give up smoking, you gradually reduce the chances of getting the condition or slow its progression if you already have it.

Occupational factors and some inherited problems cause a smaller proportion of COPD. Whether pollution is a factor is currently being investigated.



HOW IS COPD DIAGNOSED?

Cough, phlegm and shortness of breath can suggest COPD. Some people only have problems initially during the winter with bronchitis and this can be difficult to pick up at an early stage of COPD.

The best way to confirm the diagnosis is with an instrument your GP may have called a **spirometer** which will show that there is a narrowing of the airways. If the COPD is severe, then other tests and referral to hospital may be required.

HOW DO PEOPLE FEEL?

The symptoms of COPD depend very much on the severity of the condition. In mild cases, symptoms such as cough, phlegm and shortness of breath may only be present during the winter after a cold, while in more severe cases shortness of breath may be occurring every day. With more severe disease normal activities become difficult, reducing quality of life.

It is not surprising that people with COPD may become anxious about becoming breathless with exercise, leading to reduced activity and personal fitness, which in turn can make breathing problems worse and cause a vicious circle. It is important that people with COPD adapt their lifestyles to fit in with the condition and keep generally fit to avoid this vicious circle of disability. The care and support of family and friends can do a lot to relieve anxiety and depression.

CAN WE PREVENT COPD?

Once COPD starts, it is a progressive condition with reduction in airflow through the airways, causing more shortness of breath. Stopping smoking reduces the risk of developing COPD and slows down its progression.

TREATMENT

There is no cure for COPD but a lot can be done to relieve symptoms. Stopping smoking will also help improve the cough and phlegm.

Drugs that make the airways wider are called **bronchodilators**. There are taken preferably as

inhalers. If you are more breathless at some times of the day than others or you tend to get breathless and wheezy, you are likely to benefit from a bronchodilator. In some cases, people may have to take bronchodilators regularly or can even take combinations of bronchodilators which are effective.

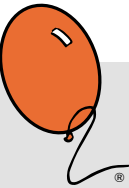
If you are more short of breath, then your doctor may give you a short course of **steroids** for a few weeks. You may be given small, regular doses of inhaled steroids if you have severe COPD and your symptoms worsen (exacerbations).

It is common in COPD to have exacerbations which may be triggered by viruses or bacteria. They may require treatment with **antibiotics**. A **'flu vaccination'** every autumn is also worthwhile as flu can also be a cause of exacerbation.

Try to keep as mobile as you can. If you keep active it will make you feel better. You may want to join in a rehabilitation programme involving exercise and education, designed specifically for people with COPD and shown to improve quality of life. These are available in some hospitals and your doctor can give you further details.

It is important that you look after your weight and eat a balanced diet.

HELP US BREATHE LIFE INTO LUNG RESEARCH



- Please send me details on making a regular gift to fight lung disease.
- I would like to make a donation of £ _____
- Leaving a legacy today will help save lives tomorrow. Our free guide gives practical advice on making a will.
- I would like information on other British Lung Foundation leaflets.
- Please send me details of how I can join Breathe Easy, the British Lung Foundation's free support network for people with breathing problems.

Please fill in your name and address overleaf and return to:

**British Lung Foundation,
78 Hatton Garden, London EC1N 8LD.**