

November 15, 2021



LIVING BETTER WITH COPD: A GUIDE FOR YOU



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Living Better with COPD: A Guide for You

Purpose

This resource is intended to provide people living with COPD, their caregivers, and family a quick reference guide to COPD. The following pages contain short and useful information about COPD, how to manage the disease, and tips for living better with COPD.

While we hope this information is helpful, it is not meant to take the place of medical advice. Please be sure to contact your doctor or healthcare team before starting or adding any new activities listed in this packet to your care plan. Remember to share this packet with your caregiver so you can both live better with COPD! Information in this packet was last updated in October 2021.

Welcome

Welcome and thank you for downloading Living Better with COPD: A Guide for You. This electronic packet was created for COPD Awareness Month to bring you all the most relevant information about managing a COPD diagnosis for you, your family, and your caregivers.

Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of death in the United States and affects millions of people. Our goal is to empower people living with COPD, their families, and caregivers to be their own disease self-managers. The following pages include quick and easy to read information on the various topics related to COPD. We hope that you find something useful that helps ease the burden of COPD.

About Respiratory Health Association

Respiratory Health Association is a 501(c)(3) public charity, founded in 1906 in Chicago. Today, the organization addresses asthma, COPD, lung cancer, tobacco control, and air quality with a comprehensive approach involving education, research, and policy change. RHA's mission is to prevent lung disease, promote clear air, and help people live better lives.

If you have questions or would like to learn more about COPD programs, please contact us:

- Website: resphealth.org/copd
- Phone number: **888-880-5864**
- Email: info@resphealth.org



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COPD Basics



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Overview & Symptoms

What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is a group of chronic lung diseases, including emphysema and bronchitis, that block airflow in the lungs. This makes breathing difficult for people living with COPD. The CDC defines chronic diseases broadly as conditions that last one or more years that require ongoing medical attention or limit activities of daily living or both.

Damaged lungs and mucus buildup make it hard for the lungs to spread oxygen to the rest of the body. There is no cure for COPD, but it can be managed with medications, exercise, and a few other lifestyle changes.

What happens to the lungs?

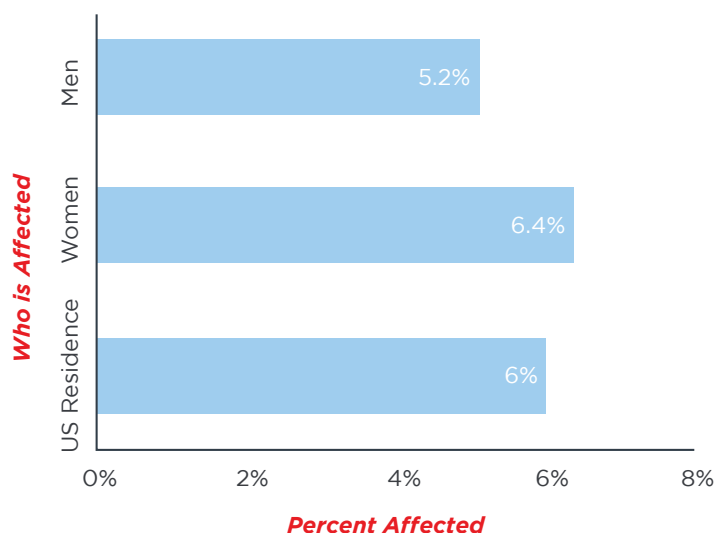
With COPD, over time, not as much air flows in and out of the airways because:

- Air sacs and airways lose elasticity
- The walls between air sacs are damaged
- Airway walls become inflamed
- Mucus builds up and clogs airways

Who is affected?

COPD is the fourth leading cause of death in the United States. Nearly 16 million adults have been diagnosed with COPD and millions more have it, but have not yet been diagnosed.

COPD Prevalence in Adults 18+ 2019



Source: BRFSS 2019



What causes COPD?

Smoking

The number one cause of COPD is tobacco smoke. 75% of COPD patients have a history of smoking.

Air Pollution

Long term exposure to lung irritants can also cause COPD. This includes secondhand smoke, and chemicals or fumes from workplace environments, and other sources of air pollution.

Genetics

Alpha-1 Antitrypsin Deficiency is a genetic condition that causes COPD. About 3% of people living with COPD have Alpha-1.

What are the symptoms?

Common symptoms of COPD include frequent coughing or wheezing, excess mucus, shortness of breath, and difficulty breathing.



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COPD BASICS -



Diagnosis and Treatment

How is COPD diagnosed?

COPD can be diagnosed through:

Spirometry

- People will blow into a machine called a spirometer which measures air flow in and out of the lungs. This is the primary way COPD is diagnosed.

Chest CT/X-ray

- These tests take pictures of your chest and can show any signs of COPD. They can also show if the disease is getting worse or if anything new has developed.

Arterial Blood Test

- This blood test measures the oxygen levels in the blood and can indicate if a person may benefit from supplemental oxygen.

How can COPD be treated?

COPD cannot be cured, but it can be managed. Treatment options include medications, pulmonary rehabilitation, oxygen therapy, and in some cases, surgical procedures.

COPD affects people differently, so be sure to talk to your own health care provider about what works best for you and your care plan.

Medications

Different medicines can help with flare ups or control symptoms over time. Other medicines like steroids can offer quick relief too.

Pulmonary Rehabilitation

Pulmonary rehabilitation is a prescribed exercise and education program to help people manage their COPD.

The main components are exercise training, COPD education, breathing techniques, and social support.

Oxygen Therapy

Your doctor will tell you if you need oxygen. It helps increase the oxygen flow to your body. Supplemental oxygen can help people have more energy, feel less breathless, and think more clearly.

Surgical Interventions

Some people may benefit from surgical procedures to help manage their COPD. Talk to your doctor if these are right for you. Common procedures include endobronchial valves, lung volume reduction surgery, or a lung transplant.



Surgical Interventions

Some people living with COPD may benefit from certain surgeries. Surgery is often a last resort for people with severe COPD and those whose symptoms have not improved from medicine. A patient will meet with his or her doctor to discuss if the surgery is the right treatment option for them.

There are a few different types of surgeries:

Bullectomy

When someone has COPD, their lungs become weak and the small air sacs can become damaged. When these air sacs break down, large airspaces are formed that cause breathing difficulties. A bullectomy is a surgery where the enlarged air sacs are removed. This helps get more oxygen into the blood and ultimately makes breathing easier.

Endobronchial Valves

A doctor will use a bronchoscope to place small valves in the airways of the lungs. A bronchoscope is a small tube with a camera that is passed through your nose or mouth, down the throat, and into the lungs. This allows doctors to see what the lungs look like without the need for a major surgery. These small valves allow healthy parts of the lungs to expand and help the diaphragm breathe better.

Lung Volume Reduction Surgery

During lung volume reduction surgery, the patient will be given general anesthesia. The doctor will then go in and remove the most damaged sections of the lung. Once the damaged pieces are removed, the other parts of the body like the rib cage and diaphragm can return to the normal shape and make breathing a little easier.

Lung Transplant

Lung transplants are rare surgical procedures for people living with COPD. It is often the last treatment option considered after all other treatments were unsuccessful. During a lung transplant one or both of the lungs are removed and then replaced with healthy lungs from an organ donor.



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COPD Management



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COPD MANAGEMENT -

COPD Flare-Ups

A COPD flare-up, also known as an exacerbation, can be scary for both the person living with COPD and his/her caregiver. COPD flare-ups can be minor, but often can be severe. It is important to know what a flare-up looks like and how to respond. Call 911 immediately if you are experiencing a COPD emergency (fast or irregular heartbeat, difficulty walking or talking, or breathing fast and hard).



Know the Warning Signs

- Ongoing cough or cough that produces a lot of mucus
- Shortness of breath or chest tightness
- Cold or flu-like symptoms
- Whistling or wheezing sound when breathing

Prevention Tips

Be aware of signs and symptoms. Call your doctor if you notice any changes. It's a good idea to:

- Avoid others who are sick
- Wash hands regularly
- Discuss nutrition and pulmonary rehab with your doctor
- Stop smoking
- Get proper vaccines (flu, COVID-19, COVID-19 booster, pneumonia, Tdap)

Preparation

Even with the best prevention practices, a flare-up may still occur. It's important that you:

- Speak with your provider about the best medications for you
- Know your triggers and avoidance strategies
- Keep a current list of medications
- Know the locations of emergency rooms and urgent care clinics
- Prepare your home with food, water, medications, and medical device supplies

Response

- Develop an action plan with your provider
- Track and review signs and symptoms
- Communicate symptoms with your caregiver
- Contact your doctor when symptoms worsen



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COPD Medications

What are COPD medications used for?

Since COPD is usually progressive, regular treatment options should be ongoing unless significant side effects occur. Medication plans are introduced based on the level of severity and symptoms. Your provider may prescribe medication as part of your treatment plan. COPD treatment consists of medication and non-medication therapies. Medications are used to:

- Prevent and control symptoms
- Reduce the frequency and worsening of COPD symptoms
- Improve your breathing
- Improve your ability to exercise

What are the different types of medications?

The following classes of medications are commonly used in treating COPD. While we have tried to provide multiple examples, the landscape of medications changes on a regular basis and we encourage you to contact your provider to determine what medication plan is best for you.

Inhaled Bronchodilators

- Help relax tight muscles around the airways
- Taken either on an as-needed basis for relief of symptoms or on a regular basis to prevent or reduce symptoms

Inhaled Corticosteroids

- Help reduce the frequency of flare-ups by reducing inflammation in the airways
- Recommended for patients with more advanced COPD and repeated flare-ups
- Make sure to “swish and spit” after use

Oral Corticosteroids

- Help reduce inflammation during a flare-up

- Long-term treatment not recommended
- Make sure to “swish and spit” after use

PDE 4 Inhibitors

- Chronic medication that reduces hospitalizations and flare ups related to COPD
- Used as an add-on medication to long-acting inhalers

Methyxanthines

- Chronic medication used to help decrease shortness of breath
- Interacts with many medications



Oxygen Therapy

There are two changes that occur in the lungs of people living with Chronic Obstructive Pulmonary Disease (COPD); the airways narrow and lung tissue becomes damaged. These changes make it harder for patients to breathe. The amount of oxygen that reaches the blood is not enough to meet the body's needs. Oxygen therapy can help control this problem. Your healthcare provider will be able to tell if someone needs supplemental oxygen therapy by testing the blood oxygen level in the body.

Signs and Symptoms

- Fatigue and dizziness
- Shortness of breath
- Decreased exercise tolerance

Benefits of Oxygen

More than 15 hours per day of oxygen therapy in patients with chronic respiratory failure has been shown to increase survival rates and improve quality of life. Oxygen therapy also improves exercise capability, sleep, and mental performance.

Types of Oxygen Systems

Oxygen Concentrator

- Most commonly used at home
- Produces oxygen by concentrating the oxygen that is already in the air and eliminating other gases
- A portable version is available that allows user flexibility outside of the home

Compressed Oxygen Cylinders

- Small enough to be carried in small side packs or bags
- Weighs less than eight pounds

Liquid Oxygen Systems

- Allows larger amounts of oxygen to be stored in smaller, more convenient containers than compressed oxygen
- Cannot be kept for a long time because it will evaporate



Caregiver Support and COPD

Caregivers can be important to people living with chronic obstructive pulmonary disease (COPD). More than 70% of COPD patients have informal caregivers. Informal caregivers play an important role in caring for patients living with COPD- they assist with daily living, medication management, transitions between settings of care, and make important medical decisions. It's important for caregivers to have the support they need to take care of their loved ones. Below are recommendations from healthcare professionals to support caregivers in their role.

Develop a Plan for Care

- Prepare and participate in medical appointments
- Maintain and record regular communication with providers
- Create reminders on how to use medications and devices
- Work with loved ones and providers to develop a plan

Maintain Important Health Information

- Create a central location for all legal and health documents accessible to you and your family members
- Maintain up to date medical history and medication lists for you and your loved one to bring to medical appointments



Research Available Resources

- Become familiar with resources in your area such as pulmonary rehabilitation, oxygen providers, and home health professionals
- Consider other supports, such as patient advocates or financial consultants
- Know what support services are available to you: transportation, meal delivery, mail order prescriptions, etc.

Identify additional support

- Establish a back-up caregiver and provide them with all the necessary health information

- Develop a healthcare power of attorney for you and your loved one
 - Join a support group and remember to talk to family and friends for social support
- Caregivers often have a burden placed on them, and very little support. RHA has many resources to support caregivers, including our COPD Caregiver's Toolkit and a multitude of fact sheets.

If you have any other questions related to caregiving and COPD, reach out to **RHA at 312-628-0229 or COPDtoolkit@resphealth.org**.



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Navigating COPD Care

It can be difficult to navigate the health care system when managing COPD. According to the Centers for Medicare and Medicaid, 1 in 5 patients admitted to the hospital with a COPD exacerbation is readmitted within 30 days of discharge. The following strategies are designed to help you navigate the system and avoid a hospital readmission:

1. Work with care management, a discharge coordinator, or family liaison to develop a management plan.
2. Ask questions and read RHA's "Making the Most of Your Doctor's Appointment" handout.
3. Be familiar with your long-term health insurance.
4. Research services to ensure they meet your needs:
 - a. Know which pulmonary rehab centers are close to you
 - b. Be familiar with home health organizations
 - c. Medical equipment and oxygen

Avoiding a Readmission

- Develop a COPD management plan
- Know how to use your medical devices and create reminders on proper use
- Prepare for in-home care following a hospitalization
- Review medication use and techniques with providers
- Review your hospital discharge plan
- Know what resources are available in your area



Take Control of Your COPD



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Tips for Quitting Smoking

Stay Motivated

Make a list of reasons to quit and keep the list where you can see it. Revisit these reasons when you have the urge to smoke or vape.

Prepare Your Environment

Use this time to get rid of any reminders of smoking or vaping around your home. Wash your clothes, get rid of any smoking or vaping supplies, and dispose of all your cigarettes or e-cigarettes. Keeping cigarettes, e-cigarettes or lighters “just in case” undermines your self-confidence.

Reward Yourself For Not Smoking or Vaping

Set short- and long-term goals, and reward yourself for each milestone you reach. Making a “contract” with yourself or a friend can help you stay resolved.

Get Moving

Plan ahead for ways to stay active at home when a craving hits. Find free workout videos online. Do yoga, lunges, or push-ups in your home. Staying active will keep your mind off smoking or vaping until the craving passes.

Find Support

Have someone you can call or reach out to when you have the urge to smoke or vape. Share your decision to quit with someone else who can hold you accountable.

Don't Be Discouraged

Many former smokers tried to stop several times before they finally succeeded. If you give in to a craving, don't let it get you down. Examine what went wrong, learn from what happened and quit again!



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Making the Most of Your Doctor's Appointment

The average visit with your healthcare provider is about 20 minutes. You will want to make the most of your time with your healthcare provider. Here are several strategies that we recommend:

Before Your Appointment

- Bring a list of current medications and make a copy for your healthcare provider.
- Prepare a list of questions to ask during your appointment.
- Provide information or results from other healthcare resources.
- Include your significant other or caregiver in preparing for the appointment.

During Your Appointment

- Ask the most important questions first.
- Fully describe your symptoms.
- Take notes during the appointment.
- Create an action plan to manage conditions and episodes.
- Review any decisions and next steps with your provider at the end of the visit.

After Your Appointment

- Maintain communication with your healthcare provider.
- Get a second opinion from another provider. Most doctors encourage them.

Specialist Appointments

- Most primary care physicians encourage the advice of a specialist.
- If you have not created an action plan with your primary care provider, do make one with a specialist.
- If you are experiencing a medical emergency, call 911.





Making the Home Safe

When you are diagnosed with COPD, some spaces take on new meaning, as you may find yourself spending more time inside or requiring supportive equipment, depending on the severity of your condition. Other spaces may also present new challenges or dangers. Below are some tips to keep your home safe and yourself safe while you are living with COPD:

New Household Hazards

- **Tripping:** Rugs, steps, furniture layout, and objects on the floor may become hazardous. Think about making spaces more open and reducing tripping hazards
- **Bathroom:** Think about having aids to help you get out of the bathtub/shower, such as a support bar or chair.
- **Oxygen Tanks:** Oxygen tanks are a fire hazard- keep tanks away from open flames and do not smoke while using oxygen.

Household Activity Hazards

- **Chores:** Shortness of breath is a common symptom. Ask family or friends to help with high energy tasks around the house, like dog walking or yard work.
- **Cleaning:** Cleaning often requires prolonged standing, and many people with COPD may easily become short of breath. Consider spacing out chores throughout the day, in addition to seeking help for harder chores.

Financial Responsibilities

- **Paying bills:** The costs of COPD can add up and some people need help managing their finances. Ask for help to stay on top of bills and use reminders to manage when bills are due.
- **Look to save money:** Compare medication prices; generic medications are often much less expensive than the brand name counterpart. Mail order prescriptions can also cost less and are more convenient than picking medications up from the pharmacy. Look for senior discounts in your area; many discounts are available for transportation, shopping, and even at restaurants.
- **Transportation costs:** Try to build a ride-sharing network among family and friends. Or, look to see if your community offers senior transportation to grocery stores, shopping centers, or around town.

Prevent Indoor Triggers

- **Cleaning products:** Cleaning products often include harsh chemicals and strong odors that can trigger a COPD flare-up. Look for products that are fragrance free and have more natural ingredients.
- **Reduce dust:** Vacuum and keep surfaces clean to reduce dust and dust mites.
- **Household maintenance:** Fix water leaks promptly to reduce risks of mold, have heating and cooling systems inspected yearly, and, when possible, close doors and windows to keep out allergens.



Insurance Coverage Basics

When choosing your health care insurance, it is important to check what COPD treatment and medication costs are covered. There are several factors to consider when selecting your insurance: premium costs, total out-of-pocket costs, cost of the deductible, the network covered (which is the groups of doctors, services, and hospitals), and protecting against unexpected expenses.

Below is an overview of Medicare options, and what is generally covered.

Medicare Part A: Inpatient insurance that covers hospital stays, nursing care, and hospice care.

Medicare Part B: Outpatient insurance coverage for health care providers; outpatient services, such as X-rays or stitches, durable medical equipment (DME), and preventive services.

Medicare Part C: This is known as Medicare Advantage, and it combines Part A and Part B through private insurance coverage. Some plans may also include prescription coverage.

Medicare Part D: Prescription drug coverage from a pharmacy.



With regards to Medicare, the following is generally covered for people living with COPD:

Medicare Part A	Medicare Part B	Medicare Part D
• Endobronchial valves • Lung volume reduction surgery • Lung transplant • Inpatient hospital treatment or emergency room visits for COPD exacerbations • Skilled nursing facility stays • Hospice care	• Oxygen • Nebulized medication and nebulizer equipment • Non-invasive ventilators • CPAP/BiPAP • Physician administered biologics • Pulmonary Rehabilitation • Airway clearance devices • Lung cancer screening with Low Dose CT	• Rescue inhalers • Maintenance inhalers • PDE4 inhibitors (reduces inflammation) • Daily antibiotics

Keep in mind—even though something is covered by Part B, like any other health insurance plan, you will still need to meet your deductible. You also want to check to see if providers and services accept your insurance and that you are in-network.



Annual Vaccines

Vaccines help protect people against preventable disease. People living with lung disease are at higher risk for experiencing more severe symptoms, which is why it's so important to get the recommended vaccines. Every person has different needs, so talk with your doctor about which vaccines are right for you. However, the following vaccines are the most common for people living with lung disease:

Flu Vaccine

The CDC recommends people living with COPD receive their flu shot every year. The flu is a respiratory illness caused by influenza virus which infects the nose, throat, and even the lungs. People living with COPD have inflammation in the lungs and the flu can cause additional inflammation, which can lead to a flare-up or even a hospitalization. Other symptoms of the flu include fever, cough, fatigue, headaches, muscle aches, and sore throat. The flu vaccine introduces an inactivated or weak version of the virus to your body, which causes your immune system to produce protection against it. Getting a flu shot can help fight off symptoms and help you avoid a flu-induced hospitalization.

COVID-19 Vaccine and Booster

People living with COPD should receive their COVID-19 vaccine if they have not already. COVID-19 vaccines



protect against severe disease and death from COVID-19 and its variants. The vaccine can help keep you from having worse symptoms even if you do get COVID-19. The COVID-19 vaccine helps the immune system recognize and fight off the virus that causes COVID-19.

Boosters for the COVID-19 vaccine are starting to become available for people who are fully vaccinated. Booster shots are additional doses of the vaccine people receive after the original protection starts to wane. As boosters are made available, the CDC recommends high priority populations receive the third dose first. This includes people with weakened immune systems, people living in long-term care settings, and front-line essential workers.

Pneumococcal Vaccine (Pneumonia)

Pneumonia is a respiratory lung infection that causes the lungs to become filled with fluid that leads to inflammation. Symptoms like the flu- cough, fever, headache, muscle pain,

and shortness of breath. Getting a pneumococcal vaccine or booster when you are due can reduce the chance of becoming infected and experiencing severe symptoms.

Tdap Vaccine

Older adults should receive a single Tdap dose if they have never had one before. If they have, the CDC recommends a booster every 10 years. Tdap helps protect against tetanus, diphtheria, and pertussis. Immunity to these respiratory diseases decreases over time, which is why it's important to stay up to date on this specific vaccination.

As people age, immunity from past vaccinations begin to decrease. Because of the weakened immune system, it is harder for the body to fight off infections. Contracting any illness, but especially those highlighted above, can lead to complications, more severe symptoms, and even hospitalizations. Getting vaccinated can help keep you, your family, and your community healthy.





Living Better Together: Project STRENGTH

The following section contains information from Respiratory Health Association's Living Better Together: Project STRENGTH, Support for Transitioning Rehabilitation and Exercise Now Going to Home. Funding for Project STRENGTH was provided by the Learn More Breathe Better program of the National Heart, Lung, and Blood Institute.

Each packet includes parts of pulmonary rehab and how to improve daily life:

- Living Better Together: Project STRENGTH helps people living with COPD to set goals to be healthier, describes what changes in symptoms look like, and helps you to create a support team.
- Living Better Together: Boost Your Lung Health walks through oxygen therapy, managing your medicines, nutrition, and quitting tobacco.
- Living Better Together: Find Your Strength has exercises that you can safely do at home, helps you make an exercise plan, and has an exercise tracker for motivation.
- Living Better Together: Healthier at Home gives tips to help you save your energy in daily activities and goes over breathing techniques and stretching.

These packets are not meant to take the place of pulmonary rehab led by a licensed respiratory therapist, and do not take the place of medical advice. Please be sure to contact your doctor or healthcare team before performing any new activities in these packets. Remember to share these packets with your caregiver so you can both play a role in choosing to be healthier at home!



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Welcome to Project STRENGTH, Support for Transitioning Rehabilitation and Exercise Now Going to Home, resources to help manage your COPD and live a healthier life at home. In each of our packets, we have included some parts of pulmonary rehab and how to improve daily life:

1. Information on disease management.
2. Keeping up with exercise and activity.
3. Symptom control and ways to improve breathing.
4. Saving energy in your daily life.

Be a Goal Setter

Why do you want to be healthier?

How do you manage your COPD now?

Set specific goals:

What concrete actions will you take to be healthier?

I will , _____
_____ **so I can** _____

Example: *I will do exercises to make me stronger 3-5 times per week over the next 6 months, so I can walk around the block.*



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PROJECT STRENGTH -

My COPD Profile

Fill this out with your doctor or have them review it with you and/or your caregiver at your next visit. Contact RHA or visit our website for a printable medication tracker.

My Details:

Name and birth date: _____ / ____ / ____

My emergency contact is: _____

My oxygen flow/needs: _____

Pulmonary rehab contact: _____

My oxygen provider: _____

My Healthcare Team:

Primary Care Number: _____

After Hours Medical Number: _____

Lung Specialist Number: _____



My Day Rating:

Feeling Green	Feeling Yellow	Feeling Red
<i>I feel normal:</i> No extra effort to breathe, cough, sleep, eat, or do physical activity.	<i>I have one or more of these symptoms:</i> • more or thicker mucus, • feel more tired, more breathless, feel like I have a cold, • medicine is not helping.	<i>I am having a medical emergency:</i> • severe breathlessness, • I have blue lips or fingers, • fever, • feeling confused, • chest pain, • or coughing up blood.
<i>I should:</i> • take usual medicines, • continue oxygen if used, • exercise and eat normally, • avoid lung irritants, and; • stay inside on bad air days.	<i>I should:</i> • continue to take my medicines, • limit activities, • practice pursed lip breathing, • let my doctor/team know about my symptoms	<i>I should:</i> Call 911 and have a caregiver call doctor or healthcare team.



Become a COPD Self-Manager

It is important to manage your COPD to reduce flare ups. As a self-manager, you can take control of knowing when your symptoms change, what medicines you need to take, what exercises or activities you should do to build your strength, and how to live daily life while saving energy.

Identify Flare-Up Symptoms

Tracking symptoms is a great tool for spotting a flare-up early. Flare-ups are easier to control when spotted early.

Funding for this initiative was provided by the Learn more Breathe BetterSM program of the National Heart, Lung, and Blood Institute.

Signs of a COPD Flare-up	Recognizing a COPD Emergency
• An ongoing or more severe cough. • A cough that produces more than the usual amount of mucus. • Increased shortness of breath, especially with physical activity or when resting. • Wheezing, whistling, or squeaky sounds when breathing. • Chest tightness. • Cold or flu-like symptoms.	• It is harder to walk or talk, cannot speak in full sentences. • Heart beats very fast or irregularly. • Lips or fingernails turn gray or blue. • Breathing is fast and hard, even when using COPD medicines.
Call your doctor or healthcare team if you have any of these symptoms.	Call 911 if you have any of these symptoms.



Support is Important

It helps to feel like you are not alone when managing your health. A group of people can support you, help you reach your goals, and help prevent anxiety and depression. Ask for support from your family and friends and talk to them about how they can help you achieve your goals.

Include other people living with COPD in your support group as well. Building a circle of people living with COPD can help everyone learn ways of managing COPD and decrease feeling lonely. If you have a caregiver, they can also join support groups for caregivers of people with COPD to get added support and tips. COPD and caregiver support groups come in many different forms:



In Person

Connect through your local hospital or local COPD organizations.

Virtual Groups

Connect through COPD organizations.

You can also form your own COPD patient support group!

Talk to your doctor or COPD healthcare team about helping you find other people living with COPD.

List the people in your life who are a part of your support group now:

Who do you want to add to your support group, and how will you add them?

If you have a COPD patient support group, how often and where do you meet?

How can a support group help you meet your goals?

The information contained in this packet is not intended as a substitute for medical advice.



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Breathe Better

There are many ways to control your COPD. The Project STRENGTH packet helped you make a plan, know your symptoms, and have a support team in place.

In This Packet

In Boost Your Lung Health, you can find information on:

- Supplemental Oxygen
- Managing Your Medicines
- Nutrition
- Quitting Tobacco

Share this information with your caregiver to support you.

Living Better Together: Boost Your Lung Health

Supplemental Oxygen at Home

Supplemental oxygen is often given to people who have low levels of oxygen in their blood. It helps increase the oxygen flow to your body. Supplemental oxygen can help people have more energy, feel less breathless, and think more clearly. Your doctor will tell you if you need oxygen. There are a few types available:

Oxygen concentrators

Concentrators produce oxygen by taking the oxygen already in the air. A portable version is available to take with you outside of your home.

Compressed oxygen cylinders

These light-weight cylinders allow for more supplemental oxygen than a concentrator alone. They are typically small enough to carry in small side packs.

Liquid oxygen systems

Liquid oxygen systems offer higher oxygen flow and lasts longer, but aren't often available because of cost.



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Managing Your Medicines

Using medicines can help you manage your COPD by:

- Preventing and controlling symptoms.
- Making it easier to exercise.
- Improving breathing.

Types of COPD Medicines

Controller medicines are taken every day to help manage and prevent COPD symptoms. These medicines can make breathing easier by preventing swelling and mucus build-up in the airways. Reliever medicines are taken during a COPD flare-up to help relax muscles in the airways to make breathing easier. Each medicine has a different job in managing your COPD.

My Controller Medicine:

Name: _____

What it looks like: _____

When to use it: _____

How much to use: _____

My Reliever Medicine:

Name: _____

What it looks like: _____

When to use it: _____

How much to use: _____

Other Medications:





Managing Your Nutrition

What you eat matters. Good nutrition also helps you breathe better, helps your body fight infections, and it helps you exercise easier.



Drink plenty of fluids:

About six 8 oz. glasses of water a day. Fluids help keep mucus thin and make it easier to cough up.

Prioritize High-Fiber Foods:

Eat high-fiber foods like veggies, fruits, beans, and whole-grains like bran cereals and brown rice. Fiber helps you digest your food, controls blood sugar levels, and may lower cholesterol.

Reduce salt Intake:

Too much salt causes the body to hold too much water, which can make it difficult to breathe.

Eat foods with calcium & vitamin D,

Including foods made from dairy. Foods with calcium and vitamin D helps keep the bones healthy.

Add anti-inflammatory foods to your day:

Turmeric, berries, broccoli, leafy greens, fish, nuts, citrus fruits, and bell peppers. These foods can help reduce swelling in the lungs and rest of the body.

Be conscious of portions & foods that cause gas or bloating:

Avoid over-eating or foods that cause gas or bloating. Carbonated drinks and fried or spicy foods can cause bloating and make breathing hard.

Use your nasal cannula while eating:

If you use oxygen, keep it on while eating. Eating and digestion require energy so keep using your oxygen.

Funding for this initiative was provided by the Learn More Breathe BetterSM program of the National Heart, Lung, and Blood Institute.



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Quitting Tobacco

Smoking is a leading cause of COPD. Reduce your COPD symptoms by getting rid of smoke in your home. Quitting smoking helps you breathe better and live longer.

IF YOU USE OXYGEN, IT IS ESPECIALLY IMPORTANT NOT TO SMOKE WHEN YOUR OXYGEN CANNISTER IS NEAR. SMOKING CAN CAUSE EXPLOSIONS AND FIRES.

Find Support

Quitting smoking is hard, and it can take a few attempts before quitting for good. Don't get discouraged.

Help is available:

- Counseling programs, like RHA's Courage to Quit Program, a 3-6 week in-person or virtual program
- State Quitlines, where you can receive one-on-one phone counseling
- Online and text programs

Take Action Now

Talk to your doctor or healthcare team about quitting smoking, including quit smoking medicines, to help you quit. Quit smoking medicines can double or triple your odds of success!

For more information, visit **couragetoquit.org**.

The information contained in this packet is not intended as a substitute for medical advice.



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Exercising with Oxygen

People who use supplemental oxygen should follow some simple tips when exercising. If you are on oxygen, speak with your doctor before beginning any exercise program.

1. Some people carry their oxygen cylinders in a small suitcase with wheels.
2. Do leg and arm exercises that don't require a lot of movement like extensions and curls.
3. Slow, low-impact exercises, like yoga or stationary biking at slow speeds, help build strength and lung health.
4. Breathe slowly during your exercises, and if you start to feel worse, stop immediately.

Living Better Together: Find Your STRENGTH

Exercising with COPD

Exercise is important for people living with COPD. It can help improve muscle strength, reduce breathlessness and tiredness, and improve your quality of life. Even if you can't leave the house, there are exercises you can do at home.

Exercising at Home

Your home exercise plan should include lower and upper body endurance training, strength training, 2-3 stretches, and practice breathing. The next two pages will help you make your own exercise plan. It is okay to start slowly and build up to exercise 3-5 times per week. If you don't have exercise weights at home, you can use items around the home like soup cans or detergent containers.

Exercising Safely

Review this booklet with your doctor or healthcare team to make sure these exercises are right for you. Exercise should not cause pain or discomfort. Please review the COPD profile packet to review warning signs of over-exertion. If you experience nausea, chest pain, dizziness, shortness of breath, or wheezing, stop exercising and rest. If these symptoms continue, call your doctor.



Choose Your Exercises

Choose one exercise from each section below. Remember to warm up and cool down with stretches!

For detailed stretching and breathing instructions, please review the Healthier at Home Packet.

Section A - Leg Exercises

Leg training helps stamina, balance, and performance in everyday activities like showering or washing dishes.

Exercise	Duration	How to do it
Walking	15 minutes, taking breaks as needed.	Track, around the town, treadmill
Cycling	15 minutes, taking breaks as needed.	Stationary or traditional
Stair climbing	15 minutes, taking breaks as needed.	At home, around the town, parks

Section B - Upper Body Exercises

Exercise	Reps	How to Do it
Arms together	10-15 Reps	Start with arms by your sides. Lift your arms until they are at shoulder height. Move arms forwards to meet in the middle, keeping elbows straight. Move arms back out. Bring arms back to your sides again.
Arm raise	10-15 reps	Sit or stand for this exercise. Hold a weight with hands at knee height. Lift weight above head, then lower. Breathe in while lifting weight up and out while lowering bar down.

For more information contact us at info@resphealth.org or 888-880-5864.

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Choose Your Exercises

Choose one exercise from each section below. Remember to warm up and cool down with stretches!

For detailed stretching and breathing instructions, please review the Healthier at Home Packet.

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Section C – Strength Exercises

Exercise	Reps	How to Do it
Knee Extensions Sitting	6-10 Reps	Sit in a chair with both feet on the ground. Lift and straighten one knee. Hold the knee straight for five seconds, and then bring back to ground. Repeat for other leg.
Sit to Stand	6-10 Reps	Sit in a chair with both feet on the ground and arms hanging down by your sides. Stand up and then sit back down.
Bicep Curl	6-10 Reps	Sit or stand with your arms by your sides. Bend your arm at the elbow to lift your hand towards your shoulder, then lower. Repeat with your other arm.
Shoulder press	6-10 Reps	Hold a weight in each hand at shoulder height. With one arm, lift the weight straight up and down. Repeat with your other arm.



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Track Your Exercises

Build your plan using the exercises on pages 2 and 3. Use this chart to keep track of your exercises.

Make copies of this page or contact RHA for more sheets.

	<i>Day 1</i> _/_/_	<i>Day 2</i> _/_/_	<i>Day 3</i> _/_/_	<i>Day 4</i> _/_/_	<i>Day 5</i> _/_/_
<i>A</i>					
<i>B</i>					
<i>C</i>					
<i>Stretch</i>					

	<i>Day 1</i> _/_/_	<i>Day 2</i> _/_/_	<i>Day 3</i> _/_/_	<i>Day 4</i> _/_/_	<i>Day 5</i> _/_/_
<i>A</i>					
<i>B</i>					
<i>C</i>					
<i>Stretch</i>					

	<i>Day 1</i> _/_/_	<i>Day 2</i> _/_/_	<i>Day 3</i> _/_/_	<i>Day 4</i> _/_/_	<i>Day 5</i> _/_/_
<i>A</i>					
<i>B</i>					
<i>C</i>					
<i>Stretch</i>					





PLAN:

Set goals, alternate between hard and easy tasks.

PACE YOURSELF:

Give yourself enough time to complete a task, and rest when you feel tired.

PURSED LIP BREATHING:

Practice pursed lip breathing.

POSITIONING:

Sit down for tasks and activities, keep arms close to your body when carrying items.

POSTIVE ATTITUDE:

Think about what you CAN do instead of what you cannot.

PLAN AHEAD:

Make a list of what you need to do for the day, get rid of extra steps for tasks.

Living Better Together: Healthier at Home

In this section of Living Better Together Project STRENGTH: Healthier at Home, you will find information on activities of daily living, how to save your energy, and breathing techniques. First, some definitions:

Activities of Daily Living (ADLs):

These are the things you do to care for yourself. This includes eating, bathing, and dressing.

Instrumental Activities of Daily Living (IADLs):

These are more involved activities like maintaining a home, preparing a meal, and managing medicines.

Many people living with COPD experience breathlessness and low energy levels, which may make ADLs and IADLs harder. Using less energy during your daily tasks means you can do more during your day.

The information contained in this packet is not intended as a substitute for medical advice.



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Save Energy in Daily Activities

Save your energy in activities of daily living helps to reduce breathlessness. This page has some tips on saving energy in common daily activities.

When doing these activities, remember warning signs of a flare-up.



Bathing, Showering, and Personal Care

Use a shower organizer to decrease reaching, sit down to bathe or dry off, use tools like long handled sponges, handheld shower heads, or electric toothbrushes.

Meal Prepping and Eating

Sit down when preparing or cooking food, prepare double portions and freeze half, use appliances that take less effort to use, soak dishes instead of scrubbing, let dishes air dry or use a dishwasher.

Shopping

Shop at less busy times, use shopping carts for support, organize your list by aisle for effective shopping, buy items to help you save energy like lightweight cookware, easy-on clothes, or easy to prepare food.

Dressing

Lay out clothes before getting ready, sit down to dress, minimize leaning over (bring your foot up to put on socks and shoes), choose easy-on clothes with buttons, zippers, or slip ons. Don't forget to ask your caregiver for help if needed.

Housework

Sit down when possible (ironing or folding clothes), use long handled mops or brooms, drag or slide objects instead of lifting, break up energy heavy tasks like vacuuming or mopping throughout the day, take breaks as needed.



Planning Daily Activities

Think about the activities you do daily and list each task from most important to least important.

This allows you to plan out your day, and complete important tasks first and save least important tasks for later.

Daily Activities	Energy Conservation Techniques
Ex. Dressing, bathing, cooking, cleaning, etc.	Tips: Spread activities through the day, break up into easy tasks, use breathing techniques, sit while doing a task, avoid extra bending reaching, take breaks when needed. Ask your caregiver to help with harder tasks.

For more information contact us at info@resphealth.org or 888-880-5864.

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Breathing Techniques and Stretching

Breathlessness is a common symptom for people living with COPD because it takes more energy to breathe. However, there are certain techniques you can practice to reduce feeling short of breath.

Pursed Lip Breathing

- Inhale through your nose two seconds.
- Purse your lips like you are whistling or blowing out candles.
- Breathe out slowly through your mouth and count to four.

Diaphragmatic Breathing

- Sit or lie down with your shoulders relaxed. Put a hand on your chest and the other on your stomach.
- Take a breath in through your nose for two seconds; you should feel your stomach move out.
- Purse your lips and breathe out slowly through your mouth while you press lightly on your Stomach. Repeat as you are able.

Stretching

Stretching before and after exercise can help increase flexibility and improve the way your body moves.

Stretch	Reps	How to Do it
Shoulder Rotation	Repeat 5 times each way.	Place hands on your shoulders. Slowly move forward and backward circles with your elbows.
Upper Chest Stretch	Hold stretch for 15-30 seconds.	Stand in an open doorway. Raise each arm up, bent at 90-degree angles. Step forward with one foot. Feel stretch across shoulders and chest.
Hamstring Stretch	Hold for 20 seconds. Repeat 2 to 3 times.	Sit on the edge of chair. Bend one leg and straighten the other with toes pointed up. Lean forward slowly until you feel a stretch at the back of the thigh.



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Living Better with COPD: A Guide for You - Respiratory Health Association Activities

Respiratory Health Association's mission is to prevent lung disease, promote clean air and help people live better through education, research and policy change. Today, we address asthma, chronic obstructive pulmonary disease (COPD), lung cancer, tobacco control and air quality through a comprehensive, community-based approach to our activities:

The Living Better Together COPD Conference

The Living Better Together COPD Conference is a day-long educational event held each November in Rolling Meadows, IL. More than 200 people living with COPD, their caregivers, and pulmonary rehab staff members attend the conference to learn about the newest information on COPD. The program includes bus transportation, keynote speakers, break-out sessions, an exhibit hall, and a sit-down lunch. As the COVID-19 virus made gathering in-person unsafe for our COPD community, we adapted the conference to a virtual format. Information from the online activities can be found on our website.



Advocacy

Our ongoing advocacy includes activities to empower and engage people living with lung disease and their loved ones. Each spring, volunteers travel with us to Springfield, IL to meet with legislators to advocate for lung-friendly policies. For breaking updates, supporters join our e-advocacy network to voice their opinions to elected officials.

Tobacco Cessation

If you are interested in quitting smoking, RHA's Courage to Quit® program can help you get there. Courage to Quit® is a stop smoking program that may be available to you one-on-one or part of a group and is offered in-person and virtually. Each session includes information, practice skills, and support to help you reach your smoke-free goal. Visit couragetoquit.org for more information or to find a program near you!

COVID-19 Information

Since spring of 2019, RHA has worked hard to bring our

community the latest news about the COVID-19 virus. As a respiratory disease, it directly affects our work and the people we serve. COVID-19 is an infectious disease caused by the SARS-CoV-2-virus. The virus is most commonly spread from close contact with an infected person to others through respiratory droplets and particles.

Symptoms can range from mild to severe respiratory illness. There are several groups of people who are at higher risk of becoming severely ill if they do become infected including older adults and people living with chronic disease like lung disease. The best way to protect yourself, your loved ones, and your community is to receive the full dose of the COVID-19 vaccine and its booster. RHA has developed many fact sheets and informational handouts on a variety of COVID-19 topics. These handouts can be found on our online library.

For more information or to become involved with RHA activities, email info@resphealth.org.



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