

## HOW DOES COPD AFFECT YOU?



Source: [www.JenaFoto24.de](http://www.JenaFoto24.de) / [pixelio.de](http://pixelio.de)

### DEAR PATIENT,

Your doctor has just diagnosed COPD. COPD stands for Chronic Obstructive Pulmonary Disease. COPD is a disease of the lungs that cannot be healed but can be treated.

### ▶ THIS IS WHAT HAPPENS WITH COPD

In order to better understand how COPD affects the airways, it is important to be familiar with “normal” breathing. The lung is shaped like an upside down tree with the windpipe as the trunk. From there the air passes through two main branches and many smaller branches – the bronchi – to the “leaves”, the pulmonary alveoli. From there oxygen enters the blood. This exchange can only take place in the alveoli. That’s why it is so important for respiratory air to flow to the alveoli without any obstruction.

In the case of COPD the airways – the bronchi – become increasingly constricted. Some of the alveoli are destroyed and others blown up like small balloons. This over-inflation cannot be reversed.

### ▶ RISK FACTORS FOR COPD

The main risk factor for COPD is:

- smoking

Other risks are:

- occupational inhalation of dust, for instance in mining;
- air pollution in general;
- frequent respiratory infections during childhood;
- some rare childhood diseases of the airways.

### ▶ SIGNS AND SYMPTOMS

The three typical symptoms of COPD are:

- breathlessness (initially only during exertion, later on often when at rest),
- coughing,
- sputum.

Many patients have already had these complaints for several years but do not take them seriously or simply ignore them. This carries the risk of the disease remaining undiagnosed, not being treated and continuing to progress.

### ▶ TREATMENT

Medicinal and non-medicinal forms of treatment are used to treat COPD which work together. Your personal treatment is determined by the severity of your illness.

The main components of treatment are:

- avoidance of pollutants, for example smoking, dust;
- rehabilitation schemes, including patient training, respiratory physiotherapy and physical training;
- administration of bronchodilators: They widen the airways (bronchi) and are normally administered as a spray. They are the basic medication used in the treatment of COPD.
- administration of cortisone preparations: They are normally administered to prevent the onset of acute exacerbations (COPD flare-ups).
- In severe cases long-term oxygen therapy.

### ▶ WHAT YOU CAN DO

In the treatment of COPD your doctor is dependent on your active cooperation. You can do a great deal to support your health. This includes:

- Give up smoking.  
Smoking is the most frequent cause of COPD. If you are a smoker, the most important thing is to stop. There are various support techniques to help you stick to your decision, for instance nicotine withdrawal courses or medication. Further information and contact addresses are provided in the Patient Guideline (see box).
- Be sure to get enough physical exercise.  
Physical activity, for instance gentle walking training or any form of endurance training improves your resilience and quality of life when you suffer from COPD. Ask your doctor about which form of physical training would be best for you, for example joining a lung sports group.

- Keep an eye on your weight.  
Many patients suffering from COPD lose an unusual amount of weight. On the other hand, rapid weight increase is also possible and this is often a sign of impaired cardiac function. If your weight fluctuates without you intentionally changing your lifestyle or if you lose more than two kilos over a six-month period, go and see your doctor.
- Consult your doctor if a flare-up lasts longer than 24 hours.  
Any exacerbation should be treated quickly. That's why you should consult your doctor if you are more out of breath, coughing more or bringing up more sputum than usual. General symptoms like tiredness, fatigue or a high temperature are other reasons for seeking medical attention.
- If there is any suspicion that your disease was caused by your occupation, remember to bring in your company doctor or the employers' liability insurance association as soon as possible.

### ▶ MORE INFORMATION

This Patient Information is based on the latest scientific findings and sums up the most important points from the Patient Guideline "COPD".

#### Other useful links

Patient Guideline "COPD"

[www.patienten-information.de/patientenleitlinien](http://www.patienten-information.de/patientenleitlinien)

Self-help organisations and co-operation partners involved in the Patient Guideline

[www.patienten-information.de/patientenbeteiligung/selbsthilfe](http://www.patienten-information.de/patientenbeteiligung/selbsthilfe), [www.azq.de/pf](http://www.azq.de/pf)

#### Self-help contact

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](http://www.nakos.de), Tel.: 030 3101 8960

#### Patient Guidelines

Patient Guidelines translate the treatment recommendations in medical guidelines into everyday language that can be understood by ordinary people. They provide important background information on the causes, examination methods and treatment of a disease. The BÄK (German Medical Association), the KBV (National Associations of Statutory Health Insurance Physicians) and the AWMF (Association of Scientific Medical Societies) working group are the co-ordinators of the programme for the development of medical guidelines ("National Medical Guidelines") and the respective patient versions.

DOI: 10.6101/AZQ/000064

Responsible for the content:  
German Agency for Quality in Medicine (ÄZQ)  
Joint institution of BÄK and KBV  
Tel.: 030 4005-2500 • Fax: 030 4005-2555  
Email/Ansprechpartner: [mail@patinfo.org](mailto:mail@patinfo.org)  
[www.patinfo.org](http://www.patinfo.org)  
[www.aeqz.de](http://www.aeqz.de)



With the compliments of