



## COPD and Treatment

### Communicating Well with Your Healthcare Provider

When you are diagnosed with COPD, it can feel overwhelming. You will likely have many questions and the answers may not always be clear at first. Not all people with COPD have the same symptoms and treatment may differ from person to person. It is important to talk to your healthcare provider about your treatment options and get answers to all of your questions.

Make sure you build a good relationship with your doctor and other healthcare providers. They are there to help you manage your COPD, help you create your action plan [See p. 11 - *What is a COPD Action Plan?*] and answer any questions you may have. Below are some things you can do to help your medical appointments go more smoothly and ensure you get the best care possible.

- Create a COPD team for yourself that includes your doctor, respiratory therapist, respiratory educator and/or pharmacist.
- Bring a written list of your questions, with the most important ones at the top of the list.
  - Ask: Can I have a COPD action plan so I know what to do if my symptoms get worse?
- Bring a written list of your symptoms. Be honest. Your doctor cannot help you without knowing how you feel.
  - Make sure you include how many times you have been sick and what you did to manage your sickness.
- Take notes as the doctor is answering your questions. If you do not understand, ask for more details until you do.
- Bring a friend or relative to help you understand, remember the details and take notes.
- Bring a list of *all* the medications you are taking, including herbal medicine or cannabis.
  - Ask: What medication will I be using and how do I take it?
- If you are not sure if you are taking your medication correctly, show the doctor and ask for feedback.
- Ask about programs, such as a pulmonary rehabilitation program, in your community for people with COPD.
  - If you smoke, ask: What help can you get to help you quit smoking?

**After the appointment:** If you realize you forgot a question or did not understand something you were told, phone the office and ask for more information. You can also talk to another member of your healthcare (COPD) team.

## Build Your COPD Team

Learning how to manage COPD is the first step to maintaining your health and regaining quality of life. This is much easier with a team. If COPD was a team sport, who would you want on your team? Consider family, friends and healthcare professionals such as:

- Your doctor (and possibly a lung doctor called a respirologist or a pulmonologist)
- Your nurse
- Your pharmacist
- Your respiratory therapist, nurse or cardio-pulmonary physiotherapist who leads your pulmonary rehabilitation program
- Canadian Lung Association Certified Respiratory Educator, available through the Helpline at 1-866-717-COPD (2673). [See p. 26]

Some things you may wish to discuss with your COPD team include:

- Your symptoms, especially if they are getting worse
- Chores and activities you find difficult
- Things you can do to stay healthy (nutrition, eating well, exercise) [See p.16 - *COPD and Physical Activity*; p. 27 - *COPD and Healthy Eating*]
- Your triggers [See p. 12 - *Triggers and Flare-ups*]
- Using your quick-relief medicine more than usual
- Questions about your medications or their side effects
- What to expect in the future
- Navigating the healthcare system – this can be a challenging task. Discussing it with your team will allow you to make a plan and a list of contacts and resources you will need help with. Ask questions and take notes (along with your caregivers) to understand what needs to be done in order to manage your COPD.

Those who become your informal caregivers (family and friends) will play a very important role in your life. It is your informal caregivers who will likely help you with daily tasks such as transportation to appointments, management and helping with overall clarifications. It is important to keep them informed about any changes or needs you might have.



## Quitting Smoking

If you have already quit smoking – congratulations! You have done the best thing possible to improve your health and slow the progression of your COPD.

If you smoke, now is the time to quit.

Some people think that once they have COPD, there is no point in quitting, but that is not true. Quitting prevents additional lung damage and makes it less likely that you will get chest infections, coughs and mucus build-up.

Quitting is the most important thing you can do to improve your health, but we know it can be hard.

The good news is that there are people, programs and medications to help you quit. Your chance of success is highest if you use a combination of methods, like counseling and support services along with nicotine replacement therapy (e.g. - gum or patch) or other medications.

For help to quit smoking, talk to:

- The Canadian Lung Association at 1-866-717- 2673 or lung.ca/copd
- Your family doctor or pharmacist
- A local support group or cessation (quitting) specialists
- Your family and friends for on-going support

Medical treatments to help you quit smoking include:

- **Nicotine replacement therapy**, such as the nicotine patch, gum or lozenges. You can get these without a prescription at most pharmacies.
- **Bupropion hydrochloride** and **varenicline tartrate**: These are prescription medicines that work on the “addiction centre” in the brain, reducing your craving to smoke.

Most people try to quit many times. If you have tried and failed, know that you are not alone and keep trying. Quitting smoking gets easier with practice. Each time you try to quit, you boost your chances of quitting for good. Most people try four or five times before they quit for good.

**Some people use e-cigarettes to help them quit smoking. However, this is not the best solution. The long-term health effects of vapourized products (like e-cigarettes) are unknown.**

**There is also evidence that vaping products cause some damage to your lungs. The best thing to do is quit smoking AND vaping. Ask your healthcare provider for alternative suggestions to help you quit.**



## Prescription Medication

You can prevent or ease your COPD symptoms, like shortness of breath, cough, mucus build-up and tiredness by taking your prescribed medication. Different types of medications treat different symptoms. Sometimes, you may have a flare-up [See p.12 - *Triggers and Flare-ups*], where your symptoms get worse and your doctor may prescribe extra medications to help you feel better.

To get the full benefit from your medication, you must follow the doctor’s instructions and take the medications exactly as prescribed.

Some medications need to be taken only when you need them, like a quick-relief bronchodilator. Others need to be taken regularly. If you are unsure when or how to take your medications or use your devices, ask your doctor, respiratory educator, pharmacist or other healthcare provider.

Keep a list of all of the medications you take and show it to your doctor and pharmacist, so they can check for drug interactions.

## Types of Medications

There are many types of medications and treatments available to make your life with COPD easier. These include both inhaled and oral (taken by mouth) medications:

- Bronchodilators to relieve shortness of breath
- Combination bronchodilators and anti-inflammatory to relieve shortness of breath and to prevent flare-ups [See p.12 - *Triggers and Flare-ups*]
- Antibiotics to fight infections
- Supplemental oxygen (oxygen tank) to help with low oxygen and energy levels
- Vaccines for flu and pneumonia to help prevent infections

## Inhalers

The main medication treatment for COPD comes in inhalers (sometimes, these are called puffers). There are many types of inhalers and devices.

### Bronchodilator Inhalers

Bronchodilators open up the airways in the lungs, making it easier to breathe. There are two main groups of bronchodilators: beta2-agonists and anticholinergics.

**Beta2-agonists** relieve breathlessness. They can be taken for prevention or providing a quick relief. They are inhaled medicines that can be short-acting or long-acting. Short-acting beta2-agonists are often used as a “rescue” or quick-relief medicine to open airways quickly. Long-acting beta2-agonists may also be taken regularly to prevent breathlessness.

**Anticholinergics** relieve breathlessness, but in a different way than beta2-agonists. They are also inhaled medicines that are effective in treating COPD, especially when they are taken on a regular basis. There are short-acting and long-acting anticholinergics.

Here is a list of short-acting bronchodilators you may be prescribed:

- Atrovent® MDI
- Airomir® MDI
- Bricanyl® Turbuhaler®
- Ventolin® Diskus®
- Ventolin® MDI

Here is a list of long-acting bronchodilators you may be prescribed:

- Incruse™ Ellipta®
- Seebri® Breezhaler®
- Spiriva® Handihaler®
- Spiriva® Respimat®
- Tudorza® Genuair®
- Foradil® Aerolizer®
- Onbrez® Breezhaler®
- Serevent® Diskus®
- Striverdi® Respimat® (available in Canada only in combination)

**Doctors may prescribe more than one kind of bronchodilator to treat COPD.**

### Combination Inhalers

If you have on-going breathing problems, your doctor may prescribe a combination medicine. Combination inhalers are “preventer” medicines that need to be taken every day. There are many different medication combinations available and may contain some of the short and long-acting bronchodilators listed above. The most common combinations contain two or three medicines in one inhaler.

Here is a list of combination inhalers you may be prescribed:

- Short-acting beta2-agonist and short-acting anticholinergic
  - Combivent Respimat®
- Long-acting beta2-agonist and corticosteroid
  - Advair® Diskus®
  - Breo™ Ellipta®
  - Symbicort® Turbuhaler®
- Long-acting beta2-agonist and long-acting anticholinergic
  - Anoro® Ellipta®
  - Duaklir® Genuair®
  - Inspiro™ Respimat®
  - Ultibro® Breezhaler®
- Long-acting beta2-agonist, long-acting anticholinergic and corticosteroid
  - Trelegy™ Ellipta®

Long-acting bronchodilators will help relieve shortness of breath for longer periods of time, and if combined with an inhaled corticosteroid, will also bring down the swelling in your airways. Don't worry - these are not the same steroids as those taken by some bodybuilders to build muscle. Over time, combination medicines can help prevent COPD flare-ups [See p. 12 - *Triggers and Flare-ups*].

Combination medicines may not help right away. If you need immediate help, take your quick-relief bronchodilator medicine.

## Nebulizer Medication

Nebulizer is a device that turns medication into fine mist and delivers it into your airways, using a mouthpiece or a mask. Nebulizers can be used for those patients who have a difficult time using inhalers.

## Oral Medications

### Corticosteroid Pills

Corticosteroids also come as pills, most often known as prednisone. Corticosteroid pills have more side effects than the inhaled corticosteroids that are in combination medicines. Corticosteroid pills are often used for short periods of time - usually when you have a COPD flare-up. If you need to take corticosteroid pills on a regular basis, your healthcare provider will work to keep you on the lowest dose necessary. You can talk with your healthcare provider about side effects of your medication.

### Antibiotics

Bacterial infections in your airways may cause some of your COPD flare-ups. Antibiotics can help in these cases. However, antibiotics will not work if your flare-up was caused by a viral infection. Sometimes people may be experiencing both bacterial and viral infections at the same time. Prednisone is often prescribed along with antibiotics.

Sometimes antibiotics are prescribed on a regular basis for those patients with frequent flare-ups. Your respirologist or family doctor will monitor you closely for improvements and side effects.

Working with your COPD team on a COPD action plan will ensure you have clear directions on what to do and what medicine to take if you have a flare-up [See p. 12 - *Triggers and Flare-ups*].

### Phosphodiesterase-4 Inhibitors

Phosphodiesterase-4 Inhibitors (PDE-4) medications are a type of oral medication that decreases inflammation in the lungs. This pill is used for patients with a history of frequent flare-ups and chronic cough with mucus (phlegm). It can prevent flare-ups and should be used along with regular inhalers.



**Be sure you discuss your medication with your doctor to understand how it works and the possible side effects you may experience.**

## Mucolytics

Mucolytics help to remove secretions (unwanted contents like phlegm) from the lung by thinning mucus so it is easier to cough up. These medications are for patients with frequent flare-ups. Mucomyst (N-acetylcysteine – NAC), may prevent flare-ups.

## Vaccines for Flu and Pneumonia

Vaccines (shots) for flu and pneumonia help protect you against these illnesses and lower your chance of a flare-up. You need to get a flu shot every year. Most people only need the pneumonia shot once, but some might need a booster (a second dose). Ask your doctor if you need a booster.

## Supplemental Oxygen

Not everyone who has COPD needs to “be on oxygen.” However, if you have lung damage from COPD and have low oxygen levels in your blood, you may need supplemental oxygen to keep your oxygen levels up. Home oxygen, like other treatments for COPD, is not a cure but it can help improve your quality of life and help you live longer. If your doctor prescribes you home oxygen, it is very important to treat it like any other medication prescription. This means that you must use your home oxygen as your doctor prescribes and use the flow rate and frequency he or she recommends. For some people, this might mean using oxygen all day, for others it might mean using oxygen only at night or while exerting yourself (like when you’re walking or moving a lot).

- » **There are different types of home oxygen equipment.**
- » **Long-term oxygen use needs humidification.**
- » **Keep grease and flame away from the oxygen tank!**



Home oxygen does not replace other treatments you may have been prescribed. It is an additional treatment to your other prescriptions of inhalers and/or pulmonary rehabilitation [See p. 26]. It means your home oxygen & other prescriptions go hand-in-hand.

If it is determined that you need home oxygen to improve your blood-oxygen levels, you will need to talk to a home oxygen company’s health care professional to determine what equipment is best for you.

Oxygen therapy is generally delivered as a gas from a cylinder or concentrator. Most often you will be on oxygen through small nasal prongs that fit into your nostrils, but sometimes you may need to use a mask that covers your mouth and nose. Breathing in this extra oxygen raises low blood-oxygen levels, eases the strain on your body and makes breathing easier. Your body cannot store oxygen, so the therapy works only while you use it. If you take off your oxygen mask or remove the prongs, your blood oxygen level will drop within a few minutes. Like any other prescription medicine, oxygen must be used carefully and properly. You need to follow instructions and follow all the safety precautions.

If you have any questions about proper use of your inhalers or other treatments, be sure you ask someone from your COPD team.

