

The Fight for Easy Breathing

A Closer Look at COPD

By Andrew Shaughnessy

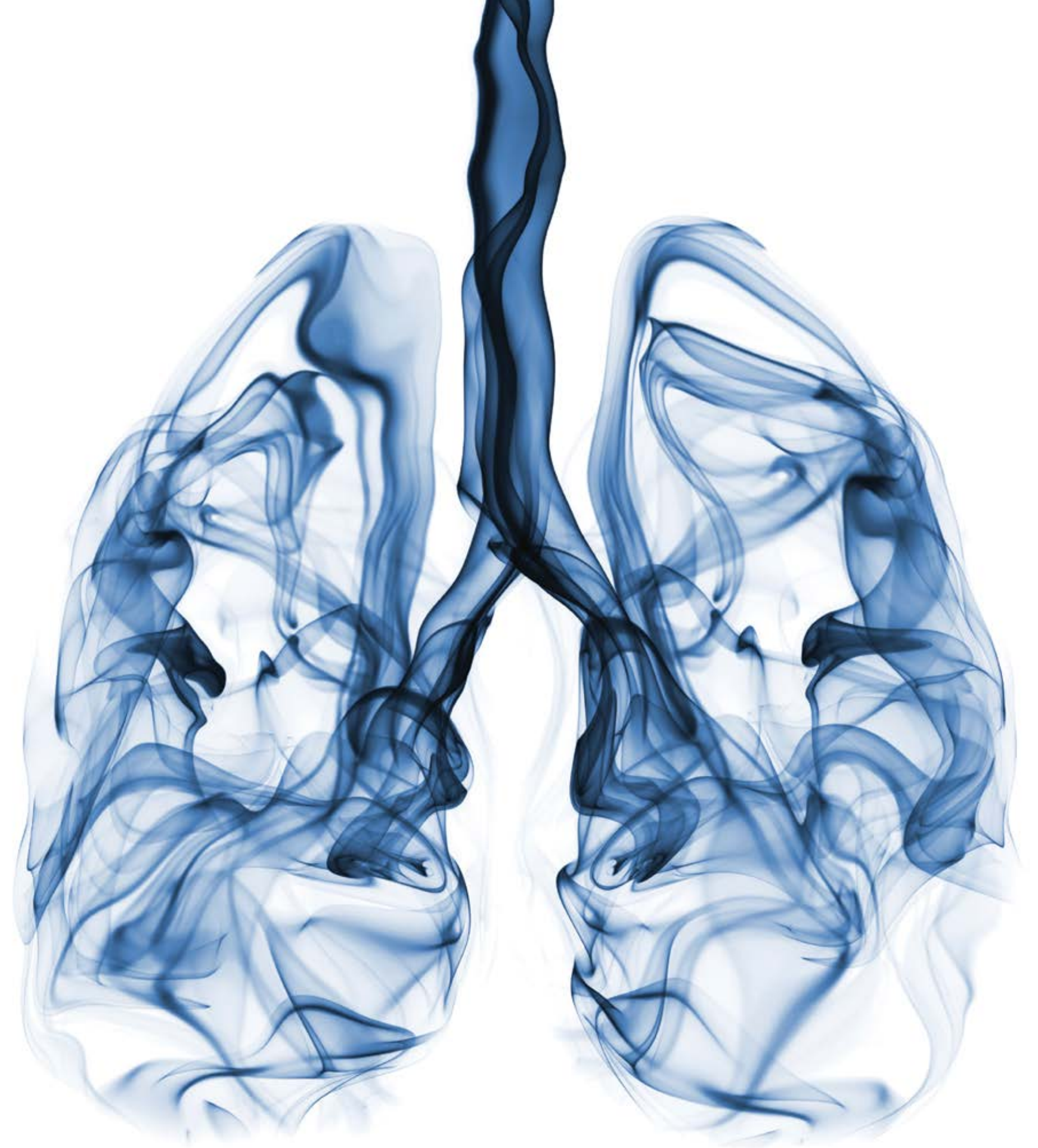
Chronic Obstructive Pulmonary Disease (COPD) is more common, and more deadly, than you might think. According to the National Heart, Lung, and Blood Institute (NHLBI), "COPD is a major cause of disability and the third leading cause of death in the United States." More than 12 million individuals across the United States are currently diagnosed with COPD, and it is estimated that another 12 million have the disease, but remain undiagnosed. Sadly, of the 10 leading causes of death in the United States, COPD is the only one to have increased in frequency over the past three decades. With more people being affected by COPD every year, understanding the causes and searching for cures has become increasingly important.

While there is no cure yet, COPD can be treated and managed in order to slow the progress of the disease and improve quality of life. It is better to know sooner than later if you have COPD, and learning the facts is the best place to start.

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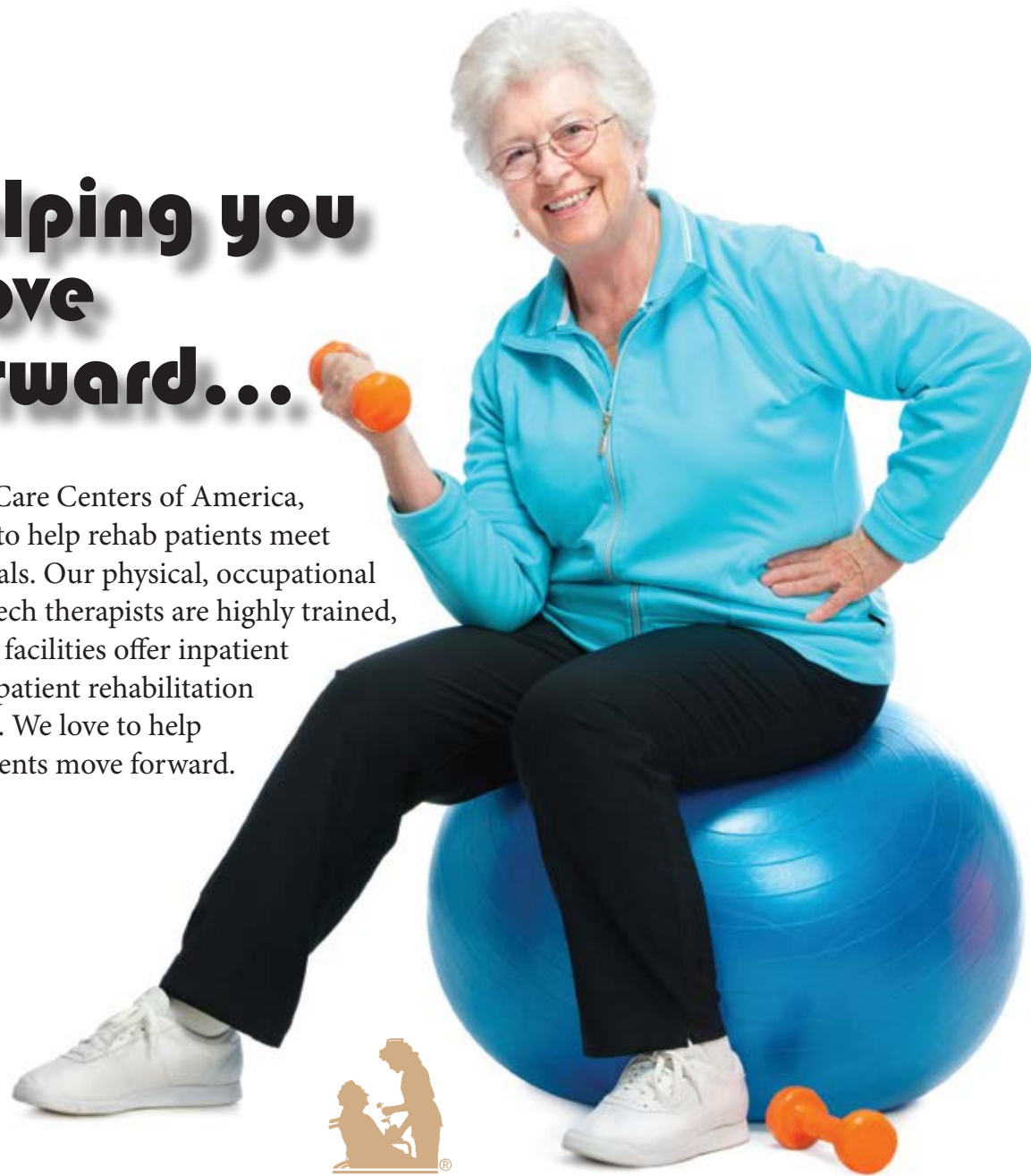
COPD is essentially a blanket term that covers two main pulmonary, or lung, diseases: chronic bronchitis and emphysema. Most people with COPD have both conditions. Both diseases are chronic (persistent or long lasting) and progressive (they get worse with time), damaging the lungs and creating airflow blockages and breathing difficulties.

Inhaling smoke, dust, or chemicals irritates and inflames the lungs, and long-term exposure can make healthy, elastic lungs and airways harder and thicker; it leaves them unable to expand when more air is needed, and prevents them from inflating and deflating as necessary. Walls between air sacs and airways are destroyed, and a mucus forms that causes chronic coughing, breathlessness, and chest tightness. The bottom line: your damaged lungs can no longer carry as much air in or out or get as much oxygen to your bloodstream. Before you know it, a 6-minute mile has deteriorated to running out of breath while trying to climb a flight of stairs.



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Understanding Your Risk

Smoking is by far the greatest cause of COPD—it is responsible for more than 75% of cases in the U.S. Environmental factors play a role as well; long-term exposure to chemical fumes (paint, stains, and other chemicals), dust, chemicals, air pollution, or secondhand smoke can significantly increase your risk for COPD.

COPD isn't always tied to smoking or poor air quality, though; it can also be related to certain biological factors. "Among patients with COPD, up to 20% are non-smokers—and not all smokers get COPD," says Dr. Harsha Shantha, a pulmonologist with Parkridge Medical Group—Diagnostic Center. "There is also a rare genetic disorder, Alpha-1-Antitrypsin deficiency, that makes people more likely to develop the disease, even if they've never smoked or experienced long-term exposure to air pollutants."

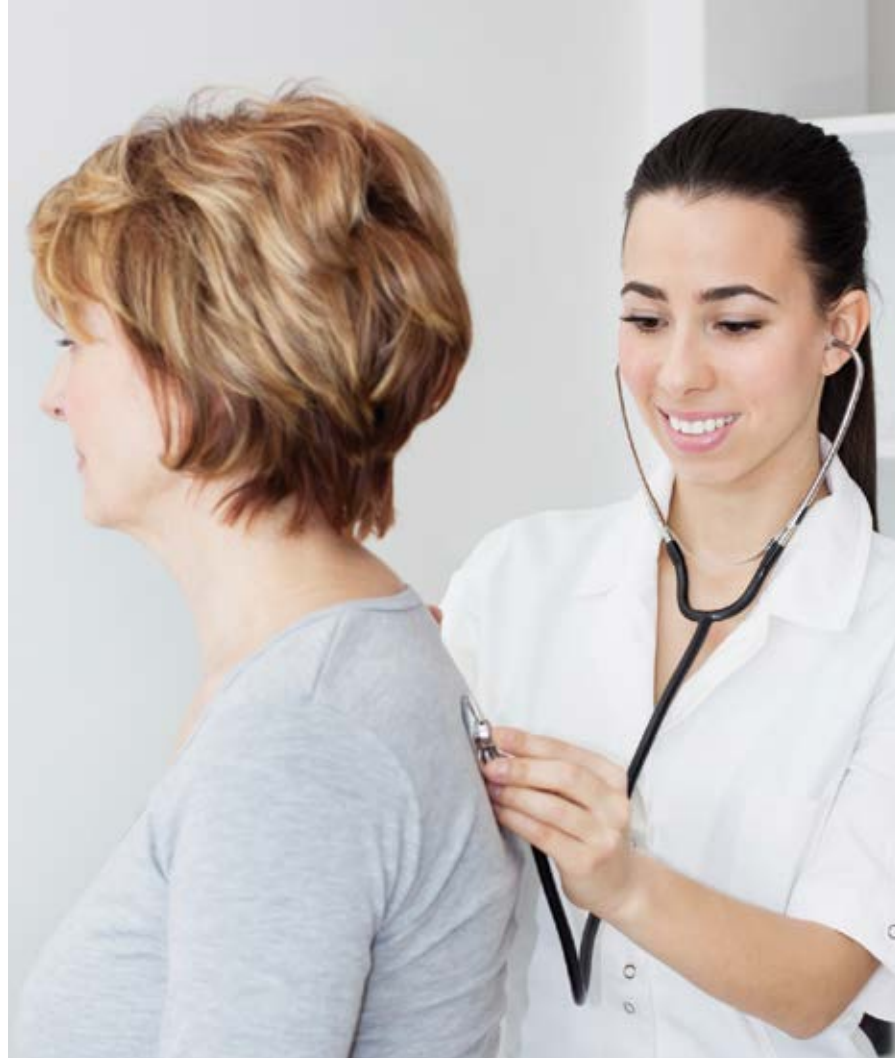
Dr. Michael Czarnecki, a pulmonologist with Pulmonary & Critical Care Consultants of Chattanooga, agrees. "Generally, COPD is the result of a complex interaction between environmental exposure, such as smoking or breathing in fumes, and genetic factors," he says. "The interactions between these two risk factors, however, are not well understood."

How to Spot COPD

Common symptoms to watch for include breathlessness, chronic coughing, wheezing, saliva and mucus restricting the airway, and fatigue. Getting tired easily or running out of breath faster than you used to may come with age and weight gain, but they can also be signs of something more serious.



Michael Czarnecki, M.D.
pulmonologist,
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It's important to pay attention to the signs, because COPD symptoms develop over time, often only manifesting themselves noticeably during middle age or later. Only a very small percentage of diagnoses occur in those under the age of 40. In many cases, by the time a person with COPD is able to recognize the symptoms for what they are, their lung damage is already in its more advanced stages.

"If you develop COPD symptoms, seek professional help as soon as possible," says Dr. Shantha. "Undiagnosed, misdiagnosed, or untreated COPD symptoms can advance more quickly than they would with appropriate treatment."

Diagnosis

Doctors diagnose COPD by taking a medical history and administering various tests to check lung function.

The primary test for determining COPD is the spirometry, which measures the amount of air exhaled in one second and the



Harsha Shantha, M.D.
pulmonologist,
Parkridge
Medical Group—
Diagnostic
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amount of air you can forcefully exhale after taking in a deep breath. It can catch COPD before symptoms show up, and it can also help determine the severity of a lung condition after diagnosis. Other potential tests your doctor may order include a chest X-ray or CT scan, an arterial blood gas (ABG) test, or bronchodilator reversibility testing. If you are diagnosed with COPD, you and your doctor can formulate a treatment plan based on the extent of the lung damage.

Prevention

COPD is a highly preventable disease. Whether you already have COPD or are at risk, lifestyle changes are key.

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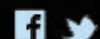
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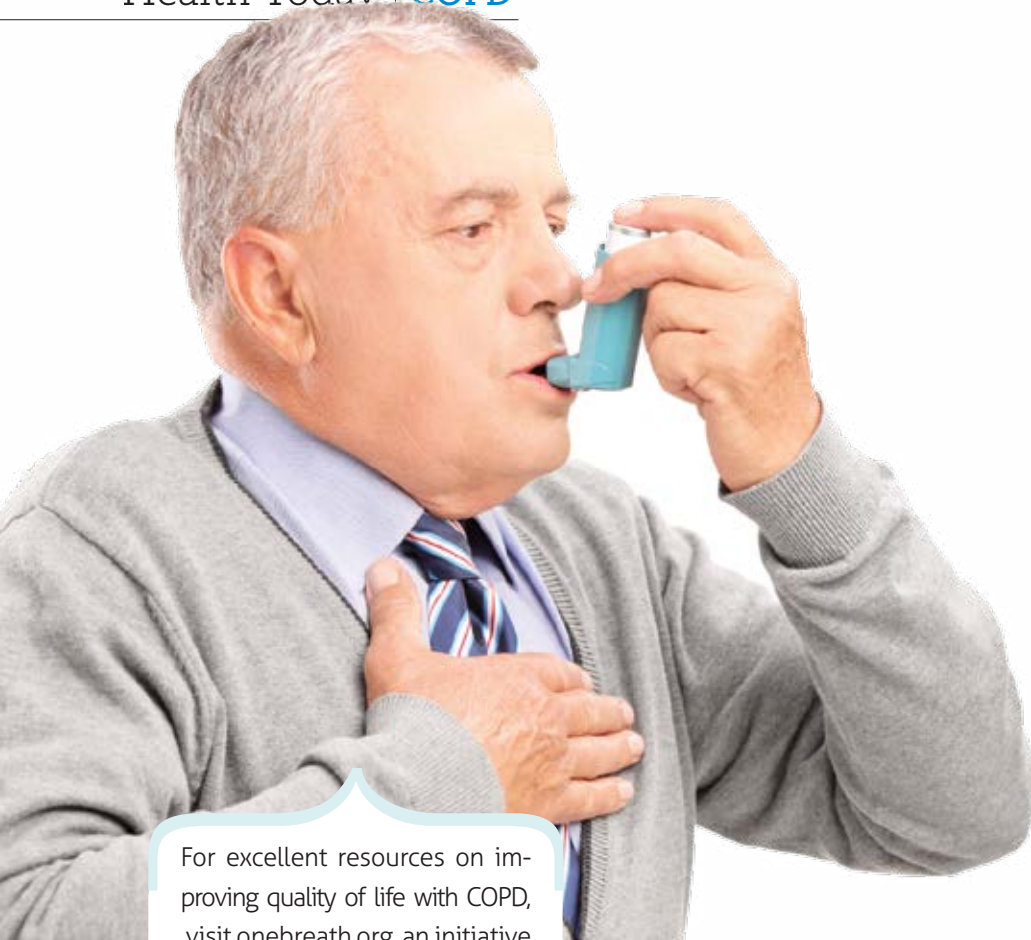


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For excellent resources on improving quality of life with COPD, visit onebreath.org, an initiative of **The CHEST Foundation**, the philanthropic arm of the American College of Chest Physicians (ACCP).

“If you have family with COPD, lessen your risk for developing the condition yourself: don’t start smoking - and if you do smoke, quit,” says Dr. Shantha. “Also avoid exposure to secondhand smoke and air pollution whenever possible.”

Of course, quitting isn’t easy. According to Dr. Carlos E. Baleeiro of the Buz Standefer Lung Center at Memorial, most people try to quit at least seven times before they are successful. But persistence pays off.

“Within the first two months after quitting, the clearance function of your lungs will return to normal with a marked reduction in cough and sputum production,” says Dr. Baleeiro. “Within the first 12 months, lung function should im-

prove and the risk of developing lung disease will drop significantly.”

He continues: “Ten years after quitting, the risk of dying from lung cancer is about half that of a person who is still smoking. People who already have some degree of lung disease, particularly COPD associated with smoking, will see a slowing down of the progression of the disease.”

Living with COPD

Though COPD cannot be cured, it can be managed. Lifestyle changes and treatments can slow the progress of lung damage, prevent complications, relieve symptoms, and improve your overall health and ability to stay active. The key to living with COPD is managing symptoms and complications. For those with COPD, pulmonary-related issues such as colds, flu, pneumonia, or lung infections can be compounded significantly and suddenly, so it’s vital to get flu and pneumonia shots.

Always continue any prescribed ongoing care, medications, or treatments. Your doctor may prescribe an inhaled bronchodilator to relax and open muscles around airways and make breathing easier. For severe COPD, an inhaler may be used in conjunction with corticosteroids to reduce airway inflammation. For those with low levels of oxygen in their blood, oxygen therapy may also be used. Various surgeries, including lung volume reduction surgery and lung transplants, are considered last-resort options.

Dr. Czarnecki says that changing eating habits often helps COPD patients feel better. “Food and oxygen translate to energy and carbon dioxide in the body, so if you have oxygen, then wear your cannula while eating since eating and digestion require energy,” he says. “In addition, avoid overeating and foods that cause gas or bloating. These can make breathing uncomfortable.”

COPD can have a debilitating effect on your everyday life. Difficulty with breathing and fatigue can make simple activities like climbing stairs, carrying a suitcase, and even eating more difficult. COPD can also affect you emotionally, causing anxiety, depression, and stress. Seeking support from family and friends and taking an active role in managing the condition can help you reach your maximum quality of life with COPD.



COPD is preventable, almost always treatable, and someday curable—there is a lot of hope for the future for people with COPD. The best thing you can do to prevent or manage COPD is maintain a healthy lifestyle aimed at preserving and improving lung health. Educate yourself and get proper treatment and support. Helpful resources include: copdfoundation.org, nhlbi.nih.gov, and thoracic.org.



Carlos E. Baleeiro, M.D.
Buz Standefer Lung Center, Memorial Health System

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