

Living with COPD

Practical tips and medication information

If you've been diagnosed with chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, you probably want to know more about your condition. This brochure is designed to provide you helpful information to support your journey with COPD.

If you have any questions about your condition or treatment, please talk to your healthcare provider. This brochure should not replace the advice of your healthcare provider.



Assessing My COPD

Everyone's experience with COPD is unique. Your treatment plan will be equally unique, customized to address the way COPD affects you.

What is spirometry?

Healthcare providers decide on treatments based on several factors, including the results of a breathing test called spirometry. **Spirometry** is a simple test that measures how much air you can breathe in and breathe out, and how quickly you can breathe out.

Why is spirometry important?

Spirometry is necessary first to confirm that you have COPD, then to help determine how severely it affects your lungs.



What can I expect during a spirometry test?

STEP 1: Take a Deep Breath In

You'll begin by breathing in as deeply as you can, filling your lungs with air.

STEP 2: Exhale into the Spirometer

After taking a deep breath in, you'll exhale as forcefully and quickly as you can into a device called a spirometer. Your healthcare provider will measure how much air you can push out in the first second after blowing out. This is called your Forced Expiratory Volume in 1 second (FEV1).

STEP 3: Your Healthcare Practitioner Determines Your COPD Severity

Your FEV1 will be compared to a predicted value based on your age, sex, and height. This helps to understand how your lung function compares to what is expected for you.

In general, the lower your FEV1 percentage score, the worse your COPD.

[WATCH a spirometry test being done here](#)

COPD Severity levels*

MILD	FEV1 score that's 80% or more of the predicted value
MODERATE	FEV1 score between 50% and 79% of the predicted value
SEVERE	FEV1 score between 30% and 49% of the predicted value
VERY SEVERE	FEV1 score less than 30% of the predicted value

* Based on the Global Initiative for Chronic Obstructive Lung Disease (GOLD) system.

How else might my healthcare provider assess my COPD symptoms?

Besides spirometry, healthcare providers use other tools to measure how symptoms affect your overall health status.



Assessing my COPD symptoms

MODIFIED MEDICAL RESEARCH COUNCIL (mMRC) DYSPNEA SCALE

Shortness of breath or breathlessness (medical term: “dyspnea”) is a common symptom for many people with COPD. The mMRC dyspnea scale is a simple questionnaire that you can take on your own and bring to your healthcare provider to help determine how severe your shortness of breath is.

[Take the mMRC here](#)

COPD ASSESSMENT TEST (CAT™)

While shortness of breath is a hallmark symptom of COPD, it is not the only symptom. The CAT™ is an 8-item questionnaire that you can fill out and bring to your healthcare provider to help gauge how well your other COPD symptoms are being managed.

[Take the CAT here](#)

HOPE AT EVERY STAGE

No matter what your stage of COPD, it is still possible to treat and manage your symptoms. COPD is a progressive disease, which means it will get worse over time. But with treatment, you can improve symptoms and, in some cases, even slow disease progression.

Treating My COPD

The type of treatment you receive for COPD depends on a number of things, including:

- The results from your spirometry test
- How severely COPD affects your breathing
- Your risk of acute “flare-ups”
- Current lifestyle behaviours
- Other health conditions you may have
- Your personal preferences

You and your healthcare provider will work together to come up with a treatment plan that best suits your situation.

WHAT ARE FLARE-UPS?

Sometimes, people with COPD have short periods where their symptoms get worse. These are called “flare-ups”, although they may also be called “exacerbations” or “lung attacks”.

What do flare-ups look like?

During a flare-up, you may have worsening of:

- your breathing
- cough, and/or
- phlegm (mucus), which may become thicker or darker

Taking care of your flare-ups is important. If flare-ups are not properly treated, they can lead to worsening of your COPD and symptoms, and even increase your risk of heart-related issues.

Tell your healthcare provider every time you experience a flare-up so that you can work together to help prevent and manage them.



Treatment goals

It is important to set treatment goals when you start therapy. Goal setting helps measure how well your treatment is working and find out if you need to change anything.

Generally, these are the treatment goals for people with COPD as set out by the Canadian Thoracic Society:

- Improve your breathing
- Improve your overall well-being
- Prevent flare-ups
- Slow the progression of your COPD
- Increase mobility and your ability to do physical activity
- Reduce your risk of developing serious complications

Treatment goals will be different for everyone and may change over time. **It's important to keep regular appointments with your healthcare provider so that you can stay on top of your condition.**



Treatment approaches

In order to reach your treatment goals, you and your healthcare provider will come up with a treatment plan, which you will revisit from time to time to make sure that it is working for you.

This may mean making changes to how you live and taking certain medication(s).

Lifestyle changes

Lifestyle changes are things you can do to help manage your COPD, in addition to using your medication as prescribed.

This may include:



Stop smoking.

Quitting smoking is important to help slow down the progression of COPD.



Ensure your vaccinations are up to date.

This can help prevent COPD flare-ups.



Learn effective breathing exercises and coughing techniques.

Certain techniques can save energy, help reduce anxiety caused by shortness of breath and leave you feeling less tired after coughing.



Know the signs of early flare-ups.

This can help you take action quickly.



Stay active.

Speak to your healthcare provider about how you can safely remain physically active.



Learn how to use your inhaler properly.

Make sure you review your inhaler technique with your healthcare provider regularly to help ensure you are getting the most out of your medication.



Have an action plan.

Make a plan with your healthcare provider for what to do when you have flare-ups and review your plan every year.



My COPD checklist

Below is a quick checklist to help guide discussions with your healthcare provider about how to optimally manage your COPD.

Keep this checklist and your medication list handy and review with your healthcare provider at your next appointment.

- I've had my COPD diagnosis confirmed with a breathing test (spirometry).

- I will review my symptoms of COPD with my healthcare provider.

- I will review the symptoms of a COPD flare-up and report if I have had any flare-ups or if I have used my COPD action plan.

- I will discuss ways to prevent and manage COPD flare-ups.

- I will review my current inhaler routine and ensure that I am using them correctly.

- I will discuss other treatment options that may improve my COPD (exercise, smoking cessation, diet, vaccination, pulmonary rehab, referral to specialist/certified respiratory educators, respiratory therapist).



Understanding My COPD Medications

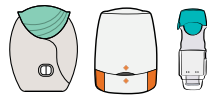
Many medications are available to help you manage your COPD symptoms and prevent flare-ups. Your healthcare provider will decide which one(s) are best suited for you.

This is not a complete list of available COPD medications. Please speak to your healthcare provider for more information.

MILD SYMPTOMS

- Uses one type of medicine in one inhaler
- Taken daily (once or twice)
- Help keep your airways open

Select monotherapy options

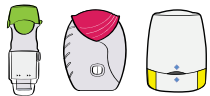


MODERATE/SEVERE SYMPTOMS

Low Risk of Future Flare-Ups

- Uses two types of medicines in one inhaler
- Taken daily (once or twice)
- Helps keep airways open

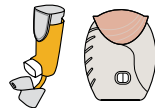
Select dual therapy options



High Risk of Future Flare-Ups

- Uses three types of medicines in one inhaler
- Taken daily (once or twice)
- Helps keep airways open
- Prevents future exacerbations

Select triple therapy options



Combining many medications into **one inhaler** is preferable to using many different inhalers. This helps reduce your risk of using the inhalers incorrectly or forgetting to take them.



Relievers

- Everyone with COPD should have one
- Works fast to relax your airways, making it easier to breathe
- Wears off after a few hours
- Taken as needed, but should not be relied on for regular/daily therapy

Oral medications

Oral medications can be taken regularly to help prevent frequent flare-ups in individuals who are already using a triple therapy inhaler. Your healthcare provider will advise if oral medications are right for you in addition to your inhalers.

Other approaches

Your healthcare provider may suggest other treatment approaches for your COPD. **If you have any questions, please don't hesitate to ask them.**

Using My COPD Inhaler

Inhalers are devices that deliver medicine straight to your lungs. **It is important to use your inhaler correctly to help ensure that you get the right dose of medication every time you use it.**

It may take a few tries, but you will get it!

NOT SURE YOU'RE USING YOUR INHALER CORRECTLY?

If you need help with your inhaler or just aren't sure you're using it the right way, **talk to your healthcare provider.** They will show you how to use your inhaler correctly and confidently.

The Canadian Lung Association has some helpful videos on how to use various inhalers.

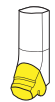
[Watch how to use videos here](#)

Common types of inhalers used in COPD



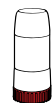
Pressurized Metered-Dose Inhalers (pMDIs) (a.k.a. “puffers”)

- These inhalers release a spray of medicine when you press them
- It is recommended to use your inhaler with a “spacer”
- A spacer is a long chamber that attaches to the mouthpiece of your inhaler and holds the spray before you inhale. This allows you to coordinate breathing in the medicine more easily and helps ensure that more medicine enters your lungs, rather than your mouth, throat, or stomach



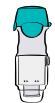
Breath-Actuated Metered Dose Inhalers (bMDIs)

- These devices automatically release medicine when you breathe in, no pressing required



Dry Powder Inhalers (DPIs)

- These devices require you to breathe in quickly and deeply to get the powdered medicine into the lungs



Soft Mist Inhalers

- These inhalers release a slow-moving mist of medicine for inhalation