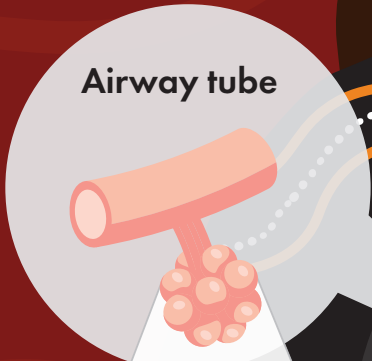




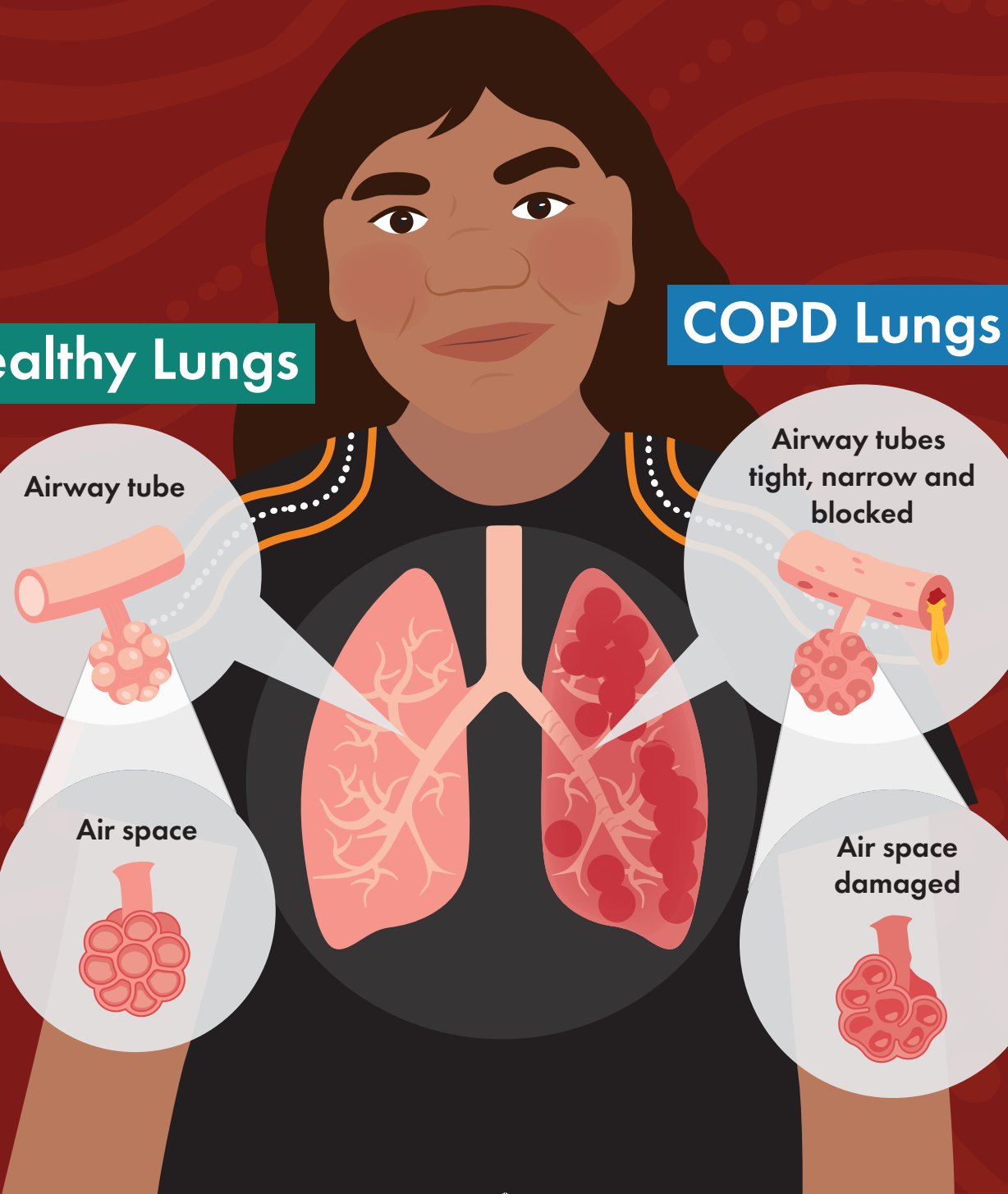
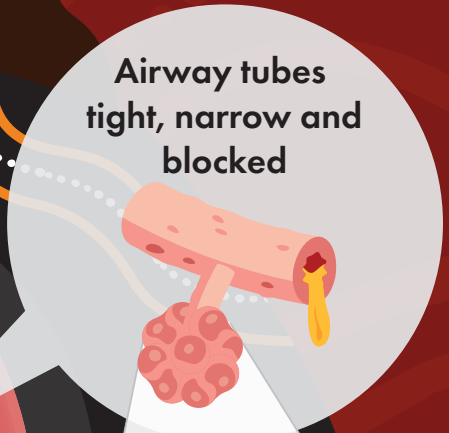
Lung and breathing problems

Could it be COPD?

Healthy Lungs



COPD Lungs



What is COPD?

COPD stands for chronic obstructive pulmonary disease. It is sometimes called Short Wind.

It is a sickness of the lungs, where your air tubes get blocked, making it harder to breathe. It doesn't get better, but you can do things to stop it getting worse.

What does this mean?

Chronic - means it won't go away, you have to keep taking care of it forever

Obstructive - means partly blocked air flow (narrow airways or breathing pipes)

Pulmonary - means in the lungs

Disease - means illness or sickness

COPD includes these other lung problems:

- **Emphysema** - slow damage of the lungs
- **Chronic bronchitis** - cough with lots of spit mucus or phlegm that does not go away, due to narrow airways
- **Chronic asthma** - asthma bad for many years



What causes COPD?



Smoking

Whether you smoke now, in the past or breath in second-hand smoke. Around 1 in 5 people who have smoked will get COPD.



Environment

Breathing in dirty air over a long time e.g. dust, gas, chemical fumes, smoke or air pollution for a long time.



Genes

A very small number of families have a form of emphysema caused by a gene disorder. Adults pass this onto their kids.



Lots of chest infections as a child




Signs of COPD sickness (symptoms)

Many people with COPD have short wind and problems with breathing.

At the start of COPD, you may not have many symptoms or only have some symptoms. You may have a cough, feel some short wind, find it harder to do jobs around the house.

Common symptoms

- Short wind (harder to breathe)
- a cough that continues
- more spit (mucus)
- feeling tired
- more chest infections

-  **Mild:** You get short wind if you walk fast, going up hills or stairs.
-  **Moderate:** You find it harder to walk fast, go upstairs or hills and do jobs around the house. You might feel more tired or have a cough that doesn't get better.
-  **Severe:** You can only walk a few steps and you cannot go upstairs or hills. You get tired easily. Cough a lot with more spit.

How do I keep my lungs healthy and good?



Quit smoking

The best way to not get COPD is to never smoke — or to stop smoking now. If you don't smoke, stay away from second-hand smoke.



Get your vaccinations

Getting the recommended vaccinations helps stop you getting chest infections. Make sure your kids get their vaccines too.



Protect your lungs

You might work in an area where you breathe in dust, gas, chemical fumes, smoke or air pollution. If you do, talk to your boss about ways to protect your lungs. Use a mask when working in these areas.

What tests do I need for COPD?

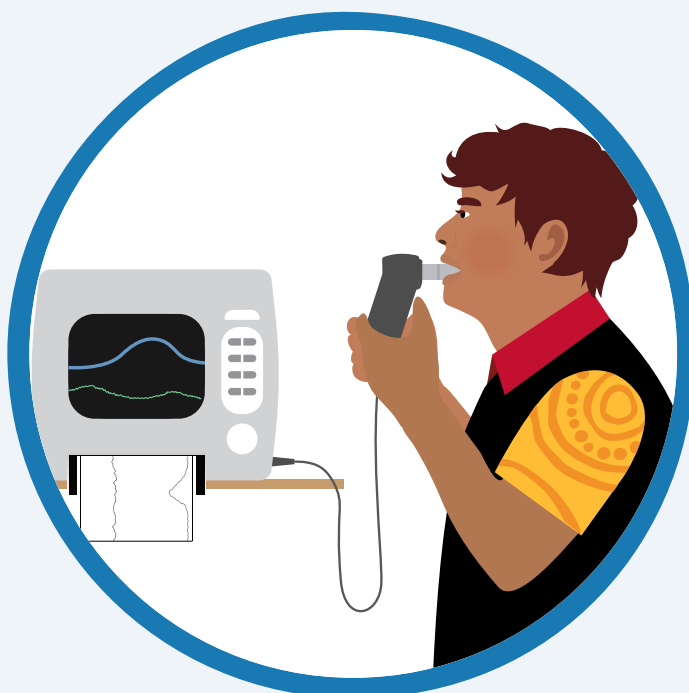
The main test for COPD is a breathing test called lung function test. The medical name is **spirometry**.

This breathing test sees how healthy (or how well) your lungs are. The test uses a machine called a **spirometer**.

What to expect

You will need to blow out as long and hard as you can into a tube joined to a machine (the spirometer). The machine works out how well your lungs work. It measures how much air you can breathe in; blow out and how quickly you blow the air out.

You will do this a few times. The health professional will check what the readings are like each time you blow into the machine. It will let your doctor know if you have COPD or another lung problem such as asthma.






How to prepare for a lung function test

You should get details from the place doing the tests on how to get ready for the test. If you are using puffers, take these with you to the test.

Fill in the instructions below with your health team to help you get ready for the test.

	36 hours before	Stop taking long acting puffers used once a day 36 hours before the test* Inhaler name:	<input type="checkbox"/>
	24 hours before	Stop taking long acting puffers used twice a day 24 hours before the test* Inhaler name:	<input type="checkbox"/>
	8 hours before	Do not use alcohol or other drugs for at least 8 hours before the test	<input type="checkbox"/>
	4 hours before	Stop taking the short acting reliever puffers 4 hours before the test Inhaler name:	<input type="checkbox"/>
	1 hour before	Do not smoke for at least 1 hour before the test	<input type="checkbox"/>
	1 hour before	No heavy exercise for at least 1 hour before the test	<input type="checkbox"/>
	Just before	Go to the toilet right before the test	<input type="checkbox"/>

* Check with health team. Only for inhalers that contain a long-acting relievers. Inhalers that only contain a corticosteroid do not need stopping.

Find out more from Getting ready for spirometry

Other tests

You might need some other tests:

- Chest x-ray
- CT chest
- Blood tests
- Sputum (spit) test
- Listen to your chest
- A 715 health check (Aboriginal and Torres Strait Islander health assessment)

Spirometry is a simple test, its free and does not hurt

How to look after your COPD

There is no cure for COPD, and the damaged lung tissue doesn't get better.

There are things you can do to:

- slow the illness
- help how you feel
- keep you out of hospital
- Live better and healthier



Looking after yourself



1. Stop smoking

The number ONE thing you can do for your COPD is to stop smoking. It might take a few goes to stop but keep trying. Get support through the Aboriginal Quitline (13 78 48).

There are stop-smoking medicines, such as nicotine replacement therapy (NRT) to help.

The best chance to quit smoking is to use coaching and stop-smoking medicines.



2. Vaccinations

Vaccinations help stop your lungs getting worse and lower the chance of a flare-up of your COPD.

Talk with your Doctor, Nurse or Aboriginal/Torres Strait Islander Health Worker about flu, COVID-19 and pneumonia vaccinations.



3. Lung clinic

Lung clinic (pulmonary rehabilitation) programs give you support and you can learn ways to make your lungs stronger. It can be done in groups with other people to help each other. They can help you exercise safely and stay well and out of hospital.



4. Keep healthy

Look after the whole body to stay healthy.

- Eat healthy food
- Keep active and exercise
- Avoid too much alcohol
- Get good sleep
- Take your medicines
- Have an Action Plan
- Do things you enjoy like being with family and friends.

Talk to your Doctor, Nurse, Pharmacist and Aboriginal and/or Torres Strait Islander Health Worker or Practitioner for help.

Your Goals

1. _____
2. _____
3. _____

What medicines will I need for COPD?

There are lots of different types of medicines for COPD, that work in different ways. Make sure you get help to know which medicines you need. Check you understand your medicines and how to use them.

There are two main types of medicines:

Every day medicines and **Relievers**







1 Every day medicines

These are sometimes called maintenance or preventer medicines.




You need to use them even when you are feeling good. They can help to get your lungs stronger and make you feel better. They can also help to keep you out of hospital and live longer. Each puff of medicine stays in the lungs for 12 to 24 hours, but it can take weeks of regular use before your lungs start to get stronger and you feel your breathing getting better. They build up over time.

There are different types of medicines, that work in different ways.





A. Long acting muscarinic antagonist (LAMA) open airways and dry up sputum or spit. Examples:

-  Acclidinium (*Bretaris*)
-  Glycopyrronium (*Seebri*)
-  Tiotropium (*Braltus, Spiriva*)
-  Umeclidinium (*Incruse*)

B. Long acting beta2 agonists (LABA) relax muscles around airways and open them up. Examples:





-  Indacaterol (*Onbrez*)
-  Salmeterol (*Serevent*)
-  Formoterol (e.g. *Foradile, Oxis*)

C. Combination medicines are for people who have symptoms for a long time. Two medicines, such as a LABA and LAMA are in the one puffer. Examples:

-  Formoterol + acclidinium (*Brimica*)
-  Indacaterol + glycopyrronium (*Ultibro*)
-  Olodaterol + tiotropium (*Spiolto*)
-  Vilanterol + umeclidinium (*Anoro*)

D. Inhaled corticosteroids

are sometimes used if you have moderate to severe COPD, have been to hospital for COPD or still have symptoms. They are used with other medicines like a LABA and LAMA. Examples:

-  beclometasone + Formoterol + glycopyrronium (*Trimbow*)
-  budesonide + formoterol + glycopyrronium (*Breztri*)
-  fluticasone furoate + vilanterol + umeclidinium (*Trelegy*)
-  mometasone + indacaterol + glycopyrronium (*Energair*)



Take these medicines every day, even if you feel good!

They can stop your breathing from getting worse.



What medicines will I need for COPD?

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There are two main types of medicines:
Every day medicines and **Relievers**



2 Reliever medicines

If your COPD is well looked after, you shouldn't need relievers every day.


! Always take your reliever with you; in case you get short wind (short of breath).

Reliever medicines help make it easier to breathe, for a short amount of time. They give quick relief of short wind, cough or wheeze. They open the airways and help you cough up spit (sputum). Reliever medicines work quickly (in minutes) and last a few hours. You might hear them called bronchodilators.

If you are using your reliever a lot more than usual, talk to your doctor, you might need a new every day medicine or other help.

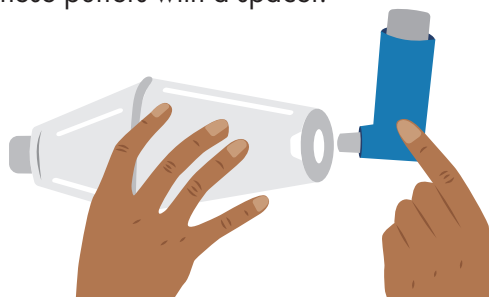
Examples:

 salbutamol (e.g. *Asmol*, *Ventolin* or *Zempreon*)

 terbutaline (e.g. *Bricanyl*)

Ipratropium (e.g. *Atrovent*) is sometimes added to salbutamol, to open your lungs more for a few hours.

Use these puffers with a spacer.



Ask your health professional to check how you are using your puffer

Which inhaler or puffer type?

You will take these medicines by using a puffer (inhaler device). A puffer helps to get the medicine deep into the lungs where it can work best. There are many different puffers for COPD. They are not all used in the same way.

Here are some examples of different puffers. A poster may be available at your ACCHO or Aboriginal Medical Service.

- Accuhaler
- Aerosphere
- Genuair
- Breezhaler
- Handihaler
- Respimat
- Ellipta
- Turbuhaler
- Rapihaler
- Metered Dose Inhaler (MDI) (should use with a spacer)
- Spiromax

Make sure you are happy using your puffer device. Ask about getting a different type if you find it difficult.

It is important that you use your puffer in the right way, to get the best effect from the medicine.

There are videos to show you how to use them too.



What to do if you feel worse

How to know if you are having a flare up?

If you are feeling sick you might be having a flare-up. An infection, such as cold or flu can cause a flare-up. Flare-ups can make normal activities difficult.

You might:

- get more short wind
- cough more
- have more spit (sputum) or thicker than normal
- have a change in the colour of your spit (sputum)
- take more reliever medicine than normal
- feel hot

Have a look at your ACTION plan, for what you can do.

Flare-up medicines

! In your ACTION PLAN, there are sometimes extra medicines that you can use for when you feel worse than normal. You use these for only a short time.

Use **antibiotics or antivirals** to treat infections. Make sure you take the pills for as long as you were told, even if you start feeling better.

Doctors might get you to take **steroid tablets, such as prednisone**, for a short time during a flare-up. They lower the amount of sputum or spit and help reduce wheeze or short wind (short of breath).

Make sure you have an action plan. Go through your action plan to know what to do in case of a flare-up and when to see your doctor.



Action Plan

Make sure you have an ACTION plan to help you look after your COPD.

Have a yarn with your health care team about:

- Your lungs
- Your medicines, including any side effects
- Your wellbeing – let them know if your mood changes or you feel anxious.
- If you have any questions

Other questions or things to note



For more information

www.naccho.org.au
www.lungfoundation.com.au
www.healthdirect.gov.au/copd
www.asthma.org.au
www.nationalasthma.org.au

Acknowledgment

NACCHO acknowledges the Traditional Owners of this land which continues to be under ongoing custodianship. We pay our respect to Elders past, present and emerging.

NACCHO thanks the Aboriginal and Torres Strait Islander people and ACCHOs that contributed to the development of this resource.