



# Don't Be Left Out in the Cold: Tis the Season for COPD

by Therese H. Ganster, LCSW, MPM

**What causes COPD?** While the primary cause is tobacco smoking, occupational exposure to chemical fumes, dust, air pollution and Gastroesophageal reflux disease (GERD) are known causes. In rare instances a genetic disorder that causes low levels of a protein called alpha-1-antitrypsin can also attribute to COPD.

**Treatment:** By all means, stop smoking! Anyone who has been a tobacco smoker knows how difficult smoking cessation can be. While it will not reverse the damage done to the COPD patient's lungs, it will keep it from getting worse. Medications may include bronchodilators, or inhalers that help relieve coughing and shortness of breath. Inhaled steroids can reduce airway inflammation and help you breathe better, but, prolonged use can weaken your bones, increase your risk of high blood pressure cataracts and diabetes. Antibiotics can be used and recommended, only when necessary to fight bacterial infections. The use of oxygen and pulmonary rehab, which may assist in decreasing the length and repeated hospital admissions, are also alternative treatments.

I've gotten my flu shot, limiting my time in public places and washing my hands frequently. What else can I do during cold and flu season? Talk to your doctor, before you catch a cold or flu about the difference between your everyday or controller medication, and how it may interact with your rescue inhalers (i.e. short acting for relief of symptoms). Make sure you know how to take these medications when needed, and that your medications have not expired and are available. See your doctor immediately if you think you've gotten the flu or cold. In patients who are diagnosed with a lung disease like COPD, contracting bacterial pneumonia can cause a downward spiral of repeated lung infections and a further decline of lung function. If a patient has a weak immune system, such as someone with a chronic disease like COPD, they are at greater risk for developing bacterial pneumonia, because they lack the necessary defense mechanisms to protect themselves.

I often feel that this illness has taken over my life. What can I do to feel more in control of this "dis-ease?" Talk to your doctor or healthcare professional about techniques for breathing more efficiently throughout the day. Ask your doctor or your Home Health case manager for an occupational therapist recommendation to assist you in developing alternatives to everyday activities. Ask your doctor if drinking plenty of water would be okay and using a humidifier may help. Exercise regularly. Consistency even with minimal exercise daily, may improve your overall strength and endurance. Avoid smoking and talk to your doctor if you have frequent heartburn.

Stay warm and enjoy the outdoors from the inside. **GLM**

While there are many factors that can trigger or exacerbate Chronic Obstructive Pulmonary Disease (COPD) symptoms, January and February can be difficult months for patients with this illness. While the hot, humid air and allergens can also present problems, in the other months, flu season, combined with cold and wind, make for potential adversity.

If COPD patients go out in the frigid temperatures, fatigue can set in and walking against the wind causes more resistance, which can result in more difficulty catching your breath. If you absolutely need to go outside, try loosely covering a scarf over your nose and mouth, then breathe through your nose. This warms the air before it enters into your lungs, which can help prevent your symptoms.

Before addressing the second hurdle to overcome (i.e. cold and flu), let's step back and answer some frequently asked questions about COPD:

**What is COPD?** COPD refers to a group of lung diseases that block airflow and make it increasingly difficult to breathe. Emphysema (i.e. Inflammation in the walls of tiny air sacs of the lungs called alveoli. This can destroy those walls and allow small airways to collapse when you exhale, causing less air flow out of your lungs.) Chronic bronchitis which is characterized by an ongoing cough, causes inflammation and narrowing of the bronchial tubes. This may also cause increased mucous production which can further block the narrowed tubes. Chronic asthmatic bronchitis or bronchial asthma that is accompanied by contractions of muscle fibers in the lining of the airways (i.e. bronchospasm), is also at times classified as COPD.