There is no cure for chronic obstructive pulmonary disease (COPD). The goal of treatment is to slow the progression of the disease and prevent flare-ups. This is done with the help of medications that open your airways, reduce swelling and treat infection. The combination of drugs you take depends on the severity of your symptoms.

BRONchodilators
If you have COPD you will likely be prescribed at least 1 bronchodilator. These drugs relax the muscles around your airways. Long-acting or maintenance bronchodilators need to be taken regularly to help keep your symptoms under control and help you breathe.

There are many different kinds of bronchodilators. They are divided into 3 main groups according to how they work:
- **Beta-agonist**: These drugs mainly affect the muscles around the small airways.
- **Anticholinergics**: These medications target the muscles around the large airways.
- **Theophyllines**: These drugs relax the muscles in the breathing tubes.

Bronchodilators are also grouped by how long they work. While long-acting maintenance medications can help control your condition long-term, short-acting reliever medications may be needed if your symptoms suddenly get worse.

Long-acting bronchodilators last about 12 hours or more. These are used to manage moderate to severe chronic COPD symptoms, and should not be used for immediate relief. They work to prevent symptoms and keep your COPD under control.

However, during a flare-up or when respiratory symptoms bother you, short-acting bronchodilators begin working within minutes and last roughly 4 to 8 hours.

CORTICOSTEROIDs
If your COPD symptoms are severe or flare up often, your doctor may also prescribe an inhaled steroid. These anti-inflammatory drugs help reduce swelling in the airways.

Although inhaled steroids may help some patients manage their condition long-term, oral steroids may be used for short periods of time to treat flare-ups or a sudden worsening of your symptoms.

ANTIBIOTICS
About half of COPD flare-ups are caused by bacterial or viral infections. In these cases, your doctor may also prescribe an antibiotic or an anti-viral medication to manage your symptoms.
COPD AND SLEEP APNEA

Millions of Americans are affected by sleep apnea. If you also have COPD, this sleep disorder may be even more serious.

Sleep apnea is a chronic disorder that causes breathing pauses or shallow breathing during sleep. This happens because your airway becomes blocked or the part of your brain that controls breathing isn’t sending the right signals. This can lead to poor sleep quality and low blood oxygen levels. Left untreated, sleep apnea can increase the risk of high blood pressure, heart disease and stroke.

Certain people are at greater risk for sleep apnea, including men and those who are smokers, overweight or age 40 or older.

Sleep apnea is often treated with CPAP (a continuous positive airway pressure device). This machine uses gentle air pressure to keep the airways open. A mouthpiece that repositions the jaw and tongue, or surgery may also be options.

Certain lifestyle changes can also help, including:
• Losing weight
• Avoiding alcohol
• Not smoking
• Sleeping on your side

The benefits of pulmonary rehabilitation

If you have COPD, avoiding activities that make you feel breathless can leave you out of shape and even more short of breath. Pulmonary rehabilitation can improve your breathing, stamina and your quality of life.

HELPING YOU MANAGE

Pulmonary rehabilitation is a program designed to help people with chronic breathing problems function better in their daily lives. In addition to your medical treatment, this program helps you manage the physical and emotional challenges you may face, through the following:
• Exercise training
• Nutritional advice to lose weight and breathe easier
• Education about COPD, your symptoms and treatment
• Tips to conserve your energy
• Breathing strategies
• Support groups to manage depression or anxiety

During pulmonary rehab you work with a team of healthcare professionals. In addition to your doctor, your team may include a respiratory therapist, a nurse, a nutritionist, a physical therapist, an occupational therapist and a social worker.

WHAT TO EXPECT

Most pulmonary rehabilitation programs last a few months. You will meet with your team and receive a plan based on your individual needs and abilities. Although you will follow through with your plan at home, your team will guide and monitor your progress at least weekly.

Although pulmonary rehab is not a cure, it can help you get stronger and maximize your control over breathlessness and other disabling symptoms. It can also help you avoid situations that could worsen your symptoms. More endurance and fewer breathing problems can improve your quality of life.

Our health management program offers you the education and personalized support you need to better manage your COPD. Visit www.bcnepa.com/Wellness/HealthPrograms.aspx to enroll.
Exercises to help you breathe easier

There are exercises you can do to help you conserve energy and breathe easier if you have COPD. Try these methods:

**Pursed-lip breathing:** Using this technique you control your breathing by taking longer, less frequent breaths so your airways stay open longer. Breathe in deeply through your nose for roughly 2 seconds. Purse your lips like you are going to blow out candles, and exhale twice as slowly as you inhaled. Use this technique when you are short of breath or during exercise.

**Belly breathing:** Also known as diaphragmatic breathing, this exercise makes your diaphragm do more work to help you breathe out. Sit or lie down. Put 1 hand on your chest and the other on your stomach. Breathe in through your nose for about 2 seconds. As you inhale, your stomach should move out more than your chest. Exhale slowly through pursed lips. As you breathe out, press down gently on your stomach.

Keeping your lungs clear can also help you conserve energy and prevent infections. Some techniques that can help:

**Staying hydrated and being physically active:** However, alcoholic and caffeinated beverages don’t help thin mucus.

**Huffing:** Breathe in and exhale actively 2 to 3 times as if you are “huffing” onto a window to steam it up.

**Postural drainage:** Lie down or sit in different positions so that gravity helps mucus drain from your lungs. Do this before eating and after using your bronchodilator inhaler.

As a general rule, perform these techniques for 20 to 40 minutes early in the morning or before bed. Talk with your doctor before beginning or changing an exercise routine.

A health coach can give you more advice on managing your COPD. Call 1.866.262.4764.

**YOUR COPD ACTION PLAN**

By recognizing signs of a flare-up in your COPD, you can prevent serious problems. A COPD action plan can help. An action plan is a written document created by you and your doctor. It tells you what to do based on your symptoms. This action plan from the American Lung Association addresses 3 “zones:”

**Green zone:** No unusual symptoms. Continue to take your medicines and engage in activities your doctor has approved, such as regular exercise.

**Yellow zone:** Your symptoms are worse than usual. You may have thicker mucus or be coughing more than usual. Use quick-relief medicines and take other steps so your symptoms don’t get any worse.

**Red zone:** Your symptoms are severe. You may have breathlessness, fever or be coughing up excessive mucus or blood. Call 911 or have someone take you to the emergency room.

If you don’t have a COPD action plan, you can find one by going to www.lung.org and searching using the phrase “my COPD action plan.” Work with your doctor to spell out the specific steps you should follow.
Nina M. Taggart, MA, MD, MBA  
Vice President, Clinical Operations

BlueCare HMO Plans: This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.
1.800.822.8753.

Self-funded group benefits may differ from the benefits and services described here. See your Summary Plan Description for complete details of your coverage.

This material is not intended as medical advice. Please talk with your doctor about this and any other health information.

Donna L. McAllister, RN, BSN  Ext. 2002

Call 1.866.262.4764 or (TTY) 1.877.720.7771 weekdays between 8 a.m. and 8 p.m. ET to speak with the health coach listed above.

LOOK IN THIS NEWSLETTER to find health information especially for you!

Are you getting enough fiber?

If you’re like many Americans, you’re fiber-challenged. Most Americans consume only 15 grams of fiber daily instead of the recommended 25 grams for adult women and 38 grams for adult men. Dietary fiber consumption can be slightly decreased after age 50.

Fiber is a carbohydrate that cannot be digested. It is found in fruits, vegetables, grains and legumes. Including enough fiber in your diet can help:
• Control blood sugar to reduce your risk for type 2 diabetes
• Reduce your risk for heart disease by lowering your low-density lipoprotein (LDL), or “bad,” cholesterol
• Reduce constipation and your risk for irritable bowel syndrome
• Fill you up with fewer calories to help control your weight

To consume more fiber, concentrate on eating more whole foods. At the top of your list should be fruits and vegetables, such as carrots, squash, broccoli, leafy greens and potatoes with the skin. Aim to consume 5 to 9 servings daily. If you’re eating out, choose entrees that come with a lot of vegetables. You should also eat more beans, peas and legumes, all of which are outstanding fiber sources.

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