Living with COPD
Patient Leaflet Series

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What is Chronic Obstructive Pulmonary Disease (COPD)?

Chronic obstructive pulmonary disease is a disease in your wind pipe, it occurs when your wind-pipe gets obstructed or narrowed down by some of your lung related problem(s). There are many conditions that may cause COPD in you, such as-

You may have chronic bronchitis: When the inner layer of your lung tree and its branches (bronchi) are irritated by an infection or another external cause, such as smoking or just, your lung will release an amount of mucus (thin jelly like oily substances), and that may block your wind-pipe (trachea).

You may have emphysema: When small lung spaces looks like bee-hive (lung alveoli) has got a problem. The lung alveoli have a role to pass your filtered blood with good amount of oxygen to distribute into your entire body, which is pumped out by your healthy heart. If you are suffering from emphysema, your lung alveoli cannot continue that job sufficiently, then you are in a trouble. This may leads to COPD.

You may have chronic asthma: Sometimes you may experience permanent obstacle into your windpipe due to repeated asthma, and you are suffering for quite a long time.

Therefore, you may suffer from COPD if you have any of the above conditions in your lung (respiratory) system.

Why you got COPD?

Smoking is your main culprit to start COPD

Of course, if you are

• Working in a dusty area
• Living in the area where you do not have good flow of natural (non-polluted) air to breathe.
• Cooking in a smoky kitchen (with wood, leaf, charcoal, dried cow-dung, husk etc)
• Working in a place where lot of smoke is around you (you are passively smoking)
• Even it may happen to you if your parents or grand-parents suffered from COPD (family history)

What you may feel when you get COPD?

You may start

• coughing quite often
• the sticky sputum (phlegm) with your cough is coming out
• suffering from shortness of breath
• listening to a wheezing sound from your chest and throat
• getting infection in your lung -- may happen to you quite frequently
• losing your weight
• developing anemia -- and you looks pale and may feel weakness and tired

SOURCE: Chest Heart & Stroke Scotland and NHS UK
How to overcome COPD?

Consult with your doctor. They may prescribe you an antibiotic and/or steroid. Your doctor may also advise on your diet, referring you for lung exercise, stop tobacco clinic etc.

**Use an Inhaler with a spacer;** so that your steroid drug does not go direct contact in your mouth lining, rather it goes to your wind-pipe straight-away. If you are not able to avoid exposing inhalation drug (steroid), and then that may affect your mouth cavity with a fungus infection (a type of fungus). Then you need to consult with your doctor for a suitable one, and its proper method of use.

![Types of small volume spacers](image)

**Spacers**

_Courtesy: Chest Heart & Stroke Scotland_

**SPACERS (see the images of spacers)**

If your device is technology sensitive (not user friendly), you may face difficulty. They are designed for use with steroid inhalation. A spacer is fitted into it.

A spacer is a plastic dome with a mouthpiece at one end and a fitting for your inhaler at the other side. The drug is delivered more effectively to your lungs. That way it helps you by reducing side effects, especially those caused by steroid inhalers. The other advantage of spacer is that the drug is directly delivered into your wind pipe rather than exposed to your mouth cavity lining. This may largely prevent candida related side effects, such as, candidal infection. Smaller type of spacer is convenient for carrying in your pocket. Make sure you are not developing any abnormal health condition, as you are on steroid. You need to inform your doctor, in case you have another health problem.

**Using your spacer and inhaler correctly can be more effective than using a nebulizer.**

**Using your spacer**

If you having 2 puffs from your inhaler, you then follow the instructions below

It is important that your inhaler fits onto your spacer properly. Ask your practice nurse or doctor if you are unsure.

_SOURCE: Chest Heart & Stroke Scotland and NHS UK_
Patient Leaflet for Chronic Obstructive Pulmonary Disease (COPD)

Make sure the valve in the spacer is working: Some of them click when you open and shut when you breathe through them, and others make a whistling noise. Anyway you ask your doctor or a nurse to instruct you. Usually-

- **SHAKE WELL** Always shake well before fixing your inhaler onto spacer.
- **EMPTY YOUR LUNG**: Breathe out to empty your lungs.
- **SEAL YOUR LIPS**: Seal your lips around the spacer mouthpiece.
- **HOLD THE SPACER**: Hold the spacer at a suitable level, and then activate
- **BREATHE** in slowly and deeply, and to do that-

1) Hold your breath for a count of 10 or as long as you can. (This allows the medicine to reach to your smaller part of your lungs).

2) If you are unable to take slow deep breaths or hold your breath, then breathe in and out as normal several times.

**Taking care of your spacer**

Take your spacers apart once a week, wash it in warm soapy water, rinse and drip dry. Never dry it with a towel or paper towel or tissue as fibers can interfere with its action. Your spacer should be replaced every 6-12 months.

**Visit to a Dental Clinic**

Try a routine oral/dental health checkup once in 6 months or a year at the best. Your gum may turn into bad condition if you have COPD and, especially when you are using non-spacer inhaler. The fungus or bacteria (bug) in your mouth may travel to your lung and worsen your COPD. Hence, regular visit to dental clinic helps you to maintain your gum / mucosa health and protect from complicated COPD to develop. Inhaler user may have steroid related complications including inside of your oral cavity (a Candida related mucosa problem or Lichen planus may grow).

**YOUR MOUTH MAY GET DRY - Drink enough clean (safe) drinking water**

Drink enough clean drinking water. This stops your sputum getting too sticky and makes chest clearance easier. It also helps your mouth clean. Try to drink 8-10 medium glass of safe drinking water daily. Limit your alcohol drink to very low, alcohol drinking losses your water from body (make you dehydrated), and that may complicate your COPD.

**Break the habit**

Smoking is not only an addiction it's an indicator of poor life-style. Think why you do smoke, and can't stop. You would also do not start chewing tobacco such as Tambula/Beeda or Gutkha. That are equally harmful, a cause of mouth cancer (20-30% of all cancers in India). If you can't stop even with your strong determination and will force, you may consult us.

To break the habit you must first be aware of why you are smoking and when you do smoke. Keep a smoking diary; break your routine as you started to stop a tobacco. Try and find a new activity to keep you occupied, diverted.

SOURCE: Chest Heart & Stroke Scotland and NHS UK
To stop tobacco habit, you may need Nicotine Replacement Therapy (NRT)

You are exposed to nearly toxic 4000 chemicals are available in tobacco. There are 80 cancer-causing chemicals; hundreds of noxious substances and the nicotine which make you an addict to a tobacco, you may suffer from craving (unpleasant withdrawal symptoms) when you stop tobacco if you are really an addict to it. In that case, you better visit an expert or a Nicotine Replacement Therapy (NRT) clinic.

NRT drug is available; you can buy from pharmacies and also on prescription. It comes in a variety of forms and strengths, e.g. patches, gum, inhalators, micro tabs and nasal sprays. Always seek the help of your doctor before starting a NRT. In India we have few NRT products, NRT gum are available. But before stating a NRT by yourself, you better visit a doctor/dental surgeon who knows about it, otherwise, you may contact us, and we are happy to help you. We have a dedicated NRT services at Nitte University Dental College (ABSMIDS, at the Department of Oral Biology and Genomic Studies).

Consult a physiotherapist

To improve your breathing problem and chest clearance, your doctor may refer to a physiotherapist. He/she will help you to sort out your breathing problem.

Chest Clearance:
There is an exercise for clearance of chest that helps to clear your lung and wind-pipe if they need for this you may consult to your doctor.

Breathing problem at night

Many people with COPD have breathing difficulties during the night. This can be very frightening and increases your fear, and making your breathing problem worse. You may do if you have such problem

- If you wake up breathless, sit up and lean forward, e.g. sitting at the edge of the bed and leaning your arms on a bed table.
- Keep a fan by your bed and turn it on when you are feeling breathless.
- Keep your inhalers by your bed and take your reliever.
- Try and use your breathing control. Try not to force your breath out. This causes more air to get trapped in your lungs.
- Try not to fight your breathing problem. Relax your shoulders, tensing your muscles will only use up your energy and make you more problems in breathing.

IMPORTANTLY: Keep your home dust and smoke free; try to avoid cook in a smoky kitchen.
YOU NOTE THAT, COPD may complicate your lung and heart system (Cardiovascular system), but it does turn into a cancer.

Contact us

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