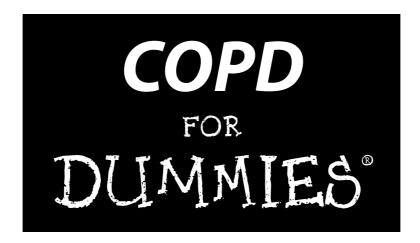


### by Kevin Felner, MD, and Meg Schneider





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His research on lung and respiratory illnesses has been presented to the American Thoracic Society and published in journals such as the *International Journal of Surgical Pathology*.

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### Dedication

Kevin dedicates this book to his wife, Galit, and son, Liam, whose love and support are the foundation of all he does and aspires to.

Meg dedicates this book to Bob and Helen Abel, for whose friendship and love she is grateful beyond words.

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The tricky thing about acknowledgements is that you're always in danger of inadvertently forgetting to mention someone who will be mortally offended at the omission. On the other hand, if, in an attempt to include everyone, you dither on about the inspiration you received from Tom This, the encouragement of Dick That, and the patience of Harry the Other, not to mention the late-night coffee-and-ice-cream-sessions with Jane So-and-So and the eternal friendship of Sally Such-and-Such, your readers get restless. "Who *are* these people?" they fume to themselves, anxiously skimming the pages to see where the acknowledgements section finally ends. "Get on with it already!"

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# Introduction

hronic obstructive pulmonary disease (COPD) — involving chronic bronchitis, emphysema, or both — is the fourth leading cause of death and the second leading cause of disability in the United States. Twelve million Americans have been diagnosed with COPD, and experts believe another 12 million suffer from COPD but don't know it.

COPD is a progressive disease, meaning it develops and gets worse over time. You don't just wake up one morning and realize you have COPD. Instead, you find that activities that used to be easy for you are harder now. You may become breathless walking upstairs, or you may have trouble carrying groceries into the house. You may not have the energy to eat at night, and this may lead to weight loss and a feeling of overall weakness. Even when you're sitting quietly, you may feel like you can't catch your breath.

And you may attribute all these symptoms to age, because COPD usually doesn't begin to make itself noticed until you're in your 40s, 50s, or 60s.

Part of the reason COPD is so severely under-diagnosed is that many physicians mistake its symptoms for other illnesses, particularly asthma. But effective treatments for asthma and COPD differ, and if you're being treated for asthma when you really suffer from COPD, chances are, your symptoms won't improve much.

And that leads us to another common misconception about COPD: that it cannot be treated. True, after damage is done to your lungs by smoking or other factors, that damage can't be reversed. But when it is properly diagnosed, COPD can be treated effectively, and with the proper treatment, you don't have to let COPD keep you from doing the things you enjoy.

### About This Book

Our objective in writing this book is twofold. First, we want you to understand COPD — its causes and effects and why it makes you feel the way you do. We show you how your lungs work and how COPD interferes with your lung function. We talk about how impaired breathing affects the rest of your body. We discuss the differences between COPD and other lung diseases like

asthma and tuberculosis. And we put all this technical medical stuff in plain, easy-to-understand language, so you'll know what your doctor is talking about when he tosses off terms like *alveoli* and *forced expiratory volume*.

Second, we want you to know what you can do about COPD. Too often, people who are diagnosed with this disease feel powerless to improve their quality of life. But with the proper care and attention to your condition and your overall health, you can help yourself get the most out of living with COPD. Part of what you can do about it involves medications prescribed by your doctor — but that's only part of it. Nutrition and exercise play big roles in treating COPD and slowing its progress, and those two areas are up to you. We give you the information you need to make wise choices when it comes to eating and physical activity. Finally, we show you ways you can adapt to your condition without letting it dictate your life. Changes in your daily routine and the way certain areas of your home are organized can make life much easier for you, preserving your sense of independence and ability to enjoy life.

### Conventions Used in This Book

For the sake of consistency and readability, we use the following conventions throughout the text:

- ✓ Medical and technical terms are in *italics*, and plain-English explanations of their meanings are nearby in the text, often in parentheses.
- ✓ When we give you steps to follow in a particular order, we put the action part of each step in **bold.**
- ✓ E-mail addresses and Web addresses are in monofont. *Note:* When this book was printed, some Web addresses may have needed to break across two lines of text. If that happened, rest assured that we haven't put in any extra characters (such as hyphens) to indicate the break. So, when using one of these Web addresses, just type in exactly what you see in this book, pretending as though the line break doesn't exist.

## What You're Not to Read

This book is structured so that you can find the specific information you're looking for without wading through a bunch of stuff you don't care about. You don't have to read the chapters in any particular order; you don't even have to read all of them if you don't want to.

Occasionally, you'll see sidebars — shaded boxes of text that go into detail on a particular topic. You don't have to read these if you're not interested; skipping them won't hamper you in understanding the rest of the text. You

also can skip any information next to the Technical Stuff icon. Again, this information is presented for the intensely curious reader, but you won't be missing anything crucial if you ignore it.

## Foolish Assumptions

In putting together the information in this book, we've made some assumptions about you, the reader. We assume that you:

- ✓ Have been diagnosed with COPD, suspect you may have COPD, or have a loved one who has COPD.
- Want to understand how your lungs work and how your lung function affects the rest of your body.
- ✓ Want information about what a COPD diagnosis means.
- ✓ Want to understand your treatment options.
- Want to know how you can manage COPD effectively with medication and lifestyle choices.
- Want tips on how to make the lifestyle choices that will help you manage your COPD.
- ✓ Want a convenient, comprehensive, and easy-to-understand resource that covers all this information without making you feel like a dummy.

## How This Book Is Organized

We split this book into five parts to make it easier for you to find the information you're looking for. Here's how it's organized.

# Part 1: Every Breath You Take: The Who, What, and Why of COPD

This part covers the mechanics of COPD. We talk about the two lung diseases that comprise COPD — chronic bronchitis and emphysema — as well as other lung ailments that COPD can be mistaken for. We also show you how your lungs normally work and how COPD prevents them from working properly. And we discuss various risk factors for COPD, starting with the number-one risk, smoking, and going right through other risks like exposure to airborne contaminants and a rare but serious genetic condition that almost inevitably leads to COPD.

# Part 11: Catching Your Breath: Treating COPD

In these chapters, we walk you through the process of diagnosing and treating COPD. We tell you what kinds of tests your doctor may order and how to help determine the severity of your condition. Because COPD patients often suffer from depression, especially when they're first diagnosed, we talk about the common emotional reactions to a COPD diagnosis and give you tips on finding support and coping with your own emotional response.

Because COPD affects virtually every aspect of your life, we show you how to build a health-care team that can address every facet, from medical treatment to diet to exercises designed to help you breathe better. We also discuss the importance of setting goals for your treatment and how to assess your progress.

This part also covers the various medications used to treat COPD symptoms, including why they help, how to use them, and what side effects you may experience from each. We also cover surgical and alternative treatment options and discuss when these options make sense, as well as factors you and your doctor need to consider before using them.

# Part III: In the Next Breath: Managing Your Overall Health

Getting the right medications for the problems in your lungs is only part of living with COPD. Quitting smoking, getting appropriate exercise, and making sure you eat a balanced diet that also provides you with enough calories are all critical components of treating your COPD. We show you how these things affect your condition (and how COPD affects these things) and provide information and tips for managing your general health as well as your COPD.

### Part IV: Breathing Easier: Living with COPD

COPD robs you of energy. Simple tasks like running the vacuum, taking a stroll, even bathing and getting dressed can seem monumental when you have COPD. In this part, we provide tips for making your daily routine less tiring, showing you how to gauge your energy levels, choose clothing that's more comfortable and meals that are more appetizing, and reorganize your home and daily routine to make life with COPD easier.

This part also provides essential information on preparing for emergencies. Here you find the signs that mean you need medical help immediately.

If you have a loved one with COPD, this part also provides a quick primer to understanding the effects of COPD. This is where you'll find information on what you need to know about your loved one's condition and medications, tips on how you can help your loved one manage the disease, and a guide to help you identify danger signs.

### Part V: The Part of Tens

A favorite feature of *For Dummies* books, the Part of Tens gives you quick, easily digestible nuggets of information. Here we present our top-ten lists for living with and understanding COPD, including ten things to avoid when you have COPD and ten common myths about the disease. We also give you ten strategies for coping with COPD on a daily basis, and ten health factors that affect COPD (or vice versa).

### Glossary

Although we explain any technical terms in the text, sometimes it's easier to look up an unfamiliar word in a glossary format, rather than having to hunt through the text for the definition. This glossary is intended to be a handy and reasonably thorough guide to understanding what your doctor is talking about.

### Icons Used in This Book

Throughout the book, you'll find little icons in the margins that alert you to specific kinds of information. Here's what each of the icons means:



This is practical information that you can use right away to make a specific task easier.



This icon indicates information that you may want to file away for future reference.



This little bomb tips you off to potential problems or dangers you should be aware of.



Because everyone's medical needs are different, we use this icon to remind you when you should consult your physician before taking a specific course of action.



When we get into technical medical stuff, we alert you with this icon so you can skip it if you want.

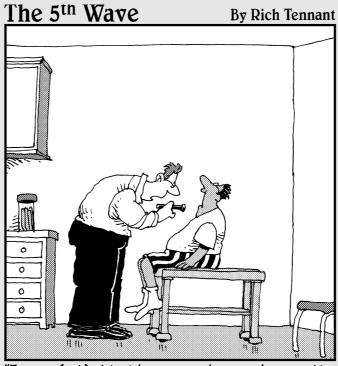
## Where to Go from Here

The beauty of Dummies books is that you can use them in whatever way works best for you. You can start with Chapter 1 and work your way to the last page, or you can peruse the table of contents, decide which area seems most interesting or useful to you at the moment, and start your reading there. Either way, our goal is that you find and take away a better understanding of COPD.

Still not sure where to start? Here are our recommendations:

- ✓ If you've just been diagnosed with COPD, head to Chapter 7 for information on treatment goals. Chapter 5 can help you deal with how you feel about the diagnosis, and Chapters 8 and 9 cover various medical treatments.
- ✓ If you're trying to manage your COPD better, go to Chapter 11 for nutrition information and Chapter 12 for information on exercising with COPD.
- ✓ If a loved one has COPD, start with Chapter 17 to find out what you can do to help. You also can use the information in Chapters 14 and 15 to help your loved one remain independent.

# Every Breath You Take: The Who, What, and Why of COPD



"I see what's blocking your airway. Apparently, someone said something at some point that just stuck in your craw."

### In this part . . .

OPD is often misdiagnosed as asthma or another lung ailment. Because it's a progressive disease, people often don't notice or seek medical treatment for their symptoms until the damage is fairly well advanced. In this part, we explain the differences between COPD and other lung diseases and identify common ways in which early-stage COPD can make its presence felt.

We also take you inside your body's respiratory system to show you how it functions when it's healthy and when it's not, and we look at factors that influence how well your lungs function. Then we give you detailed information about the risk factors for COPD — from smoking to gender to individual medical history — so you can assess how many of these factors apply to you.

## **Chapter 1**

# **Understanding COPD**

#### In This Chapter

- ▶ Defining what COPD is and isn't
- ▶ Looking at how COPD affects your body
- ▶ Understanding COPD's impact on your life

hronic obstructive pulmonary disease, or COPD, is the fourth leading cause of death in the United States and the second leading cause of disability. The costs associated with COPD are enormous — more than \$37 billion a year, including \$20 billion a year just in direct healthcare costs. Some 12 million American adults have been diagnosed with COPD, and another 12 million may have it but don't know it.

How can there be so many undiagnosed cases of a life-threatening illness? For the same reason that many diabetics and people with high blood pressure go undiagnosed: The symptoms, especially early on, are so vague that they're easy to ignore. And when COPD symptoms do appear, they can be mistaken for other conditions, like asthma.

In fact, until fairly recently, most people outside the health profession had never heard of COPD, and those who had heard of it very often dismissed it as a "smoker's disease." Smoking is the number-one risk factor for COPD, but it is by no means the only one. Long-term exposure to dust, chemical fumes, secondhand smoke, and other pollutants can lead to COPD, and there's even a genetic condition that, though rare, can cause the disease.

COPD also was long considered a man's disease. But since 2003, more women than men have died every year from COPD. Many experts attribute this shift to the fact that, while smoking rates among men have dropped over the past two or three decades, the smoking rates for women have crept upward. Women also seem to suffer more than men from many of the health-sapping effects of COPD, so it tends to progress faster in women than it does in men.

That's the insidious thing about COPD: It's a progressive disease. New treatments and better understanding have improved management of its symptoms, but there is no cure, and the average life expectancy after diagnosis is about five years, depending on the severity of the COPD and other health factors.

Faced with these sobering facts, many people feel overwhelmed, even discouraged or depressed, when they first learn they have COPD. But you aren't completely powerless. There are all kinds of steps you can take to manage your COPD symptoms and improve your quality of life. The first step is understanding COPD and how it affects your body.

### What COPD Is and Isn't

*COPD* is an umbrella term covering any long-term, irreversible damage to the lungs that interferes with breathing, specifically with getting air out of the lungs.

If you break the term down into its four parts, here's what *chronic obstructive pulmonary disease* means:

- ✓ Chronic means "always present" (as opposed to acute, which refers to a short-term condition that disappears after treatment).
- ✓ Obstructive means "blocking."
- ✓ Pulmonary refers to the lungs, including the airways and tissues that allow your body to pull in oxygen and push out carbon dioxide and other gases.
- Disease is a condition that harms a specific bodily function and/or your overall health.

So *chronic obstructive pulmonary disease* is a condition in which you have trouble getting air out of your lungs because your airways are continually blocked.

Not being able to get air out is a problem because, when that air is trapped in your lungs, you can't inhale enough air to supply your body with oxygen. (Chapter 2 describes the gas exchange process in detail.) Your body senses that you aren't getting enough oxygen and sends signals telling you to breathe faster to correct the problem. This process is what makes you feel like you can't catch your breath.

Smoking just adds to the problem. Smoking increases mucous production in your lungs and paralyzes the *cilia* — the little "brooms" whose job it is to sweep mucus and particles up your airways so they can be coughed out. Too much mucus clogs the gas-exchange function of your air sacs, so you feel short of breath.

When you can't cough out mucus and particles, you have a higher risk of developing lung infections like pneumonia — a serious problem for COPD patients.