

Chronic Obstructive Pulmonary Disease (COPD)



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Acknowledgements

- Lung Foundation Australia
- The Asthma Foundation
- The National Asthma Council
- Quitline
- NPS Medicine Wise
- CCLHD Community Respiratory Service, Community Allied Health Service & Palliative Care Service

My Healthcare Team

Role	Name	Number
GP		
Respiratory Specialist		
Community Respiratory Service		
Carer or support person		
Case Manager		

As well as your doctor, there are other health professionals who can help you manage your COPD - this is your healthcare team. A respiratory nurse, pharmacist, physiotherapist or dietitian may be part of your healthcare team.

You may choose to ask one or more of your family or friends to also be part of your healthcare team. They can assist by attending appointments with you or helping you monitor your symptoms.



You can talk to your healthcare team about:

- Changes in our symptoms, or flare-ups
- Your medicines, including any side effects
- Other conditions you may have and their impact on your health and wellbeing
- Strategies to self-manage your COPD
- Environmental risk factors you may have recently been exposed to such as smoking, dust or fumes

My COPD Action Plan

Name _____

Date of plan _____



My symptoms

My 'normal' is

- I have a usual amount of cough/phlegm
- I can do my usual activities.



Normal for me

My plan

Medication/s for COPD

Puffs every AM: _____ Puffs every PM: _____

Medication/s for COPD

Puffs every AM: _____ Puffs every PM: _____

Oxygen prescription

I need to use home oxygen on _____ setting or L/min for _____ hours/day

Reliever inhaler:

Puffs when I need it to relieve my symptoms

My symptoms

My symptoms are worsening if I am:

- Coughing more than usual
- More breathless
- Needing my reliever medication more often
- More tired / lethargic
- Having difficulty with usual activities.



I'm unwell

My plan

If I get more out of breath

I will use my reliever inhaler more.

Medication: _____

Take _____ puffs every _____ hours.

If I get more out of breath despite taking my reliever medications

I will start my rescue pack - prednisolone.

Medication: _____

_____ times per day

_____ mg

Daily for _____ days

If I get more phlegm and/or change in colour (dark yellow, green or brown)

I will start my rescue pack - antibiotics.

Medication: _____

_____ times per day

For _____ days

My flare ups

Date prednisolone started	Date antibiotics started
_____	_____
_____	_____
_____	_____

_____ days or weeks

! If I have had to use my plan twice, it's time to organise an appointment with my doctor or nurse for a review.

My symptoms

I am becoming more unwell if:

- I am getting worse despite the extra medications (including increased reliever, prednisolone and/or antibiotics).



Very unwell

My plan

- Speak to my doctor today as I am no better.



If no urgent GP appointments are available, present to your local hospital emergency department.

My symptoms

I'm extremely unwell if:

- I am experiencing sudden shortness of breath
- I am not responding to my reliever
- I am feeling scared
- I am unusually confused or drowsy
- I am having chest pain.



Emergency

My plan

- **Dial 000** for an ambulance or press my medical alarm button
- Continue to use my reliever as needed until the ambulance arrives
- Try my breathing control techniques.

Plan prepared by _____

Doctor / Nurse Practitioner (circle)

Name: _____

Clinic phone: _____

Next review date: _____

Reminder created

Signature: _____



For more information about managing exacerbations, visit the dedicated clinical path resource.



Please turn page over

Managing breathlessness

When feeling breathless

- 1  Stop what you are doing
- 2  Find a resting position
- 3  Use your fan or the breeze
- 4  Choose your preferred breathing technique, & continue for 2-3 minutes

After 2-3 minutes evaluate your breathlessness

Are you feeling less breathless and more in control?

Yes: Continue with your activity

OR




No: Take your prescribed reliever inhaler medication through a spacer, then resume breathing technique for another 2-3 minutes



If you remain breathless, refer to your written Action Plan on the front (turn over).

Common activities that can cause breathlessness when you live with COPD

Breathlessness is a common symptom in COPD. It can often seem to come on for no apparent reason or with very little exertion. This can cause people to feel frightened, out of control and anxious.

- | | | | | | |
|---|----------------------------|---|---------------------|---|---------------------------|
|  | Preparing and eating meals |  | Hanging out washing |  | Bending down to tie shoes |
|  | Walking |  | Vacuuming |  | Showering and dressing |

Self-management

Self-managing your condition helps to give you control. To learn more about these tools and how they can assist you in self-managing your condition, visit the Lung Foundation Australia website.

Self-management tool

Inhaler techniques

Correct inhaler technique helps you get the most benefit from your inhaled medications. Ask your doctor, nurse or pharmacist to check your technique.



Relaxed breathing and control

Bending over or leaning forward while resting your arms on a stable surface can assist with getting control of your breathing.



Chest clearance

Airway clearance techniques are breathing exercises that can help you cough up phlegm. Ask a physiotherapist skilled in airway clearance techniques for instructions on how to start.



Hand-held fans

A cool draft of air from a hand-held fan can help you feel less breathless and more in control.



COPD medications chart

It is important you understand your medicines, their role, how they work, and when and how to take them.



Pulmonary rehabilitation (PR)

PR is an exercise and education program that helps you to exercise safely and manage your breathlessness.



Vaccination

Vaccinations for influenza, pneumococcal pneumonia and COVID-19 can reduce the risk of a flare up. Ask your doctor to check if your vaccinations are up to date.



Access information and support today
lungfoundation.com.au
enquiries@lungfoundation.com.au
 1800 654 301



Access the My COPD Checklist and discuss with your doctor or nurse



Why should I read this booklet?

This booklet contains information for people who have been told by their doctor that they have a condition called Chronic Obstructive Pulmonary Disease –or COPD for short. It will help you to understand more about COPD and what to expect living with this condition.

COPD is a condition that can affect all parts of your life, although there is a lot you can do to look after your health and wellbeing. Learning as much as you can about what you can do to manage COPD will help you feel more in control of your health and your life.

If you have any questions about your health or about COPD, it is important that you talk to your doctor or other healthcare provider.

People with COPD who take steps to manage their condition have reported positive effects, such as ‘feeling less breathless’, ‘feeling more in control of things’ and needing fewer visits to the doctor or hospital.

Taking steps now to manage your condition can reduce the impact of COPD on your life both now and in the future.

Keep in mind that your COPD may be different to other peoples. Not everything in this booklet will relate to you.

COPD – the basics

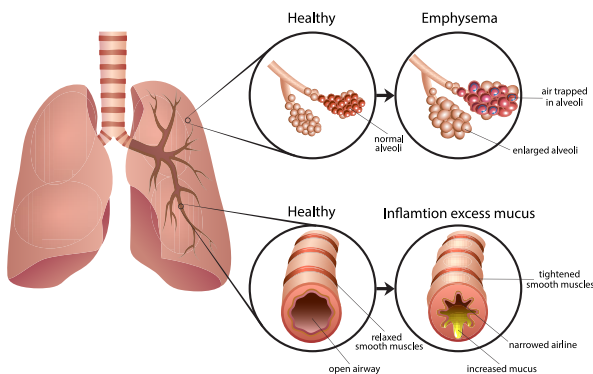
COPD is an umbrella term for a group of disorders that includes emphysema, chronic bronchitis and chronic asthma that is not fully reversible. People with COPD can have one or more of these conditions.

COPD is a long-lasting, progressive disease of the lungs (which means the symptoms are likely to get worse over time). If you have been diagnosed with COPD it means that you have damage to the small airways in your lungs. Damage to the airways means they become narrower, making it harder for air to get in and out of the lungs. This damage and narrowing causes the symptoms of COPD which are:

- increasing shortness of breath
- coughing
- increased mucus production by your lungs.

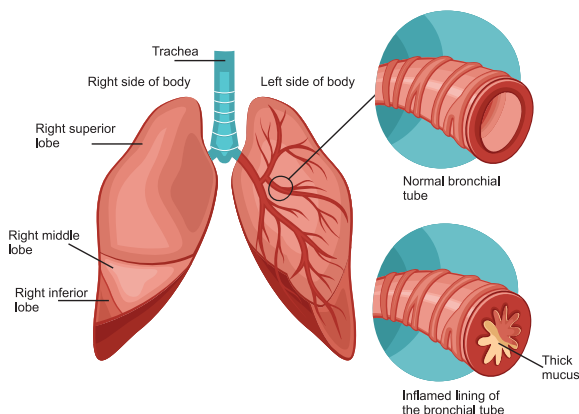
What is emphysema?

- Emphysema is damage to the alveoli (air sacs) and can cause air to get trapped inside the lungs. This makes it harder to breathe in again.
- The main symptom of emphysema is breathlessness.



What is chronic bronchitis?

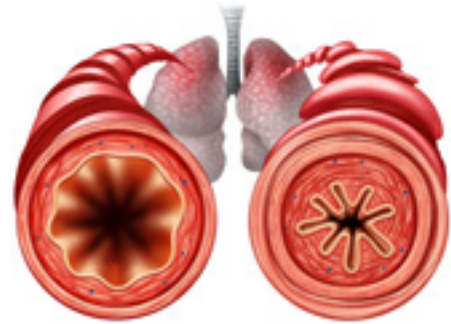
- Chronic bronchitis is a constant and long-lasting irritation and swelling of the airways.
- The main symptoms of chronic bronchitis are cough and increased secretions from the lungs (mucus).



What is the difference between asthma and chronic asthma?

Asthma is a condition that affects the small airways. When you have asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus.

These changes cause the airways to become narrow, so that there is less space for the air to flow into and out of your lungs.



Asthma medications reverse this process and open the airways, however, for some people, the medications do not fully open the airways. When asthma medications are unable to fully reverse this process, it is categorised as chronic asthma and falls under the COPD umbrella. Your doctor will work out if you have COPD and/or asthma, by testing your lungs using a lung function test (spirometry).

Can COPD be cured?

At present, there is no cure for COPD as the damage to your lungs cannot be reversed. However, COPD symptoms are treatable. You can take steps now to control your symptoms and slow down further damage to your lungs. Maintaining a healthy lifestyle will slow down the rate of this worsening.

You might hear your doctor saying that your COPD might be mild, moderate or severe. This takes several factors into consideration and may not represent how you feel each day. Symptoms can vary from person to person.



Scan the QR code for C.O.P.E
COPD Online Patient Education

lungfoundation.com.au/resources/c-o-p-e-copd-online-patient-education/



How to manage the influence of COPD on your life

COPD may eventually influence many aspects of your day-to-day life and may also affect how you think and feel about yourself. Learning more about your condition and attending programs such as pulmonary rehabilitation (education & exercise) will help you realise that there are steps that you can take to slow progression and maintain independence. Support groups may provide education and reassurance for you, your family and friends.

Exacerbation (flare-ups)

An exacerbation of COPD is a worsening of breathlessness, coughing and/or mucus from the lungs that happens fairly quickly over a few days.

Flare-ups can be common in COPD; they may occur several times a year. Flare-ups can cause permanent damage to your lungs. Preventing a flare-up can help to prevent your COPD symptoms getting worse.

Dealing with a flare-up

Having a plan in place for when you have a flare-up will help reduce the severity of the exacerbation and may prevent the need to go to hospital. You can develop an Action Plan with your GP or Respiratory Specialist which can be implemented quickly when indicated by your plan. If you do not have an existing Action Plan, contact your doctor immediately.

- If you have a flare-up your doctor may prescribe a few days of steroid medicines and/or antibiotics. Ensure your prescriptions or medications are within their expiry date.

Avoiding flare-ups

- Take your medicine regularly as instructed by your doctor; this can help reduce flare-ups.
- Protect yourself against chest infections by having a flu injection each autumn.
- Try to stay away from people (including babies) who have colds, flu, sinus infections or sore throats.
- Avoid things that can make your symptoms worse such as fumes, dust or cold or very humid air.

Sputum Clearance

Sputum clearance, also known as airway or mucus clearance, is the process of removing mucus and other secretions from the lungs and airways. This process helps keep the respiratory system healthy and prevents the buildup of mucus, which can cause infections and other issues.

The body naturally clears sputum through the lungs. The lungs produce mucus to trap and remove dust, bacteria, and other particles from the air we breathe. Tiny hair-like structures called cilia line the airways and move the mucus toward the throat, where it can be swallowed or coughed out.

Some people may have trouble clearing sputum because of conditions like COPD, cystic fibrosis, bronchiectasis, or asthma. These conditions can cause excessive mucus production or make it difficult for the body to clear mucus naturally.

To help with sputum clearance, people can use different methods:



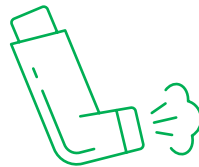
Chest Physiotherapy

Techniques like breathing control, exercise and postural drainage help move and remove mucus from the lungs.



Clearance Techniques

Controlled coughing methods, such as huffing and using Active Cycle of Breathing, can help clear mucus from the airways without equipment.



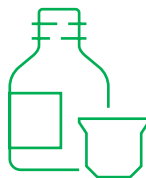
Inhalers or Nebulisers

These can deliver medications that help open airways and thin mucus, making it easier to clear.



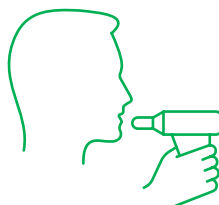
Hydration

Drinking plenty of fluids can help thin mucus and make it easier to clear.



Medications

Mucolytics can be prescribed to break down mucus and make it easier to move.



Clearance Devices

Devices like positive expiratory pressure (PEP) or oscillatory PEP devices can help loosen and remove mucus.

Overall, effective sputum clearance is important for keeping the respiratory system healthy and preventing complications such as infections and airway blockage.

Things you can do now to slow the progression of your COPD

There is a lot you can do to reduce the effect COPD has on you. If you take steps to control your COPD symptoms, you can help ensure your daily life stays enjoyable and fulfilling.

Quitting Smoking

If you smoke, stopping smoking is the single most important thing you can do. It will improve your lung health and help to slow down worsening of COPD. If you continue smoking, your lungs are likely to get worse far more quickly than if you quit. The sooner you quit smoking the better.

Do not feel guilty about having smoked – just think about how giving up now will improve the rest of your life. If you have given up smoking or are trying to quit, well done! This is a positive step towards improving your health.

Do everything you can to give up smoking for good. Your immediate and long-term health depends on it.

Finding help to quit

Many people need help to quit smoking. Your doctor or pharmacist can provide help and advice. Nicotine replacement therapy or prescription anti-smoking medicines may help you quit.

The National Smoking Quitline provides assistance if you wish to quit smoking. You can contact Quitline by:

- Speak to your health professional, GP or Pharmacist
- Contact Quitline on **137 848**
- Logging on to www.icanquit.com.au

Get started by creating your own Quit Plan. **My Quit Plan** (www.icanquit.com.au/my-quit-plan) is an online quit smoking tracking tool. You can use it to:

- Track how much money you can save when you quit
- Set a quit date to aim for
- Track the number of cigarettes you smoke each day
- Keep a record of your favourite pages and activity on iCanQuit for quick reference
- Set up support links

What about vaping?

Electronic cigarettes or e-cigarettes (vapes) are battery operated devices that heat a liquid (e-liquid) to produce a vapour to inhale. Using an e-cigarette is often called 'vaping'.

Vapes are not water. The main ingredient in vapes is propylene glycol, vegetable glycerine or glycerol.

Vapes can contain the same harmful chemicals found in cleaning products, nail polish remover, weed killer and bug spray. They just don't put it on the pack.

Vapes come in a number of flavours such as blueberry or bubble-gum that make them appealing. Many vapes also contain nicotine, the same highly addictive substance found in tobacco cigarettes.

Testing has shown that vapes labelled 'nicotine-free' can have high nicotine levels. People can think they are using nicotine-free vapes and can unknowingly quickly develop a nicotine addiction.



NSW Health Vaping toolkit
www.health.nsw.gov.au/vaping

Exercise regularly

People with COPD who exercise regularly have better breathing, fewer COPD symptoms and maintain a better quality of life. Ideally the activity that you do should make you a little out of breath. Aim for at least 30 minutes, five times a week. You do not have to do all 30 minutes at once. Check with your doctor whether this amount of activity is recommended for you.

Do not avoid exercise or activity because you fear breathlessness. In the long run, staying inactive actually makes shortness of breath worse.

It is highly recommended to attend formal Pulmonary Rehabilitation Programs. These programs are generally 8 weeks long and combine exercise/education and strategies to help reduce the symptoms of COPD and keep you well and out of hospital. Check out the maintaining movement video page on the Lung Foundation website - www.lungfoundation.com.au/blog/maintaining-movement

Eat healthily

Keeping a healthy weight –not overweight but not underweight either –is good for your overall health. Eating a healthy diet will help you to stay strong and have more energy. Make sure you are eating enough healthy foods each day to get good nutrition. The table below shows the types of food you should have each day.

Food Group	Recommended number of serves per day*
Breads and cereals	3 to 6
Vegetables and Legumes	5 to 6
Fruit	2
Milk and dairy products	2.5 to 4
Meat, poultry, fish, eggs and nuts	2 to 3

COPD Medications

It is essential that you take your medicine as instructed by your doctor, even when you feel well. Medicines always work best when taken as instructed and can help prevent your COPD symptoms from getting worse in the long term. Do not be tempted to decide when and how much medicine you will take, as this may result in you not getting the most benefit from your medicine.

Learn how your medicines work. This will help you to understand why and when you need to take them.

Understanding COPD medicines

About COPD medicines

Your doctor may have prescribed you medicines to help control your COPD. The COPD medicines you have been prescribed are tailored to you and your symptoms. Because everyone is different, other people with COPD may have different medicines and/or different medicine dosages.

Although medicines cannot cure COPD, when used as instructed they can go a long way towards reducing your symptoms and preventing flare-ups.

Make sure that you understand the following about each medicine that you are prescribed:

- What the medicine is for
- How the medicine works
- How to take the medicine
- When the best time to take it is
- How long the dose is effective
- What the possible side-effects of the medicine are and how you can avoid or reduce them.
- Whether the medicine will cause problems with any other medicine you are taking.

Types of medicine

Because COPD medicines need to act on the airways and the lungs, most COPD medicines are inhaled (breathed in) using a special inhaler device. That way, medicine is delivered directly into the lungs, where it is needed.

There are three main types of inhaler medicine:

1. **Reliever medicine** – for instant relief of sudden increased breathlessness.
2. **Preventer (maintenance) medicines** – for long-term everyday use to control your symptoms over the long term and to help prevent flare-ups.
3. **Combination medicine** – a combination of multiple preventers in one device for everyday use to help prevent flare-ups in more severe COPD.



Your doctor may also prescribe you medicine that you swallow, sometimes for longer periods of time, sometimes only when you experience a flare-up.



Scan the QR code for the **Asthma Council Medication website**

www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/charts

Reliever medicines (relievers)

Relievers should be used in a situation where you experience a sudden increase in your breathlessness. They are called short-acting bronchodilators (pronounced bronk-oh-dye-lay-tors) and work by relaxing the muscles around the airways. This helps to open up the airways and allows air to flow more easily out of and into the lungs when you breathe –easing your feeling of breathlessness. Relievers often work within minutes of inhalation and their effects last for several hours. Always make sure you carry a reliever inhaler with you just in case.

If you are using your reliever more often than prescribed, discuss this with your doctor as it may mean that your COPD is getting worse. Talk to your doctor about using your reliever inhaler before you exercise.

Maintenance medicines (preventers)

Preventers can be bronchodilators too, since they open up the airways by relaxing the muscles around the airway. Preventers usually take a little longer than relievers to start working, but once you have taken them, their effects last for much longer. This is why most preventers are not used for quick relief. Preventers will help to reduce your COPD symptoms in the long term and can help to prevent flare-ups. You may be prescribed more than one preventer.

To get the most benefit out of these medicines you should take them every day, as instructed by your doctor. **Always check the medication expiry date and that there are doses remaining.**

Preventers containing steroids

Some preventers contain steroids. In more severe COPD they help to reduce the number of flare-ups you may experience. Steroids help reduce swelling in the airways.

Combining medicines in one inhaler

Some inhalers contain a mixture of bronchodilators and a steroid in the one device.

Using a spacer

A spacer is recommended for use with all metered-dose inhalers (puffers/sprays). To ensure your spacer works well, it needs to be cleaned regularly as per the manufacturer's recommendation.

If you have regular flare-ups even though you take your preventers as instructed, you may need a review with your GP or Respiratory specialist.



How you use your inhaler is important

Using an inhaler is a skill you need to learn. Research shows that up to 90% of people don't use an inhaler correctly. Inhalers are very good at delivering medicine to the lungs if used correctly. Correct inhaler technique will ensure you get full benefit from your medicine and reduce potential side-effects.



Correct inhaler technique videos can be found at the **Asthma Foundation website**

www.nationalasthma.org.au/living-with-asthma/how-to-videos

Check your inhaler technique regularly

When you have used your inhalers for a while, you may start taking short cuts or develop bad habits. Get your technique checked regularly by one of these professionals:

- Someone from your pulmonary rehabilitation team such as your physiotherapist or respiratory nurse.
- Your pharmacist
- Your gp, specialist or practice nurse

Make sure you keep your inhalers clean and within their use-by date. Ask your doctor or pharmacist if you are not sure how to clean your inhaler or when to replace it.



Flare-up medicines

If you have prepared a COPD Action Plan with your doctor, it may advise you to start using the antibiotics and/or steroid tablets your doctor has prescribed when you feel a flare-up coming on.

Steroid tablets can be prescribed for a short period of time to help treat a flare-up. Your doctor will normally prescribe a course for 5–10 days to start with. When you are taking steroid tablets do not stop taking them suddenly without consulting a doctor. It is also important that you take them at the time instructed by your doctor.

Antibiotics will not help manage COPD from day to day but can be useful if you have a flare-up as a result of an infection. When the colour, amount and/or texture of the mucus that you cough up changes, it is often a sign that you have an infection. Make sure you take all the antibiotic tablets that your doctor has prescribed, even if you start to feel better.



Managing your Breathlessness at Home

What is Breathlessness?

Breathlessness is an uncomfortable awareness of your own breathing. Some people call this 'shortness of breath'. The medical term for breathlessness is 'dyspnoea'. Some days you will feel more breathless than on others. Breathlessness can happen as a result of many causes including:

- Lung Disease
- Exercise or Exertion
- Infection
- Heart Disease
- Being unwell
- Anxiety

Is breathlessness dangerous?

Breathlessness is not dangerous, but it can be distressing and frightening. There are lots of ways you can manage your breathlessness without using medications.

Will oxygen help?

Oxygen does not always help breathlessness. Being breathless does not necessarily mean that the oxygen levels in your blood are low. Oxygen is like a medication; it needs to be prescribed by a specialist after your oxygen levels have been assessed. Oxygen can be harmful if used by someone who does not need it. If you qualify for oxygen, you will be given more information by your supplier.

How can it make you feel?

Breathlessness can:

- Cause you to avoid certain activities due to fear of becoming breathless.
- Make you feel stressed, frustrated and/or anxious
- Make you feel very tired
- Negatively affect your relationships by influencing how you socialise, communicate and interact with others.

What will help you

- Controlled Breathing Strategies
- Positioning to ease breathlessness
- Use of a hand-held fan
- Energy Conservation

However, it is important to not only treat the symptoms of your breathlessness, but also the cause. If you feel an increase in your symptoms, e.g. signs of getting a chest infection (noisy cough), or a sudden feeling of breathlessness, please seek advice from a health professional.

Things that contribute to Shortness of Breath

We know that a lot of things affect breathlessness and how we manage breathlessness.

It's a bit like a pie that's made up of different slices.

The biggest thing that usually affects breathlessness is the illness itself.

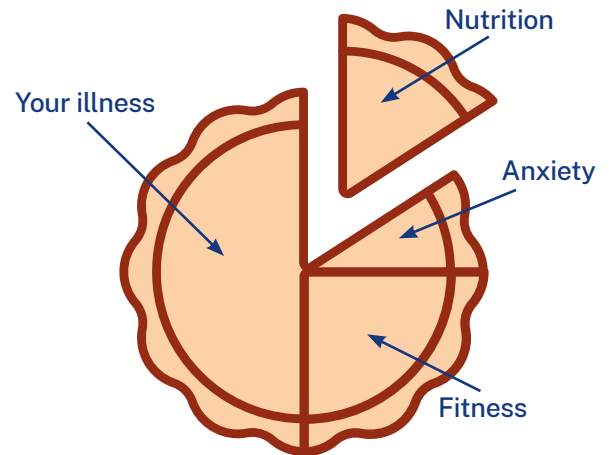
Other things can also affect it like:

- Fitness levels
- How medications are used
- Rushing vs pacing yourself with activities
- Nutrition
- Anxiety

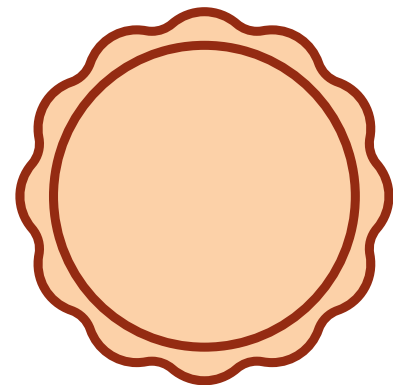
It is important to work on ALL the things that affect breathlessness.

For example:

- We can work on slowly increasing fitness
- We can work on conserving energy by pacing ourselves with activities
- We can work on managing anxiety
- We can make sure we are taking medication correctly



What does your breathlessness pie look like?



Managing anxiety and breathlessness

Notice symptoms of anxiety:

- Feeling scared or worried
- Feeling hot and cold
- Rapid heart rate
- Muscles tightening
- Rapid breathing

Notice unhelpful thoughts:

Setting unrealistic expectations

E.g. "I should be able to do more"
"I have to finish..."

Catastrophising

E.g. "I'm going to die"
"I have no air"

Black and White thinking

E.g. "If I can't do it all at once,
there is no point trying"



Try more helpful thoughts:

Think about the situations in a realistic but less extreme way Use thoughts that "dampen the fire" rather than "add fuel to the fire"

E.g "I've been short of breath before. I got through it. I'll use my pursed lip breathing"

E.g. "It's scary but it's not dangerous"
"It's difficult but I can try..."
"I feel scared but I've been through this before"

"There's that unhelpful thought again. I'll focus on my pursed lip breathing instead"

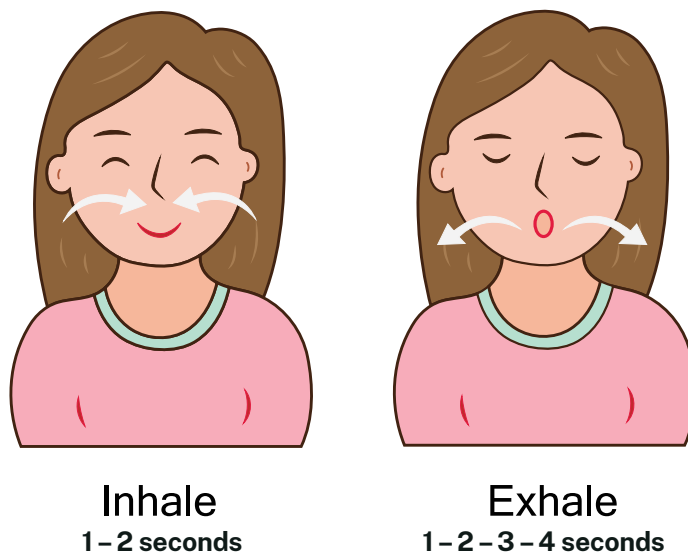
Controlled Breathing Strategies

Pursed lip breathing

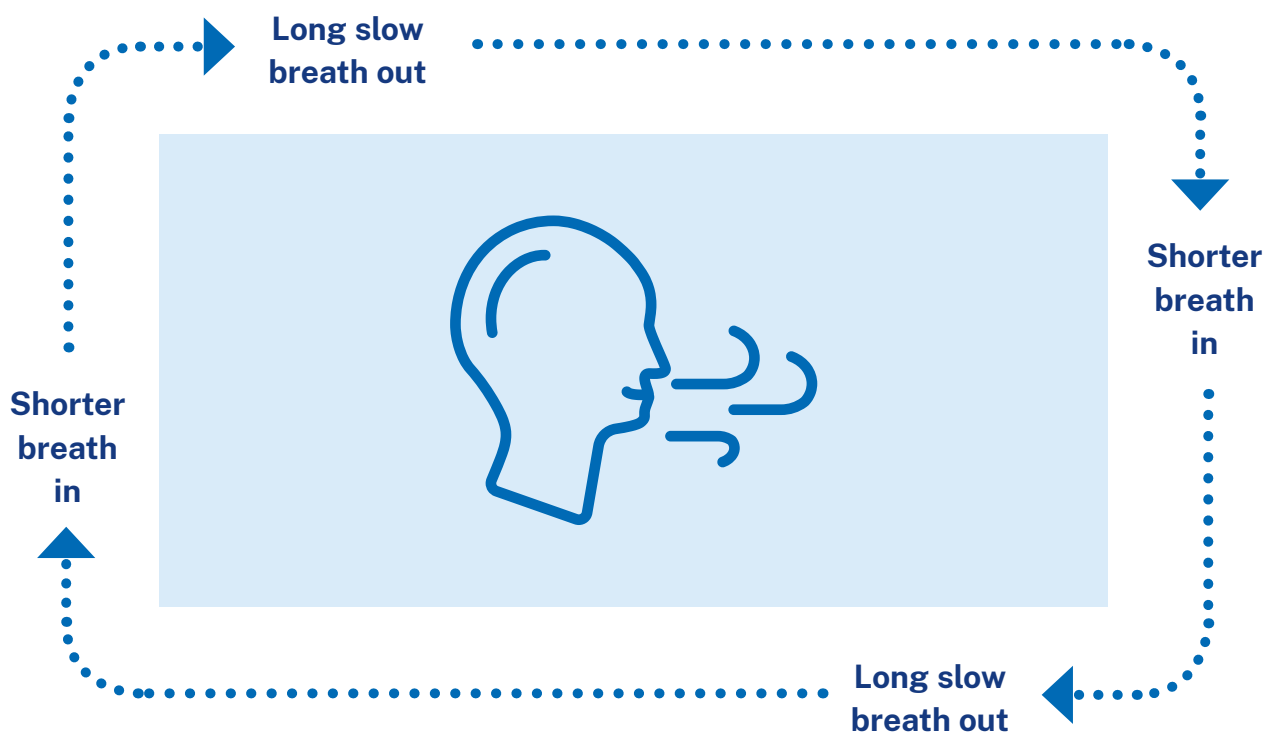
In some lung conditions, the lungs and airways become “stiff”. As you breathe out, they tend to collapse and trap some of the air which doesn’t allow fresh air in.

Pursed lip breathing helps stop the airways from collapsing by giving them increased pressure and keeping them open. This helps you to empty your lungs enough to allow fresh air in. This type of breathing can be used during exercise or any time you feel short of breath.

1. **Breathe in through your nose (as if “smelling the roses”) for the count of 2.**
2. **Purse your lips as if you are blowing out birthday candles.**
3. **Breathe out slowly through your pursed lips for a count of 4, enough to “flicker a candle”- Don’t force air out!**



Breathing around the rectangle



Plan for Breathlessness -When breathless, remember the **3 Ps**:

1. **Pause** (refer to Energy Conservation section)
2. **Position** (refer to Positions to Ease Breathlessness)
3. **Pursed lips** (refer to Controlled Breathing Strategies)

Positioning to ease breathlessness



- Sit in a chair
- Lean forward with your upper chest and forehead leaning on a pillow (placed on a bed or table)
- Keep your back straight



- Sit and lean forward with forearms resting on thighs
- Keep your shoulders and hands relaxed



- Stand and lean forward onto your elbows or hands
- Lean onto a window ledge, a railing or other stable object
- Keep your shoulders and arms relaxed



- Lean back against a wall with your feet slightly apart and away from the wall
- Arms should hang loosely with hands resting on thighs



- Lie on your side supported at a 45 degrees angle by pillows
- Support your back and side well and try and keep your back straight
- Position a pillow between your knees for comfort

Use of a Hand-Held Fan

Why do fans help reduce breathlessness?

The breeze from the fan stimulates the nerves in the face which eases the feeling of breathlessness. The fan can also be a good distraction, by easing any anxiety and can give you a sense of control. It doesn't matter what type of fan: hand-held, pedestal or overhead, as long as it's blowing on your face.

How to use a hand-held fan

Hold the fan about 15 centimetres away from your face so that you can feel it on your top lip

Slowly move the fan from side to side so that the breeze is felt on the bottom half of your face.

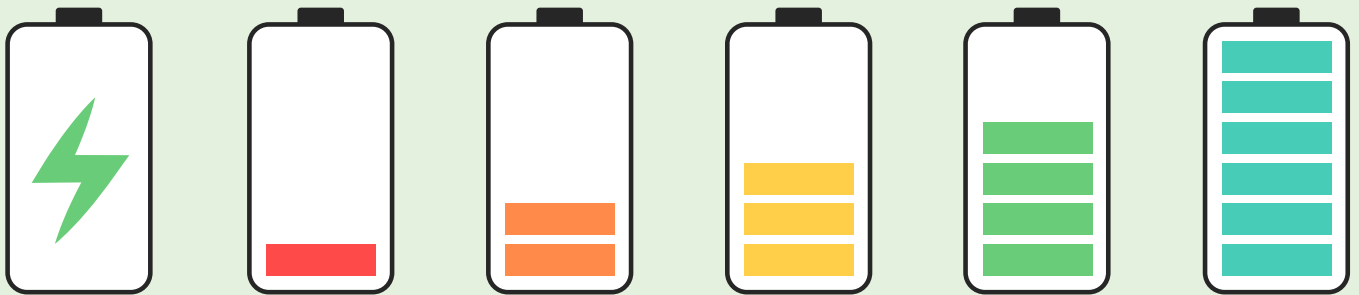
Remember to use your breathing and positioning techniques and relax your shoulders. You should start to feel some relief in a few minutes

When to use the fan

You can use the fan as often and for as long as you like. Keep it with you when at home and take it when you are out.



Lung Foundation fan can be purchased by using the QR code shop.lungfoundation.com.au



Energy Conservation

Why is energy conservation so important?

People with respiratory illness use more energy whilst completing day to day tasks, when compared to other people of the same age. This is due to the extra effort required to breathe and maintain health and wellbeing.

This extra energy use causes people to fatigue quickly and become short of breath easily.

To compensate for this increased energy expenditure, people with respiratory illness find benefit from conserving their energy whilst completing their daily tasks.

It is second nature for people to complete tasks prior to having a rest, however if you have respiratory illness this places more strain on your heart. This is due to your heart having to compensate for your lungs inability to provide enough oxygenated blood in your muscles. This consequently makes you more breathless and more tired, causing you to do less.

If we do less during each day, especially exercise, our bodies lose strength and endurance, which makes us more breathless and tired quicker. By conserving energy during the day, this allows for you to complete your essential tasks as well as hopefully completing some more enjoyable activities e.g. going out for a coffee, playing with your grandchildren or going for a walk.

Energy conservation strategies explained in this section aim to help you use your energy carefully, perform tasks safely, enjoyably, and to help you manage your fatigue.



Scan the QR code for the [Managing Your Fatigue and Energy Conservation Video](#)

Energy Conservation Strategies

1. Pacing:

- Work at a comfortable pace and use the breathing techniques provided in this booklet – rushing uses unnecessary energy, causes breathlessness, and potentially leads to anxiety/panic.
- Break up tasks into smaller steps and spread them out over the day/week e.g. cleaning: focus on one area/room at a time. Cooking: start to chop vegetables earlier in the day.
- Take regular rest breaks. Rest breaks can be for as little as 20 seconds or longer if needed.

2. Prioritising:

- At times it will be necessary for you to prioritise tasks that are important to you and give you enjoyment over tasks such as domestic tasks. Look at everything you would like to do and determine what is most important to you (e.g. going for coffee /walk with a friend versus completing the laundry).
- Ask for assistance with unavoidable tasks. Consider using services offered to you (e.g. cleaning, laundry, shopping).

3. Planning:

- Throughout the day you may find your energy levels change. Identify your best time of day and do the tasks that require most of your energy (e.g. shower in the morning rather than at night if that is when you are feeling your best)
- Plan ahead – look at the next day/week/month and ask yourself how you can structure your time so that activities are completed in a slow, organised manner. Use a calendar/diary if this helps.
- Alternate light and heavy jobs throughout the day/week (e.g. if going shopping in the morning, build some rest in the afternoon)
- Think ahead to allow plenty of time to complete your tasks to avoid rushing.
- Do not do too much in one day.

4. Posture:

- Check your posture before starting tasks – make sure your shoulders are relaxed.
- Utilise recovery positions to reduce breathlessness (e.g. leaning on grab rails in the shower to stabilise breathing muscles, leaning on the trolley at the shops).
- Sitting down to complete tasks uses less energy than standing (e.g. showering/dressing, peeling/chopping vegetables, ironing).
- Minimise excessive bending and high reaching when doing tasks as this will use more energy (e.g. store frequently used items at waist height, hang washing on a clothes airer rather than the clothesline).

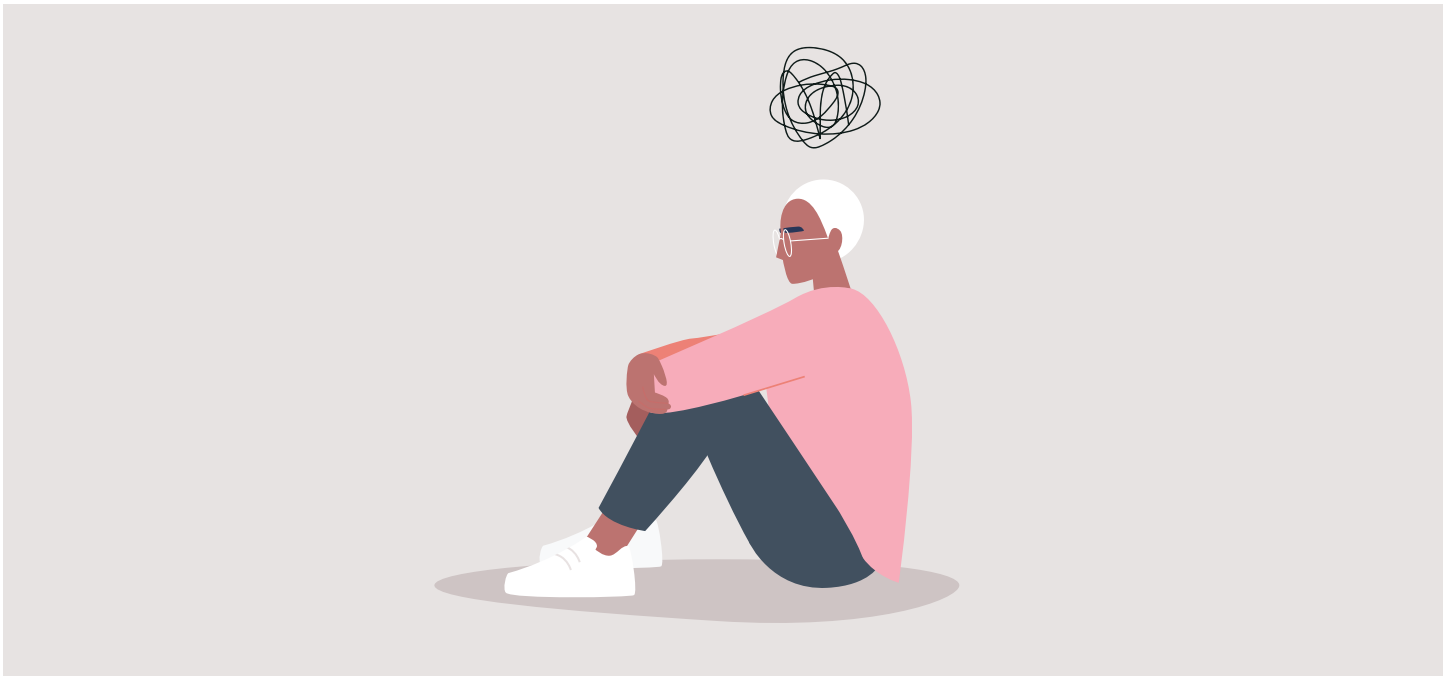
5. Environment:

- Reorganise your environment:
 - Items used frequently should be stored between shoulder and knee height
 - Heavy items stored in lower cupboards
 - Lighter items stored in higher cupboards
- Use energy conserving equipment (e.g. shower stool/ chair, over toilet aid, long-handled aids, kitchen trolleys/kitchen stool).
- Grab rails can help with tasks such as getting on and off the toilet and managing stairs. Grab rails can help to reduce energy output.
- Raising heights of your chair/bed/shower chair/toilet aid makes standing up easier and uses less energy.
- Reduce the amount of steam in the bathroom by using a fan or opening the window/door.
- If on home oxygen, use it while doing activities such as showering as this will assist with recovery.
- Extreme temperatures can cause the body to use more energy. Keep room temperature at a comfortable level.

6. Rest:

- Frequent short rests are better for you than fewer long rests and will help you avoid fatigue.
- Don't wait until you are exhausted to rest.
- Be aware of the early signs of distress/breathlessness and pause to do relaxed breathing before continuing with the activity.
- Rest after eating. Digesting food requires increased energy from the body. Blood flow is redirected to the digestive system, therefore leaving less blood for activity.
- The balance between activity and rest is an important one to find.





Depression and Anxiety

Rates of anxiety and depression in clients with chronic respiratory diseases are found to be higher than the general population. Some clients experience depression alone however many, approximately 40%, experience anxiety and depression. Recent research has indicated depression and anxiety are under diagnosed resulting in under treatment.

What is depression?

Depression is a “whole-body” illness, involving one’s body, mood and thoughts. It affects the way an individual eats and sleeps, the way the person feels about him or herself, their future, and the way a person thinks about the world around them. A depressive disorder is not the same as sadness or a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away.

Symptoms of depression

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many.

Physical symptoms

- Sleep disturbance
- Appetite and/or weight loss or overeating and weight gain.
- Difficulty concentrating and remembering things/ anxiety symptoms.
- Decreased energy or fatigue/restlessness, irritability. Cognitive (thinking) symptoms.
- Negative thinking/ excessive self-criticism
- Decreased self-confidence
- Feelings of worthlessness, helplessness, hopelessness, pessimism.
- Extreme and prolonged feelings of sadness, guilt or ‘emptiness’.
- Focusing on the past/excessive or unrealistic fear or worry.
- Loss of interest or pleasure/thoughts of death or suicide.
- Behavioural symptoms
- Loss of motivation, decreased productivity
- Apathy and indifference, social withdrawal

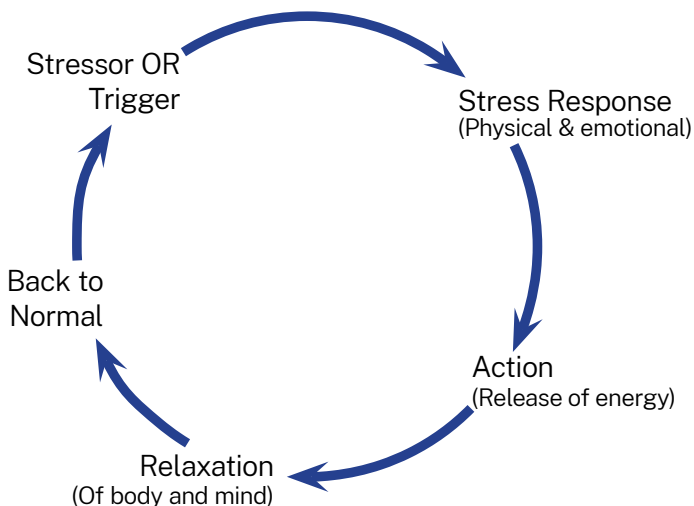


Managing stress and mood

Being diagnosed with, and managing, a respiratory illness can be very stressful for the person with the illness and often for their partner & family.

What is stress?

Stress is a physical and emotional response to a perceived threat, demand or challenge. This can be a response to a number of things including pressure, frustration, tension, boredom, allergies, stimulation, and change. The demand or pressure can be called the stressor or trigger.



Stress response

The stress response is a state of arousal consisting of a number of bodily changes that give us the energy to tackle the stressful situation. The stress response is also known as the fight or flight response.

With the stress response:

- The mind becomes alert to help you process information
- The heartbeat speeds up and blood pressure rises to pump oxygen to your brain and fighting muscles
- Breathing rate speeds up to take in more oxygen
- Liver releases sugar to provide quick energy
- Muscles are tense & 'ready for action'

Trigger/Stressor

All people experience stress, but we differ in what will trigger the stress response and in our ability to manage stressors. Factors that effect how individuals respond to stressors include:

- How the stressor or event is perceived.
- Experience of similar stressors in the past.
- Knowledge and skills in managing similar stressors.
- How many stressors are happening at the one time.

Why managing stress is so important for people with respiratory illnesses

Stress can:

- Increase your feelings of breathlessness
- Lower your immune response
- Increase your risk of chest infections.

Prolonged stress can affect:

- Sleep
- Concentration, awareness and attention
- Problem solving skills
- Lower emotional tolerance and increase irritability
- Appetite and diet
- Motivation.

All these factors significantly impact on a person's ability to manage their respiratory condition.

How can you reduce stress?

Establish a routine. Having a regular routine helps maintain balance and increases your sense of control. In your routine, you should include activities you need to do as well as fun activities that you can look forward to.

Eat well and drink plenty of water. Your body will perform best when you eat well and drink plenty of water, unless on restricted fluids due to other health issues.

Exercise regularly. Talk with your physiotherapist about the type, frequency and intensity of exercise that is right for you. Learn how to increase your exercise program as you improve, and plan regular exercise into your routine. If possible, exercise earlier in the day so as not to disturb your sleep.

Get plenty of sleep. Establish a regular bedtime. Often, the urge to sleep is ignored in favour of watching television or doing some other activities. A warm bath, shower or milk drink before bed may improve your sleep. If you can't get to sleep after twenty minutes of being in bed, get out of bed and do a quiet activity until you feel tired. PROOF 18 19 Reducing the number of crisis events

Limit your use of alcohol and other drugs. Many people use drugs and alcohol to help manage their stress. For example, some people use alcohol and cigarettes to calm down and other people may use coffee, cola, or energy drinks to get themselves going. However, drugs and alcohol can have harmful effects and can result in dependence.

Maintain your social network. People with chronic conditions who have few friends and don't get out much may have worse health outcomes. Getting out and catching up with friends is important and you should plan to do this regularly. Consider joining the Respiratory Support Group.

Maintain interests and hobbies. Often people who have chronic conditions let go of interests and hobbies because they believe the effort outweighs the benefits. Participating in enjoyable activities can give life meaning and can help you maintain and enhance your skills and abilities.

Be aware of automatic or unhelpful thinking. When life is busy or stressful, you may react to events automatically without stopping to consider your response. Before responding, stop and take some slow deep breaths, count to 10, or go for a short walk and consider whether you need to respond and how you will respond.

Planning and time management. People who plan how they will apply the skills they have learnt in pulmonary rehabilitation to their home or work life are more likely to use these skills in their daily lives. Effective use of time is essential for maintaining your health, work, social and home life. Spread tasks, or parts of tasks, across several days, and build time into your schedule for unexpected events. Pace yourself.

Communicate effectively. Effective communication includes both speaking and listening. Often when you feel under pressure, you can spend all your time speaking or thinking about what you want to say rather than listening. Take the time to listen to what is being said before responding. Assertive communication requires honest and direct discussion that describes the problem, the effect and the solution. Don't be afraid to say "no" to demands from others.

Practice relaxed breathing. When stressed, most people tend to breathe faster and shallower; this type of breathing can lead to a feeling of breathlessness. People who have COPD can minimise the risk of becoming breathless during times of stress by using the relaxed breathing, slowing the respiratory rate and focusing on the breath out.



Anxiety and panic attacks

There is a strong relationship between anxiety and COPD and these symptoms often lead to repeated hospital admissions.

Anxiety is the body's natural response to perceived danger or stress. Everyone experiences anxiety and normal anxiety can help mobilise us to deal with challenges. Anxiety is unhelpful when it becomes a 'false alarm' arising in situations that are not in themselves dangerous.

Signs and symptoms of panic include:

- Shortness of breath, pounding heart
- Dizziness/feeling faint
- Tingling fingers or feet
- Nausea, sweating
- Hyperventilation (breathing too quickly)
- Muscle tension
- Not being able to get your thoughts together
- Fear of dying or collapsing.

Anxiety is manageable once you identify it as a problem! Anxiety and panic attacks can affect your lifestyle

- People may avoid activities or places that they fear may cause them to have a panic attack e.g. shopping centres, movies, driving.
- Avoiding these situations because of fear of panic attacks will only increase anxiety.

How to cope with panic

Many anxiety symptoms can be linked to breathing too fast. This is known as hyperventilating. Hyperventilating feels as though we can't get any air in our lungs so we try to force air in by sucking in, gulping or gasping for breath. This causes the lungs to become so full of air that it is difficult to get fresh air in. In order to create room in our lungs we need to concentrate on breathing out.

If you are hyperventilating try to make every breath out a little longer. This will create room in your lungs for new air and will slow your breathing. If you manage this you will become less anxious.

Reducing the number of crisis events

- The chance of crisis events occurring due to ill health can be reduced if you use your medication and inhalers appropriately and remember to eat well and exercise regularly.
- The number of crisis events occurring due to injury, muscle strain or physical exhaustion can be reduced if you increase your exercise tolerance and practice your energy conservation skills.
- The number of crisis events occurring due to stress can be reduced if you practice your relaxation techniques and improve your communication and problem-solving skills.

Managing crisis events

When a crisis event does occur and you find yourself getting worked up, you will need to decide whether you will let the event get worse or whether you will do something about the event. The following strategies may help you manage crisis events:

- Become aware of your expectations. In the past, if a similar crisis event went from bad to worse, it doesn't mean that the current event will also go from bad to worse.
- Become aware of the language you are using both out loud and in your mind. Try to replace unhelpful negative thoughts and words with more helpful positive thoughts. For example, rather than thinking that your weekend was a disaster, recognise that because it rained on the weekend, you were unable to do what you wanted to do perhaps causing you to feel disappointed & frustrated, but needn't be the end of the world. This type of thinking is likely to put things into perspective and make it easier to cope with upsetting feelings.
- Protect yourself against becoming too stressed by mentally rehearsing a potentially challenging event or activity before it occurs.
- Don't forget to use relaxed breathing – this is an essential skill to use when feeling stressed.



Pulmonary Rehabilitation Community Respiratory Rehabilitation Service

Centre-based Pulmonary Rehabilitation Program

Pulmonary rehabilitation is an exercise and education program provided by specially trained health professionals. It teaches you the skills you need to exercise safely and to manage your breathlessness.

Who can attend pulmonary rehabilitation?

Pulmonary rehabilitation programs are suitable for people with chronic lung disease. Family members or caregivers are also encouraged to attend the education sessions that may be offered in some pulmonary rehabilitation programs.

What are the benefits?

Research shows that pulmonary rehabilitation is one of the best things you can do to improve your breathing and wellbeing. It also reduces the frequency of Chronic Obstructive Pulmonary Disease (COPD) exacerbations (flare-ups) and helps you stay well and out of hospital. An improvement in exercise tolerance is one of the main benefits of completing a pulmonary rehabilitation program. This will make normal daily activities such as showering, hanging out the washing, walking or gardening easier. You may also find you don't need as much help to do the things you enjoy.

What does it involve?

Usually, pulmonary rehabilitation programs run for 6-8 weeks, with two exercise sessions per week. Before you start exercising, a health professional will talk to you about your condition and will ask you to do some different exercise tasks. They will then design an exercise program suited to your needs and symptoms. Once you are confident to exercise on your own you will be given a home exercise program to do on days of the week when you are not at pulmonary rehabilitation. Some pulmonary rehabilitation programs also offer information sessions to help you self-manage your condition.

What topics are in the information sessions?

The content of the information sessions can differ from program to program however common topics include:

- How your lungs work
- Medicines – what they do and how to use them
- Exercise and how it can improve your symptoms
- Nutrition and living well with your condition
- Managing depression and anxiety
- Energy conservation and airway clearance techniques
- Managing breathlessness
- Oxygen therapy

Is pulmonary rehabilitation safe?

Yes, pulmonary rehabilitation is very safe. Once you have medical clearance to exercise, the initial assessment and individualised exercise program you receive at pulmonary rehabilitation ensures you are exercising at a level that is safe for you. All exercises are tailored to suit each individual and their specific needs to ensure you feel comfortable in completing the exercises.

I feel too breathless to exercise. Will pulmonary rehabilitation help me?

If you get breathless during physical activity you may start to avoid exercise. However, this can cause your muscles to become weak and you'll lose fitness over time. Pulmonary rehabilitation aims to reverse the cycle of inactivity and breathlessness. Most people say after completing pulmonary rehabilitation that they are able to do more in their daily life and feel less out of breath when completing tasks. You may also be able to return to activities you had previously given up.

What happens when I've finished pulmonary rehabilitation?

After you finish pulmonary rehabilitation, it is important to continue exercising to help maintain your physical fitness and lung health. Lung Foundation Australia's Lungs in Action program is a safe and fun community-based exercise class designed to help people with a chronic lung disease maintain the benefits achieved through pulmonary rehabilitation. It is also suitable for people with heart failure who often experience similar symptoms, such as breathlessness, to those with chronic lung conditions.

How do I join my local pulmonary rehabilitation program (PRP)?

A Doctor or Specialist referral is required to attend PRP. This should include past medical history, current medications and clearance to exercise. Programs are currently located at Wyong and Woy Woy. If you don't have your own transport, please let us know prior to assessment as there may be transport options available to you.

One session each week will consist of one hour of supervised exercise and one hour of education provided by nursing and allied health staff (i.e. physiotherapist, social worker, pharmacist, and psychologist). The other session consists of an additional one hour supervised exercise session.

Home-based respiratory rehabilitation

Whilst it is preferable to attend our centre-based program, we can offer a home-based service for those who cannot make it into one of our centres. One of our nurses will assess you in your home or virtually and provide education and ongoing support, as required. This can include a home exercise program or a virtual exercise program. Use the same contact number as per PRP.

Respiratory Support Group (Short Pants)

The respiratory support group is a group for people living with chronic breathing difficulties caused by lung disease.

The group meets once a month at Erina Community Health Centre and is a great way of meeting, sharing information and supporting others with similar conditions.

Each group provides social activities, education, including current respiratory information and access to respiratory nurses and other relevant healthcare professionals. A gold coin donation helps contribute to morning tea.

Carers and partners are welcome. Use the same contact number as per PRP.

Community Respiratory Rehabilitation Service

Phone: 1300 725 565

Fax: (02) 4320 9333



Tips for appointments with your healthcare team

It is important that you understand the information your healthcare team gives you during appointments. It is also equally important that they understand your personal needs and what is important to you.

The following tips can help you get the most out of your appointments with your doctor and other members of your healthcare team:

- Keep a symptom diary to help you monitor your symptoms over time. Discuss any change in symptoms at your next appointment.
- Use a notebook to keep track of the information you discuss with your Healthcare team. Take it with you to all appointments.
- Before your appointment make a list of questions and concerns in your notebook. List them in order of priority. If you have a number of questions you may need to make a longer appointment or schedule a second visit.
- Show your list to your healthcare professional at the beginning of your appointment and decide together what you will discuss during this visit.
- Take a friend or family member to your visits for support.
- Ask your health professional to write information in your notebook for you to refer to again.
- If you don't understand something, ask your healthcare professional to repeat the information or to explain it in a different way. Do not avoid any questions because you are afraid or embarrassed. Your healthcare team is there to help you.
- Ask about the best way to contact your healthcare team, in case you have medical questions, or if you suspect a flare-up.
- Let your healthcare team know if you are worried about the cost of your healthcare treatments. They can help you find the best solution.

Useful Contacts

Advanced Care Planning	1300 208 582 www.advancecareplanning.org.au
After-hours medical service (Bridges)	Kanwal 02 4394 7333 Erina 02 4367 9699
Asthma Australia	1800 278 462 asthma.org.au
Beyond Blue	1300 224 636 www.beyondblue.org.au
Carer Gateway	1800 422 737 www.carergateway.gov.au
Carers Australia	1800 242 636 www.carersaustralia.com.au
Community Allied Health	02 4344 8495
Community Respiratory Rehabilitation Service	1300 725 565
Community Transport	02 4355 4588
Dieticians Association of Australia	1800 812 942 www.daa.asn.au
Gosford Hospital	02 4320 2111
Lifeline Australia	13 11 14 www.lifeline.org.au
Long Jetty Urgent Care Centre	Healthdirect - 1800 022 222
Lung Foundation Australia	1800 654 301 enquiries@lungfoundation.com.au www.lungfoundation.com.au
My Aged Care	1800 200 422 www.myagedcare.gov.au
National Asthma Council	03 9929 4333 www.nationalasthma.org.au
Quitline	137 848 www.quitnow.gov.au
Respiratory Investigation Unit	02 4320 3529 (Gosford and Wyong) For lung testing and specialist appointments
Sensitive Choice	03 9929 4333 www.sensitivechoice.com
Services Australia	132 300 www.servicesaustralia.gov.au
Short pants support group	1300 725 565 lungfoundation.com.au/services/short-pants
The Department of Health	1800 020 103 www.health.gov.au
Wyong Hospital	02 4394 8000

Notes

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