

CAUSES OF COPD.

In 90% of cases, the onset of COPD is linked to smoking³. Other possible factors are⁴:

- » Alpha 1-antitrypsin deficiency (a rare hereditary disorder causing the early onset of emphysema and severe airflow obstruction);
- » Secondhand smoke;
- » Air pollution (dust or chemicals);
- » Repeated lung infections during childhood;
- » Fires for cooking in the home (a major cause in some parts of the world where biomass is burned to cook food)⁵.

TREATMENT AND MANAGEMENT OF COPD.

COPD cannot be cured, but it can be treated at all stages of the disease's progression⁶. Treatment largely includes the following:

• Quitting smoking

By choosing to quit smoking, it is possible to prevent the progression of COPD. If you want to quit, the following resources are available to assist you:

- » **The Quebec Lung Association**
Contact 1-800-POUMON-9 (768-6669)
- » **iQuitnow** (MSSS du Québec)
Contact 1-866-527-7383
- » **Quit Smoking Centres** (QSC)
Contact your local CLSC

• Vaccination

People with COPD and their families should be vaccinated against the flu every autumn⁷. Your doctor may also recommend the vaccine against pneumonia.

• Medication

The medications used to treat COPD are designed to maximize the performance of the lungs, reduce shortness of breath and improve tolerance to physical exertion⁸.

• Respiratory rehabilitation

Respiratory rehabilitation programs provide comprehensive treatment, which addresses not only the physical aspects, but also the psychological and social⁹ impacts of the disease. Participants attend sessions with an interdisciplinary team of health professionals who teach coping strategies on a variety of topics (exercise, nutrition, breathing techniques, methods for managing energy, etc.). For more information on these programs, contact the *Quebec Lung Association* (1-888 POUMON-9).

• Oxygen therapy

Oxygen, when taken daily for more than 15 hours, can increase the life span of people with COPD whose blood oxygen concentration is insufficient¹⁰. Home oxygen therapy is prescribed to individuals who meet specific criteria. For more information, contact your doctor.

Do you have questions about COPD?

Contact the *Quebec Lung Association*.

- To speak to a health professional who can answer all your questions about COPD, call 1-888 POUMON-9 (1-888-768-6669).
- For documentation about COPD, ask for the **COPD Information Guide** and the **Respiratory Rehabilitation Information Guide**.
- Visit the **Quebec Lung Association's** website: <http://www.pq.poumon.ca/>

Speak with your family doctor.

Your family doctor can answer your questions about COPD and help you manage your health.

¹ Canadian Lung Association. (2010). Test canadien de santé pulmonaire sur les symptômes de MPOC. [Online]. http://www.poumon.ca/diseases-maladies/copd-mpoc/signs-signes/COPDQuiz-MPOCQuiz_f.php (page consulted on April 20, 2011).

² Canadian Thoracic Society. (2009). La MPOC en bref. [Online]. http://www.lignesdirectricesrespiratoires.ca/sites/all/files/MPOC_en_bref.pdf (page consulted on May 2, 2011).

³ Public Health Agency of Canada (2008). Qu'est ce que la MPOC et comment peut-on la prévenir?. [Online]. http://www.phac-aspc.gc.ca/cd-mc/crd-mrc/mpoc_prevenir-copd_prevenir-fra.php (page consulted on April 12, 2011).

⁴ Ibid.

⁵ Stephen B.GORDON et al. "Indoor air pollution from biomass fuel smoke is a major health concern in the developing world," *Transactions of Royal Society of Tropical Medicine and Hygiene*, vol. 102, no9 (September 2008), p843-51.

⁶ Denis E O'DONNELL et al. (2008). Recommandations de la Société canadienne de thoracologie au sujet de la prise en charge de la maladie pulmonaire obstructive chronique – Mise à jour de 2008 – Points saillants pour les soins primaires, [Online]. <http://www.lignesdirectricesrespiratoires.ca/sites/all/files/2008-COPD-FR.pdf>, (page consulted on April 29, 2011).

⁷ DO YOU SUFFER FROM COPD? IMAGE Ibid.

⁸ Jean-Jacques GAUTHIER et al. *Pneumologie clinique*, Montréal, Les Presses de l'Université de Montréal, 2002, page 331.

⁹ Ibid, p.370.

¹⁰ D.E.O'DONNELL, op.cite.

The *Quebec Lung Association's* services are provided by professionals who specialize in respiratory health. For issues related to chronic obstructive pulmonary disease (chronic bronchitis - emphysema), asthma or any other respiratory illnesses, or for information on various support programs to help quit smoking, please call our toll-free number.

www.pq.poumon.ca



By generously contributing to our fundraising campaigns, you are helping to ensure these services. Bequests, commemorative gifts and planned giving are also practical ways of supporting the Quebec Lung Association.

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THE  LUNG ASSOCIATION™
Quebec

DO YOU SUFFER FROM
COPD?
(chronic bronchitis and emphysema)



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WHAT IS COPD?

- The term **COPD** (chronic obstructive pulmonary disease) comprises **chronic bronchitis** and **emphysema**. Both conditions **gradually impede the flow of air into the lungs**. Often, people with COPD suffer from both chronic bronchitis and emphysema, however some individuals are only afflicted with one of the two conditions.

DO YOU SUFFER FROM COPD?

- COPD is a respiratory illness that develops slowly over time. Initial symptoms include coughing and shortness of breath during physical exercise. **Early diagnosis** may allow for better management of the disease and offer a better quality of life.

STOP FOR A FEW SECONDS: GET TESTED FOR COPD¹!

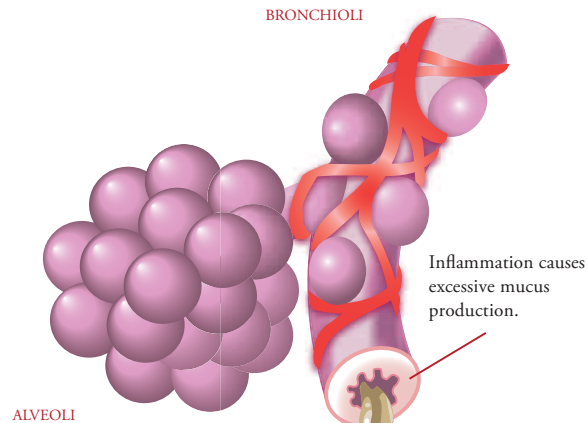
	yes	no
1 Do you currently smoke or have you ever smoked?		
2 Do you frequently cough?		
3 Do you regularly spit up mucus?		
4 Are you short of breath (even mildly) when you perform simple tasks?		
5 Do you frequently have cold symptoms?		

- » If you answered “**yes**” to **any of these questions**, ask your doctor to examine you in order to check for COPD.
- » To diagnose COPD, your doctor must prescribe a **spirometry** test.

CHRONIC BRONCHITIS.

Chronic bronchitis is characterized by inflammation of the bronchi and excessive mucus production, which hinders the flow of air to the lungs. When obstruction becomes significant, the lungs cannot empty completely and the air gets trapped in the alveoli.

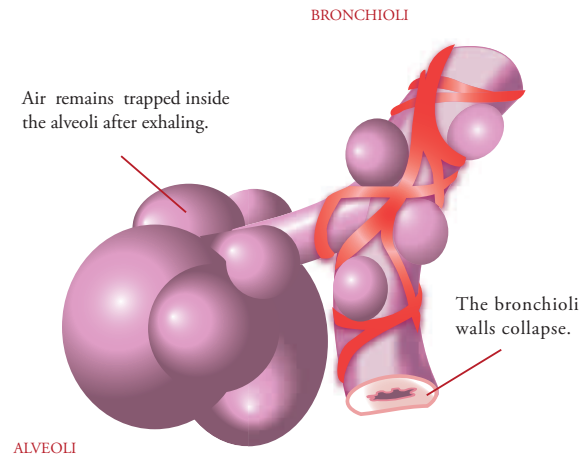
Result: The afflicted individual coughs, spits up mucus and is short of breath during exercise or during regular daily activities.



EMPHYSEMA.

Emphysema affects the pulmonary alveoli, the tiny air sacs involved in gas exchange. Normally, the alveoli are elastic; they inflate with air when we inhale and deflate when we exhale. Emphysema causes the alveoli to dilate and destroys the alveoli walls. Air remains trapped inside the damaged alveoli. The exchange of oxygen (O₂) and carbon dioxide (CO₂) is more difficult, reducing the amount of oxygen available to the body. In addition, the destruction of lung tissue makes the lungs less elastic. The bronchi and bronchioli that pass through the lung are not as well supported and may collapse.

Result: The afflicted individual is out of breath during exercise or during regular daily activities.



SIGNS AND SYMPTOMS OF COPD.

People with COPD usually have one or more of these symptoms:

- » Shortness of breath;
- » Chronic cough;
- » Production of sputum (mucus);
- » More frequent respiratory infections (flu, pneumonia) and slower recovery time;
- » Fatigue;
- » Unexplained weight loss;
- » Reduced ability to perform daily activities.

DYSPNEA SCALE.

The dyspnea scale is one of the tools used by a doctor to assess breathlessness and COPD.

Grade	Description
1	The patient is not short of breath, except during vigorous physical exertion.
2	The patient is short of breath when walking quickly on a level surface or up a slight slope.
3	The patient walks more slowly than people of a similar age due to shortness of breath, or stops to catch their breath when walking at their own pace on a level surface.
4	The patient stops to catch their breath after walking about 100 meters or a few minutes on a level surface.
5	The patient is too breathless to leave the house or is short of breath when dressing or undressing.