Module Three: How you can better help yourself

Welcome

Welcome to Module Three of Lung Foundation Australia's C.O.P.E program.

C.O.P.E. stands for **COPD. Online. Patient. Education.**

This module is designed to help you understand how you can better help yourself by managing your COPD.

Please move through this module at your own pace by clicking through the 'Prev' and 'Next' buttons, located in the navigation bar.

Learning objectives

There are many people, including yourself, who can help you to manage your COPD. There are also various plans, checklists and techniques that you can use to manage your COPD.

Upon completion of this module, you should understand:

- Your role in managing COPD;
- How to develop and use a management plan;
- Who is in your healthcare team, and how they can help you to manage your COPD;
- How you can control your breathlessness;
- How to manage fatigue;
- Why it is important to stop smoking;
- How to use the airway clearance techniques; and
- How to use the COPD-X Self Management checklist to manage your COPD.

Managing COPD: It's a team effort

Effective management of COPD is based on a partnership between you, your carer and family, and your health care team.

What is the important role you have in managing your COPD?

You are an integral part of the team that manages your COPD. You can take an active role by:

- ***Being actively involved in decision making*.**
- **Developing and following a management plan.** This includes a written *COPD Action Plan* which is agreed between you and your health care team to help recognise when you are getting sick and what you can do about it. Your COPD Action Plan includes your medicines as well as other important activities such as diet and exercise. A *Lung Foundation COPD Action Plan is provided here for your reference* but COPD Action Plans may vary depending on where you receive your care.
- **Knowing as much as you can about COPD.** This includes your diagnosis and problems associated with your diagnosis.
- **Monitoring your symptoms.** Then taking action to reduce the impact of these symptoms.
- **Managing the impact of COPD.** This includes your physical, emotional and social life.
- **Adopting lifestyle behaviours that promote health.** This includes eating a healthy diet, getting regular exercise, having alcohol in moderation and quitting smoking if you are a smoker.
- **Using *support services* that are made available to you.**

Better Living With Your Lung Disease: Managing your lung disease

This video will provide you with some helpful tips to manage your lung disease.

How do you develop and get the most from a management plan?

When you have a chronic lung condition, you may experience difficulty managing all your treatments day after day. Support from your health care team, family and support groups can help you to stay motivated and look after yourself.

The following are some tips that others have used to help them set goals and stick to them.

- Set realistic goals that are important to you.
- Write your goals down and let your health care team, family and friends know what they are so they can support you to achieve them. Reward yourself when you have done well.
- Understand that circumstances may change over time and that you may need to adjust your goals or give yourself more time to achieve them.
- Simplify your life as much as you can.
- Get to know your body and its responses; it will help both you and your doctor adjust treatment and activities accordingly.
- Be kind to yourself.
- Seek support from family, friends and others.
- Locate your nearest support group by contacting Lung Foundation Australia (phone: 1800 654 301 or visit: www.lungfoundation.com.au). Others have found the support from others in a similar situation very helpful.
- Ask your doctor to refer you to a pulmonary rehabilitation program and if there isn't a program in your area, ask to be referred to a physiotherapist or exercise physiologist for an assessment and a home exercise program.
- After completion of pulmonary rehabilitation join a Lungs in Action program (or similar maintenance exercise class). Lung Foundation Australia can give you the contact details of a group close to you or you can visit www.lungsinaction.com.au to find the Lungs in Action program nearest you.
- Ask a family member or friend to participate in your exercise and walking program, or join a local Heart Foundation walking group.

Better Living With Your Lung Disease: Who is your healthcare team?

This video will introduce you to the various roles that people in your healthcare team may fill.

Why is it important to see a range of health professionals?

Each health professional specialises in a different area of your care. Each patient has different needs; this can be due to many factors such as the type of illness, its severity, what symptoms you are experiencing and your general health. Seeing health professionals who are experts in their specific field, ensures you receive the best possible care available.

Throughout this program we will use the term **healthcare team.** This group of health professionals is often referred to as a multidisciplinary team or MDT.

Members of your healthcare team may communicate or meet in person regularly to discuss your care. Knowing who is in your healthcare team and their individual roles is important. An essential part of being an effective self-manager is having a healthcare team you can work with, a team with whom you feel confident when talking about your treatments, your needs and your wishes.

Effective communication between you and your healthcare team incorporates:

- Feeling comfortable discussing your concerns, even the embarrassing topics.
- Feeling as though you are receiving adequate information to help you to make informed decisions about your healthcare.
- An open dialogue.
- Making decisions about your health care in partnership with the team.

If you are not sure or feeling troubled about your relationship with your healthcare team or a member of the team, you can ask for a second opinion, or ask to change health professionals. It is ok to do this, health professionals understand that sometimes another team or team member will work more effectively with you. It is crucial that you feel confident with and part of your healthcare team and can talk comfortably with all members.

How do you work with your healthcare team?

Good communication with all the members of your health care team will help you to look after your health. It is easy to get flustered or confused when talking to a doctor, especially if he or she uses words or terms that you are not familiar with. However, it is important that you understand exactly what they are saying. It is also important that your doctor understands what is important to you. Don't be afraid to ask questions or ask for clarification.

Your COPD may also change over time. As different symptoms occur, you will need to recognise these changes and talk to your health care team about adapting to these changes.

Your healthcare team

You will come across members of your healthcare team in a number of different healthcare settings.

These include:

- The primary care setting,
- The hospital setting,
- The allied health setting, and
- The palliative and supportive care setting.

These healthcare settings will now be explored in more detail.

The primary care setting

The primary care setting includes:

Your general practitioner (GP)

A general practitioner (GP) is your primary care doctor. They are usually the first person you see if you are feeling unwell. They may have been the person who made your diagnosis and who continues to see you on a regular basis and coordinate your care with other health professionals.

Your GP is responsible for:

- Developing a management plan and action plan with you.
- Organising initial or ongoing tests and referrals.
- Coordinating care between specialists and making referrals.
- Making referrals to, corresponding with and coordinating care between specialists and other health professionals you may see.
- Assisting you in implementing your specialist's suggestions such as your oxygen prescription.
- Overseeing your total care and looking after all your health requirements.

Tips you might find useful when you are visiting your GP

- Make appointments with the same doctor, except in an urgent situation or when your normal doctor is not available.
- Make a list of questions and concerns before your visit. List these in order of priority.
- If you have many questions, ask for a longer appointment or schedule a second visit.
- Show your list to your doctor and decide together what you will discuss during this visit.
- Do not avoid asking questions because you are embarrassed or uncomfortable. Your doctor is there to help you.
- Bring a friend or family member for support.
- If you feel you do not fully understand what your doctor is saying, ask for further explanation.
- Repeat back what the doctor has said to make sure there are no misunderstandings.
- Ask your doctor to write answers down for you to refer to again.
- Find out the best way to contact your doctor in case you have additional questions or if you are concerned about symptoms or suspect a flare up.
- Let your doctor know if you have concerns over the costs of your treatment. They can help you find the best solution.

Lung Foundation Australia has developed a helpful fact sheet called, *Talking with your doctor about (COPD).*

General practice nurse or primary care nurse

You may also be cared for by a general practice or primary care nurse. A general practice or primary care nurse can be an enrolled or registered nurse working in a general practice. They play a major role in:

- Assisting in the development of care plans.
- Patient education.
- Coordination of patient care.
- Preventative care such as flu shots and other immunisations.
- Monitoring patient progress

Practice nurses may also be able to provide home visits and emergency care.

The pharmacist

Your local pharmacist provides you with your prescribed medicines and education about them. It is the role of your pharmacist to show you how to use your medicine correctly and to ensure it won't impact on any other medicines you may be taking. This is why it is important to try and go to the same pharmacist rather than going to a variety of pharmacists or chemists.

If you are having problems with your medicines ask your community pharmacist about a 'Medscheck'. This service aims to assist you to learn more about your medicines and how best to use them. You will also receive advice on how to store your medicines.

Pharmacists are skilled in screening for different diseases, including some lung diseases. Pharmacists can also provide you with all the information you need regarding your medicine, its correct use, side effects and your general health.

The hospital setting

The hospital setting includes the members of your team you will visit in the hospital. These include:

Respiratory physician

A respiratory physician is a doctor, usually in the hospital setting who specialises in diseases of the lungs and respiratory system. These doctors provide advice to you and your GP to ensure that best available tests and treatments are available for your care.

Respiratory nurse

A respiratory nurse will:

- Partner with you and provide education to help you develop knowledge of your lung condition and related medical problems.
- Assist you in understanding your medicines and help you achieve correct inhaler techniques.
- Assist in the development of a COPD Action Plan in collaboration with your GP or respiratory physician.
- Provide support in a ‘flare up’ in the event your symptoms become worse.
- Routinely take measures such as oxygen levels, lung function and blood pressure.
- Screen to determine if you require a specialist review for fitness to fly or sleep apnoea.
- Screen for other related conditions that may be impacting on your health.
- Link you to your nearest Pulmonary Rehabilitation Program.

The Allied Health setting

The Allied Health members of your healthcare team can be seen in a hospital, community centre or private practice. These healthcare professionals have training in a specific body system or function and complement the rest of the team.

Allied Health professionals include:

Physiotherapist

A physiotherapist will help keep you as active as you are able to be while living with your lung disease. They will work together with you to help you to:

- Provide education to help you develop knowledge of your lung condition and related medical problems.
- Assist you in understanding your medicines and to use your breathing techniques to help you use your inhalers correctly.
- Treat physical symptoms and work with you to understand and manage them.
- find solutions to problems you may have due to your lung disease and any other conditions by doing a full assessment. This might include referral to other team members.
- Develop and follow an exercise program to relieve symptoms and improve your quality of life.
- Manage breathlessness with physical activity, breathing techniques, relaxation techniques, distraction techniques and pacing activities.
- Clear secretions (mucus) from your airways with airway clearance techniques or devices.
- Regularly check your oxygen levels and blood pressure, especially after supervised exercise.
- You may also be referred to an exercise physiologist to develop and monitor a set of exercises, specifically designed for your individual needs.

Occupational therapist

Occupational therapists assist you by helping you:

- Develop ways of better managing everyday activities such as washing, dressing and cooking.
- To work out if any changes are needed at home to help you manage better.

Psychologist

A psychologist will:

- Help you work through fears, worries, and resolving problems.
- Teach you strategies to handle anxiety and depression, and how to relax.
- Teach you how to manage panic attacks.

Social worker

A social worker will provide you with information or support on documents such as Advanced Health Care Directives and in seeking services such as:

- Home help.
- Childcare.
- Financial and legal advice.

Dietitian

A dietitian can assist you if you are underweight or overweight. The dietitian assesses your dietary requirements, and develops a nutritional intervention that will improve lung and respiratory muscle function, improve exercise performance and achieve a healthy weight.

Smoking cessation counsellor, better known as a Tobacco Treatment Specialist

A tobacco treatment specialist will assist you in stopping smoking. They help you quit through intensive counselling and the

use of smoking cessation medicines.

The palliative and supportive care setting

As a patient’s condition progresses, the services of palliative and supportive care may be recommended for symptom management and comfort. They will become a part of your healthcare team and work closely with the rest of your team.

Please note access to some of these services may not be available in some areas.

Palliative and supportive care physician

Palliative and supportive care physicians provide patients with symptom management, information and support as well as end-of-life care when it is needed. The palliative care team can provide relief not only for pain but also for breathing difficulties. These services can be provided in the hospital and in your home.

Palliative and supportive care nurse

Palliative care nurses are specialist nurses who care for people with advanced illness or who are dying. They are trained in pain and symptom management as well as providing emotional and spiritual support to patients with very severe or terminal illness and their caregivers. These nurses may work in hospitals, hospices and the community.

Who becomes breathless?

Anyone who exercises sufficiently, (including perfectly healthy people) can become breathless.

It is a normal response to physical activity. It varies dependant on how strenuous or for how long the activity is sustained. Obviously, those with a lung disease or older people will have a lower threshold at which breathlessness occurs.

Breathlessness (or dyspnoea) is common in people with lung or heart conditions as well as in people who are overweight or unfit.

People who are overweight or unfit will have to work harder during everyday activities and, as a result, will fatigue more quickly while people who are too slim may also fatigue quickly as they have no reserve energy.

As people get older, their lung function declines owing to changes in their lungs, their chest wall, and the strength of their breathing muscles. These changes contribute to older people becoming more breathless when performing activities.

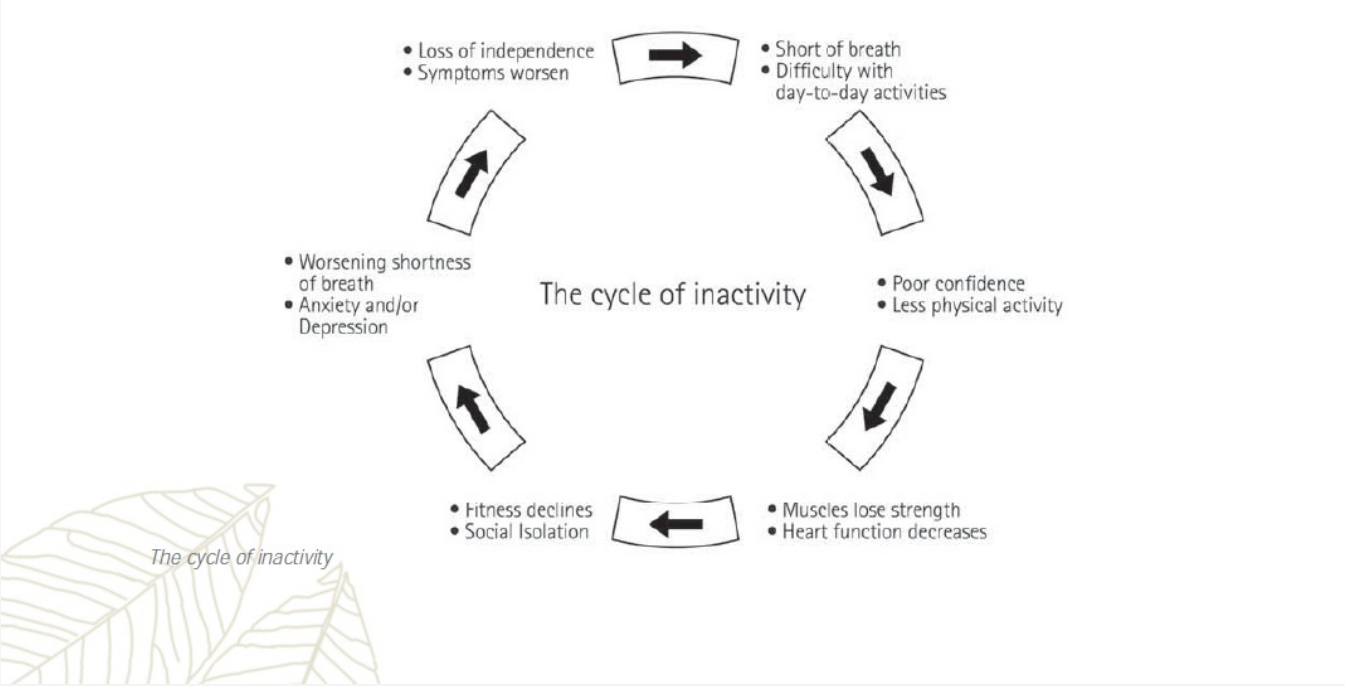
Those with lung diseases like COPD will experience breathlessness as the disease affects the breathing tubes or airways and the lungs. The feelings of breathlessness may increase as the disease progresses.

COPD and breathlessness

COPD affects both the lungs and the body. As a result, breathlessness can be caused by a combination of reasons:

1. In COPD, the **lungs lose their natural elasticity** as they become damaged and over-expanded. This can make it harder for someone who has COPD to breathe air out fully.
2. As a result of being unable to breathe air out fully, the 'trapped' air leads to an over-expansion of the lungs. This is often called a barrel chest (*hyperinflation*). Hyperinflation changes the way your muscles and chest wall work. The breathing muscles of a person who is hyperinflated will have to work harder and as a result, will fatigue more quickly. Other muscle groups can be used to help people breathe; these muscles are known as **accessory muscles**. The neck muscles are an example of these accessory muscles.
3. The muscles used for breathing, like all muscles in the body, require oxygen to be able to work. A person who has COPD may have a **higher oxygen requirement** just to continue breathing.
4. The **narrowing or swelling of the breathing tubes or airways**, in combination with producing larger amounts of sputum, can restrict the flow of air in and out of the lungs. *Airway clearance techniques* can help to keep the breathing tubes or airways clearer and assist in making breathing easier .
5. When you are living with COPD, you may be unable to continue your normal level of activity, which can result in a cycle of inactivity (see the following diagram). Frequently, this will lead you to reduce your physical activities, causing you to become unfit or poorly conditioned. Being **unfit or poorly conditioned** makes your movements less efficient and requires greater effort to complete everyday activities. Reduced fitness may also make you more susceptible to 'flare-ups'.
6. People who have COPD often experience **increased anxiety** about becoming breathless or short of breath. This anxiety can lead to a fear of undertaking activities.

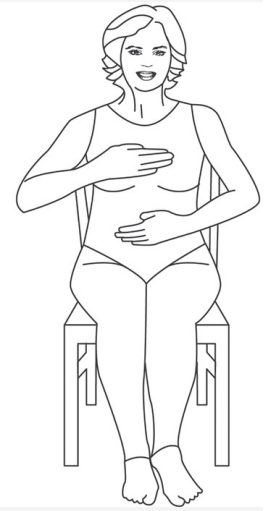
In summary, people with COPD need to work harder than others to breathe.



How do you better control or reduce your breathlessness?

There are many strategies that can help you reduce the impact of your breathlessness.

1. Relaxed breathing



People who have COPD have more difficulty breathing out fully. The body's normal reaction when breathlessness occurs is to breathe faster and shallower. However, faster and shallow breathing is not an effective way to reduce the impact of breathlessness.

You could practice relaxed breathing any time you are trying to catch your breath. For example, relaxed breathing may be useful after coughing or exercising.

Aim to breathe out slowly and without force. As you breathe out, let your shoulders and neck muscles relax. Ideally, most of your breathing takes place by the lower ribcage expanding and relaxing, rather than in the upper chest. Seek help from a health professional such as a physiotherapist if you are finding this difficult.

By breathing out fully, you will be able to breathe in better. You may find it useful to practice relaxed breathing when you are at rest so that you are familiar with the technique.

To practice relaxed breathing, place one hand on your chest and one hand on the upper part of your stomach, just below where your ribs part your stomach at the level of your navel while sitting. When you take a deep breath in, the hand on your stomach where your ribs part, rather than the hand on your chest, should move first. Practice breathing so that the hand on your stomach where your ribs part moves first.

You can learn more about relaxed breathing by clicking here.

Watch the video below from the 5:29 mark to learn more about relaxed breathing.

2. Prolonged expiration breathing

The purpose of prolonged expiration breathing is to try to reduce the amount of air trapped in the lungs and reduce airway collapse by prolonged breathing out (unforced expiration). Breathing out should take longer than breathing in.

Breathing out through pursed lips is an example of this technique. Pursed lips (lips that are closer together than usual, as if you were gently whistling or blowing bubbles) create a smaller opening for the air to flow through. This helps to hold the breathing tubes open.

You can learn more about prolonged expiration breathing by clicking here.

3. Recovery positions

Good posture is very important. The more you slump, the more you squash your lungs and push your stomach up, making it harder to breathe.

Try taking a deep breath while slumped. Now try again while standing or sitting fully upright with a tall spine. Can you notice a difference?

Many find a forward leaning position, on to a bar or table, or even with hands on knees takes a load off the chest, and makes breathing easier.

A comfortable recovery position is important. Typically, recovery positions are upright with your arms supported and your shoulders ‘down’ or relaxed. Common examples of recovery positions are shown in the following images:

4. Pace yourself

This is a very important skill and is often overlooked. If you have breathing problems and are noticing that you are more short of breath than previously, you will need to slow down to get your tasks done.

If you rush and try to beat the shortness of breath, you will spend longer trying to catch your breath. If you go slowly and pace yourself, you will be able to do more before needing a rest. For example:

- While **walking**, try to establish a pattern of breathing that matches your steps and that you can maintain easily. For example, you may breathe with every step or over a number of steps depending on your level of breathlessness and fitness.
- If you **change your pace** of walking, you will need to adjust your breathing pattern.
- Do not hold your breath and rush through the task to 'get it over with' as this will only make you more short of breath.
- Aim to find a rate of breathing that matches your effort. If you find an activity too hard to do, simply stop and recover before restarting the activity at a slower pace.

Note: Pacing yourself to complete your daily activities is different to doing your exercise program.

5. Medicine

Using your reliever, maintenance and preventer medicine can assist in reducing the impact of breathlessness. It is important that medicines are used correctly to ensure their effectiveness.

You can learn more about medication by clicking here.

6. Improve your fitness

Better fitness levels or improved tolerance to exercise will enable a decrease in the effort required to perform everyday activities.

You can learn more about exercise and fitness by clicking here.

7. Manage your anxiety

Learning how to manage your anxiety, or situations that cause your anxiety, can assist with your breathing.

You can learn some tips for reducing stress by clicking here.

Click here to download a fact sheet on COPD, anxiety and depression.

Better Living With Your Lung Disease: Managing your breathlessness

This video will provide you with tips to manage your breathlessness.

Why do you need energy conservation?

With lung disease, the body is no longer as efficient in meeting the body's demand for oxygen.

When the body receives less oxygen, energy supplies become limited. This can cause fatigue, shortness of breath and possible anxiety or panic with everyday activities.

By learning to conserve energy with everyday tasks, you will be able to perform many activities with less effort and less shortness of breath. Energy conservation can help maintain your independence.

Along with exercise, keeping active in normal daily activities is an important part of maintaining your fitness.

Plan, Prepare, Pace & Pause

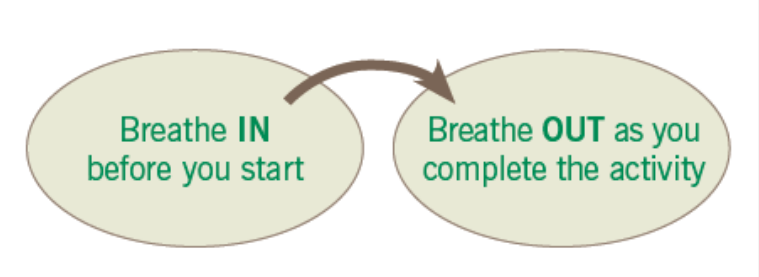
When breathlessness or fatigue limits your ability to commence, continue or complete an activity remember to **PLAN, PREPARE, PACE & PAUSE**.

Before stopping an activity, consider whether you could make it easier by using the following energy saving techniques.

Click here to download the following techniques in PDF format.

1. Control and coordinate your breathing with daily activities

People with lung disease use more energy simply to breathe. Therefore, it is important to coordinate your breathing with all activities. Even the simplest tasks use energy.



- Standing up: Breathe in before you move. Breathe out as you rise up from your seat.
- Lifting an object above your head: Breathe in before you lift. Breathe out as you lift your arms above you.
- Putting on shoes: Breathe in before you move. Breathe out as you bend down to put on your shoe.

2. Reduce strenuous movements

Keep your arms and body close to the activity you are performing:

- Carry objects close to your body.
- Organise equipment or food to be within easy reach.
- Keep most activities between waist and shoulder level:
-
  - Store commonly used items on middle shelves between your waist and shoulders.
  - Work at benches that are at waist height.
- Use long handled equipment (for example, long handled reachers, long handled pruning shears, a broom, a dressing

stick, a sock aid and a bathing brush).

Bring your feet to you (for example, rest your foot on your knee to towel dry, put on socks, and tie up your laces).

Avoid heavy lifting:

- Use trolleys, push rather than pull, slide rather than lift.
- Let your bigger muscles do the work – squat with your legs, avoid bending your back.
- Ask for help.
- Divide the load e.g.: groceries, half fill the kettle.

3. Take frequent rest breaks

Continuing to work until you are out of breath may then take you longer to recover. So take regular breaks to rest and recover while working. Don't wait until you need a break.

4. Plan and prepare before you perform tasks

- High expectations can lead to frustration, so be patient with yourself and set achievable goals.
- Challenge old habits. Ask yourself 'Is it essential that this task be performed in the usual way?'
- Plan for rest breaks and interruptions.
- Break jobs into smaller steps.
- Prepare and prioritise.
- Use a diary or calendar to plan daily, weekly and monthly tasks.
- Put items where they can be found easily and quickly.
- Keep most frequently used items between waist and shoulder level.
- Use equipment that makes the job easier, eg. light weight crockery, long handled reachers, long-handled garden equipment, stools, trolleys, velcro shoes, buttonless shirts and clothes that don't need ironing.

5. Pace yourself

- Use slow, rhythmic movements.
- Alternate light and heavy activities.
- Spread heavier tasks throughout the day, week and month.
- Learn to ask for help, or get someone else to do the task, such as family members, community services, neighbours, volunteers or friends. Asking for help does not mean you are dependent, it means you are using your energy to its best advantage.

6. Avoid extremes of temperature

- Avoid strenuous tasks, particularly in hot weather.
- Where possible, control the temperature in your environment.
- Use fans, air conditioners, heaters.
- Avoid extremes in temperature.
- Reduce steam – open doors, windows.
- Find the time of day that is best for you to complete activities.

7. Avoid activity after a meal

Avoid strenuous activity after meals.

8. Relax

- When you feel worried, anxious or uptight your body uses a greater amount of energy.
- This can add to feelings of being tired or breathless.
- Relaxation can help restore energy.
- Concentrate on relaxing your muscles and slowing down your breathing

Better Living With Your Lung Disease: Managing your fatigue and energy conservation

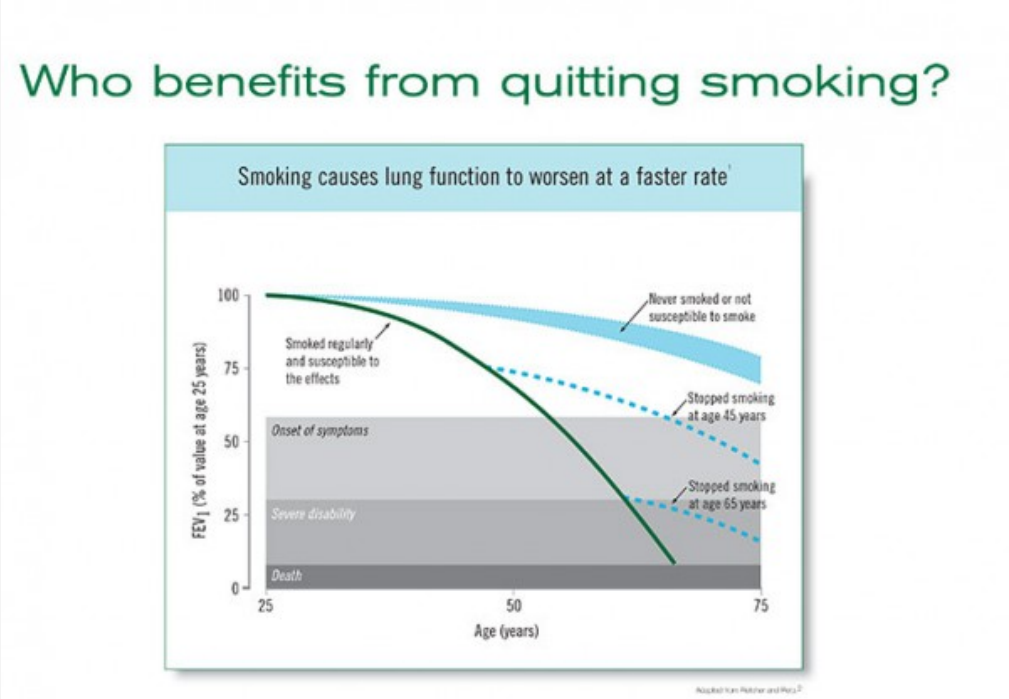
This video will provide you with information to better manage your fatigue and conserve your energy.

Why is it important to stop smoking?

Many people with COPD have already been able to stop smoking. If that is you, congratulations!

Stopping smoking is important because it is the single most important step in slowing the progression of COPD.

Tobacco smoking is responsible for over 19,000 deaths in Australia each year and is widely regarded as the most preventable cause of chronic conditions.



Adapted from Fletcher C. Peto R, Br Med J 1977; 1: 1645-8.

What is nicotine addiction?

Nicotine addiction is recognised as a medical condition, rather than a habit.

As such, people who were once heavily addicted to nicotine have the potential to start smoking again.

People who stop smoking still have the receptors in their brains that were once ‘hooked on’ nicotine.

These receptors lay dormant, waiting to be turned on again by just one cigarette. If these receptors are turned on again, the addiction cycle can re-start.

Each time a person quits they can experience the unpleasant symptoms of nicotine withdrawal. These symptoms include strong cravings, anxiety, agitation and depression.

Although many ex-smokers report being able to remember how much they enjoyed smoking, the actual physical addiction to nicotine is no longer active. Fortunately, just having these thoughts doesn't mean you will have cravings or urges to smoke.

The important message for many ex-smokers is that **stopping smoking is a lifelong process**, rather than an isolated event. For the majority of smokers who were once heavily nicotine-dependent, the potential for relapse continues to be a lifelong possibility.

Unfortunately, no scientifically proven method to prevent relapse currently exists. A significant number of ex-smokers relapse even after they have not smoked for more than one year.

Don't be tempted to try 'just one cigarette' to see if you still like smoking. Most ex-smokers will still like smoking if they try it. There is a high risk that 'just one' cigarette could cause you to start smoking again.

Why shouldn't you use smoking to cope with stress?

Stressful events can cause ex-smokers to start smoking again. We are all different and some of us will require assistance, counselling or support to help cope with life's difficulties. These difficulties can include the loss of a loved one, anxiety regarding family members, financial stress or sometimes stress for no particular reason.

The nicotine delivered in tobacco smoke can act like an anti-depressant and anti-anxiety drug. When people return to smoking after a stressful event, they are either deliberately or inadvertently using nicotine as a medicine. However, the carbon monoxide, tar and cocktail of chemicals that are also contained in the tobacco smoke continue to damage the person's lungs and entire body.

If you are having difficulty coping with a stressful event, seek professional assistance from your GP, who can make referrals to counsellors or psychologists. The option of prescribed anti-depressant or anti-anxiety medicines can also be discussed.

What options are available to help you stop smoking?

There is plenty of information available that describes the damaging health effects of cigarette smoking. However, this information is not always enough to prompt cigarette smokers to stop smoking. For people who have COPD, smoking is no longer just a risk factor for chronic conditions; the chronic condition is now a reality.

Smokers who have COPD and who are motivated to stop smoking have a number of options available to help them stop smoking. These options include the following:

1. Cold turkey

Going cold turkey (stopping immediately without any support) is difficult. Evidence shows that the best results are achieved when medicines are used in combination with counselling and support.

2. Nicotine Replacement Therapy (NRT)

NRT is a medicine that can help smokers stop smoking. It provides the body with a small amount of nicotine without the toxic chemicals received by smoking a cigarette. If you are thinking about using NRT, you may wish to consider the following points:

- **NRT is safe to use while still smoking.** People often report being worried about some of the precautions and warnings associated with the use of NRT that are contained in the product information but using NRT is the safest way to reduce smoking before quitting and has been shown to help people who at first were not ready to quit.
- **Nicotine is the least harmful part of a cigarette.** You should know that the nicotine in NRT is provided in a very small dose and in patches is delivered very slowly to the body (gums and sprays work quickly).
- **NRT products can work in different ways.** There are many different NRT products available for people to use to help them to quit. Some of these products such as patches, slowly release nicotine over a long period (up to 24 hours). There are other NRT products that are fast acting and will assist in managing cravings. These fast acting products include oral NRT such as gums, sprays and strips.
- **NRT is safe to use in combination.** For example with a NRT patch is used as base therapy and any form of oral NRT is used to “treat” craving/urges through the day. From very early on, smokers have learnt to be experts at satisfying their cravings by getting enough nicotine and the use of oral NRT will help with the need for a top up.
- **Nicotine is a drug of addiction and not a major cause of physical disease.** All the warnings about heart, lung, vascular disease and cancer contained on cigarette packets are related to the detrimental effects of carbon monoxide, tar and the lethal chemicals contained within cigarettes. When you take NRT and consume fewer cigarettes, exposure to these poisons reduces. If you stop smoking you are not exposed to these poisons.
- **NRT patches are available on prescription and subsidised on the PBS for 3 months per calendar year.** They can also be purchased in pharmacy and other stores where medical products are available without prescription.
- **Speak to your pharmacist or health care professional** about NRT options and how to use NRT effectively.

3. Other medicines to help people quit

These medicines have been specifically designed to help smokers stop smoking. These have good success rates in getting people to quit. You may wish to discuss with your GP the suitability of medicines.

The most widely known drug in this category is Varenicline or Champix® which is available by prescription on the PBS. (Champix® is prescribed for 12 weeks and if a smoker quits it is available for a further 12 weeks immediately following the first course.)

4. Stop smoking clinic programs

Participating in a clinic program can give you the advice and support required to help you stop smoking. These programs are particularly helpful for people who have established disease conditions, such as COPD. These programs can help people make the appropriate behavioural or environmental changes that are required to stop smoking. Studies have shown that clinics that offer professional behavioural support and advice on effective NRT use can help people stop smoking. Quit rates are highest in people who combine counselling support and take smoking cessation medicine.

There is no time like now to quit smoking! Please ask for a referral to a clinic or a tobacco treatment specialist who can help

you stop smoking and don’t give up giving up!

Preventing a relapse

Unfortunately there is no clear evidence that supports any method of staying smoke free once you have quit. People can continue to use NRT products to reduce the urge to smoke and when they are ready they will quit.

The best defence is the knowledge that smoking cessation is a journey and not a single event. Nicotine receptors in the brain can be switched off during the quitting process, but as little as a few puffs of a cigarette, months or years later will switch them back on. When this occurs most people will find themselves addicted smokers again.

Stay away from that one cigarette!

For support to quit smoking, call the National Smoking Quitline on 137 848.

Airway clearance: Keeping your lungs clear

What is the role and function of sputum in lung conditions?

The lungs provide protection against foreign particles entering the body by trapping unwanted particles in the mucous lining of the breathing tubes or airways.

Your secretions can be cleared from the lungs by coughing, breathing out (expiratory airflow) and the movement of tiny hairs called cilia. These tiny hairs line the breathing tubes (*bronchi* and *bronchioles*) and move like a wave to help propel the mucous (also known as sputum or phlegm) and unwanted particles up to the mouth where they can be cleared by a cough.

The function of the tiny hairs (cilia) can be affected by smoke, oxygen therapy, alcohol and dehydration.

If you have a lung condition or a chest infection, the breathing tubes can become more swollen and reddened or (inflamed). As a result, the breathing tubes or airways can and may produce thicker and stickier mucous secretions (sputum or phlegm).

Why is it important to keep your lungs clear?

Repeated chest infections have been shown to contribute to deterioration in lung function. If sputum is not cleared from the lungs, it can cause ongoing inflammation, which can lead to further lung damage.

In some lung conditions, the ability to clear these secretions can be more difficult, resulting in:

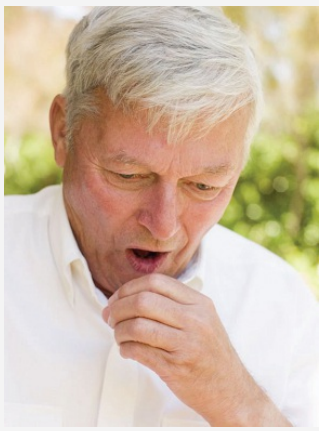
- More coughing which increases your fatigue and can make you more breathless.
- Narrowing of the breathing tubes or airways, and tightness of the chest which can make breathing harder.

When should you use airway clearance techniques?

When to use airway clearance techniques will depend greatly on your individual needs. For example:

- Many people who have chronic lung conditions produce very little or no sputum. These people generally do not need to do any regular airway clearance techniques.
- Some people who have chronic lung conditions develop a moist cough when they have an infection. These people may need to do a few simple airway clearance techniques when this occurs.
- A small number of people who have chronic lung conditions and who cough up sputum every day may need to use an airway clearance technique regularly.

What are the airway clearance techniques?



There are a variety of airway clearance techniques. If you regularly produce sputum, or when you have a flare up, then you should discuss your airway clearance needs with your respiratory physiotherapist. They will assist you to find a technique that works best for you. Some of these may include:

- Independent breathing regimens, such as the Active Cycle of Breathing Techniques and Autogenic Drainage.
- Respiratory devices, such as positive expiratory pressure devices (for example, PEP and Astra PEP) and oscillating positive expiratory pressure devices (for example, Flutter Device, bubble pep, Turbo Forte® and Acapella®).
- 'Hands on' techniques, such as percussion and expiratory vibrations to the chest wall.
- All airway clearance treatment regimes should include effective huffing and coughing to clear secretions.

Huffing

In most instances a huff uses a medium volume breath in, followed by a short, sharp forceful expiration (breath out like you are trying to fog up a window) that helps to move sputum towards the mouth so it can be cleared. This is particularly useful if their airway tends to collapse with coughing. If a wheeze is heard on the breath out then the expiration is too forced and you may need to breathe out slower. The wheeze represents further airway narrowing and may cause sputum not to be cleared as effectively.

How to cough effectively

Coughing is an effective way to remove secretions. However, coughing should be done with minimum of effort.

This video should help you to identify the best ways to cough. Coughing is an effective airway clearance technique and will help you to take control of your symptoms associated with COPD.

COPD-X Self-Management Checklist

The following checklist is a useful tool to use when you develop a management plan with your health care team. Later modules will provide more detail about all of the important steps that might be included in your management plan.

Click here to download the COPD-X checklist in PDF format.

one | two | three | four | five

C: Confirm Diagnosis
By now your doctor will have informed you that you have COPD.
To confirm your diagnosis and to assess the severity of your COPD it is important that you have a breathing test per
(called spirometry). You should also have your spirometry checked regularly to monitor the progress of your COPD.
You may have this done at the GP's or specialist clinic, in a lung function laboratory or with another member of your team.

- [ ] **I have had a Spirometry breathing test**

Conclusion

The aim of this module was to provide you with an understanding of the different people who can help you to manage your COPD. The aim was to also equip you with plans and techniques to best manage your COPD.

You should now understand:

- Your role in managing COPD;
- How to develop and use a management plan;
- Who is in your healthcare team, and how they can help you to manage your COPD;
- How you can control your breathlessness;
- How to manage fatigue;
- Why it is important to stop smoking;
- How to use the airway clearance techniques; and
- How to use the COPD-X Self Management checklist to manage your COPD.

You can revisit this module at any time by selecting Module Three from the dashboard.