

## Management Strategies for Patients/Clients

### YOU HAVE JUST BEEN TOLD THAT YOU HAVE COPD, NOW WHAT?

#### WHAT IS COPD?

- C** – “CHRONIC” or long term
- O** – “OBSTRUCTIVE”, the air passages are partially blocked or occluded
- P** – “PULMONARY”, which refers to the lungs
- D** – “DISEASE”

COPD is a condition that makes breathing more difficult because the air passages and air sacs in the lungs have been damaged. The air passages become partly blocked and the air sacs (like balloons at the end of the air passages) have lost their ability to contract down, making it more difficult to push the stale air out of the lungs and breathe fresh air into the lungs. It is a condition that has developed and worsened over a period of time.

#### WHAT ARE THE SYMPTOMS OF COPD?

The most common symptoms of COPD are as follows:

- Shortness of breath as well as increased phlegm production
- Decreased ability to perform exercise or daily activities due to shortness of breath

#### IS THERE A CURE FOR COPD?

- No. Once you have COPD it will never go away and may worsen over time. However, if you take good care of the lung capacity you still have, you can preserve and improve your ability to be active without getting winded.

#### WHAT CAN I DO TO STOP COPD FROM GETTING WORSE?

##### *If you smoke, then you must quit!*

Smoking is the major cause of COPD. By quitting smoking you can slow the progression of COPD significantly.

##### *The sooner you quit the better!*

If you need help to quit smoking, talk to your doctor or phone toll free the **smokers help line: 1-866-332-2322**. **Remember: It is never too late to quit smoking!**

#### WHAT CAN BE DONE NOW THAT I HAVE COPD?

- Breathing medications (“puffers”) that act to open up the air passages can be used to help relieve shortness of breath. Your doctor will prescribe the right combination of breathing medications for you.
- **Exercising and getting in good shape** will improve breathlessness. People with COPD commonly become short of

breath with activity and because of this they may avoid activity. Avoiding activity results in a downward cycle of less and less activity which leads to more and more shortness of breath.

#### Shortness of breath with activity

More shortness of breath than before

Even less activity



Less activity to avoid feeling short of breath

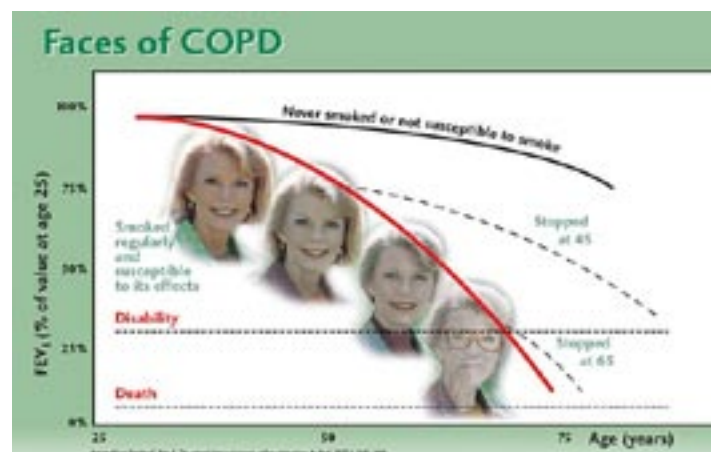
Muscles become weaker from lack of exercise and need more oxygen than normal to do work

- Be sure to get a flu shot once per year
- Be sure to get a pneumonia shot once in a lifetime

#### ASK YOUR DOCTOR TO REFER YOU TO THE CHINOOK HEALTH REGION COPD PROGRAM

- At the COPD program you will meet with COPD educators who will provide you with information about COPD and how to live well with COPD. They will work with your doctor to reduce the impact of COPD and improve your quality of life.
- The COPD program provides a supervised exercise program to help people with COPD get fit, improve shortness of breath and ability to exercise. You will also receive a home exercise program to help keep you fit.

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## PATIENT HANDOUT MATERIALS

The following patient information sheets are intended to be photocopied and given to your patients who are considering quitting smoking or currently making a quit attempt.

*Your Smoking Stage—What Kind Of Smoker Are You?*

*Withdrawal...And Beyond*

*The Benefits of Quitting Smoking*

*Quit-Smoking Aids Compared*

*Stop-Smoking Resources*

## YOUR SMOKING STAGE— WHAT KIND OF SMOKER ARE YOU?

(Adapted from *Do You Smoke?* Medical Society of Nova Scotia, 2000)

### 1. I'm Not Interested in Quitting

While you may not be ready to quit smoking, talking about it might help you to understand your smoking a little better.

- Think about the impact of smoking on your life and your family's.
- Consider any illnesses you have that may be related to your smoking.

Even if you continue to smoke, it is important to smoke outdoors, so that your second-hand smoke doesn't harm anyone.

### 2. I'm Interested and Thinking About Quitting

Weigh the pros and cons of *smoking*.

- The Pros: What do you like about smoking?
- The Cons: What are the downsides of smoking? How does it affect your own and your family's health and well-being?

The cons of smoking can help motivate you to quit, while the pros of smoking mean you will have to look for other ways to meet the wants and needs provided by smoking.

Then weigh the pros and cons of *quitting*.

- The Pros: What would you gain if you quit? Improved health for you and your family? Money? What are the risks of continuing to smoke?
- The Cons: What would you lose if you quit smoking?

If your cons outweigh the pros—you now know why you want to quit, but you can't bring your self to quit right now. Keep thinking about it.

If your pros of quitting outweigh the cons—it's clear you are worried about your smoking and want to do something about it. It's time for a plan. Move on to the next section to find out how to plan for quitting.

### 3. I'm Interested and Ready to Quit

Preparing to quit takes commitment. It takes a plan, as well as some time and effort.

- Look at your past quit attempts and learn from them.
- Understand your smoking habits. Write down when, where and why you smoke each cigarette.
- Know what "triggers" you to smoke. Meals, coffee, alcohol, stress or just a strong urge to smoke might be some of your triggers.
- Plan and learn how to cope with these triggers. (Ask your doctor for a copy of "Withdrawal... and Beyond.")
- Plan how to reward or coach yourself. Give yourself a pat on the back when you do well.
- Tell friends and ask for help.
- Set a stop date within the next week or two, and tell your family and friends.
- Expect strong urges and withdrawal. Plan for slips and know what you will do to avoid them.
- Consider stop-smoking medication, such as nicotine gum, the "patch", or bupropion. (Ask your doctor for a copy of "Quit Smoking Aids Compared.")

### 4. Now That I Have Quit

- Congratulations!
- Know what to expect—temporary withdrawal symptoms, cravings and signs of recovery.
- Use your plan to cope with triggers and ask your friends for support.
- Stay on your medication for the full treatment period.
- Use positive self-talk. Congratulate yourself when you do things well. Reward yourself.

*Remember:*

- Total abstinence is your goal—don't even have a single puff.
- Drinking alcohol can increase the urge to smoke.
- Being exposed to smokers gets in the way of quitting.
- Too much stress can trigger you to smoke.

Exercise, eat right and take one day at a time. Welcome to a smoke-free life.



## WITHDRAWAL...AND BEYOND

### Coping with Withdrawal Symptoms

Most smokers find the first days or even the first few weeks after quitting to be the hardest—that's when withdrawal symptoms are at their strongest. Remember, this discomfort is temporary and you will feel better soon. What's more, withdrawal symptoms are a sign that your body is recovering from the effects of smoking.

Withdrawal Symptom	What To Do
Tenseness/irritability	Go for a walk. Take deep breaths. Soak in a warm bath. Meditate.
Depression	Use positive self-talk. Speak to a friend or family member. See your doctor if the depression is intense or does not go away.
Headaches	Use mild analgesics. Drink plenty of water. Relax and rest.
Appetite changes	Follow a well-balanced diet. Choose healthy, low-fat snacks such as fruit or vegetables.
Constipation, gas	Drink plenty of fluids. Eat lots of fruits, vegetables and high fibre cereal.
Insomnia	Avoid beverages containing caffeine (e.g., coffee, tea, cola), particularly before bed. Try relaxation exercises before bed.
Difficulty concentrating	Break large projects into smaller tasks. Take regular breaks.
Cough, dry throat & mouth, nasal drip	Drink plenty of fluids.
Dizziness	Sit down and rest until it passes.

### Cravings And Temptations

There will be times after quitting and even after your withdrawal symptoms have passed, that you will have cravings and be tempted to "light up." That's why it's important to be prepared with some coping strategies when you're faced with smoking triggers and "high risk" smoking situations.

Triggers/Situations	Coping Strategy
Other people smoking	In the short term, stay away from social situations where others will be smoking. Avoid the smoking room at work. Sit in the nonsmoking section in restaurants. Ask smoking friends not to offer you cigarettes.
Alcohol	It's best to avoid alcohol altogether, at least in the short term.
Coffee	Avoid coffee and other caffeinated drinks. Choose water or fruit juices instead.
First thing in the morning	Change your routine—take a shower or go for a walk right after you get up.
After meals	Get up from the table immediately. Wash the dishes. Clean your teeth. Phone a friend.
Urges to smoke	The urge to smoke only lasts for a few minutes, so distract yourself until it passes. Do a crossword puzzle, eat a healthy snack, sip water slowly or watch television.
Stress	Identify sources of stress, then eliminate or change your reaction to them. Use relaxation techniques such as deep breathing, meditation or yoga.



## THE BENEFITS OF QUITTING SMOKING

Quitting smoking not only improves your own and your family's health, but also your appearance, self-confidence and the state of your pocketbook.

### Physical Benefits

- Two hours after you quit, the amount of nicotine in your bloodstream will drop by half.
- Eight hours after quitting, there will be more oxygen in your body and your blood pressure will begin to lower.
- Your risk of developing cancer, heart disease, stroke and ulcers will go down.
- You will be protecting your family from the dangers of second-hand smoke.
- If you are pregnant, you will help prevent complications such as miscarriage and premature delivery, and your baby will more likely have a normal birth weight.
- Food will taste better and your sense of smell will improve.
- Your teeth will be less stained.
- You will have more energy. Physical activities will be easier and more enjoyable.

### Other Benefits

- You will overcome a strong addiction and be in control of your life.
- Your self-confidence will improve.
- You will be providing a good role model for your children.
- Your breath, clothes, car and home will smell better.
- Your life insurance premiums will go down.
- You will save money



## QUIT-SMOKING MEDICATIONS COMPARED

(Adapted from: Wilson DM. Steps of smoking cessation: steps of change. The example of a "closet smoker." *Patient Care Canada* 1999; 10:44-57.)

Quit Smoking Aid	How to use	How long to take it	Possible side effects	Cautions	When not to take it	Advantages
<b>Nicotine gum</b> (Nicorette®)	<ul style="list-style-type: none"> <li>• "bite &amp; park" gum</li> <li>• 1 piece of gum every 1-2 hours</li> <li>• 2 mg if you're a light smoker (≤ 20 cigarettes per day)</li> <li>• 4 mg if you're a heavy smoker (&gt; 20 cigarettes per day)</li> <li>• stop smoking before starting</li> </ul>	<ul style="list-style-type: none"> <li>• several weeks to several months or longer if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• burning in throat</li> <li>• hiccups if chewed too quickly</li> <li>• dental problems</li> </ul>	<p><b>Cautions</b></p> <p>If you:</p> <ul style="list-style-type: none"> <li>• are pregnant and breast-feeding*</li> <li>• have had unstable heart condition in the past 2 weeks</li> </ul>	<p><b>When not to take it</b></p> <p>If you:</p> <ul style="list-style-type: none"> <li>• are pregnant and breast-feeding*</li> <li>• have had unstable heart condition in the past 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• you can control when to take nicotine and how much</li> <li>• satisfies oral cravings</li> <li>• delays weight gain while you use it</li> </ul>
<b>Nicotine patch</b> (Habitrol®, Nicoderm®, Nicotrol®)	<ul style="list-style-type: none"> <li>• if you're a light smoker (≤ 20 cigarettes per day), start 14 or 7 mg (10 or 5 mg for Nicotrol).</li> <li>• if you're a heavy smoker (&gt; 20 cigarettes per day) start 21 mg (15 mg for Nicotrol) for 4-8 weeks. Discuss tapering to lower doses with your doctor.</li> </ul>	<ul style="list-style-type: none"> <li>• 8-12 weeks or longer if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• local skin reaction</li> <li>• disturbed sleep, nightmare</li> </ul>	<p><b>Cautions</b></p> <p>If you:</p> <ul style="list-style-type: none"> <li>• are pregnant and breast-feeding*</li> <li>• have had unstable heart condition in the past 2 weeks</li> </ul>	<p><b>When not to take it</b></p> <p>If you:</p> <ul style="list-style-type: none"> <li>• are pregnant and breast-feeding*</li> <li>• have had unstable heart condition in the past 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• you need only apply it once a day</li> <li>• no chewing</li> <li>• can control your craving for 24 hours</li> <li>• delays weight gain while you use it</li> </ul>
<b>Bupropion SR</b> (Zyban®)	<ul style="list-style-type: none"> <li>• 150 mg once a day (in the morning) for 3 days, then twice a day (morning and evening, with at least 8 hours between doses)</li> <li>• start 7-14 days before quit date</li> </ul>	<ul style="list-style-type: none"> <li>• 7-12 weeks or longer if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• dry mouth</li> <li>• insomnia</li> </ul>	<p><b>Cautions</b></p> <p>If you:</p> <ul style="list-style-type: none"> <li>• drink &gt; 4 drinks a day</li> <li>• take St. John's wort</li> <li>• take drugs that reduce seizure threshold**</li> </ul>	<p><b>When not to take it</b></p> <p>If you:</p> <ul style="list-style-type: none"> <li>• are pregnant or breast-feeding</li> <li>• have a seizure disorder</li> <li>• have an eating disorder</li> <li>• take monoamine oxidase inhibitors</li> </ul>	<ul style="list-style-type: none"> <li>• inexpensive</li> <li>• improves depression</li> <li>• minimal weight gain while you use it</li> </ul>

\*Nicorette (nicotine polioride): registered trademark of Aventis Pharma Inc.

\*\*Habitrol (6-3-nicotine): registered trademark of Nicoretts Consumer Health Canada Inc.

•Nicoderm (nicotine): registered trademark of Aventis Pharma Inc.

\*Nicotrol (nicotine): registered trademark of Johnson & Johnson-Merck Consumer Pharmaceuticals of Canada

\*\*Zyban® (bupropion HCL): registered trademark of Glaxo-Wellcome Inc.

### Nicotine replacement therapy (NRT) — What You Should Know

Keep in mind that when you use NRT as directed, you get much lower levels of nicotine than you would from cigarette smoke. What's more, you do not inhale thousands of other harmful substances contained in cigarette smoke.

• Many doctors believe that using nicotine gum or the patch is better than smoking during pregnancy because, by stopping smoking, you are not inhaling thousands of toxic chemicals from cigarette smoke. However, there is not enough evidence to show that using nicotine gum or the patch is safer than smoking during pregnancy. If you are pregnant or breast-feeding, always check with your doctor before using nicotine gum or the patch.

•• Remember to tell your doctor about the other medications you are taking, if any.

## STOP SMOKING RESOURCES

### Helpful Organizations

#### *BC Doctors' Stop Smoking Program*

115-1665 West Broadway  
Vancouver, BC  
V6J 5A4  
Tel: 1-800-665-2262 or 604-736-3987  
Website: <http://www.bcdssp.com>

#### *Canadian Cancer Society*

Contact your local unit.  
Toll free: 1-888-939-3333  
Website: <http://www.cancer.ca/tobacco>  
Email: [tobacco@cancer.ca](mailto:tobacco@cancer.ca)

#### *Canadian Council for Tobacco Control*

National Office  
170 Laurier Avenue West, Suite 1000  
Ottawa, Ontario  
K1P 5V5  
Tel: 613-567-3050  
Website: <http://cctc.ca>  
Email: [infor-services@cctc.ca](mailto:infor-services@cctc.ca)

#### *Canadian Heart and Stroke Foundation of Canada*

222 Queen Street, Suite 1402  
Ottawa, Ontario  
K1P 5V9  
Tel: 613-569-4361  
Website: <http://www.hsf.ca>  
Email: [info@hsf.ca](mailto:info@hsf.ca)

#### *The Lung Association*

National Office  
1900 City Park Drive, Suite 508  
Blair Business Park  
Gloucester, Ontario  
K1J 1A3  
Tel: 613-747-6776  
Website: <http://www.lung.ca>  
Email: [info@lung.ca](mailto:info@lung.ca)

### Many provincial Lung Associations offer stop smoking programs:

#### *Alberta*

Tel: 780-407-6819  
Toll free: 1-800-931-9111  
Health Education Line: 1-800-661-LUNG (5865)

#### *British Columbia*

Tel: 604-731-5864  
Toll free: 1-800-665-LUNG (5864)

#### *Manitoba*

Tel: 204-774-5501

#### *New Brunswick*

Toll free: 1-800-565-LUNG (5864)

#### *Newfoundland*

Tel: 709-726-4664  
Toll free: 1-800-566-LUNG (5864)

#### *Nova Scotia*

Tel: 902-443-8141  
Toll free: 1-888-566-LUNG (5864) ext. 32

#### *Ontario*

Tel: 416-864-9911  
Toll free: 1-800-972-2636

#### *Prince Edward Island*

Tel: 902-892-5957

#### *Québec*

Tel: 514-596-0805  
Toll free: 1-800-295-8111

#### *Saskatchewan*

Tel: 306-343-9511  
Toll free: 800-667-LUNG (5864)



### Additional Websites (with useful links to other sites)

*Health Canada Online*

[www.hc-sc.gc.ca/english/tobacco.html](http://www.hc-sc.gc.ca/english/tobacco.html)

*National Clearinghouse on Tobacco and Health*

<http://www.ctc.ca/neth>

*Nicotine Anonymous*

<http://www.nicotine-anonymous.org/>

*Quitnet*

<http://www.quitnet.org>

### Pharmaceutical Support

*Habitrol®, Novartis Consumer Health Canada Inc.*

Toll free: 1-888-227-5777

Website: <http://www.habitrol.com/home.html>

*Nicorette®, Aventis Pharma Inc.*

Toll free: 1-800-419-4766

Website: <http://www.nicorette.com/>

*Nicotrol®, Johnson & Johnson•Merck Consumer Pharmaceuticals of Canada*

Toll free: 1-800-699-5765

Website: <http://www.nicotrol.com/transdermal/transdermal.html>

*Zyban®, Glaxo Wellcome Inc.*

Toll free: 1-800-489-8424

Website: <http://www.zyban.com/>





Patient label

**Chinook Health Region  
COPD ACTION PLAN**

**GREEN ZONE**

You are doing well if:

- Your symptoms are stable and have not changed
- You have a good appetite
- You are able to exercise and do daily activities with minimal or no symptoms

**Action:** Use your inhalers daily as recommended below to maintain good lung function and control symptoms

Reliever(s): \_\_\_\_\_

Long-acting reliever(s): \_\_\_\_\_

Inhaled steroid (controller): \_\_\_\_\_

**YELLOW ZONE**

If your symptoms get worse:

- You are more short of breath than normal
- You now have a cough or wheeze
- You now have more sputum
- You may have been exposed to a stressful situation or exposed to pollutants, humidity, sudden changes in temperature or strong exercise

**Action:** Continue to use all medications as directed in GREEN ZONE

Increase your Reliever medication \_\_\_\_\_

**Continue with this until your symptoms subside**

Try to avoid and decrease exposure

Use proper breathing techniques to help you relax

Contact your physician if your symptoms are not improving **within 2 or 3 days**

**ORANGE ZONE**

You have a chest infection if:

- You have an increase in sputum
- Green or yellow sputum with or without a fever

**Action:** Continue to use all medications as directed in GREEN ZONE

Use your Reliever medication: \_\_\_\_\_

**Contact your physician**

Start Prednisone \_\_\_\_\_ for \_\_\_\_\_ days. Stay on prednisone until it is finished.

Start Antibiotics \_\_\_\_\_ for \_\_\_\_\_ days. Stay on antibiotic until finished.

**RED ZONE**

If your symptoms continue to get worse and do not improve, call your physician. If it is after hours GO TO THE EMERGENCY DEPARTMENT.

If you get very short of breath, struggle to breathe or have trouble walking or talking and are confused, agitated or have chest pain, CALL 911 IMMEDIATELY.

COPD action plan prepared by: \_\_\_\_\_ MD/RT/RN/PHARM

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised as of June 3, 2005 and developed by the Chinook Health Region/BHL/Chronic respiratory working group

## Client Checklist for COPD



### What to expect at each office visit with your family physician:

	Discuss symptoms such as shortness of breath
	Discuss current medications and if they are helping symptoms
	Physical exam (listening to lungs with stethoscope)
	Checking oxygen levels (if oximeter is available)
	Discuss smoking (if still smoking)
	Review proper inhaler technique
	Make or review a written COPD action plan



### Tests & Measurements that should be done or discussed on a yearly basis, or as recommended by your family physician:

	Lung function testing (spirometry)
	Height and weight measurements
	<p>Screening for osteoporosis if using inhaled steroids and you have the following risk factors:</p> <ul style="list-style-type: none"> <li>• Age &gt; 60 years</li> <li>• Postmenopausal state without hormone replacement therapy</li> <li>• Male impotence or infertility</li> <li>• Previous fractures with minor trauma</li> <li>• Family history of fractures (parental)</li> <li>• Past or current chronic glucocorticoid therapy</li> <li>• Smoking or alcoholism</li> <li>• Physical inactivity</li> </ul>
	Referral to COPD program for education and pulmonary rehabilitation
	Vaccinations
	Annual influenza vaccine
	Pneumonia vaccine (once in a lifetime, or every 10 years)
	Ensure immunizations are up to date