



health

your guide to positively managing
chronic obstructive lung disease

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If you think you have a medical or psychiatric emergency, call 000 or go to the nearest hospital. If you are not sure what sort of care you need, please call your doctor or local hospital.

There are a number of products and services mentioned throughout this brochure for which the Fund does not pay a benefit such as some doctor consultations and some alternative therapies. The information in this brochure relates only to the helpful health information pack in question and does not represent which products and services may or may not be covered under your level of NRMA Health Insurance cover.

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Chronic Obstructive Lung Disease Helpful Health Information



This guide to positively managing Chronic Obstructive Lung Disease (COLD) is for adults and the parents of children with COLD. Based on current research, it offers practical advice and information to help you look after your good health and make the most of life – while still managing your disease.

The guide is one of our helpful health information packs, one of the initiatives the Fund offers at no additional cost to help customers with particular health conditions.

The guide enables customers to access tools and resources such as:

- a Chronic Obstructive Lung Disease Action Plan that you can take to your doctor to fill in (you will find it at the back of this guide) along with some background information on what COLD is and how to reduce its impact on your health and everyday living;

- a Personal Health Record to record your personal health details and help keep track of your medications; and
- information about COLD and the best ways to reduce its impact on your general wellbeing.

Remember, you can contact the Health Helpline on 133 236 to access the trained health professionals who can assist in answering all your general health queries.*

Also, following a written Chronic Obstructive Lung Disease Action Plan that has been developed especially for you could significantly reduce the long-term complications of this disease. It usually takes several visits to your doctor to work out the best Action Plan for you and to review how well your medicines and lifestyle changes are working. The Plan may also need adjusting over time. So take this guide with you when you next visit your doctor so you can get started on making your own Action Plan together.

* Provided by the Royal District Nursing Service (RDNS) of South Australia.

Note: The Fund does not pay any benefits for doctors' and specialists' services provided outside of hospital unless we specify otherwise under your level of cover and we have an agreement with the provider for that treatment.



What is Chronic Obstructive Lung Disease?

Chronic Obstructive Lung Disease (COLD) includes a group of diseases such as emphysema and chronic bronchitis with similar symptoms including breathlessness and difficulty breathing. COLD is also known as Chronic Obstructive Pulmonary Disease (COPD), Chronic Obstructive Airways Disease (COAD) or Chronic Obstructive Airways Limitation (COAL). Asthma is another form of lung disease that is covered in further detail in a separate helpful health information pack. Here we concentrate on emphysema and chronic bronchitis.

To understand COLD, it's important to know how your lungs work. Each lung contains clusters of tiny air sacs called alveoli. In healthy lungs, when you breathe in, the alveoli are inflated like tiny balloons. The oxygen from the air you inhale then passes from the alveoli into tiny blood vessels called capillaries that channel freshly oxygenated blood through other blood vessels to the rest of the body via the heart. The unwanted carbon dioxide in the capillaries passes back into the alveoli to be blown out when exhaling. It is easy to understand how vitally important the interface between the alveoli and capillaries is. However, with COLD, the interface generally doesn't work properly, usually due to emphysema or chronic bronchitis.

Emphysema is when the walls of the tiny alveoli are destroyed. This results in enlarged alveoli with less wall area through which blood flows, reducing the surface area available for the vital exchange of oxygen and carbon dioxide.



Chronic bronchitis is when the tubes that carry the air in and out of the lungs (the bronchioles) become inflamed and thickened and the number and size of mucus-producing cells increases. The excessive mucus then blocks many of the airways that lead down into the alveoli, causing coughing as you try to clear the airways and difficulty breathing.

WHAT CAUSES COLD?

There are a number of causes of COLD. The major one is smoking that causes by far the most deaths in developed countries. COLD is also common in people with a rare, hereditary condition known as alpha-1-antitrypsin deficiency or AAT deficiency (also known as familial emphysema). This causes up to three per cent of all cases of emphysema. A blood test is used to diagnose this condition.

Other causes of COLD include exposure to occupational dusts and chemicals (vapours, irritants and fumes) as well as indoor and outdoor air pollution.

COLD usually develops slowly. It may be many years before you notice the worsening symptoms such as feeling short of breath (dyspnoea) or coughing and wheezing. Many people with mild to moderate COLD

have no symptoms. It is not contagious – you cannot catch COLD from another person.

As COLD is a chronic condition, you are likely to have symptoms every day. These may occasionally worsen – known as an ‘exacerbation’, if you are exposed to triggers like cigarette smoke or have a respiratory infection. Sometimes the symptoms may worsen for no apparent reason.

Why do I need a Chronic Obstructive Lung Disease Action Plan?

Although there is no known cure for COLD and the damage it causes to your airways and lungs is likely to be permanent, there are a number of ways you can help yourself feel better, stay well and slow down the progress of further lung damage. You could also reduce your risk of long term complications if you learn more about your condition, know what to look out for, follow certain guidelines and visit your doctor regularly for the right checks and tests.

Having an Action Plan and recording important information in your Personal Health Record can help you and your doctor to clarify medication and treatment regimes and assist you in monitoring symptoms and managing your COLD.

WHAT TO EXPECT WHEN YOU VISIT YOUR DOCTOR

Visiting your doctor is an essential part of managing COLD. Initially, your doctor will examine you, listen to your lungs and ask questions about your smoking and general health. He or she may also go over your family and medical history and ask what lung irritants you may

have been exposed to. These may include dust, chemicals or exposure to cigarette smoke.

Your doctor will be on the lookout for signs that show how severe your condition is, whether it is getting worse and what side effects or complications you might have. This helps to ensure you get the right treatment.

Some of the signs your doctor may look for in deciding a treatment for COLD include:

- **A barrel chest** showing that your lungs have become enlarged over time and have been repeatedly over-inflated trying to get enough oxygen.
- **Decreased breath sounds** due to less air reaching your lungs.
- **Wheezing** which may occur all the time or just during exacerbations.
- **Coughing** – your doctor will probably ask how often you cough, whether just in the morning or all day, and whether the cough is dry or ‘productive’. A productive cough is where you cough up mucus from your lungs



(called sputum or phlegm). Your doctor will also want to know what the sputum looks like (for example the texture and colour) and whether it contains blood. Blood in the sputum is not uncommon with COLD. However, it should always be reported to your doctor immediately to rule out other serious causes.

- **Heart rate** – because your heart and lungs work closely together, there may be additional strain on your heart when your lungs are not working properly. It's important to check for this and treat it promptly. Some signs of heart failure include swelling of the ankles and feet due to excess fluid retention, which is referred to as oedema. Fluid can also build up around the heart and lungs and this is called ascites.
- **Pursed-lip breathing** – this is another sign that you are having difficulty getting enough oxygen. You may not even be aware that you are breathing in this way. When your lips are narrowed together, exhalation is slowed which keeps positive pressure in the airways and keeps them open. This can make breathing a little easier.

- **A bluish tinge to your skin**, lips and nail beds, called cyanosis is another sign that you're not getting enough oxygen.

TESTS FOR COLD

At your first visit to the doctor various tests may be ordered to confirm the diagnosis of COLD. On your regular visits, some of these tests may be repeated to check the progress of the disease or any complications you may have developed. These may include a **chest x-ray** to see if another disease, like heart failure, is causing your symptoms, or an **arterial blood gas**, a blood test that shows the oxygen level in your blood. This is often used to see if you need oxygen treatment.

Lung function tests (LFTs) or pulmonary function tests are the primary diagnostic tools for COLD, after the medical history and physical examination. These tests can indicate the extent of your lung damage and help decide on appropriate treatment. Lung function tests include:

- **Spirometry** – an easy and painless test, which shows how that your lungs work. This test can detect COLD before you have significant symptoms and also assists in grading the severity of this disease. It involves breathing hard into a large hose connected to a machine called a spirometer. When you breathe out, the spirometer measures how much air and how fast your lungs can blow air out after taking a deep breath.
- **Post bronchodilator spirometry** – a test using the spirometer after you have taken a medicine called a bronchodilator that relaxes tightened muscles around the airways, opening them up to ease breathing. The results of this test will help your doctor decide if your lung problems are being caused by another lung condition such as asthma.

How is Chronic Obstructive Lung Disease managed?

Treatment for COLD is different for each person, depending on its cause and severity. Your doctor may recommend that you see a lung specialist or respiratory physician. Usually treatment is managed in a number of different ways including medication and lifestyle changes. The goals of COLD treatment are to:

- relieve your symptoms with minimal side effects;
- slow the progress of the disease;
- improve exercise tolerance;
- prevent and treat complications and sudden onset of problems; and
- improve your overall health.

Some of the steps you can take to impede the progress of this disease and prevent complications while improving your overall health include:

- **If you smoke, quitting smoking** is the single most important thing you can do to slow the progress of this disease.
- **Have an annual flu vaccination.** Influenza can cause serious problems in people with COLD and regular vaccinations can reduce your chance of getting the flu. Ask your doctor whether it might be suitable for you to have a vaccination a few months before winter starts.
- **Have a pneumococcal vaccination** that can prevent pneumonia and sudden deterioration. Talk to your doctor about having a revaccination, as this may be necessary every five years.

- **Keep fit.** Studies have shown that people with COLD who exercise regularly tend to have improved breathing, fewer symptoms and a better quality of life. Any regular exercise is good. A daily walk is a good start if you are not used to exercising. You may also learn breathing exercises that strengthen the muscles needed for breathing. A respiratory physiotherapist can help with this.
- **If you are overweight** you are advised to lose any extra weight. Being overweight can make breathlessness worse. Your doctor or a dietician can help with this.
- **Participating in support networks** may assist in developing a positive attitude to self-management and exercise and may promote the enrolment into pulmonary rehabilitation programs.

PULMONARY REHABILITATION

Pulmonary rehabilitation is an individually tailored program designed to optimise your health and help you carry out your day-to-day activities. Initially the healthcare team (which could include doctors, nurses, physiotherapists, exercise specialists* and dieticians) will perform an assessment and create a program especially tailored for you. The program may include exercise training, nutritional advice and education about your condition. The program should assist you to improve your capacity to exercise, ability to cope and reduce the frequency of exacerbations.

It is recommended that you manage your own health and wellbeing by learning more about COLD and how various treatments work. Self-management empowers the individual to make informed decisions and manage their own program for positive health. The COLD Action Plan and Personal Health Record should be used in

*The Fund does not pay benefits for exercise specialists.



partnership with your doctor to evaluate your progress or modified to suit your needs. The program gives you the tools and resources to help you manage your own health effectively.

In summary, the most important thing for you to do in managing COLD is to remove the influence of anything that is likely to make it worse. Then work with your doctor and healthcare team to ensure you get the most out of life.

Medications for Chronic Obstructive Lung Disease

You should always check with your doctor first before taking medicines as it may cause side effects. If you are experiencing side effects from your medication or symptoms you feel might be caused by taking the medication, contact your doctor as soon as possible. You may also have to be careful about mixing the medication/s you are on with other medications and/or alcohol.

Medications that help your COLD may vary depending on the cause and severity of your condition. Some trial and error may be required before you find the right balance and it is worth persisting until you find what works best for you. You may be offered any or all of the medication types described below.

The medication information outlined below is for general explanatory purposes only and is not medical advice. You should always check with your doctor prior to taking any medications.

- **Bronchodilators** are fast-acting drugs that work by relaxing the muscles around the airways, to help open them quickly and make breathing easier. Bronchodilators can be fast acting (lasting up to six hours) and used only when needed or slow-release (lasting 12 hours or more) and used daily. Bronchodilators should be used for symptomatic relief, on an 'as needs' basis or on a regular basis to prevent symptoms. Most bronchodilators are inhaled, so they go directly into your lungs where they are needed. There are many kinds of inhalers and it is important to know how to use your inhaler correctly.
- **Corticosteroids (steroids)**. Some types of steroids can be inhaled to help reduce inflammation of your airways. A trial period of up to three months may be recommended by your doctor to see if they help with breathing. Oral steroids (taken by mouth) may be used if the dose requirement is higher than can be delivered by an inhaler or when the patient cannot use an inhaler. Oral or intravenous steroids may be used in acute chronic obstructive lung disease flare-ups. There are a number of unwanted side effects associated with long-term steroid use, so they are generally prescribed only for short periods.

- **Mucolytics** are drugs designed to break up mucus and enable it to be cleared more easily. Excess mucus production and its retention causes the airways to contract, blocking the flow of air and hampering the exchange of oxygen and carbon dioxide in the alveoli. This can worsen the symptoms of COLD. Although mucolytics may work for some people, they may not be effective in all cases.
- **Antibiotics** will usually be used only for acute attacks (exacerbations) caused by an infection. If you do experience frequent exacerbations and cough up dark yellow or green phlegm, it is a sign of infection and your doctor may recommend preventative (prophylactic) antibiotic treatment.
- **Oxygen** may be recommended by your doctor if you have severe COLD and very low levels of oxygen in your blood. You may need extra oxygen some or all of the time. Usually, this will be through a flexible tube that is taped into one of your nostrils, known as a nasalcannula. There are both portable and non-portable options – your doctor will help decide what is right for you.

THE CHRONIC OBSTRUCTIVE LUNG DISEASE PERSONAL HEALTH RECORD

Take your Personal Health Record with you when you visit your doctor, so that you can monitor your progress together and keep track of your medications.

The Chronic Obstructive Lung Disease Action Plan

Name Date

Take this Action Plan and Personal Health Record with you when you visit your doctor and ask your doctor to fill in the due dates and actions required. Use them to remind you when to go for your checks.

CHECKS OR REVIEWS BY DOCTOR OR HEALTH PROFESSIONAL	MINIMUM RECOMMENDED FREQUENCY	DATES DUE (DOCTOR TO FILL IN)
Review medications	Every routine visit	
Blood pressure	Every routine visit	
Weight	Every routine visit	
Best FEV1	Every routine visit	
Best FVC	Every routine visit	
Room air O ₂ saturation	Every routine visit	
CO ₂ retainer	Every routine visit	
Oxygen therapy l/min	Every routine visit	
Oxygen therapy hrs/day/	Every routine visit	
Review exercise	Every 6 months	
Review diet	Every 6 months	
Non-smoking status	Every 6 months	
Review excess phlegm	Every 6 months	
Review general health	Every 6 months	
Review information needs	Every 6 months	
Review sleeping patterns	Every 6 months	
Check flu vaccination	Every 12 months	
Check pneumonia vaccine	Every 5 years	

Where can I get further information?

For further information and support, contact:

- your local doctor
- Australian Lung Foundation on 1800 654 301 (freecall)
- Australian Lung Foundation at www.lungnet.org.au
- QUITline on 13 7848 (local call cost) to give up smoking
- The Health Helpline on 133 236 to access the trained health professionals who can assist in answering all your general health queries. The Helpline is available to the Fund's customers seven days a week from 8.30am to 11.30pm (AEST) for the cost of a local call.*
- www.nrma.com.au

* Provided by the Royal District Nursing Service (RDNS) of South Australia.

133 234

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