The Quebec Lung Association has created the COPD Info Guide in order to inform and support people with COPD and their loved ones. This guide was created using the Canadian Thoracic Society’s recommendations for the management and primary care of COPD¹:

- Ensure the early diagnosis of COPD using objective measurements (spirometry test) to promote timely treatment of the disease;
- Control the disease’s symptoms and effects on daily activities for patients with stable COPD, by optimizing both pharmacological and non-pharmacological coping strategies;
- Be aware of the importance of preventing and coping with episodes of COPD exacerbation.

Special thanks to our collaborators:

Dr. Eric Forget, Pulmonologist, CSSS Gatineau. Simon Lessard, Pharmacist, RQAM Fellow, Associate Clinician, University of Montreal. Philippe Allard, Pharmacist, Associate Clinician, University of Montreal. Francine Lasalle, Respiratory Therapist, CHUM.
# Table of Contents

1. **Diagnosing COPD.**
   - 5

2. **Understanding COPD.**
   - 6
   - How do your lungs work?
   - 8
   - What is COPD?
   - 10
   - Signs and symptoms of COPD.
   - 12
   - Causes of COPD.

3. **It’s Never Too Late to Quit Smoking!**
   - 13

4. **Medications Used for Treating COPD.**
   - 14

5. **Techniques for Taking Inhaled Medication.**
   - 24

6. **Oxygen Therapy at Home.**
   - 28

7. **Professional Resources to Help You.**
   - 29

8. **Your COPD Action Plan.**
   - 31

9. **Maintaining an Active Lifestyle.**
   - 32
   - Eating well and controlling your weight.
   - Exercising.
   - 33
   - Maintaining a healthy sex life.
   - 33
   - Attending a respiratory rehabilitation program for COPD.
   - 34
INTRODUCTION.

COPD (chronic obstructive pulmonary disease) is a respiratory disorder that can seriously affect every aspect of your life. Accomplishing simple daily activities, such as walking or getting dressed, can become difficult.

Fortunately, the symptoms at every progressive stage of the disease can be treated. With the support of a medical team, patients and their loved ones can do a great deal to manage their condition as well as prevent and overcome the challenges caused by COPD.

The Quebec Lung Association offers the COPD Info Guide, in order to help you determine if you are suffering from COPD and, if need be, to provide you with tools to help you manage your health and optimize your quality of life.

TAKE ACTION!
COPD is a respiratory illness that develops slowly over time. Initial symptoms include coughing and shortness of breath during physical exertion. 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 COPD³!

» If you answered ‘yes’ to any of these questions, ask your doctor to examine you in order to check for COPD.

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 get frequent colds that last longer those of the people around you?

» To diagnose COPD, your doctor must prescribe a spirometry test. This test measures lung function.
HOW DO YOUR LUNGS WORK?

1. À l’inspiration, l’air entre dans le corps par le nez ou la bouche.
2. L’air circule dans la trachée.
3. L’air poursuit son chemin dans les bronches et les bronchioles auxquelles sont rattachés des milliers de petits sacs appelés alvéoles. Les poumons sont alors remplis d’air.
4 L’oxygène contenu dans l’air traverse la paroi des alvéoles pour être transporté par le sang circulant dans les capillaires; le sang oxygéné sera dirigé vers le cœur, puis transporté dans les artères pour alimenter tout le corps.

5 Le but de l’expiration est d’expulser le gaz carbonique, qui est un déchet produit par les cellules du corps. Pour y arriver, le sang libère ce gaz dans les alvéoles. L’air riche en gaz carbonique est ensuite expiré en circulant dans les bronchioles, les bronches, la trachée puis le nez ou la bouche.

C’EST LA RESPIRATION!
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.

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.

The 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 wall. 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.

The result? The afflicted individual is out of breath during exercise or during regular daily activities.
SIGNs AND SYMPTOMS OF COPD.

PEOPLE WITH COPD GENERALLY HAVE ONE OR MORE OF THESE SYMPTOMS⁴:

CERTAIN FACTORS MAY AGGRAVATE YOUR COPD SYMPTOMS... TAKE NOTE⁵!

<table>
<thead>
<tr>
<th>The most common factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory infections (colds, flu, bronchitis, pneumonia).</td>
</tr>
<tr>
<td>Indoor air pollutants (cigarette smoke, household cleaning products, strong odors, dust).</td>
</tr>
<tr>
<td>Outdoor air pollutants (exhaust, industrial smoke, smog).</td>
</tr>
<tr>
<td>Emotions (anger, anxiety, stress).</td>
</tr>
<tr>
<td>Temperature changes (extreme heat or cold).</td>
</tr>
</tbody>
</table>
• 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.

Suggestions for avoiding these factors:

• Avoid contact with people suffering from a respiratory infection.
• Wash your hands frequently.
• Get vaccinated. You and the people around you should be vaccinated against the flu every autumn6. Your doctor may also suggest the pneumonia vaccine.
• Quit smoking and avoid secondhand smoke.
• Avoid strong odors.
• Avoid smog.
• Avoid exhaust and industrial fumes.
• Use your breathing and relaxation techniques.
• Talk about your feelings with your loved ones.
• Lorsqu’il fait froid:
  » habillez vous chaudement et couvrez votre nez avec un foulard.
• Lorsqu’il fait chaud:
  » privilégiez les endroits climatisés et frais;
  » buvez suffisamment d’eau (sauf si avis contraire de votre médecin);
  » évitez les activités trop exténuantes;
  » portez des vêtements légers ainsi qu’un chapeau.
CAUSES OF COPD.

In 90% of cases, the onset of COPD is linked to smoking⁷. Other possible factors are⁸:

- 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).
IT’S NEVER TOO LATE TO QUIT SMOKING!

By choosing to quit smoking, it is possible to prevent the progression of COPD and improve your quality of life.10

I WANT TO QUIT. WHAT RESOURCES ARE AVAILABLE TO HELP ME?

THE QUEBEC LUNG ASSOCIATION:

L’ASSOCIATION PULMONAIRE®
Québec

- Helpline: 1-888-768-6669 ext. 232;
- Website: http://www.pq.lung.ca/services/poumon-9/;
- Quitting smoking documentation.

THE IQUITNOW PROGRAM PROVIDED BY MSSS DU QUÉBEC:

- Helpline: 1-866-527-7383;
- Website: http://www.iquitnow.qc.ca/

YOUR DOCTOR.

YOUR PHARMACIST.

QUIT SMOKING CENTRES PROVIDED BY LOCAL CSSS.

YOUR FAMILY AND FRIENDS.
In order to properly manage COPD, you must understand the main features of your medications and comply with the treatment prescribed by your doctor.

FOR EACH DRUG PRESCRIBED BY YOUR DOCTOR, YOU SHOULD KNOW:

• Its name;
• How it affects your lungs;
• The dose you should take;
• When you should take it;
• How to take it properly;
• Any precautions and associated side effects.

LEARN HOW YOUR MEDICATION CAN HELP YOU!

BRONchodilators

The three types of bronchodilating drugs are:

• Beta2-agonists
• Anticholinergics
• Methylxanthines
### Short-acting Beta2-agonists

#### NAMES
- **BRICanyl® (TERBUTALINE)** (1).
- **VENTOLIN® (SALBUTAMOL)** (2).
- **AIROMIR® (SALBUTAMOL)** (3).

#### FEATURES
- Administered by inhalation.
- Provide quick relief by keeping the airways open.
- Relieve shortness of breath and decrease wheezing.

#### MAJOR SIDE EFFECTS
- Nervousness.
- Headaches.
- Trembling.
- Increased heart rate.

#### NOTES
- These are “rescue” medications that provide fast, temporary relief. You should ALWAYS carry them with you. These drugs should be used in emergencies when you are short of breath.
- Your doctor may prescribe a drug in this category for 4 to 6 doses per day or as required. **WARNING!** If you feel the need to take this type of medication more than 4 to 6 times a day, consult your doctor. This may be a sign that your COPD is not well controlled.
### Short-acting Anticholinergics

**NAMES**
- **ATROVENT® (IPRATROPIUM)** (6).

**FEATURES**
- Administered by inhalation.
- Must be taken regularly, usually four times a day, in order to keep the airways open. Can also be prescribed as needed as rescue medication for people who are intolerant to beta2-agonists. In this case, the drug acts quickly to open the airways.

**MAJOR SIDE EFFECTS**
- Dry mouth.
- Bad taste.
- Constipation.

### Long-acting Beta2-agonists

**NAMES**
- **OXEZE® (FORMOTÉROL)** (4).
- **SEREVENT® (SALMÉTÉROL)** (5).

**FEATURES**
- Administered by inhalation.
- Keep the airways open.
- Used to control COPD and reduce the symptoms during exacerbation episodes.
- Taken on a regular basis, usually twice a day.

**MAJOR SIDE EFFECTS**
- Nervousness.
- Headaches.
- Trembling.
- Increased heart rate.
# Long-acting Anticholinergics

<table>
<thead>
<tr>
<th>NAME</th>
<th>SPIRIVA® (TIOTROPIUM) (7).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by inhalation.</td>
</tr>
<tr>
<td>Keeps the airways open.</td>
</tr>
<tr>
<td>Used to control COPD and reduce the symptoms during exacerbation episodes.</td>
</tr>
<tr>
<td>Must be taken regularly, once a day.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAJOR SIDE EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry mouth.</td>
</tr>
<tr>
<td>Bad taste.</td>
</tr>
<tr>
<td>Constipation.</td>
</tr>
</tbody>
</table>
Methylxanthines

NAMES
• THEODUR® (THÉOPHYLLINE).
• UNIPHYL® (THÉOPHYLLINE).

CARACTÉRISTIQUES
• Administrés sous forme de comprimés.
• Gardent les bronches ouvertes.
• Soulagent l’essoufflement et diminuent la respiration sifflante.
• Ont une longue durée d’action (12 à 24 heures).

PRINCIPAUX EFFETS SECONDAIRES
• Nausées.
• Crampes abdominales.
• Diarrhée.
• Insomnie.
• Nervosité.
• Tremblements.

REMARQUES
• Les méthylxantines sont pris en association avec les bronchodilatateurs en inhalation.
• Ils sont prescrits lorsque la réponse aux bronchodilatateurs anticholinergiques ou bêta₂-agonistes à longue action n’est pas suffisante pour soulager les symptômes.
• Des prélèvements sanguins peuvent être nécessaires pour ajuster la dose du médicament.
• Les méthylxantines peuvent provoquer des interactions avec certains médicaments. Il est important de mentionner au médecin et au pharmacien que vous prenez ces médicaments.
• Il est important de ne pas augmenter la dose des méthylxantines lorsque les symptômes de la MPOC s’aggravent. Consultez plutôt votre médecin.
## LES ANTI-INFLAMMATOIRES

### Anti-inflammatoires corticostéroïdiens

<table>
<thead>
<tr>
<th>NOMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• FLOVENT® (FLUTICASONE) <em>(8)</em>.</td>
<td></td>
</tr>
<tr>
<td>• PULMICORT® (BUDÉSONIDE) <em>(9)</em>.</td>
<td></td>
</tr>
</tbody>
</table>

### CARACTÉRISTIQUES
- Administrés en inhalation.
- Réduisent l’inflammation des voies respiratoires.
- Utiles chez les patients dont la fréquence des périodes d’aggravation des symptômes de MPOC est élevée.
- Doivent être pris de façon régulière. Généralement prescrits deux fois par jour.

### PRINCIPAUX EFFETS SECONDAIRES
- Maux de tête.
- Voix enrouée.
- Mal de gorge.
- Toux.
- Candidose orale.

### REMARQUES
- Après chaque usage, il est important de vous rincer la bouche en n’oubliant pas de recracher le liquide utilisé.
## Anti-inflammatoire non-stéroïdien

### NOM
- **DAXAS® (ROFLUMILAST).**

### FEATURES
- Administered in tablet form.
- Reduces inflammation of the airways.
- Effective in patients with frequent periods of worsening COPD symptoms.
- Must be taken regularly. Not to be used during crisis situations.

### MAJOR SIDE EFFECTS
- Abdominal pain and diarrhea.
- Weight loss.
- Nausea.
- Headaches.
## Combined Drugs

**Long-acting Beta2-agonist**

AND **anti-inflammatory corticosteroid**

### Names
- **ADVAIR**® (10) (FLUTICASONE ET SALMÉTÉROL).
- **SYMBICORT**® (11) (BUDÉSONIDE ET FORMÉTÉROL).

### Features
- Administered by inhalation.
- Produce a combined effect:
  - Reduce airway inflammation;
  - Keep the airways open.
- Used on patients with frequent COPD exacerbation.
- Must be taken regularly, usually prescribed twice a day.

### Major Side Effects
**Side effects associated with anti-inflammatory corticosteroid:**
- Headaches;
- Hoarse voice;
- Sore throat;
- Cough;
- Oral candidiasis (thrush).

**Side effects associated with long-acting beta2-agonists for:**
- Nervousness;
- Headache;
- Trembling;
- Increased heart rate.

### Notes
- After each use, it is important to rinse your mouth, making sure to spit out the used liquid.
## Anti-inflammatory corticosteroid (cortisone)

### NAMES
- DELTASONE® (PREDNISONE).
- MEDROL® (MÉTHYLPREDNISONE).

### FEATURES
- Administered as tablets or intravenously.
- Commonly prescribed during episodes of exacerbation.
- Rarely prescribed for long-term use by a doctor.

### MAJOR SIDE EFFECTS
- Gastrointestinal intolerance.
- Water retention.
- Increased glucose (blood sugar).
- Increased blood pressure.
Antibiotics

FEATURES
• Used in cases of respiratory infection (pneumonia, bronchitis, etc.).
• There are different types of antibiotics. Your doctor will prescribe one that best suits your situation.

MAJOR SIDE EFFECTS
Watch for signs of allergies:
• Itching or skin irritation (see your doctor, pharmacist or a health professional);
• Difficulty breathing or dizziness (call an ambulance and go to the hospital).

NOTES
• You must complete the entire treatment, even if you feel better.
• If you do not see improvement in your condition after 48 to 72 hours or if symptoms of infection persist at the end of treatment, you should consult your doctor or contact a health professional.

REMEMBER THAT TAKING MEDICATION PROPERLY IS ESSENTIAL TO MANAGING COPD.

DO NOT HESITATE TO ASK YOUR DOCTOR OR YOUR PHARMACIST QUESTIONS.

THEY ARE HERE TO HELP YOU!
TECHNIQUES FOR TAKING INHALED MEDICATION

For people with COPD, it is important to master the proper techniques to take medications. Over time, these techniques should become instinctive for you.

HERE ARE MAIN TECHNIQUES YOU MUST MASTER TO TAKE YOUR INHALED MEDICATION EFFECTIVELY:

PUMP WITH SPACER

It is highly recommended to always use a spacer when using your pumps\(^\text{12}\). DARE TO ASK QUESTIONS! ASK A HEALTH PROFESSIONAL (RESPI-

The use of a spacer provides the following benefits\(^\text{13}\):

- Less need for dexterity.
- Less possibility of getting a side effect with your medicine.
- Less medicine escaping into the air (allows more medication to reach the lungs).

Maintaining the spacer\(^\text{14}\)

The spacer must be cleaned before use and then once a week.

1. Soak the parts of the spacer for 15 minutes in a bowl filled with warm, soapy water (dish detergent).
2. Shake gently to remove any residue. If necessary, use a clean cloth.
3. Check if the interior is clean.
4. Do not rinse with water.
5. Gently shake to remove excess water on the spacer.
6. Allow to air-dry completely upright on a clean cloth. Do not wipe the inside with a cloth to avoid creating static electricity.
Comment utiliser votre POMPE AVEC TUBE D’ESPACEMENT ?

1. Enlevez le couvercle, insérez le tube d’espacement et secouez.
2. Expirez doucement.
3. Pressez.
4. Inspirez doucement et profondément et retenez votre respiration.

Replacing the spacer

How often a spacer needs to be replaced will depend on the frequency of use and care. Spacers must be changed when parts are broken, when the rubber exterior is leaking, or if the one-way valve is no longer mobile. The average interval is 12 months.
Comment utiliser votre POMPE ?

1. Enlevez le couvercle et secouez.
2. Expirez doucement.
3. Bouche ouverte
4. Bouche fermée

OU

Commencez à inspirer tout en pressant. Inspirez doucement et profondément, retenez votre respiration.

Placez la pompe dans la bouche et pressez. Inspirez doucement et profondément, retenez votre respiration.

Comment utiliser votre SPIRIVA® ?

1. Tenez le HANDIHALER® bien droit.
2. Levez le capuchon protecteur et l’embout buccal en les soulevant l’un après l’autre.
3. Insérez la capsule dans la chambre centrale.
4. Refermez l’embout buccal jusqu’à ce qu’un déclic se fasse entendre. Enfoncez le bouton vert puis relâchez.
5. Expirez.
7. Inspirez profondément.
8. Ouvrez l’embout buccal et jetez la capsule vide.
Comment utiliser votre TURBUHALER® ?

1. Dévissez le couvercle.
2. Faites tourner dans une direction, puis dans l’autre direction (vous entendrez un déclic).
3. Expirez doucement.
4. Inspirez vivement et profondément et retenez votre respiration (10 secondes).

Comment utiliser votre DISKUS® ?

1. Ouvrez le couvercle.
2. Poussez le levier jusqu’à ce qu’un déclic se fasse entendre.
3. Expirez.
4. Inspirez vivement et profondément et retenez votre respiration.
Perhaps you have heard about the need for receiving oxygen at home? Are you concerned about this possibility? Home oxygen therapy must be prescribed by your doctor. To determine if you need oxygen at home, your doctor must measure the oxygen in your blood, using the following test:

- Arterial blood gas: A test in which a sample of blood is drawn from a radial artery.

For some people with COPD, oxygen therapy is an important part of daily therapy. For others, it serves as a short-term treatment.  

**Generally, oxygen therapy is recommended for individuals**:  
- With low oxygen levels in their blood;  
- Who are suffering from an acute infection, such as pneumonia;  
- Who suffer from COPD and who have low oxygen levels at night.

**Home oxygen therapy is used to increase the amount of oxygen in your body and can help you**:

- Reduce shortness of breath;  
- Reduce fatigue;  
- Improve sleep;  
- Increase your tolerance to exercise;  
- Improve your sense of well-being and comfort;  
- Improve your quality of life;  
- Prolong your life.

**IMPORTANT:**  
Quebec’s Home Oxygen Therapy Program has been set up by the Ministère de la Santé et des Services sociaux (MSSS). To borrow equipment and receive follow-up care at home, you must contact the health professionals at your local CLSC.
DOCTOR

Your doctor’s appointments are an important part of managing COPD. Here are some suggestions to improve communication with your doctor and make the most of your medical consultations:

• Make a written list of the questions you wish to ask. Put the most important questions at the beginning of the list.
• Write down the doctor’s answers to your questions. If you do not understand, ask for clarification.
• Provide your doctor with a written list of all your symptoms.
• Bring all the medications and natural supplements that you take.
• Ask your doctor for advice if you are uncertain about how to take your medication properly.
• Have a loved one come along to your appointment. This person can help you understand and remember your doctor’s recommendations.
• Talk to your doctor about the COPD ACTION PLAN (see next section).

PHARMACIST

Your pharmacist can provide you with sound advice about the medications you take to treat COPD. Do not hesitate to consult your pharmacist for advice.

SYSTEMATIC MONITORING OF COPD AT A CLSC

Respiratory therapists and nurses at your local CLSC are available to monitor people with COPD. These health professionals are valuable resources that can support and mentor you to manage your respiratory health condition. To use these services, contact your local CLSC.
THE QUEBEC LUNG ASSOCIATION

SUPPORT GROUPS

The Quebec Lung Association is responsible for organizing support groups in different regions of Quebec. These groups allow people with COPD to meet and exchange ideas, to obtain information about COPD, and to attend presentations given by health professionals.

For more information on support groups, visit our website: http://www.pq.lung.ca/helpgroups_entraide/
or call 1-888-768-6669

TELEPHONE SUPPORT SERVICE

The Quebec Lung Association offers a free telephone support service to help people with COPD and their loved ones. Health professionals are available to answer your questions.

Contact 1-888 POUMON9 (1-888-768-6669)

WEBSITE

The Quebec Lung Association’s website provides a wealth of information on:
• COPD;
• Respiratory diseases;
• Environmental issues affecting indoor and outdoor air quality.

Visit our website at: http://www.pq.lung.ca/
People with COPD experience episodes when their symptoms deteriorate. To control COPD, it is essential to recognize the warning signs of a worsening period and to understand what to do during these challenging times.

The Canadian Thoracic Society has published a COPD Action Plan.

- This tool is a treatment plan to help you control your disease when symptoms become more troublesome.
- The COPD Action Plan comprises three separate sections concerning the pharmacist,
- the patient and the physician. This document facilitates communication and support.
- This action plan must be prescribed by your doctor.

You can obtain the COPD Action Plan at the following address:

http://www.respiratoryguidelines.ca/COPD-actionplan

The COPD Action Plan
EATING WELL AND CONTROLLING YOUR WEIGHT.

Proper nutrition can help people with COPD feel better by supporting:

- A sufficient level of energy;
- An active lifestyle;
- Good muscle tone (essential for proper pulmonary function).

Eat well by following the recommendations in Canada’s Food Guide:

» Bread and cereals: 5-12 servings per day.
» Fruits and Vegetables: 5-10 servings per day.
» Dairy products: 2-4 servings per day.
» Meat and alternatives: 2-3 servings per day.

Canada’s Food Guide is a good resource for learning how to eat healthy. Get a free copy at your doctor’s office, your local CLSC, or by calling 1-800-O-Canada.

NUTRITIONAL ADVICE FOR PEOPLE WITH COPD:

- Drink water. Hydration helps to liquefy secretions. Check with your doctor to see if there is a limit to the amount of water you should drink.
- Increase your servings of meat and alternatives. This food group provides a great deal of energy. Fish, tofu, and legumes are examples of meat substitutes.
- Eat foods rich in protein. These foods prevent malnutrition, increase energy levels, and promote healthy muscles and bones.
- If you take prednisone over a extended period of time, increase your servings of dairy products. Milk, yogurt, cottage cheese, and ice cream are included in this food group. Dairy products provide calcium, which is essential to prevent osteoporosis.
- Consuming dairy products does not increase secretion production. Do not worry about following the recommendations in Canada’s Food Guide, which suggests eating 2-4 servings of dairy per day.
- Eat 5 to 6 small meals a day. Smaller meals prevent bloating and shortness of breath.
- Eat slowly and chew your food carefully.
EXERCISING.

It is essential for people with COPD to be physically active\(^{20}\). COPD can result in a vicious cycle of inactivity: afflicted individuals are short of breath so they tend to exercise less, which causes their physical condition to deteriorate and shortness of breath to worsen.

Physical activity can help you improve your fitness level. Exercising does not necessarily mean subjecting yourself to complicated routines. Even light exercise, when practiced safely, is beneficial.

Contact the Quebec Lung Association for a copy of the Respiratory Rehabilitation Info Guide. This guide includes a section that deals specifically with exercise suitable for people with COPD. You will find tips on how to incorporate physical activity into your daily life.

MAINTAINING A HEALTHY SEX LIFE.

Sexuality is a topic that is often overlooked when managing COPD. However, sexual intimacy is an important element of any loving relationship between two adults. People with COPD can maintain a healthy and satisfying sex life. Here are some suggestions to help you\(^{21}\):

- Choose moments when you are rested to engage in sexual activities.
- If you eat a large meal or drink a large amount of alcohol before sex, you may be short of breath.
- Medications for COPD will not affect sexual function. If you have a prescription, you can take a dose of short-acting bronchodilator (e.g. Ventolin\(^{\circ}\)) before sex to reduce shortness of breath.
- Choose a sexual position that is comfortable for both you and your partner.

ATTENDING A RESPIRATORY REHABILITATION PROGRAM FOR COPD.

Respiratory rehabilitation programs are designed to optimize the physical performance, social interaction and autonomy of people with COPD\(^{22}\). Rehabilitation programs are strongly recommended for individuals with COPD who suffer from shortness of breath and limited exercise capacity despite taking their medication\(^{23}\). These programs are taught by an interdisciplinary team of specialists and combine education with improved physical fitness. Respiratory rehabilitation programs aim to provide people with COPD tools and strategies to\(^{24}\):
• Obtain greater control of COPD through a better understanding of the disease;
• Quit smoking (if applicable);
• Use medication correctly;
• Increase exercise tolerance and adopt a more active lifestyle by improving fitness;
• Reduce breathlessness through breathing techniques;
• Conserve energy (positions and principles);
• Adopt good eating habits that are adapted to COPD;
• Maintain a healthy sex life;
• Understand the needs and indications for oxygen therapy at home.

Talk to your doctor about the possibility of participating in a respiratory rehabilitation program.

Contact the Quebec Lung Association for the location of respiratory rehabilitation centers in Quebec and ask for the Respiratory Rehabilitation Info Guide.

• Website: www.pq.lung.ca
• Helpline: 1-888-768-6669 ext. 232

DON’T LET COPD CONTROL YOUR LIFE! TAKE CHARGE OF YOUR RESPIRATORY HEALTH!

2 Ibid.


8 Ibid.

9 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(septembre 2008), p843-51.


13 Johanne GRAVEL et al., L’asthme au quotidien, Montréal, Josuka, 1994, p.103.


17 Ibid.


19 Ibid.


Donations made during our various fundraising campaigns, bequests, commemorative gifts and planned giving are also practical ways of supporting the Quebec Lung Association.

By calling our toll-free number, you can speak to a professional specializing in respiratory health. You can ask all your questions and get advice about your respiratory health.