Better breathing: How we treat COPD

Winter is prime time for COPD. You can't get rid of the disease, but treatment can improve quality of life

It's something Michael Daley, MD, sees in the emergency department often and especially this time of year: chronic obstructive pulmonary disease, or COPD.

Dr. Daley, who provides care at OSF HealthCare, says while there's no cure for COPD, medicine has come a long way to improve your quality of life with the disease.

COPD basics

Dr. Daley says more than 300 million people suffer from COPD, and it's is the fourth leading cause of death worldwide.

"It's a destruction of the lung tissue in the airways. A lot of inflammation and destruction over time that causes the condition to manifest itself in people in different ways," Dr. Daley says.

Those ways include shortness of breath, chest tightness, coughing and fever. Dr. Daley points out that those symptoms overlap with a similar disease: asthma. But each has their differences, too.

"Asthma is seen as a disease of the young. People with asthma usually have that diagnosis at a much earlier age than someone with COPD," Dr. Daley explains. "The textbooks will tell you that you typically see COPD in the sixth decade of life. So, people in their 60s, 70s and 80s."

Treatment

Dr. Daley says many of the people he sees *know* they are having a COPD flare up.

"We immediately get them into a room. We put them on oxygen. We initiate various therapies that have been shown throughout the years to work well," he says. "We'd give them steroids, antibiotics and inhalers over the course of one to three hours. We observe them and watch them improve."

Though Dr. Daley says it's not frequent, people can come to the hospital with a severe COPD flare up.

"They're not moving any air at all. They're in extreme distress," he says.

That person would go on a ventilator to, first and foremost, save their life, but also to get them breathing more easily again. Dr. Daley says after a few days on a ventilator, health care providers would then tap into other treatments.

Long-term, a person may go on a nebulizer. It's a machine that delivers a mist of medicine inside your body through a mouthpiece or mask. The medicine helps your airways to relax and expand, allowing you to breathe easier. This is different from an oxygen tank.

Pulmonary rehabilitation in a hospital or clinic is also a common part of treatment. Like lifting weights to build up muscle, pulmonary rehab involves exercises to work your way back to as normal breathing as possible.

"Often they'll do what's called chest physiotherapy. They wear a percussion vest. That helps them cough up a lot of mucus and phlegm inside their lungs that's preventing them from breathing [well]," Dr. Daley says. "They also do a lot of breathing exercises that will help their airways expand. That leads to a better quality of life."

Prevention

Dr. Daley says smoking tobacco is a leading cause of COPD, especially in the United States. Worldwide, air pollution is also a trigger, whether that's outdoor smog or indoor dust and dander.

“We’re actually seeing a much younger population presenting with COPD. People in their 30s and 40s. Just because of very heavy tobacco usage,” Dr. Daley says.

So if you’re a smoker, make a plan to stop. If you live in a smoggy area, avoid prolonged exposure. Consider wearing a mask when outside. And keep your home clean and well-ventilated.

Dr. Daley adds that respiratory viruses like influenza can make COPD worse, leading to an uptick of cases in the winter. So, take basic hygiene steps to avoid those seasonal illnesses: wash your hands, cough and sneeze into your elbow, stay home when sick and be up to date on vaccinations.