

# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) DISEASE MANAGEMENT PROGRAM

## Welcome to Better Health

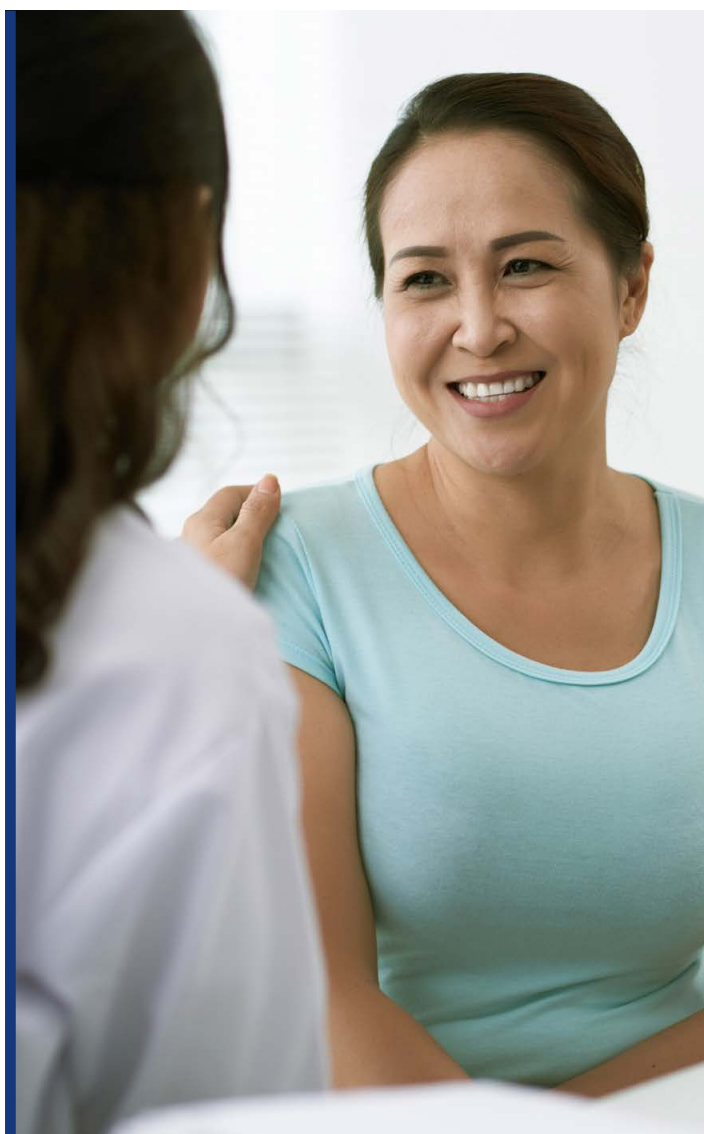
Humana Military offers disease management programs to assist beneficiaries with managing chronic diseases to improve their health. Our team partners with beneficiaries and their clinicians to identify problems, establish goals and monitor progress through regular follow-up care.

We are excited to welcome you to our anxiety disease management program. The program is offered to you at no cost and participation is not required.

This booklet provides you with some information about anxiety and can help with understanding your condition and identifying and managing your symptoms.

Please visit our website at [HumanaMilitary.com/DM](https://www.humanamilitary.com/DM) or call (800) 881-9227 for more information about COPD and our disease management initiative.

Thank you for allowing us to assist you in meeting your healthcare needs.




**EAST REGION**

[HumanaMilitary.com](https://www.humanamilitary.com)

**An important note about TRICARE program information:** At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. Humana Military is the administrator of the Department of Defense (DoD) TRICARE East program. TRICARE is a registered trademark of the DoD, Defense Health Agency (DHA), all rights reserved. XBBB0424-A

# Commonly Asked COPD Questions and Answers


## WHAT IS COPD?

 COPD is a lung disease that causes respiratory symptoms and limitations of airflow in the lungs. COPD makes it difficult to release air out of the lungs. These symptoms occur due to changes to the airway and air sacs of the lungs that are caused by exposure to foreign/toxic particles or gases. COPD is common but can be treated and is preventable. COPD is different from asthma but it can be difficult to distinguish between COPD and chronic asthma.

## WHAT CAUSES COPD?

Smoking is the most common reason people develop COPD. Alpha-1 antitrypsin deficiency (a genetic disease that can cause lung disease), causes less than one percent of COPD. Alpha-1 antitrypsin deficiency is suspected if there is early onset of COPD, little or no history of smoking and a family history of COPD. Exposure to occupational hazards or environmental substances, such as those found in coal mining or asbestos, may also cause COPD.

## WHAT ARE THE SYMPTOMS OF COPD?

 COPD can cause breathlessness, coughing, production of phlegm and tiredness especially with activity. These signs and a history of smoking are an indication for testing to determine if you have COPD.


## HOW IS COPD DIAGNOSED?

Your doctor may order one or more of these tests:

- **Spirometry:** Determines if you have COPD. You will be asked to breathe into a tube connected to a machine. The machine measures the amount of air you move in and out of your lungs and how well the air moves.
- **Pulmonary function tests:** These measure how much air you move in and out of your lungs and how successful your lungs are at exchanging the oxygen and carbon dioxide gases with your bloodstream.
- **Arterial Blood Gases (ABGs):** Determines the amount of oxygen in your blood and how well your lungs are getting rid of carbon dioxide.
- **Chest X-ray:** Emphysema produces distinctive abnormalities in the chest X-ray, which may also be used to rule out other diagnoses such as pneumonia or lung tumors.

- **Oximetry:** Indirectly measures oxygen levels in your blood, by placing a small strap around your finger. Because oximetry machines can be unreliable, ABGs are generally the preferred test when determining if you need supplemental oxygen.
- **Exercise testing:** Helps determine the amount of disability and if a patient can safely undergo lung resection surgery. An exercise test is done in a laboratory, either by having you walk on a treadmill or pedal a bicycle.
- **Electrocardiogram (EKG):** EKG is used to assess your heart status if heart disease is suspected or present. Severe COPD causes strain on the right side of the heart, which produces characteristic changes in the EKG.
- **Sputum culture:** This test is ordered to diagnose the type of bacterial infection when a patient has recurring bronchitis or pneumonia.

## HOW IS COPD TREATED?

 Treatment is based on the severity of symptoms and limitations in your daily activities. If you are a smoker, the most important treatment is to stop smoking. Your doctor may prescribe medications to:

- Widen the breathing tubes (bronchodilators)
- Reduce swelling in the breathing tubes (anti-inflammatory drugs), or
- Treat infections (antibiotics)

A metered dose inhaler is the preferred route of administration for bronchodilators. In order to control your COPD, you must take the medications prescribed by your doctor exactly as ordered. Currently there is no treatment available to restore damaged lungs but treatment does offer the ability to reduce, slow or halt symptoms from developing further. Lung volume reduction surgery may be considered as a way of removing some areas of the lungs with large amounts of emphysema.

## WHAT DOES IT MEAN TO HAVE AN EXACERBATION?

Exacerbation is a worsening or a flare-up of COPD. An infection can cause an exacerbation. In some instances, it is unknown why an exacerbation occurs. Whatever the reason for your exacerbation, you should contact your doctor if your symptoms of breathlessness, coughing and sputum production worsen.



## HOW DO I USE AN INHALER?

Inhaled medication must get into your lungs to work. Your healthcare provider will show you these steps to follow in using your inhaler:

1. Remove the cap and shake the inhaler.
2. Breathe out.
3. Hold the inhaler as instructed.
4. Breathe in slowly through your mouth as you press down on the inhaler.
5. Keep breathing in slowly and deeply.
6. Hold your breath for 10 seconds.
7. Breathe out.
8. Repeat as instructed.

Some people have trouble using an inhaler the right way. Your healthcare provider can give you a spacer (or holding chamber) or nebulizer to make it easier for you to take your medication. A spacer or holding chamber attaches to your inhaler and helps direct the medication into your lungs.





# COPD SELF-MANAGEMENT CARD

My current medications: \_\_\_\_\_

Medication name	Reason for taking it	Dosage	When to take it	How to take it	Started	Stopped

## HOW DO I USE A SPACER OR HOLDING CHAMBER?

1. Shake the inhaler.
2. Attach the spacer or holding chamber to your inhaler.
3. Inhale a deep breath and exhale all the way out.
4. Put the spacer in your mouth, above your tongue, and close your lips around the spacer. Tilt your head back slightly.
5. Press the inhaler button to release a puff of medicine into the spacer or holding chamber.
6. Breathe in slowly and deeply through the mouthpiece.
7. Hold your breath for 10 seconds.
8. Breathe out slowly.
9. Repeat as instructed.

A nebulizer is an electrically powered device that turns liquid forms of medicine into a fine spray, which can be inhaled.

## HOW DO I KNOW IF I NEED OXYGEN?

Your doctor may order supplemental oxygen when ABGs indicate you do not have enough oxygen in your blood. Oxygen is used in severe COPD when the level of oxygen in the blood becomes dangerously low and/or the level of carbon dioxide becomes dangerously high. It is also used when COPD is accompanied by heart failure and pulmonary hypertension. Oxygen may be prescribed for continuous use, as needed to relieve breathlessness or during exercise.



Oxygen is safe when used properly. **If you are prescribed oxygen, do not smoke or light cigarettes near it.**

**Keep your oxygen away from heat sources to avoid fire hazards.** Your oxygen supplier should provide you with a complete list of instructions and safety precautions. Ask for a demonstration on how to use your equipment properly and make sure you are comfortable before using.



# COPD SELF-MANAGEMENT CARD

## GREEN ZONE (ALL CLEAR)

Your COPD is under control.

- Keep following your treatment plan and taking your medications
- Keep all physician appointments
- Do not smoke

## YELLOW ZONE (CAUTION)

You are more fatigued, have an increase in sputum, have a fever or just don't feel well.

You may be having an exacerbation of COPD that requires an adjustment in your medicines.

- Contact your physician's office. Describe your symptoms and follow your physician's advice
- Keep your physician appointments
- Do not smoke

## RED ZONE (MEDICAL ALERT)

You are having difficulty speaking you are so breathless.

- Have someone take you to the clinic or emergency room or call 911

Physicians name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sources: VA/DoD Clinical Practice guideline for management of outpatient chronic obstructive pulmonary disease; 2007  
[thoracic.org/sections/copd/resources/copdpatient.pdf](http://thoracic.org/sections/copd/resources/copdpatient.pdf)  
[goldcopd.org](http://goldcopd.org)  
[tricareformularysearch.org/dod/medicationcenter/default.aspx](http://tricareformularysearch.org/dod/medicationcenter/default.aspx)

## WHEN IS PULMONARY REHABILITATION APPROPRIATE?

If you have been hospitalized due to your COPD, ask your doctor if pulmonary rehabilitation can help reduce your breathlessness and improve your tolerance for exercise.

A structured program may improve your quality of life by improving activity tolerance, strengthening muscles and decreasing tiredness. COPD patients at all stages of disease benefit from exercise training programs.

A pulmonary rehabilitation program should be supervised and should provide cardiovascular reconditioning with endurance, muscle strength training and education. It will be important for you to continue the exercise program that your rehabilitation team develops for you once you leave the program.

## WHEN SHOULD I CALL MY DOCTOR OR CLINIC?



Anytime you have a new symptom, or the symptom worsens for no known reason, you should consider calling your doctor. Describe your symptoms when you call, how long it has lasted and what makes it better or worse. Providing this kind of information will help your provider determine the best steps to take to make you feel better.

## WHEN SHOULD I GET IMMEDIATE CARE?

Get immediate care if any of the following happen:

- Symptoms worsen despite medications.
- Your lips and/or fingernails turn gray or blue.
- You are rapidly getting worse over a few hours.
- You can't say four or five words because you are so short of breath, wheezing or gasping for air.

Go to the clinic, emergency room or call 911. Focus on slow and easy breathing while you wait for immediate care. Sit upright. Try to remain as calm and relaxed as you can.

# Controlling Your COPD

You can help control your COPD by following your doctor's advice, taking medications as prescribed by your doctor, staying away from anything that bothers your breathing and monitoring your COPD so you can respond quickly to signs of an exacerbation.

Here are some recommended steps to control COPD:

## 1. Schedule and keep regular appointments with your doctor.



Your doctor is the one person best able to help you decide your treatment goals and what you need to do to achieve those goals.

## 2. Take medications exactly the way your doctor prescribed them.

To learn more about your medications, go to:

[tricareformularysearch.org/dod/medicationcenter](http://tricareformularysearch.org/dod/medicationcenter)

## 3. Avoid smoking.



If you smoke, you must quit now. Kicking the habit can be tough. Don't give up if you don't succeed on the first try. Many people who have successfully quit

smoking tried several times before they were able to finally quit. If you smoke, pick a quit day now. Ask your doctor about medications to assist you to quit smoking. Here are some additional resources related to quitting:

- [HumanaMilitary.com](http://HumanaMilitary.com): Select beneficiary self-service, select Health & Wellness and then select Smoking Cessation Services.
- [ucanquit2.org](http://ucanquit2.org)
- [lungusa.org](http://lungusa.org): Select Quit Smoking from the menu at the top of the page.

## 4. Avoid secondhand smoke.

Cigarette, pipe and cigar smoke can affect COPD severely. Don't allow anyone to smoke in your home or car. Use an indoor air-cleaning device. It will not only reduce smoke in the air but will also help control mold and animal dander.

## 5. Avoid outdoor triggers.



On days when air quality is reported as poor, stay indoors as much as possible. Weather changes can affect your lungs and airways. Stay indoors when the weather is very hot or very cold.

## 6. Don't ignore illness.



Call your doctor if you have a fever. An infection can worsen your COPD symptoms. Avoid people who have colds. Wash your hands frequently during the flu season. Treat cold symptoms immediately and talk to your doctor.

## 7. Get a flu vaccination.

October and November are ideal months to get an annual flu vaccine.

## 8. Ask your doctor about a pneumonia vaccine.

The VA DoD COPD management guidelines recommend a pneumonia vaccine.

## 9. Avoid or control your stress.

Feeling upset or excited can change your breathing and increase your COPD symptoms. Relax and breathe in slowly through your nose, hold for two counts, then pucker your lips and breathe slowly out through your lips for four counts.

## 10. Start and maintain an exercise routine.



Walking can help you improve your activity tolerance. Before starting an exercise program, always talk to your doctor about a program that is right for you.

## 11. Maintain a healthy weight.



Malnutrition and weight loss in patients with COPD carry a poor prognosis. If you are underweight, you need to eat as many calories as possible. Medications used to treat COPD such as steroids may cause weight gain. Being overweight will make the symptoms of COPD worse. Whether you are underweight or overweight, you can lose muscle function from nutritional imbalances and lack of exercise. The way to reverse this process is to exercise and eat a balanced diet.

## 12. Avoid use of cough suppressants.

Coughing has a protective value in COPD.

## 13. Avoid narcotic medications.

Narcotic medications can affect your ability to breathe effectively. Avoid these medications whenever possible.