

## CHRONIC OBSTRUCTIVE PULMONARY DISEASE

### About Your Diagnosis

Chronic obstructive pulmonary disease is characterized by the inability of your lungs to ventilate properly. The two types of COPD are chronic bronchitis and emphysema. Most cases of COPD are a mixture of both diseases. Chronic bronchitis is defined as excessive mucous production on at least 3 months of 2 consecutive years. Emphysema is caused by destruction of the air sacs in the lungs. These diseases cause inhaled air to remain trapped in the lungs. Therefore, effective air exchange does not take place.

Chronic obstructive pulmonary disease is not a contagious disease. It is most often the result of long-time smoking, but some cases of emphysema may be hereditary. Other less common causes include air pollution, childhood infections, and inhalation injury.

Your physician can diagnose COPD by evaluating your symptoms, performing a complete physical examination, and ordering pulmonary function tests, a chest x-ray, and arterial blood gases. In emphysema, pulmonary function tests show large lung volumes and difficulties expiring air. Patients with chronic bronchitis may have the same features but also have a chronic, productive cough. The chest x-ray allows the physician to look at changes in the lung as a result of this disease. Arterial blood gases measure how much oxygen and carbon dioxide is carried in your blood. Abnormal arterial blood gas values are often found in these diseases.

Chronic obstructive pulmonary disease is usually a progressive disease and not curable. However, smoking cessation and medications can help prolong life.

### Living With Your Diagnosis

Chronic bronchitis is characterized by a chronic productive cough and episodic shortness of breath. The disease may cause sleep disturbances that are caused by mucous collecting in the airways. Other symptoms include lung infections, wheezing, weight gain, and a bluish tinge to the lips or skin.

Emphysema is associated with shortness of breath and little cough or sputum production. Other manifestations are a "barrel-shaped" chest and weight loss. These diseases are progressive and can lead to increased strain on your heart.

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## Treatment

Treatment includes smoking cessation, exercise, airway dilators, hydration, vaccinations, oxygen, antibiotics, decongestants, breathing exercises, and lung transplant. Decongestants help loosen mucus in the airways. The breathing exercises allow for controlled expiration and easier breathing. Postural changes will allow for enhanced drainage of mucus. Antibiotics and vaccinations decrease the number of infections that you can acquire. Medical treatment generally has few complications. Lung transplant is usually an option for patients with the inherited form of the disease. Discuss the options with your physician to find out what is best for you.

## The DOs

- \* Stop smoking. This is a priority.
- \* Perform breathing and regular exercises.
- \* Have an influenza vaccination annually.

## The DON'Ts

- \* Don't smoke.

## When to Call Your Doctor

- \* Your shortness of breath or cough is not relieved with medications.
- \* You are feeling continuously fatigued or losing a lot of weight unintentionally.
- \* You notice a bluish tinge in your lips or nails.

## For More Information

Chronic bronchitis and emphysema handbook, John Wiley & Sons, 1990.

COPD (chronic obstructive pulmonary disease), Mayo, 1992.

Facts about chronic bronchitis, American Lung Association, 1992.

Facts about emphysema, American Lung Association, 1990.

Understanding oxygen therapy: a patient guide to long-term supplemental oxygen, National Association for Medical Direction of Respiratory Care, 1996.

Requirements for traveling with oxygen, American Association for Respiratory Care, 1992.

Facts about A1AD related emphysema, American Lung Association, 1994.

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