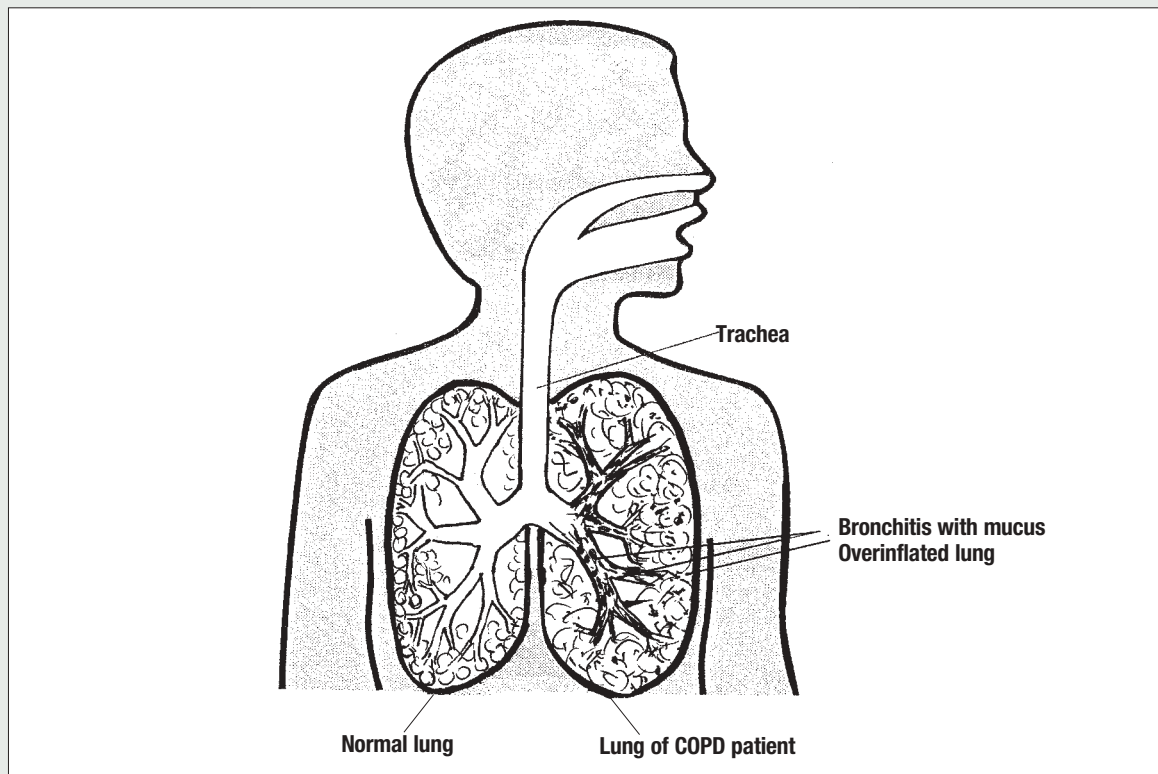


Chronic obstructive pulmonary disease



What is chronic obstructive pulmonary disease (COPD)?

COPD is a slow, progressive disorder of the lungs in which the flow of air through the airways is obstructed. This obstruction may or may not be relieved to a certain extent by medications such as bronchodilators.

Other terms used to describe the condition are chronic obstructive airways disease (COAD) and emphysema. Emphysema is the variation in which the healthy, elastic, sponge-like tissue at the end of the bronchial tubes is damaged and does not squeeze the air in and out properly.

What is the cause of COPD?

COPD is almost always caused by cigarette smoking and patients have usually been smokers of 20 cigarettes a day for 20 years or more before the problem develops.

Cigarette smoking leads to persistent inflammation of the bronchial tree (air passages) of the lungs. This repeated irritation may thicken and damage the delicate lining of these air passages, resulting in the secretion of excessive mucus and

eventual narrowing of these tubes.

Other irritants that aggravate COPD — although not as severe as smoking — include those from industrial fumes and dusts.

How do cigarettes affect the lungs?

When cigarette smoke is inhaled, 80-90% remains in the lungs and causes irritation, increased mucus production and damage to the deep parts of the lungs.

Eventually mucus and tar clog up the air tubes, causing lung damage and COPD. If you continue to smoke, the problem will get worse. If you stop, the disease may stay steady and it may even improve.

What are the symptoms?

COPD usually produces few symptoms in the early stages.

The main symptom is a morning cough with sputum (phlegm) and shortness of breath with exertion, which steadily gets worse. Smokers may consider the cough to be a normal smoker's cough, but there is nothing normal about it.

Other symptoms include

wheezing, tiredness, weakness and difficulty in clearing the chest.

What are the risks of COPD?

Patients are prone to chest infection, which continues the vicious cycle of lung damage. Such infections can lead to pneumonia.

As COPD gets worse it can cause heart failure and respiratory failure (where the lungs deteriorate). Psychological complications include anxiety, panic and depression.

What is the treatment?

Self-help

- If you smoke, you must stop.
- Avoid places with polluted air and other irritants such as smoke, paint fumes and fine dust.
- Go for walks in clean, fresh air. (Keeping physically active is good for the lungs and heart.)
- Get adequate rest.
- Avoid contact with people who have colds and flu.

The only treatment proven to slow down the relentless progression of COPD is smoking cessation.

Medical help

- Visit your doctor regularly for checkups and if you get a chest infection.
- Visit your doctor without delay if you get a cold or bronchitis, or start coughing up sputum.
- If you have a chest infection, antibiotics will help clear it up.

Bronchodilators

- If your chest is tight or wheezy, inhalation of a bronchodilator should help.
- Many patients respond well enough to get sufficient short- and long-term relief.
- New long-acting agents delivered by inhalation may give improved results.

Corticosteroids

Some patients may benefit from a course of inhaled or oral corticosteroids and doctors may undertake a trial of this therapy.

Prevention for all patients

- Influenza injection every year in autumn.
- Pneumococcal vaccination every four years.
- If you still smoke, quit.

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