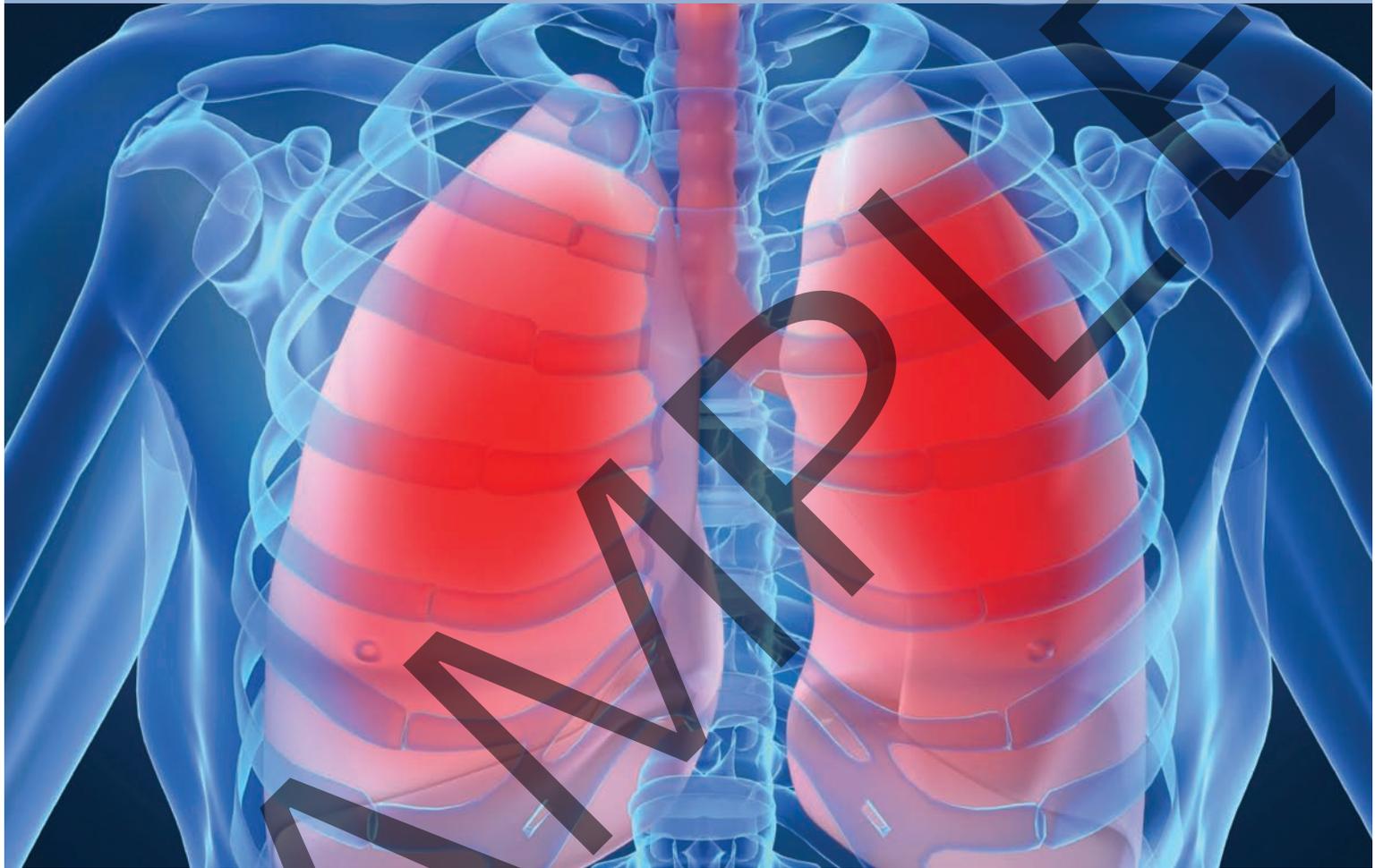


CHRONIC OBSTRUCTIVE PULMONARY DISEASE

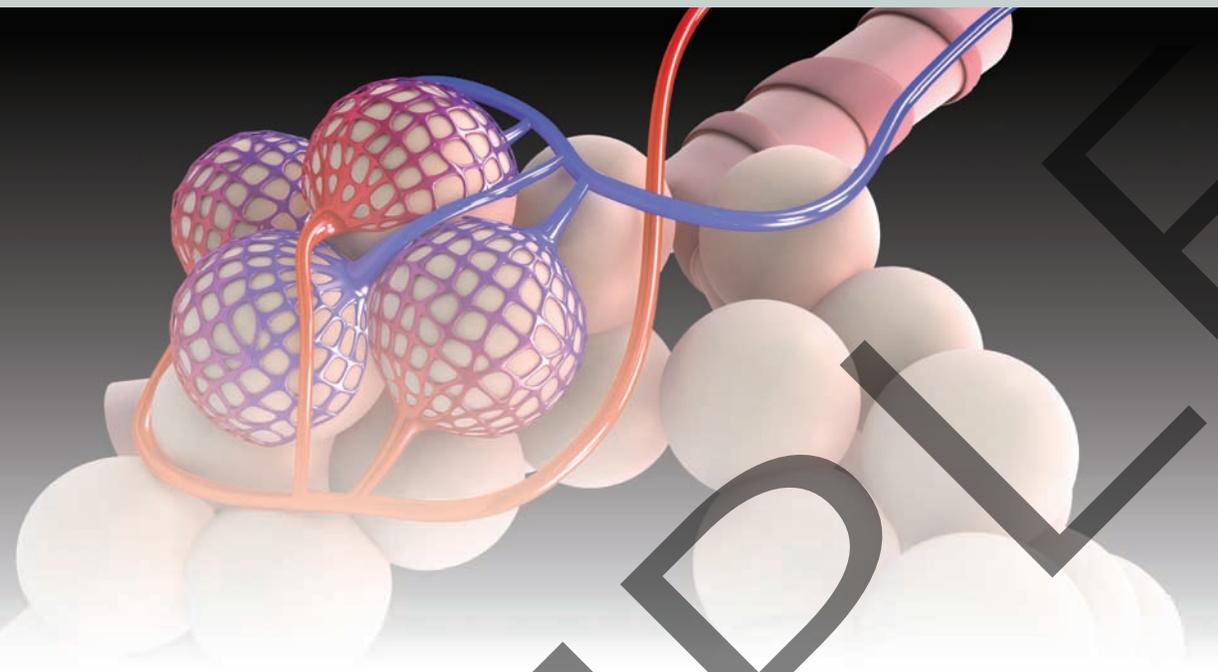


PATIENT EDUCATION PATHWAYS

SAMPLE

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Chronic Obstructive Pulmonary Disease

Chronic means it will not go away
Obstructive means partly blocked
Pulmonary is the lungs
Disease means sickness

FACTS

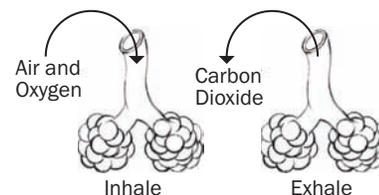
- COPD is a lung disease in which the lung tissue is damaged, making it hard to breathe.
- In COPD, the airways (the tubes that carry air in and out of your lungs) are partly obstructed, making it difficult to get air in and out.
- COPD develops slowly, and it may be many years before you notice symptoms (like feeling short of breath.)
- Most of the time, COPD is diagnosed in middle-aged or older people.
- Doctors cannot cure COPD, but will try to improve how you feel and possibly slow the damage to your lungs. Early diagnosis and a healthy lung program are both very important in the treatment of COPD.

When you follow the instructions of your doctor, you will:

- feel less short of breath
- cough less
- feel better and get around better

HOW DO THE LUNGS WORK?

Normally, in healthy people, your airways (windpipes) are clear and open. At the end of each airway there are many tiny air sacs that fill up with air and oxygen when you breathe in (inhale). Then, when you breathe out (exhale), the air quickly goes out and gets rid of carbon dioxide that your body has created.



However, when you smoke or are exposed to things like cigarettes and air pollution for a long time, you may begin to have a cough for several months or start to feel short of breath. When COPD begins to affect your lungs the:

- airways and air sacs lose their stretchiness (like an old rubber band).
- walls between many of the air sacs are destroyed.
- walls of the airways become thick and inflamed (swollen).
- cells in the airways make more mucus (sputum) than usual, which tends to clog the airways. So, basically, adults may have COPD if they have trouble breathing or a cough that will not go away.

A diagnosis of COPD is usually considered in any patient who has the following:

- symptoms of cough
- sputum (mucus) production
- dyspnea (shortness of breath) on exertion
- exposure to risk factors for the disease

RISK FACTORS

Most people with COPD are smokers or were smokers in the past. People with a family history of COPD are more likely to get the disease if they smoke.

The chance of developing COPD is also greater in people who have spent many years in contact with lung irritants such as: air pollution, fumes, vapors, and dust, usually linked to certain jobs.

A person who has had frequent and severe lung infections, especially during childhood, may have a greater chance of developing lung damage that can lead to COPD. Fortunately, this is much less common today with antibiotic treatments.

Most people with COPD are at least 40 years old or around middle age when symptoms start. It is unusual, but possible, for people less than 40 years old to have COPD. The diagnosis requires lung testing (spirometry) to confirm the presence of airflow limitation that is not fully reversible.

Spirometry is usually obtained in all people who have the following history:

- exposure to cigarettes and/or environmental or occupational pollutants.
- family history of chronic respiratory illness.
- presence of cough, sputum production or shortness of breath (dyspnea).

Much can be done to lessen the side effects and symptoms of this disease. You can lead an active and rewarding life by following the advice of your physician and by following some simple tips.

If you smoke, to quit smoking is the single most important thing you can do to reduce your risk of developing COPD and slow the progression of the disease. There are many ways to quit. Ask your doctor how to find a program to quit.

HOW DO YOU TREAT COPD?

Your doctor will recommend treatments that help relieve your symptoms and help you breathe easier. Remember though, COPD cannot be cured.

The goals of COPD treatment:

- Relieve your symptoms with minimal or no side effects.
- Slow the progression of the disease.
- Improve exercise tolerance (your ability to stay active).
- Prevent and treat complications and sudden onset of problems.
- Improve your overall health.

For each person, the treatment for COPD is different. Your family doctor may recommend that you see a lung specialist called a pulmonologist (pull-mon-OL-i-gist). Treatment is based on whether your symptoms are mild, moderate, or severe. Medications and pulmonary rehabilitation are often used to help relieve your symptoms and to help you breathe easier and remain active.

WHERE TO GET HELP OR ADDITIONAL INFORMATION

- Contact your physician regarding any changes you experience or symptoms that worsen or do not go away.
- Your Home Care Provider can provide you with additional information about COPD and the therapies that you are receiving for COPD. Just ask!

COPD and Exercise

COPD AND EXERCISE FACTS

Many who suffer from COPD are usually in a weakened state as a result of frequent infections, and the inability to clear their secretions. Also, COPD patients experience anxiety, depression, and social isolation due to the limitations placed on their lifestyles.

No matter how mild or severe your COPD, exercise is still possible in some shape or form. You will be surprised how a few moments of movement a day can help your mood and your well-being. Exercise cannot reverse the physical effects of chronic obstructive pulmonary disease. It can reduce disability by improving endurance, breathing efficiency, and ability to tolerate dyspnea (shortness of breath), especially in severely impaired patients.

Patients who follow an individualized program can often increase their work capacity 70% to 80% within 6 weeks. Shortness of breath (dyspnea) is a problem for almost everyone with lung disease. You are bound to experience shortness of breath when you exercise. Keep in mind that if you are following a program designed for you, dyspnea is not dangerous. One of the big benefits of exercise will be your growing ability to tolerate some shortness of breath without anxiety.

Exercise, at almost every level, improved the oxygen utilization, work capacity, and state of mind of COPD patients. Low-impact activities place minimum stress on joints and are easier to perform than high-intensity activities.

As a COPD patient, you probably already know that you need extra energy just to breathe. The thing you should know is that if you can use your energy more efficiently for breathing, you will have more energy left for performing routine daily activities as well as new ones. Actively practicing some form of exercise, along with proper nutrition, can significantly improve your quality of life. Below, you will find some general recommendations for exercising, but as always check with your physician prior to beginning any exercise program.

PERSONALIZE YOUR EXERCISE PROGRAM

No matter what stage of COPD you have, you should make every effort to be active in some form. Most likely, your physician has recommended some type of exercise plan that fits your ability and stamina, so stick to that. If you don't have a physician –advised exercise program, ask for one.

NUTRITION

Before thinking about exercise, remember nutrition and COPD impact one another greatly. Good nutrition is critically important in the treatment of COPD since it can have a profound effect on the severity of the disease. COPD can create circumstances that make consuming an adequate diet difficult. You should work with your physician to determine how it would be best to maintain or achieve a desirable body weight.

BEFORE YOU START

Before prescribing a program, your doctor will probably want to determine your capacity for exercise by closely observing you on a treadmill or stationary exercise cycle. He or she will watch your heart, lungs, and blood oxygen levels carefully to establish a safe exercise level for you. You will very likely start the program itself under supervision, to learn how to work out safely and efficiently.

You and your doctor should work together to determine what activities are most comfortable and effective for you. It is important that the exercise program be designed for your needs. If you require supplementary oxygen, it will be made available. Medications, such as inhalers which help open your airways, can be used if necessary.

Remember: this information is not intended as a substitute for medical treatment. Before starting an exercise program, consult a physician.

GUIDELINES FOR EXERCISING WITH COPD

Here are some guidelines to follow as you start to exercise: Warm up before exercising. Before starting your daily exercise routine, you should always 'warm up' your lungs. A technique called "pursed-lip" breathing can improve your lung function before you start exercising. It only takes ten minutes – and you will most likely feel the difference when you are active. Here is what you should do:

- Inhale through your nose so your stomach muscles move outward and your diaphragm pulls air into your lungs.
- Exhale through your mouth with your lips pursed, making a hissing noise.
- Exhales twice as long as you inhale—this is very important, as it forces all the air out of your lungs.

COPD and Exercise(cont.)

Once you've mastered pursed-lip breathing, you should do it before and during exercise. Then you can begin your exercise program:

Start slowly: If you can only walk (or cycle) for 2 minutes at first, do that. There is no rush. Find a pace that is right for you, and improvements will come. Your doctor or pulmonary rehab program will help you set appropriate and reachable goals.

Be consistent: Even modest workouts will bring noticeable benefits—if you keep them up conscientiously. But if you exercise fewer than three times a week, it is unlikely to help very much.

Break up sessions and vary your activities: If you can only walk for 5 minutes at a time, schedule two sessions (no more than that) on your exercise days. Alternate your exercise activities such as swimming, walking, upper-body weight training, and low-impact aerobics. If you get bored, you are less likely to stick with it.

Choose activities you enjoy: Exercise should not be something you dread. Have some fun with it! You may need to try a number of activities before you find the one(s) that fits what you like to do.

Exercise with a friend: Not only will you motivate each other, you should always be able to carry on a comfortable conversation while exercising. What better way can you make sure you do not overdo it?

Proceed at a pace that is comfortable for you: You are not competing with anyone but yourself.

Take time to cool down: Cool-down activities, like stretching or walking/swimming at a slower pace. This will round out your exercise period and bring your heart rate back to normal.

WHAT KIND OF EXERCISE IS GOOD FOR PEOPLE WITH COPD?

Stretching and breathing exercises, plus a daily walk, are a good start. Walking is one of the best forms of exercise around. It is simple, cheap, and can be done anywhere, any time of year. Try walking around your home, at the nearby mall, or a local park. Over time, there are three distinct kinds of exercise to incorporate into your regular routine. In general, try to exercise at least three times per week.

Stretching: Stretching relaxes you and improved your flexibility. It is also a good way to warm up before and cool down after exercising.

Aerobic exercise: Aerobic exercise improves cardiovascular fitness, allowing your body to use oxygen more efficiently. Swimming, walking, climbing stairs, and dancing are all great aerobic exercises.

Resistance training: When your muscles are stronger—especially in your upper body—your breathing muscles have an easier time. Working out using light weights helps build strength.

NOT IN THE MOOD TO EXERCISE?

While exercise is good for everyone, it is essential for people with COPD. In fact, your physical and mental well-being depends on it. Whenever you are not in the mood to exercise, consider the following:

- Take control of your condition. Although exercise will not reverse your lung disease, it is an effective way to help improve your everyday quality of life.
- Use oxygen more efficiently. Exercise strengthens your breathing muscles as well as your arm and leg muscles.
- Maintain your independence. The more you exercise regularly, the easier routine activities (like shopping, cooking and cleaning) become. Being able to do more keeps you motivated.
- Avoid landing in the hospital. Exercise can improve your general feeling of well-being while keeping you healthy and living at home.
- Maintain your weight. Excess fat, especially around the stomach, tends to press on the diaphragm, making it difficult to breathe. Exercise is a great way to keep your weight under control.
- Do not slip into a downward spiral. The less you do, the less you will be able to do.
- Breathe easier. Exercise stops this vicious cycle of inactivity.
- Boost your mood. Routine activity has been shown to reduce symptoms of moderate depression and makes you feel more relaxed.
- Improve your sleep. Exercise can help you sleep better, providing you more energy to complete your daily activities.

COPD EXERCISE PRECAUTIONS

- Call you doctor if changes have been made in your medications before continuing your regular exercise program. New medications can greatly affect your response to activity.
- If you are too tired and are not sure if it is related to “overdoing it,” ask yourself, “What did I do yesterday?” Try to change your activities by starting out at a lower level today (but do not exercise at all if you are feeling overly tired). Pace yourself and balance your activities with rest.

COPD and Exercise(cont.)

- Avoid heavy lifting, pushing heavy objects and chores such as raking, shoveling, mowing, and scrubbing. When lifting any object, exhale while lifting. Chores around the house may sometimes be tiring, so ask for help.
- Ask your physician if you can participate in these activities: weight lifting, weight machines, jogging or swimming.
- Avoid push-ups, sit-ups, and isometric exercises. Isometric exercises involve straining muscles against other muscles or an immovable object.
- Avoid even short periods of bed rest after exercise since it reduces exercise tolerance. If you become overly fatigued or short of breath with exercise, take a rest period in a comfortable chair.
- Avoid exercising outdoors when it is too cold, hot, or humid. High humidity may cause you to become fatigued more quickly with extreme temperatures interfering with your circulation, make breathing difficult, and causing chest pain. Instead, try indoor activities such as mall walking.
- Avoid extremely hot and cold showers or sauna baths after exercise.
- Do not go up steep hills during your activity. If you must walk on a hilly area, slow your walking pace when going uphill to avoid working too hard. Watch your heart rate closely and adjust the activity as needed.
- Reduce your activity level if your exercise program has been interrupted for a few days (for example, due to illness, vacation or bad weather). Then, gradually increase to your regular activity level.
- Do not exercise if you are not feeling well or have a fever. Wait a few days after all symptoms disappear before re-starting your exercise program, unless your physician gives you other directions.
- If you are short of breath during any activity or have increased fatigue, slow down your activity level or rest. Keep your feet raised or elevated when resting. If you continue to have shortness of breath, call your doctor. Your doctor may make changes in your medications, diet or fluid restrictions.
- If you develop a rapid or irregular heart beat or have heart palpitations, rest and try to calm yourself. Check your pulse after you rest for 15 minutes – if your pulse is still above 120-150 beats per minute, call your doctor for further instructions.
- Do not ignore pain – if you have chest pain or pain anywhere else in your body, do not continue the activity. If you perform an activity while you are in pain, you may cause stress or damage to your joints. Ask your doctor or physical therapist for specific guidelines. Learn to “read” your body and know when you need to stop an activity.
- Stop exercising and rest if you:
 - have chest pain
 - feel weak
 - are dizzy or light headed
 - have unexplained weight gain or swelling (call your doctor right away)
 - have pressure or pain in your chest, neck, arm, jaw or shoulder
 - have any other symptoms that cause concern

WHERE TO GET HELP OR ADDITIONAL INFORMATION

- Contact your physician regarding any changes you might experience or symptoms that worsen or do not go away.
- Your Home Care Provider can provide you with additional information about COPD and the therapies that you are receiving for COPD. Just ask!

COPD and Nutrition

Nutrition and COPD impact one another greatly. Good nutrition is critically important in the treatment of COPD because it can have a profound effect on the severity of the disease. Unfortunately, COPD can create circumstances that make consuming an adequate diet difficult.

MAINTAINING OR ACHIEVING DESIRABLE BODY WEIGHT

People with chronic obstructive pulmonary disease are often so focused on breathing that other aspects of their health are ignored. It is important that patients with COPD focus on eating a healthy diet. One of the big problems in trying to improve diet is that the symptoms of the disease can make eating healthy, or even eating at all, a challenge. Sometimes it is difficult to eat, since you breathe and swallow through the same tubing system.

Nutritionists often address the needs of COPD patients by examining their body type. Being overweight increases the workload on your heart and lungs to supply oxygen to all areas of the body. Secondly, excess fat in the abdominal area crowds the diaphragm, making it difficult to fully expand the lungs. By losing weight through proper diet and exercise, the body's muscle mass is increased. This makes breathing easier with the person feeling healthier and more energetic.

On the other hand, being underweight is a problem as well. Weight loss happens because of a combination of increased caloric needs and inadequate diet. As a result of poor diet, the body's muscle mass including the respiratory muscles becomes depleted. This makes breathing more difficult. The increased work of breathing creates a higher caloric need, which the person may not be able to meet, and then they cycle of weight loss and muscle wasting is continued. Nutritional therapy for COPD does not just focus on food intake to promote weight loss or weight gain. There are many types of food people can eat that will make a big difference in breathing.

YOUR IMMUNE SYSTEM

A diet low in calories, protein, vitamins, and minerals can have a negative effect on immune function. The body's cells that fight infection are made of proteins. Poor diet makes it difficult for the body to build new immune factors to fight infections and to repair damaged tissues. This is common among people with COPD, and puts them at risk for developing respiratory infections. Decreased appetite and increased caloric needs may then start another debilitating cycle. For this reason and the ones above, you must achieve a balance of good nutrition and exercise to stay as healthy as possible.

YOUR NEEDS

- Fluid — drink at least 8 cups of caffeine free fluid daily. Fluid helps keep mucus thin and keeps your body hydrated.
- Protein — for repairing and building cells. The amount you need depends on your nutritional status and should be determined by a dietician. Generally, six ounces of protein per day and 2 cups of milk provide an adequate amount of high value protein.
- Carbohydrates — eating food high in carbohydrates produces carbon dioxide when the food is metabolized. The carbon dioxide is expelled through the lungs. The more carbon dioxide you produce, the more demand on the lungs. Generally, nutritionists will try to restrict carbohydrate intake in people with COPD.
- Many dieticians recommend that COPD patients limit carbohydrate intake to about 150 to 200 grams per day.
- Calcium — especially important for women and for individuals who are on steroid medication. Calcium builds strong bones and helps regulate blood pressure. You can get dietary calcium from dairy products, supplements, and vegetables. However, you must note that the body does not readily absorb the calcium in vegetables.
- Adequate calories — important even if you are trying to lose weight. You can ask your physician about an assessment of your nutritional needs if you are advised to diet.
- Potassium — important for blood pressure control, muscle contraction, and nervous system function. Potassium is susceptible to depletion as a result of certain diuretic medications (water pills). Sources of dietary potassium include fruits, vegetables, dairy products and meat.
- Caffeine — limit beverages containing caffeine. Caffeine causes the body to lose water and it increases the diuretic effect of medications such as theophylline.

COPD and Nutrition(cont.)

TIPS FOR EATING WELL

- Eat three small meals and three snacks daily. This will prevent you from becoming too full. Too much food at once distends the stomach and crowds the diaphragm making it more difficult to breathe.
- Eat bigger meals earlier in the day rather than later in the evening.
- Avoid lying down after meals.
- Cook when feeling most energetic-make extra portions and freeze leftovers for easy frozen dinners.
- Avoid gas-forming vegetables and limit carbonated beverages if prone to gas. (See *gas forming foods listed under Bloating and Feelings of Fullness.*)
- Keep fruit juice and water readily available in the refrigerator.
- Rest before eating.
- Choose foods that are easy to prepare.
- Choose softer foods that are easier to chew if you become short of breath while eating.
- Eat a variety of foods to ensure that you are getting adequate vitamins and minerals.

BLOATING AND FEELINGS OF FULLNESS

Many people with COPD say they feel bloated or full quickly after eating just a small amount of food. Rushed meals and shortness of breath during eating can cause air to be swallowed as you eat and cause bloating. Lack of exercise may also contribute to this problem. Gas-forming foods may also cause discomfort. Gas can cause the stomach to push upon the diaphragm against the lungs, making it harder to breathe. The following is a list of foods that may cause gas or bloating: whole grain breads, broccoli, cabbage, cauliflower, beans, milk, onions, and nuts.

TIPS FOR ADDING CALORIES

- Have snacks handy. Snack foods, cheese and crackers, and ice creams all make good snacks.
- If you're a big fresh fruit and vegetable eater, eat the fruits and vegetables that are higher in calories.
- Whenever you can, drink juices instead of water, coffee, or tea. Water, black coffee, and tea have no calories.
- Try adding the following foods to your diet. They provide more calories and less volume than most other foods.

Butter or Margarine

A teaspoon of margarine or butter adds about 45 calories. Mix it into hot soups, cooked cereals, rice, and soft boiled eggs. When you eat a sandwich put butter on the bread in addition to other condiments. Serve bread hot because more margarine or butter is used when it melts into it.

Mayonnaise

One tablespoon contains 100 calories. Use it with salads, scrambled eggs, fruits, and sandwiches. Use it instead of salad dressing in recipes. Mayonnaise provides twice the calories of salad dressings.

Peanut Butter

One tablespoon contains 90 calories, and this is a food high in protein. Serve peanut butter with fruits such as apples, pears, and bananas. Serve the peanut butter on toast with butter for breakfast, in sandwiches, stuff celery with it, and on crackers for snacks.

Cream Cheese

This has 100 calories per 1 oz. and is also a food high in protein. Try cream cheese on fruits, crackers, raw vegetables, with jelly on a sandwich, or in gelatin salads.

Sour Cream or Yogurt

One tablespoon of sour cream contains 70 calories. Sour cream or plain yogurt can be used on vegetables, added to gravies, salad dressings, and creamy casseroles. Try adding sour cream or yogurt to eggs for rich and fluffy scrambled eggs, soufflés, and omelets.

COPD and Nutrition(cont.)

Whipped Cream

Use whipped cream to top pies, cakes, hot chocolate, fruit gelatin and other desserts. You can also use cream in coffee instead of milk to boost calories. Whipping cream has about 60 calories in one tablespoon.

Honey

Use honey whenever you usually use sugar, in coffee, teas, or cereal. It has twice the calories of sugar. Try honey, peanut butter, and butter together on toast.

Powdered Coffee Creamers

These add calories without volume. Add them to gravy, cream soups, creamed vegetables, casseroles, hot cereals, and milkshakes.

Raisins, Dates, Dried Fruit, and Chopped Nuts

Add these to hot or cold fruit cocktails and fruit salads. These make great high calorie low volume snacks.

TIPS FOR ADDING PROTEIN

- The major sources of protein in your diet are foods from the meat and milk groups. If you are not getting enough of these protein foods, need more protein because of infection, or need to rebuild your muscles, here are some tips to help you increase your protein intake:

The following are ways to increase protein in your diet without increasing the amount of food you eat.

- Add skim milk powder to increase protein. Try adding it to hot milk or cold cereals, scrambled eggs, soups, gravies, casseroles, and ground meat (for hamburgers, meat loaf, etc.) If you do not drink milk, using skim milk powder in these ways to help you get the nutrients (calcium) in milk that you need.
- Add ground meat or cooked chicken to soups and casseroles.
- Add grated cheese to sauces, vegetables, soups, and casseroles.
- Use peanut butter for snacks. Peanut butter is an excellent source of protein and calories.
- Choose dessert recipes that contain eggs, such as sponge cake, egg custard, bread or rice pudding, and eggnog.
- Blend finely chopped hard-boiled eggs in sauces, gravies, salad dressings, and casseroles. They will hardly be noticeable.

LOSS OF APPETITE

A common problem of people with lung disease experiences is loss of appetite. It may be caused from fatigue, illness, stress, depression, or by any combination of these things-no one knows for certain. The more weight you lose, the less you feel like eating and the weight loss continues. Here are some hints that may help:

- It may help to eat three small snacks each day (three smaller meals and 3 between meal snacks).
- Keep healthy snacks available for nibbling. For example, milkshakes, cheese, peanut butter, milk with cereal, sandwiches, yogurt, custard, pudding, ½ cup ice cream, and low carbohydrate nutritional supplements.
- If foods do not have much taste, try chewing gum or sucking on hard candy before meals. This helps stimulate saliva in the mouth.
- Some people feel hungrier in the morning and others tend to be hungrier at night. Take advantage of your “hungry” time and load up on the calories.
- During your not so hungry times, try to eat your favorite foods.

WHERE TO GET HELP OR ADDITIONAL INFORMATION

- Contact your physician regarding any changes you might have in symptoms that worsen or do not go away.
- Your Home Care Provider can provide you with additional information about COPD and the therapies that you are receiving for COPD. Just ask!

COPD and Smoking Cessation

According to the American Lung Association, smoking-related diseases claim an estimated 430,700 American lives each year. Smoking costs the United States approximately \$97.2 billion each year in healthcare costs and lost productivity. It is directly responsible for 87 percent of lung cancer cases and causes most cases of emphysema and chronic bronchitis.

COPD FACTS

- COPD is the fourth leading cause of death in the United States, resulting in more than 118,000 deaths. More than 90% of these deaths were attributed to smoking.
- According to the American Cancer Society, female smokers were nearly 13 times more likely to die from COPD than women who had never smoked. Male smokers were nearly 12 times as likely to die from COPD as men who had never smoked.
- About 10 million people in the United States have been diagnosed with COPD, which includes chronic bronchitis and emphysema.
- COPD is consistently among the top 10 most common chronic health conditions.

SMOKING FACTS

- Smoking is related to chronic coughing and wheezing among adults.
- Smoking damages airways and the tiny sacs in the lungs known as alveoli, eventually leading to COPD.
- Smokers are more likely than nonsmokers to have upper and lower respiratory tract infections, perhaps because smoking suppresses immune function.
- In general, smokers' lung function declines faster than that of nonsmokers.

WHY STOP SMOKING?

Smoking cessation is essential in preventing and slowing the progression of COPD. Patients with severe chronic obstructive pulmonary disease (COPD) who stop smoking may be able to improve their rate of survival, despite the severity of their lung disease. A new study showed that patients with severe, early-onset COPD who continued to smoke had a risk of death that was almost three times that of patients who stopped smoking. There is clear evidence that smoking cessation relieves symptoms, slows the progression of COPD, reduces the risk of lung and other cancers, and increases life expectancy.

Many organizations have information on smoking cessation such as the American Lung Association (www.lungusa.org) and the American Cancer Society (www.cancer.org) and National Lung Health education Program (www.nlhep.org). Visit their websites for more information.

NICOTINE ADDICTION

Nicotine is a powerfully addictive drug which can affect the mind and/or behavior, and users become physically and psychologically dependent. Addictive drugs, including tobacco, have the following characteristics:

- the compulsion to use a substance even when you know the negative health and social consequences.
- more frequent and larger doses are needed to experience the same effect.
- uncomfortable physical and mental feelings occur when the drug is withdrawn or the dose is reduced.

Recent research into tobacco addiction has focused on the effects of nicotine on the brain leading to a feeling of pleasure and a sense of well being. These pleasurable feelings may last only a few seconds. As nicotine levels fall, the smoker experiences cravings, often described as a "nicotine fit".

SYMPTOM OF WITHDRAWAL COULD INCLUDE

- Anxiety
- Depression
- Insomnia
- Irritability
- Difficulty concentrating
- Restlessness
- Anger

TYPES OF CESSATION PROGRAMS

There are many ways to quit smoking. The type of program your doctor may recommend might include:

Behavior Modification

Behavioral modification deals with the changing of habit patterns that result in cues to start smoking. Often, these cues are not even recognized by you. These may be as simple as a telephone call, a coffee break, a pleasant meal, or following sexual activity. Sometimes boredom, delays in traffic, or other frustrations are signals to light up once again. Maybe you light up immediately when waking up and find the first cigarette of the day the most necessary and pleasing. Smoking more than one pack a day usually identifies that you are heavily addicted.

COPD and Smoking Cessation(cont.)

- Get Ready to Quit.
- Set a quit date and write it down (My quit date: _____).
- Change the things around you.
- Get rid of all cigarettes and ashtrays in your home, car, and place of work.
- Do not let people smoke in your home.
- After you quit, do not smoke-not even a puff!

Your quit date could be coordinated with the use of smoking cessation medication (nicotine replacement therapy). Perhaps your quit date may be some special occasion such as a holiday, or anniversary. Stressful times. Such as tax deadlines, just before final examinations or a job interview, are not good times to try and quit. Ask your physician about which medication he or she would recommend you take to combat withdrawal symptoms and when you should begin taking it. One of the medications that may be prescribed is bupropion. This drug should be started approximately 2 weeks before the quit date.

Nicotine Replacement Therapy

- Get medicine to help you quit.
- You can buy nicotine gum or the nicotine patch at a drug store. You can ask your pharmacist for more information.
- Nicotine nasal spray.
- Nicotine inhaler.
- Bupropion SR (pill)

Nicotine is the substance in tobacco known to cause dependence. Nicotine replacement therapy (NRT) can reduce the severity of withdrawal symptoms and cravings in patients abstaining from tobacco, and has been shown to double the success rate for quitting. NRT can potentially reduce exposure to carbon monoxide and more than 4000 other compounds found in tobacco including ones that cause cancer. Pure nicotine delivered in proper doses is safe and effective in treating patients with tobacco addiction and in patients with stable cardiovascular diseases.

RELAPSE

- If you “slip” and smoke, do not give up. Set a new date to get back on track.
- Avoid alcohol.
- Avoid being around smoking.
- Eat healthy food and get exercise and plenty of rest.
- Keep a positive attitude.
- You can do it!

Many addicted patients fail on the first or subsequent attempts to stop smoking. Failure should not be regarded as an indication of futility. In fact, the more often the patient tries to quit, the more the chances for success. On average, five to seven failures occur before the patient succeeds in stopping.

Concerns smokers may have regarding stopping include weight gain and depression. Weight gain is a particular concern in women. Many women use nicotine as a weight control measure. Nicotine replacement helps lessen weight gain, which on average is 10 pounds over the first 6 months. However, this weight gain can be controlled through exercise.

Exercise may also reduce the craving for tobacco.

Some women also use nicotine to combat depression. Thus, depressed patients who are candidates for smoking cessation must be closely counseled by their health care professionals. If the possibility of worsening depression is a realistic consideration, bupropion can also be used as an antidepressant. This medication may be particularly useful in women who are on the verge of depression while stopping smoking.

WHERE TO GET HELP OR ADDITIONAL INFORMATION

- Tell your family, friends, and people you work with that you are going to quit. Ask for their support.
- Talk to your doctor, nurse, or other health care worker. They can help you quit.
- Get together with other people who are trying to quit, or call a hot line.
- To find out where to get help in your area, call the American Cancer Society toll-free: 1-877-44U-QUIT (1-877-448-1848).
- Contact your physician regarding any changes you might have in symptoms that worsen or do not go away.
- Your Home Care Provider can provide you with additional information about COPD and the therapies that you are receiving for COPD. Just ask!



You Can Quit Smoking!

Congratulations to you if you have made the decision to quit smoking or are thinking about quitting! Not only will you improve your own health, you will also safeguard the health of your loved ones by no longer exposing them to second-hand smoke. We do know how hard it can be to quit smoking.

Did you know that many people try to quit two or three times before they are able to give up smoking for good? Nicotine is a very addictive and powerful drug—it is as addictive as heroin and cocaine. The good news is that millions of people have given up smoking for good. It is hard work to quit, but you can do it! Freeing yourself of a habit that is dangerous to your health and the health of others, as well as expensive, will make you feel terrific!

THINK THROUGH THE WHOLE PROCESS

Look at the following comments and then start your 5-day countdown to your quit date.

GET READY TO QUIT by picking a date to stop smoking. Mark it on the calendar! Write down why you want to quit and keep this list as a handy reminder. Picture yourself not smoking!

GET SUPPORT AND ENCOURAGEMENT from your family, friends, and coworkers. Let the people important to you in your life know the date you will be quitting and ask them for their support. Ask them not to smoke around you or leave cigarettes out around you.

LEARN NEW SKILLS AND DO THINGS DIFFERENTLY when you get the urge to smoke, try to do something that is different—talk to a friend, go for a walk, or do something you enjoy, like gardening or going to the movies. Try to reduce your stress with exercise, meditation, hot baths, or reading. It is helpful to plan ahead for how you will deal with situations or triggers that will make you want to smoke. Have sugar free gum or candy around to help handle your cravings. Drinking lots of water or other fluids also helps. You might want to change your daily routine as well—try drinking tea instead of coffee, eating your breakfast in a different place, or taking a different route to work.

TALK TO YOUR DOCTOR OR NURSE ABOUT MEDICINES TO HELP YOU QUIT

Some people have symptoms of withdrawal when they quit smoking, such as depression; not being able to sleep; feeling cranky, frustrated, nervous, or restless; and trouble thinking clearly. Even though smoking does not suppress appetite, you may also feel hungry. There are medicines to help relieve these symptoms. Most medicines help you quit smoking by giving you small, steady doses of nicotine, the drug in cigarettes that cause addiction. Talk to your doctor or nurse about which of these medicines is right for you.

BE PREPARED FOR RELAPSE

Most people relapse, or start smoking again, within the first three months after quitting. Do not get discouraged. Remember, many people try to quit several times before quitting for good. Think of what helped you and what did not the last time you tried to quit. Certain things or situations can increase your chances of smoking again, such as drinking alcohol, being around other smokers, gaining weight, stress, becoming depressed or having more bad moods than usual. Talk to your doctor or nurse for ways to cope with these situations.

A 5-day countdown to your quit date

5 DAYS BEFORE YOUR QUIT DATE

- Think about your reasons for quitting.
- Tell your friends and family you are planning to quit.
- Stop buying cigarettes.

4 DAYS BEFORE YOUR QUIT DATE

- Pay attention to when and why you smoke.
- Think of other things to hold in your hand instead of a cigarette.
- Think of habits or routines to change.

3 DAYS BEFORE YOUR QUIT DATE

- What will you do with the extra money when you stop buying cigarettes?
- Think of who to reach out to when you need help.

2 DAYS BEFORE YOUR QUIT DATE

- Buy the nicotine patch or nicotine gum.
- Or see your doctor to get the nicotine inhaler, nasal spray, or the non-nicotine pill.

1 DAY BEFORE YOUR QUIT DATE

- Put away lighters and ashtrays.
- Throw away all cigarettes and matches.
- Clean your clothes to get rid of the smell of cigarette smoke.

QUIT DAY

- Keep very busy.
- Remind family and friends that this is your quit day.
- Stay away from alcohol.
- Give yourself a treat, or do something special.

SMOKE FREE

Congratulations! If you “slip” and smoke, do not give up. Set a new date to get back on track.

- Call a friend or “quit smoking” support group.
- Eat healthy food and get exercise.

WHERE TO GET HELP OR ADDITIONAL INFORMATION

- For help in quitting smoking, call the National Cancer Institute’s Smoking Quit line: Toll-free: 1-877-44U-QUIT (1-877-448-1848).
- Contact the U.S. Department of Health and Human Services of Public Health Service.
- Contact your physician regarding any changes you might have in symptoms that worsen or do not go away.
- Your Home Care Provider can provide you with additional information about COPD and the therapies that you are receiving for COPD. Just ask!

SAMPLE

For more information



www.medgroup.com

800.825.5633

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