

COPD: It Has a Name

Speaker's Guide

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute

Dear Partner:

On behalf of the National Heart, Lung, and Blood Institute's COPD Awareness and Education Campaign, I would like to thank you for your interest in spreading the word about COPD. Thanks to your commitment and support, together we are able to effectively educate consumers, health care providers, and other interested organizations about COPD—the #4 cause of death in the United States—and provide them with tools and resources that support awareness, diagnosis, and treatment efforts.

We have created this Speaker's Guide to support and prepare you for briefing audiences about COPD and to provide them with information about campaign resources. Whether you are speaking to members of the health care community, advocacy groups, at-risk individuals, or community organizations, the Speaker's Guide is easy to use and provides all of the tools you will need including:

- Strategies to make your presentation more effective
- Tips for working with the media
- Reproducible hand-outs and support materials such as PowerPoint presentations and talking points
- Forms and guidelines to help facilitate the vetting and organizational process

I thank you for your commitment to making COPD awareness and education a focus of your work. Your dedication as a partner in this effort has truly made a difference in guiding the Campaign's initiatives and your continued efforts will surely benefit the community at large as we continue working together to increase awareness and improve the overall quality of life for people with COPD.

Sincerely,

A handwritten signature in black ink that reads "James P. Kiley". The signature is written in a cursive, flowing style.

James P. Kiley, PhD
Director, Division of Lung Diseases
National Heart, Lung, and Blood Institute

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The Learn More Breathe Better Campaign:

Increasing Awareness and Understanding about America's 4th Leading Killer

Why This Message Is Needed

COPD is the fourth leading cause of death and the second leading cause of disability in the United States. And the number of people with COPD is increasing. More than 12 million people are currently diagnosed with COPD, and an additional 12 million likely have the disease and don't even know it.

The National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, the U.S. Department of Health and Human Services, and partnering organizations have developed a national campaign to increase awareness and understanding of COPD and its risk factors among affected audiences, and to underscore the benefits of early detection and treatment in slowing the disease and improving quality of life.

The Learn More Breathe Better Campaign seeks to:

- Increase awareness that COPD is a serious lung disease —the 4th leading killer.
- Increase understanding that COPD is treatable.
- Encourage people at risk to get a simple breathing test and talk to their doctors about treatment options.

The campaign is for men and women over age 45, especially those who smoke or have smoked, and those with risk associated with genetics or environmental exposures. In addition, the campaign aims to reach people who have been diagnosed with COPD as well as health care providers, particularly those in the primary care setting.

COPD: Provide the Facts

COPD is a serious lung disease that, over time, makes it hard to breathe. Many people may have heard COPD called other names, like emphysema or chronic bronchitis. Shortness of breath and other symptoms of COPD can get in the way of doing even the most basic tasks, such as doing light housework, taking a walk, even bathing and getting dressed.

Think about the patients you see in your practice, the members of your community, perhaps even members of your own family. Sharing your experience and expertise with them will help raise awareness among those at greatest risk.

This Guide has been developed for health care professionals and members of COPD patient and advocacy organizations to utilize as part of their community outreach efforts or for presentation to colleagues/grand rounds. It has been designed with presenters of all levels of expertise in mind—from the community outreach volunteer to the seasoned speaker.

The materials and information included in this guide are geared to help you prepare for public speaking opportunities and to provide you with the support materials and tools you will need to make these opportunities as effective as possible. Included you will find:

- Preparation and Practice Techniques
- Knowing Your Audience and the Logistics
- Presentation and Talking Points

NHLBI urges you to use this Speaker's Guide to help men and women in your community learn about COPD. By offering this session in your place of work, at your local hospital, a health fair, a place of worship or community center, you can help raise awareness and make a difference.

Speaker's "How To"

Preparation and Practice Techniques

Some of you are familiar with preparing for presentations and will be very comfortable in front of both large and small audiences, while others may not. Regardless of your experience, you should know that even the most seasoned of spokespeople undergo some sort of training to learn to speak before a group. This section will arm you with techniques for delivering your key messages powerfully and effectively.

Preparing for the Presentation

- **What's in it for me?**

All audiences want to know "what's in it for me?" and all speakers have to answer that question if they want to truly communicate with their audiences. This doesn't mean that the key messages have to be changed for each audience. But each key message needs to be supported with information that is relevant to that audience.

- **Personal experience**

People respond to emotional rather than factual information so we encourage you to draw on your own personal experience with COPD to support key messages: this will enhance your sense of "ownership" of the materials in the speech, while making it more interesting to the audience. For example, if you are talking to a group of patients and you are a COPD patient yourself, share some of your personal successes and challenges. These types of examples will increase your credibility with the audience.

- **Be conversational and be passionate**

Although the materials you discuss may be clinical at times, in the end increasing awareness and understanding of COPD means not only improving people's understanding of the disease, but allowing them to live better, longer—a point to which all in the audience can connect.

- **Props can work**

You will be provided with background information about the audience in advance of your presentation. Some of these audiences may not be familiar with COPD at all so, if for example, you are speaking to a community group or organization comprised of people who are "at risk" for COPD, there is a good chance they may never actually have seen a spirometer. Showing them a spirometer, even demonstrating it, could enhance your presentation and your message about the importance of getting this simple test, making it more real for the audience.

- **Repeat, repeat, repeat**

Repetition is key to retention in any spoken communication. Most audiences have forgotten 90 percent of what they have been told within a week of the presentation. It's important to repeat a key message to ensure it is remembered.

- **Use your body and your voice**

Body language and voice tone are critical to ensuring that an audience wants to listen to you, and remembers what you say. Studies have shown that a relaxed, confident manner is even more important than the messages themselves to ensure that an audience is on your side at the end of a presentation.

- **The materials**

While this guide includes a generic PowerPoint presentation for you to use, below are some of the basics to consider when preparing your own or adapting the existing presentation for your audience:

- Keep it simple. Follow the “six pack” rule: no more than six words to a line, six lines to a page.
- Use charts, graphs, and photos wherever possible: they will communicate an idea faster than words can in this format.
- Make sure that your slides are designed to support your messages, not compete with them. The slides should not have the word-for-word text of your speech, but should instead be an outline or visual amplification of what you will say. If you want to give your audience the text of your remarks, do that in a separate hand-out at the end of the presentation.

Practice, Practice, Practice

Don't wing it! A speech or presentation is not a good time to be extemporaneous. Prepare your remarks at least 2 days before your presentation. Practice giving the presentation out loud. You can do this in the privacy of your office with the door closed or with a colleague to get their feedback. By saying the words out loud, it will help your brain remember the information during the actual presentation. We cannot stress enough the importance of practice. All media professionals practice before they go on the air, so should you.

Presentation Appearance Request Form

This form is designed to help you gather background information on the event at which you have been asked to speak, such as the type of audience, themes, and format.

Requested speaker: _____

Topic: _____

Event(s): _____

Event theme: _____

Presentation format (panel, speech, roundtable, etc.): _____

If panel or roundtable, please list other invited participants: _____

Date: _____ Time: _____

Location: _____

Sponsor: _____

Sponsor Contact Information:

Name: _____

Position: _____

Phone/Fax: _____ e-mail: _____

Address: _____

Approximate size of audience: _____

Who is in the audience? _____

Approximate duration of speech/event: _____

Will there be media coverage of the event? If so, please list expected media.

Media Relations Tips

Overview

One of the most effective means for getting COPD information to target audiences is by working with print and broadcast editors and reporters to gain “earned media” or editorial coverage.

In this section, we will explain what to do if you receive a call from the media. Additionally, we will explain how to prepare for a media interview and provide consistent, clear, and succinct responses.

The Interview Request

Members of the media may contact you directly to request an interview. The best way to work with the media is to think like they do, at least for a while, and be prepared. To help demystify the process and ensure that you, your organization, and your comments are represented accurately, please consider the following tips when you receive a call from the media:

- **The inquiry**
 - Don't panic. Write down the reporter's name, position, publication or station and telephone number, and ask for their deadline. Politely ask for background on the story and any specific questions the reporter wants to ask.
 - Call NHLBI. If you are contacted by a reporter and aren't quite sure what to say, don't hesitate to contact the NHLBI Communications Team at (301) 496-4236. A member of the Team can return the reporter's phone call and find out what he or she plans to cover in the story; she may also be able to provide background material or brief you on the reporter or media outlet, and help you craft your response.
 - Prepare. Before talking to the reporter, prepare a list of the key messages that you want to deliver about the topic.
 - Respond quickly. Reporters often have only a few hours to research a topic, conduct interviews, and write their stories. While you can take a ½ hour or so to get ready to ask questions, try not to wait 2 days, as tomorrow may be too late.
 - Feel free to say no. You have the right to decline a reporter's request for an interview. You may want to refer the reporter to others in the field or to the NHLBI Communications Team.
 -
- **The interview**
 - Stick to the point. During the interview, stay focused and speak in concise sentences using everyday (not clinical) language.
 - Be clear. Try to avoid acronyms and jargon, which abound in the health and medical arena. Imagine that you are trying to explain COPD to a neighbor or relative who is not involved in the health/medical field.
 - Identify yourself. Give your full title and provide biographical background information as appropriate.

- Use analogies and anecdotes. Good analogies can simplify complex subjects and make them more interesting. Few reporters can resist them.
 - Ask questions. If you suspect a reporter doesn't understand what you're saying, ask a question. Get him or her to repeat what you've said.
 - Avoid saying anything "off-the-record." It's better not to tell a reporter anything you don't want to see in print or on television. Remember, *off-the-record isn't retroactive*. You can't tell a reporter something and then take it back.
 - Use humor judiciously. A facetious remark often seems sarcastic on the air or printed page.
 - Offer to fact check. Always offer to review factual information and quotes for accuracy. If the reporter declines to let you review the copy, and you are concerned about being misquoted, ask the reporter what he or she intends to quote from what you have said during the interview.
 - Provide informational materials. Never send a reporter away empty-handed. Provide news releases, journal articles, a biographical sketch or a summary of your main points.
- **Follow up**
 - Confirm placement date. Ask a reporter when the story will air or be published.
 - Recognize a job well done. If the story is good, write a note to that effect to the reporter, as it can help build a positive relationship.
 - Address mistakes. If the reporter gets it wrong, discuss the error with the NHLBI Communications Team and decide on a course of action to pursue, including overlooking the error if it is minor or calling the reporter if it is conspicuous and clearly inaccurate.

Talking Points—Consumer

SLIDE 1

- Good (*morning, afternoon, evening*). My name is (*name here*). I am (*title, organization, background*).
- I am pleased to be here today to speak to you about a very serious disease that many of you have likely never heard of—COPD. (*Adapt for patient-only groups.*)
- (*Engage audience*) By a show of hands, how many of you have heard of COPD?

SLIDE 2

- Today we have a lot of ground to cover. The topics we'll discuss are:
(*read slide*)
 - Definition of COPD
 - How COPD affects breathing
 - Symptoms of COPD
 - How you can find out if you are at risk
 - Talking to your doctor
 - Getting on the road to better lung health
 - Resources

SLIDE 3

- So what is COPD? It stands for **Chronic Obstructive Pulmonary Disease**.
- COPD is a serious lung disease that progresses slowly and over time, makes it very difficult to breathe. You may also have heard it called by other names. Emphysema and chronic bronchitis are forms of COPD. COPD is a general term that includes a spectrum of diseases. Very often a doctor may say “you have emphysema” when the person has elements of both emphysema and chronic bronchitis. In fact, it is common for people to have elements of both, which is why we prefer the term COPD. In people who have COPD, the airways, or tubes that carry air from the nose and mouth into the lungs, are partially blocked—either because of thickening and mucus, or because the airways are floppy and collapse or both.

SLIDE 4

- COPD is the fourth leading cause of death in the United States. This applies to men and women. The disease kills more than 120,000 Americans each year—that's one death every 4 minutes. You may be curious what those other leading killers are—they are heart disease, cancer, and stroke. Among those diseases, COPD is the only one with the numbers of deaths increasing. The rates among women have increased dramatically in the last 50 years, such that in 2002, more women than men died of COPD.
- COPD is also a leading cause of disability. When severe, it interferes with your ability to do everyday things like take a shower or tie your shoes. However, early on, the signs may be very subtle and many people might think they have gained

weight, are out of shape, or are just getting older. They may make small changes in their lives to accommodate, like avoiding a hill, giving up a sport, or carrying less at one time.

- More than 12 million people are currently diagnosed with COPD, and an additional 12 million likely have the disease and don't even know it. As I said, the symptoms early on can be very subtle—not enough to prompt people to seek medical attention and get a diagnosis.

SLIDE 5

- Healthy airways and air sacs in the lungs are elastic—they try to bounce back to their original shape after being stretched or filled with air, the way a new rubber band or balloon does. This elastic quality helps retain the normal structure of the lung and helps move air quickly in and out.
- In people with COPD, the air sacs no longer bounce back to their original shape. They become floppy and not as elastic. Picture a bag made of cellophane compared with a rubber balloon. The “cellophane” airways—those without support, collapse, blocking the air flow out of the lungs. The harder the person tries to breathe out, the more the airways collapse. The airways can also become swollen or thicker than normal, and lined with mucus.

SLIDE 6

- So as we saw in the diagram, this blockage, or obstruction, caused by COPD can make breathing difficult. So what are the symptoms? Symptoms of COPD include (*read list from slide*).
 - Coughing—“smoker’s cough”
 - Shortness of breath while doing activities you used to be able to do
 - Excess sputum or phlegm
 - Feeling like you can’t breathe
 - Can’t take a deep breath
 - Wheezing
- For the millions of Americans with untreated COPD, shortness of breath and other symptoms can get in the way of even the most basic day-to-day tasks—from doing housework, to taking a walk, or even bathing and getting dressed.
- It’s important to remember that COPD develops slowly, so if you recognize any of these symptoms, no matter how mild you think they are, talk with your doctor as soon as possible.

SLIDE 7

- COPD symptoms may be more subtle at first. Many people think they have just gained weight or are out of shape or are getting older. They may make small changes in their lives to accommodate.
- Essentially, they begin to limit their level of activity to accommodate the disease, for example:
 - Taking elevator instead of stairs
 - Giving up a sport
 - Parking close by instead of walking

- Carrying packages one at a time
- Avoiding shopping or other similar day-to-day tasks
- Staying home rather than going out with friends
- If you are beginning to experience shortness of breath you may avoid climbing stairs, or taking long walks. You may find you have to stop mowing your own lawn or other daily activities.
- (*Engage Audience*) Is this the case with anyone here? Are there any other examples you'd like to share?

SLIDE 8

- As we mentioned earlier in the presentation, many people who are at risk for getting COPD have never even heard of it. That's why it is so important to be aware of some of the things that put you at risk for COPD.
- These risk factors include:
 - Smoking—COPD most often occurs in people over age 40 with a history of smoking. That being said, it is also important to note that as many as one out of six people with COPD *never* smoked.
 - Environmental Exposure—COPD also occurs in people who have had long-term or heavy exposure to things that can irritate your lungs like chemicals, dusts, and fumes.
 - In some people, COPD is caused by a genetic condition known as alpha-1 antitrypsin, or AAT, deficiency. People with AAT deficiency can get COPD even if they have never smoked or had long-term exposure to harmful pollutants.
 - So you're thinking maybe you may fall into one of these risk categories or you recognize one or more of the symptoms we discussed. What do you do?

SLIDE 9

- First and foremost, talk with your doctor about getting a simple breathing test, or lung function test—called spirometry.
- Spirometry can detect COPD before symptoms become severe. It is a simple test that measures the amount of air you can blow out of the lungs and how fast you can blow it out. It's fast, noninvasive, and doesn't require any special preparation. Based on this test, your doctor can tell if you have COPD, and if so, how severe it is.
- So, let's say you've had the spirometry test and you've been diagnosed with COPD. Now, what do you do?
- Again, first and foremost, talk with your doctor. There are many things that you and your doctor can do together to slow the progress of the disease, manage symptoms, and improve your quality of life.

SLIDE 10

- Your doctor might recommend any one or a combination of treatments including: (*read from slide*)

- Lifestyle changes
 - Quit smoking (www.smokefree.gov). If you smoke, NOW is the time to stop. It is never too late to stop smoking. While your lungs will not regrow, you can prevent further damage. In the past, smoking was considered just a bad habit. But today, doctors have a much better understanding of nicotine addiction and what is needed to deal with it. Visit this Web site for the latest information on how to quit.
- Medications—to help open the airways
- Pulmonary rehabilitation – a program that teaches you how to manage your disease, how to go about regular activities a little more easily and how to get into good condition.
- Physical activity training—everyone should be getting physical activity.
- Oxygen treatment—in severe cases, oxygen may make the person feel better and live longer.
- Surgery—may be indicated in certain people who meet very specific criteria.
- Every patient is different—work with your doctor to determine what works best for you.

SLIDE 11

- Start today!
 - Talk with your doctor about your risks, such as smoking and other exposures.
 - Tell your doctor about any symptoms.
 - Make a list of breathing symptoms and think about any activities that you can no longer do, or do as easily because of shortness of breath.

SLIDE 12

- There are many things you can do to breathe better:
 - Quit smoking—Many new options available from your doctor.
 - Avoid exposure to pollutants and secondhand smoke.
 - Visit your doctor regularly.
 - Follow treatment advice.
 - Get annual flu shots and check whether you should have pneumonia shots.

SLIDE 13

- You might be thinking that the things I’ve mentioned may not necessarily apply to you. Many people ignore their symptoms or avoid talking to their doctors because they don’t think there’s anything that will work for them. This is simply not true.
- As you can see on this slide, there are a number of “myths” about COPD, such as: (*read slide*)
 - “My shortness of breath is just old age.”
 - “There’s nothing my doctor can do except tell me to quit smoking.”
 - “If I rest more, it will get better.”

- Many people may dismiss their shortness of breath as “old age” or believe that nothing can be done about a smoker’s cough, but this is simply not the case. For example, there are many treatments and options for smoking cessation that have become available just over the last few years.

SLIDE 14

- Remember, it all begins with you!
 - Start today!
 - Be your own advocate —ask questions and seek information

SLIDE 15

- In closing, let me leave you with this—
 - If you think you might be at risk for COPD, get a simple breathing test. If you have COPD, talk with your doctor. Together, you can take steps to make breathing easier and live a longer and more active life.
 - If you would like more information, please visit the NHLBI COPD Awareness and Education Campaign Web site or contact the NHLBI Health Information Center directly.
 - Thank you very much for your time and attention. If anyone has any questions, I’ll be happy to take them at this time.

Contact Information

www.LearnAboutCOPD.org

or

NHLBI Health Information Center

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Bethesda, MD 20824-0105

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TTY: 240-629-3255

Fax: 301-592-8563

E-mail: nhlbiinfo@nhlbi.nih.gov

Web site: www.nhlbi.nih.gov

Talking Points - Providers

SLIDE 1

- Good (*morning, afternoon, evening*). My name is X. I am (title, organization, background).
- I am pleased to be here today to speak to you about a very serious disease – Chronic Obstructive Pulmonary Disease—what we hope everyone here currently is, or from now on will be, referring to as COPD.
- As you know, COPD is a general term that includes a spectrum of diseases. Your patients may frequently have elements of emphysema along with obstructive bronchitis. In fact, it is more common for patients to have elements of both, which is why we prefer the term COPD.

SLIDE 2

- So why are we devoting an entire presentation to COPD—a disease that so many of our patients have never even heard of?
- COPD is the fourth leading cause of death in the United States.
- It kills more than 120,000 Americans each year.
- In fact, of the leading killers, COPD is the only disease with mortality rates that are on the rise rather than on the decline.
- More than 12 million people have COPD and an additional 12 million do not even know that they have it.
- The rates among women have dramatically increased since World War II. In 2002, more women than men died of COPD.

SLIDE 3

- Perhaps the most important reason that COPD needs to be on our radar now is because it's not going to go away.
- As mortality rates rise, the provider community must be expect and prepare for a wave of COPD patients in the coming years.
- COPD patients **will** become a greater proportion of caseload, particularly in the primary care setting.
- The good news is that there *is* hope for improvement on the COPD front and there is a great deal that we in the provider community can do to help.
- Recent advances in treatment are making a difference.

SLIDE 4

- So who is at risk for COPD?
- Providers should consider a COPD diagnosis in men and women over age 40 with symptoms such as shortness of breath, cough, sputum production, or an unusual decline in activity level, especially with a history of smoking.
- Symptoms of COPD may be very subtle at first, causing subtle limitations. Your patients may be making small accommodations in their everyday lives—and attribute changes to gaining weight, getting older or being out of shape. They

may do small things like avoiding stairs, giving up a sport, or limiting shopping or other activities of daily life. These changes do not typically drive them to seek medical consultation.

- For example, the patient may complain of a need to simply “slow down” or express that they’re “just not able to do what they used to do” and might even attribute this to “getting older.” If the patient does not present with these complaints, the provider should engage the patient and inquire as to how the patient is functioning on a day to day basis—“Are you feeling the need to slow down or that you’re not able to do some of the things you used to? Do every day chores seem to require more effort? Tell me more....”
- Genetic and environmental factors can also play a role.
- One critical note to keep in mind—While many of us are quick to look for COPD in our patients who smoke, it is important for us to remember that as many as **1 out of 6 people with COPD has never smoked.**

SLIDE 5:

- If you are considering a diagnosis of COPD, the next step is to perform or refer the patient for a lung function test—spirometry – to confirm the diagnosis, determine the severity of the disease, and distinguish COPD from asthma.
- A criterion for diagnosis of COPD is a postbronchodilator $FEV_1/FVC < 0.7$.
- These patients should receive professional assistance for smoking cessation.

SLIDE 6

- As demonstrated in this graphic, COPD is a progressive disease. The good news is that it progresses *slowly*—thus the emphasis on early diagnosis. Once symptoms are identified and a diagnosis is made, providers must monitor and follow up with the patient on a regular basis to be sure that treatment is appropriate for the level of disease severity.

SLIDE 7

- While we know that there is no cure for COPD, it is critical to the well-being of our patients that we convey a sense of hope. Thanks to recent advances in treatment, we can work with our patients to improve survival and quality of life.
- For those COPD patients who smoke, only smoking cessation can truly alter the course of the disease. Research shows that approximately 70 percent of smokers have at least one primary care visit per year and about the same number have expressed a desire to quit smoking.

- There have been many improvements in cessation techniques in recent years. For information on some of these new resources and tools for your patients, visit www.smokefree.gov. There is a specific link on the site with resources for health professionals.

SLIDE 8

In closing, let me recap three main points we hope you will take away from this presentation—

- Diagnosis and treatment of COPD is worth our efforts and attention.
- Consider COPD diagnosis in your patients with chronic shortness of breath.
- Proactive treatment can improve and extend lives.

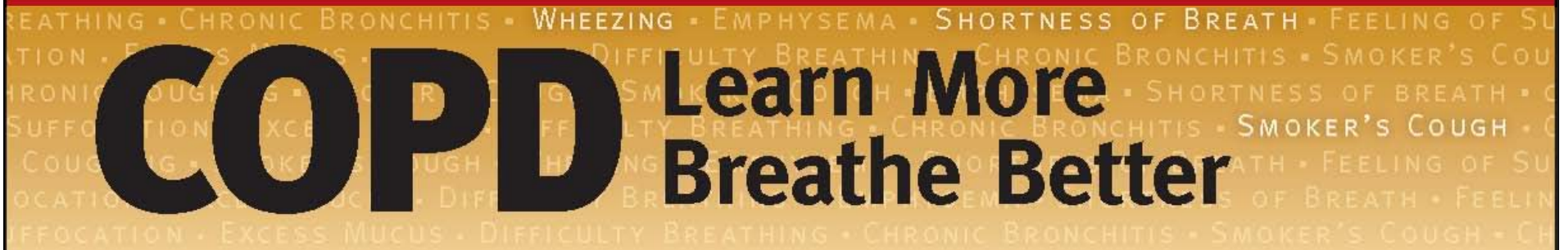
SLIDE 9

- For more information about COPD or to order educational materials—like fact sheets for your patients or provider reference cards that sum up some of the key points we discussed today, please visit the National Heart, Lung, and Blood Institute's COPD Awareness and Education Campaign Web site or contact the NHLBI Health Information Center directly.

Thank you very much for your time and attention. If anyone has any questions, I'll be happy to take them at this time.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute

NIH Publication No. 06-5842
September 2006



Presenting Organization

- Event Name
- Event Date
- Presenter Name, Title

COPD Learn More
Breathe Better

Today's Session Will Cover

- Definition of COPD
- How COPD affects breathing
- Symptoms of COPD
- How you can find out if you are at risk
- Talking to your doctor
- Getting on the road to better lung health
- Resources

COPD Learn More
Breathe Better

www.LearnAboutCOPD.org

What is COPD?

- **Chronic Obstructive Pulmonary Disease**
- Serious lung disease that over time makes it hard to breathe
 - Emphysema
 - Chronic Bronchitis
- Blocked (obstructed) airways make it hard to get air in and out

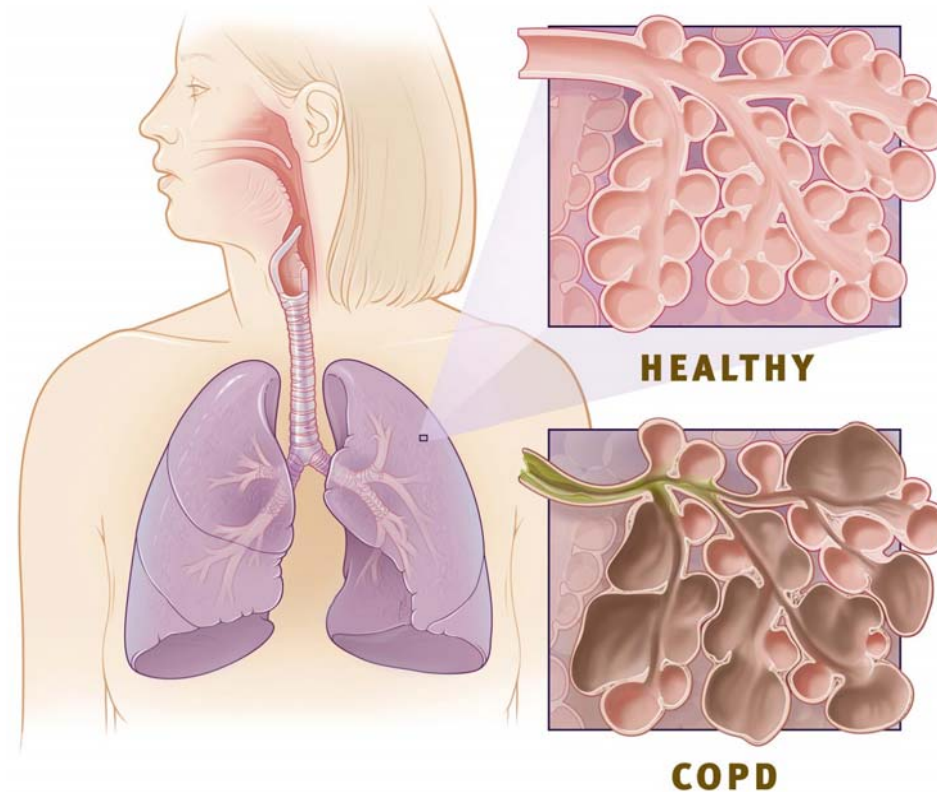
Did You Know?

- 4th leading cause of death
 - Kills more than 120,000 people per year
- 2nd leading cause of disability
- 12 million+ have COPD
- Another 12 million may have it but don't know it

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www.LearnAboutCOPD.org

How Does COPD Affect Breathing?



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Breathe Better

www.LearnAboutCOPD.org

What Are the Symptoms?

- Coughing - “smoker’s cough”
- Shortness of breath
- Excess sputum or phlegm
- Feeling like you can’t breathe
- Can’t take deep breath
- Wheezing

COPD Learn More
Breathe Better

www.LearnAboutCOPD.org

Symptoms

When it's hard to breathe, it's hard to do anything

- People with COPD:
 - avoid activities that they used to do more easily
 - limit activity to accommodate shortness of breath and other symptoms. Some activities include:
 - Take elevator instead of stairs.
 - Park close by instead of walking.
 - Avoid shopping or other similar day-to-day tasks.
 - Stay home rather than go out with friends.

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Breathe Better

www.LearnAboutCOPD.org

Are You At Risk?

- Smoking
 - Most common cause, however, as many of 1 out of 6 people with COPD never smoked
- Environmental exposure
 - Chemicals, dusts, fumes
 - Secondhand smoke, pollutants
- Genetic Factor
 - Alpha-1 antitrypsin (AAT) deficiency

COPD Learn More
Breathe Better

www.LearnAboutCOPD.org

Getting a Simple Breathing Test

- Talk with your doctor!
- Simple breathing test
 - Spirometry
- Quick and noninvasive
- Can tell if you have COPD and how severe it is

Treatments Can Help

- Lifestyle changes
 - Quit smoking. It's never too late.
(www.smokefree.gov)
- Medications
- Pulmonary rehabilitation
- Physical activity training
- Oxygen treatment
- Surgery

COPD Learn More
Breathe Better

www.LearnAboutCOPD.org

Start Today

- Talk with doctor about your risks, such as smoking and other exposures
- Tell your doctor about any symptoms
- Write down a list of questions

There Are Many Things You Can Do

- Quit smoking—Many new options available from your doctor
- Avoid exposure to pollutants and secondhand smoke
- Visit your doctor regularly
- Follow treatment advice
- Get annual flu and pneumonia shots

COPD Learn More
Breathe Better

www.LearnAboutCOPD.org

Common Myths– Don't Believe Them

- “My shortness of breath is just old age.”
- “There’s nothing my doctor can do except tell me to quit smoking.”
- “If I rest more, it will get better.”

It All Begins With You

- Start today
- Be your own advocate—ask questions and seek information.

COPD Learn More
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www.LearnAboutCOPD.org

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www.LearnAboutCOPD.org

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COPD Essentials for Physicians

Presenting Organization

- Event Name
- Event Date
- Presenter Name, Title

Why COPD? Why Now?

- 4th leading cause of death
 - Only top killer with increasing mortality
- 12 million diagnosed
- Another 12 million undiagnosed

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Why COPD? Why Now?

- COPD patients **will** become a greater proportion of caseload.
- Treatment advances
 - Can improve quality of life.
 - May slow the progression of the disease.
 - Diagnosis is key.

Risk Factors

- Age 40 and over
 - Persistent/progressive dyspnea
 - Chronic cough
 - Sputum production
 - Unusual and noticeable decline in activity level, especially with smoking history.
- Genetic factors (AAT deficiency) and occupational exposures also play a role.
 - *1 out of 6 Americans with COPD has never smoked*

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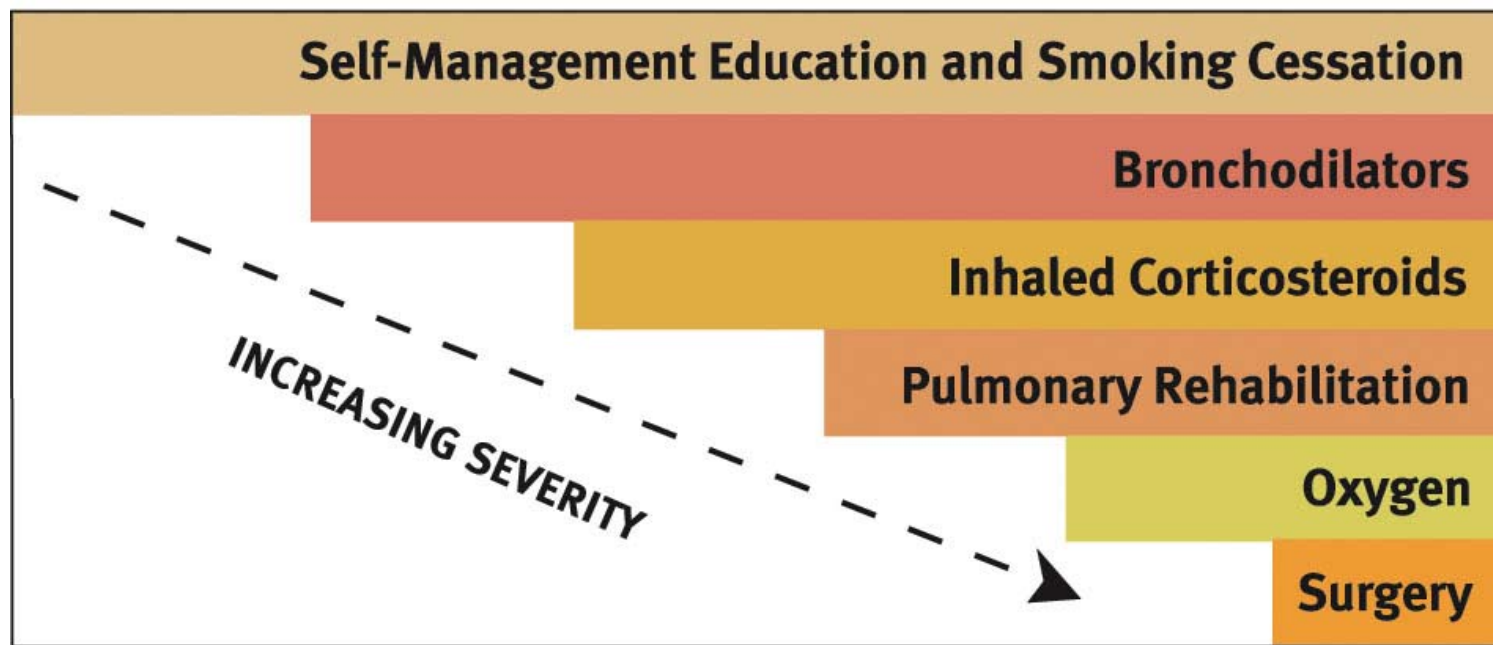
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Diagnosis: Pulmonary Function Testing

- Spirometry
 - Determines severity
 - Distinguishes from asthma
- Diagnosis
 - $FEV_1/FVC < 0.7$ (postbronchodilator)
 - Smoking cessation

Treatment

TREATMENT OPTIONS FOR COPD



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Treatment

- Early detection and early treatment can slow COPD and improve quality of life.
 - Aggressive management makes a difference.
 - Advances in therapies can improve survival or quality of life.
- Smoking cessation
 - www.smokefree.gov

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Summary

- Diagnosis and treatment of COPD is worth our efforts and attention.
- Consider COPD diagnosis in your patients with chronic shortness of breath.
- Proactive treatment can improve and extend lives.

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or

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