E&NH0237

Combating the silent killer – COPD

Stevenage, UK – 9 November 2007 – Despite being the UK’s fifth biggest killer disease, most people don’t even know what COPD stands for – chronic obstructive pulmonary disease. And of the estimated three million people across the country who have COPD, more than two thirds of them know nothing about it. It is the silent killer.

This is why respiratory nurses across the Trust’s hospitals have joined up with the British Lung Foundation and local Breathe Easy groups to mark World COPD Day on 14 November. Using stalls set up at the Lister, Queen Elizabeth II (QEII) and Hertford County hospitals, the aim is to raise awareness of COPD and enable people to receive potentially life-saving lung tests.

Claire Wotton, one of the Trust’s respiratory nurse specialists, said: “COPD is an umbrella term used to cover a number of related illnesses, including emphysema, asthma and bronchitis. With those over 35, especially if they smoke, being at most risk of having COPD, symptoms generally include a persistent cough, breathing problems, a wheezy chest, chest pain or excess phlegm.

“While COPD cannot be cured yet, there is a lot that can be done to relieve symptoms. Early diagnosis is crucial, therefore, because the quicker treatment begins, better quality of life can be sought. This is why we are promoting World COPD Day to raise awareness of COPD and thus help people get diagnosis and treatment sooner, rather than later.

“It’s really important that the symptoms are recognised as soon as possible. People generally don’t go to their GP to get tested just because of a cough. Indeed research suggests that those who smoke feel that they have brought it on themselves.
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“Whatever the cause, it’s vital that people are treated promptly to halt the progression of the condition.”

Those who may have COPD and not know it include smokers or ex-smokers aged 35 and over, or people who have worked in smoky and dusty environments. People younger than 35 may be at risk if they have smoked for a substantial period of time.

The COPD stalls will be located in the following areas at the Trust’s hospitals on 14 November between 9.00am and 4.30pm:

- Lister – by the Wishing Well on the main access corridor on level three.
- QEII – close to the main patient/visitor lifts on level two
- Hertford County – near the hospital’s main entrance

For more information or to find out about local Breathe Easy groups, visit www.lunguk.org

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Notes to editors
COPD stands for chronic obstructive pulmonary disease. This is a term used for a number of conditions; including chronic bronchitis and emphysema. COPD leads to damaged airways in the lungs, causing them to become narrower and making it harder for air to get in and out of the lungs. The word chronic means that the problem is long-term.

Some definitions
- Chronic bronchitis: bronchitis means inflammation of the bronchi. These are the tubes or airways that carry oxygen from the air through the lungs. This inflammation increases mucus production in the airways, producing phlegm that makes people cough.
- Emphysema: this is where the alveoli (air sacs) in the lungs lose their elasticity. This reduces the support of the airways, causing them to narrow. It may, if severe, lead to people having difficulty absorbing enough oxygen. This can result in shortness of breath.

What causes COPD
The most common cause of COPD is smoking. Once someone gives up smoking, gradually they reduce the chances of getting COPD - and slow down its progress if they have it already. Occupational factors, such as coal dust, and some inherited problems can also cause COPD. Whether pollution is a factor is still subject to research.
How COPD is diagnosed
Cough, phlegm and shortness of breath can be symptoms of COPD. Some people may only notice their symptoms in winter, or they might put them down to bronchitis or smoker's cough. This means that they might not seek help at an early stage of the disease. The sooner people seek treatment the better.

The best way to confirm diagnosis is through spirometry. This is a simple breathing test that usually can be done at a GP surgery. People just have to blow into a machine, which will show whether their airways have narrowed. In some cases, there may be a need for more detailed tests and a referral to hospital.

How people feel when they have COPD
The symptoms of COPD vary depending on how bad it is, and how people have adapted to their problems. In mild cases, symptoms like a cough, phlegm and shortness of breath may only be present during the winter or after a cold. In more severe cases, sufferers may be short of breath every day. With more severe COPD, normal activities can become more difficult.

COPD can lead to feelings of anxiety because of breathlessness. People with it may reduce their activities to avoid becoming breathless. But by reducing activity levels, they become less fit and therefore get breathless even sooner when they try to do any activity. People with COPD may adapt their lifestyles to reduce breathlessness - but keeping as fit as possible is important.

Some hospitals run pulmonary rehabilitation courses. These programmes involve exercise and education. Pulmonary rehabilitation improves exercise performance, health and quality of life. Patients’ doctors and/or nurses can tell them more about what services are available locally.

Care and support from family and friends can do a lot to relieve anxiety and depression. The Breathe Easy support network offers information and advice to people with COPD and other lung conditions.

Can COPD be prevented?
COPD cannot be cured once someone has it, but treatments may help. For most people, stopping smoking reduces the risk of developing COPD and also slows down its progression. However, some people develop COPD for other reasons that may be more difficult to prevent.

Treatment for COPD
There is no cure for COPD, but a lot can be done to relieve its symptoms:

- Stopping smoking - stopping smoking will help improve coughing and phlegm.
- Diet – people should look after their weight, eat a balanced diet and try to keep as mobile as they can.
- Bronchodilators - if the main symptom is breathlessness, then patients may benefit from a bronchodilator – an inhaler that delivers medicine to make airways wider. There are different types of bronchodilators, which work in different ways and they can be of benefit if they are used together.
- Nebulisers - nebulisers can provide bigger doses of medicines but inhalers are often effective. What people are given depends on how they respond to treatment.
- Steroids - if patients suddenly become more short of breath and their symptoms get worse, they may be experiencing what is known as an exacerbation. Their doctor may give them a short course of steroids for a few days. Some people take a steroid inhaler regularly but people’s doctors will decide if this is necessary for them.
- Flu vaccination - a ‘flu vaccination every autumn is also worthwhile, as flu can cause exacerbations.
Exacerbations are common in COPD, but taking treatment regularly may help to reduce how often they happen. Patients are advised always to seek treatment for any exacerbation as soon as they can.

For more information on this press statement, please call Peter Gibson, head of public affairs on: 01438 781522 or Steve Creswell, public relations officer on: 01438 781736 (both direct lines); for out-of-hours, please page the duty press officer on 07659 103839.