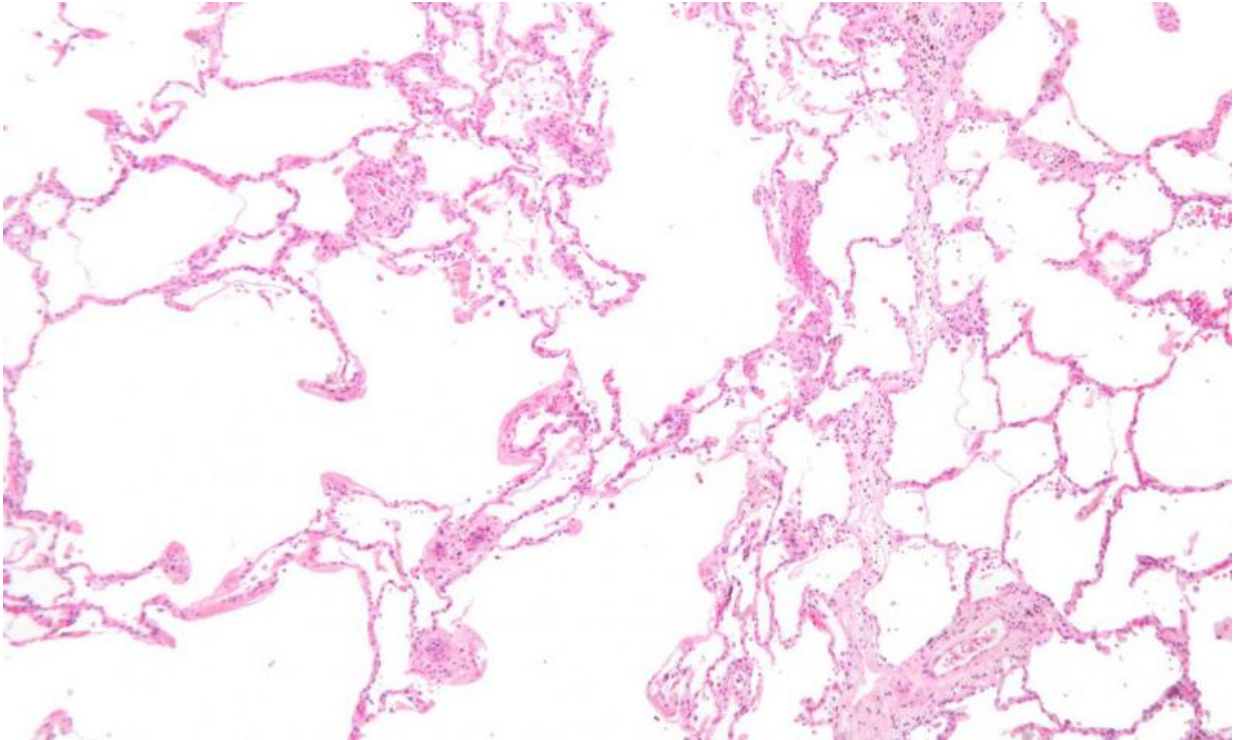


Treating COPD

November 29 2022, by Laurel Kelly, Mayo Clinic News Network



Micrograph showing emphysema (left – large empty spaces) and lung tissue with relative preservation of the alveoli (right). Credit: Wikipedia, CC-BY-SA 3.0

COPD, or chronic obstructive pulmonary disease, is a leading cause of disability and death in the U.S., according to the American Lung Association. More than 12.5 million people have been diagnosed with COPD, but millions more may have the disease without knowing it.

COPD is a chronic inflammatory lung disease caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke. People with COPD are at increased risk of developing respiratory infections, [heart disease](#), [lung cancer](#), [pulmonary hypertension](#) and depression. Also, if you have a [chronic lung disease](#) such as COPD, you may be at greater risk of severe illness and complications from COVID-19.

Symptoms of COPD often don't appear until significant lung damage has occurred, and they usually worsen over time, particularly if [cigarette smoke](#) exposure continues.

Signs and symptoms of COPD can include:

- Shortness of breath.
- Wheezing.
- Chest tightness.
- Chronic cough that may produce clear, white, yellow or green mucus.
- Frequent respiratory infections.
- Lack of energy.
- Unintended weight loss.
- Swelling in the ankles, feet or legs.

Treatment

If you've been diagnosed with COPD and you smoke, it is important that you quit. Most cases of COPD in the U.S. are directly related to long-term cigarette smoking, and stopping smoking can keep COPD from getting worse and reducing your ability to breathe.

Many people with COPD have mild forms of the disease for which little therapy is needed other than smoking cessation. Even for more advanced stages of disease, [effective therapy](#) is available that can control

symptoms, slow progression, reduce your risk of complications and exacerbations, and improve your ability to lead an active life.

Treatment for COPD can include:

—Medications: Several kinds of medications are used to treat the symptoms and complications of COPD. You may take some medications on a regular basis and others as needed. These medications can include bronchodilators, inhaled steroids, combination inhalers, oral steroids, phosphodiesterase-4 inhibitors, theophylline and antibiotics.

—Lung therapies: Lung therapies for people with moderate or severe COPD can include oxygen therapy and pulmonary rehabilitation.

—In-home noninvasive ventilation therapy: A noninvasive ventilation therapy machine with a mask helps to improve breathing and decrease retention of carbon dioxide that may lead to acute respiratory failure and hospitalization. More research is needed to determine the best ways to use this therapy.

—Managing exacerbations: Even with ongoing treatment, you may experience times when symptoms become worse for days or weeks. This is called an acute exacerbation, and it may lead to lung failure if you don't receive prompt treatment. When exacerbations occur, you may need additional medications, such as antibiotics, steroids or both; supplemental oxygen; or treatment in the hospital. Once symptoms improve, your health care team can talk with you about measures to prevent future exacerbations, such as quitting smoking; taking inhaled steroids, long-acting bronchodilators or other medications; getting your annual flu vaccine; and avoiding air pollution whenever possible.

—Surgery: Surgery is an option for some people with some forms of severe emphysema, a type of COPD, who aren't helped sufficiently by

medications alone. Surgical options can include lung volume reduction, lung transplant and bullectomy.

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