Understanding COPD and recovery after a hospital stay

Getting dressed can take more effort after a flare-up of chronic obstructive pulmonary disease (COPD). Before discharge, ask someone to watch you use your inhalers and help you plan that first morning home.

Chronic obstructive pulmonary disease (COPD) can make activities such as dressing, walking and sleeping more difficult. Some people first learn they have it after a significant change in breathing.

Although COPD has no cure, treatment can ease symptoms and help people remain active. A care plan may include inhaled medicines, pulmonary rehabilitation, prescribed oxygen and help stopping smoking.

If a long-lasting cough, wheeze or shortness of breath makes ordinary activities harder, discuss it with a clinician. A breathing test can help distinguish COPD from other causes and guide treatment.

COPD Causes And Symptoms

COPD stands for chronic obstructive pulmonary disease. It is a disease of the lungs that can manifest in two ways: chronic bronchitis, which is characterized by a long-term cough with mucus; or emphysema, which damages the lungs over an extended period of time. Most COPD patients have a combination of both.

Smoking is an important risk factor. Long exposure to irritants at work or at home can also damage the lungs, and a minority of people have an inherited risk. Tell the clinician about past exposures even if you no longer smoke.

Symptoms of COPD include shortness of breath, wheezing, mucus build-up in the throat (as indicated by the need to clear your throat upon awakening each morning or a persistent mucus-producing cough), chest tightness, lack of energy, discoloration of the lips or fingernail beds, weight loss and swelling in the ankles, feet, and/or legs.

What Are The 4 Stages Of COPD?

The disease progresses through four stages, from mild to severe:

- Grade 1 — Mild airflow limitation. Symptoms can be easy to miss. A cough, mucus or breathlessness on exertion may lead someone to arrange an assessment. The spirometry grade describes lung function measured during a test. Ask what the result means alongside your actual symptoms.
- Grade 2 — Moderate airflow limitation. Everyday activity such as walking uphill or carrying groceries may bring on shortness of breath. Some people cough or produce more mucus. Describe how far you can walk and what has changed since the last visit.
- Grade 3 — Severe airflow limitation. Breathlessness, fatigue and flare-ups may increasingly affect daily activities. Ask which inhalers or other treatments to use as prescribed, how to plan activity and when to call about a change. People with the same grade can have different levels of independence.

- Grade 4 — Very severe airflow limitation. Ordinary activity can become difficult, and a flare-up may require urgent care. Some people need prescribed oxygen, additional breathing support, rehabilitation or help with comfort and daily needs. Your clinical team can explain which options apply to you.

Possible Complications With COPD

In addition to breathing problems and a mucus-producing cough, COPD is associated with other health problems. Concurrent conditions commonly include:

- COPD and heart health — COPD and cardiovascular disease often occur together. Tell your clinician about chest discomfort, swelling or a change in breathlessness, especially if it feels different from your usual COPD symptoms. Ask for help stopping cigarettes, cigars or pipes, and mention any vaping or cannabis smoke exposure. Inhaling smoke or aerosol can irritate the lungs. Your clinician can help you choose a quit plan that fits your health and your daily routine.
- COPD and pneumonia — Those with COPD are more susceptible to colds, the flu and/or pneumonia. All of these illnesses may cause further damage to the lungs. An annual flu shot and pneumococcal (pneumonia) vaccine can minimize that risk. In addition, frequent hand washing and minimizing exposure to people who are sick are recommended.
- COPD and lung cancer — A diagnosis of COPD increases your risk of lung cancer. This risk can be decreased by stopping smoking any substances that irritate the lungs, including cigarettes, cigars and marijuana, as well as vaping.
- COPD and depression — COPD's dramatic impact on your lifestyle and daily routine may lead to depression. It is important to seek medical intervention if you or your friends or family members notice any of the following behaviors: Pervasive sadness, severe mood swings, unrelenting guilt, a loss of hope, no desire to eat, problems sleeping or suicidal thoughts.
- COPD and high blood pressure — COPD may interfere with the ability of the heart to pump blood into the lungs. While pulmonary hypertension is not curable, it is manageable. Appropriate treatment can improve symptoms and slow the progress of the disease.

COPD Treatment And Recovery

The clinical team chooses treatment according to symptoms, breathing tests, flare-ups and the activities you want to do. Ask which of the following approaches fits your plan.

Your personalized COPD treatment options may include:

- Rehabilitation — Nutritional counseling and tailored exercise programs can support healthy lifestyle changes, which have been found to ease the symptoms of COPD as well as slow its progression.
- Medicines. Inhalers can help open the airways or reduce inflammation. The team can explain which medicine is for daily use and which is for symptoms. Show a clinician how you use each device.
- Respiratory care — Oxygen therapy may alleviate symptoms and help maintain optimal arterial oxygen saturation. Research has found that supplemental oxygen boosts energy, improves sleep, heightens mood, improves sexual relationships, prolongs life and reduces the chance of heart failure. However, there are some safety concerns, including the danger of fire if the oxygen tank is in a confined space, near an open flame or near someone who is smoking. There may also be some side effects, such as nosebleeds, dryness or irritation around the face mask or nasal cannula, and tiredness or headaches when waking in the morning. Generally, oxygen therapy is used as long as it benefits the COPD patient.

- Surgery — Depending on the severity of COPD, lung surgery may be warranted. There are two main surgical treatment options for COPD: a bullectomy; or lung volume reduction surgery (LVRS). In a bullectomy, surgeons remove the bullae or air sacs damaged by COPD. In LVRS, the size of the lungs is reduced by removing some of the tissue damaged by emphysema. This makes it easier for the healthy lung tissue to absorb oxygen.
- Quitting smoking. Ask about counseling, medicines and ways to manage cravings. Avoiding smoke and other inhaled irritants remains important even after COPD has been diagnosed.
- Palliative care — If you have end-stage COPD, you may experience severe shortness of breath even when at rest. Palliative or supportive care focuses on managing COPD symptoms to achieve the highest possible quality of life. Palliative care may include medication to manage the disease, therapy to relieve the discomfort and anxiety caused by the shortness of breath, and counseling on appropriate lifestyle changes.

COPD progression and life expectancy vary. Lung function tests help characterize airflow limitation, but symptoms, flare-ups, other illnesses, activity tolerance and response to treatment also matter. Ask the team what the findings mean for you.

Ask for a flare-up plan with your usual symptoms, signs to report and after-hours contacts. Call 911 if you have severe trouble breathing.

Archived recovery account

This account describes care in an earlier setting. The course, timing and outcome belong to that individual.

The patient was admitted to a local hospital suffering from respiratory difficulty related to his COPD and had to be placed on a ventilator as his condition deteriorated. Once physicians had stabilized his condition he was transferred to the treating hospital to receive respiratory therapy, medical support and rehabilitation. He was unable to make much progress at first due to elevated anxiety levels and additional complications, but his respiratory team slowly guided his recovery and, as his lungs became stronger, his anxiety decreased and he started participating in early mobility therapy sessions in his bed.

With help from his entire team of caregivers, the patient continued to improve day by day. His speech pathologist enabled him to communicate with a speaking valve at first, and when he was finally able to be taken off the ventilator completely, helped him regain his voice and ability to swallow so he could begin to drink and eat a normal diet once again. Severely weakened after his prolonged hospitalization, the patient slowly began to regain his strength, progressing until he was able to once again stand up and walk with the aid of a walker and take care of his daily needs.

As a result of the high level of interdisciplinary care he received, the patient was able to be discharged to his home where he lives with his wife to continue his recovery. Before leaving for home, the patient described fearing he might not survive another hospitalization and thanked the people who helped him recover.

Resources:

CDC guidance explains how e-cigarette aerosol can affect the lungs and why vaping history matters when discussing new breathing symptoms. https://www.cdc.gov/tobacco/e-cigarettes/health-effects.html

MedlinePlus explains how chronic obstructive pulmonary disease changes airflow, which symptoms to watch for and how clinicians assess the condition. https://medlineplus.gov/copd.html

The National Heart, Lung, and Blood Institute describes prescribed COPD medicines, including bronchodilators and inhaled medicines, and how they fit into a treatment plan. https://www.nhlbi.nih.gov/health/copd/treatment

Living with advanced COPD involves managing symptoms, planning daily activity and learning when to call for help. Read the National Heart, Lung, and Blood Institute's guide to living with COPD. https://www.nhlbi.nih.gov/health/copd/living-with

MedlinePlus explains oxygen therapy, the equipment used to deliver it and why the prescribing clinician should set the amount of oxygen you use. https://medlineplus.gov/oxygentherapy.html

For an overview of emphysema, chronic bronchitis, COPD symptoms and the tests used to identify the condition, see the National Heart, Lung, and Blood Institute. https://www.nhlbi.nih.gov/health/copd

The CDC explains how smoking cannabis can affect lung tissue. Tell the treating clinician about smoke or aerosol exposure when discussing persistent coughing or breathing changes. https://www.cdc.gov/cannabis/health-effects/lung-health.html

MedlinePlus explains how palliative care can help a person living with a serious illness discuss symptom relief, daily function and goals alongside ongoing treatment. https://medlineplus.gov/palliativecare.html

The National Heart, Lung, and Blood Institute discusses surgery and other treatment options for selected people with severe COPD and why specialist assessment matters. https://www.nhlbi.nih.gov/health/copd/treatment

When discussing prognosis, ask how lung function, symptoms, flare-ups and other illnesses affect the individual. The National Heart, Lung, and Blood Institute explains how clinicians assess COPD. https://www.nhlbi.nih.gov/health/copd/diagnosis

Talk with Lakeview

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

https://www.lakeviewsystem.com/long-term-acute-care