

TAB Monthly Newsletter

A Newsletter for people living with COPD to help us connect with our peers



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COPD Awareness Month

15th Annual World COPD Day, November 15th, 2017

[History of COPD](#)

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that block airflow. This makes the process of breathing increasingly difficult. Chronic bronchitis, emphysema, and asthmatic bronchitis all fall under the umbrella of COPD. Each of these conditions decreases quality of life, and causes ill health and death worldwide. Physicians have been tracking the symptoms of COPD for around 200 years. Learn the history of the condition and how far treatment has progressed.

[Prevalence of COPD today](#)

Estimates by the [Centers for Disease Control and Prevention \(CDC\)](#) suggest that COPD is the third most common cause of death in the United States. The [World Health Organization \(WHO\)](#) predicts that COPD will be the third leading cause of death worldwide by 2030. As of 2014, many as 15.7 million in the United States reported they have COPD, according to the [CDC](#).

[Early history of COPD](#)

COPD is likely not a new condition. In the past, physicians may have used different terms to describe what we now know as COPD. In 1679, Swiss physician Théophile Bonet referred to "voluminous lungs." In 1769, Italian anatomist Giovanni Morgagni reported 19 cases of "turgid" lungs. In 1814, British physician Charles Badham identified [chronic bronchitis](#) as a disabling health condition and part of COPD. He was the first person to use the term "catarrh" to describe the ongoing cough and excessive mucus that COPD produces.

[Causes of COPD](#)

In 1821, the inventor of the [stethoscope](#), physician René Laënnec, recognized [emphysema](#) as another component of COPD. [Smoking](#) during the early 1800s wasn't commonplace, so Laënnec identified environmental factors, like air pollution, and genetic factors as the principal causes of the development of COPD. Today, smoking is one of the leading causes of COPD. [Learn more about the effects of smoking.](#)

[Invention of the Spirometer](#)

In 1846, John Hutchinson invented the [spirometer](#). This device measures vital [lung capacity](#). Robert Tiffeneau, a French pioneer of respiratory medicine, built upon this invention around 100 years later, creating a more complete diagnostic instrument for COPD. The spirometer is still an essential tool in [diagnosing COPD](#) today.

[Defining COPD](#)

In 1959, a gathering of medical professionals called the Ciba Guest Symposium helped define the components that make up the definition and diagnosis of COPD as we know it today. In the past, COPD was referred to by names such as "chronic airflow obstruction" and "chronic obstructive lung disease." Dr. William Briscoe is thought to be the first person to use the term "chronic obstructive pulmonary disorder" at the 9th Aspen Emphysema Conference in June of 1965.

[Smoking and COPD](#)

In 1976, Charles Fletcher, a physician who devoted his life to the study of COPD, linked smoking to the disease in his book "The Natural History of Chronic Bronchitis and Emphysema." Along with his colleagues, Fletcher discovered that stopping smoking could help to slow the progress of COPD and that continuing to smoke would accelerate the progression of the disease. His work provides the scientific basis for [smoking cessation education](#) in people with COPD today.

[Treating COPD](#)

Until fairly recently, two of the most common treatments for COPD weren't available. In the past, [oxygen therapy](#) and [steroid treatment](#) were considered dangerous for people with COPD. [Exercise](#) was also discouraged because it was thought to put a strain on the heart. [Inhalers](#) and mechanical ventilators were introduced in the early 1960s. The concept of pulmonary rehabilitation and home care for people with COPD was introduced at the 9th Aspen Emphysema Conference. [Read on to learn about other treatments for COPD.](#)

Oxygen therapy

Oxygen therapy was first trialed in the mid-1960s by a group of researchers at the University of Colorado Medical Center in Denver, and further developed in the early 1980s. Today, long-term oxygen therapy is the only [treatment](#) known to alter the course of COPD.

COPD more recently

The 1990s saw a surge in the use of medication to manage the [symptoms of COPD](#) and restore pulmonary function. A major push in COPD education meant that smoking cessation and clean air awareness became primary focuses of [self-care treatment](#). Today, it's known that a [healthy lifestyle](#) can help people with COPD to manage and improve their symptoms. Healthcare professionals stress the importance of [diet](#) and [physical exercise](#) as part of a COPD rehabilitation program.

Preventing COPD

Over the years, physicians have done much to help us understand the causes, diagnosis, and progression of COPD. The earlier that COPD is diagnosed, the better the [long-term prognosis](#). Although there's no cure for COPD, symptoms can be managed, and people with the condition can improve their overall quality of life. [Read on for more information on COPD.](#)

Pursed Lip Breathing

Pursed lip breathing is a breathing technique designed to make your breaths more effective by making them slower and more intentional. You do this after inhaling by puckering your lips and exhaling through them slowly and deliberately, often to a count. Pursed lip breathing gives you more control over your breathing, which is particularly important for people with lung conditions such as [COPD](#).

Technique

Pursed lip breathing should be practiced until it becomes second nature. It's most effective when you're focused or relaxed. Here's how to practice.

1. Sit with your back straight or lie down. Relax your shoulders as much as possible.
2. Inhale through your nose for two seconds, feeling the air move into your abdomen. Try to fill your abdomen with air instead of just your lungs.
3. Purse your lips like you're blowing on hot food and then breathe out slowly, taking twice as long to exhale as you took to breathe in.
4. Then repeat. Over time, you can increase the inhale and exhale counts from 2 seconds to 4 seconds, and so on.

Purpose

Pursed lip breathing improves the lung mechanics and breathing all at once, meaning that you don't have to work as hard to breathe well. This is particularly helpful for people who have lung conditions that make it more difficult for them to breathe. These conditions can include obstructive lung disease, such as [asthma](#), and restrictive lung disease, such as pulmonary fibrosis ([PF](#)), which is a type of interstitial lung disease ([ILD](#)). Pursed lip breathing is also used as part of treatment for chronic obstructive pulmonary disease ([COPD](#)). People with this condition have severely declining lung function and breathing ability. The disease progresses to overinflated lungs and reduced ability to exhale air. It can make breathing so difficult that it impacts the quality of the person's life. There are significant health benefits for people with COPD who practice pursed lip breathing. One study found that pursed lip breathing reduced dynamic hyperinflation in people with COPD. It also significantly improved their exercise tolerance, breathing patterns, and arterial oxygen. COPD can only be delayed, and the damage can't be repaired once it happens. For that reason, breathing exercises to improve lung function are essential. They can make breathing significantly easier.

Benefits

Pursed lip breathing can help improve and control your breathing in several ways, including;

- relieving shortness of breath by slowing the breath rate
- keeping the airways open longer, which decreases the work that goes into breathing
- improving ventilation by moving old air trapped in the lungs out and making room for new, fresh oxygen

In addition to the lung benefits you can get from pursed lip breathing, it can also lead to overall relaxation. By taking consistent, deep breaths, you can calm the central nervous system, which has a relaxing effect on your entire body.

This can help reduce stress and anxiety. www.healthline.com <http://lungontario.ca/>

"If you can't breathe, nothing else matters"

Canadian Lung Association

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