Living Well with COPD™



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Taking your COPD Medications

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The skills you need to manage your COPD

Chronic obstructive pulmonary disease, or COPD, is a disease that can seriously affect every part of your life. As the disease progresses, it can take a toll on your daily activities. Fortunately, there is a lot that you can do to try and manage these limitations and improve your well-being. This is why we have created this series of workbooks on COPD self-management.

How can this program help me with the self-management of the disease?

This module is part of the Living Well with COPD program. It is an educational program in which you learn skills to help manage your disease and adopt healthy new lifestyle behaviours. The Living Well with COPD program has been tested in several clinical trials and the results were very encouraging. Patients who used these workbooks in collaboration with their healthcare worker, "case manager" or resource person and physician had fewer exacerbations requiring hospitalizations or emergency room visits. Their quality of life has also improved, enabling them to do more of the activities they enjoyed, and better cope with their disease.

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National and international guidelines agree that self-management education is extremely valuable for individuals with COPD. The Living Well with COPD Self-Management Program, which you can adapt to your own situation, was created by medical experts in collaboration with COPD patients.

This is your guide. Use it to write down your questions or concerns. Share it with people close to you so that they can understand what you are going through. Discuss whatever thoughts and feelings you have with your case manager or resource person and your physician.

Good luck with your program!

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Welcome to the module "Taking your COPD Medications" of the Living Well with COPD series

Shortness of breath, coughing, wheezing and anxiety are part of every day life for most people with COPD. Learning how to prevent and control these symptoms can help you live a fuller and more active life.

Living well with COPD means knowing what your COPD medications do and how to take them as prescribed with the proper technique.

If you have any questions about the medications, please ask a healthcare professional to go through the information with you.

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Taking your COPD Medications

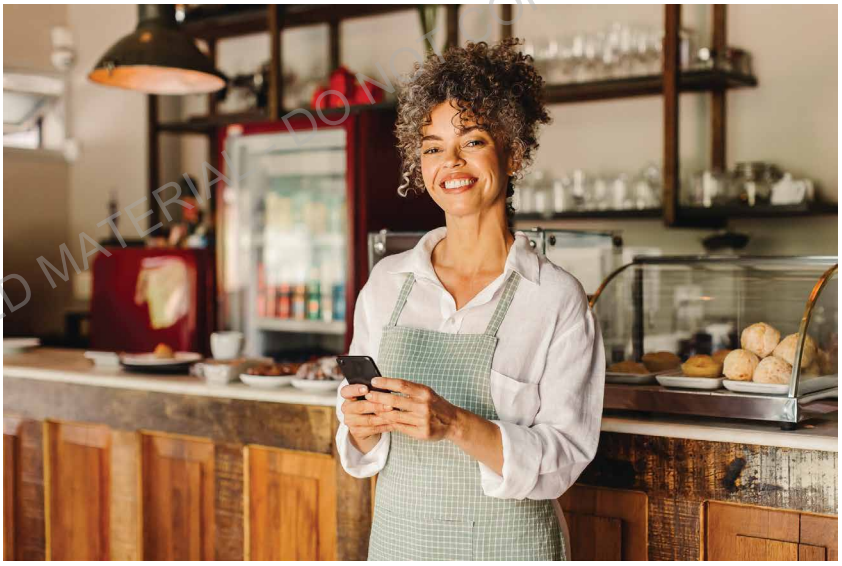
Medications for COPD and why you need to take them properly

Medications can help with your breathing, lower your chance of having a lung attack (exacerbation) or dying, and improve your quality of life.

You should know the following about each of your medications:

- The name of each medication you are taking.
- What your medication does.
- How often you should be taking your medication.
- When you should be taking your medication.
- How to take your medication properly.
- Medication side effects.

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Medications for COPD and why you need to take them properly

Can you list the medications you are currently taking for your COPD?

You and your team working together

Treatment of your COPD can best be achieved by working together with your doctor, your specialists (respirologist/pneumologist), your respiratory educator and the health care professionals in your team.

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It is very important to take your medications as prescribed

Adherence is a term used to describe how much a person follows the treatment plan given to them by their healthcare professional, for example, taking their medications as prescribed.

It is very common for people living with COPD (or any other chronic diseases) to not take their medications on a regular basis. Failing to follow a routine can have consequences. Not taking your COPD medications as prescribed contributes to poor symptom control, poor quality of life and puts you at risk for sudden severe lung attacks (exacerbations), and COPD-related death.



Medications for COPD and why you need to take them properly

Here are some things that can make it hard to take COPD medications:

- Not understanding why you need to take medications.
- Forgetting to take your doses.
- Having to take multiple doses of medication in a day.
- Feeling overwhelmed by all of your treatments and medications.
- Confusion about many different medications.
- Cost of medications and lack of coverage.
- Side effects or fear of side effects.
- Thinking they are not needed when you start to feel better.
- Thinking your breathing is not bad enough to need medications.
- Feeling that the medications are not making much of a difference.

Your healthcare team can help you make a medication plan that will work better for you, including some important things, such as:

- Planning ahead to avoid running out of medications.
- Asking other healthcare professionals (pharmacist, social worker, etc.) to help when paying for medication is an issue.
- Simplifying your medication regimen, and making sure you have the type of inhalers that are most appropriate for you.

If you have any concerns about your medications, ask your health care professional (your doctor, specialists, nurse or respiratory educator). Write your questions in advance to not to forget them.

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Medications to treat COPD

It may take more than one medication to control your COPD.

In COPD, **bronchodilators are one of the main forms of medication used on a day-to-day basis.** However, there are other types of inhaled medications that may be required to help with your breathing and other symptoms.

Here are the following categories of medications that will be introduced and discussed in greater detail:

A. Bronchodilators

Bronchodilators help to open the airways, keeping them open and reducing your shortness of breath, coughing and wheezing.

B. Anti-inflammatories

Anti-inflammatories lower the inflammation (swelling) in your lungs and airways and can help prevent flare-ups. In COPD, inhaled anti-inflammatories are prescribed in combination with other medications.

C. Triple Therapy

Combination of an anti-inflammatory and two different long-acting bronchodilators in one single inhaler. Triple Therapy is used to open up your airways and lower the inflammation in your lungs. They can also help to reduce lung attacks and death.

D. Other medications

Phosphodiesterase inhibitors, xanthines, azithromycin and N-acetylcysteine. These medications are not used as often in treating COPD but can help keep your airways open and lower inflammation in your lungs.

E. Medications for COPD attacks (exacerbations)

Usually prescribed for short periods when you become sick and your symptoms get worse (flare-up). You can refer to the module "Integrating an Action Plan Into your Life" from the Living Well with COPD series and/or ask your doctor for more information.

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Bronchodilators

Bronchodilators help to relieve your respiratory symptoms. They open the airways and make breathing easier. Certain ones are essential during an attack.

There are various types of bronchodilators

1. Beta$_2$-Agonists
2. Anticholinergics
3. Combination of bronchodilators

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Bronchodilators

Short-Acting Beta$_2$-Agonists

- Open the airways quickly. To be used in times of need, when shortness of breath comes on suddenly or before you are about to do something that will cause a lot of shortness of breath.
- Most people use these only when they are short of breath.
- In a small number of people, they may be taken regularly.
- Everyone with COPD should have a short-acting beta2-agonist inhaler as their reliever or "rescue" inhaler to be used when shortness of breath comes on quickly or is not improving.

Long-Acting Beta$_2$-Agonists

- Open the airways for 12 to 24 hours.
- Improve shortness of breath, reduces lung attacks and improves quality of life.
- Must be taken regularly everyday.
- Should NEVER be used in place of “reliever/rescue” medication.

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Bronchodilators

Short-Acting Anticholinergics

- Help breathing by opening narrowed airways and keeping them opened.
- For some COPD patients they may be taken when you are short of breath and need relief quickly.

Long-Acting Anticholinergics

- Help breathing by opening the airways and improving shortness of breath.
- Lower the risk of lung attacks (exacerbations) and improves quality of life.
- Must be taken regularly every day.

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Bronchodilators

Combination of short-acting bronchodilators

- Combination bronchodilator inhalers contain both Short-Acting Anticholinergics and Short-Acting Beta$_2$- Agonists:
  - Can be used as a “rescue" or quick relief inhaler – to open up the airway quickly when needed.
  - For some people with COPD it may be taken when short of breath and need relief quickly.
  - Can also be taken on a regular basis.

Combination of long-acting bronchodilators

- Combination bronchodilators containing both Long-Acting Anticholinergics and Long-Acting Beta$_2$- Agonists:
  These medications:
  - Improve shortness of breath.
  - Work for 12-24 hours.
  - Prevent lung attacks.
  - Must be taken daily.
  - Should never be used to replace "rescue" medications when you are short of breath and need relief quickly.

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Anti-inflammatories

Anti-inflammatories reduce certain types of inflammation in your lungs. Anti- inflammatories come in various forms:

1. Inhaled corticosteroids
2. Phosphodiesterase inhibitors
3. Oral corticosteroids

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Anti-inflammatories

Inhaled Corticosteroids

In COPD inhaled corticosteroids are used in combination with Long-Acting Beta$_2$-Agonists bronchodilators. Inhalers with only corticosteroids are not meant to be used in COPD.

These medications:

- Reduce inflammation and swelling in the lungs to lower the risk of lung attacks (exacerbations).
- Open up the airway to decrease shortness of breath and cough.
- Are not 'rescue' medications because they do not work quickly.
- Are taken at the same time everyday.

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Triple therapy

Combination of Inhaled Corticosteroids, Long-Acting Anticholinergics, and Long-Acting Beta2-Agonists:

These medications:

- Open up the airway for up to 24 hours.
- Reduce inflammation in the airway.
- Are taken on a daily basis.
- Prevent shortness of breath and wheezing.
- Reduce lung attacks and improve quality of life and reduce your risk of dying.
- Are not "rescue" medications because they do not work quickly.

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Other Medications

Phosphodiesterase inhibitors (PDE)

These medications result in less inflammation in the lungs and help to stop the narrowing of airways which occurs in COPD.

- Can be only used in people using inhaled bronchodilator medication(s).
- Can decrease breathlessness.
- Must be taken orally (pill form) everyday.
- Must not be used as rescue medication.

Regular use of azithromycin. Azithromycin is an antibiotic.

- Some people with COPD take this medication every day or 3 times a week to lower their risk of lung attacks.

N-acetylcysteine

- This medicine works by thinning the mucus in the lungs making it easier to cough up and breathe more comfortably.

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Taking your COPD Medications

Medications to treat lung attacks (exacerbations)

Prednisone

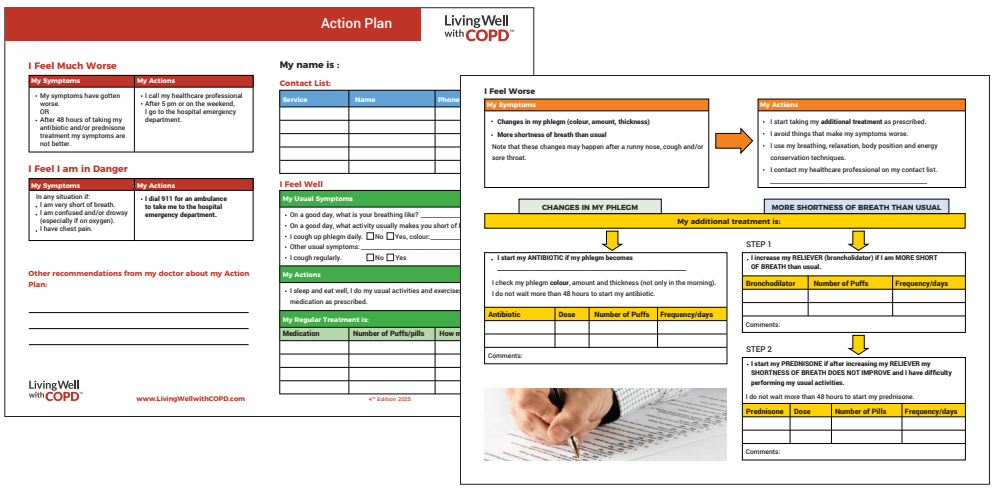
- Helps lower inflammation in the lungs to improve your breathing.
- Is usually prescribed for short periods (5-14 days) when you have a lung attack (exacerbation).
- Is rarely prescribed for long-term due to the risk of side effects.

Antibiotics

- Are pills used to treat lung infections which are a common cause of lung attacks (exacerbations).
- Must be taken exactly as prescribed.

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These medications can be part of your Action Plan to be used in the event of an exacerbation.





Importance of using your inhaler correctly

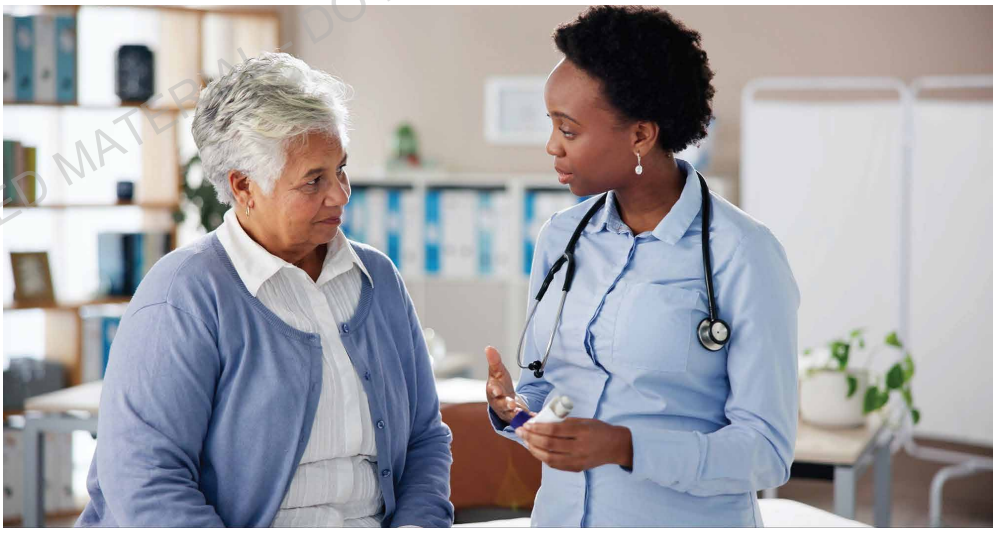
COPD medications can't work unless they are able to reach your lungs. This is why you need to use your inhalers correctly to help your breathing.

Many people have difficulties with using certain inhalers exactly as they are supposed to. Learning the right technique can be difficult, but your healthcare professionals are there to help you learn the best way to take your inhaler.

Remember, if you are having trouble using your inhalers, talk to your doctor, pharmacist, or respiratory educator to help you find an inhaler that is best for you.

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Handling these devices should become second nature to you, like a reflex.



Ask your health professional, your doctor and/or your pharmacist to verify your inhaler technique at each visit, even if you've had it reviewed in the past.



Inhalers

The inhalers used in people with COPD are divided into three categories:

1. The metered-dose inhaler (MDI)

With an MDI (also called puffer), the medication is dispensed by pressing down on the canister, which releases a spray of medication.

When using an MDI, you need to coordinate your breathing with the pressing down on the top of the puffer.

The use of a valve holding chamber (VHC or aerochamber) is usually highly recommended by your healthcare professional because it:

- Increases the amount of medication reaching your lungs, and
- Lowers the amount of medication hitting the back of your mouth and throat, which may lower your risk of side effects like bitter taste, hoarseness and thrush (a fungal infection).

Ask your pharmacist for a valve holding chamber if you don't have one yet.

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2. The dry powder inhalers (DPI)

These devices deliver medication as a powder to your lungs when you inhale; most people find them easier to use than metered-dose inhalers as you can activate them first and then breathe in quickly. Some devices contain several doses of medication, while others you need to load every time you take the medication.

3. Soft Mist™ inhalers (SMI)

This type of inhaler is propellant-free. It releases medication slowly as a soft mist, to inhale. Loading it before the first use can be challenging, ask your pharmacist to load it for you.



Metered-dose inhaler

TECHNIQUE

Step 3



Step 6



1. Remove the cap.
2. Prime the inhaler: Shake the inhaler and spray it into the air four times. This is to make sure that your inhaler is working properly and that the first dose you get is properly mixed. You should prime your inhaler the very first time you use it or if you have not used it in a couple of days or weeks.
3. Shake the inhaler 3-4 times from top-down (to mix the contents well).
4. Tilt your head slightly back and exhale normally.
5. Place the mouthpiece within your teeth and seal your lips around it.
6. Begin to breathe in slowly through your mouth. Press down once on the canister and continue breathing in slowly.
7. Continue to breathe in slowly and deeply until your lungs are full.
8. Hold your breath for 10 seconds, or as long as is comfortable, so the medication will have time to settle in your airways.
9. If another puff is required, take a few normal breathing and repeat steps 3 to 8.
10. Replace the protective cap.
11. Try and keep track of the doses the best way you can. There is no dose counter. If you are unsure, you can ask your pharmacist, they can suggest another type of inhaler.

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Maintenance and Cleaning

- Once a week, clean the cap and plastic container, without the canister, by soaking them in warm, soapy water, then rinsing and allowing to air-drying overnight.
- Keep the inhaler away from sources of extreme heat and cold; warm it in your hands if it is cold.



Metered-dose inhaler with a valved holding chamber

TECHNIQUE

Step 3



Step 4



Steps 6-9



1. Remove the caps.
2. Prime the inhaler: Shake the inhaler and spray it into the air four times. This is to make sure that your inhaler is working properly and that the first dose you get is properly mixed. You should prime your inhaler the very first time you use it or if you have not used it in a couple of days or weeks.
3. Shake the inhaler 3-4 times keeping it upright.
4. Connect the inhaler to the holding chamber.
5. Tilt your head slightly back and breathe out normally.
6. Place the holding chamber mouthpiece carefully between your teeth and seal your lips around it.
7. Press down on the canister once.
8. Breathe in slowly and deeply through your mouth. If you hear a whistling sound coming from the VHC, slow down it means you are breathing in too fast.
   a. Single breath technique: Try to hold your breath for 10 seconds or as long as is comfortable. Then breathe out normally.
   b. Many breaths technique: If you find it difficult to take one deep breath or to hold your breath for long, breathe slowly in and out of the holding chamber, 3-4 times in a row.
9. If you need more than one dose, take a few normal breaths and repeat steps 3-8 as needed.
10. Replace the protective caps.

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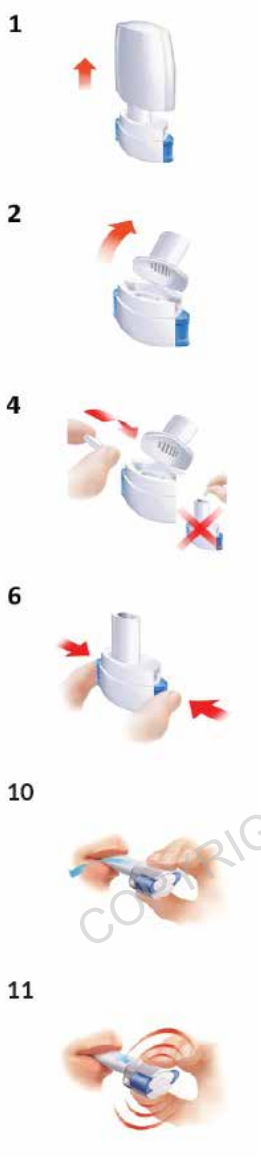
Maintenance and Cleaning

- Clean the valved holding chamber prior to the first use and once a week thereafter, as per the manufacturer's instructions, to avoid build up of medication residue on its walls.
- Keep the holding chamber in a secure place so nothing falls into the chamber.



Breezhaler

TECHNIQUE



1. Pull off the cap.
2. **Open inhalation device:** Hold the base of the inhaler firmly and tilt the mouthpiece to open the inhalation device.
3. **Prepare the capsule.**
4. **Insert the capsule:** Place the capsule into the capsule chamber.
5. **Close the inhalation device.** You should hear a 'click' if it is closed properly.
6. **Pierce the capsule.** Push both piercing buttons at the same time once only.
7. Release the buttons fully.
8. Hold the inhaler so that that buttons are on the left and right.
9. **Breathe out away from the mouthpiece.**
10. Place the mouthpiece in your mouth and close your lips firmly around the mouthpiece. **Breathe in rapidly but steadily, as deeply as you can.**
11. **Note:** As you breathe in through the inhalation device, the capsule spins around in the chamber and you should hear a whirring noise.
12. **Hold your breath** for at least 10 seconds. Then breathe out.
13. **Remove the capsule:** Open the mouthpiece again, check if the capsule has been pierced and remove the empty capsule by tipping it out, and discard it.
14. Close the inhalation device and replace the cap.
15. **Mark daily dose tracker:** Put a mark in today's box if it helps to remind you of when your next dose is due.

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Maintenance and Cleaning

- Never wash the inhaler with water. Clean the mouthpiece with a dry clean linen after each use.
- Always keep the inhaler and capsules in a dry place.
- Always use the new inhaler that comes with your new medication pack (use a new inhaler each month).
- Do not store the capsules in the inhaler. Capsules must only be removed from the blister pack immediately before use.



Diskus

TECHNIQUE

Step 1



Step 2



Step 5



Step 8



1. Open: To open your inhaler hold the outer case in one hand and put the thumb of your other hand on the thumb grip. Push the thumb grip away from you, until you hear it click into place.
   You can now see the mouthpiece and the lever.
2. Slide: Hold your inhaler with the mouthpiece towards you. Slide the lever away until you hear another click. Your inhaler is now ready to use.
3. Exhale away from the mouthpiece.
4. Put the mouthpiece into your mouth and close your lips firmly around it.
5. Inhale: Breathe in steadily and deeply through your mouth until a full breath is taken.
6. Hold your breath for 10 seconds or as long as is comfortable.
7. Remove the inhaler from your mouth. Breathe out slowly.
8. Close: To close your inhaler, place your thumb in the thumb grip, and slide it back until you hear a click. The lever is now automatically reset for your next use. The counter on the inhaler indicates how many doses are remaining.

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Maintenance and Cleaning

- Never wash the inhaler with water. Clean the mouthpiece with a dry clean linen after each use.
- The device has a dose counter which tells you the number of doses remaining. To show when the last five doses have been reached the numbers appear in red.
- Each dose is accurately measured and hygienically protected. The Diskus requires no maintenance, and no refilling.



Ellipta

TECHNIQUE

Step 1



Step 3



1. Slide the cover to the side until you hear one 'click'. Keep an eye on the dose counter.
2. Exhale away from the mouthpiece.
3. Put the mouthpiece between your lips and close your lips firmly around it. Be careful not to block the air vent with your fingers.
4. Inhale: Take one long, steady, deep breath in.
5. Hold your breath for 10 seconds or as long as is comfortable.
6. Remove the inhaler from your mouth. Breathe out slowly.
7. Close: Slide the cover upwards as far as it will go to cover the mouthpiece.

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Maintenance and Cleaning

- Never wash the inhaler with water. Clean the mouthpiece with a dry clean linen after each use.
- A new inhaler shows exactly 30 doses. It counts down by 1 each time you open the cover. If you open and close the cover of your inhaler without inhaling the medicine, you will lose the dose.
- When fewer than 10 doses are left, half of the dose counter shows red, to remind you to refill your prescription. When the counter shows a full solid red background, the inhaler is empty.



Taking your COPD Medications

Genuair

TECHNIQUE



1. Remove the protective cap by **lightly squeezing the arrows** marked on each side and pulling outwards.
2. Hold the inhaler **horizontally** with the mouthpiece towards you and the coloured button facing **straight up**.
3. Press the coloured button all the way down and **release** it. The **green** control window confirms that your medicine is ready for inhalation.
4. **Exhale** away from the mouthpiece.
5. Place your lips tightly around the mouthpiece and inhale **strongly** and **deeply** through your mouth. The inhaler signals that you inhaled correctly by emitting a **"click"** sound. Keep inhaling in even after you have heard the **"click"** to be sure you get the full dose.
6. Hold your breath for 10 seconds or as long as is comfortable.
7. Remove the inhaler from your mouth and breathe out slowly.
8. You can see the control window has turned to **red**. This confirms that you have inhaled your full dose correctly. If the coloured control window is still green, repeat inhaling strongly and deeply through the mouthpiece. If the window does not change to red, you may have forgotten to release the green button before inhaling or may have not inhaled correctly. If that happens, try again.
9. Replace the protective cap by pressing it back onto the mouthpiece.

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Maintenance and Cleaning

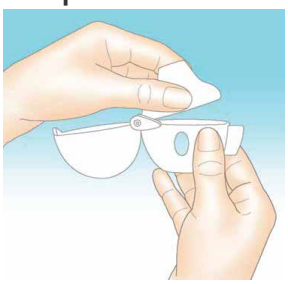
- When a red striped band appears in the dose indicator this means you are nearing your last dose and you should obtain a new inhaler.
- When 0 (zero) appears in the middle of the dose indicator, you should continue using any doses remaining in the inhaler.
- When the last dose has been prepared for inhalation, this is when it is empty. The green button will not return to its full upper position, but will be locked in a middle position. Even though the green button is locked, your last dose may still be inhaled. After that, the inhaler cannot be used again, and you should start using a new inhaler.
- You do not need to clean your inhaler. Never use water to clean the inhaler, as this may damage your medicine.



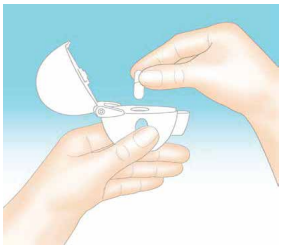
HandiHaler

TECHNIQUE

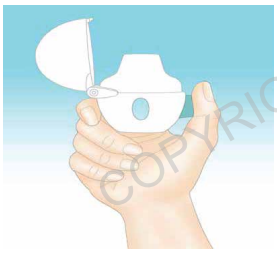
Step 2



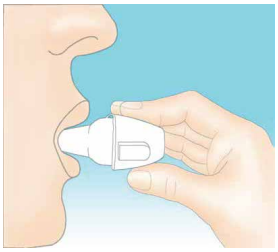
Step 4



Step 6



Step 10



1. Pull off the cap.
2. **Open inhalation device:** Hold the base of the inhaler firmly and tilt the mouthpiece to open the inhalation device.
3. Prepare the capsule.
4. **Insert the capsule:** Place the capsule into the capsule chamber.
5. **Close the inhalation device.** You should hear a 'click' if it is closed properly.
6. **Pierce the capsule.** Push green piercing button once only.
7. Release the button fully.
8. Hold the inhaler by its base, in an upright position.
9. **Breathe out, away form the mouthpiece.**
10. Place the mouthpiece in your mouth and close your lips firmly around the mouthpiece. **Breathe in rapidly but steadily, as deeply as you can.**
    Note: As you breathe in through the inhalation device, the capsule spins around in the chamber and you should hear a whirring noise.
11. **Hold your breath** for at least 10 seconds. Then breathe out.
12. To ensure complete inhalation of capsule contents, you must repeat steps 9 to 11 once again.
13. **Remove the capsule:** Open the mouthpiece again, remove the empty capsule by tipping it out, and discard it.
14. Close the inhalation device and replace the cap.
15. **Mark daily dose tracker:** Put a mark in today's box if it helps to remind you of when your next dose is due.

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Maintenance and Cleaning

- It is important to clean the inhaler once a month, as follows: Open the dust cap and mouthpiece; open the base by lifting the piercing button; rinse the complete inhaler with warm water to remove any powder; dry the inhaler thoroughly (it takes 24 hours to air dry).



Turbuhaler

TECHNIQUE

Step 2



Step 4



1. Unscrew and lift off the cover. You may hear a rattling sound. This is normal; it is the sound of the drying agent, not the medication.
2. **Holding the inhaler upright,** turn the coloured grip as far as it will go in one direction (clockwise or counterclockwise, it does not matter which way you turn it first); then you must turn it back again as far as it will go in the opposite direction. Do not hold the mouthpiece when turning the grip. The click you hear is part of the loading process. The inhaler is now ready to use.
3. **Breathe out, away from the mouthpiece.**
4. Move the device to the horizontal position and place the mouthpiece gently between your teeth, closing your lips tightly over it.
5. **Inhale** as deeply and strongly as you can.
6. **Hold your breath** for 10 seconds or as long as is comfortable.
7. Remove the inhaler from your mouth and exhale slowly.
8. Repeat this process from step 1 if more than one dose has been prescribed.
9. **Close:** Put the cover back on the mouthpiece and screw it.
10. Rinse your mouth with water and spit it out, do not swallow.

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Maintenance and Cleaning

- Clean the outside of the mouthpiece once a week with a dry tissue. Never use water or any other fluid when cleaning the mouthpiece. If fluid enters the inhaler it may not work properly.
- Always replace the cover properly after use.



Respimat

TECHNIQUE

Step 2



Step 3



Step 5



1. Hold your inhaler upright with the cap closed.
2. Turn the clear base until it clicks.
3. Open the plastic cap until it snaps fully open.
4. Breathe out slowly away from the mouthpiece.
5. Place the mouthpiece carefully between your teeth. Seal your lips around the mouthpiece without covering the air vents.
6. While taking in a slow, deep breath, press the dose release button and continue to breathe in slowly.
7. Hold your breath for about 10 seconds or as long as is comfortable.
8. Remove the inhaler from your mouth and exhale slowly.
9. Replace the plastic cap.

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Maintenance and Cleaning

- Important: Before taking the first dose, Respimat needs to be properly assembled and prepared. Ask your pharmacist for help or follow the instructions included with the inhaler package.
- To prepare the inhaler for first-time use, hold your inhaler upright with the cap closed. Turn the clear base - in the direction of the arrows of the label - until it clicks. Open the plastic cap until it snaps fully open. Point the inhaler towards the ground, press the dose release button and close the cap. Repeat these steps until a cloud is visible and then three more times to ensure the inhaler is prepared for first use.
- If the inhaler has not been used for more than 7 days, release one puff towards the ground. Discard the inhaler 3 months after the first use even if there is still medication left.
- When the pointer enters the red area of the scale, there is medication for 7 days left. This is when you need to get a new inhaler prescription. Once the dose indicator has reached the end of the red scale the inhaler is empty and locks automatically.



Inhub

TECHNIQUE

Step 2



Step 3



1. Hold the inhaler vertically, then lower the mouthpiece cap.
2. Push the yellow lever down all the way until you hear a "click".
3. Keep your head upright and exhale normally, away from the mouthpiece.
4. Place the mouthpiece gently between your teeth, closing your lips tightly over it. Be careful not covering the air intakes.
5. Breathe quickly and deeply.
6. Hold your breath for 10 seconds, or as long as is comfortable.
7. Remove the inhaler from your mouth and exhale slowly.
8. Replace the cap, the yellow lever will automatically snap back into place.
9. Rinse your mouth with water.

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Maintenance and Cleaning

- Clean the outside of the mouthpiece after use with a dry tissue. Never use water or any other fluid when cleaning the mouthpiece. If fluid enters the inhaler it may not work properly.
- Always close properly after use.



What to remember about medications

- Medications can help prevent or relieve your symptoms (such as shortness of breath, mucus production, coughing, chest tightness). They can also improve your quality of life.
- Become familiar with your medications: understand what they do, their expected benefits and possible side effects, and take them exactly as prescribed. Having the proper inhalation technique is important.
- COPD medications have to get into your lungs to work. This is why your inhalation technique must be appropriate.
  Get your technique checked by your healthcare professional or your doctor from time to time.
- Not taking medications as prescribed can result in reduced quality of life, increased emergency room visits, hospitalizations and even death.

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Having the proper inhaler technique is important. Get your technique checked by your healthcare provider from time to time.



Test your knowledge of medications

Why are medications for COPD important?

- They reduce shortness of breath ☐ true ☐ false
- They reduce secretions (mucus/phlegm) ☐ true ☐ false
- They reduce cough ☐ true ☐ false

Why are most medications inhaled?

- They act directly in the lungs ☐ true ☐ false
- They work faster than orally administered medications ☐ true ☐ false
- They cause fewer side effects than orally administered medications ☐ true ☐ false

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Remember that taking your medications properly can help you better manage your symptoms and live a fuller and more active life!



Let us hear the story of Ruth

I was diagnosed with COPD 4 years ago after seeing my GP and several specialists including a respirologist for a heart murmur. At that time, I was prescribed a puffer and rescue medication. I found the first the puffer I tried did not make much difference in treating my shortness of breath. I am on a different puffer right now that is 3 medications in one and I only have to take it once a day. I notice a difference with this puffer. I feel more stable and more in control of my symptoms now.

My rescue medication has been my lifesaver. If I go into a crisis, where I really can't catch my breath, the rescue medication is what is going to get me through it. I have rescue medication in probably every room in my house and in my purse. So, if I go into crisis, it's usually within arm's reach. My advice to anyone who is diagnosed with COPD is to get a prescription for rescue medication and do not hesitate to take it if you need it. Another thing that helps me take my medication is a chamber. It really helps if you have trouble taking your puffer and are not sure if you are getting medication into your lungs. In the respirology clinic I was taught to use my puffer by a nurse. To be honest the nurse took 5 minutes to show me, and I do not think it was enough. You should find someone who can take the time to demonstrate the proper technique, especially if you have questions, like maybe your pharmacist. I learnt a lot about how to take my puffers properly in the pulmonary rehab program I attended.

Medications are a very important part of helping to treat and manage my symptoms of COPD. Don't think that just because you woke up feeling good today you will not need your medication. You never know what can trigger your symptoms throughout the day like humidity or cold air. I think it is important to work with your doctor and find the right combinations of medications that will work for you.

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Check your confidence level in taking your medications

On a scale of 1 to 10, circle the number that best represents the confidence that you have in your ability to apply the strategies and techniques taught in this module.

1. I take my medications as prescribed (proper dose, right timing) to manage my symptoms.

1 2 3 4 5 6 7 8 9 10

not at all confident very confident

2. I use the proper technique for each of my inhalers.

1 2 3 4 5 6 7 8 9 10

not at all confident very confident

3. I feel that taking my medications as prescribed can help to prevent and manage my symptoms.

1 2 3 4 5 6 7 8 9 10

not at all confident very confident

4. I can list the medications I am currently taking for my COPD and I understand what they do for me.

1 2 3 4 5 6 7 8 9 10

not at all confident very confident

5. I know who to contact if I have questions about my medication.

1 2 3 4 5 6 7 8 9 10

not at all confident very confident

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Check your confidence level in taking your medications as prescribed

If you feel confident to take your medication as prescribed, continue to apply the strategies suggested in this module.

If you don't feel confident that you can take your medication as prescribed, what are the reasons?

What could you do to feel more confident in using the strategies and techniques taught in this module?

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Do not hesitate to discuss with your healthcare professional about any doubts or questions that you may have regarding your medication and inhalation devices.

In summary...

There are many types of medications used in COPD. Your physician will develop the treatment plan that is best suited for your specific needs.

You have an important role to play; taking your medications as prescribed is one of the cornerstones in keeping your COPD under control. A well-established routine will help you to remain at your best!

Remember:
Discuss with your doctor and your healthcare team about any possible obstacles that could affect your adherence to your treatment plan, including access, cost and side effects. They can work with you to help you find solutions.

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Additional Resources

Below you will find some useful links to help guide you on how to use your inhaler(s) correctly:

Réseau Québécois d'éducation en santé respiratoire
https://www.rqesr.ca/fra/outils-educatifs/outils-les-plus-utilises.asp

The Lung Association BREATHE
https://www.lung.ca/lung-health/how-use-your-inhaler

The Lung Health Foundation
https://www.youtube.com/playlist?list=PL3c2uHjsFT_WljZ3sbw6z7YIS_1dkVrFF

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The power to manage a chronic disease successfully is in your hands. The Living Well with COPD program has been used around the world for the past 20 years. It has been translated to 14 languages, and its effectiveness has been attested in over 40 publications in peer-reviewed medical journals. Developed in collaboration with groups of health professionals, educators in COPD and COPD patients.

"This program has demonstrated a very positive impact on patient's health, as well as an important decrease in the frequency of hospitalizations and emergency room visits."

J. Bourbeau, respirologist
McGill University Health Centre

"A trend to increase the autonomy of the patient in the management of its own medical situation… I saw an invitation to get involved… We are moving towards an extremely important shift in the relationship between the patient and the doctor."

H. Tremblay, expert patient

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