

do you have regular cough on most days? When you cough, is there mucous or phlegm? Are you at least 40 years old? Are you short of breath more than other people your age? Do you smoke, or are you an ex-smoker?

If you answered “yes” to some of these questions, it is time to get your lungs checked, as you may have developed Chronic Obstructive Pulmonary Disease, otherwise known as COPD. COPD is a term used to describe two pulmonary conditions – chronic bronchitis and emphysema.

COPD is not asthma

COPD is often confused with other lung problems, especially asthma. Although both diseases bring about difficulty in breathing, coughing and wheezing, they are not the same (Figure 1). Thus, the modes of treatment are different for COPD and asthma.

The lungs of COPD patients can be likened to a balloon. Like an inflated balloon, air sacs in the lungs are stretched to their limits until they eventually burst. Air inside the lungs is trapped, leaving no room for new air. Unlike asthma patients who recovers near-normal functions of their lungs after an attack, COPD patients get worse over time as their damaged lungs cannot recover.

COPD is primarily due to cigarette smoking, but breathing in second-hand smoke, fumes of certain chemicals, dust and cigar also increases the risk for developing this condition. COPD makes it harder for you to breathe because the damaged airways get tight, swollen and filled with mucous.

At first, a person with COPD may disregard the symptoms because they are still manageable. Then the condition gets progressively worse, limiting his/her activities. Patients will feel that they are increasingly out of breath even with their regular activities

such as walking, doing household chores and grocery shopping. Soon, even the simplest activity will leave them breathless.

How is COPD managed?

To date, COPD has no cure. However, medications and lifestyle changes allow COPD patients to manage their symptoms. When treated early, COPD is more controllable, helping patients to live longer and suffer less.

Smoking cessation is key to COPD management. According to Dr Ong Kian Chung, a Respiratory Physician at Mount Elizabeth Medical Centre, the President of the Chronic Obstructive Pulmonary Disease (COPD) Association (Singapore), a COPD patient who quits smoking earlier will have a slower decline in lung function.

However, due to the addictive properties of nicotine, quitting smoking is easier said than done. According to Dr Lim Kai Toh, a Senior Product Physician from Pfizer Singapore, data from national smoking cessation programs and clinical trials around the world shows that most smokers who try to stop, made several attempts to quit before they eventually succeed.

For a smoker to succeed in kicking his/her smoking habit, he/she will need lots of help. “The most effective methods (up to doubling the success rate) of helping smokers to quit smoking are a combination of pharmacotherapy (use of medication) with advice and behavioural support, rather than depending on an individual’s will power alone,” shares Dr Toh.

Gain a lease on life

New therapies provide better living quality for COPD patients

By Dr Shyneth Q Galapia

A patient's story

Take control of your COPD

After suffering from chronic cough and difficulty in breathing, Mr Mohamed Said, was diagnosed with COPD four years ago. “Before I got COPD, I went to a lot of clinics because it’s very difficult to breathe when I cough. Then in 2005, Dr Ong told me that I have COPD and that I have to quit smoking. If I don’t quit, it would be the end of the line for me,” shares Mr Said.

Mr Said struggled to quit his smoking

habit. Finally, in 2007 he had to be confined in the Intensive Care Unit (ICU) of a hospital because he could not breathe anymore. “I was in the ICU for three days because I could not breathe at all. They had to take out all the phlegm so that I could breathe,” recalls Mr Said. Because of this incident and upon Dr Ong’s encouragement, Mr Said gave up his cigarettes at last.

Today, Mr Said is in control of his condition. According to Mr Said, “Dr Ong advised me to take medications, which helped me breathe easier. Now I take tiotropium

(Spiriva) daily, together with two other medications. Tiotropium (Spiriva) is very easy to use and I’ve been feeling much better since I started taking it. I don’t feel as breathless as I did before.”

It is very important for people to know more about COPD, says Mr Said. “Don’t wait until you are very old before you find out that you have COPD, because it will be hard for you. If you are still young, it is best to quit smoking, so that you don’t suffer when you are older,” he concluded.

Figure 1

COPD is NOT asthma	
COPD is often mistaken for other breathing problems. So it's important to understand what COPD is and what it isn't. The chart below helps explain the differences between COPD and asthma.	
MAIN DIFFERENCE BETWEEN ASTHMA AND COPD	
ASTHMA	COPD
Early onset in life (often in childhood)	Develops in adults over 40 years of age
Family history of asthma	Long history of smoking
Allergy, rhinitis and/or eczema also present	Allergy is not a feature of COPD
Symptoms vary from day to day	Symptoms are chronic and worsen over time
Some asthma medicines may be used to treat COPD. However, the goals of treatment are different ^{1,2}	
Inhaled corticosteroids are important for the control of asthma ^{1,2}	Bronchodilators are important for the control of COPD

1. NHLBI. Global Initiative for Chronic Obstructive Lung Disease. 2007.
2. Jenkins CR, et al. Med J Aust 2005;183(Suppl. 1):S357S37.

One such medication to help people quit smoking is varenicline. Dr Toh says, “A patient will not get the same ‘kick’ out of the cigarette if they happen to smoke while they are on varenicline, thus reducing their dependence on smoking and nicotine. This unique dual mode of action greatly increases the chances of success in quitting smoking when compared to traditional nicotine replacement therapy.”

The objective of COPD treatment is to improve symptoms, especially complaints of breathlessness and to improve the tolerance for exercise, leading to improvement in the quality of living. Medications, called bronchodilators, are the mainstay of COPD therapy. Bronchodilators relax the muscles of the airways, relieving the contraction of the airways and making it easier for you to breathe.

Common bronchodilator drugs include tiotropium and ipratropium bromide. Bronchodilator therapies are easily administered as they come in the form inhalers. Studies have shown that early treatment with a bronchodilator therapy results in significantly improved response.

Medications for COPD are what we call maintenance therapy. As COPD is a condition that continues to get worse over time, medications need to be taken daily to effectively manage the condition. Although you may not instantly feel the improvement in your breathing, it is important to take your medicine regularly to keep breathing better. It takes time before the effects of these medications start to show but their effects are long-term. When taken daily, bronchodilators will keep the airways open, allowing patients to go about their every day activities in comfort. Eventually, you will notice that it is getting easier for you to breathe, which means that your medication is working.

According to Dr Tang Teck Nguong, a Medical Affairs Manager from Boehringer Ingelheim, “Tiotropium, the most prescribed medication for the maintenance therapy of COPD in the world, has been extensively studied in clinical trials including the most recent large multinational UPLIFT® (Understanding Potential Long-term Impacts on Function with Tiotropium) Study. The positive UPLIFT study findings further strengthen the evidence of its clinical benefits in the early treatment of COPD.”

In some severe cases, where COPD has not responded to medications and lifestyle changes, oxygen therapy and surgery may be needed. Although treatment does not reverse the damage to the lung, they make patients feel better and live more comfortably in the long run. ♥