A Patient Held Record

to help me manage my chest condition
About this handbook...

This handbook will:

- Give you a better understanding of your condition
- Give you the information you need to be in control of your condition
- Help you know how and where to find help relating to your condition
- Provide you with details of different services and support that is available.

This handbook also contains a patient held record where you can keep information about you and your condition. You should take this with you to all of your appointments and share it with the people involved in your care. Take it with you when you go to hospital, when you go on holiday and whenever you visit your:

- GP
- Hospital Doctor
- Respiratory Nurse
- Community Nurse
- Physiotherapist
- Practice Nurse.
About Me

My diagnosis

My self-management plan

My normal oxygen level at rest is ...............%  

I currently use oxygen Yes □ No □

Discussed and Agreed on

Client ................................................ Clinician .............................................
You should do the following to keep as well as you can:

- If you are a smoker, stop smoking
- Eat healthily
- Stay as active as you can
- Make sure your vaccinations are up-to-date and have your flu jab every year
- Avoid contact with people with coughs and colds
- Protect yourself from dust and fumes
- Ensure your rooms are ventilated
- Avoid environments that are very hot or very cold
- Make sure you have adequate supplies of your medication
- Pace yourself during up-to-date activities
- Keep your house warm-around 21°C in your living room and at least 18°C in bedrooms
- Practice good breathing techniques (see pages 26-29)
- Take time to relax to reduce stress and anxiety
- Take action early if you are having a flare up of your condition (see pages 3 and 20).

This record should provide you with the information you need to stay as well as you can. If you need any additional support with this you should contact your healthcare professional.
# Record of flare ups

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Chronic Obstructive Pulmonary Disease (COPD)

COPD is the name used to describe a number of conditions where there is long term damage to the lungs. COPD causes airways in the lungs to become damaged making them narrower. This mean that it is harder to get air in and out of the lungs, making it feel more difficult to breathe. COPD is a progressive disease.

Causes

- Smoking
- Work related factors – mining, inhaling dust or fumes
- Family history
- People with asthma and some other conditions can also go on to develop COPD

Symptoms may include

- Repeated ‘chest infections’
- Feeling breathless especially when active
- Persistent cough
- More phlegm production
- Wheezing
- If your COPD is very severe you may have ankle swelling, weight loss or loss of appetite.

Further information can be found at: https://www.blf.org.uk/support-for-you/copd
Bronchiectasis

Bronchiectasis is a condition that results in a widening of the airways which can create difficulty clearing phlegm normally. This can cause phlegm to build up making bacterial infection more likely and more difficult to clear. The inflammation caused by fighting prolonged infection can lead to further damage which may be permanent.

Your GP may suspect Bronchiectasis but a specialist would confirm a diagnosis usually by computerised tomography (CT) scan and further investigations.

Causes

• In 25 – 50% the cause is unknown
• Severe lung infection such as whooping cough, pneumonia or measles in childhood
• Lack of immunity to infection
• Allergy to moulds and fungus.

Symptoms may include

• Coughing up large amounts of phlegm daily
• Tiredness and lack of concentration
• Shortness of breath and/or wheeze
• Problems with sinuses
• Less common - coughing up blood, chest pain and joint pain.

Further information can be found at:
https://www.blf.org.uk/support-for-you/bronchiectasis
Emphysema

Emphysema is a progressive disease of the lungs affecting the small air sacs (alveoli) this leads to breathlessness and may affect the ability to breathe in oxygen and breathe out carbon dioxide.

Causes

Similar to those of COPD, but may exist without airways obstruction on your breathing tests.

Symptoms may include

- As those of COPD but especially breathlessness.

Further information can be found at: https://www.blf.org.uk/support-for-you/copd/what-is-it
Interstitial Lung Disease (ILD) also known as Pulmonary Fibrosis

When you have ILD, inflammation or scar tissue builds up in your lungs making them thick and hard. This build-up of scar tissue is called fibrosis. The resulting stiffness of the lungs is a potent cause of breathlessness. It also reduces the lungs ability to absorb oxygen from the air you breathe.

It may be suspected by your GP/Nurse. It is usually diagnosed by a specialist after further investigations.

Possible Causes

- The cause is unknown but ILD can be related to occupation and some medications.

Symptoms may include

- Shortness of breath  
- Persistent cough  
- Tiredness.

An assessment and potential treatment options will be discussed with you by your specialist.

Medical therapy to slow down the course of the disease is limited. However monitoring of the progression of the disease is important and the main aim of treatment is to help symptoms.

Further information can be found at:
https://www.blf.org.uk/support-for-you/pulmonary-fibrosis
Your healthcare professional will discuss the following.

- Stop smoking if you haven’t already

- Ensure you have your flu vaccination annually and you should also have a pneumonia vaccine, this is usually only needed once by most patients

- Inhaled therapy: Your Doctor/Nurse/Pharmacist/Health care professional will discuss your inhaled therapy with you. A web link to inhaler devices that are used most often and how to use them is at the bottom of the page

- Physiotherapy in the form of breathing control, coughing techniques and pulmonary rehabilitation are strongly recommended. A physiotherapist will teach you effective sputum clearance techniques as this is vital, particularly with Bronchiectasis.

- Mucus clearing agents (Mucolytic) will also be considered if phlegm is sticky and difficult to expectorate

- Oxygen is only required if the blood oxygen level is found to be persistently low, following a formal assessment by the specialist

- A personalised written self-management plan needs to be developed with you, your family/carers. Your healthcare professional will do this with you and it will help you to try to manage your condition effectively. (See pages 3 and 20-21)

- Nebulisers simply deliver larger doses of the short-acting inhaled drugs, but require a formal assessment by the specialist at the hospital as they are not appropriate for most patients.

For more information on inhalers please visit: http://aq.be/675704
Stopping smoking is the most important thing you can do to prevent your condition from getting worse. Smoking also increases your risk of infections and makes it harder for your lungs to clear the mucus.

Your doctor or nurse can provide help and advice on stopping smoking. They can refer you to the Stop Smoking Service or you can contact the service directly.

If you have been able to stop smoking already then congratulations!

If you feel you are likely to start smoking again the Stop Smoking Service can provide help and advice.

The Stop Smoking Advisors provide support through a programme suited to your individual needs. They run a range of clinics across Doncaster offering individual appointments, group and drop-in sessions. Your Stop Smoking Advisor can arrange for you to get medication to help you quit.

The Stop Smoking Service can be contacted by telephoning: 0800 612 0011 (free from a land line) or 0330 660 1166 (free from most mobiles)
Medications Used for Chest Conditions

The aims of medication for chest conditions are:

- To prevent further damage to the lungs
- To help control symptoms
- To improve quality of life and exercise tolerance

Depending on your condition, it is likely you will be prescribed one or more inhalers. If you have ILD, generally they are not prescribed.

Inhaler devices

Inhalers are the mainstay of managing the symptoms related to chronic lung conditions.

There are lots of inhaler devices available to choose from. It is very important that before any inhaler is prescribed that you are assessed on how easy you find it to use and if you can use the device properly.

Bronchodilators (relievers):

Bronchodilators are medicines that make the airways wider so breathing becomes easier.

Short-acting bronchodilators

These are usually blue in colour and are used as required to relieve breathlessness. The effect is short lived, but they can be used repeatedly.

Long-acting bronchodilators

These medicines open the airways up for much longer periods of time. Depending on the brand they are prescribed to be used regularly once or twice daily. Some inhalers may combine two long acting medicines.

Inhaled steroids (ICS)

Inhaled steroids work by decreasing inflammation in the airways, but are only suitable for some patients. They are sometimes combined with long acting bronchodilators in the same device.

Side effects of inhalers

All medicines have the potential for side effects and these are outlined in the patient information leaflets contained within the packaging.
For short acting medications the most common side effects are tremor and palpitations.

For long acting medications the most common side effect is a dry mouth.

The main side effect that patients experience with inhaled steroids is oral thrush.

For any inhaler, it is advised that you rinse your mouth after using it, or clean your teeth to minimise any side effects as a result of inhaling the medication.

Your Doctor may also prescribe:

**Mucolytics**

These are medicines that make the phlegm a bit thinner and easier to cough up. If you have tried for 4-6 weeks without any benefit then you can stop taking it.

**Theophylline / Aminophylline**

These are tablet medications and are now rarely used, as they often cause side effects and interact with a lot of other medications. Please read the information leaflet carefully and discuss any concerns with your Pharmacist.

When other treatments haven’t worked

**Opioids**

These are a type of morphine, which are usually used for pain relief. At a smaller dose they can help relieve breathlessness and cough.

**Benzodiazepines**

These medicines are usually used for anxiety, but at a smaller dose they can help to reduce the sensation of overwhelming breathlessness.

**Over-the-counter medications**

These are medicines that you may buy from a supermarket or pharmacist without a prescription. Generally patients with a chest condition should avoid any cough mixture that contains a cough suppressant-this is a medicine that stops the cough. Please always check with your local pharmacist for advice on appropriate treatment before buying any remedies.
How to recognise a flare up

For patients with a chest condition it is important to recognise the signs of a flare up as soon as possible. A flare up is a worsening of your usual symptoms and it may also be described as a chest infection. The earlier you recognise a flare up the sooner you can take action.

Symptoms to look out for are:

- Increased breathlessness i.e. difficulty talking, catching your breath or you are more short of breath than usual
- Increased/new wheeze and/or chest tightness
- Change in your normal sputum colour, amount or the consistency
- Increased tiredness, feeling sluggish and not very alert
- Feeling more poorly than normal including runny nose, sore throat, watering eyes, raised temperature and having a fast heartbeat
- Difficulty in carrying out everyday tasks.

Once discussed with your Doctor/Nurse this will be put onto your self-management Plan on page 3.

What to do when you have a flare up

Your written personalised self management plan will remind you but usually it will consist of the following:

- Ensure you are taking the maximum dose of your blue inhaler, this is often used as needed.
- You may have been provided with antibiotics and/or steroids, these are often described as standby or rescue medications. Details will usually be written within
your self management plan. This will include when it is appropriate to take them, when you should expect some improvement and what to do if they are not working.

• Neither of these will stop a flare up but they will reduce the severity and help you recovery much more quickly.

In COPD/Emphysema...

Normally you would be given a five day course of antibiotics and/or a course of steroids.

In Bronchiectasis...

Your self management plan will be slightly different. You will need to be treated with antibiotics for 14 days.

When you recognise a flare up you will be encouraged to send a sputum sample to your GP surgery before starting the antibiotics. You must not delay treatment if this is not possible.

It also allows the Doctor to check if there are repeated infections with the same bacteria as this may need more specialised treatment.

Most flare-ups can be treated with medication at home, but sometimes it may be necessary to be admitted to hospital.

Whether you need to be admitted to hospital will depend on:

• How bad the flare-up is

• Whether your oxygen levels are low

• How well you would be able to cope at home.
Coughing Techniques

People with a chest condition may have excess sputum in their airways. It is important to clear this sputum regularly to keep your lungs clear, to help you breathe more easily and reduce the risk of respiratory infections.

Coughing is a simple way of clearing sputum as long as it does not cause increased breathlessness, wheezing or pain.

It may be more comfortable and effective to try a “huff”. Huffing moves the sputum nearer your main airway ready to clear.

Take a breath in and with your mouth open in an “o” shape, try a short forced breath out. Imagine you are steaming up your glasses or a mirror. You can often hear the sound of the sputum as it moves upwards. Continue huffing till you clear the sputum. Short huffs may not do the trick. Long huffs, may make you cough too much. It takes practice. Remember to drink regularly to keep the sputum loose and complete your sputum clearance exercises daily.

Certain positions/activities can also make clearing sputum easier:

- Sitting in a comfortable upright position
- Leaning forward
- Standing
- Walking/exercising (as it allows more air into the lungs to cough
- Lying on your side

A physiotherapist will be able to advise you on the best way to do this.
Pulmonary rehabilitation is a seven week programme of exercise and education for people with lung problems/conditions.

With the support of the Physiotherapist at the hospital, the twice weekly programme will teach you how to increase your activity carefully, cope with your breathlessness and answer any queries or concerns you have about your condition.

**Pulmonary rehabilitation aims to**

- Increase your muscle strength and tolerance to exercise
- Reduce your symptoms and help you gain control
- Increase your self-confidence and independence
- Provide you with ways of helping you manage your condition better and by doing so, improve your quality of life
- Improve your knowledge about your lung condition.

The exercise programme will be tailored to your needs and the education sessions will help you to understand and manage your condition better. You may also benefit from meeting other people with similar problems to yourself in the group.

Pulmonary rehabilitation is all about taking control of your condition. It does work, but requires your commitment. If you would like to join a pulmonary rehabilitation programme please speak to your GP.
The main function of the lungs is to transfer oxygen from the air into the bloodstream. If severe enough, lung diseases can cause the oxygen level in the blood to fall. Hypoxia is the medical term for low oxygen levels.

Oxygen therapy may be used temporarily in hospital for treatment of a flare up.

If your blood tests confirm that your oxygen levels are repeatedly lower than normal, you will be offered Long Term Oxygen Therapy (LTOT).

The aim of LTOT is to improve life expectancy by reducing strain on your heart and kidneys which have to work harder when the body's oxygen is low.

While you may experience some improvement in concentration and alertness, LTOT is unlikely to improve breathlessness.

If oxygen therapy is needed, appropriate equipment and education will be provided.

In order to gain maximum medical benefit oxygen should be used for at least 15 hours within any 24 hour period.

The majority of the therapy can be taken overnight (e.g. 6pm-9am) enabling you to continue with your normal life activities during the day without oxygen.

If you are using LTOT you can record your oxygen prescriptions on page 3 of this handbook.
Telehealth

Telehealth may be used to help people self-manage COPD through recognising changes to symptoms. Telehealth involves you taking your own blood pressure, blood oxygen, temperature and pulse rate along with monitoring your symptoms. These readings will help you, your doctor and nurse monitor your condition and empower you to recognise when to seek help or start the management plan yourself.

This service can also offer telephone support/coaching to enable you to build on your knowledge and confidence which will help you manage your condition as effectively as possible.

Telecare

Doncaster Council offer services for a small weekly charge which will help to support you to live at home.

Telecare uses sensors to raise an alert if the sensor detects any problems. These can be used to do things such as detecting falls.

Once a sensor is triggered an advisor from the council will speak to you through your alarm to check that you are safe.

Telecare Team Telephone:
01302 862164.

Email: telecare@doncaster.gov.uk

Address: Telecare, Mary Woollett Centre, Danum Road, Doncaster, DN4 5HF.
If you feel breathless, there are lots of things you can do to help make your breathing easier.

When you feel short of breath, you may have found that you naturally do one or more of the following:

- Use your shoulders and upper chest muscles to help you breathe
- Increase the rate of your breathing
- Have feelings of anxiety or panic.

Although these are natural responses, they can make your breathlessness worse.

Using breathing control techniques will help you take control of your breathing.

Breathing control will help you steady and pace your breathing rate and pattern to get more oxygen into your lungs.

These techniques may feel odd to begin with and will take a bit of practice. So practice when you are resting and aim to get your body used to them, so they can be applied whenever you need them e.g exercising, walking, going up/down stairs.

Over the next pages there are a few breathing control strategies that you can use to help you when you are feeling breathless.
Tips for reducing breathlessness:

- Try using a fan or sitting by an open window as cool draughts can reduce your perception of breathlessness
- Avoid sudden bursts of energy which can make you hold your breath
- Breathe out during the hard part of an activity such as when you are lifting something
- Consider your breathing control techniques when you are exercising.

The diaphragm is the large dome-shaped breathing muscle below your lungs. It moves down when you breathe in to make room for the air to enter the lungs and up when you breathe out to help air to leave the lungs. If you learn to control your breathing, the diaphragm will work more effectively and allow you to take deeper breaths.
Breathing Control Techniques

- Get into a comfortable position. Make sure your neck and shoulders are not tense by letting your shoulders fall into their natural resting position.

- Think about the way you are breathing and which parts of your chest are moving. This technique concentrates on using the lower chest.

- Place your hand on the upper part of your stomach.

- Breathe in through your nose or mouth, whichever is more comfortable. You should feel your tummy rise and expand as you breathe in. The breath should be unforced and silent.

- Breathe out through your nose or mouth (again whichever is more comfortable). Let the air escape naturally, don’t force the air out of your lungs.

- Breathing out should not require any effort, however some people find it easier to breathe out through pursed lips, as if you were going to whistle. Only use this technique if you find it comfortable. Not everyone finds pursed lip breathing useful.

- Remember you don’t have to take deep breaths when you’re trying to control your breathing as breaths that are too deep can make it harder to breathe.

- Remember that it is only during increased activity that the upper chest should really move to draw in extra air. This may also happen when you are stressed or anxious.
When you are short of breath the first thing you should do is consider your position.

Try not to do the following:

- Fix your arms with your shoulders raised
- Push down or grip with your hands
- Lie back.

Forward lean positions can be very useful whether you are sitting or standing.

If you are sitting, lean forward and rest your forearms on your knees, on the arms of a chair or on a table. If you are really short of breath you can try resting your head and arms on pillows on a table.

If you are standing, leaning forward and resting on supports of a suitable height this can also help you control your breathing e.g. kitchen worktops and walking aids such as sticks.
Relationships are not just about sex, relationships are how you relate to your spouse/partner, family, friends, work mates, and other people.

It's about feelings and emotions, some of which we may not be comfortable with but need to accept to be able to cope day to day.

When you find out you have a chest condition, it can change your life. You may feel angry, anxious and afraid. You may be low in mood, even depressed. You may feel guilty about your condition and the impact it may have on you, your family and work, in everyday life.

Chest conditions can be disabling and socially isolating, it is important to make the most of the days you are well but accept that sometimes you have to compromise. The plans you had for the future may need to be changed and it can take time for you and others to accept change and disability.

You need to be honest about how you feel, the people you have relationships with need to be honest with you. You are still the same person, you can laugh, argue, joke, cry and some emotions may be stronger than others at times and that’s okay.

It is also okay to ask for help when things feel too much and there are counsellors available – ask your GP/Nurse.

It is important to recognise your feelings and accept your condition to help you feel more in control of your life.

Many people with a lung condition may worry about sex because they are afraid they may become too short of breath. Sexual activity takes energy, you breathe more and your blood pressure goes up for a short time. It is important to talk to your partner and let them know how you feel.
You may find the following tips helpful:

- Having sex when you feel rested and your breathing is good. You should be comfortable and relaxed and the environment should not be too hot or cold.

- Coughing up phlegm before sex or avoid having sex in the morning when you probably produce more phlegm.

- Avoiding sex after a heavy meal or alcohol as your breathing will be more difficult if you have a full stomach and feel bloated. Taking one or two puffs of your blue inhaler beforehand may relieve shortness of breath or wheezing.

If you become short of breath during intercourse try pausing to take some slow deep breaths. Position is important, try to keep your diaphragm free and not to put weight on your chest. The person with the lung disease should use positions that require less energy to maintain.

**Here are some positions you could try:**

Both partners lying on their sides, either facing toward each other (fig 1) or with one behind the other (fig 2).

**Figure 1**

**Figure 2**

One partner lying on their back and the other on top.

**Figure 3**

One partner kneeling on the floor, bending over with their chest resting on the bed.

**Figure 4**

**Figure 5**

One partner sitting on the edge of the bed, feet on the floor, with the other partner kneeling on the floor in front.

Information sourced from British Lung Foundation Website
People with breathing problems sometimes avoid exercise as they worry about becoming breathless. Although you will get breathless when you exercise, it is not harmful or dangerous as long as exercise is introduced gradually and sensibly. Regular, safe exercise can actually improve your condition and greatly benefit your wellbeing.

Getting fit does not need to be expensive - a short brisk walk every day is good for you. Remember wherever you go, you have to come back!

Set yourself targets for walking. It may be useful to keep a list or diary of your exercises to show your progress and improvement.

Remember it is ok to be breathless when you exercise as long as you are able to control it.

If you experience any pain, dizziness, or you feel sick you should stop exercising and speak to your doctor, nurse or physiotherapist. A physiotherapist will be able to advise you of specific exercises to suit you.
Physical Activity Do’s and Don’ts

**Do**

- Adults need to be active for at least 150 minutes each week. For most chest condition patients, 15 minutes of moderate physical activity (brisk walking, golf, yoga etc.), three days per week is probably the minimum amount for ensuring the exercise benefits. You can try things like step ups, walking or arm weights using cans of beans or soup
- Wear comfortable, loose clothing and well fitting flat shoes
- Make sure you warm up before exercising and cool down after exercising
- Rest in between each activity to recover your breathing
- Use your breathing control techniques
- Drink fluids regularly
- Enjoy it!

**Don’t**

- Exercise directly after a meal- wait 2-3 hours
- Exercise if you feel unwell
- Exercise if it’s too hot or too cold
- Rush as it will take your breathing longer to recover.
Climbing stairs

Going up and down stairs may cause you to become more breathless. Here are a few tips to help you control your breathing as you go.

- Remember a steady pace, don’t rush
- Don’t hold your breath until you get to the top, keep breathing!
- Develop a pattern of breathing as you go up/down e.g. inhale for 2 steps, exhale for 3-4 steps, the pattern you develop will depend on what you find most comfortable
- Have a chair/stool at the top/bottom of the stairs as a resting point
- You may find it easier to climb one step at a time
- Remember your breathing control techniques.

You might also consider using the bottom step to do some step ups as part of your exercise programme.
It is important to keep active but it is also important to conserve energy while you are active.

The following techniques can help you pace your day to day activities to save energy.

- Use your breathing control techniques
- Plan your time so tasks are spread throughout the day and you don’t have to complete them in a hurry
- Try to organise your day so that you are able to do the things you want to do when you have the most energy
- Keep the things you use most at a waist level so you can get them without reaching and bending e.g. in the kitchen
- Break household chores up into smaller chunks e.g. when you are vacuuming you may need to do part of the room, stop for a rest then carry on at a later time to save energy
- Where possible sit down to undress, shave, brush teeth and comb hair
- Take 20 – 30 minute rest breaks after meals and throughout the day
- Use a towelling robe when you get out of the bath/shower
- Think about wearing slip-on shoes.
Diet and chest conditions

Chest conditions can increase nutritional requirements and make eating difficult through breathlessness. Eating a healthy balanced diet is essential to reduce the risk of malnutrition and maintain a healthy weight.

Top Tips for Healthy Eating:

1. Regular meals
2. Base your meals on starchy foods – choose wholegrain varieties where possible
3. Eat at least five portions of different fruit and vegetables per day
4. Eat two portions of fish per week – one of which to be an oily fish
5. Two to three portions of dairy foods per day
6. Reduce your saturated (animal) fat intake – choose monounsaturated fats (rapeseed and olive oil)
7. Reduce your sugar intake – Sugary drinks, cakes, biscuits and sweets
8. Eat less salt – maximum of 6g per day
9. Six to eight glasses of fluid daily – alcohol free
10. Do not exceed the recommended alcohol intake limits
Healthy Eating

If you need to gain weight

- Add extra butter, margarine, cream and cheese to meals
- Choose full fat options (e.g. margarine, milk, yoghurt)
- Add jam, honey and sugar to drinks, cereals and desserts*
- Choose high calorie snacks
- Drink one pint of enriched milk per day
- Choose foods which

For enriched milk – add two to four tablespoons dried milk powder to one pint full cream milk. If you have diabetes, please consult your Nurse or Dietitian

If you need to lose weight

- Choose low fat and low sugar foods (see table below)
- Avoid frying foods – use healthier cooking methods
- Avoid high calorie snacks
- Remove visible fat from meat

Food Labelling

Most food products have nutritional information on the label. The healthier foods to choose are those that are low in total fat, saturated fat, salt and sugar. Remember to use the “per 100g” column of figures, on the nutritional information table on the label, and compare the figures to the table above.

If you would like to speak with a Dietitian, please visit your GP for a referral.
Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving (150g) contains

<table>
<thead>
<tr>
<th></th>
<th>Energy</th>
<th>Fat</th>
<th>Saturated</th>
<th>Sugar</th>
<th>Salt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical values (as sold) per 100g</td>
<td>697kJ/167kcal</td>
<td>3.0g</td>
<td>1.3g</td>
<td>0.9g</td>
<td>0.0g</td>
</tr>
</tbody>
</table>

13% 4% 7% 38% 15%

of an adult’s reference intake

Choose foods lower in fat, salt and sugars

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables

Eat less often and in small amounts

Sauce

Eat more beans and pulses, fish, eggs, meat and other proteins sourced, fish per week, one of which is oily. Eat less

Beans, pulses, fish, eggs, meat and other proteins

Dairy and alternatives

Choose unsaturated oils and use in small amounts

Choose lower fat and lower sugar options

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates

Whole grain cereal

Porridge

Whole wheat pasta

Spaghetti

Raisins

Chopped bananas

Mushrooms

Frozen peas

Carrots

Cucumber

Tomatoes

Onion

Potatoes

Bread

Bags

Bagels

Soya drink

Soya sauce

Lower fat milk

Limit fruit juice and/or smoothies to a total of 150ml a day.

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Changes in the temperature and the weather could result in chest symptoms becoming worse. Keep a look out especially for cold spells and periods of hot weather and humidity.

Preparation for winter:

- Try to keep rooms in your house warm around 21°C in the living room and at least 18°C in the bedroom
- Keep your windows and bedroom curtains closed at night
- It is very important to wear warm clothes in the winter. It can be better to wear layers of clothing to trap in the heat
- If the temperature is below 4°C cover your nose and mouth with a scarf so you don’t breathe in the cold air.

Preparation for summer:

- Try to stay out of the sun; the sun is at its hottest between 11:00am and 3:00pm
- Try and find a cool place in the shade as much as possible
- Try to keep your rooms cool in the summer by using fans where possible
- Drink plenty of water throughout the day
- In the summer wear loose cool clothing and a summer hat.
Travel

We advise that you talk to your doctor before booking a holiday, especially if you intend to fly.

Some people may need to be referred for an in-flight oxygen assessment. If you are going on holiday, it is essential to make sure you have adequate travel insurance. The British Lung Foundation website (please see useful contacts on page 41) have the contact details of a number of companies for travel insurance.

Medication

Make sure you take your medication and it’s a good idea to take extra supplies just in case. Talk to your doctor about taking a supply of your standby/rescue medication.

If you are flying, keep your medication in your hand luggage and take a list of your medications with you. You may need to take your repeat prescription list to let the airline know that you need to carry your medication in your hand luggage.

Oxygen

People who need in-flight oxygen should check with the airline before booking. Some airlines do charge for carriage of oxygen. For those prescribed LTOT, you will have to pay for your oxygen abroad. Your oxygen provider can provide you with the contact details of suppliers.
Breathe Easy Doncaster  
Tel: 07758060238  
Helpline: 03000 030555  

Breathe Easy groups were set up to help people learn more about lung disease. Doncaster Breathe Easy is one of more than 200 groups nationally.

The group is free to join, not only to those with the lung condition but their carers, relatives and friends too.

The group aims to provide support and information to anyone affected by lung disease. It is a self help group where people are able to discuss problems they have in common.

If you decide to come to the meeting you will be warmly welcomed. You may learn something from talking to other members or to one of the speakers.

British Lung Foundation  
Website: www.lunguk.org  
Tel: 08458 505020.

The British Lung Foundation operates a helpline service offering free, confidential and impartial advice, information and support on a number of subjects including travel and transport, oxygen, equipment, welfare benefits, as well as many issues relating to over 40 lung conditions.

NHS Choices  
http://www.nhs.uk  

This website provides people with information on COPD. The website also has a “blog” section where people update on living with COPD at: http://www.nhs.uk/Conditions/Chronic-obstructive-pulmonary-disease/Pages/living-with.aspx.

Or search COPD on NHS Choices website.

Disabled Parking  

Parking cards or Blue Badges are only issued to certain categories of disabled people and the eligibility criteria are strictly implemented.

For more information you should contact your local social services department or apply directly via https://bluebadge.direct.gov.uk/directgovapply.html

There are other agencies that could help you such as the British Legion, Soldiers Sailors Airmen and Families Association (SSAFA) and Coal Industry Social Welfare Organisation (CISWO). Please ask your health care professional for details.

If you feel you are entitled to benefits please discuss with your health professionals.
If you would like this in large print, braille or on audiotape or would like this document in an alternative language, please contact the Patient Advice and Liaison Service on 08000 015 4334.

This information is correct at the time of publishing.
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