



### **Helping heavy breathers breathe more easily**

Most of us take breathing very much for granted. It's something we do without much thought and without much effort, except perhaps on those occasions of strenuous exercise or exertion.

But some people struggle to breathe every day, sometimes all day every day.

If you or a friend or family member regularly run out of puff you may automatically think of asthma - not surprising really because asthma does affect more than 2 million Australians – about 10% of our population with the prevalence even greater amongst children.

However, there is another possible cause of shortness of breath. It has been estimated that more than half a million people in Australia have COPD – chronic obstructive pulmonary disease. And as the population ages the number of people with the disease is likely to increase.

The Australian Lung Foundation suggests that one in six Australians over the age of 45 is living with COPD, but maybe as many as 75% of these people are unaware they have the condition. In fact, COPD is the third leading cause of disease burden after heart disease and stroke, and the fourth most common cause of death.

Cigarette smoking is far and away the most significant cause of COPD (globally, smoking accounts for over 80% of deaths due to COPD); but passive smoking is also a possible risk factor as is exposure to other airborne pollutants such as occupational dusts and chemicals.

Typically the main symptom of COPD is a progressively worsening shortness of breath, initially on exertion, but eventually even when the patient is at rest.

Other symptoms include cough, chest tightness and wheezing; so confusion with asthma is understandable. But the two conditions are different – they have different causes and the management is different with different outcomes from treatment.

Differentiating between COPD and asthma is important to ensure the most appropriate treatment is given. One of the major differences relates to cough. While with asthma the cough is usually a dry, so-called non-productive cough and occurs most often at night or after exercise; with COPD the cough is productive (that is: with plenty of phlegm and mucus) and usually occurs in the early morning.

COPD generally first occurs after the age of 40, whereas asthma is normally first seen before the age of 30 and there is frequently a family history of the condition.

In terms of treatment, acute asthma attacks respond well to asthma puffers such as Asmol and Ventolin and can be controlled and effectively managed with the combination puffers like Seretide and Symbicort. COPD responds poorly to these medicines.

The first treatments for COPD are usually medicines known as anticholinergic medicines – also given by inhalation. However, whether it's asthma or COPD there will be no benefit unless the puffers are used properly – and often they are not.

This month the Minister for Veterans' Affairs, the Hon Alan Griffin MP, launched a campaign called "Preventing Puffer Problems". It's part of a broader campaign to raise awareness of COPD – the causes, treatments and prevention strategies.

The campaign is a partnership between the Department of Veterans' Affairs, The Australian Lung Foundation and the Pharmaceutical Society of Australia (PSA). You can get more advice on how to breathe more easily, and especially how to get the best from your puffer, from pharmacies around Australia providing the Self Care health information. Phone PSA on 1300 369 772 for the nearest location.

Insert Pharmacy Name]

[insert Pharmacy Address]

Ph: [insert Contact Phone] Fax [insert Fax No.]

Email: insert pharmacy email address