

# Clearing the Air on COPD



**D**r. Larry Lake is a licensed psychotherapist and the CEO of BayView Healthcare, as well as its parent organization, the St. Johns Welfare Federation. Lake says “as a local non-profit healthcare provider, we are excited about how this FORUM can help share the knowledge

and expertise of the more than 280 healthcare professionals at BayView and across our continuum of care. In each issue we will address an area of interest to help consumers be even more informed about their health and wellness.”

This FORUM focuses on living life to the fullest and maintaining quality of life when living with Chronic Obstructive Pulmonary Disease (COPD). COPD is a chronic and progressive lung disease. It leaves people feeling breathless, which in turn makes people feel less inclined to exercise and stay active. This decline in activity can lead people to become increasingly out of shape and this makes breathing even harder. People with COPD may experience difficulty maintaining

their independence and completing many of their activities of daily living that most of us take for granted. That is why managing your COPD is so critical. In this edition, we will lay out the very important role of an occupational therapist in the quality of life for a person living with Chronic Obstructive Pulmonary Disease.

Kimberly Wyatt has an Associate of Science in Occupational Therapy degree. For the past nine years she has been employed at BayView Rehab at the Samantha R. Wilson Care Center as a Certified Occupational Therapy Assistant. She is passionate in her professional role in assisting people with COPD to enable them to participate in their desired occupations and hobbies and living healthy and meaningful lives.

### LONG TERM TREATMENT OF COPD:

- \*Slow the progression of the disease symptoms.
- \*Increase a person’s ability to be mobile and perform activities of daily living.
- \*Prevention of acute exacerbations.
- \*Maintenance of ideal body weight and eating a healthy diet.
- \*Maintenance of regular vaccinations.
- \*SMOKING CESSATION.

**I**magine being out of breath combing your hair. Imagine walking to your kitchen and feeling like you just finished a five mile jog. For a person living with Chronic Obstructive Pulmonary Disease, or more commonly known as COPD, this is a way of life.

Chronic Obstructive Pulmonary Disease (COPD) is a condition that makes it difficult to move air into and out of a person’s lungs. Difficulty moving air in the lungs is called “air flow obstruction” or “airflow resistance”. COPD is characterized by a progressive increased airflow obstruction that cannot be fully reversed. COPD can be temporarily improved by the use of medications. According to the National Heart, Lung and Blood Institute, it is estimated that 12 million adults have COPD and another 12 million are undiagnosed or developing COPD.

### COMMON SYMPTOMS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE:

- \*Cough with mucous
- \*Shortness of breath that gets worse with mild activity
- \*Fatigue
- \*Frequent respiratory infections
- \*Wheezing

The term COPD may be somewhat confusing because it is not a single disease, but an “umbrella term” used to describe chronic lung diseases that limit airflow. The predominant forms of COPD are chronic bronchitis and emphysema, both of which compromise lung function.

- Chronic bronchitis is characterized by an inflammation of the airways that causes increased mucous production.

Bronchitis is considered chronic in nature if a person coughs and produces excessive mucous most days for three months in a year, two years in a row.

- Emphysema is a disease that damages the air sacs (alveoli) in your lungs. The sacs get stretched out of shape and form large “useless air spaces”. It is here that old air gets stuck and there is no room for new air to move in.

Many people with COPD have a combination of both forms. Common symptoms of COPD include: cough, coughing with mucous or phlegm, dyspnea or difficulty breathing, shortness of breath, wheezing and feelings of chest tightness. For a person living with COPD, these day-to-day symptoms can at times become markedly worse. These periods are known as “acute exacerbations” and often require antibiotics, oral steroids and in some cases hospitalization.

There are several causes of COPD but smoking accounts for 80% - 90% of all cases in the United States per the American Lung Association. COPD is the fourth leading cause of death in the United States. Other risk factors for developing COPD among non-smokers includes: long term exposure to second hand smoke, occupational exposure to dust and chemicals, indoor and outdoor pollutants, as well as a family history of COPD.

### An Occupational Therapist Can Help!

For people with COPD, fatigue and shortness of breath affect their ability to complete activities of daily living (ADLs). Bathing and grooming activities become difficult and challenging due not only to fatigue, but also from the hot, damp air produced from a bath or shower. Home activities such as shopping, cooking, and washing clothes require too much endurance to be performed routinely or completely.

Occupational Therapy is a health profession with goals aimed at helping people achieve independence, meaning and satisfaction in all aspects of one's life. An Occupational Therapist's objective is to provide a person with the knowledge and skills on how to best get along in their environment with whatever medical problems they may have and to live life to its fullest.

## HOW CAN AN OCCUPATIONAL THERAPIST HELP?

- \*Increase independent participation in self care.
- \*Increase upper body strength and endurance through gravity resisted exercises while coordinating breathing.
- \*Increase proper body mechanics.
- \*Provide education on the disease process, energy conservation techniques, proper breathing techniques and work simplification.
- \*Recommend and implement the use of adaptive equipment and assistive devices.

The COPD patient generally has not only physical dyspnea (shortness of breath) but often experiences a number of related health issues such as a weight loss and weakness. This is also often accompanied by anxiety and depression.

Physical inactivity is the greatest source of the muscle weakness that plagues COPD patients. Although people with COPD have irreversible breathing difficulties, exercise training can significantly increase a person's strength, endurance and reduce fatigability.

## Exercise and Conditioning

One way in which Occupational Therapy is beneficial for the COPD patient is to provide exercises that recondition and strengthen the upper body and respiratory muscles. Even though exercise training does not directly improve lung function, it can assist in the reduction of COPD symptoms and increase the amount of exercise and endurance that a patient can do without being stopped by dyspnea (shortness of breath). It can also help prevent hospitalization for an acute exacerbation.

## Education

Occupational Therapy is able to enhance a patient's quality of life through education. Patients are typically instructed and taught about proper body mechanics, energy conservation techniques, in-home safety, fall prevention, use of assistive devices and adaptive equipment, management of anxiety and panic attacks and proper breathing techniques. The patient is then able to practice these skills while performing their "daily life tasks" (e.g. self care, homemaking, grocery shopping, gardening, leisure pursuits). By teaching them how to organize their time and various environments, people with COPD learn how to manage life's activities by slowing their pace and alternating rest and activity.

## Home Assessment and Recommendations

A home assessment performed by an occupational therapist provides invaluable insight, advice and guidance. An Occupational Therapist evaluates the COPD patient within their own home, paying particular attention to problem areas or needs, and finds ways to reduce the amount of effort it takes for them to live independently in their environment. The Occupational Therapist may make recommendations that address



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set-up of the home for efficient use and modifications that can help a patient be more independent at home. For example:

- Placing frequently used items in

- easy and accessible places
- Adjusting work spaces
- Relocation of a patient's bedroom (moving from a second story room to the main floor to eliminate stairs)
- Repositioning furniture to decrease obstacles
- Implement the use of rolling carts and chairs for kitchen tasks to reduce fatigue
- Bathroom adaptive equipment (raised toilet seat, shower chair, handrails) to increase safety and provide energy conservation

Living with COPD is challenging but there is help to make activities manageable. Occupational Therapy, through an emphasis on exercise, education, home assessment, the use of adaptive equipment and in conjunction with medical management of the disease, teaches the COPD patient how to live life to the fullest and to breathe easier. *WJ*



## Health & Wellness Forum

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*BayView Healthcare, also known to many as the St. Johns Welfare Federation, is a private, not-for-profit comprehensive continuum of healthcare provider founded in 1920. Our superior level of services includes short-term inpatient and outpatient rehabilitation, skilled nursing (BayView Rehab at the Samantha R. Wilson Care Center), BayView Home Health and BayView Assisted Living (The Pavilion and Buckingham Smith), BayView Charities, BayView Wellness and BayView Neighbors. Caring Hands-Caring Community is a separate 501 (c) 3 charitable organization founded in 2004 by our parent organization. It was formed to support the exceptional services and continuum of care provided to people in need of healthcare services and financial assistance.*