

**NICOSIA GENERAL HOSPITAL
PULMONOLOGY CLINIC
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CHRONIC OBSTRUCTIVE PULMONARY DISEASE






**A Practical Guide for patients and
their families**

WHAT DO WE NEED TO KNOW?



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ANSWER THE FOLLOWING QUESTIONS:

-  Are you over the age of forty?
-  Are you a current or former smoker?
-  Do you cough on most days?
-  Do you produce phlegm on most days?
-  Do you experience shortness of breath more than others your age?

If you answered YES to at least 3 to 5 questions;

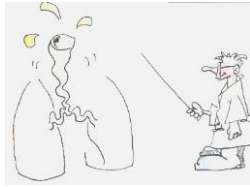
THEN you may be suffering from:



**CHRONIC OBSTRUCTIVE PULMONARY
DISEASE**

What is Chronic Obstructive Pulmonary Disease?

- COPD is a condition characterized by airflow limitation that is not fully reversible. This limitation is typically progressive and is associated with an abnormal inflammatory response of the lungs to harmful particles or gases – primarily cigarette smoke.



How it caused?

The most significant factor is Smoking



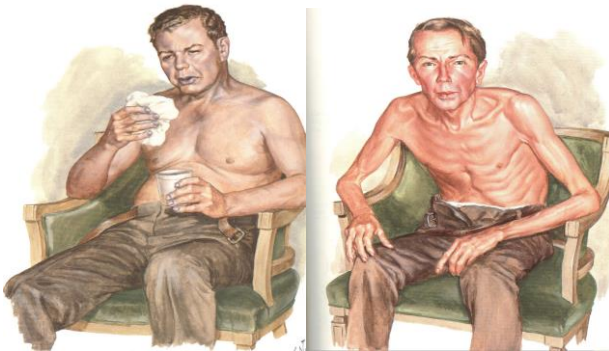
OTHER CONTRIBUTING FACTORS INCLUDE:
Occupational exposure, environmental pollution



WHAT ARE THE SYMPTOMS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE?

- Morning cough (“smoker’s cough”)
- Frequent and recurring respiratory infections
- Difficulty performing daily activities due to breathlessness – initially during stair climbing, walking uphill, or lifting objects, and later even during simple tasks such as dressing, bathing or using the hands.
- wheezing, a whistling sound during breathing.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE is classified into **CHRONIC BRONCHITIS** and **EMPHYSEMA**
Or a combination of both conditions



WHAT TESTS ARE REQUIRED FOR DIAGNOSING THE DISEASE?

- ✚ If symptoms are present, you should consult a Pulmonologist.



- ✚ A Breathing Test called **SPIROMETRY** must be performed. This is the only diagnostic test for Chronic Obstructive Pulmonary Disease (COPD) and should be repeated regularly to monitor disease progression and response to treatment.



WHAT ARE THE APPROPRIATE MEASURES FOR MANAGING COPD?



Smoking Cessation



Physical Exercise



Influenza Vaccination



**INHALED BRONCHODILATOR
MEDICATIONS:**

- These form the foundation of treatment and belong to two main categories: **anticholinergics** and **beta-2 agonists**. They help dilate the airways, making breathing easier, reducing breathlessness, and improving mobility and daily functioning
- This treatment is lifelong and should not be discontinued.
- Various **inhaler devices** are available and must be used correctly.
- **Inhaled corticosteroids** and **oral theophylline** may be prescribed at more advanced stages to reduce symptoms and prevent exacerbations.
- During exacerbations, **mucoytic syrups**, **antibiotics** or **oral corticosteroids** may be administrated.



**HOME OXYGEN THERAPY, IF
RECCOMENDED BY THE PULMONOLOGIST.**