

**NICOSIA GENERAL HOSPITAL  
PULMONOLOGY CLINIC  
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**PULMONARY  
REHABILITATION IN  
CRHONIC OBSTRUCTIVE  
PULMONARY DISEASE  
(COPD)  
(CHRONIC BRONCHITIS, EMPHYSEMA)**



*If you have breathing problem, caused  
due to a chronic disease, such as  
Chronic Obstructive Pulmonary Disease  
(Chronic Bronchitis or Emphysema),  
then this form will help you properly  
address your problem and improve your  
quality of life.*

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## What Is Chronic Obstructive Pulmonary Disease (COPD)?



Chronic Obstructive Pulmonary Disease is a long-term lung condition that most commonly affects smokers over the age of 40-45. The core issue lies in the narrowing of the bronchi (the airways of the lungs), which makes it difficult for the lungs to expel air during exhalation. As a result, excess air remains trapped in the lungs at the end of exhalation, causing the patient to feel as though their chest is "overinflated."

### What Are the Symptoms of COPD?

- Morning cough (commonly referred to as "smoker's cough")
- Frequent and recurring colds
- Difficulty performing everyday activities due to shortness of breath—initially during stair climbing, walking uphill, or lifting objects, and later even during simple tasks such as dressing, bathing, or manual work
- Wheezing, characterized by a whistling sound during breathing

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



## What Are the Appropriate Measures for Managing Chronic Obstructive Pulmonary Disease (COPD)?



SMOKING CESSATION



PHYSICAL EXERCISE



INFLUENZA VACCINATION



BRONCHODILATOR MEDICATIONS  
(INHALED):

- These form the cornerstone of treatment and are divided into two main categories: anticholinergics and b2-agonists. They promote bronchial dilation, resulting in easier breathing, reduced dyspnea, and improved mobility and functionality in daily life.
- Various inhalation devices are available and must be used correctly.
- Inhaled corticosteroids and oral theophylline may be prescribed at more advanced stages to alleviate symptoms and reduce exacerbations.
- During exacerbations, mucolytic syrups, antibiotics, or oral corticosteroids may be administered.



HOME OXYGEN THERAPY MAY BE  
RECOMMENDED BY A PHYSICIAN  
PULMONARY REHABILITATION

## What Exactly Is the Rehabilitation Program?



The rehabilitation program is a combination of interventions designed to support patients with Chronic Obstructive Pulmonary Disease (COPD). Its primary goal is to reduce dyspnea and alleviate the various consequences that negatively impact the patient's daily life. The program typically lasts approximately three months, with sessions held two to three times per week, conducted in a **specially designated area within the hospital**. Alternatively, the program may be implemented **at home** with a duration ranging from six to twelve months.

## What Examinations Are Required Prior to Enrollment?



**Before** starting the program—and again upon its **completion**—patients will undergo comprehensive assessments of lung and heart function, including:

- Spirometry** (measurement of respiratory function)
- Arterial Blood Gas Analysis** (measurement of oxygen levels)
- Exercise Stress Test**                      and  
**Cardiac Ultrasound (Echocardiography)**

# What does a rehabilitation program include?



- **INFORMATION:** About the disease, its specificities and the treatment. Thus, feelings of safety and self-confidence are enhanced, and the patient's psychological state is clearly improved.



- **SUPPORT:** Psychological support, including assistance with smoking cessation. The patient regains lost self-esteem and self-respect, and acquires confidence and positive energy.



- **PARTICIPATION:** In a group of individuals who share the same condition and similar needs, where members effectively motivate and encourage one another.

- **RESPIRATORY PHYSIOTHERAPY:**



The patient learns techniques to relax, manage dyspnea, and breathe more "efficiently"



- **EXERCISE:** Activities include cycling, treadmill walking, and the use of various equipment aimed at strengthening the muscles of the legs and arms, which may have weakened due to disuse.



- **NUTRITION:** As recommended by a dietitian, the goal is to improve the patient's nutritional status.

Therefore, what a patient (and their family) should expect from participating in the rehabilitation program is:

- *Reduction of dyspnea (shortness of breath)*
- *Improved physical condition through enhanced muscle and cardiac function*
- *A sense of physical and emotional well-being*
- *Enhanced psychological health*
- *Better performance in daily activities*
- *Improved overall quality of life*

