



**Living Well with
Chronic Obstructive
Pulmonary Disease
(COPD)**



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ALGOMA ONTARIO
HEALTH TEAM

Letter from the Primary Care Network

The Algoma Primary Care Network (PCN) brings together local providers to improve collaboration and offer a unified voice in health system planning. The Algoma Ontario Health Team (AOHT), along with the PCN, are prioritizing timely, innovative efforts to help patients receive the right care, at the right place, at the right time.

The Algoma region faces some of the highest rates of Chronic Obstructive Pulmonary Disease (COPD) and smoking rates in Ontario. With the majority of lower-respiratory-related hospitalizations due to COPD, there is an urgent need for prevention, early diagnosis, and strong self-management support. *Living Well with COPD* is a reflection of this shared commitment. The guide brings together practical tools, education, and local resources to empower you along your COPD journey.

We cannot do this work alone. We continue to rely on the strength of our partnerships, and the lived experiences of patients, caregivers, and families to guide our way forward. This guide has been thoughtfully developed and iterated to make sure it truly meets the needs of our community. Together, we are working to help you live well with your condition and mitigate the burden of COPD in Algoma.



Dr. Jodie Stewart, Chair, AOHT Primary Care Network



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What is COPD?

Chronic obstructive pulmonary disease (COPD) blocks airflow in your lungs¹. The two main types of COPD are Emphysema and Chronic Bronchitis. Both make it harder for you to breathe, but do so in different ways.

Emphysema (em-fuh-zee-muh): When you breathe in, tiny air sacs at the end of your lungs called alveoli fill with air like a balloon and deflate when you breathe out. Emphysema damages the walls of the alveoli, making them less able to inflate and deflate when breathing. Stale air then gets trapped in your lungs, making it harder to breathe in new, fresh air.

Chronic Bronchitis (kron-ik brong-ky-tis): The lining of your airways (the tubes that carry air in your lungs) become red and swollen. In this scenario, mucus, the substance that traps particles and keeps your airways moist, is produced excessively, blocking your airways. This makes it more difficult to breathe, with a lot of coughed up mucus (Figure 1).

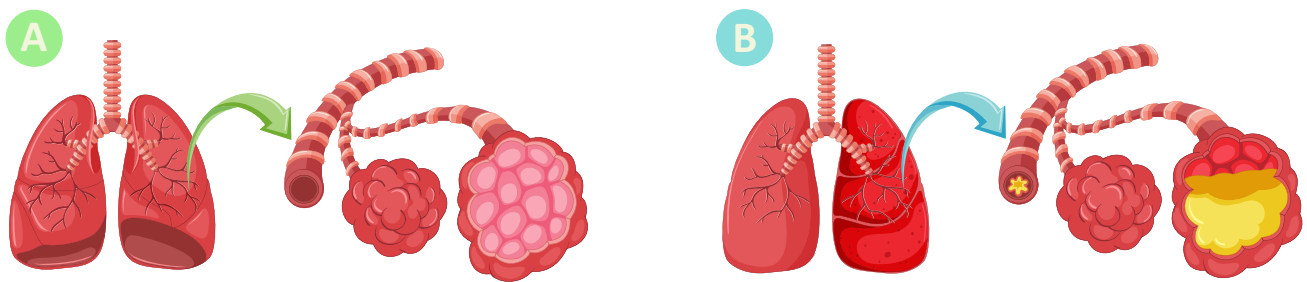


Figure 1. Healthy vs. diseased lungs.

Panel A. Healthy lungs with normal alveoli (right) and airways.

Panel B. Diseased lungs with damaged alveoli (left, emphysema), and inflamed, mucus-clogged airways (right, chronic bronchitis).

Risk Factors

Approximately 75% of COPD patients have a history of smoking². Other risk factors include exposure to outdoor polluted air, second-hand smoking or workplace dust and fumes. Indoors, using a wood fire to cook or heat your home is another risk factor, especially with poor ventilation. There is also a genetic component to developing COPD, but this is a rare occurrence. The more risk factors that you expose yourself to, the greater the risk of developing COPD³.

Who is Affected?

Globally, COPD is the fourth leading cause of death, causing about 3.5 million deaths annually⁴. In Ontario, 10.5% of adults above the age of 40 have been diagnosed with COPD by a doctor⁵. Locally, COPD is the leading cause of lung-related hospitalizations (90.4%)⁶, which is likely due to above average smoking rates and high exposure to air pollution.

Symptoms

With COPD, you may begin to notice having issues with your activities of daily living. It may be tougher to walk up the stairs or play with your grandkids. You may think that these are normal signs of aging, but this is not the case. People living with COPD may have frequent coughing and/or wheezing¹ with mucus production. People may find themselves frequently short of breath, more tired than usual, and frequent respiratory infections with longer recovery times (Figure 2).

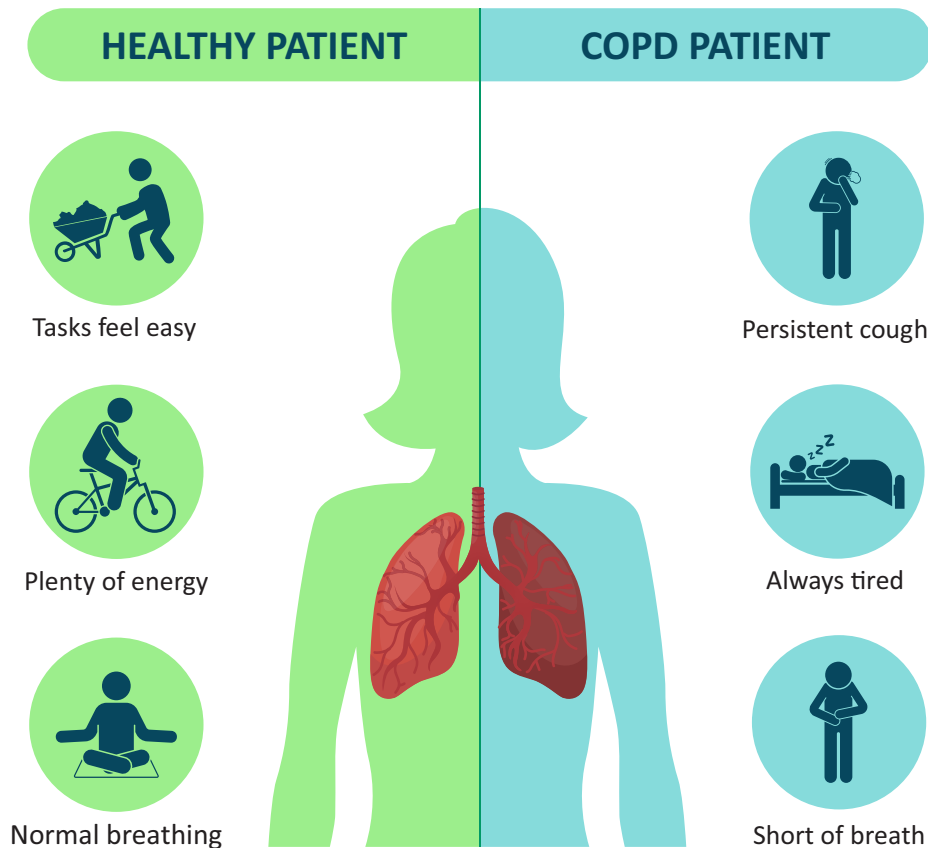


Figure 2. Healthy lung function (left) with COPD symptoms (right): Healthy individuals experience ease with daily tasks, sufficient energy, and normal breathing, while COPD is characterized by persistent cough, shortness of breath, and constant fatigue.



Diagnosis

It is important to talk to your health care provider if you're experiencing any COPD symptoms, especially if you have been chronically exposed to the noted risk factors. It is important to note that this disease is manageable if a care plan is created and followed accordingly. Diagnosing and assessing severity of COPD is based on many factors, such as a medical history, a physical exam, and diagnostic testing⁷.

Medical History and Physical Exam

Your health care provider will likely ask you questions about your current symptoms and how long you've had them. You may also be asked about risk factors that you may have been exposed to and if anyone close to you is experiencing similar symptoms. Your health care provider may also perform physical exams such as listening to your breathing patterns and looking for other signs of COPD around your body (such as an inflated chest, swollen feet).

Diagnostic Testing

Spirometry: A breathing test that measures how much air you can breathe out and how fast you can do it in one single breath⁸. Spirometry tests can reveal lower amounts of exhaled air, at a slower pace in COPD patients compared to healthy individuals. Spirometry testing is the only way to diagnose COPD, and it is simple, painless⁹, and easy to complete. It is important to attend your scheduled spirometry test even if you start to feel better. Your COPD symptoms can come and go, often worsening during exposure to previously mentioned risk factors.

Other tests that you may have performed may include¹:

Chest X-Ray: This will capture images of your lungs and surrounding structures, allowing your health care provider to rule out other conditions that cause similar symptoms and to also help in measuring the severity of your condition.

Oxygen Saturation Test: This test measures how much oxygen is in your blood. Similar to X-Ray testing, this provides your health care provider with more information about potential disease severity. The less oxygen that is in your blood, the more damage that there may be to your lungs.



Medication

You may be prescribed medication to help manage your day-to-day symptoms and prevent flare-ups. It's important to follow your health care provider's instructions about when and how to take each medication. If you're unsure how to use your medication properly, ask your health care provider or pharmacist to show you. Being familiar with your medications can help you ask better questions at appointments and better understand your condition. All COPD medication information in this guide is sourced from the Canadian Lung Association.

Bronchodilators and Inhaled Corticosteroids

Bronchodilators are medications that relax and open the airways, making it easier to breathe. They are the most commonly prescribed treatment for shortness of breath in COPD and are usually taken using an inhaler (also known as a puffer). There are two main types of inhaled bronchodilators:

- 1. Maintenance Inhalers:** These are typically used everyday and reduce the need to use your rescue inhaler. They help keep your lungs working well and prevent flare-ups.
- 2. Rescue Inhalers:** These are typically used only when needed, like during a sudden episode of shortness of breath. These work quickly to help you breathe easier in the moment.

Inhaled Corticosteroids are sometimes prescribed to reduce inflammation, swelling, and mucus in your airways. They aren't usually used on their own to treat COPD, but may be added to your maintenance inhaler if you have frequent flare-ups or ongoing symptoms.

Combination Medications

Your health care provider may prescribe you a combination inhaler. These inhalers typically contain two or more medications that work together to help you breathe more easily. Using a combination medication means you can get more complete relief with fewer inhalers to manage. For more details on specific medication types, see the appendix at the back of this guide.

Antibiotics/Antivirals

It is common for COPD flare-ups to be triggered by infections, either viral (like the flu) or bacterial (like pneumonia). Antivirals may be used to treat viral infections, while antibiotics are used to treat bacterial infections. If you're prescribed either of these, it's important to take them as directed by your health care provider, even if you start to feel better. Completing the full course of medication helps ensure that the infection is fully treated and reduces the risk of it coming back.

Vaccinations

To prevent serious infections such as the ones noted above, it is important to stay up-to-date with your vaccinations^{1,7}. This can help reduce your risk of getting illnesses that could trigger a COPD flare-up, such as the flu, pneumonia, or COVID-19. Vaccines help protect your lungs and overall health, and staying consistent with them is a key part of managing COPD.

Supplemental Oxygen

Some people with COPD may need extra oxygen if their blood oxygen levels are too low. This is called supplemental oxygen. It can help improve your breathing, reduce fatigue, and prevent strain on your heart and other organs. Depending on your needs, you may use oxygen during sleep, while exercising, or throughout the day. Your health care provider will determine if oxygen therapy is right for you and how to use it safely. Oxygen should be treated like a prescription medication. It must be used exactly as prescribed by your health care provider. Using too much or too little can be harmful and may interfere with your treatment plan. Never adjust your oxygen flow rate or how often you use it without consulting your care team.



Flare-Ups and Triggers

Flare-ups, also known as exacerbations, are sudden worsening of your COPD symptoms^{1,2,7}. These events can be serious, leading to lung damage and hospitalizations if not managed properly. Understanding what causes flare-ups and how to prevent them is key to managing your COPD symptoms effectively.

Outdoor Air: Poor air quality due to vehicle exhaust, forest fires, or any wood smoke may trigger the onset of COPD symptoms^{1,2,7}. To manage this, monitor air quality reports and avoid outdoor activities when pollution levels are high. Wearing a mask, staying indoors on poor air quality days, and keeping windows closed can also help protect your lungs.

Indoor Air: Indoor air can also trigger COPD symptoms, especially if it contains irritants like smoke, dust, or strong odours^{1,2,7}. To manage this, keep your home well-ventilated, use air purifiers, and avoid smoking or using scented products indoors. Regularly cleaning and reducing clutter can minimize allergens and improve air quality.

Infection: Respiratory infections discussed above, such as colds, flu, or pneumonia, are common triggers for COPD flare-ups, as they increase mucus and inflammation in your airways^{1,2,7}. To manage this, practice good hygiene by washing your hands regularly, avoiding close contact with sick individuals, and staying up to date on your vaccinations.

Recognizing the early signs of a COPD flare-up is crucial for preventing your symptoms from worsening⁷. Common warning signs include:

- Increased shortness of breath (without an increase in activity)
- More frequent or severe coughing
- Changes in mucus (thicker consistency or a change in colour)
- Feeling unusually tired or weak.

Caregivers and peers should also be aware of signs that the patient may miss, such as confusion or difficulty completing daily tasks. It can be a team effort between patients and their caregivers to manage flare-ups effectively.

COPD Action Plan

A COPD action plan is a personalized guide that helps patients manage their symptoms and respond to changes in their condition⁷. This action plan is created in collaboration with your healthcare provider and their team of experts. Pages 18 - 19 in this guide provides a COPD Action and Management Plan example, developed by the Canadian Lung Association.

My COPD Action and Management Plan

You and your healthcare provider should fill in this plan together. Bring a copy to each appointment so you can discuss your plan and update it as needed.

| GENERAL INFORMATION | |
|---|-----------|
| Name | Telephone |
| Emergency contact | Telephone |
| Family doctor or nurse practitioner | Telephone |
| GENERAL LUNG HEALTH <i>Appropriate exercise and a balanced diet can help prevent COPD flareups</i> | |
| Exercise plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Walking <input type="checkbox"/> Other _____ mins/day _____ days/week | |
| Diet plan <input type="checkbox"/> Yes <input type="checkbox"/> No Goal weight: _____ lbs kgs | |
| Pulmonary rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No Date last attended: _____ | |

Figure 3. Thumbnail of The Canadian Lung Association’s COPD Action and Management Plan.



Lifestyle

Living with COPD can be challenging, but taking proactive steps to manage your condition can significantly improve your quality of life. By focusing on key areas like quitting smoking, staying physically active and eating healthy, nurturing relationships and supporting your mental health, you can regain control and feel empowered in your journey. These strategies not only help reduce symptoms, but also enhance your overall well-being.

Smoking Cessation

Quitting smoking is one of the most important steps that you can take in slowing the progression of COPD, as it will help improve your breathing, as well as your overall health^{1,2,7}. It is recommended to speak with your health care provider about tools to help you quit smoking.

Additional Resources:

- **Local Pharmacies**

Pharmacists in Ontario are authorized to prescribe medications for smoking cessation. This includes initiating and renewing prescriptions for certain smoking cessation therapies such as nicotine replacement therapy (NRT), which may include patches, gum, lozenges, or inhalers.

- **Smoking Treatment for Ontario Patients (STOP) Program**

Funded by the Ontario Ministry of Health, this is a free of charge, smoking cessation treatment program. Up to 26 weeks of NRT and counselling services are offered to people that want to quit/reduce smoking rates. The program is offered virtually through STOP on the Net, or locally through collaborating partners. Ask your health care provider to see if they offer these services.

- **Smoker's Helpline**

This is a free and confidential service offered by the Canadian Cancer Society that offers support and information about quitting smoking. You can live chat with coaches, find available services in your community, and receive free nicotine replacement therapy trial packs. There are three ways to seek services:

- Enroll in the Online Quit Program: www.smokershelpline.ca
- Toll-free phone support: 1-877-513-5333
- Text "iQuit" to 123456

- **Health 811** ([Click here to follow link](#))

Call 811 or chat online to speak with trained staff to support you with your quit plan and provide tips and strategies to succeed.

- **Road to Recovery Addiction Clinic** ([Click here to follow link](#))

336 Queen St. E #332 Sault Ste. Marie, ON, P6A 1Z1 705-450-7444

Smoking cessation program that provides assessment and therapy, including non-prescriptive NRT, and treatment and consultation with a physician.

Physical Activity

Shortness of breath during exercise is a common symptom of COPD, which often discourages individuals from staying active. However, avoiding physical activity can lead to deconditioning, making breathing even more difficult over time. Regular exercise can help reverse this cycle¹⁰. Other than quitting smoking, physical activity is one of the most effective ways to manage your COPD symptoms¹.

Benefits of regular exercise include:

- Improve COPD symptoms, making it easier to perform daily tasks
- Reduce risk of other diseases (diabetes, cardiovascular disease, cancer)
- Reduce stress and anxiety

It is recommended that adults with COPD should aim for at least 30 minutes of moderate-intensity aerobic exercise per day, such as walking, cycling, or swimming¹⁰. It is also recommended that for optimal health benefits, adults with COPD engage in at least two days of muscle strengthening activities per week. As a COPD patient, it is very important to listen to your body and adjust your intensity accordingly to make sure that you do not overexert yourself.

Aerobic Exercise

Aerobic exercise is a type of activity that increases your heart rate and breathing while improving the function of your heart, lungs, and muscles. Moderate intensity aerobic exercise can be described as raising your heart rate and making you breathe faster, but you are still able to hold a conversation. An easy way to estimate your exercise intensity is through the Talk Test¹¹. If you can talk comfortably, but you cannot sing, you're likely exercising at moderate intensity.

An example of moderate-intensity exercise would be¹⁰ walking briskly, but not so fast that you feel out of breath. Other examples include cycling at a steady pace without needing to stop frequently, or swimming with smooth movement without needing to take frequent breaks¹⁰.

Muscle Strengthening Exercise

For optimal health benefits, adults with COPD should engage in at least two days of muscle strengthening activities, which help enhance your muscle strength and endurance¹⁰. This helps maintain your independence by making movements around the house easier and can even support your balance and posture.

Example Exercise: Sit-to-Stand

1. Sit on a sturdy chair with feet flat on floor and shoulder-width apart
2. Place hand on thighs for support and push through your heels to stand up fully
3. Slowly lower yourself back into the chair in controlled motion
4. Repeat 8-12 times, rest as needed

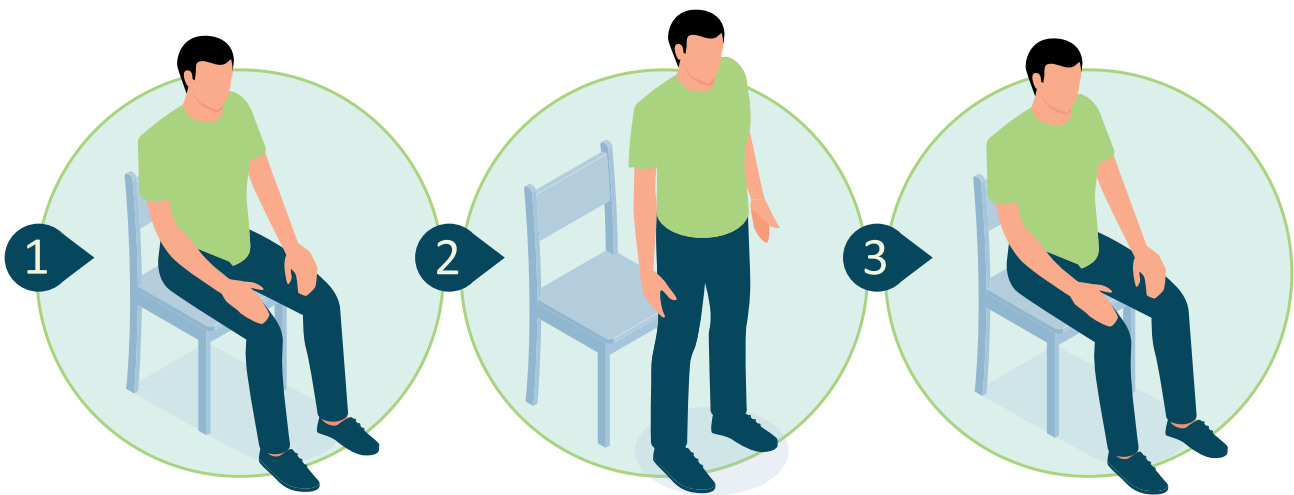


Figure 4. Sit-to-stand exercise routine.

How to Get Started with Physical Activity

- Consult with your health care provider before starting¹⁰
- Start slowly! Even 10 minutes of walking each day is a great way to start
- Take as many breaks as you need
- Increase your intensity (how hard you are working) and duration (how long you are exercising) slowly over time

Pulmonary Rehabilitation

A great way to learn how to exercise and find support is through pulmonary rehabilitation¹. These programs are usually led by a multidisciplinary team, such as respiratory therapists, nurses, and cardiopulmonary physiotherapists.

Pulmonary rehabilitation typically provides you how to exercise, providing you with opportunities to practice your exercise technique. You also receive assistance with managing your COPD through your diet, as well as ways to better conserve your energy. Furthermore, you may learn techniques to breathe and cough effectively.

Online resources for pulmonary rehabilitation exist, such as the Canadian Lung Association's BREATHE Better Stay STRONG [Virtual Pulmonary Rehabilitation](#). You can also call their Health Information Line at 1-866-717-2673 or email info@lung.ca to speak with a certified respiratory educator.

Nutrition

Nutrition and COPD are closely connected, as what you eat impacts your breathing and overall health¹. A healthy, balanced diet can help you maintain muscle strength, support immune function, and provide energy for daily activities¹.

The Canada Food Guide's¹³ four main pillars for [healthy food choices](#) include:

- Make water your drink of choice
- Eat plenty of fruits and vegetables
- Eat whole grain foods
- Eat foods that are rich in protein and healthy fats

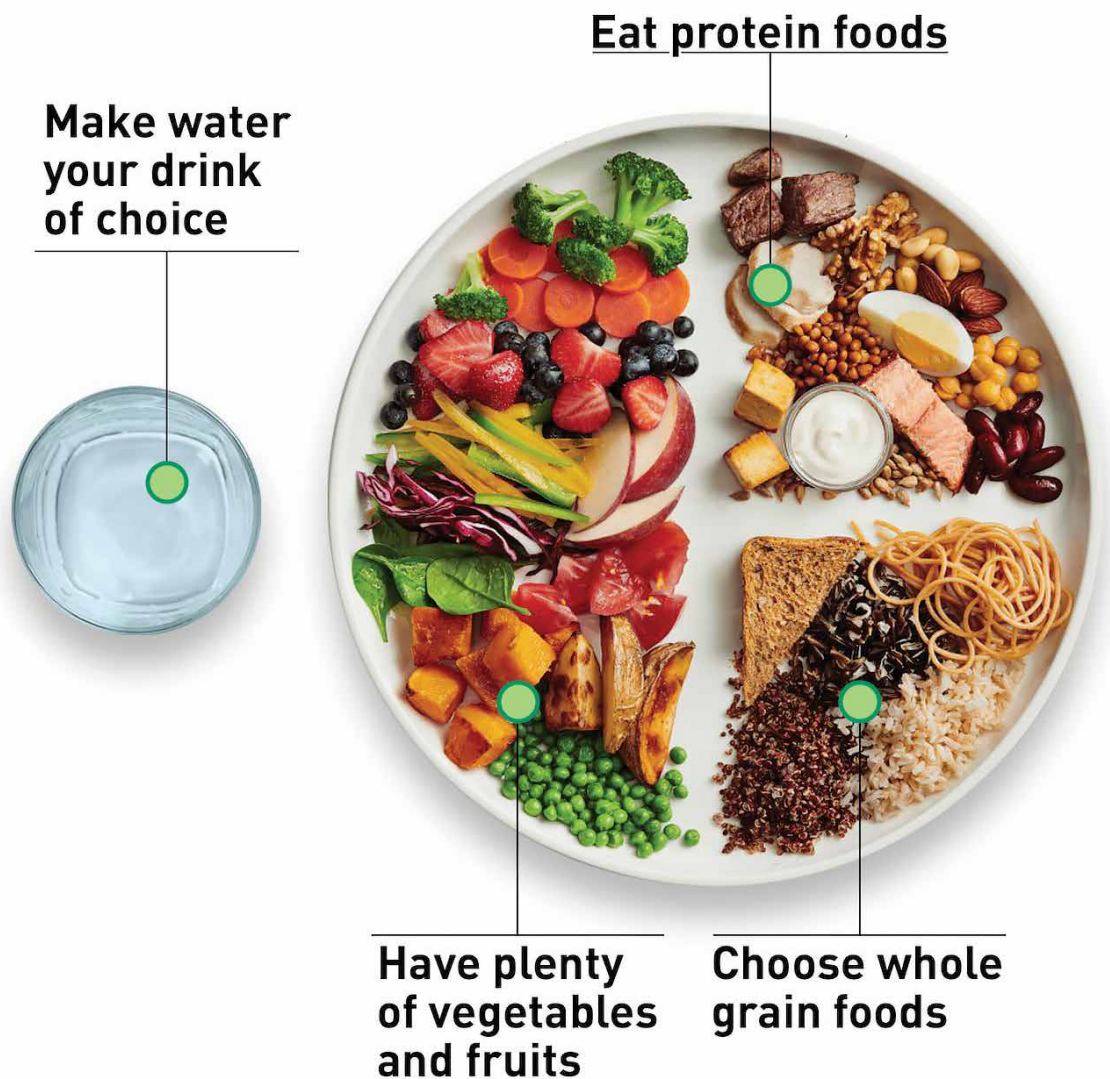


Figure 5. Canada’s Food Guide healthy food choices.

Nutritional Considerations for COPD Patients

Portion Sizes of Meals: Smaller, more frequent meals can help reduce the discomfort of feeling full, which can put extra pressure on your diaphragm, making breathing harder. Limit carbonated drinks and fried foods, which can cause bloating and make breathing more difficult¹.

Hydration: Drink plenty of water to help thin mucus, making it easier to clear airways. It is recommended to drink approximately 6-8 cups of water each day, but always follow your healthcare provider’s recommendations if retaining fluid is a concern⁷.

Available Resources:

Unlock Food ([Click to follow link](#))

A bilingual website supported by the Dietitians of Canada with a focus on connecting Canadians with a dietician, as well as additional nutrition and food information. Popular topics include:

- Budget-friendly recipes
- Weight and health
- Seniors

Group Health Centre - Nutritional Services ([Click to follow link](#))

83 Willow Avenue, Sault Ste. Marie, ON, P6B 5B1

Main Line: 705-541-2670

Appointments: 705-759-4444

Registered dietitians (RD) can provide nutritional advice to help manage chronic conditions such as COPD. Individual and group sessions are offered. During your initial assessment, an RD will review your medical history, lifestyle habits, diet history, and food preferences to develop a nutrition plan that is individualized to you.

Intimacy

When you are diagnosed with COPD, you may think that sexual intimacy is affected¹. The fear of shortness of breath may make you hesitant about being intimate with your partner. Here are a few tips to improve your sexual intimacy with COPD:

- Use your daily reliever medication prior to sexual activity
- Clear mucus secretions prior to sexual activity
- Avoid sexual activity after a heavy meal and when you have a lot of stress
- Rest before and during sexual activity

Mental Health

Living with COPD can take a toll on your mental health, as it often brings feelings of anxiety, depression, or frustration⁷. Prioritizing your emotional well-being is just as important as managing your physical symptoms. By addressing your mental health, you can improve your overall quality of life and build resilience for coping with your challenges.

Stress Management: Stress can worsen COPD symptoms, especially shortness of breath. Incorporate stress-reducing practices into your routine, such as deep breathing exercises, mindfulness, or meditation. Physical activities such as yoga or light stretching can also provide dual benefits for both mental and physical health.

Social Connection: Socializing with friends, family, or support groups can help combat feelings of isolation and provide a sense of belonging. Sharing your experiences with others who understand can be both comforting and motivating.



Appendix

Access the Care You Need

Algoma District

Access the care you need

Call 911 for emergencies

I am experiencing a **mental health crisis**



705-759-3398
for hospital crisis services
or call/text **9-8-8**

I am a **kid or teen** and I need **crisis support**



1-800-668-6868
or text 'connect' to 686868
or visit kidshelpphone.ca

I need a virtual **primary care appointment**



1-888-684-1999
or visit nevirtualcare.ca

I'm looking for **local mental health and addictions services**



705-759-5989
or call 1-855-366-1466
or visit connexontario.ca

I need **health advice** from a registered nurse and/or help finding a **family doctor**



8-1-1
or visit ontario.ca/health811

I need local **home care** and/or **community support services**



1-800-461-2919
or visit northeastsupport.ca
to explore services near you

I'm looking for **Indigenous-focused services**



705-844-2021

I need information on **social and community services**



2-1-1
or visit 211north.ca

I am a **caregiver** looking for support



1-833-416-2273
or visit ontariocaregiver.ca



Updated May 2024
Scan for most recent version



Tips for accessing care

If you are experiencing an emergency or a crisis, contact help immediately.

Before

Get organized

- Write down symptoms, medications, and questions you have.
- Have your health card, insurance, and any relevant medical documents ready.
- **Note:** many services **do not** require a health card — reach out even if you don't have one.

Find the right space

- Move to a safe and quiet location.
- Consider having a support person with you.
- **Note:** if you're not comfortable speaking over the phone, ask if virtual or in-person options are available.

Allow time

- You may have to wait to access the services you need. You may be provided with other options to explore while you are waiting.

During

Introduction (depending on the service you are accessing, you may be welcome to remain anonymous)

"My name is **[name]** and I'm calling because **[reason]**."

"I'm **[age]** years old and live in **[city/town]**."

"My gender is **[gender]**." (if applicable)

"I identify as **[First Nations/Métis/Inuit]**." (if applicable)

Tips for answering questions

- Take your time. Whatever you choose to share, you won't be judged.
- If you're uncomfortable with a question, consider asking, "Do you require this information to help me today?"
- The person you speak to may ask the following questions to ensure they offer care and services that may be important to you.
 - "Do you identify as First Nations, Métis, or Inuit?"
 - "Do you live in a First Nations Community (reserve)?"
 - "Would you like an Indigenous System Navigator to help you plan and connect to available health services?"

Clarifying questions

"Can you please repeat that for me? I want to make sure I understand."

"Do you have information on available services for **[your needs]** in our area? Can you send that information to me?"

"What are the next steps for **[diagnosis/treatment/accessing services]**?"

After

Write it down

- Write down the name of the person you spoke to, any reference numbers, and the date and time of the call.
- Keep track of any changes in your symptoms.

Stay connected

- If you don't hear back from the organization you spoke to within the expected timeframe, reach out to them.

COPD Action and Management Plan

Canadian Lung Association
B R E A T H E

lung.ca

My COPD Action and Management Plan

You and your healthcare provider should fill in this plan together. Bring a copy to each appointment so you can discuss your plan and update it as needed.

| GENERAL INFORMATION | |
|-------------------------------------|-----------|
| Name | Telephone |
| Emergency contact | Telephone |
| Family doctor or nurse practitioner | Telephone |

| GENERAL LUNG HEALTH | <i>Appropriate exercise and a balanced diet can help prevent COPD flareups</i> |
|---|--|
| Exercise plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Walking <input type="checkbox"/> Other _____ mins/day _____ days/week | |
| Diet plan <input type="checkbox"/> Yes <input type="checkbox"/> No Goal weight: _____ lbs kgs | |
| Pulmonary rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No Date last attended: _____ | |

| VACCINATIONS | <i>Staying up to date on your recommended vaccinations can help prevent COPD flareups</i> | |
|---|---|------------------|
| Vaccine | Date received | Next vaccine due |
| Influenza vaccine (flu shot) | | |
| COVID-19 booster | | |
| Pneumonia (pneumococcal) vaccine | | |
| Respiratory syncytial virus (RSV) vaccine | | |

| MEDICATIONS FOR COPD | | | |
|-----------------------|--------------------|------------------|-----------------|
| Purpose of medication | Name of medication | How much to take | When to take it |
| | | | |
| | | | |
| | | | |

| OXYGEN | | |
|----------|---------------------|-----------|
| Resting: | Increased activity: | Sleeping: |

If you have questions about your lung health, call our toll-free Lung Health Helpline to speak to a certified respiratory educator.

1-866-717-2673 (English)

1-866-325-2673 (French)

If you are having a lung health emergency, call 911 and go to the nearest hospital.

My COPD Action and Management Plan

This section of your COPD Action and Management Plan is a personalized worksheet that lists the steps to take to manage your COPD depending on how you feel. It helps you to know how and when to take your medicines, when to call your healthcare provider and when to get emergency care.

Note that the list of symptoms in each coloured zone is not complete. You may experience other symptoms. In the “Actions” column, your healthcare provider will recommend actions for you to take. Your healthcare provider may write down other actions in addition to those listed here.

GREEN zone: I am doing well today.

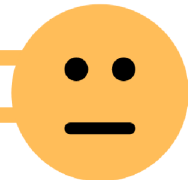


- I can maintain my usual exercise or activity level.
- I am coughing no more than usual.
- I have the usual amount of phlegm/mucus.
- I am sleeping well.
- My appetite is good.

ACTIONS

- Take daily medicines
- Use oxygen as prescribed
- Continue to exercise regularly and follow my diet plan
- Avoid the use of tobacco products and other inhaled irritants (smoke, dust)

YELLOW zone: I am having a bad day or a COPD flareup.



- I am more breathless than usual.
- I have less energy than usual for daily activities.
- I have more phlegm/mucus and/or it's thicker than usual.
- I am using my quick-relief (“rescue”) inhaler more often.
- My ankles are more swollen than usual.
- I am coughing more than usual.
- I feel as if I have a “chest cold”.
- I am not sleeping well, my symptoms keep waking me up.
- My appetite is not good.
- My medicine is not helping.

ACTIONS

- Continue daily medication
- Use my quick relief inhaler every _____ hours
- Start an oral corticosteroid (specify name, dose, and duration)

- Start an antibiotic (specify name, dose, and duration)

- Use oxygen as prescribed
- Get plenty of rest
- Use pursed-lip breathing
- Avoid second-hand smoke, e-cigarette aerosol, and other inhaled irritants
- Call my provider immediately if symptoms do not improve
- Other actions I need to take:

RED zone: I need urgent medical care



- I have severe shortness of breath even at rest.
- I'm not able to do any activity because of my breathing.
- I'm not able to sleep because of my breathing.
- I have a fever or shaking/chills.
- I feel confused or very drowsy.
- I am having chest pains.
- I am coughing up blood.

ACTIONS

- Call 911 or seek medical care immediately
- While getting help, I immediately need to do the following:

The information contained in this document is for educational use only. It should not be used as a substitute for professional medical advice, diagnosis or treatment. The Canadian Lung Association does not endorse any product, device or service.

Canadian Lung Association
B R E A T H E

Supplementary Information: Bronchodilators

To review, maintenance COPD medications are taken regularly to relieve ongoing symptoms, while rescue medications are used only as needed, providing immediate relief when symptoms increase. The two main classes of COPD bronchodilators are beta-agonists and muscarinic antagonists.

To use an analogy to better understand the different types of bronchodilators, think of your car driving down a road. The road is your airway and your car is the air moving along it. In COPD, your airway (road) narrows, making it harder for air (the car) to travel smoothly. This restriction leads to shortness of breath, just like a congested road can slow down traffic.

Beta-Agonists: This medication relaxes the muscles around your airway, causing them to open up, allowing more air flow. These work like pressing on the gas pedal to speed up and increase your travel down the road. There are two main types of beta-agonists:

- 1. Long Acting Beta-Agonists (LABAs):** These slowly open your airways and keep them open for hours, providing ongoing relief. This is typically used as a maintenance medication, and it can be used daily to prevent symptoms from occurring, rather than for quick, emergency relief. This is like putting your car on cruise control, allowing for a steady, smooth ride without sudden stops or slowdowns.
- 2. Short Acting Beta-Agonists (SABAs):** Typically used as a rescue medication, these quickly open your airways during sudden shortness of breath, but the effects wear off shortly. Imagine accelerating to switch lanes and avoid a traffic jam. It can help you immediately, but there may be another traffic jam down the road that you may have to escape.

Muscarinic Antagonists: This medication works by blocking the signal in your body that tells your airways to tighten.

With the signal turned off, your airways can stay open, making it easier to breathe. Imagine driving your car with your handbrake engaged. If you release the brake, your car can move more efficiently without resistance.

Long Acting Muscarinic Antagonists (LAMAs): These gradually open your airways, keeping them open for hours. They are typically used regularly to prevent symptoms from occurring. This is like fully releasing the handbrake at the start of a long drive, ensuring your car can move freely without resistance.

Short Acting Muscarinic Antagonists (SAMAs): These block the signal momentarily, opening up your airways. Imagine partially releasing your engaged handbrake, allowing your car (airflow) to move freely for a short period of time. As the medication wears off, your airways may gradually tighten again, requiring more frequent use.

Where to Learn More

Place your mouse over any logo below and click to be taken to the website.
Sources have keywords to type into Google, and search result to select.



⁴ **World Health Organization COPD Fact Sheet**

Global perspective on key facts, causes and symptoms, treatment and self-management information for COPD

Google Search: World Health Organization COPD Fact Sheet
Search Result: Chronic obstructive pulmonary disease (COPD)



⁵ **Ontario Health COPD Quality Standards**

Description of the 14 quality statements for people with COPD in Ontario

Google Search: Ontario Health COPD Quality Standards
Search Result: Quality Standards - Chronic Obstructive Pulmonary Disease



⁶ **Algoma Community Health Profile**

Detailed report on the health status of communities within the Algoma district

Google Search: Algoma Community Health Profile
Search Result: Community Health Profile



¹ **Canadian Lung Association**

Leading organization in Canada working to promote lung health to prevent and manage lung disease

Google Search: Lung Association COPD Guide
Search Result: A COPD HANDBOOK



² **Respiratory Health Association**

Mission is to prevent lung disease, promote clean air and help people live better through education, research, and policy change (USA - Based Organization)

Google Search: Respiratory Health Association COPD Guide
Search Result: Living Better with COPD: A Guide for You



⁷ **Lung Health Foundation**

Commitment to supporting and empowering individuals living with lung disease across Canada

Google Search: Lung Health Foundation COPD Guide

Search Result: Chronic Obstructive Pulmonary Disease (COPD)

Scroll down the page until you read “Download our handy COPD guide” and click on the link



¹³ **Canada's Food Guide**

Health Canada's guidance on healthy eating for people in Canada 2+ years of age

Google Search: Canada's Food Guide

Search Result: Canada's Food Guide - Canada.ca

Peer-Reviewed Research and Academic Sources

⁹American Lung Association. (2024, November 20). *Spirometry*. Retrieved December 9, 2024, from <https://www.lung.org/lung-health-diseases/lung-procedures-and-tests/spirometry>

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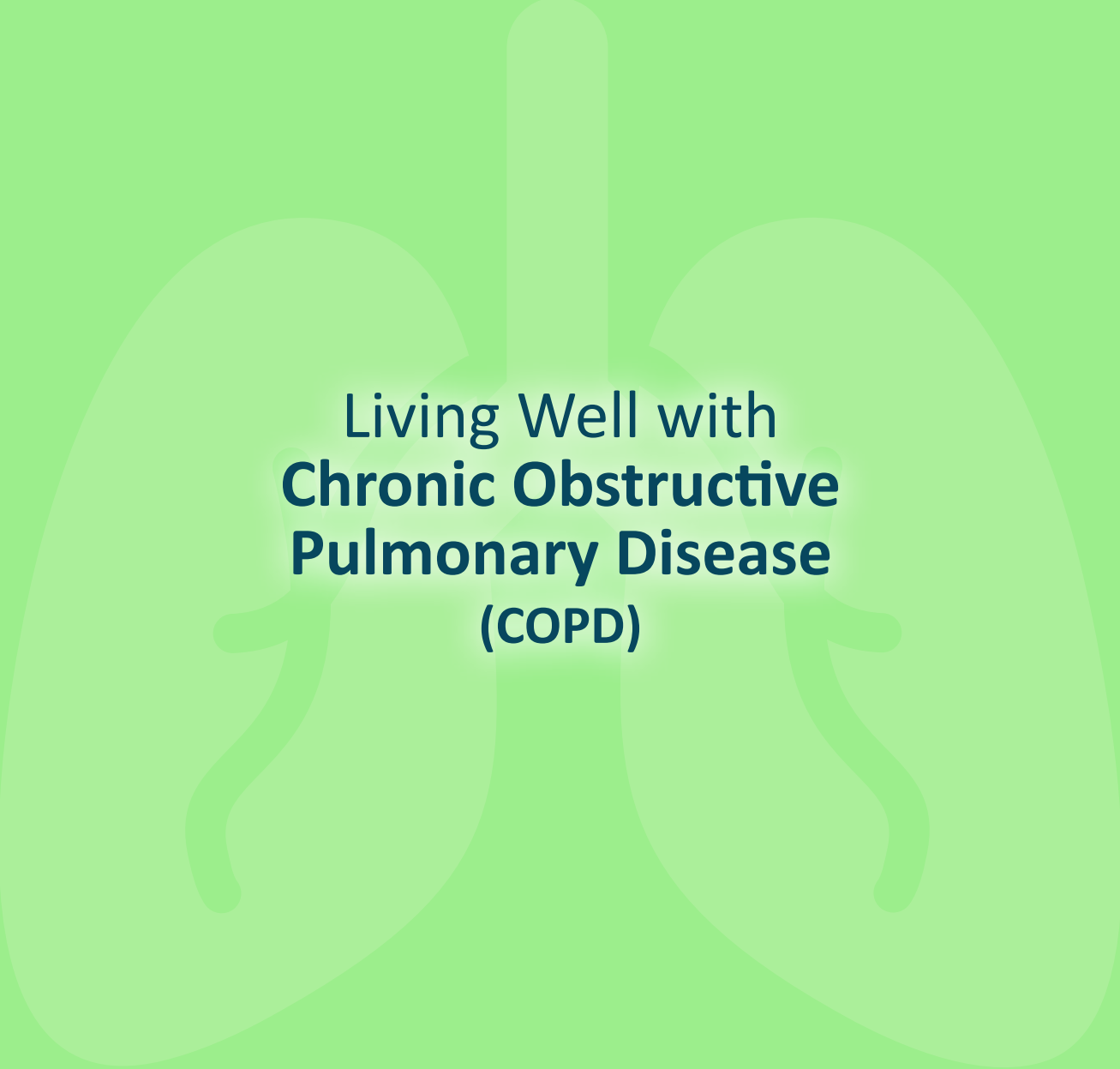


About the Algoma Ontario Health Team

Established in 2020, the Algoma Ontario Health Team (AOHT) brings together local health professionals, organizations, and community members to improve the coordination of care for Algoma communities and to work towards building an integrated health system for Algoma residents.

A main component of the AOHT's Strengthening Care in Algoma initiative was to identify a priority chronic disease, and to initiate a project that improves clinical pathways for this condition in the Algoma region. In January 2024, a working group composed of clinicians, leaders, and community advisors was established, with the overall goal of improving the quality of life for those living with complex chronic conditions in Algoma.

With gratitude, the AOHT acknowledges the many partners and members of the Chronic Disease Working Group who contributed their time and expertise to support the development of *Living Well with COPD*.



Living Well with
**Chronic Obstructive
Pulmonary Disease**
(COPD)



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HEALTH TEAM