



# Respiratory Care WA

Asthma | COPD | Respiratory Health



08 9289 3600



36 Ord Street, West Perth, WA, 6005



[respiratorycarewa.org.au](http://respiratorycarewa.org.au)

## Chronic Lung Disease and Shortness of Breath

Are you coughing or wheezing? Is it becoming increasingly hard to breathe? Is exercise difficult? Are you becoming anxious and frustrated with shortness of breath? You may have chronic bronchitis, emphysema, asthma, or a combination of these conditions. Your doctor may have used names like COAD (Chronic Obstructive Airways Disease) or COPD (Chronic Obstructive Pulmonary Disease).

### Bronchitis

Bronchitis is inflammation (redness and swelling) of the small airways in the lungs. Swelling of the small airway lining may block the airway, making it harder to breathe. Excess mucus (which is easily infected by bacteria) is produced in the airways. This causes coughing and a lot of the mucus may be coughed up. This process can largely be reversed with treatment. Most adults have a bout of *acute* or short-term bronchitis at some time in their lives. Normally this lasts a week or two at the most. People with *chronic* bronchitis produce a lot of mucus. They cough and may be short of breath for months or even years.

### Emphysema

In emphysema, the air sacs in the lungs are gradually destroyed. This makes it difficult for the lungs to absorb enough oxygen from the air into the blood. As the air sacs are destroyed, the small airways lose their support and function. They become blocked and are no longer able to provide an adequate air supply. Emphysema cannot be reversed.

### Asthma

People with asthma have sensitive airways in their lungs. When exposed to certain triggers (eg pollens, dust), their airways narrow. This is due to inflammation, mucus production and tightening of the muscle around the airway. Medication can reverse the narrowing and inflammation of the airways and dry up the mucus in the lungs.



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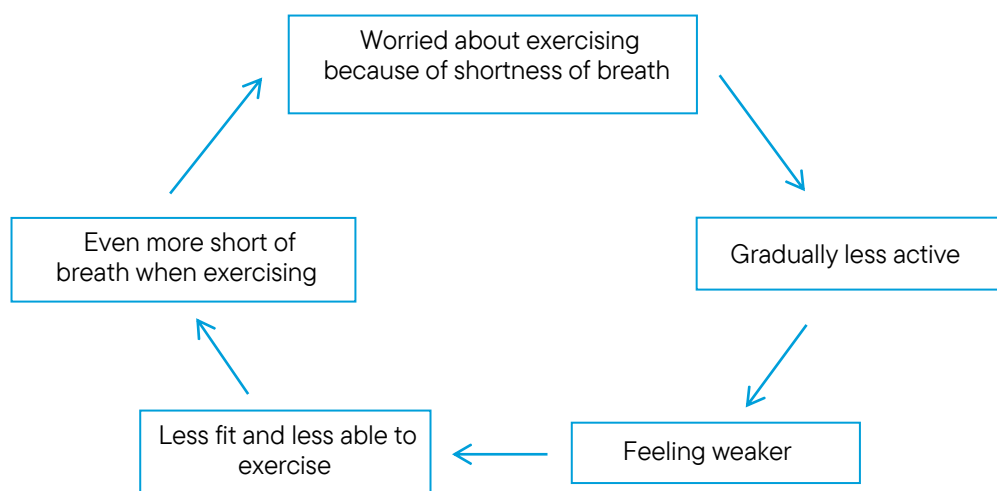
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## Diagnosis

The doctor may order spirometry (a lung function test which measures breathing) and a chest x-ray to diagnose your problem. People often reduce their activities to lessen episodes of shortness of breath. A vicious cycle begins to develop, leading to less activity, a decreased fitness level and continued decrease of lung function:



## Tips to improve life if you are short of breath

1. Be well informed. Learn as much as you can about your condition and how you can manage it.
2. Understand your medications and use them according to your doctor's advice.
3. Discuss all your medications (prescription and over-the-counter) with your doctor to ensure they are compatible. Some medications taken for other conditions can make your shortness of breath worse.
4. Quit smoking. Smoking contributes to the development and worsening of lung conditions.
5. Call the Quitline on 131 848 for help and support.
6. Exercise should be part of your daily routine. Ask your doctor or physiotherapist for advice on suitable activities.
7. Breathing exercises, including breath control, can be helpful. Ask your doctor or physiotherapist for advice. Adequate nutrition is essential. Ask a dietician for advice.
8. Ensure that your general health is under control. Regular influenza ('flu) and / or Pneumovax vaccinations are recommended.
9. Oxygen therapy may help. Ask your doctor.
10. Join your local Lung Net Support Group. Meet people with similar problems and find out how they have managed to be in control.



## Asthma First Aid

For Salbutamol (eg. Ventolin® or Asmol®)

1



**Keep calm and sit up straight**

2



**Have 4 doses of reliever inhaler**

Use a spacer if possible, one dose into the spacer at a time, taking four breaths after each dose.

3



**Wait 4 minutes**

If there is no improvement, have four more separate doses of reliever inhaler as above.

4



If no improvement

**call an ambulance (dial 000)**

Keep giving four separate doses every four minutes until ambulance arrives

Follow your Asthma Action Plan



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