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Chronic Obstructive Pulmonary Disease

In 2015, I had a severe bout of pneumonia and learned that I have emphysema. I visited the emergency room three times that first year for severe dyspnea. The following year, I was admitted to the hospital for four days with acute respiratory distress syndrome and three of those days I was on a ventilator. It was a week or so later that I had my first spirometry test and was diagnosed with Chronic Obstructive Pulmonary Disease.

What I've since learned since then is that COPD is a leading cause of morbidity and mortality worldwide. Age and smoking are common risk factors for COPD and other illnesses, often leading COPD patients to demonstrate multiple coexisting comorbidities. The common comorbidities of COPD are – as you know – lung cancer, heart disease, asthma, sleep apnea,

hypertension, pulmonary fibrosis, pulmonary arterial hypertension, diabetes, and osteoporosis, but also anxiety and depression.

The first year of my COPD diagnosis, 2015, had me battling many episodes of anxiety, as short-acting beta-agonists (SABAs) did little to address my continual hunger for air. Riddled with anxiety while struggling for air and depressed by the overwhelming fatigue that common everyday tasks now caused, my physical and mental health started to decline, and my employer eventually asked me if I wanted to go on disability.

I had worked in the position for 20 years. I was devastated. I didn't want to go on disability, and subsequently lost my job because of the absences, which made my depression and anxiety even worse. I felt like my life had been stolen from me … I was like, what do I do now? Do I just sit at home and watch TV and try to deal with this air hunger? That didn't feel like an option for me.

I felt like my anxiety and depression were not addressed, at least at first, as the medical focus was placed almost entirely on my physical respiratory condition. I remember mentioning depression to my primary care physician and he asked me if I was lonely. I had worked in mental health for years, and I thought, of course not – I know what the difference is!

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I now know that anxiety and depression frequently accompany certain chronic illnesses. Many COPD patients experience transitory mood symptoms during exacerbations, which improve spontaneously after recovery. Based on my own experience, I think identifying COPD patients with depression and/or anxiety remains a challenge for clinicians.

Eventually, with proper maintenance inhalers, long-acting muscarinic antagonists (LAMAs), and an inhaled corticosteroid, my anxiety subsided. I began to read materials from various sources, such as the American Thoracic Society, American Lung Association, National Heart Lung Blood Institute, and the COPD Foundation. It was from these sources that I learned more about COPD, and ways to manage it through diet, exercise, breathing techniques, education, pulmonary rehabilitation, and support groups. This was the start of a new journey for me, with managing my ACO. It’s a journey that I am still on to this day, though it has gotten much better.

I cannot emphasize enough the importance of pulmonary rehabilitation for COPD and its common comorbidities. Since attending pulmonary rehabilitation, I have had zero hospitalizations. The few flares I have experienced were treated at home with a call or visit to my pulmonologist/doctor. I can do so much more now.

We all know the benefits of toning and building muscle mass and exertion tolerance, how important they are to the cardiopulmonary system. The surprise was how beneficial it was to my mental health. The camaraderie and relationships formed through pulmonary rehabilitation and support groups is something I am forever grateful for. I encourage other patients who may be suffering from mental health issues to seek out that support, which is crucial to recovery and well-being.

Despite all the support I've found, the anxiety still creeps up now and again – particularly when dealing with weather anomalies and the effects of climate change. Recently, we've had poor air quality days due to wildfire smoke from Canada and that's made me quite worried about how I'm going to manage that with my illness. I have air conditioning, but it unfortunately vents from the outside, which makes me anxious about potentially bringing in bad air from the outdoors... still, I am in a much better space than I was some years ago.

I encourage anyone who may be reading this to be mindful of the whole patient. What comorbidities may be at play in the patient's presentation? Are depression and anxiety preventing the patient from fully engaging in treatment? What resources can be drawn upon, medications, non- pharmaceutical therapies, other specialists? Talk with the patient to determine if there are any obvious cultural or socioeconomic barriers.

We all benefit from being seen as multifaceted human beings, rather than as a patient with a disease to treat.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease is a preventable and treatable lung disease. People with COPD must work harder to breathe, which can lead to shortness of breath and/or feeling tired. Some other facts about COPD are:

- Although the most common cause of COPD is tobacco smoke, there are several other factors that can cause or make COPD worse, including environmental exposures and genetic (inherited) risk.
- Common symptoms of COPD include feeling short of breath while resting or when doing physical activity, cough, wheezing, fatigue, and/or mucus production that does not go away.
- Some general classes of medications to treat COPD include those that aim to widen the airways (bronchodilators), reduce swelling in the airways (anti inflammatory drugs, such as steroids), and/or treat infections (antibiotics).

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