



What you need to know about...

Treating Chronic Obstructive Pulmonary Disease (COPD)

Non-medication therapies for treating COPD are:

Pulmonary Rehabilitation

The goals of pulmonary rehabilitation are to reduce symptoms, increase physical and emotional participation in everyday activities, and improve quality of life. The minimum length of an effective rehabilitation program is six weeks.

The components of rehabilitation programs vary, but a comprehensive program will include exercise training, nutrition counseling, and COPD education.

Oxygen Therapy

Oxygen is a principal treatment for people with very severe COPD. It is administered continuously, during exercise, or for relief during acute shortness of breath. Oxygen therapy has been shown to increase the duration of exercise, prevent the progression of pulmonary hypertension, and increase survival.



Ventilatory Support

Noninvasive ventilation is used to treat acute exacerbations of COPD, except for those with severe COPD who may require more support.

Example: Continuous positive airway

pressure (CPAP) machine, Bi-level positive airway pressure (BiPAP) machine.



Surgical Treatment

There are currently three surgical options for severe COPD:

1. **Bullectomy** is a procedure for patients with *bullous emphysema* – lungs with severe emphysema that contain air and/or fluid filled pockets. These pockets can cause further obstruction and increase pressure in the lungs. In carefully selected individuals, this procedure is effective in short-term reduction of shortness of breath and improvement in lung function.
2. **Lung volume reduction surgery (LVRS)** is a procedure in which damaged parts of the lung(s) are removed to improve lung function. This procedure helps alleviate symptoms for a short-time and should only be recommended in carefully selected individuals with severe COPD.
3. **Lung transplantation** (including single-lung transplants) for appropriately selected individuals has been shown to improve quality of life. Specific guidelines are followed when selecting candidates for lung transplantation in people with very severe COPD.