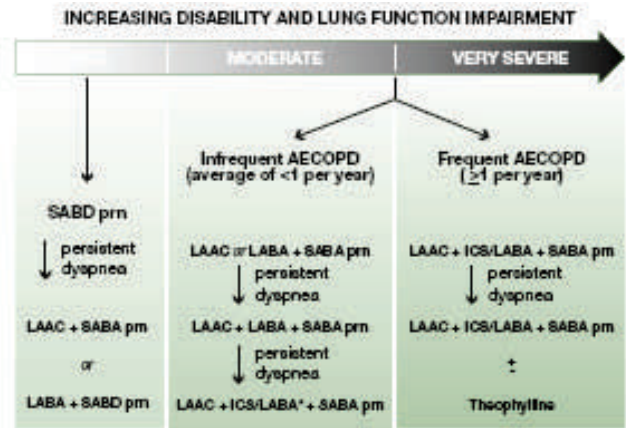


# Your Guide to COPD Medications

There is no cure for COPD. However, there are safe and effective medications available to help control the symptoms.

- **Bronchodilators** to open your airways
  - Short acting
  - Long acting
- **Corticosteroids** to reduce the inflammation
  - Inhaled
  - Tablets
- **Antibiotics** if you have an infection
- **Flu and pneumonia shots** to prevent infections
- **Supplemental oxygen**



\* refers to lower dose ICS/LABA

SABD = short-acting bronchodilator (e.g. ipratropium or SABA)  
 LAAC = long acting anticholinergic (e.g. tiotropium)  
 LABA = long acting beta agonist (e.g. salmeterol; formoterol)  
 SABA = short-acting beta agonist (e.g. salbutamol; terbutaline)  
 ICS/LABA = inhaled corticosteroid/LABA (e.g. fluticasone/salmeterol; budesonide/formoterol)

## Short-acting Bronchodilators (SABD)



## Long-acting Bronchodilators (LABD)

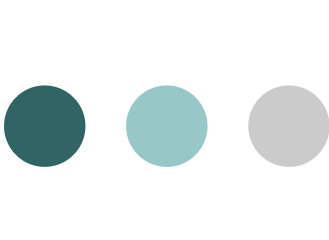


## Inhaled Corticosteroids (ICS)



## ICS / LABA Combinations





# Your Guide to COPD Medications

## Short-acting Bronchodilators (SABD)

### **Short-acting Beta<sub>2</sub>-agonists: (SABA)**

Salbutamol (Ventolin® and Airomir®)  
Terbutaline (Bricanyl®)  
Fenoterol (Berotec®)

### **Short-acting Anticholinergics (SAAC)**

Ipratropium (Atrovent®)

Short-acting bronchodilators open your airways to make it easier for you to breathe when you are experiencing shortness of breath or are wheezing.

There are 2 types of short acting bronchodilators that you can use: beta<sub>2</sub>-agonists and anticholinergics. Short acting bronchodilators are used as “rescue” medication to provide immediate relief from shortness of breath or wheezing, but can also be used regularly to prevent symptoms from occurring. Beta<sub>2</sub>-agonists and anticholinergics differ in that they work in a different way to provide symptom relief. Some COPD sufferers may experience better relief from a combination, rather than each agent used alone.

## Long-acting Bronchodilators (LABD)

### **Long-acting Beta<sub>2</sub>-agonists (LABA)**

Salmeterol (Serevent®)  
Formoterol (Oxeze®)

### **Long-acting Anticholinergics (LAAC)**

Tiotropium (Spiriva®)

Long acting bronchodilators are used when use of short-acting bronchodilators becomes very frequent. They are used on a regular basis to prevent symptom occurrence and reduce the frequent use of your short-acting bronchodilator (SABD).

Note: if using tiotropium, a long-acting anticholinergic, the drug of choice for rescue therapy becomes a short-acting beta<sub>2</sub>-agonist. This reduces the potential for increased anticholinergic side effects (dry mouth, constipation, etc.).

## Inhaled Corticosteroids (ICS)

### **Inhaled Corticosteroids (ICS)**

Fluticasone (Flovent®)  
Budesonide (Pulmicort®)  
Beclomethasone (Qvar®)

Inhaled corticosteroids are added to therapy when shortness of breath persists despite treatment with combination of a long-acting beta<sub>2</sub>-agonist and a long-acting anticholinergic, used regularly, and a short-acting beta<sub>2</sub>-agonist used for rescue.

Inhaled corticosteroids are used to reduce inflammation in the airways. They are not used for immediate symptom relief. Rather, they work over the long term to prevent symptoms of cough and persistent shortness of breath.

Note: Remember to always rinse your mouth and spit after using your ICS, to prevent throat/mouth irritation, hoarseness and thrush.

## ICS / LABA Combinations

### **ICS / LABA Combinations**

Fluticasone & Salmeterol (Advair®)  
Budesonide & Formoterol (Symbicort®)

Inhaled corticosteroids are also available in combination with long-acting beta<sub>2</sub>-agonists, for simplicity of medication regimens.

Because these are a combination of a corticosteroid and a long-acting beta<sub>2</sub>-agonist, with regular use, they will reduce inflammation within the airways while at the same time, providing symptomatic relief of breathlessness. This combination will also help to decrease the frequency of COPD flare-ups.

## Xanthines (Bronchodilators)

### **Xanthines**

Theophylline  
Uniphyll®  
Theo-Dur®

Xanthines are tablets that may be used once all other options to relieve continued symptoms of breathlessness have been tried. Xanthines may help to relieve continued shortness of breath and further reduce inflammation in the airways.

Note: Because of the side effects that may be experienced with xanthines and increased risk of drug interactions, xanthines are usually reserved until other options have been tried.

Xanthines may also require getting your blood tested to ensure appropriate drug levels within the body.

## Oral Corticosteroid Tablets

### **Oral Corticosteroid tablets**

Prednisone

Corticosteroids in tablet form are used to control the symptoms of an acute COPD exacerbation or a bad lung infection. Oral corticosteroids tablets have shown to reduce the risk of complications when taken at the onset of a flare-up of COPD.

Note: Because corticosteroid tablets can cause more side effects than inhaled corticosteroids (ICS), they are reserved for treatment of exacerbations and acute illness only. The dosage regimen that must be followed with tablets is also much different from that of the inhaled form.

## Antibiotics

### **Antibiotics**

Some examples include:

Amoxicillin  
Doxycycline  
Cotrimoxazole  
Cefuroxime  
Clarithromycin  
Moxifloxacin

Having COPD increases the risk of lung infections. This is because the lungs' natural defense systems are not as effective as they normally would be. In turn, a mild infection can turn out to be a very serious one, and require antibiotics in order to adequately fight the infection.

Worsening of COPD symptoms can be a sign of infection. See your doctor if you notice any worsening of your condition.

## Supplemental Oxygen

Not everyone with COPD will need oxygen therapy. Some will need it for short-term treatment and for some, it will be a regular part of therapy.

Oxygen therapy is commonly used if the oxygen levels in the blood become very low. It may also be used when temporary damage to the lungs has occurred due to infection or some other cause.

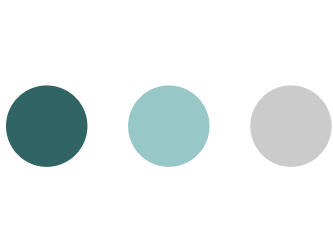
Your heart works hard to pump oxygenated blood to all parts of your body. If oxygen levels are low, the heart must work harder. Over the long term, this can lead to heart failure. Supplemental oxygen will prevent that strain on your heart, and in turn, will prolong life, improve well being, increase exercise tolerance and decrease shortness of breath. This will result in fewer hospitalizations and increased quality of life.

## Flu & Pneumonia Shots

It is very important to get your flu and pneumonia shots to prevent lung infections. Lung infections, if they occur, can be much more serious when you have COPD.

You should get your flu (influenza) shot every fall on a yearly basis. Talk to your doctor about getting your pneumonia shot. You do not need this shot every year, but a booster shot every 5 years is recommended.





# Helping You Stay Healthy With COPD

A COPD exacerbation or flare-up can be life threatening and require hospitalization. A flare-up is defined as a new worsening in shortness of breath or cough that lasts for at least 2 days. Symptoms may occur when there is increased sputum production, narrowing of the airways, or reduced airflow to the lungs. If you experience any of the following symptoms, call your doctor immediately or go to the hospital.

- An unusual increase in shortness of breath
- Wheezing
- An increase in the amount or thickness of your mucus (phlegm)
- Mucus that is yellow, green, or brown
- A deep cough with or without mucus
- Chest pain
- Fever
- Swollen ankles
- Difficulty sleeping
- Needing to sleep sitting up
- Morning headaches, dizziness, or confusion
- Blue lips or fingers
- Feeling sick

## Causes of COPD exacerbations

- Lung infections (bronchitis, pneumonia, etc.)
- Exposure to irritants such as smoke, pollutants, or chemicals
- Allergic reactions
- Accidental inhalation of food or stomach contents into the lungs (aspiration)
- Heart failure

## How to Prevent Exacerbations

- Stay healthy by eating healthy foods, exercising, and getting enough sleep.
- Prevent infection by washing your hands regularly, and staying away from people who are sick.
- Get your annual flu shot.
- Ask your doctor when you require your next pneumonia shot.
- Avoid triggers that make your condition worse. By avoiding these triggers, you can help prevent worsening symptoms and potential flare-ups.
- Take all of your medications as prescribed by your doctor. Ask your doctor or pharmacist if you have questions.
- Talk to your doctor about creating an action plan to deal with potential flare-ups or exacerbations. A written action plan will help you to know when you need to take more medications or to call your doctor or go to the emergency department.

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