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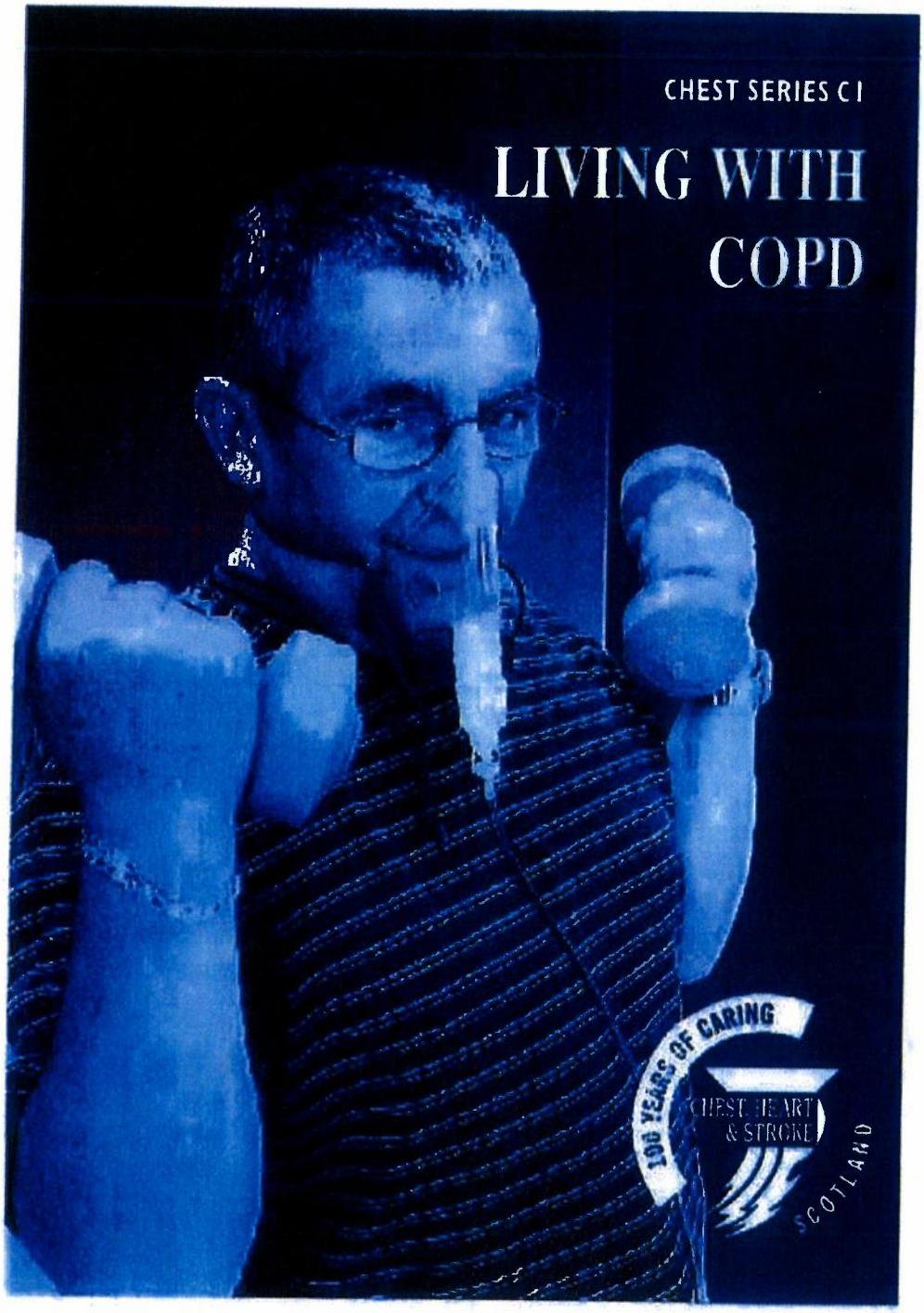

CHEST SERIES C1
LIVING WITH
COPD
100 YEARS OF CARING
CHEST, HEART
& STROKE
SCOTLAND

L I V I N G W I T H C O P D

C O P D

LIVING WITH COPD

Inhalers

The commonest way of delivering drugs to treat COPD is in inhaler form. This allows the drug to be delivered directly to the part of the body they need to work on i.e. the lungs. There are three main types of inhaler drugs, relievers, preventers and controllers. There are many different types and names of inhalers made by different companies but generally they are colour-coded in a similar way for clarity.

Inhaler	Colour code
Reliever	Blue
Controller	Green
Preventer	Pink / orange / brown
Preventer combination	Purple and red

They all work differently, therefore you are likely to be prescribed more than one inhaler. If you have to take your inhalers together, always use your reliever first.

It is very important that you use your preventer and controller inhalers regularly, as prescribed by your doctor. The effects of these may take a week or two to be noticeable, but if you stop taking them or frequently forget you will not get the proper benefit of your medication.

It is also helpful to make sure you have a spare inhaler to fall back on in case you lose it or it runs out.

The drugs used in the inhalers are usually also available in solution form to be used with a nebuliser.

Relievers

Reliever medication is coded blue.

Relievers are usually quick acting and their job is to relieve breathlessness. Most people with COPD need to have a reliever inhaler. They work by helping the muscle around the airways to relax allowing the air to get into the lungs so they are also known as bronchodilators. It is important to keep your reliever with you at all times as you never know what might trigger an attack. Salbutamol and terbutaline are very quick acting drugs and for this reason are usually prescribed on an 'as required' basis.

Metered dose inhalers

The inhalers in this group are salbutamol and terbutaline.

Another type of bronchodilator is ipratroprium bromide. It is an anticholinergic bronchodilater and works in a slightly different way to the others in that it takes longer to have an effect. It is prescribed on a regular basis usually four times a day and not 'as required'.

Side effects

Salbutamol can cause a tremor especially noticeable on your hands. Some people may experience palpitations. If these side effects are particularly severe your doctor might reduce the dose or try another bronchodilator inhaler such as terbutaline.

Ipratropium bromide tends to have few side effects but can cause a dry mouth and very

occasionally constipation and difficulty passing urine. Try sipping water throughout the day, which will keep your mouth moist and help to avoid constipation.

Controllers

These inhalers are colour coded green. They are long acting bronchodilators, which are taken twice a day, usually in the morning and at night to control the symptoms of breathlessness. They take about 30 minutes to work but their effects last for 12 hours, so these inhalers will not help during a breathlessness attack.

Examples of long acting bronchodilators are salmeterol and formoterol.

Spiriva inhaler

Side effects

Side effects of these drugs are similar to bronchodilators; fine muscle tremor in the hands, palpitations and cramps in hands and feet. In most cases these side effects are quite mild and do tend to resolve over time. However, if the side effects cause you distress, speak to your doctor or practice nurse about them.

Spiriva

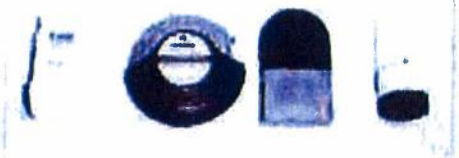
A new inhaler is now available called Spiriva or Tiotropium. It is a long acting anticholinergic and is used as a controller. The benefit is that Spiriva only needs to be taken once every 24 hours. However it cannot be taken with Atrovent (Ipratropium) or Combivent. If you are using either of these they must be discontinued before starting to use Spiriva.

Reliever combinations
Bronchodilator inhalers are also available in combination, to allow you to take two different bronchodilators at the same time. These inhalers are also usually prescribed on a regular basis, for example four times a day. This ensures relief throughout the day.

The inhalers in this group are: Combivent® which is [salbutamol + ipatroprium] and Duovent® which is [fenoterol + ipatroprium].

Preventers
These inhalers are colour coded shades of pink, orange or brown.

Preventer inhalers contain steroids. The aim of this treatment is to reduce inflammation of the airways, helping them to stay open, preventing breathlessness. They are usually taken twice a day, in the morning and at night. When you are having a breathless attack, your preventer will not help, you need to use your reliever inhaler.



Dry powder inhalers

Examples of common steroid or preventer inhalers are: beclomethasone, fluticasone and budesonide.

Side effects:
Steroids can have quite serious side effects, but because inhalers deliver the drug directly to the part of the body that needs it the side effects are usually minor and easy to control. Side effects include voice hoarseness, a sore mouth and/or oral thrush. Making sure that you rinse your mouth out after using this inhaler can minimize

this. If you are unfortunate enough to develop oral thrush, treatment can be obtained from your doctor. Dentures should be soaked overnight in a sterilizing solution to help combat this also.

Preventer combinations
These are colour coded purple and red.

These inhalers are a combination of a preventer and a controller. The most common ones are Seretide® [Fluticasone + Salmeterol] and Symbicort® [Budesonide + Formoterol].

Remember that new medicines are being developed all the time and the names may change. If you are not sure which inhaler does which job, please ask your doctor or practice nurse to go over it with you.

Check your inhaler technique

Using your inhaler
Inhalers are very effective but only if used correctly. Make sure you know how to use your inhaler and that you are comfortable using it even when you are very breathless. Most GP surgeries have practice nurses who will be happy to help you with your inhaler technique.

Different types of inhalers work in different ways but the principles are the same:

1. Always shake your inhaler well before use.
2. Always make sure you are sitting upright or standing before taking your inhaler.
3. Breathe out to empty your lungs.
4. Put inhaler into your mouth and seal lips around the mouthpiece.

5. When activating inhaler take a slow deep breath in.
6. After filling your lungs try and hold your breath for a count of 10 or as long as you can manage.
7. Breathe out.

Taking care of your inhaler

- Store your inhalers out of direct sunlight.
- Clean the mouthpiece with a dry tissue after use.
- Always replace the mouthpiece cover after use, to prevent dust getting in.
- Follow the manufacturers instructions about washing your inhaler.

Spacers

If you have difficulty either with your inhaler technique or the physical handling of an inhaler you may find a spacer helpful. They are designed for use with aerosol inhalers.

A spacer is a plastic dome with a mouthpiece at one end and a fitting for the inhaler at the other. The inhaler is triggered into the space delivering the dose required. You then have more time and more than one chance of breathing it all in. This also prevents the drug being delivered directly onto the back of your throat helping to reduce side effects, especially those caused by steroids. Instead the drug is delivered more effectively to the lungs. In fact the drug delivery achieved by using your spacer and inhaler correctly can be compared to that achieved using a nebuliser. There are large and small volume spacers