

Living Well with COPD™

Chronic Obstructive Pulmonary Disease

A Learning Tool for Patients and Their Families

Keeping a Healthy and Fulfilling Lifestyle

- Meaning of being healthy
- Quitting smoking
- Complying with medication
- Eating healthy
- Exercising and physical activity
- Sleeping better
- Satisfying sex life
- Planning leisure activities
- Travelling

This guide belongs to:

2nd Edition 2005

The skills you need to manage your COPD

COPD is a disease that can seriously affect every part of your life. Simple activities you once took for granted, such as taking a walk or getting dressed, can become major challenges. Flare-ups, or worsening symptoms – the main cause of hospitalization in people with COPD – can further affect your quality of life. Fortunately, there is a lot that you can do to overcome and prevent these limitations, and improve your well-being. This is why we have created this series of workbooks on COPD self-management.

How can this program help me with self-management of the disease?

This is an educational program in which you learn skills to manage your disease and adopt healthy new lifestyle behaviours. This series of workbooks is part of that program, based on real-life experiences.

Medical experts and patients with COPD – people just like you – worked together to update this program that you can customize for yourself. National¹ and international^{2,3} guidelines agree that patient education and self-management are valuable for people with COPD.

We also tested this educational program as part of a clinical trial. And the results are very encouraging. Patients who used these workbooks in collaboration with their healthcare worker, “case manager” or resource person and physician had fewer hospitalizations and fewer emergency room visits. Their overall health also improved, enabling them to do more of the activities they enjoyed, and better cope with their disease.^{4,5}

This is your guide. Use it to write down your questions or concerns. Share it with people close to you so that they can understand what you are going through. Discuss whatever thoughts and feelings you have with your case manager or resource person and your physician.

Good luck with your program,
Dr. Jean Bourbeau



Montreal Chest Institute,
McGill University Health Centre (MUHC)

Welcome to “Keeping a Healthy and Fulfilling Lifestyle” of the learning series Living Well with COPD

Do you think it is possible to be healthy if you have COPD? It certainly is, but you – and your family – may have to make many changes in the way you do things. Some of these changes may be minor. Others, such as exercising regularly, or eating good food, may take a little getting used to. However, by maintaining healthy new habits, you will have a better chance of fulfilling your physical, emotional and social needs.

Living well with COPD means doing more of the things you like, adopting and maintaining healthy life habits and behaviours in order to maximize your quality of life.

In this module you will learn:

- ✓ The meaning of being healthy
- ✓ Why it is important to quit smoking
- ✓ The importance of taking your medication regularly
- ✓ How to eat healthy
- ✓ The importance of exercising and maintaining physical activity
- ✓ How to sleep better
- ✓ How to have a satisfying sex life
- ✓ How to plan and identify your leisure activities
- ✓ How to plan a long or short trip

The meaning of being healthy

Living well with COPD is about adopting and maintaining healthy behaviours in your life. You have set a personal goal for yourself to be healthy. You know that this will mean changing your lifestyle and exercising more. You are ready to make these changes but are not quite sure where to start.



To change your lifestyle, you must first define health.

What does health mean to you?

What do you do to stay healthy?

Do you make time for leisure activities? Why?

How can friends and family help you to improve your health?

Do you think a healthcare professional can help you improve your health? How?

Taking charge of your health means looking at your needs.

Being healthy with COPD⁶

Even if you have COPD, a chronic illness, you can still be healthy. In other words, knowing your disease and taking charge of it will help you live better with your COPD.

Living with COPD



Living Well with COPD



- Keeping a healthy and fulfilling lifestyle
- Managing stress and anxiety
- Preventing and treating symptoms
- Developing and integrating a Plan of Action in your life

Quitting Smoking

In this workbook, you will learn many healthy habits, from eating well to exercising regularly. But they will not be as effective if you continue to smoke.

The single most important thing you can do to slow down the progression of COPD is to quit smoking.

How do you think stopping smoking will affect your health?

Goal:

- To stop smoking

Benefits:

- Reduces cough and sputum
- May improve breathing, but most importantly it slows down the decline of the lung function
- Reduces the frequency and severity of respiratory infections
- Reduces the risk of heart attack and cancer

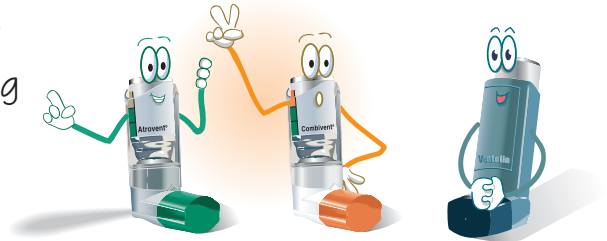
Points to remember:

- Be patient with yourself. Smoking is an addiction that often takes many years to control.
- You will improve your chances of quitting if you get counselling, either through group programs or one-on-one sessions.



Taking your medications

When you have COPD, your airways are swollen and narrowed, making breathing difficult. Taking your medications is an essential part of living with COPD.



Why should you take your medications?

Do you take your medications regularly?

If you do take your medications regularly, what is your secret? What helps you remember to take your medications?



If you do not take your medications regularly, what are your reasons? What can you do to make it a routine?

Complying with medication

Goal:

- To open airways in your lungs, reduce symptoms and prevent complications

Benefits:

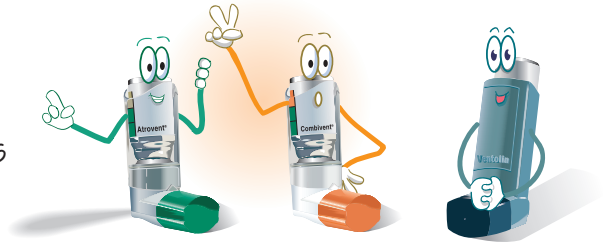
- Relieves shortness of breath
- Increases exercise tolerance
- Prevents exacerbations (flare-ups) and related complications
- Reduces emergency room visits and hospitalizations
- Improves quality of life

Points to remember:

- Medications must be taken as prescribed, using the proper technique.
- Use a reference point during the day that will remind you to take your medications: for example, first thing in the morning after you wake up.
- Stick a reminder on your fridge door.
- Ask your contact person and/or doctor if you have questions regarding your medication and therapy.
- Seek out information, and observe how you feel about the effects of a medication. Take notes.

See Module “Preventing and Managing your Symptoms” for more detailed information on medications and inhalation devices.

Taking your medication is one of the most important steps towards maintaining a healthy lifestyle.



Eating a healthy diet is also an important part of your everyday life

In order to breathe, your body requires a lot of energy or fuel. In fact, a person with COPD can use up to 50% more energy on breathing compared to a person who does not have a lung disease! One way to think of eating is to compare it to filling up a car with gas. The quality of the fuel counts too.

Why do you think healthy eating is important?

Goal:

- To maintain a healthy body weight through a balanced diet

Benefits:

- Stores energy
- Improves quality of life
- Improves physical capacity
- Prevents infections



Points to remember:

- Being underweight can seriously affect your energy levels and quality of life.
- Being overweight, on the other hand, can cause problems with sleeping and breathing.

A healthy diet is a matter of balance and variety



What are you currently eating?

Breakfast
Snack
Lunch
Snack
Dinner
Snack

Suggestions! Eat foods according to the Canada Food Guide[†]:

Grain Products	Vegetables and Fruits	Milk Products	Meat and Alternatives
5 to 12 servings a day	5 to 10 servings a day	2 to 4 servings a day	2 to 3 servings a day
One serving equals:	One serving equals:	One serving equals:	One serving equals:
1 slice of bread	1 medium-sized fresh vegetable or fruit	1 cup (250 ml) milk	50-100 grams of meat, poultry or fish
30 g cold cereal	1/2 cup (125 ml) canned or frozen vegetable or fruit	3/4 cup (175 ml) of yogurt	1/3-2/3 can (50-100 g) fish
3/4 cup (175 ml) hot cereal	1/2 cup (125 ml) juice	3 x 1 x 1 in. (50 g) cheese	1/2 cup-1 cup (125-250 ml) beans
1/2 bagel, pita or bun	1 cup (250 ml) salad	2 slices (50 g) of cheese	1/3 cup (100 g) tofu
1/2 cup (125 ml) of pasta or rice			2 tablespoons (30 ml) peanut butter

[†] http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html

Here is an example of a typical menu:

Menu	What do you eat?
Breakfast	
Oatmeal (3/4 cup, 175 ml)	
Milk (1 cup, 250 ml)	
Banana (medium size)	
Snack	
Orange juice (1/2 cup, 125 ml)	
Raisin bread (one slice)	
Lunch	
Bean and tomato soup (1/2 cup, 125 ml)	
Bread (one slice)	
Apple sauce (1/2 cup, 125 ml)	
Snack	
Yogurt (3/4 cup, 175 ml)	
Dinner	
Roast Chicken (50-100 g)	
Rice (1 cup, 250 ml)	
Vegetable medley (1/2 cup, 125 ml)	
Canned peaches (1/2 cup, 125 ml)	
Snack	
Muffin (one)	

This menu is only an example – it may not meet everyone’s energy and protein needs. It provides the minimum daily intake of 5 cereal products, 5 fruits and vegetables, 2 milk products and 2 meat and meat substitutes as recommended by the Canada Food Guide.



Getting the most out of every meal

What keeps you from eating properly?



Potential Problems	Suggestions
Dental problems	Eat soft, high-calorie foods.
Breathlessness or fatigue while eating	Rest, use your short-acting bronchodilator and your coughing techniques before meals.
Breathlessness or fatigue when preparing meals	Use fast and easy recipes, and cook more than one meal at a time. Freeze what you do not eat and save it for later.
Difficulty planning meals and understanding serving sizes	Use a copy of the Canada Food Care Guide, which shows examples of serving sizes.
Bloating and getting gas	Eat smaller meals more often (5-6 meals a day), eat slowly and chew food well. Do not forget that foods such as cabbage, onions, broccoli and cauliflower may cause gas.
Feeling full too quickly	Drink fewer liquids during meals. Instead, sip on fluids an hour before meals. Eat cold foods, which provide less of a sense of feeling full than hot foods.
Constipation	Eat foods that are high in fibre, drink plenty of fluids (if you have no restrictions) and exercise regularly according to your ability.

Can you save and store energy while eating? How?



Here are some suggestions:

- **Increase your portions of meat and meat substitutes.** Meat, fish, tofu, nuts and legumes (beans) are examples of food products that give you more energy.
- **Eat foods high in protein.** Foods high in protein will give you more energy, prevent malnutrition and help maintain your muscle and bone strength. Milk products (i.e. cheese, yogurt), egg whites, meats, fish, nuts and beans are good sources of protein.
- **If you are taking prednisone on a long-term basis, increase your portions of milk products.** These provide calcium, which is essential to prevent osteoporosis, a bone-thinning disease that can be a side effect of taking prednisone for a long time. Milk, yogurt, cheese, milk-based dessert products and ice cream are examples of milk products.
- **Take time to chew.** You will enjoy the taste of your food longer and your digestion will improve. To relax during a meal, put down your fork and knife while you chew.
- **Cut your food into small, bite-size pieces and buy tender meats.** Small pieces of food and tender meats take less energy to chew.
- **Maintain a healthy weight.** Keeping yourself at the weight that is right for your age and height will help you to breathe better.

Remember:

Your body is like a garden. Try to weed out bad eating habits such as eating too quickly, or taking in too much food at one time. **Eating properly is part of healthy living.**

Exercise is one of the most important treatments in COPD

Although eating healthy is a good start, you should also exercise if you have COPD. In fact, regular exercise is essential for your physical and mental well-being. Even doing a small amount of exercise can help – as long as it is done on a regular basis.

What activities do you consider to be exercise?

Do you believe that someone who has COPD can exercise?

Are you ready to start exercising regularly?

What is preventing you from exercising?



Exercising regularly

Goal:

- To remain independent

Benefits:

1. Reduces shortness of breath
2. Helps maintain bone mass
3. Increases muscle mass and endurance
4. Improves functional abilities
5. Improves balance, which could help reduce the risk of falling
6. Improves mood and reduces the risk of depression
7. Improves overall quality of life

Points to remember:

- Aerobic exercise (e.g. walking, swimming, bicycling, and jogging) and strength training (upper and lower extremities) are two important parts of an exercise program.
- You should also have your fitness level evaluated by your doctor or healthcare worker before starting any exercise program. They can create an exercise program tailored to your breathing abilities and overall health.
- You **must** do your exercises regularly.

See Module “Integrating an Exercise Program Into your Life” for more detailed information.



Getting a good night's sleep

Exercise can also help you relax and sleep better. And getting a good night's sleep is very important when you have COPD. Yet some people find that coughing or breathing difficulties interrupt their sleep, making them feel even more tired during the day.

How many hours of sleep do you get a night, on average? _____

When do you sleep?

What kind of positions do you sleep in?

Do you feel rested after sleeping?

What do you do to help you sleep?



Putting sleep problems to rest

Goal:

- To get a good, restful sleep

Benefits:

- Restores daytime energy
- Improves the ability to think clearly
- Reduces anxiety

Points to remember:

- Everyone has trouble sleeping at one time or another.
- There is no “correct” amount of sleep.
- Every person sleeps for a period of time that is healthy for him or her.



Suggestions to help you get a good night's sleep:

- Maintain a routine, even if you do not have anything to do. For example: Get up and get dressed. Do not linger in bed.
- Do your exercises. They can relieve some of the physical and mental tension that disturb sleep.
- Relax before going to bed. Do your relaxation techniques, take a soothing bath and listen to music.
- Avoid heavy meals before bedtime. Heavy meals will take time to digest and will increase your shortness of breath.
- Do not drink coffee, tea or sodas before going to bed. Avoid eating chocolate as well. All of these contain stimulants that will make sleeping difficult.
- Avoid using heavy blankets. Use light bedding with an electric blanket if you are cold.
- Keep your bedroom adequately humidified.
- Avoid talking about stressful things or watching upsetting television programs. They can get your thoughts racing and make it hard for you to fall asleep.
- Keep your medications, including inhalers and spacers, by your bedside, along with a box of tissues.

Do not force yourself to sleep

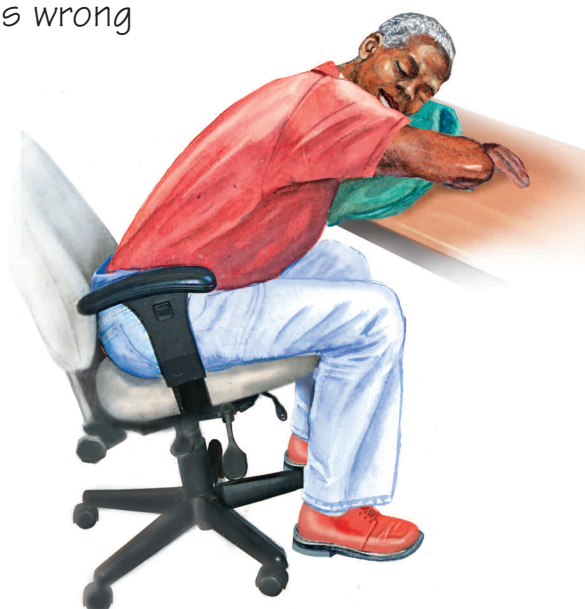
This will only make you more frustrated. It is better to stay up rather than tossing and turning in bed. Try watching television or reading for a while. You can also use one of the relaxation techniques from our “Managing Stress and Anxiety” Module.

If shortness of breath is keeping you awake, take your medications as prescribed and sleep in a semi-sitting position, using pillows to position your upper body at a thirty degree angle. This will help you with your breathing.

If coughing is keeping you awake, use your controlled cough technique.

If you are still having trouble sleeping and feel tired during the day, talk to your doctor.

Your doctor can help you find out what is wrong and treat the problem.



Satisfying sex life

One area that is often neglected in COPD is sexuality. Sex can be a source of relaxation and pleasure. But some people with COPD are afraid to have an attack of shortness of breath when having sex, and so they start avoiding it.

Living without sex is not the solution.

Sexuality is a very important part of one's life. It is a need just like eating, exercising and sleeping.

Do you abstain from having sex?

Are you afraid to talk to your partner about the anxiety you feel regarding sex?

Do you feel guilty about not being able to respond to your partner's needs?

Satisfying sex life

Goal:

- To have a healthy, fulfilling sex life in order to respond to your needs and the ones of your partner.

Benefit:

- Can lead to improved feelings of well-being for you and your partner.

Points to remember:

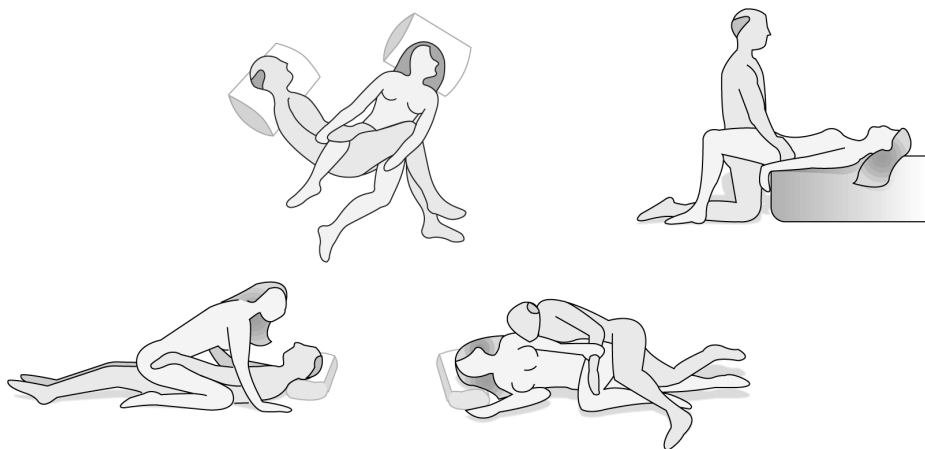
- A healthy sex life is not limited to intercourse. The feelings you get from a romantic dinner, music and touching can also create intimacy between you and your partner.
- Your sexuality involves all of your senses: sight, hearing, smell, taste and touch.

Here are some tips:

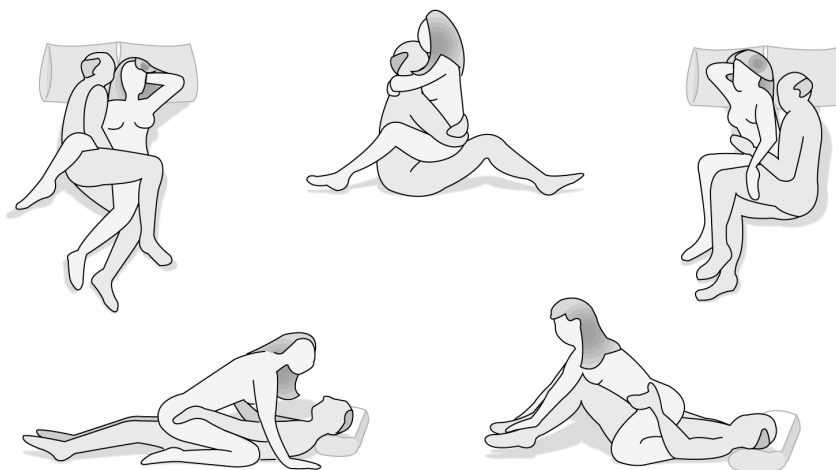
- Explore your likes and dislikes. Share your feelings with your partner.
- Be creative. Do not limit yourself to intercourse. Create a nice, romantic mood in which to touch and cuddle your partner. Take your time.
- Stay in shape with regular exercise. Physical effort during intercourse is equal to climbing a flight of stairs at a normal pace.
- Avoid things that can make your symptoms worse such as perfumes, hair sprays and scented lotions or candles.
- As with any physical exercise, you can take your short-acting bronchodilator 20 to 30 minutes before having sex.
- Practice your controlled cough technique before beginning sexual activity so that you are not bothered by sputum.
- Use breathing and relaxation techniques to reduce your shortness of breath.
- Use positions that require less energy and do not put pressure on your chest. Use pillows to support your back. If necessary, let your partner take a more active role.

Use your energy efficiently to enhance your sexual life.

Possible positions:



1. When the female has respiratory problems.



2. When the male has respiratory problems.

Adapted from Hahn, K. *Sexuality and COPD. Rehabilitation Nursing* 14: 191-195.

If you are still concerned about sexual activity, talk to your contact person at the health centre.

Planning for leisure activities

You have been exercising regularly and eating well. Now that you are in better shape, you feel much more self-confident. You want to break out of your old habits and grow as a person – meet new people and try new things.

What kind of leisure activities do you do?

Are there any leisure activities that you have had to discontinue? Why did you stop?

Do you do leisure activities alone or with family and friends?

How can your family and friends help you?

Taking charge of your life means doing more of the things you like

Getting involved in leisure activities can improve your overall health and emotional well-being.

Goal:

- To stay physically, intellectually and socially active

Benefits:

- Provides intellectual stimulation and an opportunity for social interaction.
- Increases the level of satisfaction with life.

Points to remember:

- Respect your limitations, but make sure that you are not using them as an excuse to hold yourself back.
- You can improve your capacity to do the things you used to enjoy through exercise and energy conservation techniques. Your resource person at your health centre can show you ways to achieve this.

Here are some examples of leisure activities you can get involved in:

- Painting, sewing, knitting or woodworking
- Reading, writing or learning a foreign language
- Dancing, swimming, walking or cross-country skiing
- Yoga, tai-chi or massage
- Beanbag-tossing, playing cards or lawn bowling
- Listening to music, humming or singing
- Gardening, cooking or computers
- Shopping, going to a coffee shop or out for a romantic dinner
- Going to shows, movies or a flea market
- Hiking, walking, cycling or travelling
- Volunteer work

Suggestions:

- Choose a leisure activity that you enjoy. This will give you a better chance of sticking with it.
- Try meeting interesting people who take joy in life and who will show you different ways to do things.
- Choose environments where your symptoms will not be aggravated.
- Respect your strengths and limitations. If climbing up the stairs wears you out, long hikes are probably not a good idea.
- Take time to relax.

What kind of leisure activities are you doing now?

Leisure Activity #1	
Leisure Activity #2	
Leisure Activity #3	

Now, assess your strengths, your limitations and your ability to do each leisure activity.

Leisure Activity #1	
Leisure Activity #2	
Leisure Activity #3	

Is there anything in your environment that will make your symptoms worsen when you do any of the listed leisure activities?

Leisure Activity #1	
Leisure Activity #2	
Leisure Activity #3	

If so, how could you improve the situation?

Leisure Activity #1	
Leisure Activity #2	
Leisure Activity #3	

What kind of leisure activities would you like to do in 3 months from now?

Leisure Activity #1	
Leisure Activity #2	
Leisure Activity #3	

Test your confidence level to participate in leisure activities

On a scale of 1 to 10, circle the number that best represents the confidence you feel in your ability to participate in each leisure activity.

Confidence Level										
Leisure Activity #1	1	2	3	4	5	6	7	8	9	10
	not at all confident								very confident	
Leisure Activity #2	1	2	3	4	5	6	7	8	9	10
	not at all confident								very confident	
Leisure Activity #3	1	2	3	4	5	6	7	8	9	10
	not at all confident								very confident	

If you feel that you can start doing your chosen leisure activities, get involved and have fun!

If you feel that you cannot, what is stopping you?

What can you do to make it happen?

Do not hesitate to talk about it with your contact person or your treating physician.

Remember: Having leisure activities is a good way to keep physically, intellectually and socially active and maintain your health.

Planning a trip

You want to travel, but you are not sure if you can handle a long trip when you have COPD. But taking trips – near or far – is possible for many people with COPD.

So allow yourself to dream a little... but be realistic too.

What worries you about taking a trip?

Write down specific concerns and discuss them with your resource person and/or your treating physician.



Planning a trip

Goal:

- To visit the people or places you have always wanted to see



Benefits:

- Increases intellectual, emotional and spiritual stimulation
- Improves self-esteem
- Helps to provide a sense of belonging to a wider community



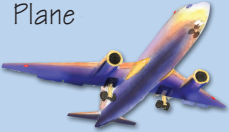
Points to remember:

- Get advice from your doctor.
- Assess any potential problems you may have when travelling.
- Let your partner or family member know about your concerns and how you plan to address them.

Think of a specific trip that you would like to take

What mode of travel would you use to go on this trip?



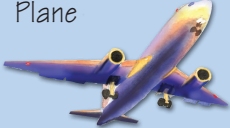
Why did you choose this mode of travel?

Car, bus or train 	
Cruise 	
Plane 	

Assess your strengths, your limitations and your ability to use these modes of travel.

Car, bus or train 	
Cruise 	
Plane 	

**What are the things that may worsen your symptoms?
How will you cope with them?**

<p>Car, bus or train</p> 	
<p>Cruise</p> 	
<p>Plane</p> 	

Let us look at the essential items you will need when travelling:

- A note from your doctor listing your current medical diagnoses, allergies and medications (including doses and how often you have to take them)
- Enough medication for the duration of your trip and perhaps some extra medication in case there is a delay in returning
- A plan of action, including a supply of prednisone and antibiotics, in case of a flare-up (acute exacerbation)
- Updated vaccination status for the flu and pneumonia
- Addresses and telephone numbers of medical clinics, hospitals and pharmacies on your travel route
- Contact numbers of family physician and respirologists
- Adequate health insurance



Will you require supplemental oxygen when travelling by plane?

You may be at risk for hypoxemia (low oxygen levels in your blood) during air travel if you have any of the following:

- known severe COPD or restrictive lung disease
- known or suspected chronic hypoxemia
- a recent flare-up (exacerbation of COPD)

Talk to your resource person and doctor.

Now let us look at some practical considerations for travelling by air with oxygen.

- Travel when your condition is stable
- Prearrange in-flight oxygen 2-28 days before departure (Remember: passengers are not allowed to carry their own oxygen supply on board)
- Bring your own nasal prongs
- Ask about the additional charge for in-flight oxygen
- Have your own doctor complete your medical release form
- Do not forget to take your medication as prescribed
- Arrive early for your flight
- Whenever possible, fly directly to your destination
- For stopovers, arrange for oxygen in advance with first aid station at the airport
- Ask for an aisle seat
- When necessary, prearrange for oxygen at your final destination

Each airline may operate differently. Check with your airline for further details on how to arrange for oxygen during your flight.

Other suggestions:

- Planning is the key to a good trip. You should seek advice from your doctor or resource person at the health centre at least 4 weeks before your planned departure date.
- If you get motion sickness while travelling by car or ship, bring some medication. Try to sit in the front of the car. Sitting at the back of a car can cause motion sickness.
- Avoid eating too much, especially foods that give you gas, diarrhea or constipation. Also try to avoid drinking too much alcohol.
- If you are travelling by plane, carry all your medications on board in your carry-on bag, in case your luggage is delayed or lost.
- Try to stretch or walk around a bit when you are flying or travelling by car, bus or train. This can help prevent blood clots from forming in your legs.
- Make sure that you have everything you need, and do not go beyond your limitations. By pacing yourself, you are more likely to have a relaxing trip.

Congratulations!

You have done a good job of assessing your needs.

As you have learned from this module, you can be healthy even if you have COPD.

Exercising, eating well and taking time out for hobbies and vacations can all enhance your physical and mental well-being. However, you must take steps to make positive changes, and make sure you have the self-discipline to maintain them.

As always, feel free to go back and review any areas in this workbook that you want to spend more time on.

And keep working towards a healthy lifestyle.

This will further benefit your health and quality of life.

Notes:

Acknowledgements

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Living Well with COPD has also been updated in consultation with groups of healthcare professionals and COPD patients from different regions of Quebec.

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1. O'Donnell DE, Aaron S, Bourbeau J, et al. Canadian Thoracic Society. Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease – 2003. *Can Respir J* 2003;10(Suppl A):11A-65A. 2. Celli BR, MacNee W; ATS/ERS Task Force. Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper. *Eur Respir J* Jun2004;23(6): 932-46. 3. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. NHLBI/WHO Workshop Report 2004. 4. Bourbeau J, et al. Reduction of Hospital Utilization in Patients with Chronic Obstructive Pulmonary Disease – A Disease-specific Self-management Intervention. *Arch Intern Med* 2003;163:585-591. 5. Bourbeau J, Nault D, Borycki E. Comprehensive Management of Chronic Obstructive Pulmonary Disease. BC Decker Inc 2002. 6. Allen M. A developmental health model: nursing as continuous inquiry. Presentation. Nursing Theory Congress. 1986. Toronto, 1994.