



Can't Sleep?

Often times those with COPD have difficulty sleeping for many reasons. Among those reasons are having to sleep sitting up in order to breathe and taking medications that make you have to go to the bathroom in the middle of the night or feel "wired." Feelings of anxiety or depression can also make getting a good night's sleep a challenge. The following are some simple steps you can take towards getting a better night's sleep without having to take medications:

- **Try to do only two things in bed: Sleep and make love** - If you are having problems sleeping, do not watch TV, read or just lie in bed watching the clock. If awake after 20 minutes, get up and do something relaxing like read a magazine or looking out the window. When you start to relax and get sleepy again, go to bed. If not asleep in 20 minutes, get up and do a low energy chore you have been wanting to accomplish.
- **Avoid Napping** - If you do not nap during the day, you may have better luck falling asleep and getting a good night's rest.
- **Try to get at least 30 minutes of exercise at least 3 times a week** - Simply taking a walk will do if that is all you have time/energy for.
- **Don't do anything too stimulating in the two hours before you go to bed** - During these two hours, avoid arguments, working and exercising.
- **Don't go to bed hungry nor eat a lot of carbs or a large meal** - Choose a small high protein snack such as a glass of milk, some nuts or cheese and crackers.
- **Keep your sleeping environment cool, dark and quiet.**

- **Don't drink beverages that contain caffeine after 5:00PM.**
- **Try to establish a regular schedule of going to bed and waking up.**

Some people with COPD also experience obstructive sleep apnea which can cause your oxygen levels to fall to dangerous levels. If after a full night's sleep you wake up feeling "tired," lack energy or tend to fall asleep during the day, you may have this condition. Check with your doctor to see if perhaps you should have a sleep study in a sleep laboratory close by to monitor for obstructive sleep apnea.

References:

"COPD: Emotional Management." *National Jewish Health*. Web. <<http://www.nationaljewish.org/healthinfo/conditions/copd-chronic-obstructive-pulmonary-disease/emotional-management/sleep/>>.

The Suffocation Alarm

Do you ever feel a sudden "rush" or "panic" that makes you feel like you can't take in a large enough breath? Our bodies are designed to keep us alive. Deep in our brain is a region that is constantly sampling our blood to make sure we are getting enough oxygen. If it detects something may be wrong, an alarm is sent out that makes us feel the need to get up and away from whatever is interfering with our breathing.

Often times with COPD, your suffocation alarm can become extra sensitive because you may have difficulty breathing on a regular basis. Due to this feeling of suffocation, you may be edgy or anxious a lot of the time or when you are in a hurry you may feel panicky.

Try to keep in mind that this feeling is a common occurrence in people with COPD and you are not



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“losing it” mentally or “falling apart” emotionally.
To reset your suffocation alarm:

- You may need to take anti-anxiety medications.
- Consider participating in counseling and relaxation as well as breathing training.

References:

"COPD: Emotional Management." *National Jewish Health*. Web.
<<http://www.nationaljewish.org/healthinfo/conditions/copd-chronic-obstructive-pulmonary-disease/emotional-management/anxiety/>>.

Don't Let Osteoporosis "Break You" Down

Osteoporosis can present a significant health problem in those with advanced stages of COPD. According to Chest Magazine, 36%-60% of all COPD patients have osteoporosis. Smoking is a known risk factor of osteoporosis and vitamin D deficiency, as well as the primary risk factor associated with COPD. As osteoporosis progresses, patients are at a higher risk for fractures especially of the hips and vertebrae.

To help prevent osteoporosis in patients with COPD, they should first of all be screened for the disease. All patients who are on long-term glucocorticoids should have bone density studies done – even prior to starting the medication. Other preventative measures may include:

- 400-800 IU of Vitamin D per day
- 1,000-1,500 mg of calcium per day
- Regular weight-bearing exercises

References:

Biskobing, Diane M., MD. "COPD and Osteoporosis." *Chest Journal* 121.2 (Feb 2002): Web.
<<http://journal.publications.chestnet.org/article.aspx?articleid=1080290>>.

Leader, Deborah, RN. "COPD and Osteoporosis: Oh My Aching Bones." *About.com*. 20 Dec. 2008. Web.
<<http://copd.about.com/b/2008/12/20/is-there-a-relationship-between-copd-and-osteoporosis.htm>>.

Stay Away From Infection!

The flu or even a cold can make lung disease worse. Follow these tips to help prevent infection:

- **Talk with your physician about vaccines -** COPD patients should get a pneumonia vaccine once every 5-7 years and get the flu vaccine every year.
- **Wash Your Hands Frequently -** Whenever you turn on a faucet, open a door or use an ATM machine, germs can get on your hands. If you rub your eyes or touch your mouth, these germs can get into your body and make you sick. When you wash your hands, be sure to use warm water and soap and wash for at least 30 seconds.
- **Don't Hang Out With People Who Are Sick and Try to Avoid Crowds -** If your friend is sick, reschedule your time together until he or she has recovered and is no longer infectious.

References:

McCoy, Krisha, MS. "COPD: 8 Ways to Avoid Infections." *EverydayHealth.com*. N.p., 07 Aug. 2012. Web.
<<http://www.everydayhealth.com/copd/avoiding-infections.aspx>>.

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