



LIVING WITH
**CHRONIC
OBSTRUCTIVE
PULMONARY
DISEASE**

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We feature real life stories in this booklet. Some names have been changed and some pictures are posed by models. The information in this booklet has been reviewed by independent experts. We have made every effort to ensure that the information provided is correct. Asthma + Lung UK cannot accept liability for any errors or omissions, and policy, practice or medical research may change. If you are concerned about your health, you should consult a doctor.

In this booklet, you can find out about chronic obstructive pulmonary disease or COPD. There's information about what it is, the symptoms you might get, and how it's diagnosed and treated.

COPD describes a group of lung conditions that make it difficult to empty air out of the lungs because the airways have become narrowed.

There are treatments to help you breathe more easily and there are lots of ways you can manage your condition yourself.

We give tips about controlling your breathing and how to manage flare-ups, also called exacerbations.

We've written this information for you, your family, carers and friends.

C chronic = **it's a long term condition and does not go away**

O obstructive = **your airways are narrowed, so it's harder to breathe out quickly and air gets trapped in your chest**

P pulmonary = **it affects your lungs**

D disease = **it's a medical condition**

What is COPD?

Chronic obstructive pulmonary disease, or COPD, describes a group of lung conditions that make it difficult to empty air out of the lungs because the airways have become narrowed.

Two of these lung conditions are long-term bronchitis and emphysema, which can often occur together.

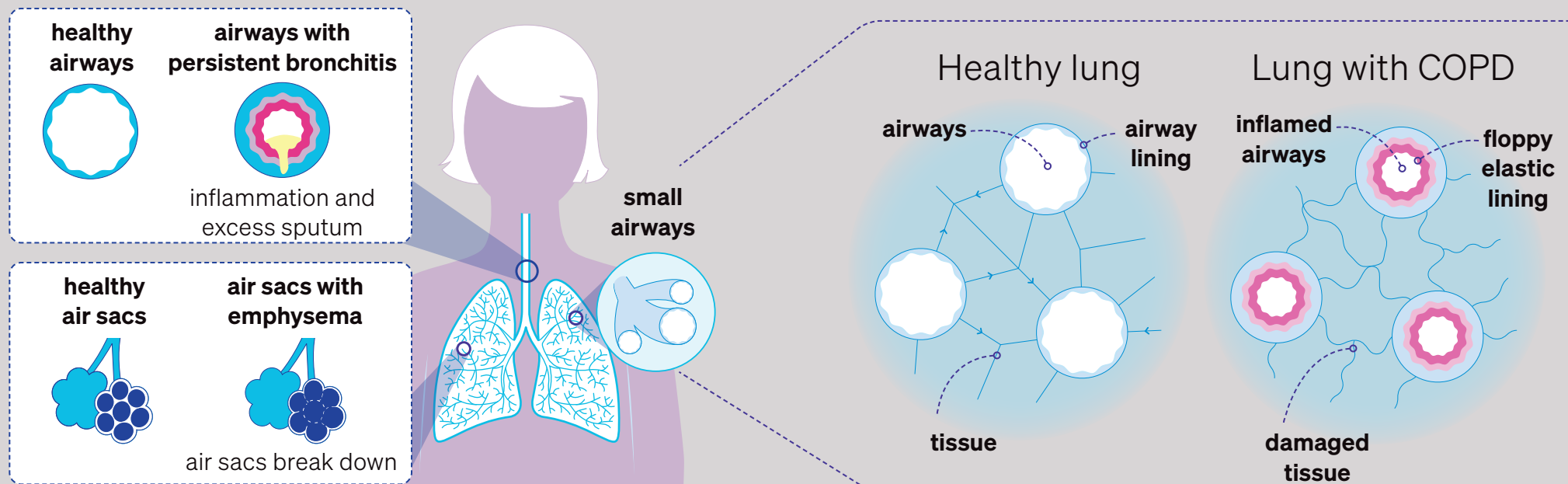
- Bronchitis means the airways are inflamed and narrowed. People with bronchitis often produce sputum, or phlegm.
- Emphysema affects the tiny air sacs at the end of the airways in your lungs where oxygen gets into your bloodstream. They break down and the lungs become baggy and full of bigger holes which trap air.

These conditions narrow the airways. This makes it harder to move air in and out as you breathe, and your lungs are less able to take in oxygen and get rid of carbon dioxide.

The airways are lined by muscle and elastic tissue. In a healthy lung, the springy tissue between the airways acts as packing and pulls on the airways to keep them open. With COPD, the airways are narrowed because:

- the lung tissue is damaged so there is less pull on the airways
- mucus blocks part of the airway
- the airway lining becomes inflamed and swollen

There are treatments to help you breathe more easily and help you keep active, so it's important to get an early diagnosis.



What causes COPD?

COPD usually develops because of long-term damage to your lungs from breathing in a harmful substance, usually cigarette smoke, as well as smoke from other sources and air pollution. Jobs where people are exposed to dust, fumes and chemicals can also contribute to developing COPD.

You're most likely to develop COPD if you're over 35 and are, or have been, a smoker or had chest problems as a child.

Some people are more affected than others by breathing in noxious materials. COPD does seem to run in families, so if your parents had chest problems then your own risk is higher. A rare genetic condition called alpha-1-antitrypsin deficiency makes people very susceptible to developing COPD at a young age. There is more information at blf.org.uk/aatd or call our helpline.

What's the difference between COPD and asthma?

With COPD, your airways have become narrowed permanently – inhaled medication can help to open them up to some extent. With asthma, the narrowing of your airways comes and goes, often when you're exposed to a trigger – something that irritates your airways – such as dust, pollen or tobacco smoke. Inhaled medication can open your airways fully, prevent symptoms and relieve symptoms by relaxing your airways.

So, if your breathlessness and other symptoms are much better on some days than others, or if you often wake up in the night feeling wheezy, it's more likely you have asthma.

What are the symptoms of COPD?

Symptoms include:

- getting short of breath easily when you do everyday things such as going for a walk or doing housework
- having a cough that lasts a long time
- wheezing in cold weather
- producing more sputum than usual

You might get these symptoms all the time, or they might appear or get worse when you have an infection or breathe in smoke or fumes.

If you have COPD that has a severe impact on your breathing, you can lose your appetite, lose weight and find that your ankles swell.

How is COPD diagnosed?

Your doctor will ask if you cough, if you have a lot of sputum and if your breathlessness is brought on by anything, how your daily life is affected and other questions about your general health. They'll ask if you've smoked and if you've been exposed to dust, fumes or chemicals.

To get an accurate diagnosis, you should have a simple test called spirometry. This involves blowing hard into a machine which measures the total amount of air you can breathe out, called your lung capacity, and also how quickly you can empty your lungs. The measure used is called the forced expiratory volume in one second, often shortened to FEV1.

Spirometry only covers one aspect of your lung function. People with the same spirometry result may be more or less breathless depending on their level of fitness, any other medical problems and the exact way COPD has damaged their lungs.

For the vast majority of people, a firm diagnosis of COPD can only be confirmed by spirometry. Your doctor should arrange for you to have a blood test and a chest X-ray or scan to rule out other causes of your symptoms. Your doctor will calculate your body mass index (BMI) to find out if you're a healthy weight. This is important because you can deal with your COPD better if you're not underweight or overweight.

Your health care professional may want to get a better picture of your condition and how it affects you, including:

- tests to find out how well your lungs are functioning
- tests to see if the oxygen level in your blood is very reduced
- asking how often you have symptom flare-ups or chest infections
- finding out how short of breath you feel during everyday activities

You may also see a specialist doctor or nurse to confirm the diagnosis or to work out the right treatment for you. You may also see other health care professionals:

- physiotherapists – to help you deal with your sputum, control your breathing and keep active
- dieticians – to help you manage your weight
- occupational therapists – to help make your daily living easier
- counsellors – to help your mental wellbeing
- if you smoke, stop smoking advisors – to help you quit



What treatments work?

Your health care professional can prescribe several types of medicine or combinations of medications to improve symptoms like breathlessness and to help prevent a flare-up. They can also refer you to an exercise programme called pulmonary rehabilitation. Keeping active and doing exercise can make a big difference – many people find this helps them more than inhaled drugs.

Don't smoke

If you smoke, the most effective treatment for COPD is to stop. Your health care professional and pharmacist can help you find ways that make it easier for you. You're around three times as likely to quit with help from support services and medication. Have a look at blf.org.uk/smoking

Have a self-management plan

It's important you have a plan to help you manage your COPD that's agreed with your doctor or nurse and reviewed every year. You can get one from blf.org.uk/self-help. You should also have regular check-ups with your health care professional – at least once a year.

Look after other medical problems

Most people with COPD have one or more other long-term health conditions. Examples include heart disease, diabetes, osteoporosis, muscle and joint problems as well as anxiety and depression.

It is important to make sure all your health conditions are well managed and all your symptoms are properly treated. For example, heart disease is common in people with COPD and can be another cause of breathlessness. Having anxiety can make it harder to cope with feeling short of breath and worsen your breathlessness.

Medications

Your doctor will decide with you which medications to use depending on how severe your COPD is, how it affects your everyday life, and any side effects you may have had.

Bronchodilators are a type of medicine you inhale that open up your airways to help you breathe more easily.

- If you only get short of breath when you're active, your doctor will give you a short-acting bronchodilator. This will help your breathing quickly and the effects last for four to six hours.
- If you're breathless daily, you'll be prescribed a long-acting bronchodilator. This may take longer to have an effect, but the effects last longer – 12 to 24 hours. There are two main types of long-acting drugs: they are called long-acting anti-muscarinic (LAMA) and long-acting beta agonist (LABA). Most people with COPD who are breathless will benefit from taking both kinds. Sometimes they come in separate inhalers and sometimes in combinations. You may get on better with one or another version, but in general they are all thought to be equally effective.

If you have more than one or two flare-ups or exacerbations of your COPD, your inhaler may be changed to one with a small dose of steroid in it. This can help reduce inflammation and swelling in your airways. You'll usually be given a combination inhaler – two or three medicines in one inhaler – with one or two bronchodilators and a steroid.

If you cough up a lot of sputum, you may be given a drug called a mucolytic as a tablet or syrup. This makes your sputum thinner and easier to cough up.

Side effects

It's not common to get side effects from inhaled drugs, as the dose is usually very small. Steroid inhalers can sometimes make your voice hoarse or give you a fungal infection, called thrush, in your mouth. You can reduce the risk by using your inhaler correctly and rinsing your mouth out after every time you use it.

Steroid tablets can help during flare-ups but cause side effects if taken at a high dose or for a long time. Long-term treatment is not usually recommended. Side effects include increased appetite, difficulty sleeping, diabetes, weakening of the bones (osteoporosis), thin skin that bruises easily, cataracts and severe mood changes.

Taking your medicine

If you take inhaled medicine every day, take it as prescribed, even if you feel well. This can also reduce the risks of a flare-up. You can take your inhaled medicine in different ways:

- dry powder inhalers – suck in as hard as you can then hold your breath for ten seconds
- metered dose inhalers produce a puff of medication like an aerosol – use a slow deep breath in and hold your breath for up to ten seconds
- spacers attach to pressurised metered dose inhalers to help you breathe in the drug more effectively
- nebulisers turn the medicine into a mist that you can breathe in. They're used in an emergency when you need large doses of inhaled medicine, such as during a flare-up. Most people don't need such a big dose and get as much benefit from normal inhalers as long as they use them correctly with a spacer

Your inhaler will only help if you use it correctly. Ask your pharmacist, nurse or doctor to show you how to use each type of inhaler you have and make sure they review your technique at least every year.

Visit [asthma.org.uk/advice/inhaler-videos](https://www.asthma.org.uk/advice/inhaler-videos) to see how to use your inhaler.

Exercise and pulmonary rehabilitation

If you have COPD, being active and exercising can help you to improve your breathing, your fitness and your quality of life. The best way to learn how to exercise at the right level for you is to take part in pulmonary rehabilitation or PR. It's one of the best treatments available for COPD. Ask your doctor to refer you.

Pulmonary rehabilitation is a programme of exercise and education designed for people living with COPD. It combines physical exercise sessions with advice and discussions about your lung health. A course lasts about six to eight weeks and you'll be part of a group.

At each session, you'll spend about half the time on physical exercise. This will be carefully designed to provide the right level of activity for you. You'll also get information and tips about things like:

- breathing techniques and positions to help you when you're out of breath
- how to manage stress
- healthy eating
- how to use your inhalers and other medicines
- what to do when you're unwell

PR is about helping you manage your COPD better. It's a treatment, not a cure, but you'll feel better – more confident and in control.

After you've completed your course, it's important to carry on exercising regularly, stay active and use the techniques you've learned. Have a look at **blf.org.uk/exercise** or call our helpline to find out more. Remember – it's not harmful to make yourself breathless.

Most people find PR improves their ability to exercise and their quality of life. The impact of PR is often bigger than the impact of taking inhaled medications. By combining the two approaches, you're likely to get the most benefit.



Get vaccinated

Make sure you get your flu jab every year to protect you against the flu viruses likely to be going round over the winter. Vaccination reduces your risk of developing serious complications, such as pneumonia and heart problems, and of being admitted to hospital, if you are exposed to flu. The NHS offers it for free to people living with long-term conditions like COPD.

Your doctor should also offer you a vaccination against pneumococcal infection – a bacterial infection that can cause pneumonia and other illnesses. You only need to have this once.

You can also avoid infections by staying away from people – including children – who have colds, flu, sinus infections or a sore throat. If you do get an infection, make sure you treat it quickly.

Oxygen

Your health care team may send you to a specialist to see if oxygen can help you. Oxygen is only useful as a treatment for people with a low oxygen level. It doesn't help breathlessness in people whose oxygen level is not low. It's not a treatment for breathlessness, which in COPD is usually caused by difficulty moving air in and out as you breathe, rather than by a low oxygen level.

There's more information about oxygen treatment at **blf.org.uk/oxygen**

Non-invasive ventilation

If you're admitted to hospital with a severe flare-up of your condition, you may be offered non-invasive ventilation. This involves wearing a snug-fitting mask over your nose, or over your nose and mouth, connected to a machine that pushes air into your lungs.

Non-invasive ventilation supports your breathing to give your muscles a rest and gently helps with each breath you take. This increases your oxygen level and helps you breathe out more carbon dioxide.

If you regularly wake up with a headache, tell your doctor. It can be a sign your breathing is shallow at night and you might benefit from non-invasive ventilation at home.

Lung volume reduction procedures

A few percent of people with emphysema and COPD may benefit from a procedure to reduce the amount of air trapped in their lungs. This can involve an operation to remove the worst affected area of the lung or putting valves into the airways with a fibre optic camera to block the worst area off. This allows the remaining healthier parts of the lungs to work better.

If you've had pulmonary rehabilitation and are still limited by breathlessness, ask your doctor if you might be suitable. Your GP can refer you to a specialist centre. There's more information at [blf.org.uk/lvrs](https://www.blf.org.uk/lvrs)

Lung transplant

If you have very severe COPD and have not got better with treatment, you might be a candidate for a lung transplant depending on your age, other illnesses and test findings. Lung transplant is a high-risk operation and is only suitable for a small number of people. There are also few suitable organ donors.

What you can do to manage your COPD

You can do a lot to help manage your condition yourself. Knowing all you can about your condition, your symptoms, your medications and how to cope with flare-ups will make your day-to-day life easier.

This section explains the benefits of:

- keeping active
- learning how to control your breathing
- eating well and keeping a healthy weight
- taking care of your emotional wellbeing

“ If you have a lung condition, you can't sit around and wait for other people to take care of you – you need to take care of yourself! I fully believe you get out of it what you put in. ”

Peter

Keeping active

Don't avoid activities that make you breathless: you'll get less fit and out of breath more easily. Regular exercise can help reverse this by strengthening your muscles. Exercise also benefits your heart and blood pressure, and makes you less likely to develop conditions such as diabetes and osteoporosis (fragile bone disease).

There are many different ways to be active – find one you might enjoy. We have ideas at **[blf.org.uk/keep-active](https://www.blf.org.uk/keep-active)**

The best way to learn how to exercise at the right level for you is to take part in pulmonary rehabilitation – see page 13.

Controlling your breathing

There are techniques and positions you can learn to help you cope when you get out of breath and to feel more in control of your breathing.

If you practise breathing techniques and use them every day, they'll help you when you're active or if you suddenly feel short of breath. Try different breathing techniques to find what helps you. There are also positions that can help you to practise breathing control or to control your breathing when you get breathless. Talk to your respiratory physiotherapist or nurse to find out what works for you.

Have a look at the techniques and positions online at **[blf.org.uk/how-to-manage-breathlessness](https://www.blf.org.uk/how-to-manage-breathlessness)**

Some people with COPD who joined a singing group said singing helped them to manage their symptoms better. Have a look at **[blf.org.uk/singing](https://www.blf.org.uk/singing)** to find out more and find a group near you.

Tips: manage your breathlessness

- Use a towelling robe after showering or bathing, as you'll use less energy than drying off with a towel.
- Hold a hand-held battery fan near your face if it helps you to feel less breathless.
- Plan your day in advance to make sure you have plenty of opportunities to rest.
- Find simple ways to cook, clean and do other chores. You could use a small table or cart with wheels to move things around your home, and a pole or tongs with long handles to reach things.
- Put items that you use frequently in easy-to-reach places.
- Keep your clothes loose, and wear clothes and shoes that are easy to put on and take off.
- Use a wheeled walking frame.



“ The idea of managing a long-term condition was very new to me. ”

Chris helped set up his local support group

I was diagnosed with COPD quite late on, after I was admitted to hospital with a flare-up. For the past 10 years I'd had a cough, and I remember running for a train with some friends and noticing that I was very, very breathless.

I had no idea what COPD was or what the doctors were telling me. The idea of managing a long-term condition was very new to me. We have an extremely good COPD service at my local hospital. They spent a lot of time explaining things to me and telling me what was going on.

I've had some serious flare-ups and been referred to pulmonary rehabilitation. I loved it and I've been doing follow-up exercise classes. Socially it's very important. I also use oxygen, which has given me a lot more confidence to go out and do different things. My wife and my daughter are a great support, as are my friends and family.

I set up my local Breathe Easy group because when things get hard it's easy to feel isolated. So it's good to remember you're not the only one who feels that way. Talking to other people going through the same thing is so comforting.

Eating well and keeping a healthy weight

It's a to eat a balanced diet and maintain a healthy weight. Your doctor or nurse can help you to work out what your healthy weight should be and can refer you to a dietician or local scheme to help you.

- If you're overweight it will be harder for you to breathe and move around.
- If you're losing too much weight because eating makes you feel breathless, or you find it difficult to shop and prepare meals, try to eat little and often. Ask your doctor or nurse about nutritional supplements.

There's information on eating well, maintaining a healthy weight and how your diet can affect your symptoms, at **[blf.org.uk/eating-well](https://www.blf.org.uk/eating-well)**

Remember, if you smoke, stopping smoking is the best thing you can do.

Take care of your emotional wellbeing

Living with a long-term condition can affect many aspects of your life. Physical symptoms such as breathlessness and coughing, feeling more tired and being less active can mean you feel stressed, anxious or depressed.

Treatment is available to support you. Many other people have experienced anxiety and depression and have recovered. They are both very normal reactions to living with COPD. Talk to your health care professional about medications and counselling.

Don't bottle things up – talking to someone you trust, including your health care professional, can help. It's very important to stay active and sociable, and to learn more about COPD. This will help you to understand and cope better with your condition. You might want to get involved with a local group to meet others going through a similar experience. Have a look at **blf.org.uk/mental-health**

Our support groups are for people living with a lung condition and their families. It's a great way to get more information and make new friends.

To find your local group, visit **blf.org.uk/breathe-easy** or call our helpline on **0300 222 580**.

What else can I do to manage my COPD better?

- Make sure you sleep well and get enough rest every day. This will help with your energy levels. For advice about how to get a good night's sleep, have a look at **nhs.uk/live-well/sleep-and-tiredness**. Talk to your doctor if that doesn't help.
- Ask your doctor about ways you can adapt your home to help you move around more easily. An occupational therapist and your local council can help you with this.
- If your ankles swell, tell your doctor. Medicines can reduce this. But many people with COPD have other conditions, and leg swelling or a rapid heartbeat can be a sign of a heart condition.
- It's important to talk to your doctor or nurse about longer-term treatments and advance care planning. This means thinking about what you would like to happen if your condition gets worse, or you experience more severe flare-ups, to help your family and your doctor to understand your wishes. There's more information on advance care planning and taking control of your choices at **blf.org.uk/end-of-life** or call our helpline.

Answer a few questions to check you're getting the best COPD care – and find out what to do if not – at **blf.org.uk/copd-passport**

“ I wanted to understand my condition better to help manage it. ”



Ian was diagnosed with COPD over 12 years ago

Early on, I relied on my GP and practice nurse entirely. But as time went on, I realised I wanted to understand my condition better to help manage it.

Now I keep a detailed twice-daily record of wellness and ambient conditions, my medication, my coughing and breathlessness and even things like sleep. With this evidence, my health care professional and I can decide what works best for me.

Several times a year I get extra breathless. But is it an infection, or a flare-up? It's good to ask because taking antibiotics and steroids unnecessarily isn't a good thing. But not taking them and letting the flare-up set in is also not good care.

When I was first diagnosed, I was reluctant to start my rescue pack. By the time I was sure it was an infection, it was three days in, and the damage to lungs and airways can be irreversible.

Often it's my wife who spots the signs first – she notices my change of mood and temper! Symptoms creep up on us and when I realise she's right – I'm not feeling my usual self – it's time to think.

I look at my notes, including my peak flow, check my temperature and think if anything's different: am I wheezing? has air quality been bad? have I forgotten to exercise? have I missed my meds? I'll take my relievers and see if my symptoms pass. It might have been a reaction to something like the weather or pollen.

Next day, if I feel worse and the signs are going downhill, I'll start my rescue pack. And of course, my GP is a phone call away.

I realise living with COPD is different for each person. So this is very personal to me. But I'd encourage everyone to start a diary of evidence, it takes just minutes each day. It doesn't need to be as detailed as mine but being in touch with changes in how you feel and your symptoms is important to get the right care for you. Also find out all you can about your diagnosis. Both will help you to manage your COPD with your GP and nurse.

Managing flare-ups

A flare-up – also called an acute exacerbation – is when your COPD symptoms become particularly severe. Signs are:

- your breathlessness gets worse and lasts for some time
- you cough more
- you produce more sputum
- your sputum changes colour or gets stickier

Flare-ups can be triggered by an infection or there may be no apparent reason. Watch for changes in your chest symptoms if you get a cold. Make sure you have an action plan that you've agreed with your health care professional so you know what to do if you have a flare-up.

If your breathlessness gets worse, but you have no fever and your sputum is normal for you, the first step is usually to use your reliever inhaler more. Make sure you know how to make changes – such as increasing your dose or changing how you take bronchodilator medicine – to help with your symptoms. Many milder flare-ups will respond to this.

If your symptoms pass and don't develop into a flare-up, remember to tell your health care professional about your experience.

Your flare-up plan may include a rescue pack of drugs (antibiotics or steroid tablets or both) that you keep at home. To be certain that you have a flare-up that needs this medication, it's usual to start

rescue drugs after using your reliever medication for a day or two. But you must discuss your particular situation with your health care professional. Make sure you know when:

- to take steroid tablets. It's important not to use these too frequently, because of potential long-term side effects.
- to take antibiotics. This will usually be when you are producing more sputum than usual or it has changed colour, as well as being more breathless for some time despite taking reliever medication.

Remember to tell your doctor or nurse if things don't improve within two days of starting the drugs you keep at home.

Most people can be treated at home if they have a flare-up, but you may need to go to hospital depending on how severe your symptoms are. If you use the ambulance service, make sure to say you have COPD, so you get the right oxygen treatment. It usually takes a few weeks or even months to feel back to normal.

If you have more than three flare-ups in one year that require your rescue drugs, get a review with your GP or nurse. It may be a good idea to get some specimens of your sputum analysed to see if you have an unusual or resistant infection. These can include pseudomonas and atypical mycobacterial infections, such as non-tuberculous mycobacterial infection (NTM). Your doctor may order a scan of your chest to see if there is an area of damaged lung that makes you more susceptible to infections.

If you are susceptible to these infections, make sure you act very quickly when you have a flare-up and be aware your usual rescue drugs may not be effective. Sometimes people who have frequent chest infections benefit from taking regular antibiotics. This is usually started by specialist teams.

Do I feel worse than usual?			
If I get:	If I get:	If I get:	If I get:
more out of breath	more out breath despite taking my reliever medicines	more phlegm, change in colour: dark yellow, green	more chesty coughing
I will:	I will:	I will:	I will:
use my reliever inhaler more	start my rescue pack – steroids	start my rescue pack – steroids and antibiotics	keep calm and use ways to control my breathing

I will remember:

- to tell my doctor or nurse if I feel worse than usual
- to call 999 if I feel really bad

If I use my rescue pack, I will tell my doctor or nurse so they can keep track of my flare-ups and I can get my medicines replaced.

Other areas to think about

COPD is a long-term condition and can affect all areas of your life.

Sex and COPD

Having an illness like COPD can affect any relationship. It can make you feel tired, anxious or depressed. You might worry about sex if you are afraid that you will become too short of breath, or need to cough up sputum.

Your doctor, nurse or physiotherapist can help you to manage this, don't worry about asking them. For example, discuss with them your questions about getting or maintaining an erection; urine leakages and the impact of other conditions you may have, such as heart problems.

You can also find more information and tips to help you to enjoy a fulfilling sex life at [blf.org.uk/sex-and-breathlessness](https://www.blf.org.uk/sex-and-breathlessness)

Looking after someone with COPD

When someone close to you has COPD and needs your support, it is natural to want to help them. If you look after someone you might feel anxious, frustrated or stressed. These emotions are normal; talk about worries with the person you care for, and with their COPD specialist team.

If you care for a family member or partner, it is important to continue to enjoy things together and for the person with COPD to keep as active and independent as they can. Take a look at [blf.org.uk/carers](https://www.blf.org.uk/carers) or call our helpline.

Financial help

If you have COPD, or you care for someone who does, then you might be entitled to financial support: go to blf.org.uk/welfare-benefits or call our helpline.

Our helpline

Get in touch with our friendly helpline team on **03000 222 5800** for more information about COPD and practical support. We can also put you in touch with your local support group.

More information

We've got more information about COPD and living with a lung condition at blf.org.uk/support-for-you:

- COPD patient passport – to check you're getting the care you should receive if you're living with COPD
- breathlessness, and how to manage it
- keeping active and pulmonary rehabilitation
- exercise videos
- eating well with a lung condition
- oxygen therapy

Get help

Call our helpline on **0300 222 5800**

We are here to help if you want:

- answers to your questions – whether it's about coping with symptoms, your rights or finding equipment
- clear and trustworthy information about breathing problems and living with a lung condition
- to get in touch with your local support group

Our friendly team are here Monday to Friday 9am to 5pm. Ringing will cost the same as a local call. It's usually free, depending on your call package, even from a mobile.

Or visit AsthmaAndLung.org.uk to find support and information or to join our web community

- get support and information blf.org.uk/support-for-you
- sign up to our newsletter blf.org.uk/signup
- find your local Breathe Easy group blf.org.uk/breathe-easy
- join our web community healthunlocked.com/asthmalunguk-lung

Help others like you

You can help us to fund more research to find cures and new treatments, and make sure everyone has the support they need. We're the only UK charity looking after the nation's lungs, and we rely on your donations. Visit AsthmaAndLung.org.uk or call **0300 222 5800**.

**Together we fight
for lung health**



Helpline: **0300 222 5800**

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