Management of Chronic Obstructive Lung Disease
慢性阻塞性肺病的治療與護理

Chapter Eight
Help Your Medicines Help You

Perhaps you’ve been told that there are no wonder drugs to cure your lung disease. There are, however, several kinds of medicines that may help you control it and live with it.

You and your doctor need to work together to find the best medicines and the right amounts for you. That isn’t always easy because no two persons with lung disease are alike. You may have to try many products before finding which ones help you the most. You’ll get the best help from your medicines if you, your doctor, and your pharmacist work together as a team.

Isn’t it my doctor’s job to worry about my medicines?
Your doctor’s part is to decide which medicine to use and to give you directions for using them. The rest depends on you.

How can I work with my doctor on medicines?
Your doctor needs to know how your medicines affect you. Carefully report good effects and also any unwanted effects.

- Do your best to take your medicines on time and in the correct amounts. If you want to stop taking any medicine for any reason or if you want to take more or less than directed, be sure to discuss it with your doctor first.
- Tell your doctor about all the medicines you use. Include prescriptions from other doctors and over-the-counter products, even if you don’t use them every day. Don’t forget cough medicines, sprays, nebulizers, aspirin, laxatives, antacids, birth control pills, vitamins, food supplements and herbs. When you get a new prescription, ask your doctor or pharmacist if this will affect the use of your other medicines.
- Keep the medicines you’re using in a box or tray separate from others you may have. Keep them in the containers they come in. If you go to a new doctor or to a hospital emergency room, take them with you. That can save time and avoid mistakes.
- Tell your doctor if any medicine is too expensive for you to keep buying. There may be a cheaper substitute.

I don’t think the doctor I’m going to is helping me. My medicines don’t help much. What should I do?
It’s always your right to ask for a second doctor’s opinion on your treatment. Your doctor can give you the name of someone else to see or you can call your Lung Association. But remember, there’s no cure for your disease. Doctor shopping can waste time and money. You’ll get more help if you find and stay with a doctor who is knowledgeable about lung disease and who shows an interest in helping you.

What are you taking?
Several kinds of medicines may be used to treat chronic lung disease. Ask your doctor or nurse to help you, and write the names and directions for each of your medicines in the spaces below and in the groups they belong to.
Bronchodilators

Bronchodilators are for opening your airways to let more air in and out. They come in several forms, including pills, liquids, and sprays. Tell your doctor if they make you feel nervous, if you can’t sleep, if your stomach is upset or if your heartbeat feels fast. To help avoid side effects, be sure to use them as prescribed by your doctor.

Inhaled Bronchodilators

The inhaler form is designed to deliver the drug directly into the lungs, without much of an effect on the rest of the body. (Bronchodilators in pills form may be easier to take, but they may also affect the rest of the body. Examples are Proventil SR*, Volmax and Terbutaline. Also, bronchodilators in pills will not give you immediate relief).

When should I use the inhaler?

Use the inhaler as often as your doctor prescribes. Metaproterenol and albuterol inhalers are used during an acute attack of shortness of breath. If you do not receive relief from the prescribed dosage, notify your doctor. Do not use the inhaler more often than directed since excessive use may increase the chance of serious side effects.

What should I do while I am on this medication? Know the generic (chemical) and trade (brand) name of your inhaler. Examples are:

**GENERIC** | **TRADE**
--- | ---
METAPROTERENOL | ALUPENT, METAPREL
ALBUTEROL | PROVENTIL, VENTOLIN
IPRATROPIUM | ATROVENT (NOT FOR ACUTE ATTACKS)
TERBUTALINE | BRETHAIRE
PIRIBUTEROL | MAXAIR
Tiotropium | SPIRIVA
FORMOTEROL | FORADIL
ALBUTEROL + IPRATROPIUM | COMBIVENT
SALMETEROL | SEREVENT

- Keep a list of your medications with you at all times.
- To deliver the correct dose the inhaler must be used in the upright position – sit up or stand.
- Shake inhaler before EACH puff.
- You may need a “spacer” device to improve the delivery of these inhalers. e.g. – Inspirease - Aerochamber
- If inhaling more than one puff per dose, wait at least 1 minute before taking the second puff.
- If you use a steroid inhaler in addition to an inhaled bronchodilator, use the bronchodilator first and wait 5 to 10 minutes before using the steroid inhaler. Then rinse your mouth with water afterwards.
- To obtain maximum benefit from your inhaler, it is important to know how to use it properly. If you have any questions, ask your doctor or pharmacist.
- Clean inhaler regularly with warm water.

Common side effects

Palpitations, nervousness, hand tremors, headache, nausea, dry mouth or throat, and cough. Notify your physician if you experience chest pain, dizziness, or any bothersome side effects occur.

Other Oral Bronchodilators (THEOPHYLLINE, AMINOPHYLLINE)

They are used to treat asthma, chronic bronchitis, and emphysema. This medicine works well in combination with inhaled bronchodilators. It is important to strictly follow directions when using these medications.

When should I take this medication?

- Take the medicine exactly as directed, at regular intervals even if you feel well.
- If you miss a dose, take it as soon as possible. Do not double-up on the next dose since overdose can be serious.
- If you are taking extended-release tablets (e.g.: THEODUR), do not chew or crush.
• Know the generic (chemical) and trade (brand) name of your medication.

**GENERIC**
THEOPHYLLINE SR

**TRADE**
THEODUR
UNIDUR, UNIPHYL
THEOCHRON
THEO-24 SLOBID

**AMINOPHYLLINE**
PHYLLOCONTIN
TRUPHYLLIN

• Keep a list of your medications with you at all times.
• You need a certain amount of medicine in your body for its maximum effect. Your doctor will perform a periodic blood test to check the level and adjust the dose accordingly.
• Do not increase the amount you take when you are not feeling well. To do so may increase the chance of serious side effects.
• Do not take other medicines, including nonprescription medicines without checking with your doctor.
• Several medications interact with oral bronchodilators, so your dosage may need to be adjusted.

**Common side effects**
Nausea, vomiting, loss of appetite, nervousness, seizures, lightheadedness, insomnia, headache, dizziness, and palpitations.
Notify your doctor if side effects occur because your dosage may need to be adjusted.

**Steroid Inhalers**

What is a Steroid?
A STEROID is a hormone that reduces inflammation and is often used as part of the treatment for a number of different diseases. As an inhaler, it is used to treat breathing problems. It is used on a chronic basis to prevent acute attacks of breathing difficulties. The inhaler form is designed to deliver the drug directly into the lungs, without much of an effect on the rest of the body. Steroids also come as pills (e.g. Prednisone, Deltasone, Medral) and as injections. Your doctor may also choose an anti-inflammatory inhaler that doesn’t contain steroids. Examples are INTAL (Cromyln Sodium) and TILADE (Nedocromil).

**When should I take this medication?**
• Take this medication on a regular schedule as your doctor prescribed to prevent acute attacks.
• DO NOT use this medication during an acute attack. It will NOT relieve your difficulty in breathing.
• Allow at least one minute between inhalations (puffs).
• If you are also on a bronchodilator (ATROVENT, ALBUTEROL, ALUPENT) use your steroid inhaler several minutes after the bronchodilator.

**What should I do while I’m on this medication?**
• Know the generic (chemical) and trade (brand) name of your inhaler.

**GENERIC**
BECLOMETHASONE
TRIAMCINOLONE
FLUNISOLIDE
FLUTICASONE
BUDESONIDE

**TRADE**
Q-VAR
AZMACORT
AEROBID
AEROBID M
FLOVENT
PULMICORT

• Keep a list of your medications with you at all times.
• Rinse your mouth with water or mouthwash after each use to help reduce dry mouth, mouth infections and hoarseness.
• Notify your doctor if sore throat or mouth sores occur.
• DO NOT stop taking this medication without first checking with your doctor. If you stop taking steroids suddenly, you can become seriously ill. Steroids must be stopped gradually.
• This medication takes weeks to months of regular use before its beneficial effects can be felt. Do not be discouraged if you do not feel its effects right away.
• Know the technique of using an inhaler. If you have any question, ask your doctor or pharmacist.
Common side effects
Throat irritation, hoarseness, dry mouth, coughing, weight gain, skin discoloration, and stretch marks. Notify your doctor if you notice any of the following: mouth sores, sore throat, fatigue, nausea, vomiting, weight loss, decrease appetite, frequent infections, weakness, and dizziness.

Name: _______________________________________________

Directions: __________________________________________

Combination Bronchodilator and Steroid
Inhaled medications are now available that combine a long-acting bronchodilator with an inhaled steroid. These are for maintenance only and not for rescue. Examples are Advair, Symbicort and Dulera.

ANTIBIOTICS USED FOR LUNG INFECTIONS
Antibiotics are used to treat infections caused by bacteria. The antibiotics are taken by mouth or are injected with a needle. When you need an antibiotic, your doctor will choose the best one for attacking the kind of infection you have. If you think you’re getting an infection, call your doctor right away. Don’t wait. Don’t take a medicine left over from another illness or one that was ordered for someone else. Tell your doctor if your antibiotic upsets your stomach, causes diarrhea, or causes a skin rash. Ask your pharmacist if there are special instructions with your medicine, such as avoiding milk or food.

When should it be used?
Antibiotic therapy is usually begun within 24 hours of sputum changes. These changes in sputum can include increased production, thicker consistency, or a yellow, green or brown color. There may be fever, chills or sweats.

Doses should be taken at regularly spaced intervals. Follow the instructions on your prescription label carefully, and ask your doctor or pharmacist to explain any information that you do not understand.

What should I do while I am on this medication?
• Know the name of the antibiotic you are on. Some antibiotics commonly used to treat lung infections include: AMOXICILLIN, AUGMENTIN, ERYTHROMYCIN, TRIMETHOPRIM-SULFA (SEPTRA, BACTRIM), CIPRO, BIAxin, ZITHROMAX, CEPHALEXIN, CEFACLOR, CEFTIN.
• Take all the medication as prescribed, even after you begin to feel well, to make sure that all the bacteria have been killed. If you still have signs of infection after taking all of your medication, contact your doctor.
• If you have had a reaction to an antibiotic before, write down the name of the antibiotic and keep it with you at all times.
Side effects
Antibiotics are usually well tolerated. Notify your doctor if skin rash, itching, hives, shortness of breath, or severe diarrhea occurs.
Name:

Directions:

Oxygen
Oxygen comes in tanks and small units that you can carry. If you have too little oxygen in your blood, your doctor may order oxygen for you to use at home. Your blood oxygen may be low even though you don’t feel particularly short of breath. Small units with shoulder straps can be carried outdoors to let you be more active.

Some people refuse to use an oxygen device because it makes them feel self-conscious or because they believe it is only for patients who are terribly ill. Today, oxygen therapy is often used for persons with heart and lung diseases who are well enough to be at home. Using a portable unit is a lot like using crutches, glasses, or a hearing aid. Oxygen therapy isn’t for everyone, but if your doctor orders it for you, it can be a safe way to help you be more active and less short of breath.

Treat oxygen like any other medicine. Don’t hesitate to use it if your doctor says you need it. And don’t use more than your doctor prescribes.

Directions:

Diuretics
Diuretics (water pills) are used to get rid of extra fluid in your body. Your doctor will decide whether you need them. You may be able to manage a fluid problem simply by cutting down on the amount of salt you eat. Tell your doctor if diuretics cause weakness or muscle cramps.
Name:

Directions:

Potassium Supplements
Potassium Supplements may be needed, especially if you’re taking diuretics. Diuretics can cause your body to lose potassium. Instead of prescribing supplements, your doctor may suggest high-potassium foods like orange juice, bananas, dried fruits and skim milk.
Name:

Directions:

Sedatives and Tranquilizers
Sedatives and Tranquilizers can help you relax and sleep. But they can also slow your breathing dangerously if you take too many. Be sure that the doctor treating your lung disease knows about any sedatives or tranquilizers you take. If you think you need more than the amount prescribed, ask your doctor.
Name:

Directions:

Vaccines
Vaccines are important to help fight off some types of flu and pneumonia. Those illnesses can be dangerous to you. Keep your vaccine shots up-to-date.

Next flu shot needed (date):

Pneumonia shot needed:
Others
In the space below, write down names of all other medicines you use and your doctor’s directions for using them. Add the products you buy over-the-counter.
Name:

Directions:

Name:

Directions:

Name:

Directions: