Physiotherapy

physiotheray Role of supportive management with therapeutic management among causes of COPD Introduction:- Chronic obstructive pulmonary disease (COPD), also known as chronic obstructive lung disease (COLD), chronic obstructive airway disease (COAD), chronic airflow limitation (CAL) and chronic obstructive respiratory disease (CORD), is the occurrence of chronic bronchitis or emphysema, a pair of commonly co-existing diseases of the lungs in which the airways narrow over time. [1] This limits airflow to and from the lungs, causing shortness of breath (dyspnea). In clinical practice, COPD is defined by its characteristically low airflow on lung function tests. [2] There are two main forms of COPD: Chronic bronchitis, which involves a long-term cough with mucus, Emphysema, which involves destruction of the lungs over time. COPD occurs mostly in older people having age above 60 years, males have higher incidence than females with a ratio of 5: 1. The prevalence rate is that 1 of every 7 people between the ages of 55 and 64 has moderate COPD (14%) , and 1 of every 4 people older than 75 years has moderate COPD(25%).[3] Risk factors for COPD are: Smoking, alpha1-antitrypsin (AAT) deficiency, Exposure to certain gases or fumes in the workplace, Exposure to heavy amounts of secondhand smoke and pollution, frequent use of cooking fire without proper ventilation.[4] Patients with COPD usually present with , Chronic cough and sputum production (in chronic bronchitis), Dyspnea, Rhonchi, decreased intensity of breath sounds, and prolonged expiration on physical examination, Airflow limitation on pulmonary function testing that is not fully reversible and most often progressive, tachypnea, a rapid breathing rate, wheezing sounds or crackles in the lungs heard through a stethoscope, breathing out taking a longer time than breathing in, enlargement of the chest, particularly the front-to-back

distance (hyper aeration), active use of muscles in the neck to help with breathing, breathing through pursed lips, increased anteroposterior to lateral ratio of the chest (i. e. barrel chest).[5] Complications include Respiratory Failure, chest infection (pneumonia), High blood pressure (pulmonary hypertension) , Heart problems (cor- pulmonale) , pneumothorax, depression and weight loss. There is no cure for COPD; however, COPD is both preventable and treatable. Persons with COPD must stop smoking. This is the best way to slow down the lung damage. Medications include; Inhalers (bronchodilators) to open the airways, such as ipratropium (Atrovent), tiotropium (Spiriva), salmeterol (Serevent), formoterol (Foradil), or albuterol, Inhaled steroids to reduce lung inflammation, Bronchodilators through a nebulizer, Oxygen therapy, Anti-inflammatory medications such as montelukast (Singulair) and roflimulast, Antibiotics (specifically macrolides such as azithromycin and theophylline), Surgery is sometimes helpful for COPD in selected cases and involves Bullectomy, Lung volume reduction surgery, Lung transplantation which is performed for severe COPD, Pulmonary rehabilitation that include Chest physiotherapy (spirometry, breathing exercises, aerobic exercises, such as regular sessions of walking or stationary bicycling three times weekly, the walking exercise program and strengthening exercises for respiratory muscles).[6] This condition is commonly seen in pulmonology and medical ward. References: [1] http://en. wikipedia. org/wiki/Chronic_obstructive_pulmonary_disease] ^ " What is COPD?". National Heart Lung and Blood Institute. U. S. National Institutes of Health. June 1, 2010. [2] http://en. wikipedia. org/wiki/Chronic_obstructive_pulmonary_disease ^ a b c d Nathell, L.; Nathell, M.; Malmberg, P.; Larsson, K. (2007). " COPD diagnosis related to

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