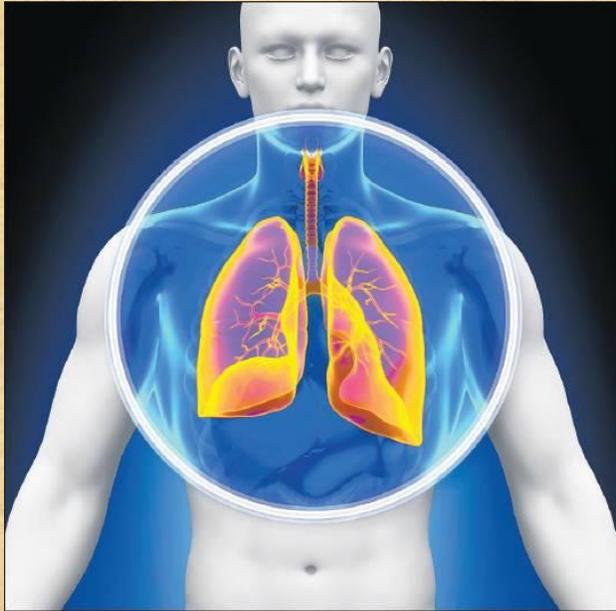


Reducing COPD-related hospital readmissions



In the flu-ridden months of spring, an exacerbation of chronic obstructive pulmonary disease (COPD) is one of the most common causes of admission to the hospital, according to pulmonary specialists.

The disease is a condition in which there is reduced airflow in the lungs. It gets progressively worse and is not reversible. But therapy can slow its progress and curb the revolving door of frequent hospital stays for COPD sufferers.

Pulmonary therapy puts emphasis on decreasing a patient's risk for hospital re-entry. It also consists of leading patients to improved well-being by giving precautionary measures to avoid lung infection. Other important aspects are teaching energy conservation along with posture

techniques to achieve deep respiration.

COPD patients have shortness of breath (dyspnea). Dyspnea can be described as a feeling of air hunger resulting in labored breathing. When the cells of the body are producing carbon dioxide as a waste product, manifestations of dyspnea may occur. This includes tightness in the chest, fast breathing, and shortness of breath.

“The whole point of pulmonary therapy is to give patients the know-how to breathe smarter and not harder,” says Denise Leazenby, certified respiratory technician (CRT). She speaks with 40 years of pulmonary rehab experience.

The cells in COPD affected lungs will inefficiently exchange oxygen and not remove all the carbon dioxide waste. “That’s where our expertise comes in. We can effectively teach patients how to rid the body of the build-up of carbon dioxide. When this happens, patients have more lung space for oxygen,” she says.

“To put patient’s at less risk for continuing problems, we integrate therapy early into the stages of disease. We are unique in the fact that we employ certified respiratory professionals to interact with the rehab staff and patients in subacute and outpatient pulmonary care,” says Leazenby.

Targeting COPD patient-care resources with qualified staff is one key to improved quality of life. According to Leazenby, it’s the preventative based pulmonary program that has led to reduced re-infection rates.

She reports that until therapy starts, most of her patients don’t realize that there is a better way of breathing, even with COPD. “But it takes therapy, time and the ability to do guided practice with each activity and exercise,” she says.

Relaxation methods are also taught in therapy to help reduce dyspnea in a couple of ways. People who are anxious often take short and shallow breaths. When learning to relax, breathing becomes slower and deeper and leads to increased oxygen saturation. Ultimately, shortness of breath decreases.

“Overall, I want people to know that there is hope,” says Leazenby. Her greatest desire for patients is to enjoy life as symptom-free as possible and help them cope with the physical and emotional effects of COPD.

“It’s always a winning situation to see patients gain confidence with newfound techniques. It means they don’t have to worry when they can catch their next breath,” says Leazenby. She believes that prevention through patient education and necessary provision of services will be the keys to a brighter future for this chronic disease.

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