

COPD is a Serious Illness, But Healthcare at Home Can Help



Caring for others is something Alisa Whittington has always wanted to do. The Intrepid USA nurse practitioner began her career in healthcare about 20 years ago as a nursing aid before transitioning to the positions of RN, primary care nurse practitioner, and finally supportive/palliative care and hospice nurse practitioner.

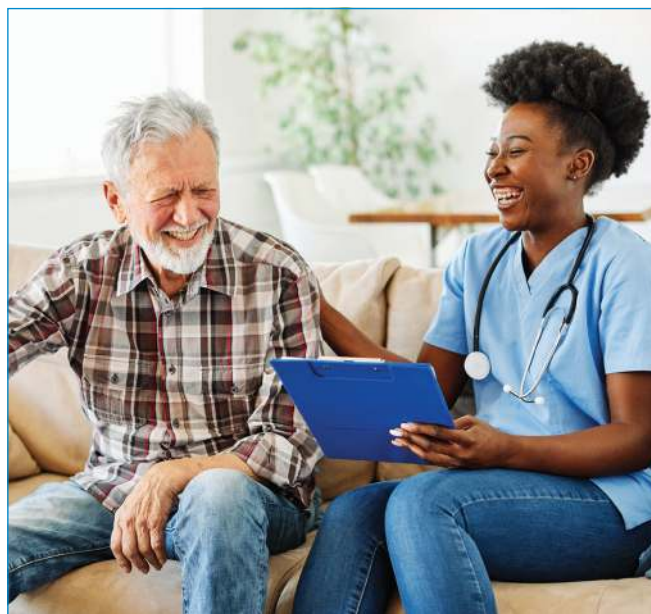
“I worked 15 years in the ER and watched patients and their loved ones struggle with chronic illnesses and death,” said Whittington, who works in South Carolina. “I initially got into hospice because I saw the damage that occurred when families didn’t get to say goodbye or were unprepared for furthering declines in their loved one.”

In her current position, she is able to help prevent such situations from happening.

“Palliative care is completely comprehensive, so I have time to sit with an individual and their family and talk about what is most important, their goals, what scares them most, what they need, and what they don’t want,” Whittington said. “That’s the power of being completely seen and heard. I’m 100% invested in these families and that could mean better pain control, a hospital bed, calling a loved one, or just sitting with them.”

November is [National Home Care and Hospice Month](#). It’s a time when the hard work of the in-home care professionals are recognized and celebrated.

November also is [COPD Awareness Month](#).



According to the U.S. Centers for Disease Control ([CDC](#)), COPD, or chronic obstructive pulmonary disease, makes it difficult for more than 16 million Americans to breathe as their ability to move air in and out of their lungs is blocked by swelling and extra mucus in their airway. Its main symptom is breathlessness, though many people also live with tiredness and a chronic cough that may or may not be accompanied by mucus.

People who are living with a chronic or life-limiting illness like COPD or who are recovering from surgery or serious injury often find that healthcare at home helps them live life more comfortably and independently than they otherwise could. With a team of physicians, nurses, therapists, social workers, aides, and other professionals by their side, these individuals can accomplish more than they ever thought possible.

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COPD is a lung disease that primarily includes the long-term conditions of emphysema and chronic bronchitis, which often are present together and get worse over time. Emphysema occurs when the alveoli, or tiny air sacs, become stretched out and floppy, trapping air in the lungs. Chronic bronchitis occurs when a person's bronchial tubes are irritated and swollen, causing a cough that has trouble expelling the mucus, which makes the cough worse.

"There is a huge population of patients with COPD in my area," Whittington said. "Many people do not realize that there are more treatment options and that their symptoms often can be reduced."

She said that those with COPD can present very differently with a different degree and combination of symptoms.

Common signs of COPD include:

- Shortness of breath
- Frequent coughing, either with or without mucus
- Wheezing
- A feeling of tightness in the chest
- Unusual tiredness

(Source: [COPD Foundation](#))

Whittington said while some people with COPD may not even appear to be ill, others are completely incapacitated. Given this variety among individuals with the disease, there are a variety of ways the specialized work of in-home health care, palliative care, and hospice can help those living with COPD feel better and have an improved quality of life as they progress through the disease.

Healthcare at Home

When a person with COPD needs help adjusting to their condition or requires a higher level of care and experience to help them continue to live well at home, in-home care is the perfect place to start.

Whittington said there are many ways in-home care professionals can help these individuals feel better, including referring them to a pulmonologist, walk testing, and providing medications like inhalers and oxygen.

"We have patients that use machines like CPAP/BiPAP and noninvasive ventilators," she said. "We also make sure they have emergency resources in case of power failures, like portable oxygen tanks and portable concentrators that can be connected to car outlets."

By engaging a team like the one at Intrepid USA, the diagnosed individual launches a process that sees the interdisciplinary home health team working directly with their doctor to develop a COPD management plan to help them manage symptoms and live as independently as possible at home.

Healthcare at home also can provide resources and assistance like these to help with a person's COPD treatment. A few ways that healthcare at home can assist are by providing the following:

- Health services that include nursing, physical therapy, speech therapy, and social work
- COPD medication education
- Instruction on breathing exercises, including pursed-lip breathing and diaphragmatic breathing
- Education on clearing the airway and conserving energy

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- Caregiver education

Because COPD can cause complications like respiratory infections, heart disease, lung cancer, and depression, it is important that those with the condition do all they can to do all they can to stay on top of the disease.

Hospice

When COPD becomes end-stage, a transition to hospice care is appropriate. Factors that may affect this include shortness of breath with minimal exertion or while receiving oxygen therapy, shortness of breath that does not respond to bronchodilator therapy, and other signs of progression like frequent emergency or physician visits, unintentional weight loss of more than 10% of body weight within six months, and a progressive inability to perform many of the activities of daily living.

In-home hospice services can provide care that includes:

- An interdisciplinary team's complete evaluation
- Thorough advance care planning that prioritizes the individual's needs and goals
- Medication and other interventions to help reduce instances of respiratory distress
- Efforts intended to improve the individual's quality of life
- Quick response when the person is in respiratory distress
- Medication management
- Symptom management
- Progression toward personal goals

"I want my patients to feel they are seen and heard and feel confident that their support

team just expanded," Whittington said. "I have the honor of treating medically complex patients and improving their quality of life with palliative care and at times transitioning them to hospice and supporting the patient and family with the dying process.

"There is no other career I would ever choose. This is my passion and feeds my soul."

Prevention

One of the best ways to have good pulmonary health is to never develop COPD. The largest risk factor is a history of smoking, with 75% of those diagnosed with the disease being current or former smokers. Even those who have smoked for years can improve their chances of avoiding COPD by quitting smoking now. Other risk factors for developing the condition include:

- Long-term exposure and contact with pollutants like chemical, dust, and fumes
- Long-term or heavy contact with second-hand smoke or home irritants like organic cooking fuel
- A genetic condition called alpha-1-antitrypsin, which causes COPD in a very small number of cases
- A history of asthma

COPD is a challenging condition that can cause large amounts of stress and anxiety. It's important for those with the disease to know they do not have to manage it on their own. Doing so can help them live independently for as long as possible at home with as high a quality of life possible.

To learn how you or your loved one may benefit from in-home services, [contact Intrepid USA](#) for more information.