Session 6

Continuing Exercise and Self-Management Strategies

➤ Maintenance of exercise and physical activity
➤ Welfare and Benefits
➤ Recap: Integration of Healthy Behaviours and Self-Management Strategies

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
Education Plan and Methods

Session Length: 30-45 minutes

• Introduction

• Working Phase
  4. Summary of the session and assessment of participants' understanding and self-efficacy. *Group discussion.*

• Closing of the session

Appendices section:

Appendix 1: Additional information
  1. Health in COPD: Participants' beliefs.
  2. Presentation of the strategies needed to integrate Healthy Life Habits in participants' daily lives.
  3. Living Well with COPD: a Plan of Action for Life

Appendix 2: Blank chart of healthy behaviours and self-management strategies (skills) – Part II

Appendix 3: Healthy behaviours and self-management strategies (skills) to be integrated

Appendix 4: Reference to health professionals

Human Resources

  1. One healthcare professional (recommended facilitator: physiotherapist)

Living Well with COPD™ for Pulmonary Rehabilitation Resources

  1. Information Booklet (Pages 42-49)
  2. Key messages: Management of Stress, Anxiety and Depression, Continuing Exercise and Self-Management Strategies
  3. Poster:
    • Get moving… breathe easier
  4. Resource table:
    • Information on opportunities for ongoing exercise in the local area
    • Contact details for local Citizens Advice Bureau
    • Contact details for local Social Security or Jobs and Benefits Office

Additional Resources

  1. Board / Flipchart

Environment

  1. Use a quiet and comfortable room for 10 to 15 people. Ensure proper ventilation.
  2. Place the chairs in a semi-circle around the board.

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
CONTINUING EXERCISE
AND SELF-MANAGEMENT STRATEGIES
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

Introduction

- Presentation of the Facilitator.
- Outline the goals of this session.
- Review the key messages from the last session and link them to this session.

Working Phase – Educational Interventions

1. Feedback from learning contract

1.1 FEEDBACK FROM LEARNING CONTRACT

Present this section using Group Discussion

Use Attachment 1 (Key messages: Management of Stress, Anxiety and Depression) to support your teaching.

Evaluate how participants managed to use the strategies for Stress Management.

Suggested script for the Facilitator:

- In the last session we looked at the stressful situations that can occur in your lives, possible reactions to stress (such as fear, anxiety, panic attacks and depression) and some strategies that can help you manage these reactions.

Suggested questions:

- Did you have a chance to practice at home some of the different stress management strategies and relaxation techniques?

Provide the participants constructive feedback and reinforcement on their understanding and use of the strategies for stress management. Identify any participants having difficulty integrating the strategies, or any other participant that may require a one-to-one session with a member of the pulmonary rehabilitation team.
2. Maintaining Exercise and Physical Activity Levels

2.1 MAINTENANCE OF EXERCISE AND PHYSICAL ACTIVITY AFTER PULMONARY REHABILITATION

Use the poster “Get moving... breathe easier” to support your teaching.

2.1.1 Present to the participants the benefits of maintaining activity levels after the pulmonary rehabilitation programme.

Suggested script for the Facilitator:

Many people with COPD avoid exercise and physical activity as they think they are too poorly. Despite constant breathlessness, it is very important for people with COPD to keep active; otherwise they may gradually lose independence and quality of life because of persistent fatigue and reduced tolerance to effort. Living well with COPD means getting moving to breathe better. By taking part in this pulmonary rehabilitation programme you have learnt that you can take part in exercise and physical activity safely. It is now important that you continue to stay active in order to manage breathlessness and fatigue.

Being active helps you:

• better control your shortness of breath
• increase your strength and your tolerance to effort
• better control your anxiety
• increase your confidence in your own abilities
• improve your quality of life

2.1.2 Identify with the participants strategies for integrating exercise and physical activity into their daily lives.

Suggested question:

• How confident are you that you could include exercise or physical activity to your daily routine?

Suggested script for the Facilitator:

• You should aim to do at least 2½ hours of moderate-intensity activity each week.
• Moderate-intensity activity is exercise or physical activity that makes you breathless. You need to do this type of exercise or activity for at least 10 minutes at a time.

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
CONTINUING EXERCISE
AND SELF-MANAGEMENT STRATEGIES
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

- You may not be able to do 2½ hours of moderate-intensity aerobic activity a week, for example, because of your COPD. However, you should aim to be as physically active as possible. Some activity is better than none. The more you do, the greater the health benefits and the better you’ll feel.

- Some examples of moderate-intensity exercise or physical activity that you could do every day to make up your recommended amount include:
  - walking indoors or outdoors
  - pedaling a stationary bicycle with low to moderate resistance
  - walking up stairs, taking time to rest when needed (3 or 4 steps at a time)
  - taking part in leisure activities (ballroom dancing, bowling, shopping, etc.)
  - engaging in daily life activities (housework, laundry, gardening, grocery shopping, walking to the shop instead of driving, preparing meals, etc.)

- You should also aim to do **strengthening** activities on at least **2 days** a week.

2.1.3 Identify with the participants how they can access facilities or opportunities for taking part in exercise after the pulmonary rehabilitation programme.

**Suggested question:**
- Do you know how to access facilities or opportunities to continue to exercise after this pulmonary rehabilitation programme?

**Inform participants of appropriate facilities or opportunities for exercise that are available in the local area. Facilities may include:**
- Maintenance programmes, for example Health Wise schemes
- Leisure centre classes, for example, aerobics or chair based exercises
- Walking clubs
- Swimming pools and gyms

**Note to the facilitator:** If participants wish to find out more about the opportunities for ongoing exercise in their local area, ask them to speak to you at the end of the class. Ensure that you have information on the resource table that they can bring home.

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
CONTINUING EXERCISE
AND SELF-MANAGEMENT STRATEGIES
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

2.1.4 Discuss with the participants how they can set goals to increase their activity levels.

Suggested script for the Facilitator:

In order to increase your activity levels you may find it useful to set yourself goals that you can aim for. For example, one goal may be to be able to walk to the shop and back again. However, if you are only able to walk to your garden gate at the moment, walking to the shop may seem daunting. So you should break your goal down into smaller, more achievable goals that make the task seem easier. For example, your first goal may be to be able to walk to the lamppost down the road and back. Gradually increase the distance of your goals until you are able to achieve your overall goal of walking to the shop.

Suggested question:
• Would anyone like to suggest a goal they would like to achieve?

Note to the facilitator:
• Identify one of the participants’ goals related to increasing activity levels. Demonstrate how they could break it down into smaller goals and ensure that it is both enjoyable and achievable.
• Consider recording the participants’ goals in their pulmonary rehabilitation notes and reviewing them at their next follow-up.

2.1.5 Discuss with the participants how they can modify their activity levels if they have an exacerbation of their symptoms.

Suggested question:
• What should you do when you have an exacerbation (significant worsening) of your symptoms?

Suggested script for the Facilitator:
• Reduce the intensity of your exercise and physical activity or stop it temporarily until your symptoms have improved.
• Gradually increase your activity levels once your exacerbation has resolved.
• Contact your doctor and/or healthcare professional if you are unable to resume your physical activities following an exacerbation (significant worsening) of your symptoms.

Note to the facilitator: Inform the participants that their information booklets include some useful information on exercise and physical activity (Pages 42 to 46). These include:
• suggestions that can help them increase their exercise and physical activity levels
• how they can tell if the intensity of their exercise and physical activity is adequate
• the normal and abnormal symptoms that can be present during exercise and physical activity
3. Welfare and Benefits

3.1 PRESENTATION OF THE WELFARE AND BENEFITS SYSTEM

PRESENT THIS SECTION USING GROUP DISCUSSION

3.1.1 Present to participants the organisations that may help them access information about welfare and benefits they may be entitled to.

Suggested script for the Facilitator:

When you have COPD you may be entitled to claim benefits. This may be possible if because of your COPD, you cannot work or you need assistance with personal care or mobility.

Suggested question:

• Do you know how to get information about welfare and benefits that you might be entitled to?

Suggested script for the Facilitator:

• The Citizens Advice Bureau is a charity that offers free and confidential advice. The Bureau can carry out a “benefit check” to assess what welfare and benefits you may be entitled to claim. The Bureau can also help you fill out the forms you need to make your claim.
• Your local Social Security or Jobs and Benefits Office deals with all welfare and benefits claims.

3.1.2 Present to participants a brief overview of each of the welfare and benefits they may be entitled to claim.

Suggested script for the Facilitator:

Let’s look at a few of the benefits you may be entitled to claim. However, you should contact the Citizens Advice Bureau if you would like more advice and information.

3.1.2.1 Attendance Allowance and Disability Living Allowance

Suggested question:

• Has anyone heard of either Attendance Allowance or Disability Living Allowance?

Suggested script for the Facilitator:

• Attendance Allowance and Disability Living Allowance are for people who have physical or mental disabilities and need help with personal care, or who may need supervision from someone else. The rate you receive depends on whether you need help during the day, night or both.
• They are known as “passport benefits”. If you receive either Attendance Allowance or Disability Living
Allowance you may be automatically entitled to claim other benefits such as Housing Benefit, Rates Relief, Carer’s Allowance and Income Support.

- **Attendance Allowance:**
  - To claim Attendance Allowance you must be over 65 and have had the condition for 6 months.
  - It is non-means tested so your allowance is not affected by your national insurance contributions or your savings and income.

- **Disability Living Allowance:**
  - To claim Disability Living Allowance you must be under 65 and have had the condition for 3 months and then have it for a further six months.
  - It is non-means tested which means that your allowance is not affected by your national insurance contributions or your savings and income.
  - Disability Living Allowance also has a mobility aspect. The mobility aspect is for people who cannot walk, have great difficulty walking or who need someone with them when walking outdoors. If you receive the highest rate of mobility allowance then you may be entitled to a Motability car.

### 3.1.2.2 Pension Credit.

**Suggested question:**
- Has anyone heard of Pension Credit?

**Suggested script for the facilitator:**
- Pension credit tops up your weekly income. You can claim pension credit whether or not you are still working. It has two parts: guarantee credit and savings credit.
- You must be at least 60 to claim guarantee credit. It is extra money each week to bring your income up to the minimum amount the government considers you need to live on.
- You must be at least 65 to claim savings credit. Savings credit is extra money each week for people who have an income higher than the State Retirement Pension or have modest savings.
- You may be entitled to claim guarantee credit, savings credit, or both.

### 3.1.2.3 Other benefits

**Suggested script for the facilitator:**
Other benefits you may be entitled to claim include:
- **Housing Benefit:** If you are a tenant then you may be able to get help with your rent.
- **Rate Relief:** If you pay rates as an owner occupier or a tenant you may get your rates reduced.
CONTINUING EXERCISE
AND SELF-MANAGEMENT STRATEGIES
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

• Water and sewerage charges: When the new charges for water and sewerage are introduced in Northern Ireland you may also be entitled to get help with them.

• Winter Fuel Payments: These are paid every winter to people aged 60 or over to help with their fuel costs. Some people may also be entitled to an extra payment called a Cold Weather Payment for each week the weather is very cold (freezing or below).

• Disabled Facilities Grant: There are grants available that you may be entitled to if you need to make adaptations to your home, for example if you can no longer use your bath and you require a shower.

• Employment and Support Allowance: Employment and Support Allowance is a benefit for people with limited capability for work because of ill health and/or disability. It can be divided into Contributory and Income-Related Employment and Support Allowance. A claimant may be entitled to either or both depending on her/his circumstances.

• Carer’s Allowance: Carer’s Allowance is a weekly benefit for someone caring for a person who is severely disabled. They do not have to live together or be related. The person cared for must get the highest or middle rate of the care component of the Disability Living Allowance or Attendance Allowance. Carer’s allowance is not means-tested. However a claimant who earns more than a certain amount will not qualify for it. Benefits of the person being cared for may be affected so it is best to check this before claiming Carer’s Allowance.

• Income Support: Income Support is a means tested benefit paid to a carer who receives Carer’s Allowance or cares for someone who receives Attendance Allowance or the higher or middle rate of Disability Living Allowance care component.

• Blue Badge Scheme: You may be entitled to a Blue Badge if, because of your COPD, you have severe walking difficulties and you are either a driver or a passenger of a car. If you receive the higher rate of the mobility component of the Disability Living Allowance you can get a Blue Badge.

Note to the facilitator:
• Remind participants the aim of this session was to introduce them to a few of the welfare and benefits available. The benefits discussed are not exclusive.

• However, if the participants wish to find out more information about any of the benefits or what they may be entitled to claim advise them to contact their Citizens Advice Bureau who can carry out a free, impartial and confidential benefit check.

• Ensure that you have contact details for the local Citizens Advice Bureau on the Resource Table.

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
CONTINUING EXERCISE AND SELF-MANAGEMENT STRATEGIES
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

4. Summary of the session and assessment of participants’ understanding and self-efficacy

4.1 SUMMARY OF THE SESSION AND ASSESSMENT OF PARTICIPANTS’ UNDERSTANDING AND SELF-EFFICACY

Present this section using Group Discussion

Evaluate participants’ understanding and self-efficacy to continue to exercise and to access information about Welfare and Benefits. Use this opportunity to highlight the key messages from the session. Use Attachment 2 (Key messages: Continuing Exercise and Self-Management Strategies) to support your teaching.

Suggested question:

• How confident are you that you can take part in exercise?
• How confident are you that you know how to access facilities for exercise (e.g. gym, pool, walking clubs)?
• How confident are you that you know how to get information about welfare and benefits that you might be entitled to?

Suggested script for the Facilitator:

• Taking part in exercise and physical activity is important. By being more active, you will have better control of your shortness of breath. You will also be able to do more, and increase your quality of life.
• If, because of your COPD, you cannot work or you need assistance with personal care or mobility contact the Citizens Advice Bureau to get a free, confidential and impartial “benefit check”. You may be entitled to claim welfare and benefits.

Note to the facilitator: Inform participants that the key messages from this session are summarised on their key messages sheet (attachment 2) and additional information can be found in their information booklets (Pages 42 to 49).

If participants feel confident to continue to exercise and to access information about Welfare and Benefits, ask them to continue applying the strategies suggested in this session.

If some participants do not feel confident, make sure to refer these participants to their resource person to see them on an individual basis to investigate the reasons and reinforce the importance of continuing to exercise and accessing information about Welfare and Benefits.

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
5. Recap: Integration of healthy behaviours and self-management strategies

5.1 ASSESSMENT OF PARTICIPANTS’ INTEGRATION OF HEALTHY BEHAVIOURS LEADING TO THE MANAGEMENT OF COPD.

Present this section using Group Discussion

5.1.1 Present to participants the list of healthy behaviours leading to COPD management. Evaluate their beliefs with respect to the importance of these behaviours.

Suggested script for the Facilitator:
You have learned through the programme that in order to live well with COPD, there are some adjustments that you have to do in your behaviours. Until now we have seen that you have to:
• Manage your breathing
• Conserve your energy
• Prevent and manage exacerbations (significant worsening of your symptoms)
• Comply with medication
• Manage your stress, anxiety and depression
• Maintain an active lifestyle

Suggested question:
• After all the education sessions you have been through, do you believe that these healthy behaviours are essential for managing your disease and helping you live well with your COPD?

5.1.2 Identify with the participants which healthy behaviours they have already integrated in their lives and which strategies they used to accomplish this. If needed encourage participants’ answers using the list of self-management strategies from Attachment 3. Encourage everyone to participate in the discussion.

Discuss each healthy behaviour separately. For each behaviour evaluate the following areas:
A. Which strategies helped them to integrate this behaviour in their lives.
B. If some participants have had problems integrating this behaviour discuss how this may be resolved.

Note to the facilitator: Inform participants that there are additional strategies that they can do to lead a healthy and fulfilling life, such as eating healthily and getting a good nights sleep. Be prepared to answer questions related to obtaining resources for these topics.
Closing the session

- Answer the questions of the participants.
- Identify available resources (healthcare professional, family, friends, support group) that they can use.
- **Learning contract:** Encourage participants to keep using the self-management strategies and maintain the healthy life habits and other healthy behaviours they have acquired.
- Evaluate the satisfaction of the participants with regards to the present session.
Management of Stress, Anxiety and Depression

Key Messages

• Reactions to stress include anxiety, panic, low mood and depression. There are strategies that can help to control these reactions.
  – Using relaxation and breathing techniques.
  – Maintain a positive attitude and try to solve one problem at a time.
  – Do not hesitate to ask for help or consult a health professional.

• You need to choose the strategy that works best for you.

• Support groups are a great opportunity for patients with lung conditions to get together and receive support and advice. If you would like to be referred to a support group speak to a member of the pulmonary rehabilitation team.
Continuing Exercise and Self-Management Strategies

**Key Messages**

- Taking part in exercise and physical activity is important. By being more active, you will have better control of your shortness of breath. You will also be able to do more, and increase your quality of life.

- If, because of your COPD, you cannot work or you need assistance with personal care or mobility, contact the Citizens Advice Bureau to get a free, confidential and impartial “benefit check”. You may be entitled to claim welfare and benefits.

- Maintaining healthy life habits and behaviours will help you maximise your quality of life and live better with your COPD.
## Attachment 3: Recap: Integration of healthy behaviours and self-management strategies

<table>
<thead>
<tr>
<th>Healthy Behaviours</th>
<th>Self-management skills (strategies and techniques)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage your breathing</td>
<td>• Use the following techniques and body positions to reduce shortness of breath in different situations</td>
</tr>
<tr>
<td></td>
<td>- Pursed-lip breathing</td>
</tr>
<tr>
<td></td>
<td>- Breathing control</td>
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<tr>
<td></td>
<td>- Positions of ease</td>
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<td></td>
<td>- S.O.S technique</td>
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<tr>
<td>Conserve your energy</td>
<td>• Pace yourself</td>
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<td></td>
<td>• Alternate activities</td>
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<td></td>
<td>• Plan your schedule</td>
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<td></td>
<td>• Use breathing techniques during activities or movements requiring effort</td>
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<td></td>
<td>• Know when to get and how to use aids and appliances</td>
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<tr>
<td>Prevent and manage exacerbations</td>
<td>• Get the annual flu shot and vaccination for pneumonia</td>
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<td>• Avoid factors that can make your symptoms worse</td>
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<td></td>
<td>• Use your Action Plan according to the directives</td>
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<td>Comply with your medication</td>
<td>• Take your medication as prescribed</td>
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<td>• Use the proper inhalation technique(s)</td>
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<td>Manage your stress anxiety and depression</td>
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<td>• Try to solve one problem at a time</td>
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<td></td>
<td>• Know when to get help from support groups and where to find them</td>
</tr>
<tr>
<td></td>
<td>• Maintain a positive attitude</td>
</tr>
<tr>
<td>Maintain an active life</td>
<td>• Aim for 2 ½ hours of moderate intensity exercise or physical activity each week</td>
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<tr>
<td></td>
<td>• Aim to do your muscle strengthening activities for two or more days a week</td>
</tr>
</tbody>
</table>

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
Appendix 1:

1. Health in COPD: Participants’ beliefs

1.1 REASSESSMENT OF PARTICIPANTS’ BELIEFS AND MEANING OF HEALTH

Present this section using group discussion

Reassess participants’ meaning of health and their beliefs about the possibility of “Living Well with COPD”, in view of the self-management strategies learned through the education sessions.

Suggested question to start the discussion:

- After your participation in the education sessions, do you believe that you can be healthy even if you have COPD?
- Do you believe that you can “Live Well with COPD”?
- Has your definition of health changed?

2. Presentation of the strategies needed to integrate Healthy Life Habits in participants’ daily lives.

2.1 PRESENTATION OF THE STRATEGIES NEEDED TO INTEGRATE HEALTHY LIFE HABITS IN PARTICIPANTS’ DAILY LIVES

Present this section using group discussion

2.1.1 Present to participants the healthy life habits to adopt in order to complete the list of healthy behaviours from Session 1: “Introduction to Living Well with COPD education program”. Use a similar format to Appendix 2 for your board.

Suggested script for the facilitator:
CONTINUING EXERCISE AND SELF-MANAGEMENT STRATEGIES
APPENDICES SECTION

We also know that for everybody, life habits are very important for staying healthy. So now let us look together at some specific life habits that are very important in our lives and particularly the lives of those with COPD:

• Maintain an active lifestyle
• Keep a healthy diet
• Have good sleep habits
• Maintain a satisfying sex life
• Get involved in leisure activities
• Plan your trips

2.1.2 Evaluate participants’ beliefs with respect to the importance of these healthy life habits and present the strategies needed to integrate these behaviours into their lives. Use Appendix 3 for the list of strategies needed to integrate each life habit.
Encourage everyone to participate in the discussion.

Suggested script for the facilitator:

Now, let us see how you can integrate each healthy life habit in your life.

Discuss each healthy life habit separately following these steps:

A. Assess whether participants believe that this life habit will have a positive impact on their health.
B. Present the self-management strategies that can help them to integrate this behaviour in their lives. Use Appendix 3 to complete your answers.
C. Assess whether participants feel capable of integrating this behaviour in their lives.
D. If needed, refer participants to the appropriate resources. See section 2.3

Suggested questions and script to be used for each of the healthy life habits (adapt it as needed):

Example: “Maintain an active life”

A. Do you think that maintaining an active life can have a positive impact on your health?
B. These are the essential strategies for COPD patients that will help them to remain independent:
   • Use the pursed-lip breathing technique when doing activities or making efforts
   • Maintain physical activities (activities of daily living, walking, climbing stairs, etc.)
   • Exercise regularly (aim for 2½ hours of moderate intensity exercise or physical activity each week and aim for two or more days of muscle strengthening activities)
C. Do you feel capable of using and maintaining these strategies in your daily life?
D. If you do not feel capable, please meet me at the end of the session to discuss your case in more detail.
Suggested questions (A) for the rest of the healthy life habits:

**Keep a healthy diet**
- Do you think having a healthy diet can help you to keep your condition stable?

**Have good sleep habits**
- Do you think that having good sleep habits is important for people suffering from COPD?

**Maintain a satisfying sex life**
- Do you think maintaining a satisfying sex life can have a positive impact in the management of your disease?

**Get involved in leisure activities**
- Do you think that getting involved in leisure activities is important for people suffering from COPD?

**Plan your trips**
- If you would like to travel, do you think it is important to plan your trip?

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2.2 REFERENCE TO APPROPRIATE RESOURCES.

*Present this section using group discussion*

If participants feel confident to integrate the expected healthy behaviours and use the self-management strategies (skills) in their daily life, congratulate them and motivate them to persevere.

Some participants may not feel capable or may have problems with the integration of some of the healthy behaviours and/or self-management strategies (skills) in their daily life. In that case, make sure to refer these participants to the appropriate resources.

Make sure there is always some time left at the end of this session to discuss individually with the participants who need more guidance and referral.

Use Appendix 4 to determine whether a participant needs to be referred to a specific health professional.
3. Living Well with COPD: A Plan of Action for life

3.1 EXPERT PATIENT’S TESTIMONY: “LIVING WELL WITH COPD, A PLAN OF ACTION FOR LIFE”

Invite the expert patient to share his/her experience on developing a Plan of Action for Living Well with COPD. Underline the self-management strategies (skills) integrated by the expert patient and emphasise his/her achievements in order to motivate participants to keep using these strategies and maintain healthy life habits and behaviours. Motivate group discussion.

Introduce the expert patient by asking him/her these questions:

- What does adopting a “Plan of Action to live well with COPD” mean for you?
- What strategies do you use to live well with COPD?
- How have you managed to integrate the different healthy behaviours leading to the management of COPD in your day-to-day life?
- What difficulties have you encountered while doing the necessary changes in your life?
- What are the positive impacts of the strategies and healthy behaviours you have integrated in your daily life to live well with COPD?
### Appendix 2: Blank chart of healthy behaviours and self-management strategies (skills) – Part II

<table>
<thead>
<tr>
<th>Healthy behaviours</th>
<th>Self-management strategies (skills)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain an active lifestyle</td>
<td></td>
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<tr>
<td>Keep a healthy diet</td>
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<td>Maintain a satisfying sex life</td>
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## Appendix 3: Healthy behaviours and self-management strategies (skills) to be integrated

<table>
<thead>
<tr>
<th>Healthy behaviours</th>
<th>Self-management strategies (skills)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live in a smoke-free environment</td>
<td>• Quit Smoking and remain a non-smoker</td>
</tr>
<tr>
<td></td>
<td>• Avoid second-hand smoke</td>
</tr>
<tr>
<td>Comply with your medication</td>
<td>• Take your medication as prescribed</td>
</tr>
<tr>
<td></td>
<td>• Use the proper inhalation technique(s)</td>
</tr>
<tr>
<td>Manage your breathing</td>
<td>• Use the pursed-lip breathing technique according to the directives given</td>
</tr>
<tr>
<td></td>
<td>• Use the body positions to reduce shortness of breath</td>
</tr>
<tr>
<td></td>
<td>• Use your coughing techniques according to the directives given</td>
</tr>
<tr>
<td>Conserve your energy</td>
<td>• Prioritise your activities</td>
</tr>
<tr>
<td></td>
<td>• Plan your schedule</td>
</tr>
<tr>
<td></td>
<td>• Pace yourself</td>
</tr>
<tr>
<td>Manage your stress and anxiety</td>
<td>• Use your relaxation and breathing techniques</td>
</tr>
<tr>
<td></td>
<td>• Try to solve one problem at a time</td>
</tr>
<tr>
<td></td>
<td>• Talk about your problems and do not hesitate to ask for help</td>
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<tr>
<td></td>
<td>• Maintain a positive attitude</td>
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<tr>
<td>Prevent and manage aggravations of your symptoms (exacerbations)</td>
<td>• Get your flu shot every year and your vaccine for pneumonia</td>
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<td></td>
<td>• Avoid factors that can make your symptoms worse</td>
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<td></td>
<td>• Use your Plan of Action according to the directives (recognition of symptoms deterioration and actions to perform)</td>
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<td></td>
<td>• Contact your resource person when needed</td>
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<tr>
<td>Maintain an active lifestyle</td>
<td>• Use the pursed-lip breathing technique when doing activities or making efforts</td>
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<td></td>
<td>• Maintain physical activities (activities of daily living, walking, climbing stairs, etc.)</td>
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<td></td>
<td>• Exercise regularly (exercise program at least 3x/week, 30 min/day)</td>
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<tr>
<td>Keep a healthy diet</td>
<td>• Maintain a healthy weight</td>
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<td></td>
<td>• Eat food high in protein and follow recommendations of the Canada Food Guide</td>
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<td></td>
<td>• Eat smaller meals more often (5-6 meals/day)</td>
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<td>Have good sleep habits</td>
<td>• Maintain a routine</td>
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<tr>
<td></td>
<td>• Avoid heavy meals and stimulants before bedtime</td>
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<tr>
<td></td>
<td>• Relax before bedtime</td>
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<tr>
<td>Maintain a satisfying sex life</td>
<td>• Use positions that require less energy</td>
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<td></td>
<td>• Share your feelings with your partner</td>
</tr>
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<td>• Do not limit yourself to intercourse, create a romantic atmosphere</td>
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<td></td>
<td>• Use your breathing, relaxation and coughing techniques</td>
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<tr>
<td>Get involved in leisure activities</td>
<td>• Choose leisure activities that you enjoy</td>
</tr>
<tr>
<td></td>
<td>• Choose environments where your symptoms will not be aggravated</td>
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<tr>
<td></td>
<td>• Respect your strengths and limitations</td>
</tr>
<tr>
<td>Plan your trip</td>
<td>• Get a list from your doctor of current medical diagnoses, allergies and medications</td>
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<td></td>
<td>• Have enough medication for the duration of the trip</td>
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<td></td>
<td>• Bring your Plan of Action including a supply of antibiotics and prednisone</td>
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</tbody>
</table>

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
## Appendix 4: Reference to health professionals

<table>
<thead>
<tr>
<th>Health professional</th>
<th>Reference criteria</th>
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</thead>
<tbody>
<tr>
<td><strong>Family physician</strong></td>
<td>1. Suspect diagnosis of COPD (by spirometry)&lt;br&gt;2. General supervision of care and medication prescriptions&lt;br&gt;3. Whenever changes in drug therapy are contemplated&lt;br&gt;4. Getting prescription for appropriate inhalation devices&lt;br&gt;5. Getting prescription and directions for the Plan of Action&lt;br&gt;6. When patient is so ill that an emergency room visit may be needed (fever, extreme dyspnea, cyanosis, etc.)&lt;br&gt;7. Patient is suspected to have a non-pulmonary disease&lt;br&gt;8. An appointment with the family physician is necessary when planning for a trip, since patients need a summary note, applicable prescription and enough medication for the duration of the trip</td>
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<tr>
<td><strong>Respirologist</strong></td>
<td>1. Patients referred to a pulmonary rehabilitation program&lt;br&gt;2. Uncertainty over the diagnosis&lt;br&gt;3. Respiratory symptoms disproportionate to the degree of COPD severity and/or extremely restricted QoL&lt;br&gt;4. Severe or recurrent exacerbations associated with progressive deterioration of the respiratory or general condition.&lt;br&gt;5. Failure to respond to bronchodilator therapy or patients who cannot be withdrawn from oral corticosteroids&lt;br&gt;6. If long-term oxygen is considered&lt;br&gt;7. Persistent cough for more than 8 weeks or associated with new chest radiograph abnormalities&lt;br&gt;8. Accelerated decline of function (FEV1 decline of 80 mL or more per year over a two-year period)&lt;br&gt;9. Onset of symptoms occurring at a young age&lt;br&gt;10. Patients with complex comorbidities and for those requiring assessment before surgical intervention</td>
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<tr>
<td><strong>Pharmacist</strong></td>
<td>1. Need of detailed information about COPD medication and inhalation devices&lt;br&gt;2. Supervision to ensure compliance with drug treatment</td>
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<tr>
<td><strong>Physiotherapist</strong></td>
<td>1. To design an individualised exercise program for patients unable to participate in formal pulmonary rehabilitation (because of lack of access or a mitigating comorbid illness)&lt;br&gt;2. Patients with frequent coughing bouts and secretions&lt;br&gt;3. To integrate breathing and positioning techniques to gain control over symptoms of SOB&lt;br&gt;4. Patients with difficulties related to ADL due to SOB and extremity weakness&lt;br&gt;5. To review the home exercise program</td>
</tr>
<tr>
<td><strong>Nurse</strong></td>
<td>1. Evaluation of patient’s global needs and referrals to the appropriate resources&lt;br&gt;2. Patient education on COPD self-management&lt;br&gt;3. Coordination of patient’s care through case management&lt;br&gt;4. Patient clinical supervision and follow-up of Plan of Action use</td>
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</table>

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<table>
<thead>
<tr>
<th>Health professional</th>
<th>Reference criteria</th>
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| Respiratory therapist               | 1. Patient with difficulties using inhalation devices  
2. Regular check-up of inhalation techniques  
3. Technical support and regular monitoring of home oxygen  
4. COPD case management and patient education when nurse not available  
5. To perform spirometry or pulmonary function tests |
| Occupational therapist              | 1. Evaluate limitations in the patient’s ability to perform self-care, domestic, leisure and work activities  
2. Identify the need for energy conservation education  
3. Suggest assistive devices and mobility aids  
4. Determine when additional support is needed to maintain independence at home  
5. Provide training on relaxation techniques when anxiety and stress have an adverse effect on functional capacities |
| Pulmonary rehabilitation program    | 1. Whenever symptoms restrict the patient’s functional abilities and health-related QoL, and as early as possible in the natural evolution of the disease.                                                      |
| Smoking cessation expert; specialised clinics or programs | 1. Any COPD patient willing to stop smoking (within 6 months) as well as family members  
2. Any COPD patient that has stopped smoking and needs help to remain non-smoker  
3. Some clinics specialise in patients with other drug addictions, intense stress, complex psychosocial problems and improper use of stop-smoking medication, and those having repeated relapse |
| Social worker                       | 1. On screening, anxiety and/or depression are evident and have a limiting effect on patient’s physical and social functioning  
2. Patients experiencing ongoing family dynamic difficulties or major life event stressors, and having inadequate social support and/or poor coping  
3. Unresolved grief  
4. Signs of post-traumatic stress disorder  
5. Caregiver fatigue  
6. Financial problems; funding needed for specialised equipment or services |
| Dietician                           | 1. Chronic use of oral corticosteroids  
2. Patients with body mass index (BMI) of <21 or >30  
3. Severe weight loss ( > 5 kg in 6 months)  
4. Patients experiencing dietary problems  
5. Eating / feeding difficulties (e.g. difficulties chewing or swallowing) |
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Adaptation from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – December 2011

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The Living Well with COPD programme for pulmonary rehabilitation has been endorsed by:
The Association of Chartered Physiotherapists in Respiratory Care
The Northern Ireland Regional Respiratory Forum

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