

The background of the entire page is a photograph of two people walking away from the camera on a wooden boardwalk path. The path is covered with fallen autumn leaves in shades of orange, yellow, and brown. The trees on either side of the path have sparse foliage, with some leaves still on the branches. The lighting suggests a sunny day, with long shadows cast on the path.

# Kent & Medway COPD Services

Autumn 2021  
Fifth Edition

## Patient Information Pack

Patient name:

.....

East Kent Hospitals University NHS Foundation Trust,  
Kent Community Health NHS Foundation Trust

# Contents

## Page:

- 3 - What is Chronic Obstructive Pulmonary Disease (COPD)?
- 4 - Managing breathlessness
- 5 - Pulmonary rehabilitation
- 6 - Treatments
- 7 - Using your inhaler and the environment
- 8 - Managing worsening symptoms and flare-ups
- 9 - Smoking and COPD
- 10 - Weather advice
- 11 - Patient passport
- 12 - Self management plan
- 18 - Useful Contacts





# What is Chronic Obstructive Pulmonary Disease (COPD)?

COPD is a condition where your airways become inflamed and the air sacs in your lungs become damaged.

## British Lung Foundation

The British Lung Foundation (BLF) has a lot of information about COPD: including what it is, how to manage symptoms and what treatments are available. **[www.blf.org.uk](http://www.blf.org.uk)**.

The following information is from respiratory experts across Kent and Medway and the BLF's website:

**<https://www.blf.org.uk/support-for-you/copd>**.

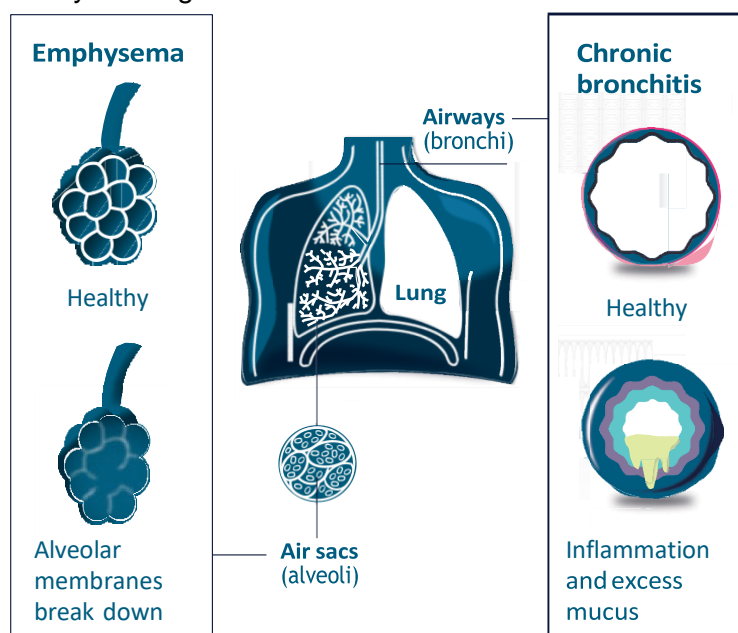
COPD stands for chronic obstructive pulmonary disease. This is the name used to describe a number of conditions including emphysema and chronic bronchitis. COPD is different from asthma but sometimes the two conditions can happen together and has been called asthma-COPD overlap.

In COPD the airways become inflamed and the air sacs in your lungs are damaged (see diagram below). This causes your airways to become narrower, which makes it harder to breathe in and out. If you have difficulty breathing this can affect many aspects of your day-to-day life.

COPD affects not just the lungs but the whole body can suffer. This includes reduced strength in bones and muscles and a higher risk of heart attacks and palpitations or arrhythmias.

Unfortunately, there is no cure for COPD, but there are lots of treatments to help you manage your condition, improve your symptoms and live an active life.

This diagram shows how emphysema and chronic bronchitis affect your lungs.



# Managing breathlessness

 [www.blf.org.uk/Page/dealing-with-breathlessness](http://www.blf.org.uk/Page/dealing-with-breathlessness)

## Pulmonary rehabilitation

Attending a course of pulmonary rehabilitation is one of the best ways to reduce your breathlessness.

## Breathing control techniques

A lot of the techniques below are taught as part of pulmonary rehabilitation and can be very helpful in reducing breathlessness if you practice them every day. They also help if you get breathlessness suddenly. Breathing control means breathing gently, using the least effort, with your shoulders supported and relaxed.

## Relaxed, slow, deep breathing

In a comfortable, supported position, relax your shoulders, arms and hands. Breathe in gently through your nose and breathe out through your nose and mouth. Try to feel relaxed and calm each time you breathe out.

## Pursed-lips breathing

Breathe out with your lips pursed as if you are whistling. This slows your breathing down and helps to make your breathing more effective.

## Blow as you go

Breathe out when you are making a big effort, for example, when stretching your arms above your head, reaching for something on a shelf, bending down, going up steps or standing up.

During the hardest part of any action, blow as you go! If you become breathless suddenly when resting, it can help to remember, 'If in doubt, breathe out'.

## Paced breathing

This is useful when climbing the stairs or walking. Breathe in, in time with the steps you take. Do this in a rhythm that suits you and how breathless you are. For example, you should:

- breathe in when on the stair, and breathe out as you go up a stair (blow as you go)
- breathe in for one stair and out for one stair
- breathe in for one stair and out for two or
- breathe in for two stairs and out for three.

Other methods of dealing with breathlessness:

- lose weight if you are overweight, or put on weight if you are underweight
- arrange the things you use every day to make sure they are easy to reach
- use your inhalers correctly and regularly.
- sit down and take things slowly when you're not active, to save energy
- avoid bending down by wearing slip-on shoes or using long-handled tools in the garden
- when you're breathless, take a rest and then start again
- ask for help when you need it.

Your doctor might also recommend medications to reduce breathlessness, if appropriate.

# Pulmonary rehabilitation



[www.blf.org.uk/support-for-you/exercise/pulmonary-rehabilitation](http://www.blf.org.uk/support-for-you/exercise/pulmonary-rehabilitation)

Pulmonary rehabilitation (PR) is a program of exercise and education for people with long-term lung conditions which you can access locally, if your GP feels you meet the referral criteria.

It combines physical exercise sessions with discussion, education, and advice on lung health, and is designed to help you to manage the symptoms of your condition, including getting out of breath.

A course of PR lasts about six to eight weeks, with two sessions a week. Each session usually lasts two hours. You will be part of a group, commonly between eight and 16 people. Being with other people who have similar problems to you can be very helpful, as well as making sessions enjoyable and fun. Group members often share useful tips with one another. The program will be tailored to your specific needs and goals.

PR will:

- help to improve your muscle strength, so you can use the oxygen you breathe more efficiently
- improve your general fitness and help you to cope better with feeling out of breath
- help you to feel stronger and fitter, and able to do more.

Please bear in mind, however, your lung function is not likely to change, so you might not see a difference when you take the simple 'blowing test'. This is also called a spirometry test.

During your course, your PR team will teach you how to increase your activity safely and effectively, and manage breathlessness and feelings of anxiety or panic.

Topics included in the education part of the session include:

- breathing management techniques and coping strategies to use when recovering your breath, or during physical activity
- why exercise is so important for people with lung conditions
- how to manage stress and anxiety
- management of sputum
- healthy eating
- how to use your inhalers and other medicines
- how to manage flare-ups
- financial and social support

You will get out of breath when you take part in a PR course, but this is part of the therapy. You will always be monitored and you will never be asked to do more than you can do safely.

PR is about helping you manage your condition better. It is not a cure, but you will feel better and more confident and in control. PR requires your commitment to really work. You need to attend sessions regularly and follow the advice given by your team.

After you have completed your course, it is important to carry on exercising regularly, stay active and use the techniques you have learned.

# Treatments



[www.blf.org.uk/support-for-you/copd/treatment/medications](http://www.blf.org.uk/support-for-you/copd/treatment/medications)

If you have COPD, there are a number of treatments that can improve your symptoms, reduce flare-ups and improve your energy levels.

Getting the right treatment can make it easier for you to carry out daily activities like dressing, washing and walking.

**Smoking** – if you smoke, the single most important treatment for COPD is giving up.

**Diet** – it is important to eat well to prevent infections and keep your lungs healthy.

**Mental health** – it is important to recognize any decline in your mental health, as COPD is a long term condition. Self or GP referral to counselling services, may be useful.

## Medication

### Bronchodilator inhalers

If you experience mild symptoms now and then, your doctor might give you a short-acting bronchodilator inhaler. This relaxes the muscles in your airways to keep them as open as possible and relieve breathlessness.

If your symptoms occur every day, you might be given a long-acting bronchodilator inhaler. This works in the same way as a short-acting inhaler, but the effects of the medication last for at least 12 hours.

If you continue to have breathlessness or are experiencing regular flare-ups, you may be given an inhaler that contains two long acting bronchodilators combined in one inhaler.

Long acting broncho-dilators need to be taken every day and can both protect the lungs from further damage and reduce the risk of chest infections and COPD flare-ups.

### Steroid inhalers

If you continue to have repeated flare-ups despite your current inhaled bronchodilators, you may have a steroid inhaler added to your medication. This type of inhaler is usually given as part of a combination inhaler – when two or three medications are given in one inhaler. This medication may help you to have fewer flare-ups. It is also particularly effective if you have asthma overlap with COPD.

### Other medications

Your doctor might give you a medication called a mucolytic to reduce the thickness of your phlegm. This is usually carbocisteine capsules.

### Possible side-effects

Side-effects from inhaler medicines are not common, since the dose is usually very small.

Steroid inhalers can occasionally cause hoarseness or thrush in the mouth. You can reduce the risk of this by making sure you are using your inhaler correctly, and rinsing your mouth and gargling after you use it.

### Steroid cards

If you are on regular steroid tablets (for example prednisolone) or require rescue pack steroids, 3-4 times a year, you may be given a steroid card by your healthcare professional. You should carry this card with you at all times to ensure that in the case of an emergency, your steroid medication is not stopped abruptly, which may put you at risk of a “steroid crisis”

# Using your inhaler and the environment

Climate change represents a massive threat to respiratory health. Climate change increases the amount of pollen and allergen produced by each plant, mould growth and outdoor pollutants in the air we breathe. This leads to worsening problems in asthma, hay-fever, chronic obstructive pulmonary disease (COPD) and respiratory tract infections.

Reducing our impact on the environment is possible and is part of the NHS zero carbon targets. The majority of patients in the UK are using pressurised metered dose inhalers (pMDIs). These inhalers use the powerful greenhouse gas known as HFA to deliver the medicine into your lungs. Because HFA powered inhalers are potent global warming devices both health care professionals and patients have to work together to make this possible. It is estimated that in GP clinics up to 75% of the carbon footprint comes from MDI type Inhalers with HFA gas.

There have been calls to switch away from HFA inhalers because of their environmental impact. Effective HFA-free alternatives are already available, like Dry Powder Inhalers and soft mist inhalers. Switching to inhalers with lower carbon footprint is a key part of the NHS Sustainable Development strategy.

The most commonly used inhaler in the UK, is Salbutamol/Ventolin Evohaler™ which has a carbon footprint of 28kg per inhaler. That's the same carbon footprint as driving 175miles (or from London to Sheffield) in a **medium** petrol car. Dry powder inhalers (DPIs) on the other hand typically have a carbon footprint of less than 1kg. The use of DPIs can help reduce the carbon footprint of inhalers.

Studies also show that a significant number of patients are using their inhalers incorrectly. pMDIs require a slow and gentle inhalation whereas DPIs require a stronger and faster inhalation. Using the inhaler correctly or matching your technique to the correct inhaler is important to allow maximum amount of medicine to go deep into your lungs to get the maximum benefit. Check the correct technique for your inhaler on the asthma/BLF website.

[www.asthma.org.uk/advice/inhaler-videos/](http://www.asthma.org.uk/advice/inhaler-videos/)

With a national aim to move towards using dry powder inhalers it is essential that we ensure you have the most suitable inhaler for your technique along with lowest environmental impact. Not everyone will be suitable but if suitable this is a much more environmentally friendly option we can consider for our future.

Your inhaler technique should be reviewed at least annually to ensure maximum benefit from your inhaler with the least damage to our environment. Please feel free to discuss your technique or any concerns with your health care professional.



# Managing worsening symptoms and flare-ups

 [www.blf.org.uk/support-for-you/copd/treatment/flare-ups](http://www.blf.org.uk/support-for-you/copd/treatment/flare-ups)

**A flare-up of COPD** is a sustained worsening of the patient's condition, from the stable state, and beyond normal day-to-day changes in cough, breathlessness and sputum production. Clinicians sometimes use the word 'exacerbation' for this.

This is also known as a COPD flare-up, when your symptoms get worse usually over a few days and needs additional treatment. You may also feel unwell, or sometimes have a fever.

A flare-up might be triggered by an infection or other causes such as weather changes or stress. When you have a flare-up, it's very important to drink plenty of fluids and start using your emergency salbutamol inhaler through a spacer device if you have one (as per your management plan).

If you have a history of recurrent chest infections or COPD flare-ups, your doctor might give you emergency antibiotics and steroid tablets to keep at home in case of an a flare-up.

These should be used if your symptoms continue to get worse over two to three days and are particularly helpful if you see a change in phlegm colour (for example more yellow or green) along with increased sputum production and a change in sputum consistency to thick and sticky.

If you have more than one chest infection or COPD flare-up in 12 months you should contact your GP or nurse. They can review your treatment and might give you preventative antibiotics along with steroid tablets. This is often known as a COPD 'rescue pack'.

If you have finger pulse oxygen monitor you should check your oxygen levels and make sure it is not dropping by 4 or more points at rest. Usually oxygen levels stay within one to two points of your usual levels and a large drop can be a danger sign that your lungs are struggling to provide enough oxygen to the body. This can also be a sign of pneumonia.

**You should keep the contact details of your COPD service, GP or nurse nearby at all times. This is so you can arrange an emergency appointment or prescription if you have a flare-up that is getting worse, even when taking your emergency antibiotics and/or steroids at home OR your oxygen levels have dropped by 4 or more points or below 88% you should contact your COPD nurse or GP clinic or 111 for further advice.**

Most COPD flare-ups will steadily get better over three to four weeks and the first course of oral steroids and antibiotics over 5 to 7 days can help the most. Repeated courses of antibiotics and oral steroid tablets usually do not help to speed up the recovery and can weaken the body's immune system and also lead to resistant infections which will be more difficult to treat.



# Smoking and COPD



[www.blf.org.uk/support-for-you/smoking/the-facts](http://www.blf.org.uk/support-for-you/smoking/the-facts)

According to the World Health Organisation, smoking is the leading cause of COPD. This includes smoke from cigarettes, cigars, and pipes as well as secondhand tobacco smoke exposure. People are exposed to secondhand smoke when they breathe near someone who's smoking. COPD is rare in people who have never smoked but can develop if you have had asthma for many years or had 'weak lungs' as a child.

Cigarette smoke contains harmful toxins that affect lung function. Toxins that are inhaled directly into the lungs over prolonged periods of time can lead to severe lung inflammation, triggering the onset of COPD. This process happens slowly over 20 to 30 years which is why most patients start to get the COPD symptoms of cough, phlegm and breathlessness when they are 40 to 50 years old.

There's no cure for COPD and lung damage can't be reversed. However, some medical treatments and lifestyle adjustments can help you feel better, improve your overall health, and prevent your symptoms from getting worse.

Stopping smoking is the most important step you can take to prevent further lung damage and also to allow your inhalers to work better.

Some lifestyle changes that may ease symptoms include:

- quitting smoking if you smoke
- avoiding secondhand smoke and places with air pollution

- having a diet that largely consists of vegetables, lean proteins, and whole grains
- exercising at least three times per week.

When they're used in combination, medical and lifestyle remedies can slow down the progression of COPD and decrease the severity of symptoms.

People who continue to smoke put themselves at an increased risk of accelerating the disease and its symptoms. Smoking also increases your risk of heart attacks and lung cancer.

Vaping can be used as a means to come off cigarettes however this should ideally be for only a short period of time e.g. six months or less. The long term effects of vapes on COPD damaged lungs is not known and best to avoid such prolonged use.

To get support with smoking cessation, visit <https://www.nhs.uk/smokefree/help-and-advice/e-cigarettes>

**"Giving up smoking can be really tough. It's important to remember that getting support from Stop Smoking Services is still the most effective way to quit. E-cigarettes can play a role in helping people quit and the evidence so far shows e-cigarettes are safer than tobacco."** *Alison Cox, Director of Cancer Prevention at Cancer Research UK.*

# Weather advice

## Warm weather

As summer approaches and the temperature rises, you may find that high temperatures cause your symptoms to flare up.

If you know you're affected by hot weather, there are things you can do to help keep yourself well.

### Avoid the heat

If a heatwave is forecast, don't go outside during the hottest time of day, normally between 11am and 3pm. If you have to go out, plan your day around the early morning or evening when the air is cooler.

### Keep out of the sun

If you do need to go out during the day, avoid being in the sun for long stretches. Wear loose, cool clothing and a hat.

### Pack a bag of essentials

If you're going out, take a bag of essentials. Include any medication that you might need, plenty of water and a fan.

### Exercise sensibly

Do your exercise indoors in a cool, well-ventilated room or gym. Try to do activities like housework and gardening in the early morning or evening when it's cooler.

### Drink cold water

Have a drink of cold water regularly even if you don't feel thirsty – it's important to stay hydrated. Avoid alcohol, which makes you pee more and causes you to dehydrate.

### Keep your house cool

Closing blinds or curtains can help to keep your house cool. If it's cooler in your house than outside, close the windows to keep the cool air in. Try using a handheld fan.

It is important to keep warm during winter whilst indoors and outdoors. Keeping warm can help prevent colds, flu and other serious health problems.

## Avoid catching colds or flu

Catching a cold or another infection can lead to your symptoms getting worse or your condition flaring up.

If you catch a cold, watch out for symptoms that get worse. Make sure you know what to do if you become breathless or start to cough up phlegm.

## Get both Covid and flu jab

People with COPD are eligible for a free flu jab annually. Ask your GP or pharmacy in the autumn. Having a flu jab reduces the risk that you will need to be admitted to hospital.

## Get a one-off pneumonia vaccination too

It's recommended you get a pneumonia jab if you have a long-term lung condition such as COPD, bronchiectasis or pulmonary fibrosis.

## Stay warm

Heat your home to at least 18°C (64°F). Overnight in winter, keep your bedroom at this temperature too and wear warm nightclothes.

Wear multiple layers of clothing when it's cold. This traps warm air better than one bulky layer.

## When you're out and about

Check the weather before you go out. If it's too cold or breezy for you or you are not feeling well or are having trouble breathing, stay indoors and keep warm.

Try to breathe through your nose instead of your mouth as this will help warm the air you breathe in. Protect your lungs and airways by wearing a hood or scarf that covers your mouth.

# Patient passport



<http://passport.blf.org.uk>

The BLF also provides an online 'patient passport' for you to complete so you can record your particular information. This might help you to discuss your symptoms with your doctor.

## Patient passport

- Was my diagnosis of COPD confirmed with a lung function test (spirometry)?
- Can you explain more about my COPD, and how to find information, advice and emotional support?
- Can I agree a self-management plan and get a written copy?
- I would like to find out more about the free annual flu vaccination and the one-off pneumonia jab.
- I'd like to be offered support and treatment about giving up smoking.
- Can we discuss the importance of keeping active and eating well?
- I'd like a referral to pulmonary rehabilitation.
- Can you advise me about ongoing exercise and nutrition?
- Can we discuss what all my medicines are for and when I should take them?
- Can we review how I use my inhaler?
- How do I know if I'm having a flare-up?
- What medicines should I take and who should I contact if I'm having a flare-up?
- When do I have my yearly review to discuss health, care and treatment?

## Contact the BLF

**Phone the helpline:** 03000 030 555  
Monday to Friday from 9am to 5pm.

**Email:** [helpline@blf.org.uk](mailto:helpline@blf.org.uk)

**Post:** British Lung Foundation (Helpline), 18  
Mansell Street, London, E1 8AA

# A self-management plan for patients with Chronic Obstructive Pulmonary Disease (COPD)

This is your personal self-management plan. Bring it with you every time you see a healthcare professional about your COPD.

The aim of this plan is to help you have better control of your COPD. It will enable you to monitor your symptoms and to know what to do if you have a flare-up. A flare-up is a rapid and sustained worsening of your symptoms that may warrant a change to your regular treatment.

This plan includes sections for recording medication, monitoring symptoms and treating flare-ups.

Name:

Date of birth:

NHS number:

GP practice:

Outside normal GP practice hours, please call NHS 111 or 999 for emergencies and urgent care.

## Usual COPD symptoms when well

### Breathlessness score

Please record the MRC breathlessness score (see below) that describes your symptoms when you are well

Date:

Score:

The MRC breathlessness scale

Grade	Degree of breathlessness related to activities
1	Not troubled by breathlessness except when taking strenuous exercise.
2	Short of breath when hurrying on the level or walking up a slight hill.
3	Walks slower than most people on the level, stops after a mile or so or stops after 15 minutes walking at own pace.
4	Stops for breath after walking about 100 yards or after a few minutes on level ground.
5	Too breathless to leave the house, or breathless when undressing.

### Sputum production

How much sputum do you produce each day?

### Cough

Do you normally have a cough?

### Swollen ankles

Do you normally have ankle swelling?



**Usual respiratory medication**

Inhaler or tablet name	Preparation	Dose and frequency

**Oxygen saturation level**

Normal oxygen saturation is 92% or above

Your usual level is                      %

**How do I keep well?**

- daily exercise
- eat a good balanced diet
- drink plenty of fluids
- do not smoke, and avoid smoky environments
- plan ahead and have things to look forward to
- always have enough medications – never run out
- take all medication regularly as prescribed whether I think they help me at the time or not
- make sure I have my annual flu vaccination.

**Your COPD may be getting worse if you:**

- are more breathless than usual
- have an increase in the amount or change in the colour of your sputum
- have a new or increased cough
- have new or increased ankle swelling
- are more frequently using reliever medication
- are less able to do your normal activities or they are taking longer because of shortness of breath.

Action to take if your COPD symptoms are getting worse:

- increase reliever medication
- balance activity with plenty of rest
- eat little and often
- drink plenty of fluids.

Continue to monitor your symptoms closely.

- If your symptoms improve within two days, continue your usual medication.
- If they are no better or getting worse, continue with the increased dose or reliever medication and see *What to do if you have a flare-up* on the next page.

## What to do if you have a flare-up

You are having a flare-up if you have two or more of the following three signs:

- you are much more breathless than usual
- you have an increase in the amount of sputum
- you have a change in the colour of your sputum.

### What to do if you have a flare-up of your COPD:

- ☐ contact your GP or practice nurse
- ☐ contact the community nurse and/or respiratory nurse
- ☐ start taking your standby supply of steroids and/or antibiotics
- ☐ other \_\_\_\_\_

### Standby exacerbation medication

Steroids (prednisolone):

If you are much more breathless than normal, and your daily living activities are affected, continue with increased reliever medication and start taking prednisolone.

Dose of prednisolone: 30mg, once a day preferably in the morning for 5 days.

Antibiotics:

If the colour of your sputum changes from your normal colour, start your antibiotics.

Name of antibiotic:

Dose:

If you experience a flare-up of COPD, and start prednisolone and/or antibiotics, always let your GP or practice nurse know as soon as possible.

## EMERGENCY SYMPTOMS OF COPD

- extremely short of breath with no relief from inhalers
- chest pain
- high fever
- feeling of agitation, drowsiness, panic or confusion.

Contact your GP surgery immediately. Outside normal GP practice hours, please call NHS 111 or 999 for emergencies and urgent care.

Have you used your standby rescue medication?

Remember to:

- contact your GP or respiratory team (delete as appropriate) if you do not start to feel better after 48 hours of rescue treatment
- contact your GP or community nurse (delete as appropriate) if you take more than one course of *standby* steroids and antibiotics in one month.



## Flare-up Diary

Date	Treatment used	Hospital admission

My hospital consultant is:

Any other relevant information or advice:



# Useful contacts

---

## Stop smoking

We have a range of services available to help you go smoke free allowing you to choose an approach which suits your lifestyle.

For example, you may wish to attend a local giving up smoking group to share experiences with others face to face, have one to one or telephone support, or alternatively you could attend a virtual group online.

Either way, you still receive the expert help of a specialist and all the support you need.

### One You Kent

Phone: 0300 123 1220

Email: [oneyou.kent@nhs.net](mailto:oneyou.kent@nhs.net)

Website: [www.kentcht.nhs.uk/service/one-you-kent/](http://www.kentcht.nhs.uk/service/one-you-kent/)

## Breathe Easy groups

The Breathe Easy support group network provides support and information for people living with a lung condition, and for those who look after them. Breathe Easy groups are run by members, with help and support from the British Lung Foundation when it's needed.

For the locations below please contact:  
0300 303 0253

### Ashford & Tenterden

### SE Kent & Coastal (formerly Dover)

### Maidstone

### Medway

### Tunbridge Wells

## Singing groups

Groups meet to sing to support their breathing and health.

Some groups are COPD specific, some are breathing specific, some are for all aspects of health.

### Ashford and Dover

07981 892755 (Lizzi Stephens)

### Folkestone

I. 01303 258786 (Ingrid Falcke)

II. **Living Lively:** Tel: 07951 572920  
E-mail: [info@livinglively.org.uk](mailto:info@livinglively.org.uk)

### Paddock Wood

01892 834214

### Whitstable

01227 793715 (Lorraine Church)

### Canterbury

I. **Cantata Trust: Professor Hiscox**

II. **Sing-to-beat: Matt Shipton**

III. **Music-for-wellbeing: Trish Vella-Burrows**  
email: [trish.vella-burrows@canterbury.ac.uk](mailto:trish.vella-burrows@canterbury.ac.uk)  
tel: 07790 263762

The Canterbury groups have worked closely together and also with the Sydney de Haan foundation to show benefits of singing/music

In COPD, Parkinson's, dementia and now in Long Covid as well.

# Psychological therapies, counselling and wellbeing services

## Take care of your emotional wellbeing

Living with a long-term condition can affect many aspects of your life. Physical symptoms such as breathlessness and coughing, feeling more tired and being less active can mean you feel stressed, anxious or depressed.

The risk of anxiety and depression is greater in people with more severe COPD, people who have been admitted to hospital, and those with low oxygen levels.

Treatment is available to support you. Many other people have experienced anxiety and depression and have recovered. They are both very normal reactions to living with COPD. Talk to your health care professional about medications and counselling.

Don't bottle things up – talking to someone you trust, including your health care professional, can help. It's very important to stay active and sociable, and to learn more about COPD. This will help you to understand and cope better with your condition. You might want to get involved with a local group to meet others going through a similar experience.

Have a look at our information about looking after your mental health and the NHS MIND PLAN: [www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/](http://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/)

The support groups described below can help people living with a lung condition and their families. It's a great way to get more information and make new friends.

GPs can make referrals to the following services. Some may also accept self-referrals.

### Insight Healthcare

0300 555 5555

(for East Kent, Dartford, Gravesham, Swanley or Swale)

Website: [www.insighthealthcare.org](http://www.insighthealthcare.org)

### Dover Counselling Centre

01304 204123

(also for Folkestone and Romney Marsh clients)

Website: [www.dovercc.org.uk](http://www.dovercc.org.uk)

### We Are With You (formerly Thinkaction)

0300 012 0012

Website: [www.wearewithyou.org.uk](http://www.wearewithyou.org.uk)

### IAPT: Help Kent and Medway

<https://www.helpkentandmedway.co.uk/>

### IESO

0800 074 5560

(for West Kent/Medway)

Website: [www.iesohealth.com/en-gb](http://www.iesohealth.com/en-gb)

### Medway Talking Therapies

0300 029 3000

[www.insighthealthcare.org/our-services/talking-therapies/find-a-service/medway-talking-therapies/](http://www.insighthealthcare.org/our-services/talking-therapies/find-a-service/medway-talking-therapies/)

### North Kent Mind

01322 291380

[www.northkentmind.co.uk/talking-therapies-iapt](http://www.northkentmind.co.uk/talking-therapies-iapt)

### Vita Health Group

Call 0333 0153 495

[www.vitahealthgroup.co.uk/nhs-services/kentmedway](http://www.vitahealthgroup.co.uk/nhs-services/kentmedway)

### Live Well Kent and Medway

0800 567 7699

Website: [www.livewellkent.org.uk](http://www.livewellkent.org.uk)

Email: [info@livewellkent.org.uk](mailto:info@livewellkent.org.uk)

### Live Life to the Full

(For useful resources)

Website: [www.lltff.com](http://www.lltff.com)

### Togetherall (formerly Big White Wall)

(Online support available 24/7)

Website: [www.togetherall.com](http://www.togetherall.com)

### Mental Health Matters

(Free 24 hour helpline)

0800 107 0160

[www.mentalhealthmatters.com](http://www.mentalhealthmatters.com)

### MIND

0300 123 3393

Email: [info@mind.org.uk](mailto:info@mind.org.uk)

Website: [www.mind.org.uk](http://www.mind.org.uk)

### SHOUT

(For free confidential support any time)

Text: KENT or MEDWAY to 85258

### University Medical Centre Psychological Therapies

01227 469338

Website: [www.umcpt.co.uk](http://www.umcpt.co.uk)

### FCS Talking Therapies

(based in Faversham)

01795 591019

Email: [kmccg.fcstalkingtherapies@nhs.net](mailto:kmccg.fcstalkingtherapies@nhs.net)

Website: [www.fcstalkingtherapies.org](http://www.fcstalkingtherapies.org)

## Local and national organisations

### British Lung Foundation

UK charity working for everyone affected by lung disease.

BLF helpline: 03000 030 555

(Monday to Friday, 9am to 5pm)

Email: [helpline@blf.org.uk](mailto:helpline@blf.org.uk)

Address: British Lung Foundation,

73-75 Goswell Road, London EC1V 7ER

Website: [www.blf.org.uk](http://www.blf.org.uk)

### GOV.UK

Useful information under the headings money, tax and benefits, caring for someone and travel and transport.

Website: [www.gov.uk](http://www.gov.uk)

### NHS Choices

COPD can be found in the Health A-Z section.

The pages contain information about diagnosis, treatment and support and include a video interview with a patient who had COPD.

Website: [www.nhs.uk](http://www.nhs.uk)

You can look at a separate section on the site for people living with COPD and find out more about support in your area and join the COPD blog.

Website:

[www.nhs.uk/conditions/chronicobstructive-pulmonary-disease-copd/](http://www.nhs.uk/conditions/chronicobstructive-pulmonary-disease-copd/)

### Carers Trust

Works to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

Website: [www.carers.org](http://www.carers.org)

Email: [info@carers.org](mailto:info@carers.org)

Tel: 0300 772 9600

Address: Carers Trust, 32-36 Loman Street, London SE1 0EH

### Carers UK

Provides information, advice and support for carers who look after an older, disabled or seriously ill family member or friend.

Advice line: 0808 808 7777

(Monday to Friday, 10am to 4pm)

Website: [www.carersuk.org](http://www.carersuk.org)

Email: [info@carersuk.org](mailto:info@carersuk.org)

Address: 20 Great Dover Street, London SE1 4LX

### Carers' Support

Provide support for carers in Canterbury, Dover and Thanet, including options for short breaks and respite.

Phone: 01304 364637

Mobile: 07545 916214

Email: [support@carers-doverdistrict.org](mailto:support@carers-doverdistrict.org)

Website: [www.carers-supportcdt.org.uk](http://www.carers-supportcdt.org.uk)

### Crossroads Care Kent/Carers Trust

Provides a rapid response service for all carers to support families at a time of emergency or crisis.

Phone: 0845 9003735 (Monday to Friday)

Out of hours: 03300 100177

### Age UK

Whether you care from a distance or are a live in carer for a partner or relative, find out about your rights, the support available to you and how to continue your caring role while keeping yourself in good health. Visit the care and support section on the website.

Website: [www.ageuk.org.uk](http://www.ageuk.org.uk)

Advice line: 0800 055 6112

Address: Tavis House, 1-6 Tavistock Square, London WC1H 9NA

We wish to acknowledge the use of patient educational material from the British Lung Foundation website for patient's benefit. [www.blf.org.uk](http://www.blf.org.uk)



**Transforming  
health and social care**  
in Kent and Medway