



Is COPD Worse in the Morning?

by NEWLIFEOUTLOOK TEAM

Getting Up in the Morning with COPD — Infographic

Shortness of breath may prevent you from being able to start your morning routine and coping with COPD symptoms in the morning may require you to get up earlier. More strenuous activities tend to take longer as well to do.

When you get up, try to focus on what requires the least amount of effort first and then work your way up gradually. You might want to start off with a healthy breakfast that's easy to prepare such as fruit and some orange juice, and then move on to brushing your teeth. In your shower, you should have grab bars to help you rest if you need to. You may also want to consider taking baths so you can rest your legs rather than stand.

Have a look at some other daily activities that could be affected by COPD symptoms.

From: Novartis Pharmaceuticals

COPD Symptoms in the Morning and the Impact on Daily Activities

What is COPD?



Chronic Obstructive Pulmonary Disease (COPD)* affects an estimated

210 million people worldwide† and is projected to be the **3rd leading cause of death by 2020**

COPD is a progressive disease that makes it hard to breathe, with symptoms that can affect aspects of everyday life^{2,3}.

COPD symptoms can be experienced throughout the day but many patients report **morning as being the worst time of day for experiencing symptoms**^{4,5,6,7}

Many patients say shortness of breath contributes to their **morning routine taking longer** to complete than it used to, affecting getting up, showering, getting dressed⁸



* COPD is the name used to describe a number of conditions including emphysema and chronic bronchitis

† Number of patients varied by activity as data is from those patients who reported an impact from symptoms, but were still able to undertake the activity and deemed it applicable

© 2013-Novartis Pharma AG

Impact on daily activities



A recent survey among 811 patients who experienced worse COPD symptoms in the morning compared to other times of the day found that the majority of routine **morning activities** including **getting up and using the stairs** took **10-15 minutes** longer per activity to complete⁹

Of 811 patients surveyed, more strenuous activities such as going **shopping, travelling to work** or carrying out **household chores** took **20-30 minutes** longer per activity⁹



Social implications

46%

of 757† patients reported that shortness of breath impacted their ability to talk with others⁵



Coping strategies

49%

of 811 patients reported having to adjust their daily routine in order to cope with COPD symptoms in the morning⁹

Coping strategies reported include **waking up earlier, avoiding stairs, avoiding booking morning appointments, changing jobs or careers**⁵

Discussion with healthcare professionals

Treatment guidelines state that all COPD patients should repeatedly be encouraged to remain active⁹

A third (33%) of 811 patients surveyed considered 'improves ability to carry out morning activities' as a key treatment goal however in **physician-patient discussions** there was little emphasis on how treatment could improve the ability of patients to carry out daily living activities in the morning⁹

Based on the survey results, we can conclude that it is important for COPD patients to remain **active** and **speak** to their healthcare professional about COPD symptoms⁹



References

1. Global Alliance Against Chronic Respiratory Diseases (GAARD). Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach. Available at: http://www.who.int/gard/publications/GAARD_Manual/en/. Last accessed 7 November 2013.
2. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. Updated 2013. <http://www.goldcopd.org/guidelines-global-strategy-for-diagnosis-management.html>. Last accessed 7 November 2013.
3. Joshi M et al. Symptom burden in chronic obstructive pulmonary disease and cancer. *Curr Opin in Pulm Med* 2012;18(2):97-103.
4. Partridge MR et al. Patient insight into the impact of chronic obstructive pulmonary disease in the morning: an internet survey. *Curr Med Res Opin* 2009;25(8):2043-2048.
5. Barnett M. Chronic obstructive pulmonary disease: a phenomenological study of patients' experiences. *J Clin Nurs* 2005;14(7):805-812.
6. Small S et al. Impact of morning symptoms experienced by COPD patients on exacerbation risk, rescue inhaler usage and normal daily activities. *Thorax* 2012;67 A155 doi:10.1136/thoraxjnl-2012-202678. Last accessed 7 November 2013.
7. Kessler R et al. Symptom variability in patients with severe COPD: a pan-European cross-sectional study. *Eur Respir J* 2011;37:264-272.
8. O'Hagan P, Chavannes NH. The impact of morning symptoms on daily activities in COPD. *Curr Med Res Opin* 2013;1-14. Published online 6 November 2013. doi: <http://dx.doi.org/10.1185/03007995.2013.857648>. Last accessed 7 November 2013.
9. Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease. A Clinical Practice Guideline Update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society. *Ann Intern Med* 2011;155:179-191.

NOVARTIS
PHARMACEUTICALS