Are You at Risk for These COPD Comorbidities?

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Three COPD Comorbidities You May Be at Risk for

If you have chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, you have elevated risks of developing other illnesses. Three COPD comorbidities you are more likely than the rest of the population to be diagnosed with include anemia, gastrointestinal reflux disease (GERD) and congestive heart failure (CHF). These comorbidities may arise as a direct result of your COPD.

What Is Anemia?

Having anemia means you have reduced number of red blood cells, or that your red blood cells possess a decreased capacity for transporting oxygen to the tissues of your body. You may not know you are anemic or you may suffer from multiple symptoms.

Signs of anemia include fatigue, abdominal pain and decreased appetite. You may be pale or develop cracks in the skin around the corners of your lips.

Anemia can cause dizziness, headaches and difficulty concentrating, and you could become confused if it is severe. You might experience pain, numbness, and tingling in your arms or legs, and difficulty swallowing food. You could also become more susceptible to contracting infections.

Anemia is particularly harmful if you suffer from COPD; it can make breathing harder and performing your everyday activities may be more difficult. You may suffer from more complications due to COPD and end up in the hospital more frequently, and if left untreated it can shorten the length and quality of your life.

Why Am I at Risk for Developing Anemia?

There are many reasons why you have a higher than normal chance of developing anemia if you have COPD. This is likely due to a combination of factors, but many remain unclear. Here are some reasons why you may develop anemia:

- **COPD causes inflammation throughout your body.** This results in your red blood cells being destroyed at a faster rate than they can be produced by your bone marrow.
- **Iron is needed to carry oxygen to your cells.** When you have COPD, iron may accumulate in your tissues rather than circulating in your blood. A lack of iron in your blood means oxygen cannot be transported efficiently.
- **Many individuals who have COPD do not eat well due to income and energy limitations.** Dark green leafy vegetables, meat and whole grains are good sources of iron, and many products are even fortified with it.
- **Many medications prescribed to relieve COPD and related disorders put you at risk for developing anemia.** Some cardiac drugs, theophylline and supplemental oxygen therapies are among the

medications that impact anemia development.

Prevent and Treat Anemia

You can prevent and treat anemia by taking iron supplements and eating a diet rich in iron. Learn what your hemoglobin and hematocrit levels are, and report signs of anemia to your health care provider.

COPD and GERD

GERD and COPD occur together in about two-thirds of people with this lung disease. Each of the disorders worsen the symptoms of the other. Frequent coughing may cause stomach contents, including acid, to back up into your esophagus.

This results in pain and erosion of the ling of your esophagus. When you have COPD, the air sacs in your lungs may be overly distended. This puts pressure on the valve that protects your esophagus for exposure to stomach acid. As a result, the valve does not close efficiently and acid backs up into your esophagus.

Unfortunately, GERD symptoms may make COPD worse by increasing coughing, and a harmful cycle ensures, as more coughing worsens GERD. To complicate matters further, medications often prescribed to treat chronic bronchitis and emphysema may worsen symptoms of GERD. If your lungs are exposed to stomach acid, you may develop pneumonia.

Controlling GERD to Prevent Flare-Ups of COPD

Here are some tips for preventing and treating GERD:

- **Elevate your head while sleeping.** Do this by using a hospital bed, extra pillows or a wedge. You may be more comfortable sleeping in a recliner. In addition to reducing reflux, these actions make breathing easier.
- **Do not smoke.** Smoking makes both conditions worse.
- **Pay attention to what you eat.** Note foods that make your GERD symptoms worse and avoid eating them; this often includes greasy foods, members of the cabbage family, spicy foods, caffeinated and alcoholic beverages, and dried beans and peas. Also, avoid overeating.
- **Take antacids.** It’s important you take them only as recommended by your health care provider.

Congestive Heart Failure Is a Serious Complication of COPD

When you have COPD, your lungs are exposed to elevated levels of pressure. This can strain your heart and cause fluid to accumulate in your heart and lungs. In addition, your heart has to work harder when you have COPD.

Signs of congestive heart failure (CHF) are often similar to those due to COPD. Your doctor can conduct tests to diagnose CHF, including EKGs, cardiac stress tests, echocardiograms and chest X-rays.

Signs of Congestive Heart Failure

You may have swelling, particularly of your hands or feet. Also, you may also notice a change in how often you have to urinate.

You may be sweaty and pale or your skin may be bluish or gray-tinged. Your pulse may become rapid, and fatigue may increase. It may be difficult to differentiate COPD symptoms from CHF; if you have difficulty breathing get medical attention promptly, regardless of the cause.

Overview

COPD is a complex disease that presents many health challenges. It is important you work closely with your health care team to ensure you stay well. If you think that you may suffer from any of these COPD comorbidities notify your health care provider. Early intervention is the key to managing each of these challenges effectively.