PRINCE Structured Education Programme
Part One | Practice Nurses Educators Manual
Introduction to the PRINCE Structured Education Programme

This education manual was developed by the PRINCE research team as part of the PRINCE study. This study aims to examine the impact of a Pulmonary Rehabilitation Programme for people with Chronic Obstructive Pulmonary Disease (COPD) in Primary Care in Ireland. This structured education programme was informed by best practice guidelines for the management of COPD and adheres to the principles of structured education programmes outlined by NICE (2003). The aim of this structured education programme is to empower inform and support persons with COPD to better manage their condition. The manual is divided into two parts. Part 1 is designed to be delivered predominantly by the practice nurse and Part 2 by a physiotherapist.

Introduction to Part 1

This section of the manual (Part 1) provides educational information, and activities regarding the key issues of concern for persons with COPD. It is designed to be delivered in tandem with the PRINCE educator (Physiotherapist) manual. The PRINCE educator (Practice Nurse) will predominantly be responsible for delivering this section of the manual. However, the PRINCE educator (Physiotherapist) will also be involved in the delivery of session 4, 5 and 6 of Part 1 of this manual.

The sessions in Part 1 are typically delivered prior to the PRINCE educator (Physiotherapist) sessions except in week 3, which is focused exclusively on exercise and in weeks 7 and 8 when the PRINCE educator (Practice Nurse) sessions follow the exercise sessions. The duration of each session is typically 45 minutes, except in week 1, “Setting the scene”, which is 90 minutes and week 4 “Managing breathlessness” which is 50 minutes.
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Session 1: Setting the Scene

Facilitator    Room Layout     Time
PRINCE Educators  Arrange chairs in semi circle   1.5 hrs

Check List
For this session you should have the following resources:
• A flip chart and pens
• Computer with sound, projector and extension lead
• Handouts
• My Contacts’ sheet.
• My Goals’ sheet
• Name tags or labels.
• Poster of Food Pyramid
• Session 1 DVD and Powerpoint Presentations
• Slide/poster of the lungs

Learning Outcomes
At the end of this session participants will:
• Have had an opportunity to get to know and relax with one another;
• Understand the aims and benefits of pulmonary rehabilitation;
• Understand how COPD affects the lungs;
• Identify ways to help stay healthy;
• Understand the importance of a healthy diet in the maintenance of healthy lung function;
• Develop an understanding of the importance of exercise in the management of COPD;
• Develop personal goals for the programme.

Session Overview

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<td>Ice-breaker Give “My Contact Sheet” handout</td>
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Pulmonary Rehabilitation (20 minutes)

- Explain the aim of pulmonary rehabilitation and what is involved
- Benefits of pulmonary rehabilitation
- Description of programme content and delivery
- Identify hopes, fears and expectations of the in the context of this information
- Flip chart and pens
- Show DVD video clip 1 on peoples experiences of taking part in a PR program
- Group discussion

COPD (10 minutes)

- What is COPD, how the lungs are affected
- Relate to participants own experiences
- Interactive lecture
- Show Power-point on “COPD” – Slide 1 of Session 1
- Show DVD video clip 2 of ‘Normal lungs’
- Show DVD video clip 3 on ‘Gas exchange’
- Show Power-point on “In COPD less air gets into the lungs because…” – Slide 2 of Session 1
- Show DVD video clip 4 on ‘COPD’
- Record symptoms and explain why these occur

Getting Started! (15 minutes)

- Motivation and behavior modification
- Interactive lecture
- Flip chart & pens

Staying Healthy (10 minutes)

- Healthy Eating Smoking General advice
- Introduce and refer to “helpful hints toolkit”
- Show Poster Food Pyramid
- Show Power-point on “Staying Healthy” Slides 3-4 of Session 1 (x 2 slides)

Personal Goals (15 minutes)

- Setting goals
- Group discussion
- Show Power-point on “Goals are more helpful when…” Slide 6 of Session 1 Give handouts on “My goals”

Introduction

The focus is on getting the group to relax and to get to know one another. Invite the group to help themselves to tea or coffee, introduce the PRINCE educator(s) and provide the group with name tags.

Activity 1.1 Ice Breaker

Ask the group to introduce themselves.

(Adapted from Lyndsay Swinton http://www.mftrou.com/icebreaker-games.html)

Note book: Check that everybody knows each others names.

Explain to participants that during this 8 week programme hopefully you will all get to know each other and make friends that will continue outside of this programme.

It is said that maintaining these friendships is really important. Encourage participants to share their experience with fellow group member(s). They can give each other the support and motivation to keep going.

Now ask participants to take the time to complete the contact sheet handout. Explain to participants that this information is solely for use within the group and that you will not be collecting it.

Contact Sheet

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Telephone Number</th>
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Pulmonary Rehabilitation

Explain to participants that COPD cannot be cured. However they need to understand that pulmonary rehabilitation (PR) can help improve symptoms and slow down the damage to the lungs.

How Pulmonary Rehabilitation Helps by:

- Increases persons capacity to exercise;
- Reduces the severity and frequency of COPD symptoms;
- Reduces hospitalisation and doctor visits;
- Increases persons ability to self-manage their COPD;
- Improves persons quality of life through increasing their independence and ability to complete daily and social activities.


Outline to participants that PR is a structured programme which combines exercise and education about all aspects of COPD.

Exercise is core to PR. This may sound strange and it is understandable that participants may feel concerned that exercise will exacerbate breathlessness. However explain the opposite is true, exercise can help improve breathing and increase energy levels.

At this point show the video clip below so that participants can see how others have found taking part in a PR programme. Interestingly the participants in the video would have had the same reservations about participating in exercise.

Activity 1.2

(7.45 minutes).

Programme Overview

Explain that the programme will run over eight weeks. Typically each week will have an education session followed by an exercise session (except for weeks 7 & 8 when the education session is preceded by the exercise session and week 3 which is assigned exclusively to exercise).

Programme Delivery

Emphasise to participants how the programme will be delivered:

“This programme focuses on meeting your needs. Each one of you is an expert and will have encountered situations and found solutions that can help others. In each session we will be asking for your opinion, suggestions and solutions.”

Chronic Obstructive Pulmonary Disease

This section takes participants through ‘what exactly is COPD’. The power point slide can be used, if you wish.

What does Chronic Obstructive Pulmonary Disease (COPD) mean?

ChroniC means it won’t go away but it can be managed;
Obstructive means ‘partially blocked’;
Pulmonary means the lungs;
Disease means sickness or illness.

(Chest, Heart & Stroke, Scotland, 2005; GOLD, 2005)

Show Slide 1 of Session 1

Chronic Obstructive Pulmonary Disease (COPD)

- Chronic means it won’t go away but it can be managed.
- Obstructive means ‘partially blocked’.
- Pulmonary means the lungs.
- Disease means sickness or illness.

(Chest, Heart & Stroke, Scotland, 2005; GOLD, 2005)

Clarify to participants that COPD is an umbrella term which includes chronic bronchitis and emphysema or both. The problems (or symptoms) people experience are the result of changes to the lungs. Please use the three video clips below which explain normal respiration, how gas is exchanged in the lungs and what happens when a person has COPD.

Activity 1.3

Play video of normal respiration.
http://www.youtube.com/watch?v=gYSIWceGMxY&feature=related
(0.47 minutes).

Activity 1.4

Play video of gas exchange.
http://www.youtube.com/watch?v=sU_8juD3YzQ&feature=related
(1.46 minutes).

Activity 1.5

First, ask participants to tell you the main symptoms that they experience as a result of COPD. Then the educator is to list the symptoms on the flip chart.

At this time give details on how the changes associated with COPD cause patient symptoms.
Getting Started
Before you begin the course explain to participants that you do not plan to preach about how they should change their behavior (diet/exercise habits etc). What we plan is to give participants the information that they need to make informed decisions. Participants can decide whether or not they wish to make any changes in their lifestyle, and then we will work with and support them in whatever they decide.

Activity 1.7
Based on participants experience, take a couple of minutes to consider whether there are any aspects of their lifestyle that they might want to have more information about or discuss with us as the programme progresses. List any areas on the flip board.

Feedback: 1.7.1
Educator summarises comments on flip chart and keeps the chart on view for participants. This is the participants’ agenda and the programme should try to take full account of what they wish to have considered.

Staying Healthy
Describe to participants the importance of staying as healthy and active as possible. A person with COPD must achieve a balance of good nutrition and exercise. Explain that there is information on healthy eating in their ‘Helpful Hints Toolkit’ and recommend the group to look at the Food Pyramid in particular.

Although COPD can sometimes make consuming an adequate diet difficult, eating regularly and healthily is important for participants because it:

• Provides the body with the energy it needs to function. For example we need food to help our respiratory and digestive systems to operate;
• Supplies the energy we need for daily activities;
• Helps strengthen the body’s natural defence system, thus making it easier to avoid infections.

In COPD less air gets into the lungs because:

• The walls of the airways get thick and swollen (causing breathlessness);
• The airways are squeezed by small muscles around them to try and stop the irritation getting further into the lungs (causing wheezing);
• The airways make mucus (phlegm) that clogs them up which causes coughing;
• Excess mucus can pool in the lungs and this is a good breeding ground for bacteria (causing chest infections);
• The tiny sacs (alveoli) can’t empty properly and air gets trapped in the lungs;
• The alveoli become damaged. If enough are damaged it affects the amount of oxygen getting into the blood which worsens breathlessness.


Show Slide 2 of Session 1

Show Slide 2

Clarity to participants that we will now look at the following video clip to recap on what COPD is and the signs and symptoms.

Activity 1.6
Play video on COPD. (3.10 minutes).
http://www.youtube.com/watch?v=aktIMBQSXMo. Pause the video at the diagram of “bronchitis” and “emphysema” so the group can see the changes associated with each.

Pause the video at the diagram of “bronchitis” and “emphysema” so the group can see the changes associated with each.
Simplify the food pyramid to participants and make clear that it is easy to follow. Participants should choose most foods from the bottom two shelves, smaller amounts from the next two shelves and a very small amount from the top shelf.

Smoking
The most important thing that participants can do to slow down the damage to their lungs is to quit smoking. Explain by stopping smoking people give themselves a real chance of having a better quality of life. However emphasise that it is their choice and explain that we believe giving up smoking is so important that we have set up links with a local Smoking Cessation Officer. Contact details of the Local Smoking Cessations Officer to be shared with participants.

Setting Personal Goals Staying Healthy
Put in plain words to participants that there are certain things that they can do to stay healthy:
- Try to stop smoking;
- Take medication as prescribed by their doctor;
- Control their breathing;
- Go for your check ups;
- Ask their doctor if they can get the flu and pneumonia vaccinations;
- Keep the air clean in the house;
- Keep their body strong. Exercise regularly and eat healthily;
- If their breathing is very bad get the most out of each breath, i.e. make things as easy as they can for themselves at home (conserve energy);
- Control stress and anxiety;
- Prevent and manage aggravations of their symptoms (exacerbations);
- Go to their doctor or hospital if they get into difficulty with their breathing.
Session 2: Managing Medications

Facilitator: PRINCE Educators
Room Layout: Arrange chairs in semi circle
Time: 45 mins

Resources:
- A Flip chart and pens
- Computer with sound, projector and extension lead
- DVD of Session 2 and Power Point Session 2
- Handouts
- Side-effects of steroids and antibiotics
- Open mouth method for metered-dose inhaler
- Closed mouth method for metered-dose inhaler
- Poster/Slide of the lungs

Learning Outcomes
At the end of this session participants will:
- Understand the need for their medications;
- Understand when to take their medications;
- Be more confident in managing their medications;
- Be sure their inhaler technique is correct.

Topic & Duration | Content | Resources & Activities
--- | --- | ---
What medications do I take and what do I know about them (3 minutes) | • Sharing experiences | • Sharing information
| | • List common medications on the flip chart |
Medications are an important part of staying well (30 minutes) | • Main groups of medications:
- Bronchodilators
- Corticosteroids
- Antibiotics
- Mucolytics | • Interactive lecture Show video clip 1
| | • Show Power Point Slides 1-11 of Session 2
| | • Give handout on side effects of steroids and antibiotics.

My Goals

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Priority</th>
<th>Goal</th>
<th>What I need to achieve this Goal</th>
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Setting goals has been found to make a real difference when it comes to getting the most out of the programme. Clarify that we will come back to the goals later in the programme to check how participants are responding and to reassess progress.
Bronchodilators

The following text talks you through what is on each power-point.

What do Bronchodilators do?

• Open the airways.

In COPD, bronchodilators are one of the main medications which are used on a day-to-day basis; outline to participants their importance in preventing and reversing the tightening of the muscles around the airways. Explain that this tightening is called bronchospasm.

Use the picture of the lungs (slide 2 of Session 2) to explain that these medications act on the small muscles in the lungs and point out the trachea, bronchi, bronchioles and alveoli.

Medications are an Important Part of Staying Well

The focus of the next half an hour is on how respiratory medicines work. The first part is an overview of medications and then each type of medication is explained in more detail. There is a power-point to help you present the information.

Explain to participants that there are three main groups of medications:

• Medications that open up the airways, these are called bronchodilators;
• Medications that reduce inflammation or swelling in the lungs, these are called steroids;
• Medications that help fight infection caused by bacteria, called antibiotics.

This part of the session now goes into more detail on each of the groups of medications and explains how they work.
Participants need to know that a bronchodilator medication helps because it opens up the airways and therefore can reduce breathlessness on exertion. Bronchodilators work in different ways and it is important that participants understand this so they can use them if and when it is appropriate.

**Bronchodilators**

Explains that there are different types of bronchodilators. Go through this with participants.

Explain that Bronchodilators:

- Are really important because they help to reduce the feeling of breathlessness;
- Are more effective if they are inhaled because they go directly to where they are needed in your lungs;
- Are divided into “short-acting” bronchodilators, which act by reversing the narrowing of the airways in lungs (called ‘rescue’ medications) or “long-acting” bronchodilators, which help prevent the airways narrowing in the first place.

Anticholinergic

Describe how an anticholinergic bronchodilator works through blocking the chemicals in muscles that help muscles to contract. They can be short or long acting. This blocking action means that the muscles in the airways of the lungs do not tighten up as much and are therefore not as prone to narrowing.

An example of a short acting anticholinergic is Atrovent. Atrovent is the commercial name, ipratropium bromide is the name of the drug. Atrovent is inhaled into the mouth. It is not to a rescue medication as it helps prevent rather than relieve symptoms.

Spiriva (Tiotropium) is a long acting anticholinergic drug. It lasts 24 hours and helps to relieve the experience of breathlessness. It is not a rescue medicine

The Second Group of Bronchodilators are Beta2-agonists

Explain to participants that there are 2 types of beta2-agonists: short-acting and long-acting. Explain to participants that Beta2-agonists are bronchodilators. This means that they relax and enlarge (dilate), the airways in the lungs, therefore making breathing easier. The short-acting type relieves symptoms and the long-acting type helps prevent breathing problems. Short-acting beta2-agonists are used for treating stable COPD in a person whose symptoms come and go (intermittent symptoms). Long-acting beta2-agonists are effective and convenient for preventing and treating COPD in a person whose symptoms do not go away (persistent symptoms).

Examples of Short-acting beta2-agonists include Bricanyl and Ventolin. These medicines are inhaled and are often taken along with an anticholinergic bronchodilator because they work in a different but complementary way, to keep the bronchi open. These are the ‘rescue’ medications, because they work quickly, to help relieve breathlessness.

Serevent (Salmeterol) is a long acting beta2-agonist.

Explain that participants should keep these medications with them at all times in case of an emergency, such as an attack of breathlessness. Explain if they find they are taking these medications more than the daily recommended amount, they should contact their doctor or practice nurse as it often a sign that the COPD is getting worse (an exacerbation) and participants may need help to manage.

Anti-Inflammatory Medications

Other useful medications that people may be prescribed include anti-inflammatory medications. Describe how anti-inflammatory medications work by helping to treat swelling in the airways and may help to prevent flare-ups (exacerbations).

Activity 2.3

Ask participants to list any medications that they are taking that are anti-inflammatory. Take feedback.
Does Everyone Have Side Effects?

Help participants understand that not all people will develop side effects. The frequency of side effects occurring varies from person to person. If steroid use is brief, (from a few days to a few weeks), it is possible that none of the listed side effects will occur, but it is important to know about them so that participants can recognise if there is a problem. If steroid use involves high doses over a very long period of time (for a few months to several years), an increase in the number of side effects may occur. Therefore participants may want to know if the side effects of steroids can be reduced?

Explain that the side effects of steroids are usually monitored closely by the GP who will only use steroids when necessary. There are other precautions to be aware of when taking Prednisone. Give participants the following handout.

**Possible Side Effects of Steroids**

- Increased appetite, weight gain
- Increased growth of body hair
- Easy bruising
- Lower resistance to infection
- Blurred vision
- Muscle weakness
- High blood pressure
- Nervousness, restlessness
- Cataracts or Glaucoma
- Water retention
- Sudden mood swings
- Swollen puffy face
- Acne
- Osteoporosis
- Worsening of diabetes
- Stomach irritation
- Difficulty sleeping
- Increased appetite, weight gain
- Increased growth of body hair
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- Worsening of diabetes
- Stomach irritation
- Difficulty sleeping

**Types Of Anti-inflammatory Medications**

**Corticosteroids**

Explain that Corticosteroids are man-made drugs that closely resemble cortisol, which is a hormone that is produced by the adrenal glands. Explain that corticosteroids are usually called ‘steroids’.

**Types of Steroids**

- Cortisone, Prednisone and Methylprednisolone.
- Prednisone is the most commonly used type of steroid to treat COPD. Corticosteroids inhalers can also be prescribed such as Pulmicort, Flutocid, Becotide Inhalers.

Explain that steroids work by decreasing inflammation in the lungs and reducing the activity of the immune system, it is really important to explain that during an acute exacerbation inflammation is reduced but there are a number of side effects. The extent of these will depend on the dose, type of steroid and length of treatment. Some side effects are more serious than others.

**Anti-Inflammatory**

- What is an anti-inflammatory?
  - Anti-inflammatory refers to the property of a substance or treatment that reduces inflammation
- How does an anti-inflammatory work?
  - They work by
    - Reducing the swelling in the airways
    - They help to prevent flare-ups (exacerbations).

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- Acne
- Osteoporosis
- Worsening of diabetes
- Stomach irritation
- Difficulty sleeping

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**Serious Side Effects**

Serious side effects that require you to stop taking prednisone and seek emergency medical attention or contact your doctor immediately are: an allergic reaction (difficulty breathing, closing of your throat, swelling of your lips, tongue, or face, or hives), increased blood pressure so that you experience severe headache or blurred vision, sudden weight gain of more than 5 pounds in a day or two.
How Do Antibiotics Work?
Explain that there are many different antibiotics and they work in different ways. Essentially, antibiotic drugs either kill bacteria or stop bacterial growth, allowing the body’s immune system to deal with the infection. The most commonly used antibiotics are penicillins and cephalosporins.

Participants need to understand that it is important to complete the course of antibiotics so that bacteria are fully destroyed.

What Are The Possible Side Effects Of Antibiotics?
Explain to participants that antibiotic drugs can literally save lives and are effective in treating illnesses caused by bacterial infections when appropriately used. However, like all drugs, they have the potential to cause undesirable side effects. Many of these side effects are not dangerous, although they can make life miserable while the drug is being taken. These side effects may include:

- Nausea;
- Vomiting;
- Diarrhoea;
- Skin rashes.
- Allergy

What are Antibiotics?
Explain that antibiotics are a group of drugs used to treat various infections caused by bacteria. The choice of antibiotic depends on the type of bacteria and the site of the infection.

Other, Less Serious Side Effects May Occur
Insomnia, nausea, vomiting, or stomach upset, fatgue or dizziness, muscle weakness or joint pain, problems with diabetes control, increased hunger or thirst. Discuss these with your Doctor.

Other side effects that occur only rarely, usually with repeated high doses or prolonged treatment: Acne, increased hair growth, thinning of the skin, cataracts, glaucoma, osteoporosis, roundness of the face, changes in behavior.

Other Precautions to take with Steroids
These medications cannot be stopped abruptly if they have been taken for some time. The body needs steroids but gets used to getting these from an outside source, so stopping abruptly is a problem and can trigger something called acute adrenal insufficiency, which means you just do not have enough steroids for normal functioning. What happens is that the person may suffer withdrawal symptoms such as nausea, fatigue, dizziness, loss of appetite, breathlessness and fever. Inform participants that when they are prescribed steroids to help with an acute exacerbation, they are reduced gradually.

Anti-Inflammatories (Inhaled)
These medications contain some steroids and are inhaled. They are used to reduce swelling in the airways. An example is Pulmicort. They are the cornerstone of therapy in asthma, but are only used in COPD for people who have recurring flare-ups. These anti-inflammatory medications should not be used as ‘rescue’ medications. But they should be taken at regular intervals to be effective.

Spacing devices are recommended when taking high doses of these medications because these devices help to prevent a condition called thrush in the mouth and throat. It is also very important to rinse the mouth following inhalation of these medications.

Combination Inhaled Therapy
Finally Corticosteroids combined with long acting Beta2 - Agonists are often prescribed. Such examples include Seretide and Symbicort. These work by simultaneously relaxing the muscles in the walls of small air passages in the lungs therefore making it easier to get air in and out of the lungs in addition to reducing inflammation in the airways.

Another medication that participants may be prescribed is antibiotics.

Antibiotics
Activity 2.4
Brainstorm with the group and ask them; what antibiotics have they had? What do they do? List 3 side effects.

What are Antibiotics?
Explain that antibiotics are a group of drugs used to treat various infections caused by bacteria. The choice of antibiotic depends on the type of bacteria and the site of the infection.
Advice When Taking Antibiotics:

- If symptoms have not improved, or become worse by the end of treatment, contact your doctor or practice nurse;
- Call your doctor or contact person if you have a rash or itchy skin. These are signs of an allergic reaction;
- If there is a severe allergic reaction (face swelling, mouth or throat swelling, much greater difficulty breathing, loss of consciousness), you should immediately go to, or be brought to the hospital or call an ambulance.

Oxygen

Tell participants that oxygen is explained in the Helpful Hints Toolkit (see page 60). It gives a lot of information about using oxygen, inhalation devices, proper technique and cleaning.

Checking Your Technique

This part of the session focuses on checking participant inhaler technique.

Explain to participants that knowing how to use your medications properly is important because inhaled drugs need to get directly into your airways to be effective.

Activity 2.6

Ask participants to work in groups of 3 so that they can work together to try to improve their technique. Participants can use either the closed or open mouth technique which ever they normally do. The protocol for each is given:

- Person 1 will show the others what they would normally do;
- Person 2 will observe using the instructions and ticking the checklist as appropriate;
- Person 3 will help keep the group on time.

Opened Mouth Method For Metered-Dose Inhaler

Method

- Did he check the canister is firmly and fully in place in the inhaler?
- Did he remove the mouthpiece cap?
- Did he shake the inhaler vigorously to mix the medication?
- Did he hold the inhaler upright with his index finger on the top of the canister and his thumb on the bottom of the inhaler?
- Did he sit up straight/stand up and lift his chin to open his airways?
- Did he breathe out slowly/comfortably (normal full breath)?
- Did he hold the canister upside down 1-2 inches from his open mouth?
- Did he press down once on the top of the canister with his index finger to release the medicine as he started to breathe in slowly?
- Did he hold his breath for 10 seconds or as long as possible?
- Did he remove the inhaler from his mouth?
- If he needed another puff, did he shake the inhaler and wait 30 seconds?
- If he had to use 2 inhalers, did he use the bronchodilator before the corticosteroid?

Mucolytics

Illustrate to participants that mucolytics thin phlegm to make it less sticky and easier to cough up from the lungs and the airways leading to the lungs. Mucolytics contain acetylcysteine.

Activity 2.5

Ask participants to share with the group when they might have been prescribed or taken Mucolytic, what effect did it have?

When might Mucolytics be Prescribed?

Describe that in chronic bronchitis, the lungs produce too much phlegm. As chronic bronchitis is often present in chronic obstructive pulmonary disease (COPD), mucolytics may provide some relief from symptoms. However, mucolytics are not commonly recommended for COPD treatment.

How Do They Work?

Explain to participants that long-term treatment with mucolytics may provide some relief of symptoms. Some people think that mucolytics may decrease the risk of having future exacerbations and that their use decreases the severity.

Mucolytics

- Mucolytics thin phlegm. They make phlegm less sticky and easier to cough up and expectorate

When might Mucolytics be Prescribed?
What Do You Think A Spacing Device Is Used For?
Spacing devices help the medication reach your lower airways; some people find they are the most effective way to get their medications as they help deliver the medication to the right place. Several models are available, but they work in a similar way. A spacing device should have a one-way valve, so it is also a holding chamber. This chamber holds a puff of your medication for a few seconds until you are ready to inhale it. This prevents drug loss caused by poor coordination between the actions of inhaling and of squeezing the canister. Spacing devices can improve the effect of your medication. They can also decrease side effects such as bitter taste, hoarseness and thrush.

The Nebulizer
This is a small machine which changes liquid medication into fine droplets which are inhaled through a mask. Nebulizers can be used with any medication that is available in liquid form. This includes: Atrovent, Ventolin, and Pulmicort.

Summary And Closing
Thank participants for their input into today’s session and the group activities. Explain that as a result of the session you hope that participants have a better understanding of their medications and are more confident in managing their medications and in their inhaler technique. Finally ask participants if they have any queries and clarify same.

Closed Mouth Method For Metered-Dose Inhaler

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<td>Did she check the canister is firmly and fully in place in the inhaler?</td>
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<tr>
<td>Did she remove the mouthpiece cap?</td>
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<td>Did she shake the inhaler vigorously to mix the medication?</td>
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<tr>
<td>Did she hold the inhaler upright with her index finger on the top of the canister and her thumb on the bottom of the inhaler?</td>
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<tr>
<td>Did she sit up straight/stand up and lift her chin to open her airways?</td>
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<tr>
<td>Did she breathe out slowly (normal full breath)?</td>
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<tr>
<td>Did she put the mouthpiece fully into her mouth so that the opening is towards her throat?</td>
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<tr>
<td>Did she seal her lips tightly around the mouthpiece?</td>
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<tr>
<td>Did she breathe in slowly and deeply though the mouthpiece for 3-5 seconds and simultaneously press the top of the canister once with her index finger to release the medicine?</td>
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<tr>
<td>Did she hold her breath for 10 seconds or as long as possible?</td>
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<tr>
<td>Did she remove the inhaler from her mouth?</td>
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<tr>
<td>Did she exhale slowly through pursed lips?</td>
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<tr>
<td>If she needed another puff, did she shake her inhaler and wait 30 seconds?</td>
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<tr>
<td>If she had to use 2 inhalers, did she use the bronchodilator before the corticosteroid?</td>
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<tr>
<td>Remind your partner that they should:</td>
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<tr>
<td>- Rinse their mouth with tap water to remove medication and reduce irritation;</td>
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<tr>
<td>- Clean the mouthpiece after use with soap and water, rinse it and let it air dry before attaching it to the device;</td>
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<tr>
<td>- Store the device at room temperature.</td>
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# Session 4: Managing Breathlessness

## Facilitator | Room Layout | Time
--- | --- | ---
PRINCE Educators | Arrange chairs in semi circle | 50 mins

### Resources
- A Flip chart and pens;
- Computer with sound, projector and extension lead;
- DVD of Session 4 and Power Point Session 4;
- Handouts;
  - Diaphragmatic breathing;
  - How to cough properly;
  - Huff coughing technique.

### Learning Outcomes
At the end of this session participant's will:
- Understand how breathing works;
- Understand breathlessness;
- Be able to manage breathlessness;
- Be able to use techniques to reduce breathlessness;
- Know how to conserve energy.

### Topic & Duration | Content | Resources & Activities
--- | --- | ---
**Introduction** (5 minutes) | • PRINCE Educator (Practice nurse) introduces him/her self to the group | • Flip chart/ White Board 
• Identification of expectations of the group 

**Dyspnoea/ breathlessness** (10 minutes) | • Explain respiration, what dyspnoea/breathlessness is and ways of controlling it | • Flip chart/White Board 
• Interactive teaching 
• Show Power Point “Strategies to Reduce Breathlessness” - Slide 1 of Session 4

**Ways to reduce breathlessness** (10 minutes) | • Refresh purse lip breathing, positions of ease and diaphragmatic breathing | • Flip chart/white Board 
• Interactive teaching 
• Show video clip – Pursed Lip Breathing 
• Show Power Point “When practising purse lip breathing” - Slide 2

**Controlled coughing techniques** (10 minutes) | • Demonstrate how to cough correctly | • Give handout on how to cough properly 
• Explain and demonstrate how to do the “Huff coughing/forced expiration” technique | • Show Power Point on “Huff Coughing Technique” 
• Show Power Point on “Huff Coughing Technique” - Slides 5- 6 (x2 slides)

**Energy conservation** (10 minutes) | • Explore different energy conservation techniques | • Group discussion 
• Undertake activity 4.11 of Session 4 
• Show Power Point on “How to conserve energy” - Slides 8-10 of Session 4

**Making a lifestyle change (Part 1)** (5 minutes) | • Explore participant’s’ readiness to change. | • Group activities 
• Show PowerPoint on “Activity 4.13”-Slide 11 
• Show Power Point on “Explaining the stages of change model” –Slide 12 of Session 4
Activity 4.2
Ask the group to think about when they feel breathless and to list the things that they do to make it better.
Record feedback on flip chart.

Expected answers from participants might include:
• Medications (these were covered in Session 2);
• Pursed lip breathing at rest and on exertion (covered in Session 2);
• Positions of ease to reduce breathlessness (covered in session 2).
Reaffirm with participants, the strategies used by them reflected in this list.

Show Slide 1 of Session 4

Strategies used to reduce breathlessness
• Medications (covered in Session 2);
• Pursed Lip Breathing at rest and on exertion (covered in Session 2);
• Positions of ease to reduce breathlessness (covered in session 2).

Medications
Explain to participants that their doctor may prescribe them with medications to reduce air trapping in the lungs and to treat breathlessness. These were explained in Session 2 on medications.

Pursed Lip Breathing Technique
Show participants a short video clip to recap on the pursed lip breathing technique that was covered in Session 2. Emphasise that this technique is one of the most important ways of reducing breathlessness, so it is important to practice again.

Activity 4.3
Play video of pursed lip breathing (2.39 minutes).
http://www.youtube.com/watch?v=pte_GGQb1_4

Remind participants that when they are using pursed lip breathing that they need to:
• Keep the breathing quiet and relaxed;
• Try to “breathe” at a normal rhythm;
• Take normal size breaths and don’t hold the breath for too long;
• Concentrate most on breathing out for the count of 4.

Introduction
• The PRINCE Educator (Practice nurse) introduces him/her self to the group;
• Explain the aims of the session;
• Using a flip chart or white board brainstorms with the group to identify their expectations of the session;
• Establish common goals.

Dyspnoea/Breathlessness
Explain to participants that breathlessness, also known medically as dyspnoea, occurs when a person experiences difficulty or trouble in breathing at levels of activity where it would not normally be expected. Basically there is a mismatch between oxygen supply to the body and demand by the body. When this mismatch occurs the brain reacts by sending a message to the lungs to breathe more. This makes the person feel breathless and frequently the person uses the accessory muscles of breathing.

Describe the overall experience of breathlessness:
• The physical sensation of breathlessness;
• The individual’s emotional reaction to the feeling of breathlessness. If these emotions are not managed properly (by the person) they can increase breathlessness.

Explain that the experience of breathlessness is very individual, with many people feeling it differently.

Brainstorm with the group to carry out the following activity

Activity 4.1
Ask participants how they feel when they become breathless and record on the flip chart/whiteboard?

Typically participant’s responses will include:
• Not having enough air;
• Feeling terrified.

Acknowledge with participants that feeling short of breath can be very scary. This can make them tense up, tighten and lift their shoulders and take small, fast gasps of air. It also uses a lot of energy, makes the effort of breathing harder and less air is able to get into the lungs. This is like a circle as this makes people more scared, making breathing more difficult. Therefore people often stop or avoid doing tasks and activities, which they would normally do, because of breathlessness. However this can lead to inactivity which may result in a loss of fitness, increased fatigue, a loss of confidence and independence, social isolation and depression.

Emphasise for participants that they should remember that although breathlessness is a common occurrence among people with COPD, with correct management it should not really affect their daily life.

Ways To Reduce Breathlessness
Explain to participants that we want them to carry out the following activity.
Explain that some people with COPD do not breathe through the nose but through the mouth, and that this is fine. But that people who do this need to focus on exhaling through pursed lips and using more time to breathe out than to breathe in.

Diaphragmatic Breathing
Explain to participants that another important breathing technique to reduce breathlessness is diaphragmatic breathing. Explain that this is normal breathing using the lower chest while relaxing the shoulders and upper chest. Explain to participants that we are now going to teach them how to use diaphragmatic breathing. Give participants the ‘Diaphragmatic breathing key steps’ handout and guide participants through the technique.

Tell participants that they should breathe at their own rate. Breathe in through the nose and out through the mouth. When breathless, although you will breathe at a faster rate, try not to alter this pattern. Explain that if necessary participants can breathe in and out through the mouth.

Activity 4.4
Ask participants to work in pairs to practice their diaphragmatic breathing techniques. Suggest that they each use the ‘diaphragmatic breathing key steps’, handout as a checklist to help their partner improve their technique.

Acknowledge with participants that at first it may be difficult to keep their upper chest relaxed and if this is the case practising the technique at home whilst sitting in front of a mirror and watching the movements can help.

Suggest that participants, who find it difficult to relax the upper chest and shoulders, might find it useful to support the shoulder and chest with pillows.

PRINCE educator please note: If participants are having difficulty with the technique, placing a hand on the person’s abdomen may encourage the use of the lower chest and abdomen. The abdomen should rise up under the hand as they inhale and fall away as they breathe out.

If participants are actively contracting their abdominal muscles to mimic the action; change the focus to the movement of the infrasternal angle at the xiphisternum. This will widen on inhalation and decrease with exhalation.

Controlling your Breathing in an Acute Attack of Breathlessness
Inform participants that we will now focus on ways of controlling their breathing in an acute attack of breathlessness.

Brainstorm with the group to carry out the following activity.

Activity 4.5
Ask Participants what they do when they experience an acute attack of breathlessness?
Record feedback on flip chart.

Expected answers might include:
• Don’t panic stay calm find a comfortable position/positions of ease;
• Let your shoulders relax. Take control of your breathing;
• Start the pursed lip breathing and diaphragmatic breathing techniques;
• Slow down your breathing by allowing more time to breathe out than to breathe in without forcing your lungs to empty;
• Continue these techniques for at least 5 minutes or longer;
• Use medication as prescribed; if no improvement use O2 if available, if no improvement call for help e.g. call family member/friend/GP.

Reaffirm with participants the strategies used by them reflected in this list.
Explain to participants that the first cough will move the phlegm towards the back of the throat. The second cough should move the phlegm into the mouth. Inform participants that they should check the colour of the phlegm; if the phlegm is yellow, green, brown, or has blood in it, they should discuss it with the practice nurse or doctor.

**Huff Coughing Technique/ Forced Expiration Technique**

Explain to participants that the huff coughing technique is used to push air out through the airways moving phlegm up from the lungs so that it can be cleared out. Ask participants if any of them are familiar with this technique and if so how useful they find it. Explain that this huff coughing technique is very important and we will now take the time to practice it and help each other improve the technique. Demonstrate to participants how to do the huff coughing technique as outlined in the handout.

**Huff coughing technique**
- Sit up straight in a supported chair, with both feet on the ground;
- Take a half breath in, (breathe in half the amount of air you normally breath in);
- Open your mouth in the shape of an O, hold one hand 10cm in front of your mouth;
- Breathe out forcefully and quickly, imagine you are trying to fog up a mirror. It should sound like a forced sigh. Spit any phlegm into a tissue and discard appropriately;
- If you have become breathless; perform diaphragmatic breathing until you have regained control of your breathing;
- If you are not breathless then continue;
- Take a big breath in, (a little more than the normal amount);
- Open your mouth in the shape of an O, hold one hand 10cm in front of your mouth;
- Breathe out forcefully and quickly. Imagine you are trying to fog up a mirror. It should sound like a forced sigh. Spit the phlegm out into a tissue and discard appropriately;
- Check the colour of any phlegm produced; if the phlegm is yellow, green, brown, or has blood in it, tell your practice nurse or your doctor;
- Repeat as often as required. Stop when two huffs in a row produce no phlegm.  Never perform more than two huffs in a row without taking a break for diaphragmatic breathing;
- When the phlegm reaches the bigger airways, take a deep breath and huff again or cough to get the phlegm into your mouth to clear out and discard appropriately.

(Adapted from the Chest Heart & Stroke Scotland (2005) LIVING WITH COPD)

**Controlled Coughing Techniques**

Explain to participants that coughing properly allows them to remove phlegm from the lungs and prevent infections. However they need to cough in such a way as it does not take too much effort or energy, or cause any pain.

Give participants the handout on ‘How to Cough Properly’, then demonstrate to participants how to cough properly as outlined in the handout.

**Handout How to Cough Properly**
- Sit up straight in a supported chair, with both feet on the ground;
- Perform diaphragmatic breathing for three breaths;
- Take a deep breath in and try to hold for 3 seconds;
- Open your mouth slightly and cough out twice. Spit the phlegm out into a tissue and discard;
- Begin diaphragmatic breathing for 3 breaths. If you are breathless then perform this until you have regained control;
- Repeat once or twice as required.

(Adapted from the Canadian Lung Association 2008)

**How to cough properly**
- Sit up straight in a supported chair, with both feet on the ground.
- Perform diaphragmatic breathing for three breaths
- Take a deep breath in and try to hold for 3 seconds.
- Open your mouth slightly and cough out twice. Spit the phlegm out into a tissue and discard appropriately.
- Begin diaphragmatic breathing for 3 breaths. If you are breathless then perform this until you have regained control.
- Repeat once or twice as required.

(Adapted from the Canadian Lung Association 2008)
Now ask participants to undertake the following activity as they practice this technique.

Activity 4.6
Ask participants to work in pairs to practice this technique. Educator monitors each pair of participants and provides constructive feedback and reinforcement.

Explain to participants that phlegm can build up overnight in their airways. Suggest to participants that they should:

- Try to carry out these coughing techniques each morning at least 10 minutes after using your short acting bronchodilator;
- Repeat these coughing techniques as needed throughout the day;
- Avoid bursts of coughing as this wastes energy, can make you more breathless and can hurt your throat;
- Single small (half breath in) huffs may be better if you have a greater amount of phlegm;
- If you have little or no phlegm there is no benefit to trying to cough;
- If no phlegm is produced after two huffs in a row or two coughs twice in a row, then stop.

Show Slide 7 of Session 4

Phlegm can build up overnight. Suggest that they should;

- Try to carry out these coughing techniques each morning at least 10 minutes after using your short acting bronchodilator;
- Repeat these coughing techniques as needed throughout the day;
- Avoid bursts of coughing as this wastes energy, can make you more breathless and can hurt your throat;
- Single small (half breath in) huffs may be better if you have a greater amount of phlegm;
- If you have little or no phlegm there is no benefit to trying to cough;
- If no phlegm is produced after two huffs in a row or two coughs twice in a row, then stop.

Energy Conservation Techniques

Explain to participants that energy conservation techniques will allow them to undertake daily activities without becoming breathless. Acknowledge with participants that they probably have good and bad days. Acknowledge that on a good day they may feel they have lots of energy and therefore try and do too much. As a result the following day they probably feel tired and can only do the most basic activities and tasks. Explain that energy conservation techniques will help them to use their energy wisely and to pace activities.

Brainstorm with the group to carry out the following activity.

Activity 4.7
Ask the participant’s to list the things that they could do to conserve their energy.

Expected answers might include the following list:

- Prioritise the tasks that you need to do and remove the unnecessary ones;
- Plan your daily activities and complete the most strenuous activities when you feel at your best. Break up tasks into smaller bits. Swap strenuous and easier tasks and this will help conserve energy and reduce fatigue;
- Learn to pace yourself. Slow down when you talk, eat, and laugh etc. as all these activities can interrupt your regular breathing. Always give yourself time to get your breath back before tackling the next thing. Set yourself small goals, with rest breaks in between. You might, for instance, mow the lawn, then rest, and then empty the mower;
- If you find that you are becoming short of breath/dyspnoeic when you are getting dressed, doing the housework, shopping, or gardening practice some of the breathing techniques mentioned above;
- Organise the space around you so that things are within easy reach, such as storing things at waist and shoulder height to avoid bending and stretching for items, as these movements induce breathlessness;
• Try and avoid carrying heavy objects, pushing, pulling or sliding objects is much easier. Use a cart with wheels to move dishes, tidy up, work in the garage, put away clean laundry, and so on. This will reduce trips back and forth and save you having to carry things. When you have to carry something heavy hold the object as close to your body as possible;
• Sit down to perform as many of your daily activities as possible to conserve energy. The use of aids and equipment are also beneficial and help avoid any unnecessary activity or strain. Buy a shower stool and hose sprayer for bathing. Dry off by wrapping yourself in a terrycloth robe. Use assistive (“helping”) devices, such as a long-handled reacher for pulling on socks and shoes and for reaching for items in high places. Long-handled tongs can help you pick up objects without bending;
• Always try and get a good night sleep, you may need to change the way you sit or sleep to do this. People who experience breathlessness may find it helpful to try sitting upright in a chair, leaning forward slightly, and resting their forearms on the arms of the chair or their knees to help their lungs to expand. Sleeping with several pillows or in a recliner can also help;
• Try and stay positive and retain your sense of humour. Be patient with yourself and tolerant of your family and friends.

Reaffirm with participants, the strategies used by them reflected in this list.

### How to conserve energy

**How to conserve energy contd**

- Organise the space around you so that things are within easy reach, such as storing things at waist and shoulder height to avoid bending and stretching for items, as these movements induce breathlessness.
- Try and avoid carrying heavy objects, pushing, pulling or sliding objects is much easier. Use a cart with wheels to move dishes, tidy up, work in the garage, put away clean laundry, and so on. This will reduce trips back and forth and save you having to carry things. When you have to carry something heavy hold the object as close to your body as possible.
- Sit down to perform as many of your daily activities as possible to conserve energy.

### How to conserve energy contd

- The use of aids and equipment are also beneficial and help avoid any unnecessary activity or strain. Buy a shower stool and hose sprayer for bathing. Dry off by wrapping yourself in a terrycloth robe. Use assistive (“helping”) devices, such as a long-handled reacher, for pulling on socks and shoes and for reaching for things in high places. Long-handled tongs can help you pick up objects without bending.
- Always try and get a good night sleep, you may need to change the way you sit or sleep to do this. People who experience breathlessness may find it helpful to try sitting upright in a chair, leaning forward slightly, and resting their forearms on the arms of the chair or their knees to help their lungs to expand. Sleeping with several pillows or in a recliner can also help.
- Try and stay positive and retain your sense of humour. Be patient with yourself and tolerant of your family and friends.

Explain to participants that by using some of these measures they will overcome fatigue and be able to maintain a reasonable level of activity on a daily basis, rather than only every few days. This will prevent them becoming frustrated.

### Making A Lifestyle Change (part 1)

Remind participants that in Session 1 they identified some areas of lifestyle that they were interested in changing. Ask participants to reflect back on the goals they set in relation to that lifestyle change. Emphasise that for a change to occur and be successful it needs to be planned and thought through in advance.

Now ask participants to carry out the following activity.

**Activity 4.8**

Firstly ask each participant to think about the lifestyle change they want to make and are willing to commit.

Secondly ask each person to rate their readiness to make that lifestyle change by ranking themselves on a scale 1 – 10, with 1 being not ready to make a change and 10 being ready to make a change.

Finally ask participants to share with the person beside them the change they would like to make, the ranking and what they are going to do to try and make the change happen.
Remind participants that making lifestyle changes are not easy, they require commitment and perseverance. Explain that people go through a number of stages on their way to making a behavior change and these are best explained by looking at the ‘Stages of Change Model of Behavior Change’.

Give participants the handout on the ‘stages of change model’. Then show participants the next slide which explains the stages of change model:

**Pre-contemplation**
- Here the person is not thinking about the need to change in the foreseeable future, which is usually within the next 6 months.

**Contemplation**
- The person begins to think about the possibility of change in the next six months.

**Preparation**
- The person intends to change in the next month.

**Action**
- The person has engaged in efforts to modify their behavior within the past 6 months.

**Maintenance**
- The person attempts to retain the changes made, this stage lasts from 6 months to 5 years (Prochaska and Velicer 1997).

**Termination**
- This is where the person has no temptation and they are sure they will never engage in the unhealthy behavior again.

**Relapse** which is not a stage, may occur when a person returns to an earlier stage, and restarts the cycle again (Prochaska and Velicer 1997).

Explain to participants that the process of change is not linear and that people can get stuck in different stages and move backwards or forwards. Some people get stuck in contemplation and are always thinking about changing but never make any. Others constantly take action but never progress to maintaining their action e.g. dieters. For example dieters may always be trying to make a new attempt to lose weight without maintaining any of the losses achieved, so they are constantly taking action but never arriving at maintenance. Explain to participants that the stages are not as compartmentalised as the model suggests however there is considerable overlap between the neighbouring stages.

Explain to participants that people might move around the stages of change several times making unsuccessful attempts at change over a period of weeks, months or years before finally moving into maintenance and termination. Emphasise that relapse is always a learning experience and should be viewed positively.

Now ask participants to carry out the following activity.

**Activity 4.9**
Ask participants to consider where they are right now on the Stages of Change model and to make a note of this.

**Closing**

Explain to participants that over the coming weeks we will be asking them to monitor their progress in relation to the lifestyle changes they wish to make. Thank participants for their input into today’s educator session and the group activities. Finally ask participants if they have any queries and clarify same.
Session 5: Knowing and Managing your Symptoms

Facilitator    Room Layout     Time
PRINCE Educators  Arrange chairs in semi circle  45 mins
Practice Nurse

Resources
• A Flip chart and pens;
• Computer with sound, projector and extension lead;
• DVD of Session 5 and Power Point Session 5;
• Handouts;
  - PRINCE COPD Plan of Action Booklet;
  - Decisional Balance grid.

Learning Outcomes
At the end of this session participant’s will:
• Identify their usual symptoms, regular treatments and what to do when they feel well;
• Develop and understand a plan of action;
• Identify resources needed to help them manage acute exacerbations;
• Recognise and manage a respiratory infection.

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<th>Content</th>
<th>Resources &amp; Activities</th>
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| Introduction and know your usual symptoms (10 minutes) | • Explore participants symptoms when they feel well | • Interactive teaching
• group activities
• Show Power Point on “Actions that can help people stay well”
  - Slide 1 of Session 5 |
Now brainstorm with the group to carry out the following activity.

Activity 5.2
Ask participants to list the actions they take to help stay well.

Expected actions might include the following:
• Exercise regularly;
• Eat a balanced diet;
• Stay away from things that make you worse;
• Stay positive.

Show Slide 1 of Session 5
Actions that can help people stay well
• Exercise regularly
• Eat a balanced diet
• Stay away from things that make you worse
• Stay positive

See Slide 1 Reinforce with participants, the strategies used by them reflected in this list.

Plan Of Action

Explain to participants that having a COPD Plan of Action will help them to manage their COPD when symptoms get worse and might make the difference between having to go to hospital or being able to treat themselves at home.

It will help them to:
• Better recognise everyday symptoms;
• Recognise worsening symptoms and the situations than can provoke this;
• Know precisely what to do to prevent a worsening of symptoms and begin early treatment;
• Know when and whom to contact if symptoms get worse or don’t improve.

Show Slide 2 of Session 5

Having a COPD Plan of Action will help you to
• Better recognise everyday symptoms
• Recognise worsening symptoms and the situations than can provoke this
• Know precisely what to do to prevent a worsening of symptoms and begin early treatment
• Know when and whom to contact if symptoms get worse or don’t improve.

Explain that over the next two weeks we will be focusing on helping each participant develop a personal COPD Plan of Action.

Distribute a copy of the PRINCE COPD Plan of Action booklet to all participants. If participants already have their own COPD Plan of Action, tell them they can use that.
PRINCE COPD Plan Of Action

Divide the group into 4 smaller groups to carry out the following activity.

Activity 5.3
Allocate 2 of the 8 sections of the COPD Plan of Action booklet to each group and ask each group to examine it to see if:
(1) they think it’s relevant to them;
(2) If not, what would they change.

Explain to participants that a key element of the COPD Plan of Action is to have the phone numbers of the people they can call when they need help and have a problem with symptoms.

Ask participants to take the time over the next week to:

Activity 5.4
Think about who should be on their contact list, in particular their primary contact person and advise them to discuss their COPD Plan of Action with that person(s). Once they have done that they should write in the person’s name(s) and complete this section of the plan.

Remind them that they should also share their contact list with their GP.

Ask participants to take the time now to complete the following activity.

Activity 5.5
Ask each participant to complete the “I know that when I am well I usually…” section of the COPD Plan of Action booklet.

Show Slide 3 of Session 5

• I know that when I am well I usually:
• Have some shortness of breath
• Cough up sputum every day Yes No
• This sputum is usually (colour)
• Cough regularly Yes No
• My actions: I sleep and eat well; I can do my usual daily activities & exercises

Check with participants that they have completed this section and are happy to move onto the next section of the booklet.

Remind participants that an important part of managing their COPD is that they know their medications and that they should take medication correctly as prescribed by their doctor.

Ask participants to take the time over the next week to do the following activity.

Activity 5.6
Ask participants to look at the section “I usually take the following medicines” on the Plan of Action Booklet and ask each of them to complete this section of the COPD Plan of Action before next week’s session.

Show Slide 4 of Session 5

COPD PLAN OF ACTION

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<th>Name of medicine</th>
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How To Avoid Factors That May Cause An Exacerbation Of Your Symptoms And Make You Feel Worse

How To Recognise, Prevent And Treat A Respiratory Infection

Reinforce with the group that a respiratory infection is one of the key factors that can make them feel worse. Explain to participants that we suggest that each participant specifically discuss with their GP strategies to access early treatment. Outline that these strategies commonly include always having a supply of prednisone and antibiotics at home as prescribed by their GP ready to take when they feel worse and have a respiratory infection.

Brainstorm with the group regarding the following activity.

Activity 5.7
Ask participants to think of the last time they had a respiratory infection. List the symptoms that they had, and how they knew they were becoming unwell.

Expected answers might include the following.

• Changes associated with your phlegm; if phlegm occurs all day, or the colour and/or texture has changed;
• Your phlegm may become yellow, or green or sometimes just darker;
• You may cough up more phlegm and your phlegm becomes thicker;
• You are more breathless or wheezy than usual;
• You tire more easily and can’t do your usual activities without resting;
• You may have less of an appetite and have difficulty sleeping;
• You get breathless more easily.
Acknowledge positively any symptoms on the list that participants already named.

A key goal here is to ensure that participants are able to differentiate between usual symptoms and when they are having an exacerbation of symptoms due to a respiratory infection.

What Actions Should You Take If You Think You Have A Respiratory Infection?

Explain to participants that if they think they have a respiratory infection they must act quickly.

Brainstorm with the group to carry out the following activity.

Activity 5.8
How do they decide what to do when they have a respiratory infection?

Present the following guidelines to the group.

Guidelines for deciding if one has a respiratory infection and what they should do:

- If your phlegm becomes yellow or green you probably have a bacterial infection and you should start the antibiotics prescribed by your doctor. Do not wait more than 48 hours to take your antibiotic;
- If there are any other changes in your phlegm, for example in the amount or thickness talk to your doctor;
- If you are more breathless than usual you should take your bronchodilator as prescribed by your doctor;
- If this has no effect and you are having trouble carrying out the usual daily activities you need to start the prednisone treatment prescribed by your doctor. Do not wait more than 48 hours to start taking your prednisone.

Possible symptoms you may have when you are becoming unwell

<table>
<thead>
<tr>
<th>My symptoms</th>
<th>My actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am more breathless or wheezy or coughing more than usual</td>
<td>I take my antibiotics or prednisone with my doctor’s direction</td>
</tr>
<tr>
<td>My sputum is thicker and is a different colour,</td>
<td>I use my controlled breathing techniques</td>
</tr>
<tr>
<td>I get tired more easily and can’t do my usual activities without resting</td>
<td>I use the huff and puff cough to clear secretion</td>
</tr>
<tr>
<td></td>
<td>I use anxiety/stress management techniques</td>
</tr>
</tbody>
</table>

Acknowledge with participants any of the same symptoms that they already mentioned and any similar strategies that they mentioned carrying out.

Now ask participants to open their ‘COPD Plan of Action Booklet’ and guide them through the following sections.

- I’ll know that my condition is worse than usual when…’
- I’ll know that I have a respiratory infection and should start my antibiotic when…’
- I’ll know that when I am more breathless than usual I…”
- I’ll know that if after increasing my bronchodilator…”

Show Slide 5 of Session 5

Show Slide 6 of Session 5

Show Slide 7 of Session 5
Ask participants if they understand each section and are happy to move on. Clarify any queries. Now ask participants to take the time over the next week to complete the following activity.

Activity 5.9
Ask participants to complete the following sections of their Plan of Action booklet prior to next week’s session.

“I know that I have a respiratory infection and should start my antibiotic when”

“I know that when I am more breathless than usual...”

“I know that if after increasing my bronchodilator...”

Make clear that we will be revisiting the final sections of the ‘Plan of Action Booklet’ in next week’s session and to bring their copies of the booklet with them.

Managing A Lifestyle Change (Part 2)

Remind participants that in last week session each participant identified one lifestyle change they wanted to make, that they looked at their readiness to make the change and identified where they thought they were on the ‘Stages of Change Model’, in relation to making that lifestyle change. Explain to participants that we are now going to ask them to look again at the lifestyle change(s) each participant wanted to make. Explain to participants that in order to move through and progress through the stages of change they need to weigh up the advantages and disadvantages of changing i.e. the pros and cons. Explain to participants that the decisional balance grid is a useful tool to help them do this.

Handout a copy of the decisional balance grid to each participant.

Activity 5.10
Using the decisional balance grid consider the advantages and disadvantages for you in relation to the lifestyle change that you want to make. List what these are in each quadrant. Remind participants that there are likely to be several in each quadrant.
Now ask participants to decide on the 3 most important advantages of changing their behavior and the 3 greatest disadvantages.
Finally ask participants to rank these and consider why they are most important. Emphasise that participants do not have to share their decisions and plans with the group in terms of how they extended their ideas i.e. came up with more reasons to make a change or more reasons to leave things as they are in relation to their chosen behavior/s. However explain to participants that if some participants are willing to share this information with the group that they are welcome to do so.

Closing
Thank participants for their input into today’s educator session and the group activities. Encourage participants to take the completed decisional balance grid home; stick it on the fridge, somewhere they can see it and think about it from time to time over the next week and bring it in again for next weeks session. Finally ask participants if they have any queries and clarify same.

Session 6: Recognising and Managing Acute Exacerbations

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Room Layout</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCE Educators</td>
<td>Arrange chairs in semi circle</td>
<td>45 mins</td>
</tr>
<tr>
<td>Practice Nurse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Resources
- A Flip chart and pens;
- Computer with sound, projector and extension lead;
- DVD of Session 6 and Power Point Session 6;
- Handouts:
  - PRINCE COPD Plan of Action Booklet;
  - Readiness to Change Rule;
  - Activity 6.6 exploring lifestyle change.

Learning Outcomes
At the end of this session participant’s will:
- Develop and understand your plan of action further;
- Recognise factors that might cause an exacerbation of your symptoms;
- Identify resources needed to help you manage an exacerbation of symptoms;
- Recognise and manage exacerbations.

<table>
<thead>
<tr>
<th>Topic &amp; Duration</th>
<th>Content</th>
<th>Resources &amp; Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction (5 minutes)</td>
<td>PRINCE Educator (Practice nurse) introduces him/her self to the group</td>
<td>Flip chart/white board</td>
</tr>
<tr>
<td></td>
<td>Review main items from last weeks session</td>
<td>Interactive teaching</td>
</tr>
<tr>
<td></td>
<td>Establish common goals for the session</td>
<td></td>
</tr>
</tbody>
</table>
Factors That May Cause An Exacerbation Of Your Symptoms, Make You Feel Worse And How To Avoid These

Explain to participants that this part of the session is going to focus on helping them to recognise the things that make their symptoms worse and how to avoid them.

<table>
<thead>
<tr>
<th>Factors that can cause an exacerbation of symptoms (10 minutes)</th>
<th>Ways of avoiding these factors</th>
</tr>
</thead>
</table>
| Explore with participants the factors that make them feel worse and how to avoid them | **Environmental factors**  
- Extreme cold/wind/humidity  
- Extreme heat |
| Show Power Point on ‘Factors that make you feel...’ - Slides 1-3 of Session 6 | **Pollutants**  
- Smoking/cleaning products/smog/exhaust fumes |
| Interactive teaching | **Emotions**  
- Anxiety/stress/anger |
| Strategies to identify and manage exacerbations of symptoms (15 minutes) | **Respiratory infections**  
- E.g. colds and flu’s |
| Ways of identifying and managing symptoms when you are worse than usual | Quit smoking and avoid second hand smoke;  
- Try not to undertake any strenuous activities;  
- Protect yourself from the sun. |
| Ways of identifying and managing symptoms when you are much worse than usual | Use cleaning products only in well ventilated areas;  
- Try and stay in an air conditioned environment or purchase a fan; |
| Ways of identifying and managing symptoms when you are severely unwell or having a severe attack | **Respiratory infections**  
- E.g. colds and flu’s |
| Person with COPD discusses how the action plan has worked for him/her | **Respiratory infections**  
- E.g. colds and flu’s |
| Questions and Answers | **Respiratory infections**  
- E.g. colds and flu’s |
| Interactive teaching | **Respiratory infections**  
- E.g. colds and flu’s |
| Group activities | **Respiratory infections**  
- E.g. colds and flu’s |
| Flip chart/white board | **Respiratory infections**  
- E.g. colds and flu’s |
| Group activities | **Respiratory infections**  
- E.g. colds and flu’s |
| Show Power Point on ‘COPD Plan of Action’ - Slides 4 & 5 of Session 6 | **Respiratory infections**  
- E.g. colds and flu’s |
| Interactive teaching | **Respiratory infections**  
- E.g. colds and flu’s |

Divide participants into two groups to carry out the following activity.

**Activity 6.1**

**Group 1**

Ask participants to list the things or situations that can cause an exacerbation of their symptoms or make them feel worse than usual.

**Group 2**

Ask participants how they might avoid the factors that can cause an exacerbation of their symptoms?

Record the feedback on a flip chart or white board.

Some expected answers might include the following: *(Acknowledge positively any items on this lists that participants already named)*.

<table>
<thead>
<tr>
<th>Factors that can make you feel worse than usual</th>
<th>Ways of avoiding these factors</th>
</tr>
</thead>
</table>
| When it is cold dress warmly and keep your nose and mouth covered with a scarf; | When it is cold dress warmly and keep your nose and mouth covered with a scarf;  
- If it’s extremely cold don’t venture outside;  
- Try and stay in an air conditioned environment or purchase a fan;  
- Don’t undertake any strenuous activities;  
- Protect yourself from the sun. |
| If it’s extremely cold don’t venture outside; | When it is cold dress warmly and keep your nose and mouth covered with a scarf;  
- If it’s extremely cold don’t venture outside;  
- Try and stay in an air conditioned environment or purchase a fan;  
- Don’t undertake any strenuous activities;  
- Protect yourself from the sun. |
| Try and stay in an air conditioned environment or purchase a fan; | When it is cold dress warmly and keep your nose and mouth covered with a scarf;  
- If it’s extremely cold don’t venture outside;  
- Try and stay in an air conditioned environment or purchase a fan;  
- Don’t undertake any strenuous activities;  
- Protect yourself from the sun. |
| Don’t undertake any strenuous activities; | When it is cold dress warmly and keep your nose and mouth covered with a scarf;  
- If it’s extremely cold don’t venture outside;  
- Try and stay in an air conditioned environment or purchase a fan;  
- Don’t undertake any strenuous activities;  
- Protect yourself from the sun. |
| Protect yourself from the sun. | When it is cold dress warmly and keep your nose and mouth covered with a scarf;  
- If it’s extremely cold don’t venture outside;  
- Try and stay in an air conditioned environment or purchase a fan;  
- Don’t undertake any strenuous activities;  
- Protect yourself from the sun. |

**Introduction**

The PRINCE Educator (Practice nurse) introduces him/her self to the group:

- Establish common goals for the session;  
- Review main items from last week’s session; elicit how everyone got completing their Plan of Action activities.

**Factors That May Cause An Exacerbation Of Your Symptoms, Make You Feel Worse And How To Avoid These**

Explain to participants that this part of the session is going to focus on helping them to recognise the things that make their symptoms worse and how to avoid them.
Reinforce to participants that if they cannot avoid the elements that make their symptoms feel worse try using their bronchodilator 20-30 minutes beforehand.

**Strategies To Identify And Manage Exacerbations Of Symptoms**

This part of the session is going to focus on helping participants to identify and manage exacerbations of symptoms.

**Ways Of Identifying And Managing Symptoms When You Are Worse Than Usual**

Remind participants that in last weeks education session they looked at what they should do when they had a respiratory infection or their condition was worse than usual. Ask participants to look at their action plan booklet.

Explain to participants that we are now going to focus on what they should do ‘when you feel much worse than usual’, (back page of the PRINCE COPD Plan of Action booklet).

Refer participants to the ‘I know that when I feel much worse than usual….’ section of the COPD Plan of Action booklet and guide them through it.

**Ways Of Identifying And Managing Symptoms When You Are Severely Unwell**

Explain to participants that we are now going to focus on helping them to identify and manage their symptoms when they are severely unwell.

Brainstorm with the group regarding the following activity.

**Activity 6.2**

Ask participants to think of the last time that they were severely unwell and having a severe acute infection or attack.

How did they feel?

What were their symptoms?

Record their feedback on a flip chart or whiteboard.
Expected answers from participants might include when they had a severe attack they had:

- Trouble coughing up phlegm;
- Severe trouble breathing/breathless;
- A fever and chills;
- Were unable to do their usual activities e.g. dress or bathe;
- Had chest pain or tightness;
- Swollen ankles;
- A feeling of dizziness or felt faint or sleepy.

Ask participants to open the ‘I know that I am severely unwell when…..’ section of the COPD Plan of Action booklet and guide them through it.

<table>
<thead>
<tr>
<th>My symptoms</th>
<th>My actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have extreme difficulty breathing</td>
<td>I Ring 112 or 999 for an ambulance to take me to the nearest hospital</td>
</tr>
<tr>
<td>I have trouble coughing up sputum</td>
<td></td>
</tr>
<tr>
<td>I have chest tightness/pain</td>
<td></td>
</tr>
</tbody>
</table>

Suggest to participants that it might be worth buying and wearing a panic button. Emphasise to the group that in the event of a severe attack they should.

Ring 112 or 999 for an ambulance to take them to the nearest hospital's accident and emergency department.

Managing A Lifestyle Change

Remind participants again that as mentioned last week, studies show that people are more likely to be successful in making lifestyle changes if they plan the change in advance and think it through. Remind participants about the “stages of change model” and now ask them to consider where they are or what stage they are at.

Remind participants that people might move around the stages of change several times making unsuccessful attempts at change over a period of weeks, months or years before finally moving into maintenance and termination. Ask participants to draw on any previous change attempts that they have made in the past.

Dissuade any enthusiastic participants from pressing ahead with lifestyle changes prematurely; remind these participants that taking the time to plan well in relation to making the change will make it more likely that they are successful.

Remind participants that relapse is always a learning experience and should be viewed positively. Explain that the level of desire and confidence a person has in relation to making a behavior change is important. Explain that the keener they are to make the change and the more confident they are that the change is possible, the more likely they are to be successful.

Now ask participants to think again about the lifestyle change they want to make and are willing to commit to. Give participants a handout of the ‘Readiness to Change Ruler’, to carry out the following activity.

**Activity 6.4**

Firstly ask each participant to rate their readiness to make their lifestyle change in terms of keenness to make the change by ranking themselves on a scale 1 – 10, with 1 being not ready to make a change and 10 being ready to make a change.

On a scale of 1 to 10, how keen are you to make the change?

<table>
<thead>
<tr>
<th>Readiness To Change Ruler</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td><img src="image" alt="Not Ready to Change" /></td>
</tr>
</tbody>
</table>

Secondly ask each participant to rate their readiness to make their lifestyle change in terms of confidence to make the change by ranking themselves on a scale 1 – 10, with 1 being not ready to make a change and 10 being ready to make a change.

On a scale of 1 to 10, how confident are you of making the change?

Real Life Experiences Of Using A Plan Of Action

Suggest to participants that they should all now have a personal ‘plan of action’ which will help them to manage their COPD when symptoms get worse and might make the difference between having to go to hospital and being able to treat themselves at home.

Activity 6.3

Ply the DVD entitled: “My Experience of Using a COPD of Action Booklet”.

When the DVD is finished ask participants if the presenter’s experiences are reflective of the group. Also reaffirm with participants, the strategies used by the presenter in the DVD, which reflect those given in the session.

Explain to participants that we are now going to take a few minutes to reflect on the lifestyle changes they wish to make in relation to their COPD.

Show Slide 5 of Session 6

Explain to participants that in our experience knowing how others with COPD have used the ‘plan of action’ can be very helpful. Inform participants that we are therefore going to show them a DVD where one person with COPD talks about their experience of using a ‘plan of action’.

Explain to participants that in our experience knowing how others with COPD have used the ‘plan of action’ can be very helpful. Inform participants that we are therefore going to show them a DVD where one person with COPD talks about their experience of using a ‘plan of action’.
Activity 6.5

Confidence To Change Ruler

Ask participants to share with the person beside them the change they would like to make, how keen they are in terms of their ranking (1-10), to make that change and how confident they are in terms of their ranking (1-10), that they will make the change happen.

Closing

Thank participants for their input into today’s educator session and the group activities. Ask participants if they have any queries and clarify same. Finally give participants a handout of the following activity asking them to complete it in their own time and explain that we will discuss their progress with their identified lifestyle change in Week 8.

Activity 6.6

Ask participants to think about the rating you gave yourself in terms of your level of desire and level of confidence in making the change. Try and identify how you might increase your level of keenness and confidence in making the change. Try and identify any obstacles that you can see which might make the change difficult, and how you might overcome them.

Session 7: Managing Stress and Anxiety

Facilitator: PRINCE Educators
Room Layout: Arrange chairs in semi circle
Time: 45 min

Practice Nurse

Resources

- A Flip chart and pens;
- Computer with sound, projector and extension lead;
- DVD of Session 7 and Power Point Session 7;
- Handouts;
  - Relaxation CD
  - Stress and me 1, 2, 3;
  - Stress Management Action Plan.

Learning Outcomes

At the end of this session participant’s will:

- Understand what contributes to their stress;
- Recognise how stress affects the body;
- Understand the relationship between breathlessness and anxiety;
- Explore how to break the anxiety-breathlessness cycle;
- Practice using a relaxation technique to manage stress.

Topic & Duration | Content | Resources & Activities
---|---|---
Introduction (3 minutes) | • Introduce focus of the session
| • Explore expectations of the group for this session
| • Identify common goals for the session
| • Flip chart and pens
| • Ask group to identify any important issues for them
Stress and COPD

What Is Stress?

Explain to participants that stress is their body’s way of responding to any kind of demand. When people feel stressed their bodies react by releasing chemicals into the blood. These chemicals give people more energy and strength. This is helpful when people have to cope with an unusual demand, for example, having to speak in public or do a job interview.

These chemicals also allow people to respond quickly if the stress is caused by a physical danger. Ask participants if they have heard of “fight or flight”. Explain that this is a common response to danger in all people and animals. When you are afraid that someone or something may physically harm you, your body naturally responds with a burst of energy so that you will be better able to survive the dangerous situation (fight) or escape it altogether (flight). Stress however can be a bad thing if there is no outlet for this extra energy and strength. When stress (or anxiety) becomes very intense it can cause ‘distress’ and impact on social or other important areas of day-to-day life.

How Does Stress Affect Me?

Ask participants to carry out the following activity.

Activity 7.1

Ask the group to answer the Question on the “Stress and Me” (2) - “I know I am feeling stressed because the following things happen to my body...”

Summerise feedback on the flip chart.

I know I am feeling stressed because the following things happen to my body:

1.

2.

3.

4.

5.

Explain to participants that it is useful to look at how our bodies respond to being stressed.

Stress And COPD

Explain to participants that Fear (fight or flight) is a normal reaction to danger. The body’s reactions include: increased heart rate, increased blood pressure, shallow rapid breathing (which feels like the breathlessness you experience with COPD), sweating, queasiness, dry mouth, a feeling of choking, dizziness and muscle tension.
Explain to participants that **Anxiety** involves constant worrying in anticipation of a stressful situation. The body reactions are similar to fear, for example, increased heart rate, shallow rapid breathing (which feels like the breathlessness you experience with COPD), sweating and muscle tension.

Remind participants, that when people feel stressed and anxious their breathing rate increases. Explain that in persons with COPD stress and anxiety can cause their COPD symptoms to become worse. Explain that breathlessness can lead to even more anxiety, faster breathing, and fear. So it is a vicious cycle.

**What Stresses Me?**

Now ask participants to complete the following activity.

**Activity 7.2**

Ask the group to answer the **Question** on the “Stress and Me” (2)

> “The things that stress me most are: ....?”

**Summarise feedback on the flip chart.**

**The things that stress me most are:**

1. 
2. 
3. 
4. 
5.

Explain to participants that identifying what may be causing their stress is often the first step in learning how to better deal with stress. Explain that different things cause stress for different people. Explain that sources of stress can be broadly grouped into two.

**Internal Sources**

Ask participants have they ever caught themselves worrying about things they can do nothing about or worrying about something that might happen? Explain that this is internal stress where people make themselves stressed by worrying about things they can’t control or by putting themselves in situations they know will cause them stress.

**Environmental Sources**

Explain to participants that things around them can cause stress, such as noise, pressure from work or family or changes in your ability to do what you normally do etc.

Explain that understanding what makes participants feel anxious helps them to take steps to manage their stress, for example, looking at different ways to do what you want to do or take action to “stop” negative thoughts.

**The Anxiety-Breathlessness Cycle**

Explain to participants that when they have trouble getting their breath, anxiety can cause them to breathe even faster, which will tire chest muscles, and can lead to panic. This cycle is called the Anxiety-Breathlessness Cycle.

Show participants the following diagram and use it to demonstrate the cycle.

- Breathlessness can increase anxiety;
- Anxiety increases breathing which makes the person feel more anxious;
- This may lead to someone with COPD doing fewer activities.

Explain that as mentioned during their exercise sessions the less they do, the worse their physical health. This results in increasing fatigue, more breathlessness and increased anxiety. In other words it is a viscous circle. (Nault et al., 2007 p.6).

**Breaking the Cycle**

Ask participants to look at the cycle and identify “which of these elements they can control?” Emphasise that people can control the rate at which they breathe, so slowing the rate of breathing can help break the cycle. Slowing down breathing is the focus for most relaxation techniques.

**Relaxation Techniques**

Outline in order to break the cycle people need to learn ways to relax. Relaxation decreases the pulse rate and blood pressure, decreases breathing rate, looses your shoulders and overall has a positive outcome.
How To Relax?

Negative thought stopping (or positive self-talk).

Explain to participants that one way to relax is to change the thought patterns that produce stress. Explain that what you think sometimes dictates how you feel and in turn how well you manage rising stress levels. To give an example, you are late for an appointment and stuck in traffic, you can choose to worry about it and get increasingly anxious or you can choose to accept that being late is beyond your control and worrying won’t get you there any sooner. So think positive thoughts!!!

Explain that one technique that can help is the “Stop thought technique” (Nault et al. 2007 p.9). Explain that this strategy is commonly used by psychologists to help stop repeated bothersome unnecessary thoughts.

Explain to participants that there are four steps in this technique:

• Recognise that you are thinking about something negative;
• Imagine a big stop sign and tell yourself to “STOP!!”
• Switch the negative image to something pleasant and relaxing;
• Repeat as necessary until the negative thought goes away.

Emphasise with participants that stopping negative thoughts takes practice.

Relaxation Techniques

Help participants understand that relaxation techniques are another way to reduce stress. Explain that relaxation techniques typically use a combination of deep breathing and release of muscle tension. Learning these techniques takes a little practice but with time and practice they can use them when they need to lessen the negative effects of stress.

Deep Breathing

Remind participants that they have already learnt how to control their breathing using diaphragmatic and pursed lip breathing. Ask if they have noticed becoming a little more relaxed when they practiced these techniques.

Explain that another quick way to slow breathing is to count to yourself as you breathe in and out “in one thousand, out two thousand” and to repeat as necessary.

Guided Imagery And Progressive Muscle Relaxation

Explain to participants that other relaxation techniques include imagery and progressive muscle relaxation. Inform participants that they can buy tapes and books to teach themselves these exercises.

Explain to participants that imagery or visualisation involves getting comfortable, closing your eyes, and imagining yourself in a relaxing, pleasant place doing something you enjoy doing, for example, walking on the beach. Emphasise that they need to concentrate on being there and what it feels like – feel the breeze on your face, the sand between your toes, hear the waves crashing on the beach – make it feel as real as possible. Explain that they should continue doing this until they feel relaxed.

Explain to participants that we are now going to practice a different technique called progressive muscle relaxation. Explain that this technique involves tensing and relaxing each part of your body.

Explain that you start with your toes and working all the way up to the top of your head breathing in as you tighten your muscles and breathing out as you relax them.

Show Slide 2 of Session 7

<table>
<thead>
<tr>
<th>Relaxation Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Positive self talk</td>
</tr>
<tr>
<td>• Deep breathing</td>
</tr>
<tr>
<td>• Guided Imagery and progressive muscle relaxation</td>
</tr>
</tbody>
</table>

Now ask participants to carry out the following activity and monitor the group during the activity.

Activity 7.3

Play the relaxation CD and deliver a session using a modified version of the Progressive Muscular Relaxation (Jacobson Technique).

Emphasise that it is important to practise these techniques so that they become more familiar and easier to use. Reaffirm that practising when calm and breathing easily, increases the chance that they will be able to use these techniques when they become stressed and breathless. Explain to participants that they will each be given a copy of the CD so they can practise when they want.

Other Ways Of Relaxing

Now ask participants to carry out the following activity.

Activity 7.4

Ask the participants to answer the Question on the “Stress and Me” (3)

- “When I am feeling stressed, I have found the following things help me relax: ...?”

Summerise feedback on the flip chart.
Stress and Me (3)

When I am feeling stressed, I have found the following things help me relax:

1. 
2. 
3. 
4. 
5. 

Remind participants that what we find relaxing is very individual. Reinforce that exercise is a good way to burn off the accumulated effects of stress. Other suggestions include: yoga, tai chi, massage, prayer, meditating, or listening to relaxing music.

Laugh!! A good laugh is a great way to release tension.

Now ask participants to carry out the following activity.

Activity 7.5
Ask participants to make an individual “stress management action plan” using the “stress management form”. This can be completed at home if there is no time in class. Offer to discuss individual’s plans with them if they need extra help or guidance.

A Final Point!

Explain that breathing and relaxation techniques can be used to effectively manage a stressful situation but if they have a physical reaction (for example as a result of a respiratory infection) they may need to use a bronchodilator. Emphasise that they should use this as prescribed by their doctor. Emphasise that they should always carry their inhaler with them. Explain that even knowing you have it can help you feel in control and reduce your anxiety.

If you symptoms get worse/you do not improve/you are extremely breathless and/or have chest pain go to casualty or call 999/112.

Explain to participants that in some cases the anxiety-breathlessness of COPD can be very severe or lead to depression. Explain that medications can help so they should consult their GP if they feel they need additional help.

Closing

Answer questions and take feedback from the group.

Stress Management Plan

When I am feeling stressed, I have found the following things help me relax:

1. 
2. 
3. 
4. 
5.
Session 8: Where to Now

**Facilitator**
- PRINCE Educators
- Practice Nurse

**Room Layout**
- Arrange chairs in semi circle

**Time**
- 45 min

**Resources**
- A Flip chart and pens;
- Computer with sound, projector and extension lead;
- DVD of Session 8 and Power Point Session 8;
- Handouts:
  - Action plan for lifestyle change;
  - Reminder cards.

**Learning Outcomes**

At the end of this session participant’s will:
- Celebrate achievements and recognise progress;
- Examine their motivation to continue with the programme;
- Develop a new action plan for the future;
- Prepare the supports that are available to them from the end of the course and participant follow-up;
- Agree their strategies for continued group support.

**Celebrating Achievements And Recognise Progress**

As a PRINCE Educator your aim is to support participants who are ready to publicly declare their commitment to the lifestyle changes they have made and to help participants to set new realistic goals for the succeeding weeks.

Sometimes motivation is really increased if a person declares publicly that they intend to make a change.

Don’t force anybody to declare their ‘change’. Explain to those participants reluctant to discuss or share information, that at the follow-up session each person will be asked to feedback on the extent to which they have progressed on this change.

As a PRINCE educator you must be willing to accept the fact that some participants might not be willing, ready or confident about making a change now, and the degree of change might not be what you yourself would wish.

As a PRINCE educator you need to accept this, reaffirm and positively recognise participants progress and all achievements no matter how small they may seem to you so that the relationship remains intact. This leaves the door open for possible change at a future date. As a PRINCE educator you must avoid making any judgements or conveying disapproval.

Now remind participants that over the past number of weeks we have asked them to identify their personal goals, identify any lifestyle change they wanted to make and identify where they were on the “Stages of Change Model”. We also asked them to think about their level of desire and level of...
confidence they had in relation to making that behavior change. Finally remind them that we also asked them to identify any obstacles that might make the change difficult, and how they might overcome them.

Now ask participants to carry out the following activity.

### Activity 8.1
Ask each participant to reflect their personal goals and in particular the lifestyle change they wanted to make.

Explain that you are going to ask them to share their progress with the group, identifying what they did to help remove any obstacles they felt were in their way of success. Remind participants that sharing this information with the group is really important to maintaining motivation in the weeks ahead.

### Identifying Strategies For Continued Within Group Support
In this section explain to participants that there will be a number of supports available to them now that the 8 week programme has come to an end and tell them about participant follow-up.

Introduce participants to the usefulness of reminder cards and explain how these may help them to stay on target or get back on target.

**REMINDER CARD**

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: To exercise for at least _____ minutes five times per week.</td>
</tr>
<tr>
<td>1. Compose yourself and be calm. Let any feelings of disappointment pass.</td>
</tr>
<tr>
<td>2. This is not a relapse, just a warning that there is danger ahead. A single slip is part of learning and does not undo all the good work you have done so far.</td>
</tr>
<tr>
<td>3. Remember the reasons you committed to making this change.</td>
</tr>
<tr>
<td>4. Consider what you can learn from this. What were the circumstances surrounding your slip and what you could have done differently?</td>
</tr>
<tr>
<td>5. Make plans now for how you could cope with this situation differently in the future.</td>
</tr>
<tr>
<td>6. Get in touch with the support person straight away and talk it over.</td>
</tr>
</tbody>
</table>

### Examining Motivation To Continue With The Programme
As a PRINCE educator it is important that you don’t force anybody to declare their ‘change’. Explain to those participants not wishing to share the information, that at the follow-up session each person will be asked to feedback on the extent to which they have progressed on this change. Ask each individual to reflect on how much exercise they have been able to do each week and what is possible for them to do in the future. Again explain that you are going to ask them to again share with the group what they are going to do in relation to exercise.

### Reflective Guide
Now ask participants to carry out the following activity.

### Activity 8.2
**Ask participants to:**
- Think about last week, what were their goals for exercise last week?
- Did they manage to achieve their goals?
- If they did, well done and what helped to do this?
- If not, what stopped them from doing the exercises?
- If they did not achieve their goals what can they do differently next week?

### Developing A New Action Plan For The Future
Explain to participants that once they have identified their future goals it is important that each participant develop a specific written action plan. Explain that writing down their future action plan for change should make it more likely that they will commit to and achieve the change.

Handout copies of the ‘action plan for lifestyle change’ to each participant and ask participants to complete the following activity.

### Activity 8.3
Ask each participant to complete their plan now.

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### Developing an action plan for change

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention/Goal:</td>
</tr>
<tr>
<td>Start Date:</td>
</tr>
<tr>
<td>Who can I call upon to support me?</td>
</tr>
<tr>
<td>How exactly will I implement it?</td>
</tr>
<tr>
<td>How will I record successes?</td>
</tr>
<tr>
<td>How will I overcome difficulties?</td>
</tr>
<tr>
<td>What will I do if I think I am in danger of slipping up or have slipped up?</td>
</tr>
</tbody>
</table>

### Identifying Strategies For Continued Within Group Support
In this section explain to participants that there will be a number of supports available to them now that the 8 week programme has come to an end and tell them about participant follow-up.

Introduce participants to the usefulness of reminder cards and explain how these may help them to stay on target or get back on target.
Explain to participants that during this 8 week programme hopefully they will have all got to know each other and made friendships that will continue outside of this programme. Outline that people tell us that maintaining these friendships are really important as when you are feeling down and don’t want to do your exercises, sharing this with fellow group member(s) can give you the support and motivation to keep going.

Explain to participants that we have found that although people plan to stay in touch with their group members it doesn’t always happen.

Now ask participants to carry out the following activity.

Activity 8.4
Ask participants to think about ways of ensuring that they all stay in contact with each other and how this might be done.
Take feedback on a flip chart.

The aim here is for the PRINCE educator to help participants to realise that one/two members of the group need to take responsibility for contacting everyone and setting up or starting up meetings among themselves.

Follow Up Programme
Explain that there will be a follow up programme and you will contact each of them by phone at 3, 9 and 12 months from the day they began this programme to see how they are getting on and to answer any queries. Emphasise with participants that if they have any other queries in between these times that they can contact you at ________

Remind participants that they will also be asked to return here at 6 months and at 12 months from the day you finished the programme for a 1 hour group follow up session. Emphasise with participants that in our experience we have found that it’s really important that they try and have their follow up session with their friends here in this group who have done this original programme together. That way they can keep in contact with each other and see how each other are doing.

Follow Up Interviews
Remind participants that some of them will also be contacted by members of the PRINCE research team wishing to interview them at 6 weeks and at 6 months from the time they started the programme.

Closing And Evaluation
Thank participants for their input and participation over the 8 weeks of the programme and ask them if they have any questions. Reaffirm that they have all done really well and that we will be looking forward to finding out how they are all doing over the next 18 months.

Explain to participants that we are very interested in their overall experience and perceptions of the 8 week programme. Give out the PRINCE structured education evaluation form asking participants to complete same before they leave.

References

Session 1


Session 4


Sources for Diagrams

http://summit.stanford.edu/pcn/M07_Dyspnea/norma_breat_anim.html

http://www.micromedical.co.uk/products/images/RPMdiagram.gif

Session 5


Sources for Developing the Plan of Action Booklet


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Living Well with COPD, Canada;
PR programme, St. James Hospital, Dublin;
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Galway Community Care (HSE), Westside, Galway;
Jennifer Quinn, Clinical Nurse Specialist, St James Hospital, Dublin
Pfizer Healthcare Ireland.
PRINCE Educator (Practice nurse)
Comments

Session 1:

Session 2: