

Asthma Vs. COPD: Know How They Overlap

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Health care providers will tell you the body functions as a whole. A problem with one system or organ will likely mean something else isn't working well.



The same can be said with certain health conditions. Asthma and chronic obstructive pulmonary disease (COPD) both cause shortness of breath and wheezing, and one can lead to the other. But treatment and prevention differ. Knowing how to tackle both is especially important during spring and summer months when smoky air and allergens come out to play.

The basics

[Tracy Packer](#) is an advanced practice provider in pulmonology at OSF HealthCare. She says asthma describes airway inflammation due to a stimulant.

“The most common causes are allergens, chemicals, cigarette smoke and dust,” Packer says.

“The most important thing is to know and avoid your triggers,” she adds.

Asthma treatment is inhaled corticosteroids and bronchodilators. These help open your airways and combat allergies that trigger asthma. Examples include an inhaler or nasal spray.

For COPD, Packer says providers tend to look at two components: chronic bronchitis and emphysema.

“Chronic bronchitis is when the airways have chronic inflammation that causes an increase in mucus production. This occludes the airway,” Packer says.

“I like to think of emphysema as airway damage,” she adds.

Similarities and differences

Like asthma, cigarette smoke is a common cause of COPD, Packer says. In fact, it’s the number one cause, so Packer encourages people to kick the habit.

Bronchodilators (inhalers) and other medications to open the airways are a shared treatment between the two ailments.

One difference: the long-term outlooks.

“Asthma has a reversible component. It’s reversible airway obstruction,” Packer explains. “COPD is chronic and progressive. Our job is to help slow down the process so our patients can live a full, healthy life.”

Pulmonary rehabilitation is a proven option for more severe cases of COPD. Like [cardiac rehabilitation](#) for your heart, it’s all about building back your strength.

“There’s an education component where they learn techniques like pursed lip breathing,” Packer says. There, you inhale through the nose and exhale through the mouth, all in a slow, controlled way.

Physical exercises to build up muscles that support breathing are also part of pulmonary rehabilitation.

More severe cases of COPD can also require the person to get oxygen therapy. One option is through a take-home tank.

Surgery may be a last resort.

“Doctors will remove a damaged part of the airway to reduce lung overinflation. They take that away so the lungs are functioning a little better. You’re not trying to use part of a lung that’s not functioning,” Packer says.

An artificial valve (known as a bronchial valve) may be put in as an alternative to surgery.

Links

Packer says poorly controlled and untreated asthma can progress into COPD.

“Every time you have an asthma exacerbation, it can damage and change the shape of the airway,” Packer warns.

It’s all the more reason to talk to your provider if you’re having breathing problems. Staying up to date on vaccinations can also help prevent lung issues.