

COPD Patient Profile: Mrs. X

Mrs. X was first diagnosed with emphysema many years ago, but does not remember when. She is now 84 years old and while she smoked in the past, she has since quit. She has been admitted to the hospital multiple times for COPD-related symptoms. She lives at home with her husband. Her house has stairs, and she feels that having to use stairs regularly is the most difficult aspect of having COPD. She finds it easier to breathe when she sits and when she uses her walker. When she bends forward over her walker, her symptoms are alleviated further. Her walker has an attached seat where she can sit and be pushed when she finds herself having a hard time breathing out in public, such as during visits to Foxwoods.

When she has a COPD flare-up, she sits down and her husband tries to calm her. He says “it will pass, it always does.” This helps her because she finds flare-ups very scary. She described the pain as “feeling like a pressure” that makes it so she cannot breathe. When she “is really sick” and cannot calm down, she calls 911. She stopped using inhalers years ago because she felt they made her mouth taste bad, but she never told her doctor this. Currently she uses a nebulizer, which she likes. During this hospital stay she tried a new inhaler that she liked and would be open to using.

Mrs. X has always received her care at the Cambridge Health Alliance. She has never gone anywhere else since the hospital is convenient for her – she lives in East Cambridge and her daughter works at CHA. Part of what she likes about the care at CHA is that she feels the staff take time to explain things to her. However, she is not interested in specific educational programs. When asked why not, she simply said “I’m 84”, suggesting that she felt she was too old for them. Similarly, when asked about her interest in any type of exercise program after her pneumonia was resolved, again she simply responded “I’m 84.” Interestingly, she felt she would like the option of having prednisone and antibiotics at home to be able to administer them herself, when needed. She had no specific recommendations for COPD care at CHA.