



HEALTH AWARENESS

That Nagging, Persistent Cough May Be Sign Of More Serious Illness

(NAPSA)—What do you know about Chronic Obstructive Pulmonary Disease (COPD), a disease which affects approximately 24 million Americans? Learning more about the disease, which includes emphysema and chronic bronchitis, may help prevent it or help you learn how to manage it if you already have it.

Q: What causes COPD?

A: COPD is largely preventable, as its most important cause is cigarette smoking. Secondhand cigarette smoke and exposure to industrial dusts and chemical vapors, fumes and irritants have also been shown to cause COPD.

Q: What are the symptoms of COPD and how is it diagnosed?

A: After a person has been smoking for about 10 years, he or she may begin developing a productive, chronic cough. Shortness of breath after physical activity is a later symptom. Repeated coughing attacks or shortness of breath can be disabling—and even sleeping can become difficult. People with these symptoms should speak with their physician. Early detection, treatment and smoking cessation are essential to slowing down the rate of damage to the lungs.

Q: How is COPD treated?

A: There is no cure for COPD, but medications can prevent and control symptoms, reduce the frequency and severity of symptoms, and can help improve quality of life. Medications called bron-



COPD, a largely preventable disease, is the fourth leading cause of death in the U.S.

chodilators, including FORADIL[®] AEROLIZER[®] (formoterol fumarate inhalation powder), are considered to be central to managing COPD because they dilate or help to open the bronchial tubes. The more open your airways, the easier it is for air to pass through them. FORADIL works by relaxing the muscles that tighten the airways in the lungs and is taken once in the morning and once at night.

Q: Are there guidelines for managing COPD?

A: The National Heart, Lung, and Blood Institute and the World Health Organization have collaborated to create the Global Initiative for Chronic Obstructive Lung Disease (GOLD) program. The program offers a framework for management of COPD. For more information, visit www.goldcopd.com.

FORADIL AEROLIZER is indicated for the long-term, twice daily (morning and evening) administration in the maintenance treatment of bronchoconstriction in patients with Chronic Obstructive Pulmonary Disease including chronic bronchitis and emphysema.

In COPD clinical studies, the most common side effects reported in the FORADIL AEROLIZER and placebo groups, respectively, were upper respiratory infection (7.4% vs 5.7%), back pain (4.2% vs 4.0%) and sore throat (3.5% vs 2.4%).

Side effects with FORADIL AEROLIZER are similar to other selective beta₂-agonists, and include: chest pain, high or low blood pressure, fast heartbeats, irregular heartbeats, nervousness, headache, dry mouth, muscle cramps, nausea, dizziness, fatigue, tiredness, low blood potassium, accumulation of acid in the body, and difficulty sleeping. FORADIL AEROLIZER should not be used to treat acute symptoms or used more than twice daily. Acute symptoms should be treated with inhaled, short-acting beta₂-agonists. FORADIL AEROLIZER should be used with caution in patients with cardiovascular disorders. FORADIL AEROLIZER is not a substitute for inhaled or oral corticosteroids and, in the treatment of asthma, they should not be stopped or reduced. For more information, please log on to www.foradil.us.