UNDERSTANDING BRONCHIECTASIS

When it comes to bronchiectasis, knowledge is power.

Bronchiectasis (brong-kee-ek-tuh-suhs), or BE, is a chronic and progressive inflammatory lung disease with symptoms that overlap with other, more common, respiratory conditions.

Many people may not know they have BE. Living with and managing BE symptoms can also raise many questions. This brochure was designed to help provide some answers.

From getting a diagnosis to talking with your doctor about your symptoms, we hope this brochure provides you with information and resources that help you feel seen, understood, and supported.

In this brochure, you will find:

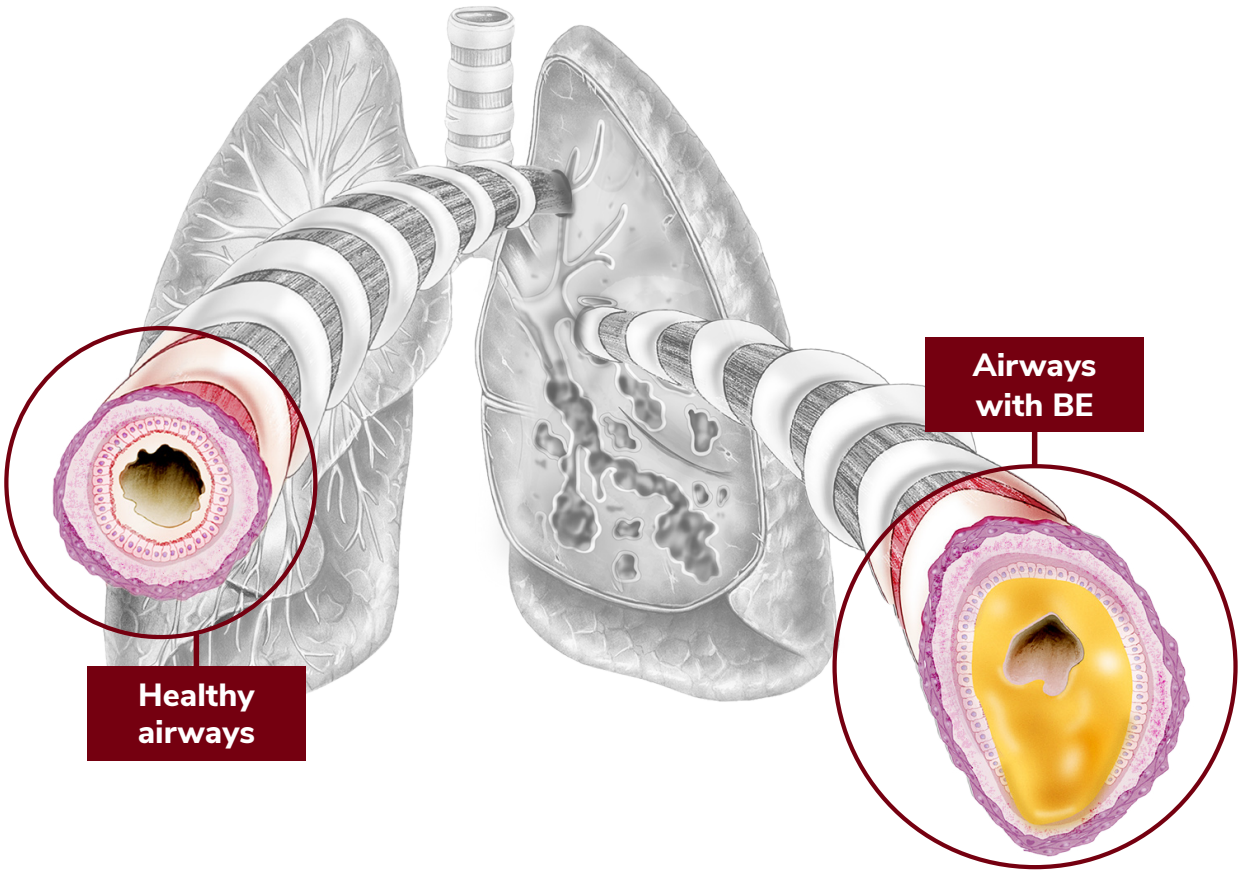
- **An overview of BE and what happens in the lungs**
- **How BE is diagnosed**
- **Important information about BE flares and their impact**
- **Practical tips for managing and living with BE**

What is bronchiectasis?

Bronchiectasis (BE) is a disease where your airways become permanently widened, making it harder for you to clear mucus and bacteria.

It's a chronic disease that can get worse over time. This means it can affect you long-term and cause damage to your lungs.

An estimated 500,000 people in the United States are diagnosed with bronchiectasis, but many more may have the disease without realizing it.



What's happening in the lungs with bronchiectasis?

An interconnected cycle contributes to the development of bronchiectasis.

Each factor can lead to the worsening of the others. The main factors include:

Lung inflammation: As your body's immune system keeps trying to clear the infection from your lungs, this process can result in chronic irritation and swelling, or inflammation.

Difficulty clearing mucus: Chronic inflammation and infection can cause more mucus. Because the airway cells that normally clear mucus are damaged or destroyed, mucus buildup will further damage the airway and lead to a cycle of infection, inflammation, and airway damage.

Lung damage: In bronchiectasis (BE), airways are abnormally widened and damaged, which makes it difficult to clear mucus from the airways.

Lung infection: Increased mucus creates an attractive environment for bacteria to grow. This can lead to chronic infection.

Watch how bronchiectasis affects the lungs.

Discover more about BE and see what's actually happening in the lungs by scanning the QR code or visiting **SuspectBronchiectasis.com/BEVideo**

Bronchiectasis develops for many reasons, which can differ from person to person.

What causes bronchiectasis?

Certain medical conditions can put people at risk, such as:

- **Repeated respiratory infections, like pneumonia, TB, or NTM**
- **COPD or asthma**
- **Inflammatory diseases, like RA or IBD**
- **Aspiration syndromes, like GERD**
- **A weakened immune system, like immunodeficiency disorders**
- **Inherited (genetic) disorders, like PCD or alpha-1 antitrypsin deficiency**

Approximately 1 in 4 people with COPD may also have bronchiectasis (BE).[a]

[a]Studies have shown a range of 20% to 69% of people.

COPD=chronic obstructive pulmonary disease; GERD=gastroesophageal reflux disease; IBD=inflammatory bowel disease; NTM=nontuberculous mycobacteria; PCD=primary ciliary dyskinesia; RA=rheumatoid arthritis; TB=tuberculosis.

Bronchiectasis symptoms can overlap with other, more common, lung diseases.

What are the symptoms of bronchiectasis?

Bronchiectasis (BE) can be hard for doctors to identify because the symptoms can be confused with other diseases, and not all doctors have experience with BE.

Some common symptoms can include:

- **Coughing**
- **Mucus production, which may contain blood or be hard to cough up**
- **Difficulty breathing, shortness of breath, or wheezing**
- **Fatigue**
- **Fever, chills, and/or body aches**
- **Frequent lung infections**
- **Chest pain**

See, hear, and feel bronchiectasis.

Explore an interactive experience where you can hear a BE cough, see what is happening in the lungs, and learn how fatigue can affect daily life. Scan the QR code or visit **SuspectBronchiectasis.com/ExperienceBE**

Some people might be living with bronchiectasis without knowing it.

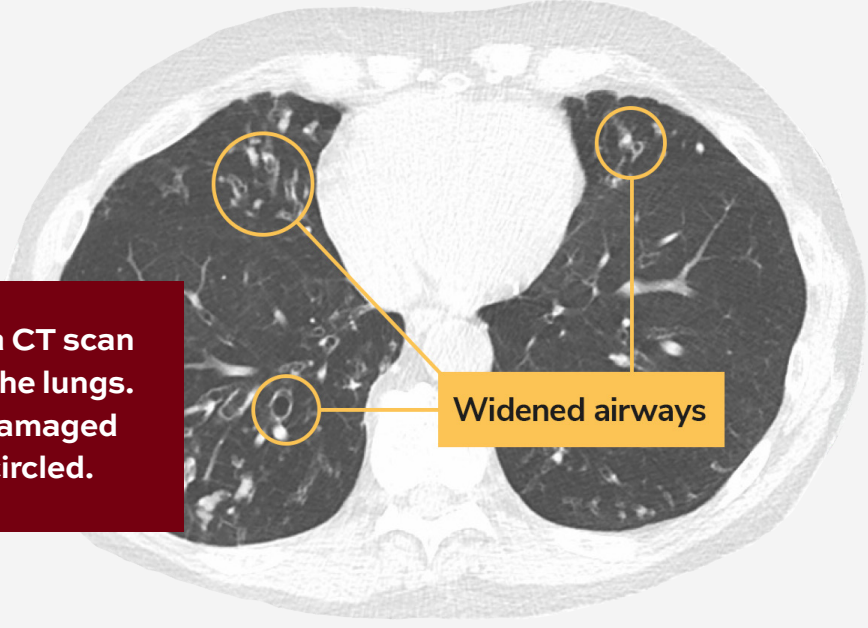
Is it bronchiectasis? How to know.

In the United States, 20% to 69% of people with COPD, as many as 29% of people with asthma, and 37% of people with NTM lung disease could also have bronchiectasis (BE).

If you have an existing respiratory condition, and your symptoms continue to get worse despite treatment, there could be something more happening in your lungs. Talk to your doctor about whether or not you could have BE.

It could be bronchiectasis if you experience:

- **Large volumes of yellow or green mucus**
- **Repeated lung infections**
- **Widened airways on an X-ray or CT scan**



An example of a CT scan showing BE in the lungs. Examples of damaged airways are circled.

CT=computed tomography.

What will my doctor do to diagnose bronchiectasis?

Bronchiectasis (BE) is commonly diagnosed by a pulmonologist, who may:

Review your medical history: A check of your past conditions and current symptoms (your doctor may call this a clinical evaluation).

Confirm with a CT scan: A type of chest scan that provides clear, detailed images of the lungs. It's used to diagnose BE because it can reveal widening of the bronchi—a sign of the disease that tests like an X-ray might miss.

Part of your pulmonologist's assessment may also include:

Running a blood test

Testing your lung function

Taking a sputum sample

If you suspect you might have BE, talk to a pulmonologist about whether you should have a CT scan to help rule it out.

Bronchiectasis flares may feel like a big deal. And they can be.

Could it be a bronchiectasis flare?

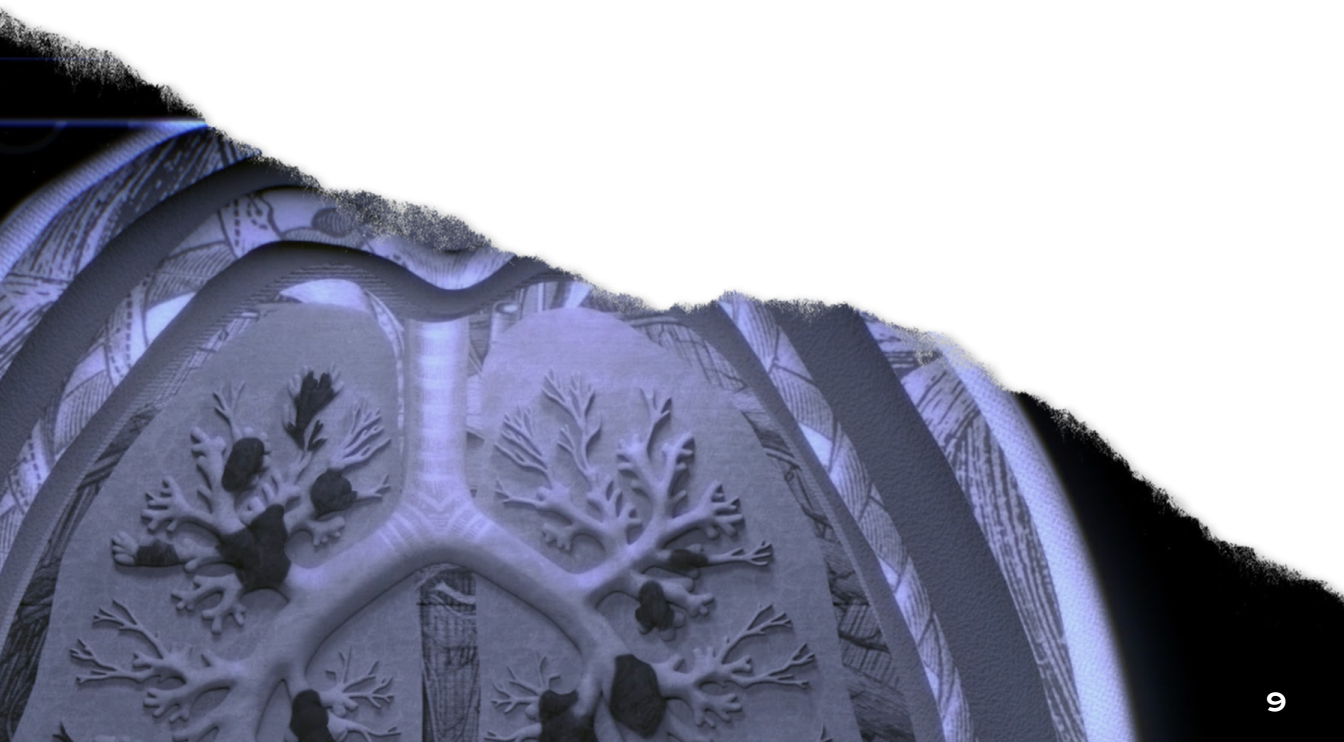
If you're experiencing worsening bronchiectasis (BE) symptoms, such as **coughing, increased mucus, shortness of breath,** and **fatigue,** it could be a BE flare. Your doctor may call them exacerbations, and they are common in BE.

BE flares can contribute to lung damage, so it's important to talk with your doctor if your symptoms are getting worse.

Your doctor may ask you which symptoms are getting worse, and over what period of time, in order to determine if a change in treatment is necessary.

Why do bronchiectasis flares matter?

BE flares can be unpredictable, and repeated flares can increase your chance of having more in the future and may lead to hospitalization.



Think it might be a bronchiectasis flare? Speak to your doctor.

Here are some questions about bronchiectasis (BE) flares you can ask your doctor:

- ☐ What steps should I take if I suspect I am experiencing a BE flare?
- ☐ Is there anything I can do to help prevent BE flares?
- ☐ Are there any specific triggers or factors that increase my risk of BE flares?
- ☐ Can BE flares result in lung damage?
- ☐ What's the best way for me to share how often I'm experiencing possible BE flares?
- ☐ I think I've had about _____ *write a number* BE flares since my last visit. Is there anything I can do to help reduce them?

Work with your doctor to help manage bronchiectasis symptoms.

How is bronchiectasis managed?

There are many ways your bronchiectasis (BE) symptoms may be managed. You and your doctor will work together to decide the best strategies for you. Your doctor may recommend these common BE management strategies:

Airway clearance techniques help clear extra mucus from your airway and prevent it from leading to infections. Your doctor may recommend 1 or a combination of airway clearance techniques for you.

These can include:

- Deep coughing
- Huff coughing
- Positive expiratory pressure (PEP) and oscillating PEP
- A percussion vest (high-frequency chest-wall oscillation)

Medications may be prescribed by your doctor to help manage your BE. To decide which medications to use, your doctor may need to collect samples of your sputum, or mucus, to understand more about your lungs.

Medications can include:

- Mucolytics (medicines to break up mucus)
- Inhaled medications like hypertonic saline (to help clear mucus from the lungs)
- Antibiotics (to treat infection in your lungs)

No matter what the strategies are, it's important to work with your doctor to find the best way to help manage your BE, because every patient is different.

Your lifestyle can make a difference when it comes to managing bronchiectasis.

What else can I do to help manage bronchiectasis symptoms?

When you're living with a lung disease, it's especially important to maintain a healthy lifestyle.

Here are a few lifestyle habits to keep in mind:

Getting exercise: Light exercise can help clear mucus from the airways and benefit overall lung health.

Quitting smoking: Consider quitting smoking, since smokers with BE can have a higher risk of death from any cause than nonsmokers with bronchiectasis (BE).

Getting vaccinated: Your doctor may recommend getting vaccinated with the flu or pneumococcal vaccines to help prevent common lung infections that can make bronchiectasis (BE) worse.

Staying hydrated: Drinking plenty of water can help keep your airways hydrated, and you can always talk to your doctor about adding nebulized saline to your management plan.

Changing your diet: A nutritionist or dietitian may recommend changes to your diet, since a well-balanced diet can help minimize inflammation.

Remember, talk to your doctor if you have any questions, and before starting or changing a diet or exercise regimen.

Bronchiectasis can be challenging. But you are not alone.

Find others in the bronchiectasis community.

Living with any lung disease can be difficult—especially one as complex as bronchiectasis (BE). There are online and in-person communities of people who understand what you're going through.

Here are some groups to explore:

Suspect Bronchiectasis provides information and tools to help better understand BE and what may be behind recurring respiratory symptoms. Stay up to date at **SuspectBronchiectasis.com** and follow on social media.

SUSPECT BRONCHIECTASIS

facebook.com/suspectbronchiectasis

@suspectbronchiectasis

Bronchiectasis Info & Research has local support groups that hold regular meetings, as well as online forums for patients, loved ones, physicians, and researchers. Visit **BronchiectasisInfo.org** to find support.

Bronchiectasis and NTM 360 helps address the unmet needs of the BE and nontuberculous mycobacterial (NTM) lung disease communities. Visit **BronchAndNTM.org** to learn more.

Find BE care near you.

Don't have a pulmonologist? Find one who specializes in BE today. Scan the QR code or visit **SuspectBronchiectasis.com/BESpecialist** to get started

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Prepare for your next appointment.

Use these questions to get the conversation with your doctor started.

Just check the questions you want to ask and add your own notes on the right.

Suspecting bronchiectasis (BE)

- ☐ Why are my symptoms not getting better despite the treatment I take?
- ☐ As someone with COPD who is a nonsmoker, could my symptoms be caused by something else, like bronchiectasis?
- ☐ Are there other tests, like a CT scan, that I should get to determine if I have bronchiectasis?

Living with bronchiectasis

- ☐ Living with BE makes me feel _____ (describe your feelings). BE makes it hard to _____ (describe an activity). What can I do differently to manage my BE?
- ☐ What can I do about my bronchiectasis flares?
- ☐ How many times per week should I be doing airway clearance? Are there other treatments or methods I should consider?

Stay up to date!

Sign up to receive information and resources to help you along your bronchiectasis journey.

Resources can include:

Monthly emails: Timely updates and tips to help you stay informed about bronchiectasis.

Direct mail: Helpful materials delivered right to your door.

The BE Informed Kit: A helpful guide to starting a conversation with your doctor.

To sign up, scan the QR code or visit
SuspectBronchiectasis.com/SignUp