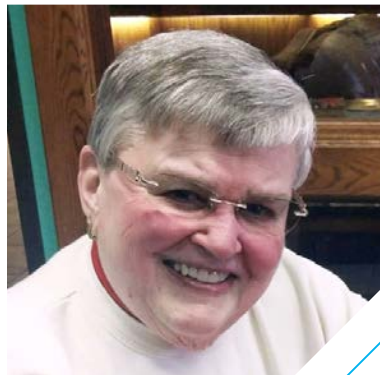


## Jean Rommes

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)



Like many men from WWII, my Dad smoked. Cigarette smoke was part of the “Dad smell” and I remember sitting in his lap, feeling as safe as I could be, enveloped in his arms.

I started my own 30-year smoking history in college and finally quit in 1992, when I was 48. I worked in a health-related field and I knew in 1985 that I had COPD. I had all the classic symptoms and all the classic excuses. In 2000, I was officially diagnosed with COPD, and I pretty much let things go.

By December 2002, I was on oxygen 24/7 and in February of 2003, I landed in the hospital with respiratory failure. My doctor told me that if I could lose weight, my problems wouldn’t go away, but they’d get better. I was sure he didn’t think I could or would, and I got angry about that. And I was scared, because I wasn’t able to breathe properly even with oxygen. My husband was also beginning to show signs of Alzheimer’s and I wanted to be around for him.

With my doctor’s wholehearted approval, I started on an aggressive diet and exercise program. Losing weight was my

*Jean Rommes was a patient speaker at the ATS 2019 International Conference in Dallas, TX.*

## Chronic Obstructive Pulmonary Disease (COPD)

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priority, so I did the most intense workouts I could manage on my treadmill and bike. I didn't think about the effect that this exercise would have on my breathing until about four months later when I realized that taking a shower was no longer a breathtaking experience. Making the bed took 3 minutes instead of 15 minutes with rests in between.

Over 18 months, I lost over 100 pounds, got off oxygen completely, cut my medication down significantly, put the C-pap machine in the closet, got my FEV1 back up to 35 percent, where it was when I was diagnosed, and got a whole new wardrobe. I was able to work full-time until my planned retirement. I still work part-time and spend a lot of time on COPD advocacy work.

Making the life-style change is hard and the hardest part is finding a motivating factor. Once I actually got started and began to see results, everyone I knew was cheering me on. People I knew casually would tell me they could see the differences. That's really motivating, and to be told you look a lot younger is even more so! ■

Chronic Obstructive Pulmonary Disease is a preventable and treatable lung disease. People with COPD must work harder to breathe, which can lead to shortness of breath and/or feeling tired. Early in the disease, people with COPD may feel short of breath when they exercise. As the disease progresses, it can be hard to breathe out or even breathe in. A person with COPD may have obstructive bronchiolitis (bron-kee-oh-lite-is), emphysema, or a combination of both conditions. The amount of each of these conditions differs from person to person.

- Obstructive bronchiolitis is a condition in which chronic inflammation and swelling cause the inside of the breathing tubes (airways) to be smaller than normal. This narrowing interferes with how well and how easily air empties out of the lungs (expiration).
- Emphysema loosely defined is “air trapping” or the inability to fully exhale, leading to abnormal expansion or hyperinflation (hi-per-in-flay-shun) of the lungs. Constantly having trapped air in the lungs combined with the extra effort needed to breathe results in a person feeling short of breath.

Learn more: *ATS Patient Education Information Series. “Chronic Obstructive Pulmonary Disease (COPD)”* New York, NY. [www.thoracic.org/patients/patient-resources/resources/copd-intro.pdf](http://www.thoracic.org/patients/patient-resources/resources/copd-intro.pdf)