

Making your home a better place to live with chronic, obstructive pulmonary disease (COPD), asthma and other respiratory diseases

A common concern for people with chronic obstructive pulmonary disease (COPD), asthma and other respiratory diseases is that difficulties in breathing will restrict their ability to carry out ordinary daily tasks and so remain living in their own home. But with the right support, some changes and adaptations to the home, plus use of equipment, most people with respiratory problems can and do enjoy living in their own homes for the rest of their lives.

Some people choose to move to a house, flat or bungalow which they find more manageable. If you are thinking about moving, it is important to weigh up the pros and cons of various housing and care options. Knowing about the different possibilities, and being clear about what features to look for, can help you make decisions that will best suit your changing circumstances.

In this brochure we briefly outline the main COPD and asthma symptoms and then consider what you can do to your home to make living with these conditions more manageable. We describe the range of alternative housing options and offer suggestions about where to find more detailed information, advice and help for your particular situation. These notes are particularly for older people who may be considering their long term housing and care options anyway.

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Symptoms of COPD and asthma

One factor common to these respiratory diseases is a narrowing of the airways which impact on ability to breathe.

COPD

This term describes the condition where someone has both chronic bronchitis and emphysema. Chronic Obstructive Pulmonary Disease (COPD) leads to damaged airways in the lungs, meaning these become narrower and so make it harder to get air to pass in and out (ie to breathe). The condition is called "chronic" because it is a long term, ongoing condition.

- **In chronic bronchitis**, inflammation of the tubes within the lungs causes the body to produce too much mucus, resulting in phlegm build up and coughing.
- **In the case of emphysema**, the airways become narrower, less air (and hence oxygen) is able to enter into the lungs, and the person may become quite breathless.

Asthma

This is caused by something irritating the airways, making them tighten and causing difficulties in breathing. What causes the irritation varies from person to person, but can include:

- Pets
- Pollen
- House dust mites
- Smooth and other fumes
- Moulds and fungi

For some people, an asthma attack can be triggered by emotions - for example, becoming very upset, or even laughing. An asthma attack can happen very quickly, and the person's breathing may be noticeably laboured.

For further details of COPD and other respiratory conditions contact The British Lung Foundation www.lunguk.org. For asthma contact Asthma UK www.asthma.org.uk

There are also other specialist charities offering information about particular conditions that affect breathing, eg. the Cystic Fibrosis Trust www.cftrust.org.uk

Making your home easier to live in when you have a respiratory condition

If you or someone you know has been diagnosed with a long term respiratory condition, there are several things that can be done to improve the home environment. These ideas can be applied whether you stay in your current home or move to special or supported housing. They include considerations about:

- general design and layout
- ventilation and heating
- safety and security
- going out and about
- gadgets and equipment

If you are considering later life housing and care options such as supported or specialist housing (such as extra care or retirement housing), or residential care homes, then you may still find it useful to take these housing and design factors into account when making your choice.

If you live with and/or care for someone who has COPD or asthma, these design features and changes may also make it easier for you to continue to look after them.

Design and layout of your home

If you have a severe respiratory disease and you find that you get very breathless when moving around or when stretching or bending to reach for things, you may find it helpful to change the layout and organisation of your home. This might include re-positioning the furniture to make walking around easier; keeping frequently used items close to hand; or putting a chair or a sturdy table in places where it would help you sit or to lean on whilst catching your breath.

Stairs may become a problem due to breathlessness. It is currently considered best to try to use stairs for as long as it is practical and made safe (eg. by installing a second banister), as this contributes to maintaining mobility and muscle tone. However, there may come a point when this is no longer possible. Checking the viability of

installation of a stairlift (not all stairs are suitable) or even a through-floor lift in some cases, prior to a crisis could help you to plan ahead.

In the morning, you may feel more breathless and weak when you first get up. A higher bed with a well positioned high back armchair nearby can be a useful transition to standing in the morning. Such a chair placed where clothing can be easily reached can also help with dressing.

As with all other rooms, easy access storage to avoid bending and stretching is important if you have breathlessness problems. For example, sliding door wardrobes and cupboards with regularly used items placed at an easy to reach height.

*** Kitchen**

In the kitchen the factors of ventilation (noted below) and storage are particularly critical. A number of measures can help to keep moisture levels under control, including using an extractor hood over the cooker; a controlled/ventilator/extractor fan in the window/on an external wall; and limiting moisture vapour creation by covering boiling saucepans etc.

Lifting heavy items, or climbing/bending to retrieve awkwardly stored items can be a problem if exertion causes breathlessness. To minimise lifting install a level hob so you can slide pans across worktops; have an eye level oven next to a work rather than using a low oven.

Storage which limits the need to climb on chairs or bend down will enable you to continue to use the kitchen safely for longer. For example, drawers which slide out, rather than cupboards with fixed shelves, are much easier to use. There is also a range of specially designed kitchen items that are widely available to help with cooking - such as tilting kettles to avoid lifting (see www.asksara.org.uk in "Gadgets" below).

Simple low cost measures include keeping the things you use every day on work surfaces or stored at the front of the cupboards that are easiest for you to reach.

* Bathroom

Again, keeping this well ventilated to reduce dampness is very important - install an extractor fan, or at least open the window regularly. Some people find that using a shower in a well ventilated room is preferable to a hot, steamy bath (this will depend upon the nature of your respiratory condition). Getting in and out of a bath can become more difficult anyway as you get older; half of all requests to social services for help with home adaptations are for bathing. Installing a level access shower may make a significant difference to being able to look after yourself in the longer term.

* Floor covering and other materials

Some people whose asthma is affected by dust mites find it better to have hard flooring, such as vinyl, lino, laminates or polished wooden floors, rather than carpets. Soft furnishings such as thick curtains, cushions and fabric upholstery may also exacerbate symptoms. Again, consider using materials such as roller or wooden blinds, either getting rid of cushions or using special liners (as for duvets and pillows) and having leather/leather-type sofas and chairs.

QUICK CHECK - DESIGN AND LAYOUT

Keep rooms well ventilated, especially kitchen and bathroom.	
Arrange furniture so you can easily move around/sit down.	
Think about storage to avoid lifting, bending and stretching.	
Keep everyday items close to hand or stored where easy to reach, particularly in the kitchen.	
Consider viability of adaptations and possible equipment eg. stairlift, bathing aids, shower.	
Consider hard flooring rather than carpets, blinds instead of curtains and changes to soft furnishings.	

Ventilation and Heating

* Ventilation

Good ventilation is so important if you have a respiratory disease. The quality of the air inside the home, eg in terms of oxygen,

humidity, levels of particulates and allergens, will make a significant difference to symptoms and ease of breathing. The British Lung Foundation website has more information about lungs and indoor air pollution www.lunguk.org.you-and-your-lungs/living-with-a-lung-condition/your-home-and-your-lungs.

Some modern homes, or even older homes which have installed UPVC doors and double glazed windows, may be highly sealed and have a limited airflow. If you keep all windows closed and do not go in and out of the front and back doors very often, the rate of change or air in the home can be low, potentially resulting in moisture and particle build up which can exacerbate symptoms.

Newer double glazing does have trickle vents ie. small holes, sometimes with manually adjustable covers, that allow in a controlled flow of fresh air. It is important that anyone with a respiratory complaint opens such vents regularly. Make sure that you open sealed windows for some time during the day to get adequate fresh air into the home.

* **Damp, condensation, mildew and mould growth**

Damp walls, and the spores from mildew and mould growth can exacerbate respiratory complaints and they need to be treated. Understanding the difference between damp and condensation will help to identify the best remedial action.

Dampness is caused by water penetrating the fabric of the building. If damp is moving up the wall from ground level this is rising damp. If there is a patch of damp on a wall not originating at ground level, this is penetrating damp.

For rising damp, a moisture proof barrier, or "damp proof course (DPC) is the waterproof layer in the wall which prevents this sponge like movement of moisture soaking up into bricks and wall coverings. If a DPC becomes covered eg. by soil in a flower bed at a higher level than the DPC, lowering this can prevent/stop the rising damp. If the DPC is damaged it will need to be repaired by a specialist contractor.

Penetrating damp is where water, usually rainwater is soaking into the fabric of the building because of a defect such as leaking gutters, broken downpipes, damaged flashings etc.

If you need advice about organising builders to deal with dampness, some local home improvement agencies (see Foundation below) offer independent technical advice help to find builders and supervise the work.

Condensation occurs where water vapour in the air turns back to water when it touches a cold surface. For example, if a loft is not insulated the ceiling will be very cold, so when the warm, moist air (eg. from running a bath) touches the cold surface, water droplets appear. These form the damp patches that mould and mildew can grow on.

Making surfaces warmer eg. through loft and wall insulation, and reducing the moisture level in the air help to reduce condensation. At the very least, clean off any mildew and mould with a special cleaning fluid to reduce spore levels.

* **Heating**

Having a good heating system is essential, particularly one that maintains a higher background level of warmth as this will prevent the major fluctuations in temperature that can exacerbate respiratory complaints. For example, moving out of a warm, well heated living room into a cold hall, kitchen or bedroom can be particularly problematic.

For most people with respiratory complaints, central heating (as well as being the most efficient form of heating) has the benefit of being a dry, controllable heat source.

If a person sits at home for a significant amount of time, a fixed heat source (eg a gas or electric fire) is often preferred. However, it is still best for the reasons described above, to keep background heating on with the fixed fire as a low level top-up. Solid fuel (coal or wood) fires produce fine particles which can further affect respiratory diseases, therefore good ventilation, having the chimney

swept regularly and making sure the flue is in a good condition are even more important.

A home which is warm and dry especially in colder weather is critical for people with respiratory conditions, as cold damp homes can make their symptoms worse. At the time of producing this information government schemes for helping older and disabled people with heating, insulation and fuel bills were under review, but the organisations listed at the end of this brochure should be able to provide further information.

QUICK CHECK - VENTILATION AND HEATING	
Keep the home well ventilated at all times.	
Fix the building repair problems that are causing damp or condensation.	
Make sure the home is well insulated.	
Install a good central heating system and use it to avoid large drops in temperature from room to room.	

Safety and Security

With any chronic or worsening health condition which can also have associated acute attacks eg. asthma, it is worth thinking about how you might make your home safer, especially if you live alone.

In many areas, "*Home Safety and Security Check*" services for older people are offered by voluntary organisations such as a local Age UK or home improvement agencies - see Contacts section at the end.

*** Staying safe at home**

As a minimum install smoke alarms and carbon monoxide indicators, if testing and battery replacement are difficult install low maintenance and mains connected options that do not require batteries.

Falls are a major hazard as you get older. Simple measures such as keeping rooms free of general clutter on the floors, removing loose rugs or frayed carpets and having good lighting can help reduce risk of falls.

Many falls happen on steps, stairs and in bathrooms. As mentioned above, fitting a second handrail, putting up grab rails and clearly marking the edges of steps and stairs are just some of the measures worth taking sooner than later. Grab rails and a toilet seat rise can help with being unsteady when going from sitting to standing.

Occupational therapists (OTs) are the specialists who can advise about the equipment and adaptations that can help around the home, such as bath lifts and electronic bath seats, stairlifts, hoists and a range of other options. You may be able to get help and advice from an OT via your GP or Social Services, but this varies across the country.

There are also private OTs who can offer independent advice. You can find a properly trained and registered OT via the Independent Practice enquiry line on 0800 389 4873 or on www.cotss-ip.org.uk/directory/index.htm

*** Telecare**

There is an increasing range of devices that use a variety of sensors fitted around the home to monitor activity by the occupant or changes in "normal" activity. The sensors are linked via a telephone line to a nominated person or a call centre. By monitoring the person's activities the system can detect potential problems and trigger an alarm to a relative, carer, neighbour or emergency services. This is broadly referred to as telecare.

Sensors can be used to detect factors such as:

- Normal daily activity eg. flushing the toilet, turning on taps, opening the fridge. If these actions don't take place at the "normal" time a response can be made.
- Getting out of bed at night - bed occupancy sensors or pressure-mat sensors placed by the bed can activate an alarm when the person gets up in the night, eg. to alert a carer.
- Floods - when sensors are fitted on skirting boards or floors in kitchens or bathrooms, if the taps are left running and cause a

floor, the system will shut off the water and raise the alarm. Specially designed plugs can also be used to prevent floods from taps that have been left running.

- Extreme temperatures - sensors send a warning signal if a room temperature is very low or very high, or if the temperature suddenly goes up. In the kitchen, for example, this could detect a pan that has boiled dry. It can also detect if the temperature in a room is so low there may be a risk of hypothermia.
- Gas - sensors detect, if someone forgets to turn the gas off, and a device will automatically shut this off and raise the alarm.
- Falls - sensors worn on the hip can detect the impact of a person falling.
- Unexpected absence from a bed or chair - if someone doesn't get up in the morning, a bed or chair occupancy system can raise an alarm.

There is also a growing range of equipment or Assistive Technology (AT) that can make independent day to day living easier eg. enabling washing, dressing, cooking and eating.

Controlling who can come into and out of your home can be especially useful. One of the most commonly used pieces is a "KeySafe". This is a small, secure box which is fitted outside the home to contain the front door key. It can be opened by people ie. relatives and carers, who know the secure number code set for that specific safe. Fitting a door entry system is another (but more expensive) alternative, reducing the need to get up to answer the door if you can't move very quickly.

*** Oxygen**

Some people with COPD receive oxygen therapy from the NHS. This involves having oxygen cylinders in the house. You need to make sure your home insurer knows about this. Oxygen makes things burn more easily, so you need to be careful:

- keep the equipment away from naked flames and other sources of heat
- don't smoke
- use only in well ventilated rooms
- keep oils and greases away from the equipment
- avoid storing cylinders near flammable liquids (such as petrol or paraffin)
- keep empty and full cylinders in separate rooms, if possible
- return cylinders that are empty or you no longer need as soon as possible.

QUICK CHECK - SAFETY AND SECURITY	
Fit and maintain smoke alarms and carbon monoxide indicators.	
Fit a KeySafe, entry phone system and/or easy to manage locks.	
Keep floors clear of clutter and cables tidy.	
Find out about possible special equipment and adaptations.	
Consider the range of telecare options.	

Going out and about from your home

For people whose respiratory condition particularly affects their mobility, going out and about can become a challenge. Yet not getting out of your home can limit your sense of independence and your ability to do tasks like shopping, get to health appointments or simply go out for pleasures

In this brochure we do not cover the various transport and mobility schemes - your local council should have more information about what is available where you live, or look up www.shopmobilityuk.org - but here we look briefly at some of the main housing related considerations.

*** Steps and ramps in and out of your home**

Steps at the front and back doors can be a major obstacle to getting out and about. Occupational therapists and some home improvement agencies (noted above) can offer practical help and

advice about options and arrange installation of adaptations, such as ramps or grab rails.

*** Electric Mobility Scooters**

Having somewhere to store a scooter with access to an electrical supply to recharge the battery can be a key consideration. Think ahead about how this might be organised, and whether you need an external power point to be fitted.

If you are considering moving home and plan to use a scooter, storage facilities are worth thinking about, as is the space for scooters in the corridors or retirement or sheltered housing schemes. Similarly, if you, your partner or carer mostly get about by car, the availability of car parking bays for disabled drivers may be an issue to consider.

Gadgets and Equipment

There is an increasing range of gadgets and equipment to enable independence. The Disabled Living Foundation's website www.asksara.org.uk has a lot of information about products to use in daily life.

There are around 40 Disabled Living Centres linked to AssistUK which have permanent exhibitions of equipment and offer professional advice about what may be of most use to you. To find your nearest centre see www.assist-uk.org

There are a number of independent living centres where some equipment is on display and can be tried out. You can find your nearest centre using a search facility on the National Centre for Independent Living (NCIL) website www.ncil.org.uk/categoryid21

Meeting the Cost of Home Adaptations and Equipment

If you are on a limited income you may be eligible for a Disabled Facilities Grant from the local council to help to pay for the home adaptations that you are assessed as needing now. They will not pay for something that you may need in the future. Some social landlords (the council or a housing association) help tenants who need adaptations. Your local Social Services and hospital are obliged to provide certain essential items of special equipment.

To find out more about your possible entitlement to Disabled Facilities Grants see the factsheet from Disability Rights UK (www.disabilityalliance.org/f49.htm), or contact one of the helplines listed below.

Thinking about moving home

You may decide that having thought about the suitability of your current home, moving might be a better option.

It is worth bearing in mind that many of the issues described above about living at home also apply to other housing options - such as the design and layout. If breathlessness when walking is a major issue, a key factor to consider may be the location of a new home eg. hills, slopes, steps, availability of public transport or mobility scooter and parking space (noted above)

Your main housing options if you decide to move home include:

- A more suitable and better located "ordinary" property (ie. not one which has been built specially for older people) such as a bungalow or a flat that you might buy or rent.
- Special housing built for older people, such as retirement or sheltered housing. In some, but not all, of these types of accommodation help may be at hand if you need it. Some will be designed to make them easier for older people with health problems manage, such as having space for adaptations and equipment and with no steps or stairs.

- Specialist housing with 24 hours on-site care, such as extra care housing or an "Assisted Living" apartment. These may be available to buy or to rent.
- A care or nursing home.

Information about the pros, cons, costs and local availability of these housing options is available from the national, government backed, independent information and advice service *FirstStop Housing and Care Advice*.

Their website www.firststopcareadvice.org.uk lists in detail local specialist housing developments (both for sale and rent) as well as related services. They produce brochures about housing and care options and offer a free telephone helpline 0800 377 70 70.

Wherever you choose to live, you might need help with day to day living, such as washing, dressing, housework and so on. FirstStop, as well as some of the organisations listed below, can offer information about how to find and pay for the care and support you need.

Sources of Related Advice and Information

The British Lung Foundation

03000 030 555
www.blf.org.uk

Asthma UK

0800 121 62 44 (talk to an asthma nurse)
www.asthma.org.uk

Carers

Carers UK

Advice line 0808 808 7777
www.carersuk.org

Older People

Age UK

Advice Line 0800 169 6565
www.ageuk.org.uk

Housing and Care Information for Older People

FirstStop

Advice Line 0800 377 70 70
www.firststopcareadvice.org.uk

Home Repairs and Adaptations Services Foundations (for home improvement agencies)

Telephone 0845 864 5210
www.foundations.uk.com

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