**Breathing Trouble? 7 Signs Your Lungs Are in the Danger Zone**

By [Melanie Haiken](http://www.caring.com/authors/melanie-haiken), Caring.com senior editor



We hear a lot about the risks of lung cancer -- but less about a lung condition that's just as common and debilitating, called [COPD](http://www.caring.com/copd). This term, which stands for *chronic obstructive pulmonary disease*, refers to a combination of two conditions, emphysema and chronic obstructive bronchitis, both of which are caused by lung damage from smoking or exposure to other lung irritants, such as asbestos. Whether you're a smoker, a former smoker, or just unlucky, you can develop [COPD](http://www.caring.com/questions/what-is-copd) as a result of damage to your lungs that gradually limits their ability to take in oxygen.

When your lungs aren't functioning at full capacity, symptoms begin to appear that are sometimes so subtle that you may not recognize them as such. And because COPD is a progressive disease that can't be slowed without [treatment](http://www.caring.com/questions/new-treatments-for-copd) -- and because it's the fourth leading cause of [death](http://www.caring.com/funeral) in the U.S. -- it's critical to catch it as soon as possible. Here, seven signs that your lungs are trying to tell you they're in trouble.

**1. Shortness of breath**

"Many people start to experience shortness of breath, and they just think 'I'm old, I'm out of shape,' and they don't do anything about it other than cutting back their activity level," says Byron Thomashow, a physician and professor at Columbia University Medical Center and chairman of the board of the COPD Foundation. "Then when you have shortness of breath just getting to the bathroom, all of a sudden you take notice."

The problem with this, Thomashow says, is that the lung damage that constitutes COPD can't be reversed; all you can do is halt or slow the progression of the disease. And if you don't start treating it until you're already out of breath just walking around the house, you've got a lot less to work with. Not only that, but cutting back is the last thing you want to do to prevent [COPD progression](http://www.caring.com/questions/stages-of-copd); maintaining and even increasing your activity level is key to keeping the lung function that you have.

One thing to look for: When you're climbing steps or exercising, do you have trouble inhaling a deep breath? An even more telltale sign: Do you take the elevator instead of the stairs to avoid this feeling? Experiment with different activities to see if you have shortness of breath when you increase your level of exertion, and note if there have been any changes over time. "I ask people, how's your breathing compared to last year -- can you do what you used to do a year ago?" says Thomashow. If you feel your ability to draw a deep breath is declining, ask your doctor to perform lung function tests to give you a clear picture of your lung health.

**Cough symptoms**

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**2. Frequent or worsening coughs**

Everyone gets a cough once in awhile, but if you seem to be getting them more frequently, or they linger for a long time or become chronic, it's time to talk to your doctor. COPD inflames the bronchial tubes and the tiny sacs called alveoli that line the lungs, making them less flexible and elastic. When that happens, the walls of the airways thicken and produce more mucus than usual, which clogs them up.

What you'll notice is a phlegmy cough that feels like the type that usually accompanies the flu -- except you don't have other flu symptoms. If you cough up mucus that's any other color than clear, that can be a sign your condition is worsening, says Byron Thomashow of Columbia and the COPD Foundation. The mucus may be yellow, green, or even have blood in it.

One interesting fact to be aware of: If you're still smoking, your sputum production may not increase despite advancing COPD, whereas sputum production tends to increase after you quit.

**Headaches and edema**

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**3. Morning headaches**

One of the more mysterious [symptoms of COPD](http://www.caring.com/articles/copd-symptoms) is waking up after a night's sleep with a dull, throbbing headache. "What's happening is that you're not breathing deeply enough at night, and the carbon dioxide builds up while you're sleeping," says physician Norman Edelman, chief medical officer for the American Lung Association. The buildup of carbon dioxide causes blood vessels in the brain to dilate, resulting in headaches.

Many people don't connect the headaches to COPD, though; instead they treat them as a separate symptom. But unless you treat the underlying cause -- making sure you get enough oxygen into your lungs while you sleep -- the headaches won't go away. Talk to your doctor about setting up a [treatment regimen for COPD](http://www.caring.com/articles/new-treatments-for-copd) designed to reduce inflammation and increase the absorbent capacity of the lungs.

**4. Swollen ankles**

As COPD advances, it becomes intertwined with heart failure, because your circulatory system isn't getting the oxygen it needs to be healthy. This can lead to fluid buildup, which is most easily recognizable as swollen feet and ankles. "As lungs get progressively worse, the ability of the body to compensate goes down and the heart can't pump strongly enough," says Norman Edelman of the American Lung Association.

When the heart can't pump enough blood to supply the liver and kidneys, they can't perform their necessary functions of flushing out toxins and removing fluid. The result: the same type of edema many people experience while flying or women experience when pregnant.

**Sleep problems**

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**5. Trouble sleeping or staying asleep**

Ask yourself this: Do you pile up pillows to raise your chest and head and make it easier to breathe while you sleep? Do you sleep in a chair, such as a recliner, because breathing's easier in that position? It's also possible that you sleep flat but wake up feeling unwell or even dizzy.

Because lying flat forces your lungs to work harder, many people with COPD find they have trouble sleeping deeply -- but they may not realize it's the lung condition causing it. "Sleep is also hard for people with [COPD](http://www.caring.com/copd) because they may cough throughout the night, waking themselves up or interrupting deep sleep," says Byron Thomashow of the COPD Foundation.

The relationship between COPD and poor sleep gets complicated, because many people with COPD also develop sleep apnea and GERD (gastroesophageal reflux disease), neither of which is conducive to deep, refreshing sleep.

The bottom line: If you wake regularly throughout the night with breathing difficulties or coughing, or you wake up in the morning feeling weak, unrested, and possibly with a headache, talk to your doctor.

# Barrel chest and blue blood

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## 6. A barrel chest

One informal test that some doctors use to check for COPD progression is to have you breathe while raising your arms over your head. Why? They're looking for a change known as "barrel chest," which describes a particular posture and body shape that tends to develop as a secondary symptom of COPD.

As a result of chronic inflammation, the lungs become enlarged and push the diaphragm downward, which makes it harder for the diaphragm to contract as efficiently. The chest wall becomes enlarged as well, weakening muscles in the chest, neck, and between the ribs; these are known as the "accessory respiratory muscles." When this happens, people with COPD unconsciously try to compensate by leaning forward when sitting, with their arms on their knees or in front of them. This posture stabilizes the upper chest and shoulders, making it easier to use the accessory breathing muscles.

### 7. A bluish tinge to lips or fingernails

Over time, if your blood doesn't circulate enough [oxygen](http://www.caring.com/questions/copd-oxygen) throughout your body, your lips and fingernails can take on a blue or gray tone. Sometimes the color, known as cyanosis, is most apparent in the nail beds; some people develop an overall grayish-blue tinge to the skin. The cause: Oxygen-rich blood is bright red, while blood with less oxygen turns dark and bluish-colored.

In dark-skinned people, the discoloration is most visible in the lips, gums, and around the eyes, and it can be easier to spot. Cyanosis usually occurs when oxygen levels in the blood drop below 90 percent. A doctor can check this for you; you can also monitor it yourself using a finger pulse oximeter, available in medical supply stores.