[www.lung.org](https://www.lung.org/) > [Lung Health and Diseases](https://www.lung.org/lung-health-and-diseases/) > [Lung Disease Lookup](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/) > [Pneumonia](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/)

**Pneumonia Symptoms and Diagnosis**

Pneumonia is an infection that inflames your lungs' air sacs (alveoli). The air sacs may fill up with fluid or pus, causing symptoms such as a cough, fever, chills and trouble breathing.

**What Are the Symptoms of Pneumonia?**

Pneumonia symptoms can vary from so mild you barely notice them, to so severe that hospitalization is required. How your body responds to pneumonia depends on the type germ causing the infection, your age and your overall health.

The signs and symptoms of pneumonia may include:

* [Cough](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/cough/), which may produce greenish, yellow or even bloody mucus
* Fever, sweating and shaking chills
* [Shortness of breath](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/shortness-of-breath/)
* Rapid, shallow breathing
* Sharp or stabbing chest pain that gets worse when you breathe deeply or cough
* Loss of appetite, low energy, and fatigue
* Nausea and vomiting, especially in small children
* Confusion, especially in older people
* …….

[www.lung.org](https://www.lung.org/) > [Lung Health and Diseases](https://www.lung.org/lung-health-and-diseases/) > [Lung Disease Lookup](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/) > [Pneumonia](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/)

**Pneumonia Treatment and Recovery**

**How Is Pneumonia Treated?**

When you get a [pneumonia diagnosis](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/symptoms-and-diagnosis.html), your doctor will work with you to develop a treatment plan. Treatment for pneumonia depends on the [type of pneumonia](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/what-causes-pneumonia.html) you have, how sick you are feeling, your age, and whether you have other health conditions. The goals of treatment are to cure the infection and prevent complications. It is important to follow your treatment plan carefully until you are fully recovered.

Take any medications as prescribed by your doctor. If your pneumonia is caused by bacteria, you will be given an antibiotic. It is important to take all the antibiotic until it is gone, even though you will probably start to feel better in a couple of days. If you stop, you risk having the infection come back, and you increase the chances that the germs will be resistant to treatment in the future.

Typical antibiotics do not work against viruses. If you have viral pneumonia, your doctor may prescribe an antiviral medication to treat it. Sometimes, though, symptom management and rest are all that is needed.

Most people can manage their symptoms such as fever and cough at home by following these steps:

* Control your fever with aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen or naproxen), or acetaminophen. DO NOT give aspirin to children.
* Drink plenty of fluids to help loosen secretions and bring up phlegm.
* Do not take cough medicines without first talking to your doctor. Coughing is one way your body works to get rid of an infection. If your cough is preventing you from getting the rest you need, ask your doctor about steps you can take to get relief.
* Drink warm beverages, take steamy baths and use a humidifier to help open your airways and ease your breathing. Contact your doctor right away if your breathing gets worse instead of better over time.
* Stay away from smoke to let your lungs heal. This includes smoking, secondhand smoke and wood smoke. Talk to your doctor if you are a smoker and are having trouble staying smokefree while you recover. This would be a good time to think about [quitting for good](http://www.lung.org/stop-smoking/).
* Get lots of rest. You may need to stay in bed for a while. Get as much help as you can with meal preparation and household chores until you are feeling stronger. It is important not to overdo daily activities until you are fully recovered.

If your pneumonia is so severe that you are treated in the hospital, you may be given intravenous fluids and antibiotics, as well as [oxygen therapy](http://www.lung.org/lung-health-and-diseases/lung-procedures-and-tests/oxygen-therapy/), and possibly other breathing treatments.

**Recovering from Pneumonia**

It may take time to recover from pneumonia. Some people feel better and are able to return to their normal routines within a week. For other people, it can take a month or more. Most people continue to feel tired for about a month. Adequate rest is important to maintain progress toward full recovery and to avoid relapse. Don't rush your recovery! Talk with your doctor about when you can go back to your normal routine.

While you are recovering, try to limit your contact with family and friends, to help keep your germs from spreading to other people. Cover your mouth and nose when you cough, promptly dispose of tissues in a closed waste container and wash your hands often.

If you have taken antibiotics, your doctor will want to make sure your chest X-ray is normal again after you finish the whole prescription. It may take many weeks for your X-ray to clear up.

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**What are the symptoms of bronchiectasis?**

Symptoms of bronchiectasis can take months or even years to develop. Some typical symptoms include:

* [chronic daily cough](https://www.healthline.com/health/chronic-cough)
* [coughing up blood](https://www.healthline.com/symptom/coughing-up-blood)
* abnormal sounds or wheezing in the chest with breathing
* [shortness of breath](https://www.healthline.com/symptom/shortness-of-breath)
* [chest pain](https://www.healthline.com/symptom/chest-pain)
* coughing up large amounts of thick mucus every day
* weight loss
* [fatigue](https://www.healthline.com/symptom/fatigue)
* change in the structure of fingernails and toenails, known as [clubbing](https://www.healthline.com/symptom/finger-clubbing)
* frequent [respiratory infections](https://www.healthline.com/health/acute-respiratory-disease)

If you’re experiencing any of these symptoms, you should see your doctor immediately for diagnosis and treatment.

**How is bronchiectasis diagnosed?**

Your doctor will listen to your lungs to check for any abnormal sounds or evidence of airway blockage. You’ll likely need a complete blood test to look for infection and anemia. Other tests may include:

* [sputum test](https://www.healthline.com/health/sputum-culture) to check your mucus for microorganisms such as viruses, fungi, or bacteria
* [chest X-ray](https://www.healthline.com/health/chest-x-ray) or [CT scan](https://www.healthline.com/health/ct-scan) to provide images of your lungs
* [pulmonary function tests](https://www.healthline.com/health/pulmonary-function-tests) to find out how well air is flowing into your lungs
* QuantiFERON blood test or [purified protein derivative (PPD)](https://www.healthline.com/health/ppd-skin-test) skin test to check for tuberculosis
* sweat test to screen for CF

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[www.lung.org](https://www.lung.org/) > [Lung Health and Diseases](https://www.lung.org/lung-health-and-diseases/) > [Lung Disease Lookup](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/) > [Bronchiectasis](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/bronchiectasis/)

**Bronchiectasis Symptoms, Causes & Risk Factors**

Some of the signs and symptoms of a bronchiectasis exacerbation are the same as those of [acute bronchitis](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/acute-bronchitis/), but some are different.

**What Are the Symptoms of Bronchiectasis?**

The most common symptoms of bronchiectasis are:

* Coughing up yellow or green mucus every day
* Shortness of breath that gets worse during exacerbations
* Feeling run-down or tired, especially during exacerbations
* Fevers and/or chills, usually developing during exacerbations
* Wheezing or a whistling sound while you breathe
* Coughing up blood or mucus mixed with blood, a condition called hemoptysis

**What Causes Bronchiectasis?**

Bronchiectasis is often part of a disease that affects the whole body. It is divided into two categories: cystic fibrosis (CF)-bronchiectasis and non-CF bronchiectasis. Bronchiectasis can develop in the following conditions:

* Humoral immunodeficiency (low levels of infection-fighting proteins in the blood)
* Inflammatory bowel disease (Crohn’s disease and ulcerative colitis)
* Rheumatologic diseases (rheumatoid arthritis and Sjögren’s disease)
* Alpha1-antitrypsin deficiency (genetic cause of COPD in some people)
* Chronic obstructive pulmonary disease or COPD
* HIV infection
* Allergic bronchopulmonary aspergillosis (a type of allergic lung inflammation)

**What Are the Risk Factors for Bronchiectasis?**

* Absent or dysfunctional CFTR protein in bronchial cells in [cystic fibrosis (CF)](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/cystic-fibrosis/)
* Having a whole-body (systemic) disease associated with bronchiectasis like those mentioned above
* Chronic or severe lung infections (such as [tuberculosis, or TB](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/tuberculosis/)) that damage the airways

**When to See Your Doctor**

It is important for patients who have been diagnosed with bronchiectasis to see their doctor for periodic checkups. See these questions to ask your doctor.

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[www.lung.org](https://www.lung.org/) > [Lung Health and Diseases](https://www.lung.org/lung-health-and-diseases/) > [Lung Disease Lookup](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/) > [Lung Cancer](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/) > [Learn About Lung Cancer](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/learn-about-lung-cancer/) > [Lung Cancer Symptoms](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/learn-about-lung-cancer/symptoms/)

* **Share:**



**Can we help you find information on lung cancer?**Start by selecting which best describes you.



**Lung Cancer Symptoms**

**Should You Be Screened for Lung Cancer?**

[Find out if you are at high risk](http://www.lung.org/our-initiatives/saved-by-the-scan/quiz/).

**What Are the Symptoms of Lung Cancer?**

Many people with lung cancer don't have symptoms until the disease is in its later stages. Because there are very few nerve endings in the lungs, a tumor could grow without causing pain or discomfort. When symptoms are present, they are different in each person, but may include:

* A [cough](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/cough/) that doesn't go away and gets worse over time
* Hoarseness
* Constant chest pain
* [Shortness of breath](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/shortness-of-breath/) or wheezing
* Frequent lung infections such as [bronchitis](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/acute-bronchitis/) or [pneumonia](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/)
* Coughing up blood

Some symptoms of lung cancer may not seem related to the lungs or breathing. These symptoms can still be a sign of lung cancer because lung cancer usually does not cause symptoms in its earlier stages. This means some symptoms do not appear until the cancer has spread to other parts of the body. Some of these symptoms may include:

* Weight loss
* Loss of appetite
* Headaches
* Bone pain or fractures
* Blood clots

See your doctor right away if you notice any of these symptoms.[If you think you are at risk for lung cancer, talk to your doctor about being screened](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/learn-about-lung-cancer/lung-cancer-screening/).

Some people, unfortunately, go misdiagnosed for a long time because their symptoms are similar to other diagnoses such as pneumonia, allergies or a cold. If you feel that something is wrong, be persistent with your doctor. You know your body best and being persistent could save your life.

………

## Lung cancer symptoms

The early symptoms of lung cancer may be a slight cough or shortness of breath, depending on which part of the lung is affected. As the cancer develops, these symptoms may become more severe or intense. Like many other types of cancer, lung cancer may also cause systemic symptoms, like loss of appetite or general fatigue.

### Early warning signs of lung cancer

Most lung cancers don't cause symptoms until the disease has advanced, in part because the lungs have few nerve endings. When lung cancer does cause signs in its early stages, they may vary from person to person but commonly include:

* A new cough that is persistent or worsens, or a change in an existing chronic cough
* Cough that produces blood
* [**Pain**](https://www.cancercenter.com/integrative-care/pain) in the chest, back or shoulders that worsens during coughing, laughing or deep breathing
* Shortness of breath that comes on suddenly and occurs during everyday activities
* [**Unexplained weight loss**](https://www.cancercenter.com/integrative-care/weight-loss)
* Feeling that you are tired or weak
* Loss of appetite
* Lung infections such as bronchitis or pneumonia that won't go away
* Hoarseness or wheezing

Less common symptoms of lung cancer may include:

* Swelling in the face or neck
* Difficulty swallowing or pain while swallowing
* Changes in the appearance of fingers, called finger clubbing

Although most of these symptoms are more likely to be caused by something other than lung cancer, it's important to see a doctor. Discovering lung cancer early may mean more treatment options are available.

### Advanced lung cancer symptoms

Advanced stages of lung cancer are often characterized by the spread of the cancer to distant sites in the body. This may affect the bones, liver or brain. As other parts of the body are affected, new lung cancer symptoms may develop, including:

* Bone pain
* Swelling of the face, arms or neck
* [**Headaches**](https://www.cancercenter.com/integrative-care/headaches), dizziness or limbs that become weak or numb
* Jaundice
* Lumps in the neck or collarbone region

### Non-small cell lung cancer symptoms

[**Non-small cell lung cancers (NSCLC)**](https://www.cancercenter.com/cancer-types/lung-cancer/types) may grow slowly over a period of time before symptoms develop. Common NSCLC symptoms include:

* Persistent coughing, particularly without any known cause
* A cough that produces blood or red-colored phlegm (hemoptysis)
* Chest pain or painful breathing
* Difficulty breathing or shortness of breath
* Fatigue or feeling unusually weak or tired
* Hoarseness or wheezing
* Frequent upper-respiratory infections, like bronchitis or pneumonia
* Bone pain

Other areas of the body may be affected by either the spread or development of NSCLC tumors.

**Neurological changes:** Lung cancer may spread (metastasize) to the brain. This may cause headaches or even seizures. Numbness or weakness in the arms and legs may occur if a large tumor begins to press against a nerve.

**Lumps:** In [**advanced stages**](https://www.cancercenter.com/cancer-types/lung-cancer/stages), the cancer may spread throughout the lymph nodes. Sometimes, tumors near the skin surface may appear as lumps.

**Horner syndrome:** Tumors may possibly cause nerve damage. Horner syndrome is a particular set of symptoms associated with nerve damage. The symptoms often affect one side of the face, causing a droopy eyelid and a reduction in the size of the pupil (the dark center of the eye).

**Paraneoplastic syndromes:** Cancer cells may make chemicals that trigger other reactions, which are collectively referred to as paraneoplastic syndromes. Symptoms may include high blood calcium levels (hypercalcemia), excess bone growth or blood clots.

### Small cell lung cancer symptoms

Most of the signs associated with [**small cell lung cancer (SCLC)**](https://www.cancercenter.com/cancer-types/lung-cancer/types) are not present until the cancer has progressed. Typically, symptoms of SCLC continue to evolve and worsen as the disease spreads to distant organs.

Early symptoms of SCLC:

* Persistent cough
* Chest pain that gets worse with deep breathing, laughing or coughing
* Hoarseness
* Unexplained loss of appetite and weight
* Coughing up blood or rust-colored phlegm
* Shortness of breath
* Feeling weak and/or tired
* Bronchitis, pneumonia or other infections that keep recurring
* Wheezing

Symptoms of advanced-stage SCLC:

* Bone pain
* Headaches, dizziness or limbs that become weak or numb
* Jaundice
* Lumps in the neck or collarbone region

Paraneoplastic syndromes and lung cancer:

Sometimes, SCLC can cause paraneoplastic syndromes. While not always the case, these syndromes are often early signs of SCLC.

SCLC may cause one of these three paraneoplastic syndromes: Syndrome of Inappropriate Anti-Diuretic Hormone (SIADH), Cushing Syndrome or Lambert-Eaton Syndrome. Symptoms of paraneoplastic syndromes include muscle cramps, muscle weakness, elevation of calcium in the blood and clubbing, which refers to a change in the shape of the finger tips.

### Metastatic lung cancer symptoms

Metastatic lung cancer symptoms depend on the part of the body to which the cancer has spread, as well as the size and location. Sometimes, metastatic disease may not cause any symptoms, though about 30 percent to 40 percent of people with lung cancer will have symptoms of metastasis.

* If the cancer has spread to the bones, it may cause bone pain, often in the vertebrae or ribs. Other symptoms include fractures, constipation or decreased alertness due to high calcium levels.
* If the liver is affected, symptoms may include nausea, extreme fatigue, increased abdominal girth, swelling of the feet and hands due to fluid collection, and yellowing or itchy skin.
* If either the brain or spinal cord is affected, symptoms may include headache, blurred or double vision, difficulty with speech or seizures.

### Get expert advice and care

Understanding when symptoms are a sign of something serious and either diagnosing the disease or confirming a previous diagnosis require expertise from specialists trained and experienced in treating lung cancer. At Cancer Treatment Centers of America® (CTCA), our lung cancer experts treat all stages of the disease.

4………….copd

# [COPD](https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679)

* [Symptoms & causes](https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679)
* [Diagnosis & treatment](https://www.mayoclinic.org/diseases-conditions/copd/diagnosis-treatment/drc-20353685)
* [Doctors & departments](https://www.mayoclinic.org/diseases-conditions/copd/doctors-departments/ddc-20353688)
* [Care at Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/copd/care-at-mayo-clinic/mac-20353689)

[Print](https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679?p=1)

## Overview

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. It's caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke. People with COPDare at increased risk of developing heart disease, lung cancer and a variety of other conditions.

Emphysema and chronic bronchitis are the two most common conditions that contribute to COPD. Chronic bronchitis is inflammation of the lining of the bronchial tubes, which carry air to and from the air sacs (alveoli) of the lungs. It's characterized by daily cough and mucus (sputum) production.

Emphysema is a condition in which the alveoli at the end of the smallest air passages (bronchioles) of the lungs are destroyed as a result of damaging exposure to cigarette smoke and other irritating gases and particulate matter.

COPD is treatable. With proper management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions.

[COPD care at Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/copd/care-at-mayo-clinic/mac-20353689)

## Symptoms

COPD symptoms often don't appear until significant lung damage has occurred, and they usually worsen over time, particularly if smoking exposure continues. For chronic bronchitis, the main symptom is a daily cough and mucus (sputum) production at least three months a year for two consecutive years.

Other signs and symptoms of COPD may include:

* Shortness of breath, especially during physical activities
* Wheezing
* Chest tightness
* Having to clear your throat first thing in the morning, due to excess mucus in your lungs
* A chronic cough that may produce mucus (sputum) that may be clear, white, yellow or greenish
* Blueness of the lips or fingernail beds (cyanosis)
* Frequent respiratory infections
* Lack of energy
* Unintended weight loss (in later stages)
* Swelling in ankles, feet or legs

People with COPD are also likely to experience episodes called exacerbations, during which their symptoms become worse than usual day-to-day variation and persist for at least several days.

[**Request an Appointment at Mayo Clinic**](https://www.mayoclinic.org/appointments)

## Causes

The main cause of COPD in developed countries is tobacco smoking. In the developing world, COPD often occurs in people exposed to fumes from burning fuel for cooking and heating in poorly ventilated homes.

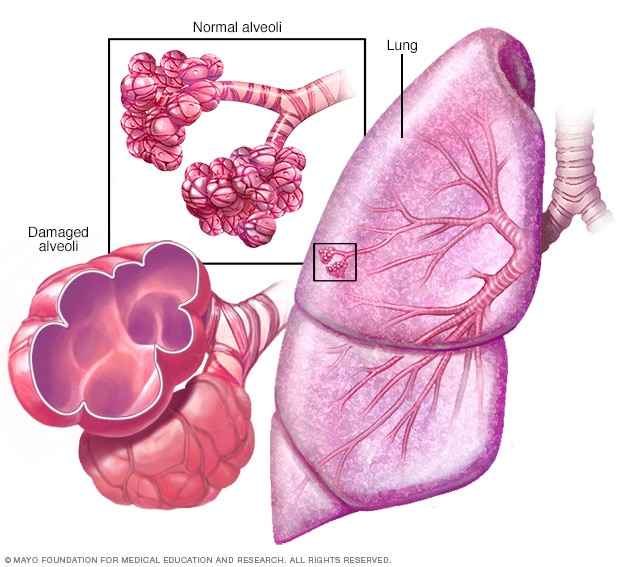
Only about 20 to 30 percent of chronic smokers may develop clinically apparent COPD, although many smokers with long smoking histories may develop reduced lung function. Some smokers develop less common lung conditions. They may be misdiagnosed as having COPD until a more thorough evaluation is performed.

#### How your lungs are affected

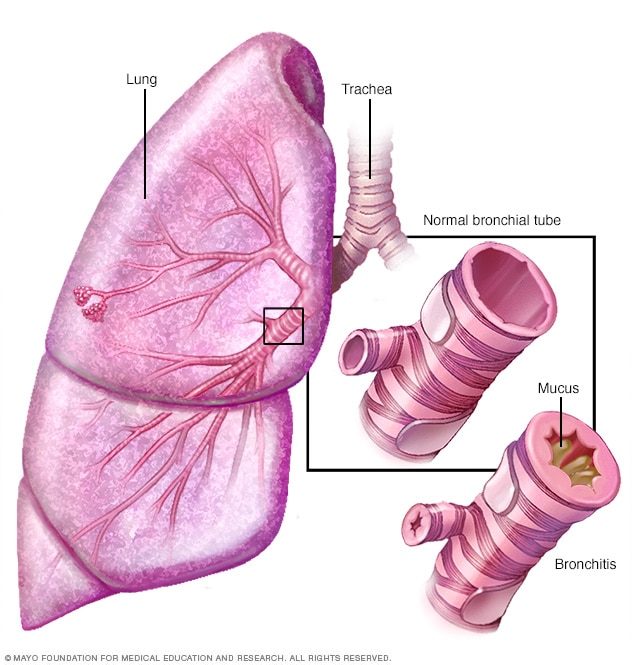
Air travels down your windpipe (trachea) and into your lungs through two large tubes (bronchi). Inside your lungs, these tubes divide many times — like the branches of a tree — into many smaller tubes (bronchioles) that end in clusters of tiny air sacs (alveoli).

The air sacs have very thin walls full of tiny blood vessels (capillaries). The oxygen in the air you inhale passes into these blood vessels and enters your bloodstream. At the same time, carbon dioxide — a gas that is a waste product of metabolism — is exhaled.

Your lungs rely on the natural elasticity of the bronchial tubes and air sacs to force air out of your body. COPD causes them to lose their elasticity and overexpand, which leaves some air trapped in your lungs when you exhale.

* [](https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2013/11/15/17/40/ds00916_-ds00296_im04560_mcdc7_emphysemathu_jpg.jpg)

### Emphysema

* [](https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2013/08/26/10/39/mcdc7_bronchitis_jpg.jpg)

### Bronchitis

#### Causes of airway obstruction

Causes of airway obstruction include:

* **Emphysema.** This lung disease causes destruction of the fragile walls and elastic fibers of the alveoli. Small airways collapse when you exhale, impairing airflow out of your lungs.
* **Chronic bronchitis.** In this condition, your bronchial tubes become inflamed and narrowed and your lungs produce more mucus, which can further block the narrowed tubes. You develop a chronic cough trying to clear your airways.

#### Cigarette smoke and other irritants

In the vast majority of cases, the lung damage that leads to COPD is caused by long-term cigarette smoking. But there are likely other factors at play in the development of COPD, such as a genetic susceptibility to the disease, because only about 20 to 30 percent of smokers may develop COPD.

Other irritants can cause COPD, including cigar smoke, secondhand smoke, pipe smoke, air pollution and workplace exposure to dust, smoke or fumes.

#### Alpha-1-antitrypsin deficiency

In about 1 percent of people with COPD, the disease results from a genetic disorder that causes low levels of a protein called alpha-1-antitrypsin. Alpha-1-antitrypsin (AAt) is made in the liver and secreted into the bloodstream to help protect the lungs. Alpha-1-antitrypsin deficiency can affect the liver as well as the lungs. Damage to the lung can occur in infants and children, not only adults with long smoking histories.

For adults with COPD related to AAt deficiency, treatment options include those used for people with more-common types of COPD. In addition, some people can be treated by replacing the missing AAt protein, which may prevent further damage to the lungs.

## Risk factors

Risk factors for COPD include:

* **Exposure to tobacco smoke.** The most significant risk factor for COPD is long-term cigarette smoking. The more years you smoke and the more packs you smoke, the greater your risk. Pipe smokers, cigar smokers and marijuana smokers also may be at risk, as well as people exposed to large amounts of secondhand smoke.
* **People with asthma who smoke.** The combination of asthma, a chronic inflammatory airway disease, and smoking increases the risk of COPD even more.
* **Occupational exposure to dusts and chemicals.** Long-term exposure to chemical fumes, vapors and dusts in the workplace can irritate and inflame your lungs.
* **Exposure to fumes from burning fuel.** In the developing world, people exposed to fumes from burning fuel for cooking and heating in poorly ventilated homes are at higher risk of developing COPD.
* **Age.** COPD develops slowly over years, so most people are at least 40 years old when symptoms begin.
* **Genetics.** The uncommon genetic disorder alpha-1-antitrypsin deficiency is the cause of some cases of COPD. Other genetic factors likely make certain smokers more susceptible to the disease.

## Complications

COPD can cause many complications, including:

* **Respiratory infections.** People with COPD are more likely to catch colds, the flu and pneumonia. Any respiratory infection can make it much more difficult to breathe and could cause further damage to lung tissue. An annual flu vaccination and regular vaccination against pneumococcal pneumonia can prevent some infections.
* **Heart problems.** For reasons that aren't fully understood, COPD can increase your risk of heart disease, including heart attack. Quitting smoking may reduce this risk.
* **Lung cancer.** People with COPD have a higher risk of developing lung cancer. Quitting smoking may reduce this risk.
* **High blood pressure in lung arteries.** COPD may cause high blood pressure in the arteries that bring blood to your lungs (pulmonary hypertension).
* **Depression.** Difficulty breathing can keep you from doing activities that you enjoy. And dealing with serious illness can contribute to development of depression. Talk to your doctor if you feel sad or helpless or think that you may be experiencing depression.

## Prevention

Unlike some diseases, COPD has a clear cause and a clear path of prevention. The majority of cases are directly related to cigarette smoking, and the best way to prevent COPD is to never smoke — or to stop smoking now.

If you're a longtime smoker, these simple statements may not seem so simple, especially if you've tried quitting — once, twice or many times before. But keep trying to quit. It's critical to find a tobacco cessation program that can help you quit for good. It's your best chance for preventing damage to your lungs.

Occupational exposure to chemical fumes and dust is another risk factor for COPD. If you work with this type of lung irritant, talk to your supervisor about the best ways to protect yourself, such as using respiratory protective equipment.

[By Mayo Clinic Staff](https://www.mayoclinic.org/about-this-site/welcome)

## ……………..Main symptoms

Common symptoms of COPD include:

* increasing [breathlessness](https://www.nhs.uk/conditions/shortness-of-breath/) – this may just occur when exercising at first, and you may sometimes wake up at night feeling breathless
* a persistent chesty [cough](https://www.nhs.uk/conditions/cough/) with phlegmthat never seems to go away
* frequent [chest infections](https://www.nhs.uk/conditions/chest-infection/)
* persistent wheezing

The symptoms will usually get gradually worse over time and make daily activities increasingly difficult, although treatment can help slow the progression.

Sometimes there may be periods when your symptoms get suddenly worse – known as a flare-up or exacerbation. It's common to have a few flare-ups a year, particularly during the winter.

**Other symptoms**

Less common symptoms of COPD include:

* [weight loss](https://www.nhs.uk/conditions/unintentional-weight-loss/)
* tiredness
* swollen ankles from a build-up of fluid [(oedema)](https://www.nhs.uk/conditions/oedema/)
* [chest pain](https://www.nhs.uk/conditions/chest-pain/) and [coughing up blood](https://www.nhs.uk/conditions/coughing-up-blood/) – although these are usually signs of another condition, such as a [chest infection](https://www.nhs.uk/conditions/chest-infection/) or possibly [lung cancer](https://www.nhs.uk/conditions/lung-cancer/)

These additional symptoms only tend to occur when COPD reaches a more advanced stage.

**See your GP if you have persistent**[**symptoms of chronic obstructive pulmonary disease (COPD)**](https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/symptoms/)**.**

Your GP may:

* ask about your symptoms
* examine your chest and listen to your breathing with a stethoscope
* ask whether you smoke or used to smoke
* calculate your [body mass index (BMI)](https://www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/) using your weight and height
* ask if you have a family history of lung problems

They may also carry out or arrange for you to have a breathing test called spirometry and some of the other tests described below.

**Spirometry**

A test called [spirometry](https://www.nhs.uk/conditions/spirometry/) can help show how well your lungs are working.

You'll be asked to breathe into a machine called a spirometer after inhaling a medication called a [bronchodilator](https://www.nhs.uk/conditions/bronchodilators/), which helps widen your airways.

The spirometer takes two measurements: the volume of air you can breathe out in one second, and the total amount of air you breathe out. You may be asked to breathe out a few times to get a consistent reading.

The readings are compared with normal results for your age, which can show if your airways are obstructed.

**Chest X-ray**

A chest [X-ray](https://www.nhs.uk/conditions/x-ray/) can be used to look for problems in the lungs that can cause similar symptoms to COPD.

Problems that can show up on an X-ray include [chest infections](https://www.nhs.uk/conditions/chest-infection/) and [lung cancer](https://www.nhs.uk/conditions/lung-cancer/), although these don't always show up.

**Blood tests**

A [blood test](https://www.nhs.uk/conditions/blood-tests/) can pick up other conditions that can cause similar symptoms to COPD, such as low iron levels [(anaemia)](https://www.nhs.uk/conditions/iron-deficiency-anaemia/) and a high concentration of red blood cells in your blood [(polycythaemia)](https://www.nhs.uk/conditions/polycythaemia/).

Sometimes a blood test may also be carried out to see if you have alpha-1-antitrypsin deficiency. This is a rare genetic problem that increases your risk of COPD.

**Further tests**

Sometimes more tests may be needed to confirm the diagnosis or determine the severity of your COPD.

This will help you and your doctor plan your treatment.

These tests may include:

* **an**[**electrocardiogram (ECG)**](https://www.nhs.uk/conditions/electrocardiogram/) – a test that measures the electrical activity of the heart
* **an**[**echocardiogram**](https://www.nhs.uk/conditions/echocardiogram/) – an [ultrasound scan](https://www.nhs.uk/conditions/ultrasound-scan/) of the heart
* **a**[**peak flow test**](https://www.nhs.uk/conditions/peak-flow-test/) – a breathing test that measures how fast you can breathe out, which can help rule out asthma
* **a blood oxygen test** – a peg-like device is attached to your finger to measure the level of oxygen in your blood
* **a [computerised tomography (CT) scan](https://www.nhs.uk/conditions/ct-scan/)** – a detailed scan that can help identify any problems in your lungs
* **a phlegm sample** – a sample of your phlegm (sputum) may be tested to check for signs of a chest infection

**There's currently no cure for chronic obstructive pulmonary disease (COPD), but treatment can help slow the progression of the condition and control the symptoms.**

Treatments include:

* [**stopping smoking**](https://www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/) – if you have COPD and you smoke, this is the most important thing you can do
* **inhalers and medications** – to help make breathing easier
* **pulmonary rehabilitation** – a specialised programme of exercise and education
* **surgery or a**[**lung transplant**](https://www.nhs.uk/conditions/lung-transplant/) – although this is only an option for a very small number of people

Your doctor will discuss the various treatment options with you.

The National Institute for Health and Care Excellence (NICE) has produced [guidance on the diagnosis and treatment of COPD](https://www.nice.org.uk/guidance/cg101), which outlines the care you can expect to receive.

## Stop smoking

If you smoke, stopping is the most effective way to prevent COPD getting worse.

Although any damage done to the lungs and airways can't be reversed, giving up smoking can help prevent further damage.

This may be all the treatment that's needed in the early stages of COPD, but it's never too late to stop – even people with more advanced COPD are likely to benefit from quitting.

If you think you need help to stop smoking, you can contact [NHS Smokefree](https://www.nhs.uk/smokefree) for free advice and support. You may also want to talk to your GP about the [stop smoking medications](https://www.nhs.uk/conditions/stop-smoking-treatments/) available.

Read more about [stop smoking support](https://www.nhs.uk/live-well/quit-smoking/take-steps-now-to-stop-smoking/) or [find a stop smoking service near you](https://www.nhs.uk/service-search/Stop-smoking-support-services/LocationSearch/1837).

## Inhalers

If your COPD is affecting your breathing, you'll usually be given an inhaler. This is a device that delivers medication directly into your lungs as you breathe in.

Your doctor or nurse will advise how to use your inhaler correctly and how often to use it.

There are several different types of inhaler for COPD. The main types are described below.

### Short-acting bronchodilator inhalers

For most people with COPD, short-acting bronchodilator inhalers are the first treatment used.

[Bronchodilators](https://www.nhs.uk/conditions/bronchodilators/) are medications that make breathing easier by relaxing and widening your airways.

There are two types of short-acting bronchodilator inhaler:

* **beta-2 agonist inhalers** – such as salbutamol and terbutaline
* **antimuscarinic inhalers** – such as ipratropium

Short-acting inhalers should be used when you feel breathless, up to a maximum of four times a day.

### Long-acting bronchodilator inhalers

If you experience symptoms regularly throughout the day, a long-acting bronchodilator inhaler will be recommended instead.

This works in a similar way to a short-acting bronchodilator, but each dose lasts for at least 12 hours, so they only need to be used once or twice a day.

There are two types of long-acting bronchodilator inhaler:

* **beta-2 agonist inhalers** – such as salmeterol, formoterol and indacaterol
* **antimuscarinic inhalers** – such as tiotropium, glycopyronium and aclidinium

Some new inhalers contain a combination of a long-acting beta-2 agonist and antimuscarinic.

### Steroid inhalers

If you're still getting breathless when taking long-acting inhalers or have frequent flare-ups (exacerbations), your GP may suggest including a steroid inhaler as part of your treatment.

Steroid inhalers contain [corticosteroid medication](https://www.nhs.uk/conditions/steroids/), which can help reduce the inflammation in your airways.

Steroid inhalers are normally prescribed as part of a combination inhaler that also includes one of the long-acting medications mentioned above.

## Medication

If your symptoms aren't controlled with inhalers, your doctor may recommend taking tablets or capsules as well.

The main medications used are described below.

### Theophylline tablets

Theophylline is a tablet that relaxes and opens up the airways. It's usually taken twice a day.

You may need to have regular blood tests during treatment to check the level of medication in your blood.

This will help your doctor work out the best dose to control your symptoms while reducing the risk of side effects.

Possible side effects include:

* feeling and being sick
* [headaches](https://www.nhs.uk/conditions/headaches/)
* difficulty sleeping [(insomnia)](https://www.nhs.uk/conditions/insomnia/)
* noticeable pounding, fluttering or irregular heartbeats [(palpitations)](https://www.nhs.uk/conditions/heart-palpitations/)

Sometimes a similar medication called aminophylline is also used.

### Mucolytic tablets or capsules

If you have a persistent chesty cough with lots of thick phlegm, your doctor may recommend taking a mucolytic medication called carbocisteine.

Mucolytic medications make the phlegm in your throat thinner and easier to cough up.

They're taken as a tablet or capsule, usually three times a day.

### Steroid tablets

If you have a particularly bad flare-up, you may be prescribed a short course of steroid tablets to reduce the inflammation in your airways.

A 7 to 14-day course of treatment is usually recommended, as long-term use of steroid tablets can cause troublesome side effects such as:

* weight gain
* mood swings
* weakened bones [(osteoporosis)](https://www.nhs.uk/conditions/osteoporosis/)

Your doctor may give you a supply of steroid tablets to keep at home and take as soon as you start to experience a bad flare-up.

Longer courses of steroid tablets must be prescribed by a COPD specialist. You'll be given the lowest effective dose and monitored closely for side effects.

### Antibiotics

Your doctor may prescribe a short course of [antibiotics](https://www.nhs.uk/conditions/antibiotics/) if you have signs of a chest infection, such as:

* coughing up yellow or green phlegm
* a high temperature (fever)
* a rapid heartbeat
* [chest pain](https://www.nhs.uk/conditions/chest-pain/) or tightness
* feeling confused and disorientated

Sometimes you may be given a course of antibiotics to keep at home and take as soon as you experience symptoms of an infection.

## Pulmonary rehabilitation

Pulmonary rehabilitation is a specialised programme of exercise and education designed to help people with lung problems such as COPD.

It can help improve how much exercise you're able to do before you feel out of breath, as well as your symptoms, self-confidence and emotional wellbeing.

Pulmonary rehabilitation programmes usually involve two or more group sessions a week for at least six weeks.

A typical programme includes:

* physical exercise training tailored to your needs and ability – such as walking, cycling and strength exercises
* education about your condition for you and your family
* dietary advice
* psychological and emotional support

The programmes are provided by a number of different healthcare professionals, including [physiotherapists](https://www.nhs.uk/conditions/physiotherapy/), nurse specialists and dietitians.

5.hanta virus

[www.lung.org](https://www.lung.org/) > [Lung Health and Diseases](https://www.lung.org/lung-health-and-diseases/) > [Lung Disease Lookup](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/) > [Hantavirus Pulmonary Syndrome (HPS)](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/hantavirus-pulmonary-syndrome-hps/)

**Hantavirus Pulmonary Syndrome (HPS) Symptoms, Causes and Risk Factors**

**What Are Symptoms of HPS?**

HPS has three phases. The first phase is the "incubation" phase, when the virus is inhaled into the lungs, ingested by immune cells, and then transported via the blood to other organs. This phase lasts for 2 to 3 weeks, and the patient has no symptoms.

The second phase lasts 2 to 8 days and includes rapid development of fever, dry cough, body aches, headaches, diarrhea, and abdominal pain. Heart and lung failure can develop during this phase. Blood vessels become leaky and lead to collection of fluid in the lungs, bleeding, and failure of the heart to pump. The combination of these changes leads to shock failure of several organs, and often death.

In the third phase, there are alternating periods of high and low urine production.

In the fourth and final phase, patients who remain alive have improving symptoms and recovery of organ function. Complete recovery occurs over several weeks. The symptoms of HPS seem to resolve as rapidly and dramatically as its onset.

Key symptoms and signs to watch for (especially with a history of rodent exposure) include:

* Fever greater than 101◦F, chills, body aches, headaches
* Nausea and vomiting and abdominal pain
* New rash (faint red spots)
* A dry cough followed by rapid onset of breathing difficulty

**What Causes HPS?**

HPS is acquired via inhalation of virus particles from contact with infected rodents. Transmission is only known to occur from rodents to humans. To date, there are no confirmed reports of human-to-human transmission. There are several strains of hantavirus that are responsible for various syndromes of illness.

**What Are Risk Factors?**

**Environmental factors:** Rural populations with potential exposure to wild rodents are at risk. There are cases of patients developing HPS without any obvious exposure to rodents, but it is possible that patients may not recognize their rodent exposure. In these cases, an awareness of other cases of HPS in the area and suspicious signs and symptoms should alert one to seek help and clinicians to establish early diagnosis and treatment

Note: Any adult with exposure to the virus can develop hantavirus infection. It does not only affect those with weak immune systems.

**When to See Your Doctor**

# If you have unexplained fever, body aches, abdominal pain, diarrhea, headaches, dry cough or severe breathing difficulty, you should see a healthcare provider. This is especially true if you are exposed to large rodent populations and their secretions (urine, saliva and/or feces).

# Signs & Symptoms

Due to the small number of HPS cases, the “incubation time” is not positively known. However, on the basis of limited information, it appears that symptoms may develop between 1 and 8 weeks after exposure to fresh urine, droppings, or saliva of infected rodents.

## Early Symptoms

Early symptoms include fatigue, fever and muscle aches, especially in the large muscle groups—thighs, hips, back, and sometimes shoulders. These symptoms are universal.

There may also be headaches, dizziness, chills, and abdominal problems, such as nausea, vomiting, diarrhea, and abdominal pain. About half of all HPS patients experience these symptoms.

## Late Symptoms

Four to 10 days after the initial phase of illness, the late symptoms of HPS appear. These include coughing and shortness of breath, with the sensation of, as one survivor put it, a “…tight band around my chest and a pillow over my face” as the lungs fill with fluid.

# ;;;;;; Diagnosis & Treatment

## Diagnosing HPS

Diagnosing HPS in an individual who has only been infected a few days is difficult, because early symptoms such as fever, muscle aches, and fatigue are easily confused with influenza. However, if the individual is experiencing fever and fatigue and has a history of potential rural rodent exposure, together with shortness of breath, would be strongly suggestive of HPS. If the individual is experiencing these symptoms they should see their physician immediately and mention their potential rodent exposure.

### Are there any complications?

Previous observations of patients that develop HPS from New World Hantaviruses recover completely. No chronic infection has been detected in humans. Some patients have experienced longer than expected recovery times, but the virus has not been shown to leave lasting effects on the patient.

## Treating HPS

There is no specific treatment, cure, or vaccine for hantavirus infection. However, we do know that if infected individuals are recognized early and receive medical care in an intensive care unit, they may do better. In intensive care, patients are intubated and given oxygen therapy to help them through the period of severe respiratory distress.

The earlier the patient is brought in to intensive care, the better. If a patient is experiencing full distress, it is less likely the treatment will be effective.

Therefore, if you have been around rodents and have symptoms of fever, deep muscle aches, and severe shortness of breath, see your doctor immediately. Be sure to tell your doctor that you have been around rodents—this will alert your physician to look closely for any rodent-carried disease, such as HPS.

6 influenza

# [Influenza (flu)](https://www.mayoclinic.org/diseases-conditions/flu/symptoms-causes/syc-20351719)

* [Symptoms & causes](https://www.mayoclinic.org/diseases-conditions/flu/symptoms-causes/syc-20351719)
* [Diagnosis & treatment](https://www.mayoclinic.org/diseases-conditions/flu/diagnosis-treatment/drc-20351725)
* [Doctors & departments](https://www.mayoclinic.org/diseases-conditions/flu/doctors-departments/ddc-20351727)

[Print](https://www.mayoclinic.org/diseases-conditions/flu/symptoms-causes/syc-20351719?p=1)

## Overview

Influenza is a viral infection that attacks your respiratory system — your nose, throat and lungs. Influenza is commonly called the flu, but it's not the same as stomach "flu" viruses that cause diarrhea and vomiting.

For most people, influenza resolves on its own. But sometimes, influenza and its complications can be deadly. People at higher risk of developing flu complications include:

* Young children under age 5, and especially those under 2 years
* Adults older than age 65
* Residents of nursing homes and other long-term care facilities
* Pregnant women and women up to two weeks postpartum
* People with weakened immune systems
* People who have chronic illnesses, such as asthma, heart disease, kidney disease, liver disease and diabetes
* People who are very obese, with a body mass index (BMI) of 40 or higher

Though the annual influenza vaccine isn't 100 percent effective, it's still your best defense against the flu.

## Symptoms

Initially, the flu may seem like a common cold with a runny nose, sneezing and sore throat. But colds usually develop slowly, whereas the flu tends to come on suddenly. And although a cold can be a nuisance, you usually feel much worse with the flu.

Common signs and symptoms of the flu include:

* Fever over 100.4 F (38 C)
* Aching muscles
* Chills and sweats
* Headache
* Dry, persistent cough
* Fatigue and weakness
* Nasal congestion
* Sore throat

### When to see a doctor

Most people who get the flu can treat themselves at home and often don't need to see a doctor.

If you have flu symptoms and are at risk of complications, see your doctor right away. Taking antiviral drugs within the first 48 hours after you first notice symptoms may reduce the length of your illness and help prevent more-serious problems.

[**Request an Appointment at Mayo Clinic**](https://www.mayoclinic.org/diseases-conditions/flu/request-appointment/ptc-20248152)

## Causes

Flu viruses travel through the air in droplets when someone with the infection coughs, sneezes or talks. You can inhale the droplets directly, or you can pick up the germs from an object — such as a telephone or computer keyboard — and then transfer them to your eyes, nose or mouth.

People with the virus are likely contagious from the day or so before symptoms first appear until about five days after symptoms begin. Children and people with weakened immune systems may be contagious for a slightly longer time.

Influenza viruses are constantly changing, with new strains appearing regularly. If you've had influenza in the past, your body has already made antibodies to fight that particular strain of the virus. If future influenza viruses are similar to those you've encountered before, either by having the disease or by vaccination, those antibodies may prevent infection or lessen its severity.

But antibodies against flu viruses you've encountered in the past can't protect you from new influenza subtypes that can be very different immunologically from what you had before.

## Risk factors

Factors that may increase your risk of developing influenza or its complications include:

* **Age.** Seasonal influenza tends to target young children and older adults.
* **Living or working conditions.** People who live or work in facilities with many other residents, such as nursing homes or military barracks, are more likely to develop influenza.
* **Weakened immune system.** Cancer treatments, anti-rejection drugs, corticosteroids and HIV/AIDS can weaken your immune system. This can make it easier for you to catch influenza and may also increase your risk of developing complications.
* **Chronic illnesses.** Chronic conditions, such as asthma, diabetes or heart problems, may increase your risk of influenza complications.
* **Pregnancy.** Pregnant women are more likely to develop influenza complications, particularly in the second and third trimesters. Women who are up to two weeks postpartum also are more likely to develop influenza-related complications.
* **Obesity.** People with a BMI of 40 or more have an increased risk of complications from the flu.

## Complications

If you're young and healthy, seasonal influenza usually isn't serious. Although you may feel miserable while you have it, the flu usually goes away in a week or two with no lasting effects. But high-risk children and adults may develop complications such as:

* Pneumonia
* Bronchitis
* Asthma flare-ups
* Heart problems
* Ear infections

Pneumonia is the most serious complication. For older adults and people with a chronic illness, pneumonia can be deadly.

## Prevention

The Centers for Disease Control and Prevention (CDC) recommends annual flu vaccination for everyone age 6 months or older.

Each year's seasonal flu vaccine contains protection from the three or four influenza viruses that are expected to be the most common during that year's flu season. This year, the vaccine will be available as an injection and as a nasal spray.

The nasal spray hasn't been available for two years due to questions about its effectiveness. The current version is expected to be effective, according to the CDC. The nasal spray still isn't recommended for some groups, such as pregnant women, children between 2 and 4 years old with asthma or wheezing, and people who have compromised immune systems.

Most types of flu vaccines contain a small amount of egg protein. If you have a mild egg allergy — you get hives only from eating eggs, for example — you can receive the flu shot without any additional precautions. If you have a severe egg allergy, you should be vaccinated in a medical setting and be supervised by a doctor who is able to recognize and manage severe allergic conditions.

# [Influenza (flu)](https://www.mayoclinic.org/diseases-conditions/flu/symptoms-causes/syc-20351719)

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7.asthma

**Asthma Symptoms**

Toggle navigation

* Find an Allergist**[https://acaai.org/sites/all/themes/acaai/images/arrow-circle-confirm.png](https://acaai.org/asthma/asthma-symptoms)**
* [**Symptom Test**](https://acaai.org/resources/tools/symptoms-test)
* [**Ask the Allergist**](https://acaai.org/resources/connect/ask-allergist)
* [Overview](https://acaai.org/asthma/asthma-symptoms#section-0)
* [Causes](https://acaai.org/asthma/asthma-symptoms#section-1)
* [Asthma Symptoms in Children](https://acaai.org/asthma/asthma-symptoms#section-2)

You are here

Overview

In the United States, asthma affects an estimated 26 million people — many of whom may not be aware that they have it, especially if their symptoms aren’t severe.

The most common signs of asthma are:

* [Coughing](http://acaai.org/asthma/symptoms/cough), especially at night, during exercise or when laughing
* Difficulty breathing
* Chest tightness
* Shortness of breath
* Wheezing (a whistling or squeaky sound in your chest when breathing, especially when exhaling)

Any asthma symptom is serious and can become deadly if left untreated. If you’re experiencing one or more of these symptoms, [visit an allergist](http://acaai.org/locate-an-allergist) for a diagnosis — and then develop an asthma action plan.

GET RELIEF

Find an allergist

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Search

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Causes

Asthma symptoms may be triggered by exposure to an allergen (such as [ragweed](http://acaai.org/allergies/types/ragweed-allergy), [pollen](http://acaai.org/allergies/types/pollen-allergy), [animal dander](http://acaai.org/allergies/types/pet-allergy) or [dust mites](http://acaai.org/allergies/types/dust-allergy)), irritants in the air (such as smoke, chemical fumes or strong odors) or extreme weather conditions. Exercise or an illness — particularly a respiratory illness or the flu — can also make you more susceptible.

A physical display of strong emotion that affects normal breathing patterns — such as shouting, crying or laughing — can also act as an asthma trigger. Panic can prevent a person with asthma from relaxing and following instructions, which is essential during an asthma attack. Scientists have found that rapid breathing associated with strong emotions can cause bronchial tubes to constrict, possibly provoking or worsening an attack.

Asthma symptoms can appear at any time. Mild episodes may last only a few minutes and may be resolved spontaneously or with medication; more severe episodes can last from hours to days.

People with asthma, like those with any chronic condition, may experience significant stress. Because it is a leading cause of work and school absences, asthma can affect a person’s livelihood, education and emotional well-being. Depression may set in when people diagnosed with asthma believe that they are unable to participate in normal activities.

If you’re experiencing breathing difficulties that interfere with your daily activities and decrease the quality of your life, [visit an asthma screening event](http://acaai.org/resources/tools/asthma-screening-locator) in your area and [see an allergist](http://acaai.org/locate-an-allergist) for diagnosis and treatment. An allergist can also help you recognize the early warning signs of an attack and coach you in ways to cope during an emergency.

Asthma Symptoms in Children

Most children with asthma have symptoms before they turn 5. In very young children, it may be hard for parents, and even doctors, to recognize that the symptoms are due to asthma. The bronchial tubes in infants, toddlers and preschoolers are already small and narrow, and head colds, chest colds and other illnesses can inﬂame these airways, making them even smaller and more irritated.

The symptoms of pediatric asthma can range from a nagging cough that lingers for days or weeks to sudden and scary breathing emergencies.

Common symptoms to watch for include:

* [Coughing](http://acaai.org/asthma/symptoms/cough), especially at night
* A wheezing or whistling sound when breathing, especially when exhaling
* Trouble breathing or fast breathing that causes the skin around the ribs or neck to pull in tightly
* Frequent colds that settle in the chest

Your child might have only one of these symptoms or several of them. You may think it’s just a cold or bronchitis. If the symptoms recur, that’s a clue that your child might have asthma. In addition, symptoms may worsen when your child is around asthma triggers, such as irritants in the air (smoke or strong odors, for example) or allergens like pollen, pet dander and dust mites.

For more information, visit the [Asthma in Children](http://acaai.org/asthma/who-has-asthma/children) page.

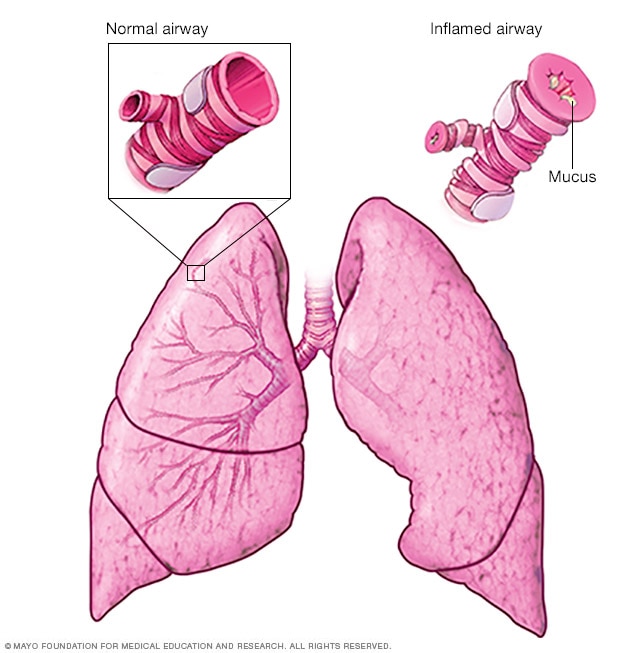
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# [Asthma](https://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653)

* [Symptoms & causes](https://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653)
* [Diagnosis & treatment](https://www.mayoclinic.org/diseases-conditions/asthma/diagnosis-treatment/drc-20369660)
* [Doctors & departments](https://www.mayoclinic.org/diseases-conditions/asthma/doctors-departments/ddc-20369662)
* [Care at Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/asthma/care-at-mayo-clinic/mac-20369666)

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## Overview

* [](https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2013/08/26/11/02/ds00021_ds00591_ds01040_im03162_ww5r370t_jpg.jpg)

### Asthma attack

Asthma is a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing and shortness of breath.

For some people, asthma is a minor nuisance. For others, it can be a major problem that interferes with daily activities and may lead to a life-threatening asthma attack.

Asthma can't be cured, but its symptoms can be controlled. Because asthma often changes over time, it's important that you work with your doctor to track your signs and symptoms and adjust treatment as needed.

## Symptoms

Asthma symptoms vary from person to person. You may have infrequent asthma attacks, have symptoms only at certain times — such as when exercising — or have symptoms all the time.

Asthma signs and symptoms include:

* Shortness of breath
* Chest tightness or pain
* Trouble sleeping caused by shortness of breath, coughing or wheezing
* A whistling or wheezing sound when exhaling (wheezing is a common sign of asthma in children)
* Coughing or wheezing attacks that are worsened by a respiratory virus, such as a cold or the flu

Signs that your asthma is probably worsening include:

* Asthma signs and symptoms that are more frequent and bothersome
* Increasing difficulty breathing (measurable with a peak flow meter, a device used to check how well your lungs are working)
* The need to use a quick-relief inhaler more often

For some people, asthma signs and symptoms flare up in certain situations:

* **Exercise-induced asthma,** which may be worse when the air is cold and dry
* **Occupational asthma,** triggered by workplace irritants such as chemical fumes, gases or dust
* **Allergy-induced asthma,** triggered by airborne substances, such as pollen, mold spores, cockroach waste or particles of skin and dried saliva shed by pets (pet dander)

### When to see a doctor

**Seek emergency treatment**

Severe asthma attacks can be life-threatening. Work with your doctor to determine what to do when your signs and symptoms worsen — and when you need emergency treatment. Signs of an asthma emergency include:

* Rapid worsening of shortness of breath or wheezing
* No improvement even after using a quick-relief inhaler, such as albuterol
* Shortness of breath when you are doing minimal physical activity

### Contact your doctor

See your doctor:

* **If you think you have asthma.** If you have frequent coughing or wheezing that lasts more than a few days or any other signs or symptoms of asthma, see your doctor. Treating asthma early may prevent long-term lung damage and help keep the condition from worsening over time.
* **To monitor your asthma after diagnosis.** If you know you have asthma, work with your doctor to keep it under control. Good long-term control helps you feel better from day to day and can prevent a life-threatening asthma attack.
* **If your asthma symptoms get worse.** Contact your doctor right away if your medication doesn't seem to ease your symptoms or if you need to use your quick-relief inhaler more often. Don't try to solve the problem by taking more medication without consulting your doctor. Overusing asthma medication can cause side effects and may make your asthma worse.
* **To review your treatment.** Asthma often changes over time. Meet with your doctor regularly to discuss your symptoms and make any needed treatment adjustments.