



Daily Strategies for Your Emotional Well-Being During COVID-19

March 26, 2020

Webinar Transcript

Jamie Sullivan: Hi everyone. Welcome to today's webinar, Daily Strategies for Maintaining Your Emotional Well-Being During COVID-19. We're so glad you can join us to connect and learn during this stressful time. Before we get started, I'd like to go over a few items so you know how to participate in today's event. You've joined the presentation listening through your computer speaker system by default. If you would prefer to join audio over the telephone, please just select phone call in the audio section of your control panel, and the dial-in information will be displayed.

Jamie Sullivan: You can submit text questions at any time during the presentation by typing them into the questions box of the control panel. We will spend a few minutes at the end addressing as many questions as we can in the time we have. Any questions we don't have time to answer today, we'll respond to them separately and post them on our blog. The slide presentation is provided for you or will be provided for you as a handout, which can be located in the handouts section of your control panel before the end of the webinar. Before we kick off with the formal program, I'd like to first introduce Corinne Costa Davis, the COPD Foundation CEO to provide opening remarks. Corinne, over to you.

Corinne Costa D...: Thanks, Jamie. And Hello, everyone, and thank you for joining today's webinar. A special thanks to our speakers, Michelle and Karen, and to the COPD Foundation staff members, Jamie, Stephanie and Sarah for making today a reality. Leaning into our emotional well-being allows us to move from emotion to cognition. This allows us to move from fear to a calmer, more functional place. That's what today's conversation is all about. And it's just so, so important for us to take that approach. And our collective actions at the COPD Foundation are our collective commitment to you our community. Just would like to remind you to continue to visit our website where we continue to post important information and updates and enjoy today's conversation. Back to you, Jamie.

Jamie Sullivan: Great, thank you Corinne. So first, just a quick reminder that the information presented on this webinar should not serve as a substitute for medical advice and any content discussed should not be used for medical advice, diagnosis or treatment. We encourage you to please consult with a physician before making changes to your own COPD management plan or if you have any questions about COVID-19 symptoms.

Jamie Sullivan: So what are we talking about today? Today we will be taking a more in-depth look at why self-care is so important for people with COPD, and learning some practical strategies for coping with the effects of COVID-19 related stress, anxiety or depression. You will hear from two fabulous speakers. First up is going to be Karen Deitemeyer. Karen was one of our first State Captains, and is a member of the COPD Foundation's Patient-Powered Research Network Governing Board. She's also involved in countless other COPD and community-based volunteer efforts, constantly going above and beyond to make sure people with COPD have a seat at the table for important discussions around care research and advocacy.

Jamie Sullivan: Next, you'll hear from Dr. Michelle Eakin. Dr. Michelle Eakin is an Assistant Professor of Medicine in the Pulmonary and Critical Care Medicine Department at Johns Hopkins University School of Medicine. Dr. Eakin has a background in clinical psychology and does research that focuses on community-based lung disease interventions that can improve adherence and reduce health disparities and other important topics. So thank you so much to our expert speakers. And without further ado, let's get started with Karen who will frame today's discussion by sharing her own experiences with how she's maintaining her emotional well-being during this stressful time. Karen over to you.

Karen Deitemeyer: Thank you Jamie, and thank you for inviting me to give my perspective. One of the first things I want to say is that I know none of us could have possibly been prepared for this pandemic. But if you put into effect the COPD Action Plan, then you hopefully had medications. You hopefully had necessities already in the house. And I started an exacerbation about three weeks ago, prior to COVID-19 being really publicized, I was able to start taking medication. I know my triggers.

Karen Deitemeyer: So when I found out about COVID-19, I knew I didn't have it. But this is extremely important, when you can, work out an action plan with your doctor. I live in Florida, we have hurricanes. At hurricane season, I have extra water, extra canned goods. When you can, try to prepare. Try to get ready for that. I wasn't so likely to panic because I knew I had things in the house. One thing I have done is I've found that watching the news all day long is not good for me. I tend to panic when I see all this news.

Karen Deitemeyer: So yesterday I said, "That's it. I'm only going to watch a few minutes a day." I switched the channel, and a lot of times it's totally off. But I found a channel that plays all the old funny sitcoms, I Love Lucy, Petticoat Junction, all the silly programs from years ago. Well, they cheer you up. And social isolation. I have a friend who's also a COPD patient and a Captain John Linnell. He likes to call it physical distancing, not social distancing. We can still be social. We can call, we can text, we can FaceTime, we can Skype, we can go out in the front yard and see if a neighbor is outside. I like to open up my house. I live in Florida so I am able to enjoy the outdoors this time of year. I know not everybody can.

Karen Deitemeyer: But last night, I took my golf cart. And I took a ride around the community and there were people walking and people bicycle riding and people in their front yards. We stayed apart, a good distance apart. So we smiled, we waved. We said, "Hey, how are you? Is everything okay?" So we're still having that social connection. And then one more thing I want to tell you is, we did a neighborhood in the street birthday party, [inaudible 00:06:57] for our 84-year-old neighbor across the street. We managed by texting and phone call to alert everybody on the street. And everybody came out at a particular time. And we surprised the heck out of him. And it brought such a smile to his day. And we all felt good because we saw each other, from a distance. But we were doing something fun.

Karen Deitemeyer: And so I think that this is a time that we can come up with other ways to reach out. The COPD360social is wonderful. Facebook groups, everything. It's helped me, I open up my house every day, let the sun in. The gloominess, I get very depressed if it's dark and gloomy. So I think that's important and just knowing that we will get through this. And we will be able to be together again physically and hug each other. But for now, there are other ways to stay in touch.

Jamie Sullivan: Great. Thank you, Karen, for sharing your personal experiences, we really wanted to start off today by letting people know, and have that comfort that it can be to know that you're not alone in your feelings, and we appreciate your willingness to share your own experiences. So now we're going to turn it over to Dr. Eakin. And Dr. Eakin, thank you, and take it away.

Dr. Michelle Eakin: Thank you so much. Thank you. I really appreciate the opportunity to speak to you today on this topic, and really appreciated Karen's opening remarks. I think she hit on a number of things that I'm going to bring into my talk as we move forward, about coping strategies for people with COPD during this COVID-19 pandemic. I think this is a situation at a time in our lives where it's impacting almost everything, and every aspect of our daily lives. And we're really seeing the emotional toll it can take, particularly for everyone, but I think it has a particular emotional impact on those with chronic lung disease like COPD.

Dr. Michelle Eakin: To start off, people with COPD are at an increased risk to start, for anxiety and depression. We see that they're more likely to have anxiety and depression with COPD than in other chronic conditions, with about 15 to 20% of individuals with COPD having either some anxiety or depressive symptoms. I think this has been escalated, particularly in today's world with the COVID-19 panic and stress around that, that might make us even more likely to experience these symptoms.

Dr. Michelle Eakin: Right now we're undergoing a major stressor with this Coronavirus pandemic. I call it social distancing, but I agree, we really can think of it more as physical distancing, has limited our ability to have social interactions in some ways. And it impacts our daily activities, things that we typically might have been enjoying, daily social activities that we might have done, like going to the library or going to the gym are no longer feasible. We're encouraged not to attend other different family events or social events. And there's been a limitation of how much time we can spend with one another.

Dr. Michelle Eakin: And in the light of this, we're also having an increase in stress and anxiety. A worry about, one, our own personal health, the health of our loved ones with someone that we know or love could test positive for this. And then as well as the overall health of our country or community in terms of economic strife, concerns about our healthcare workers. Many will be concerned as I am about our physician and nurse colleagues who we love dearly, who are now being called to put out on the front lines to deal with this stress.

Dr. Michelle Eakin: And so all of these things together, have really increased our likelihood to start to feel symptoms of anxiety and depression, that will impact our daily life. And when we think about how this panic or stress response might impact somebody who has an underlying lung disease, there's a lot of things to think about. We start off with anybody with COPD, we have symptoms of shortness of breath, those symptoms of shortness of breath can lead to us feeling fatigue or exhaustion. And we start to then, trigger cognitive thoughts about this, whether it be, "Oh, I can't breathe, I'm getting sick. I'm going to end up in the hospital. I am not able to do these activities." Or particularly in light of COVID-19, "Are these the symptoms of the disease? Or is this going to end up bad? Am I going to end up in the hospital?" Those thoughts lead to an increased physiological arousal. And that is your body's response to stress, your heart starts beating faster, you might start feeling it in your stomach, your muscles tense, you might get a headache, and more importantly, you start to have shortness of breath or breathing issues.

Dr. Michelle Eakin: So that arousal causes those panic symptoms. So now we're having increased shortness of breath, which might lead to increased fatigue and increased panic thoughts, and increased arousal and increased panic. And so this becomes less of a cycle and more of a spiral, that things become, getting worse and worse as they move forward. Next slide.

Dr. Michelle Eakin: And so when we think about someone who has a chronic lung disease, they start to... This is a quote from a patient, "It's hard not to get into a panic. I learned that..." Went into a panic one time at three o'clock in the morning because something had happened to his oxygen, and the quote at the end, "It's scary when you can't breathe." And so the reason I think this is an important topic, is dealing with this increased stress around COVID-19, as well as the impact it could have on our breathing, really can set up to be a spiral. I think this is particularly important for patients or individuals with COPD right now, because as you start to have these symptoms of shortness of breath and concerns of exacerbations, we also have a really increased concern about going to the ER or access to physicians. So there is this I think a high likelihood of things getting worse without really appropriate access to... I mean with limited access to our healthcare providers with all the precautions around the COVID-19.

Dr. Michelle Eakin: So we really need to think about how we can prevent it from getting to the point, where we are, in this spiral, where our panic may be making our physiological breathing worse, and so on and so forth. Next slide.

Dr. Michelle Eakin: Furthermore, we see the same cycles, not just with anxiety, but with depression, where that shortness of breath can lead to that fatigue and that withdrawal. That social, "I don't want to participate in those activities, I can't do it, it makes me feel bad." And that then makes us feel depressed, which leads to us [being] less likely to participate in daily activities, because they're not as enjoyable. And then as we're not doing those activities anymore, it can actually decondition us and make us more likely to have pulmonary symptoms or make us more likely to have shortness of breath. So the less physical activity we're getting, the more our breathing is difficult, which leads to us avoiding more physical activity, thus making our breathing even worse. So again, it's a cycle that we want to intervene on to prevent making it worse. Next slide.

Dr. Michelle Eakin: And this is common for many people, but I think for those with COPD, there are particular risk factors for this cycle. Not having a caregiver, a loved one for that lack of social support, having previous exposures to violence or other adverse events, sleeping problems, dealing with chronic pain, substance abuse, and as disease severity increases, you're more likely to have these anxiety and depression symptoms. Next slide.

Dr. Michelle Eakin: And so really, we're trying to find a way that in the context of all these known triggers for stress, as Karen mentioned, you know your triggers with COPD, we also have triggers for stress that we're all, every single one of us from children up to the elderly, are all having major triggers for this stress, and it's causing distress response within us.

And this is a physiological response to some event in the environment. And these stressors can be a news report. It can be just the lack of not being able to participate in an activity, it can be concern about loved one, whatever it may be, and it causes a physiological stress response in our body.

Dr. Michelle Eakin: And often we call this the fight, flight or freeze response. So in the context of some stressor and we can think about it on a more basic level of just walking around and you see a large animal coming your way, it's really something very scary. You have three responses, the one is, "I can fight it, I can scare them off," and your body reacts to get in their face. The other one is that, "I'm not that person. I'm going to get out of here, I'm going to flight. I'm going to run away." Or oftentimes we have this freeze response where we don't know what to do.

Dr. Michelle Eakin: And that stress response creates... Our bodies, that's a physiological response that we can't control. It happens naturally. Your heart starts beating. Your hands get shaky, your breathing gets more shallow, you might start getting sweaty or clammy palms, whatever it may be, those are all symptoms that you really, it's really a hard, it happens automatically. And it's the way we were... It's part of our biology or anatomy. But as the stress chronically happens, we have this increased arousal over time, that will take a toll on our body, it will reduce our immune system, make us more likely to get sick, which is unfortunate in this time, it can impact our sleep, our behaviors, it can impact our mood, and it can really overall just reduce our overall quality of life. So we need to think about how we respond to that stress response to reduce its impact on us and to avoid having that spiral as we talked about. Next slide.

Dr. Michelle Eakin: So the first thing we need to think about is just making sure we're doing everything we can to take care of ourselves. Karen mentioned a lot of good strategies, talking with someone. Just because it's physical distancing doesn't mean our social networks have been cut off. We can still call, text, FaceTime, any of those things that you find [helpful]. Avoiding substances is good, alcohol, drugs, tobacco, things that may have a tendency to make that stress response worse. Make sure we're ensuring practicing good sleep habits. I know many of us who are working from home, we feel like we're able to give up our routines, but that's not the time. We really want to do our best to get enough sleep, go to bed at the same time, wake up at a consistent schedule. Get outside or in nature.

Dr. Michelle Eakin: As Karen says, enjoy that sunshine, we're fortunate it is spring and although the weather's variable depending on where you live, I think there's brighter, sunnier days coming soon most of our ways, so enjoy that when it comes. Make time for things you enjoy. Many of us may have lost that ability to participate in social activities that we used to enjoy, but there are still some things we can enjoy that we can build in. Whether it be a show that you enjoy, a TV show, a walk, visiting with friends over the phone, things like that. Physical activity is still important as much as you can.

Dr. Michelle Eakin: And then practice relaxation strategies. And then, really then what I want to focus on today is how are we going to track our anxiety and depressive symptoms and reframe and address those directly. But all of these components here need to be addressed first, and making sure that we're really prioritizing those, before we can really dig into the meat of the other things that might be dealing with anxiety and depressive symptoms. Next slide.

Dr. Michelle Eakin: So when we start to notice that we're having those anxiety and depressive symptoms, first thing is, if it is getting to a point where it is impacting your daily life, and you're really unable to function, it's time for a really evidence-based intervention to help address it. There's no shame in this. I think sometimes when it's a mental health issue, there's more shame addressing it and reaching out. But I think to me, a mental health disorder is no different than a physical health disorder. So we wouldn't delay calling if we were having a COPD exacerbation, we shouldn't delay calling if we're having some anxiety and depressive symptoms.

Dr. Michelle Eakin: Unfortunately, in today's world, we might be limited in our resources, but I know many therapists now are initiating virtual therapy or telemedicine and they as well as doctors are doing tele-visits, that maybe they can now address either getting some medications, and antidepressants or anti-anxiety medication. But if you get to that point where there's... And there's going to be resources at the end, we really do encourage people to reach out to those interventions as needed. Next slide.

Dr. Michelle Eakin: So today, I'm going to talk about some of the basics that you can start doing today, to address these fears and these anxiety and depressive symptoms. And this is really the basis of it, is this idea of the thought, feeling, action. We started down here in this purple box, the situation. Things happen that we don't control. This is obviously what nobody had ever imagined would happen or that we would ever be in this situation. But it's here we are, and we can't personally change it. But we do have a reaction to it. And oftentimes it starts with our thoughts. And we interpret what's going on.

Dr. Michelle Eakin: And so I mean, taking the basic of just turning on the news and hearing some of the stories that are coming out, it triggers some thought in our mind, those thoughts lead to our emotional response, that stress response or another, hopefully more mild calm response, or more reason to respond. And then as we have those feelings and thoughts, we act in a different way about that, and that may actually ultimately change the situation.

Dr. Michelle Eakin: So you hear that the recommendations are to stay six feet away from people. You could have the thought, "Wow I don't want to get sick, I better..." Your feeling feels a little bit in control or maybe you may start to panic, "I don't want to get sick." But that might actually lead to a behavior of, "I'm not going to go outside." And that's just fine.

And that actually might impact the situation that you might not get sick. On the other hand, you could have the thought of, "Oh, that's not going to apply to me. And I'm just going to go outside," like we've seen people do, and that might impact the situation. Move on to the next slide.

Dr. Michelle Eakin: We're going to get into this a little bit more and how we address this. But really, I wanted to highlight that. What I'm trying to say is we can't directly change the situation we're in right now. And we cannot directly change that physiological stress feeling, that stress response that just happened. And we're right now in a situation where that is normal, given the circumstances, we're all feeling that, but we can start thinking about how are we thinking about the situation that might influence our feelings? And also maybe what are the behaviors we're choosing that might be influencing that response.

Dr. Michelle Eakin: And that's what I think Karen hinted at or described, is that she realized watching the news was causing that panic, that she was better off turning the news off to reduce those responses. And that's going to be one strategy we'll talk about, then hopefully will give you some more of how else we can deal with this. Next slide.

Dr. Michelle Eakin: So these are some basic ones to get you thinking about this. This is not... you run up the stairs and you get out of breath. It's a normal situation for patients for individuals with COPD. You can have one thought, which is, "Oh, no, I'm getting sick or my COPD is worse." And you can think what feeling that could trigger. To me that would make me anxious, it would make me worried. And you're going to have that stress response, "Oh, no, I'm getting sick. What am I going to do? I can't call my doctor. I can't go to the doctor." You could also just jump in the situation, you run up the stairs, get out of breath, "Wow, that was more steps than usual." Or as Karen said, "Oh, wow, maybe I'm starting to have the start of the symptoms. We need to look at my COPD action plan." What's that feeling going to take?

Dr. Michelle Eakin: It's going to be a little bit more reasoned. It's going to be a little bit more in control, you might feel a little bit less concerned, you might feel more, I guess I'm trying to come up with an emotion but more pragmatic or logical about it. And it's not going to trigger as much that stress response. And so next slide.

Dr. Michelle Eakin: The more that we can track those thoughts, the more we can start to change that stress response we might have. So then how do we go about doing this? The first thing we need to do is just we need to be aware, just start tracking your feelings. And I often rate it on a 1 to 10. 1, relax, everything's okay. 10, "I'm super anxious and I need help." I think right now all of us, our day-to-day anxiety is running a little bit higher than it normally is. But we need to recognize when are we getting really, really anxious. What's going on? When do we see those? And where will we rank it?

So that we're more aware of when we're starting to have these anxious thoughts and that stress response. We have to track it to be aware of it. So that's our first step. Next slide.

Dr. Michelle Eakin: The second one is once you start to realize you're having these anxiety thoughts or depressive feelings, it works both for anxiety and depression, same thing, we need to then figure out what were the ABCs. And really, the Activating event, what was the situation? What was going on before? The Beliefs, Behaviors, your thoughts, "What was I thinking?" And the C, the Consequences, what happened next? And we really want to do this with no judgment. We just want to track it. We just want to see what we're doing. So if you go to the next slide.

Dr. Michelle Eakin: So going back to our ABC, went up the stairs and got out of breath. We can think a lot of things, "My COPD is worse. I'm going to stop breathing. Or I need to go back to pulmonary rehab. I might be getting a cold [unknown] getting a COPD exacerbation." And that's going to change our consequences and our response. If you start thinking, "Oh, I might be having a COPD exacerbation," you might look at your action plan and see what's on your plan, do you start taking in levalbuterols, do you call your doctor? Whatever it may be on your plan and you've worked out. Or, "My COPD is worse, I'm going to stop breathing," that's going to create a panic. And you might be more likely to be like, "I need to go to the hospital," which might be not a great decision right now. So you can see how just the way we, the same event, but the way you think about it might change your concept of what happens next. Go on to the next slide.

Dr. Michelle Eakin: So we can think about this in the light of the Coronavirus or COVID-19, watching the news. We start thinking, "I'm going to get it, I'm going to die. This is getting worse and worse. I need to keep myself protected by staying indoors. Or I just need to turn off the TV." You can see any one of those are reasonable responses. And we might have all experienced all of those. But each one is going to be linked to a different consequence. If you start to worry that, "I'm going to get it and I'm going to die," that panic and that stress is going to really increase. You're going to feel that response. Your heart will start beating, your breathing will be worse and that might trigger that spiral. Versus, choosing, "You know what? I don't need to hear this anymore. I'm going to turn it off." And going to find something more pleasurable, might limit that response.

Dr. Michelle Eakin: And then that middle one, of I need to keep myself protected by staying indoors, that's going to create more of a sense of a control. There's a situation that is out of control. We can't change it, but I can choose what I can control. And that's my behavior, and the more I physically distance myself and keep myself protected, the more I'm going to be in control of that. Next slide.

Dr. Michelle Eakin: So once we start seeing what's going on, how we're feeling about it and what we're doing, like I said, the first thing, you just want to track it, you just want to track what you did. Then you can start to challenge yourself. You can look at what you're doing, what you're thinking, what you were doing before, what you did after and say, "What's under my control to change? Do I need to limit the exposure?" Like Karen said, turning off news. "Do I need to consider more positive thoughts? Do I need to reframe what I'm thinking about?" And I'll talk a little bit more about that. "Instead of focusing on what I can't do, like I can't go to my friend's house for a birthday party, focus on what I can do. I can have a neighborhood party in the street. Do I need to practice some relaxation or some pleasurable activities and social connections to improve my mood?"

Dr. Michelle Eakin: And then as you start to think about those changes, track it and see to it that it works. Because sometimes we come up with, we're like, "Oh, that's going to work," and then it didn't. It makes something worse and then you might need to tweak it again and see what we can do to make and reduce that response. Next slide.

Dr. Michelle Eakin: So another example of this, we feel lonely, due to social distancing. And we can think, "Nobody thinks I'm worth talking to. This is not worth doing anymore. I don't want to do this anymore. I give up." And that depressing feeling is going to come, those are going to be... Your emotion is going to be depressed and isolated. And it might lead to withdrawal or avoidance. Versus, we can think, "I'm keeping myself protected. I'm keeping myself in my community. I'm helping everyone out by doing this. I can't use my traditional ways of seeing people, I need to figure out a different way, can I use FaceTime? Can I use something else to reach out? Can I find another way to connect with people?"

Dr. Michelle Eakin: And as we start trying different things, keeping track of what was that consequence? What did I do differently that changed the way I think things are going. This is hard, and it takes time. And so I always say, "You always start with just tracking." Just be aware of what's going on. And as you start to track, you start to see, "Maybe I can make some small changes, to get those different consequences." Next slide.

Dr. Michelle Eakin: So these are things that I've had to do and come up with myself, is as we've been all dealing with the news and everything, those stressful thoughts are coming, and I've had to really work on, "How can I reframe the way that I'm thinking to have a different consequence or a different emotion?" So I'm sure we've all had this thought of, "I'm stuck at home," even though you may not have had anything you wanted to do today, still just that idea that you can't do...

Dr. Michelle Eakin: I was talking to my 85-year-old father and that's what he said, he's like, "I didn't have anything to do, but just the thought that I can't do it is making me upset." Instead of saying that, "I'm stuck here," saying, "I get to be safe in my home."

That's a better place to be than a lot of other things. Instead of, "I'm going to get sick." That's going to cause worry, you reframe it to, "I'm going to self-isolate. I'm going to wash my hands. I'm going to limit my exposure to risk, significantly reduce my chances. I'm prepared for this." "I will run out of food. I will run out of medications." As Karen says, "I prepared for this. I have my COPD action plans. The groceries and the pharmacies are still open. There's a lot of resources available to get me what I need."

Dr. Michelle Eakin: "Everything is shutting down." What a negative thought, we've all had that. "Oh, goodness, what's going to happen?" And really reminding ourselves instead, the most important places are still open, hospitals, doctors' offices, pharmacies, grocery stores, you're still going to have things taken care of. There's too much uncertainty. And I think that's really the hardest one right now we're thinking, and then really, instead of focusing on, "I don't know what's going to happen tomorrow. While I can't control the situation, I can control my actions, I'm going to do what I need to do to have the best outcome."

Dr. Michelle Eakin: And this changing of the mindsets and tracking our thoughts and how we can make them more positive, it takes time, it takes effort and it takes reminding ourselves, but it really, as we become more aware of it, it results in a better positive experience. Before we started this webinar, I was catching up with Karen and we were talking about the last time we were visiting and we got to a conference together in San Diego. We had a great time and I made the comment of, "Oh yeah, that was back before when we could actually get together." What a negative thought. And it was Karen, who turned to me and said, "Well, we're going to get through this, and we're going to do that next time. And we'll look forward to doing it. And we have those memories." And what a positive reframe she put on that experience.

Dr. Michelle Eakin: And that really shows we all need to practice this. When we find ourselves in those negative thoughts, finding the way, "How can I reframe it to the positive one to have better emotional consequences, that better response to a situation?" Can you go to the next slide...

Dr. Michelle Eakin: So just as a brief thing, I mean, I think what we can all start doing is really start thinking about tracking our emotions. If that's all you can do this week, that's fine. Find out when you start to feel anxiety and depressive feelings and rate it and what were you doing. If you could just do that, you'll be a step ahead. Just being aware of what we're doing and when it's happening will be important. Once you get the hang of noticing that, once you realize, "Oh goodness, I'm having a hard time," then start thinking about, "What was I doing before? What was I thinking? And what happened afterwards?" Just track, no judgment. And then as you get better at that, start thinking, "How can I make this, what can I do differently?"

Dr. Michelle Eakin: And so I mean, as I've dealt with my own stress and my own family's response to COVID, I've had to start realizing that I was not sleeping. And it was because I was reading the news before I tried to go to bed, and then would get anxious. And I realized that wasn't a positive activity, it wasn't helping me and it was causing the stress. So I too, had to turn off the news, put away my phone, and pull out board games to play with the kids, or go for a walk, to find ways to reduce [stress]. So that way I can notice that I'm able to get to sleep as I need to. And so I really encourage everyone to start thinking about tracking, figuring out what's going on and then start challenging, "What can I do slightly different to cope with it?" Next slide.

Dr. Michelle Eakin: So in conclusion, I just want to say we're all dealing with the stress. And there's a lot of worry that's coming around with it. But the more we take care of ourselves first, we've worked on these strategies, practice changing our mindset, our behavior, we can see the sunlight, the silver lining through this, and hopefully, we can all get through this, and it will improve. And we can make it to the other side of this, safely and [supporting] everyone. So I appreciate everyone's time and interest. And thank you so much.

Jamie Sullivan: Thanks so much Dr. Eakin, for the excellent overview of why emotional health is so important to people with COPD management and for really all of us and for providing really practical strategies that I think we can all put into action in this time of increased anxiety because of COVID-19. So at this time, we're able to take a few questions before we wrap up the session with some reminders on some current resources that you can access. And so please, if you would like to ask a question, please type it into the question box in the GoToWebinar control panel.

Jamie Sullivan: Before I turn it over to Stephanie to ask some questions, I just want to remind people that we've seen several questions that are more references to the medical management of COPD or risk from COVID-19, and many of those questions were answered on our last webinar from our medical doctor experts. And we are not necessarily going to be able to answer all of those today. But we have some great resources that we'll show you in order to get answers and make sure that you do find answers to your concerns. So with that, Stephanie, will you please ask our first question?

Stephanie Williams: Sure. Dr. Eakin, this question is a common one, they said, "My family doesn't understand that I really have anxiety on a daily basis. And now the anxiety is much worse. How can I help my family understand me?"

Dr. Michelle Eakin: Yeah, I mean, I think this is hard. Because as I said, there is increased stigma around mental health, people don't want to talk about it, and don't understand it. And then I do think there's this idea of you can just get over it. And not realizing that this is a disorder/disease, just like any other diseases that you're dealing with.

And then obviously, in the context of everything else going on, it is increased and elevated in its severity. So one of the things we always encourage people is to really let people know the full impact of your symptoms and discussing—not just, we want to think about anxiety, depression as just something in your head. And really telling them and linking those, well in my head, but then what symptoms you're dealing with, and maybe describing how those anxiety symptoms really do trigger your breathing problems, so that they understand how these are linked together.

Dr. Michelle Eakin: One of the doctors I work with often says, "Your [inaudible 00:38:21] connected to your physical body, it's all connected. And so the more that they understand that as the anxiety symptoms impact your health and your breathing, they might be more understanding of it. Number two is, do you think that in terms of getting that support is really letting them know what are the anxiety symptoms you're having, and maybe even talking about the situations of, you know what? This is... If I were to put it on a scale of one to 10, this would be a nine, this is the highest I've had. It's really letting them know what those concerns are and what's triggering it so that they're aware of what's going on.

Dr. Michelle Eakin: And then I think it is addressing that context of, this isn't something that I can just get over. And or, it's all in my head, this is something that really does need focused intervention. And given the circumstances, you may or may not be able to get access to those interventions. And so that is something you're dealing with and having to figure out day to day how to overcome that.

Stephanie Williams: Thank you so much. We have several questions that are coming in rapid fire so I'm going to try to get to as many of these as we can. The next question is, "Can we apply this mindset change strategy to all to all patients and not just COPD patients? But maybe like-

Dr. Michelle Eakin: Oh, yeah, no these-

Stephanie Williams: ... cardiac patients as well?"

Dr. Michelle Eakin: Yeah, these are all patients. This is something I actually think we can all benefit and we all need to do. And then as I said, I've had to use these strategies and appreciated the reminder—actually putting this together is reminding me that I need to do this. This is a really simple strategy, cognitive strategy that we can use in a lot of situations. The reason why I particularly recommend it to individuals with COPD is given the link between those anxiety depressive symptoms on the respiratory symptoms and there's actually an increased need for COPD patients to really practice this. So to avoid those increased respiratory pulmonary symptoms.

Dr. Michelle Eakin: But this can be used for everyone. It's something that I use, and I teach my kids. And to be fair, I've actually seen some discussion about this amongst my friends on Facebook, as we're all dealing with this, this need to re-change our mindset around COVID, to help reduce those symptoms. So there's a particularly strong reason for patients with COPD to learn how to do this, but this is something you could talk about with everyone as we're dealing with this stress. And in fact, we're tailoring this, and I'm presenting it to the healthcare workers, the nurses and the physicians that are dealing with COVID, of how they're dealing and coping with the stress that they're under. So this applies to everyone.

Stephanie Williams: Thank you. Good point. I mean, this really isn't a disease specific plan.

Dr. Michelle Eakin: Mm-mm (negative).

Stephanie Williams: I mean, this really does work for everyone because we are all dealing with this stress, you're so right. The next question is, what about people who may be anxious because they are not able to visit with their physicians like they normally have been able to, they're missing that contact with either their primary care or their pulmonologist or even just their normal support network, how would you encourage people to or reassure them even during this time?

Dr. Michelle Eakin: Yeah, no, I mean, I think that's a real big strain and stress that we are not adequately... That's being under-discussed right now. And I will say that I've talked with the pulmonologist providers here at Hopkins, and at Johns Hopkins, many of them have converted all to telemedicine visits right now or restricting outpatient visits, accepting them in urgent needs to prevent exposures. And they're all really worried about not being able to have these visits with their patients and things like that. So I know it goes both ways.

Dr. Michelle Eakin: So one, I think, is take advantage of telemedicine, if it's available, call your doctors, they're figuring out systems that may not be the way we're used to, but there are systems in place now to help address this and to talk with patients and to do these telemedicine visits. And in fact, it might be easier than your traditional method where you had to go in to see the doctor. Now you don't have to drive and it could be an actually easier way to-

Stephanie Williams: That's true.

Dr. Michelle Eakin: ... get in contact with your doctor. Number two-

Stephanie Williams: That is true.

Dr. Michelle Eakin: Yeah. And actually I'm talking to some of the physicians and they're like, "We've been trying to set this up." Everybody's been trying to get telemedicine off the ground for so long. And there's been a lot of policies and bureaucratic regulations around that, that are now going away. And so I think now it's like, "Okay, this could be actually having a positive outcome that telemedicine may be more available long term to avoid those stresses of going to the doctor." I think there's actually... One of the patients I was talking to about this actually said, "I actually really enjoy doing telemedicine visits because now the doctor is seeing where I live my life, instead of me seeing where the doctor lives their life. And so when he asks me a question about medications, and I don't know the answer, I can go over to my bathroom and pick it up and show it to him."

Dr. Michelle Eakin: Or they're concerned, if I have something that I need to show them, I can show it to them right there. And so there is some benefit and I think we just need to... There's some technology issues and everything is there sorting it out, but I think pretty soon there's going to be actually a lot of benefit to these visits. To being able to have the patients show, be able to demonstrate where their medicines are, what medicines they're using. If you've ever gotten confused about which, you can go and double check and have that ability.

Dr. Michelle Eakin: So I think there's some strengths there. And then lots of other support groups, as I think we have to be creative of how we engage with other support groups, whether it be we go online to support groups and chat groups. I know there's a lot of Zoom conferences happening or even attending webinars like this, to find that support is important. But yeah, I mean, I do know that the loss of that outpatient contact with the doctors is there. Know it's keeping you safe I'm actually hopeful that telemedicine will actually take hold because I think it will have some benefits long term.

Stephanie Williams: I'm hopeful too. I really am. I think it could really have some wonderful benefits for our population in particular. I actually have a question for Karen. So here's a question for you. It says, "I like going out for walks. But people seem to not respect distance and want to come right up and talk, but it makes me panic. How could I handle this situation?" So we just wanted to put that question to you and see if you've had anything like that, how did you handle it? What would you do?

Karen Deitemeyer: Yeah, I have had that happen. If it's someone you know, which hopefully normally it is someone you know, you can just smile at them and say, "I'd love to be close enough to give you a hug too, but it's not safe. It's not safe for me. It's not safe for you, we need to respect the six-foot distance. So I'm going to move away 'til we're six feet apart." If it's a stranger, I basically say the same thing, but maybe not necessarily with such a smile. I may say, "We're supposed to be six feet apart and we're not. Let's see if we can make this distance a little farther." I think most people respect it.

Karen Deitemeyer: Americans aren't, well, I shouldn't say Americans, people in general sometimes don't realize how close they are to another person. That they're actually in that person's space and that they're making the person uncomfortable. And then you add the six-foot distance, and that's hard for some people. I don't think they do it deliberately.

Stephanie Williams: Right.

Karen Deitemeyer: So I think a smile and just say, "Hey, let's see if we can be six feet apart. Because I want to talk to you now. I don't want to wait."

Stephanie Williams: Okay.

Dr. Michelle Eakin: I could also just record that being mindful of making sure you wash your hands when you come in from a walk. That's honestly the most likely mode of transmission, is if they get close to you, you get it on your hand, and then you touch your face. And so, I mean, I think being careful about that, I mean, considering wearing winter gloves or something so that you can take those off before you come in the house, just to be a little bit more careful. And then I think being conscientious of where we're picking to go for walks.

Dr. Michelle Eakin: I live here in Washington, DC, and it's Cherry Blossom Festival. So everyone went out to go walk around the Cherry Blossoms. And they had to shut it down because there's too many people. And so now might be a time where you need to drive to a little bit more of a more rural area to stay away from people or choose a different walking path if it's too crowded as well. I mean, you're keeping nice, but I'm okay with just saying, "No, stay away." My friend had a two year old, they were out walking and a stranger was talking, he was just being sweet. And then went up to give the two year old a high five. And she had to just say, "No stop."

Karen Deitemeyer: Oh, no.

Dr. Michelle Eakin: So I do think we also just need to be more... Don't be worried about saying stop if you need to.

Karen Deitemeyer: Okay, thank you.

Stephanie Williams: And Dr. Eakin, I have two more questions. And also, thank you, Karen, for that answer. And Dr. Eakin, this question will be for you. What do you think of the Calm app?

Dr. Michelle Eakin: Oh, yeah. So that is one that is available. And to be fair, I get it free. And so I have been using it. For those who are not aware, the Calm app is an app available on your phone and it walks you through breathing exercises, different meditations, different mindfulness, things to help reduce that response. And so I today focused on the cognitive strategies to reduce that response. There are other things of practicing relaxation that will reduce that arousal response, the stress response we talked about. And so the Calm app is one that walks you through.

Dr. Michelle Eakin: And so I hesitate to recommend apps because I don't want people to feel like I'm telling you, you should pay for something or whatever. But if that's something you're interested in, I really recommend it, to practice those types of strategies right now to help when you can't control your thoughts, you can't control the situation, to just hopefully learn to relax your body in that arousal to avoid that spiral. There's lots of different ones, the Calm app is available. There's another one called Breathe, which walks through different breathing exercises. And so I-

Stephanie Williams: Along those lines, would you recommend pursed-lip breathing and diaphragmatic breathing? For someone that's-

Dr. Michelle Eakin: Yes.

Stephanie Williams: ... experiencing.

Dr. Michelle Eakin: I was going to say yes. Pursed-lip breathing or diaphragmatic breathing was exactly what I was going to say, is you can definitely practice some of those breathing strategies that you might learn, to help reduce that anxiety. The breath is really linked to that emotion. It is a direct connection. And so the more you can get in control of your breathing, the more you're going to reduce that response. But given that everybody's COPD is different and where they're at, finding the strategy that works for you is what's recommended.

Jamie Sullivan: Great. Well, I think that is all the time we have for questions today. And we really appreciate all these great questions and encourage you to continue to ask them on COPD360social as well, especially if you're listening to the recording of this webinar. You can also email state captains at copdfoundation.org, if you are still seeking answers to your questions.

Jamie Sullivan: So we're going to conclude today with just a few reminders of some resources that are available to you. "You'll find a list here of some of the sites that our team has found helpful to stay engaged and maybe learn new things, even when we can't go out. So these are just a few of the growing list of free resources that are being created. I don't know if you've been online lately,

you will know that there are talented artists, musicians, museums and more that are creating new content. There are a few Facebook groups set up for all kinds of different interests where people are sharing their own tips, their videos, offering skills, lessons, recipes and more.

Jamie Sullivan: So I really, really encourage you to reach out and find some resources to keep busy, stay engaged. And this is in addition to being able to put into place the strategies, the cognitive strategies that Dr. Eakin has talked about today. Also, don't forget that you can use any number of free video chat platforms with your smartphone or tablet or even laptop computer, so that you can stay connected with your family and friends, and they aren't just for talking. So you can set up a video call on your computer to play board games, share a beverage or more over video, just as if you were together in person and maybe it's not the same, but it's certainly a good in-between during this time of restrictions.

Jamie Sullivan: I know personally, we share dinner with a cousin over video, we had our laptop set up at our table and it certainly helps to ease some anxiety and feel a little bit of normalcy back in our lives. So we'll be doing more on this topic in the coming weeks in COPD360social. And so now, I just want to close by reminding you again that you are not alone. And that we do hope you'll continue to engage with us and with others in our community on our website and at 360social.org, on our website and on 360social you'll be able to ask and answer questions from other members, patients, caregivers, respiratory therapists and more.

Jamie Sullivan: I encourage you to check in, share how you're coping, share your tips for what went well, and what maybe didn't go well. Because we all need to hear that as well. So we know we're not alone. Check our blog for updates, and then tune in for more webinars, for webinar follow up, Facebook live chats and more. So we also hope that you'll visit our Coronavirus information page to access new resources. There you'll find the recording from last week's webinar, a full list of answers to the questions that were received, a new recorded question and answer chat answering some of the most common questions with Dr. Byron Thomashow and Barbara Yawn.

Stephanie Williams: And we'll continue to provide updates and to expand our resources as the situation evolves, including, hopefully some new content to help you stay active and exercise in the coming week. So with that we're going to close today and I just want to reiterate my thanks on behalf of all of the COPD Foundation team, to Karen and Dr. Eakin for joining us today and sharing these really practical strategies. So with that, thank you all and be well and we will be in touch again soon. Thank you.