What to know about non-CF bronchiectasis

Non-CF bronchiectasis is a chronic lung condition not many people have heard of, so your diagnosis may leave you feeling overwhelmed and scared. But you have support. This information will help you learn more about the condition and how you can stay healthy. Your healthcare team will work with you to find treatment that’s best for you.
What is non-CF bronchiectasis?
Damage to your airways—likely from a prior infection or illness that could have occurred many years ago—caused them to widen and become weak. This makes it easy for mucus to build up and for bacteria to grow, leading to infections that cause further damage. Over time, the airways become so damaged that they can’t properly move air in and out of the lungs.

What causes non-CF bronchiectasis?
For about 50% of people with non-CF bronchiectasis, the cause is unknown. For the other 50%, it can be traced to lung damage caused by infections, genetic or birth defects, chronic inflammatory conditions, and autoimmune diseases.

Who gets non-CF bronchiectasis?
Anyone can get non-CF bronchiectasis, but it is most common in women 60 years old and older.

While the exact number of people with this condition is not known, an estimated 153,000 people in the United States and 229,000 people in Europe have been diagnosed with it.
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What’s causing my symptoms?
Non-CF bronchiectasis makes it difficult to properly move air in and out of your lungs, or to clear mucus. This is what leads to symptoms of a persistent cough and coughing up mucus, which can cause shortness of breath and fatigue. Not everyone has the same symptoms, and your symptoms may change over time.

How can I reduce my symptoms?
Antibiotics are used to treat your infections and reduce inflammation in your airways, which can ease symptoms of cough and mucus production. You may also be given a steroid or bronchodilator (usually in an inhaler) to open up your airways and help you breathe easier.

Airway clearance techniques (ACTs) can also help loosen the mucus and clear your airways, helping reduce the likelihood of infection and making it easier to breathe. Many ACTs use percussion (clapping) or vibration to loosen mucus so it can be cleared by coughing.

What to know when your condition gets worse
With non-CF bronchiectasis, there will be times when your symptoms get worse. This is called an exacerbation, and happens when there’s an infection and inflammation in your airways.

Every time you have an exacerbation, your airways can suffer more inflammation and more damage. This “vicious cycle” increases the risk of future infections and damage to your airways—and may even require you to be hospitalized—so it’s important to treat your exacerbations seriously.
Treating and preventing exacerbations

Your healthcare provider will treat your infection with an antibiotic. There are different types of antibiotics, and some work better on certain types of pathogens, or bacteria, than others. The most effective way to treat your infection is by taking an antibiotic that works best on the specific bacteria you have.

Two of the most common bacteria seen in people with non-CF bronchiectasis are Haemophilus influenzae (hee-MOFF-ill-us in-flew-EN-zay) and Pseudomonas aeruginosa (soo-duh-MOH-nuss ay-roo-jee-NOH-suh). Your healthcare provider can find out which bacteria are causing your exacerbations by testing your mucus.

To help reduce your inflammation and symptoms, your healthcare provider may prescribe a steroid or bronchodilator, or increase your dosage if you already take one.

There are also things you can do to protect yourself from exacerbations. Airway clearance techniques and exercise may help you clear excess mucus. You should also follow a nutritional diet to improve your overall health. Try to stay away from sick people and wash your hands often to avoid germs that might cause infections.
Talking to your healthcare providers

The best way to help your healthcare providers help you stay healthy is to keep them updated on your symptoms and any changes in how you are feeling. Keeping a log of your symptoms between doctor appointments is a helpful way to keep track of them. Be sure to tell your provider if you’ve been hospitalized since your last visit.

It can also be helpful to write down questions you have for your healthcare providers as they come to you, and bring them with you to your appointments. Some questions you may have are:

**Is there anything else I can do to avoid exacerbations or lessen their impact?**

**What kind of bacteria are causing my exacerbations?**

**What is the best way to treat my infection?**

**Can I exercise? What type of exercise do you recommend?**

It is important to remember that everyone is unique, and your experience with non-CF bronchiectasis may be different from someone else’s. Please discuss any questions you may have specific to your condition with your healthcare provider.