



Newsletter March 2010

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Next meeting: Thursday 11 March 10.30am

**The Weston Club,
1 Liardet St
Weston**

speaker: Jan Johanson who will be talking about
the rules and regulations with alternate medicines

The February Meeting

The February meeting was attended well. Members were looking forward to hearing our speaker.

- Chris spoke about what is happening with the woodsmoke issue;
- Esther showed a mock-up of the 'business' card containing the Lung Life Support Group information, a card that we can hand out at appropriate times. She is currently organising an update of the our logo to give it a sharper look;
- Laurelle spoke about the Lung Life table for the Seniors Week Expo on Thursday 25 March. She will need organise some volunteers next month.

Then on to our speaker, **Peter Dinn, from Toscan Dinn Funerals** who brought us up to date on funerals today. He spoke about the two roles of a funeral director: one to look after the client family; and the other to look after the deceased person. He emphasised that the worst time to talk about a funeral for the first time is after the death occurs and he explained the different arrangements that can be made to avoid this. He introduced us to the some aspects in the business of funerals, including some of the rules and regulations about handling the deceased and about burial. And he detailed what the steps are, after a death occurs. The members of the group had many questions to ask him and could have kept him there all day. All in all, a most interesting talk.



For more information, see www.lungfoundation.com.au

Or visit the 2010: The Year of the Lung Web site: <http://www.yearofthelung.org/>

HUNDREDS OF MILLIONS OF PEOPLE NEED HELP

European Launch of the Year of the Lung 2010 held in Marseille

1 February, 2010

Hundreds of millions of people suffer every day from lung diseases, and they cause almost 20% of all deaths in the world. Increased awareness about lung diseases is vital, because they are killing more and more people every year and account for a socioeconomic burden of €102 billion due to health care costs and lost working days in Europe alone. The 'Big Five' lung disorders are lung cancer, chronic obstructive pulmonary disease (COPD), pneumonia, tuberculosis (TB) and asthma.

Despite this evidence, public and political awareness of respiratory and lung diseases is *very* limited. Therefore, the European Respiratory Society (ERS) led by ERS President Prof. Nikos Siafakas, together with the leading Forum of International Respiratory Societies (FIRS) have declared 2010 Year of the Lung in an effort to increase awareness of the importance of lung health. The launch of this campaign in Europe took place on the 30th January 2010 at the French-language Society of Pneumology (Société de Pneumologie de Langue Française, SPLF) conference in Marseille. Under the direction of the President Nikos Siafakas, the ERS is responsible for the European region activities during 2010 Year of the lung.

Speaking at the European Launch, Prof Nikos Siafakas emphasised that: *“there is an urgent need for the European Commission and Member States to provide increased resources for research for improved patient care and quality of life”*. He also added that: *“most respiratory diseases are both preventable and treatable – treatment however is very costly, and effective prevention policies in the EU and worldwide are severely lacking”*.

According to the latest WHO estimates (2007), 300 million people have asthma, which represents one of the most prevalent chronic conditions, and is unequivocally one of *the* most common chronic diseases of childhood in the developed world. During the Year of the Lung, support will be mobilized all around the world for World Asthma Day on 4th May 2010.

Another lung disease, COPD, also affects the ability to breathe. 210 million people suffer from COPD. It is a complex, progressive (gets worse over time), debilitating and life-threatening disease. The WHO predicts that it will be the third leading cause of death by 2020.

Infectious pneumonia is the world's number one killer of infants and children below 5 years, accounting for more childhood deaths than malaria, AIDS, and measles combined. World Pneumonia Day held on 2nd November 2010 will be strengthened during the Year of the Lung to increase awareness and mobilise support against the world's leading infectious killer of young children.

In 2007 there was an estimated 9.27 million cases of TB according to a recent report of the WHO. Tuberculosis is also the number one cause of death among people infected with HIV. The current economic crisis is also expected to have an impact on TB. The 22 countries with the highest burden of the disease — nearly 80% of the cases — are also among the world's poorest.

Of all global deaths from cancers, lung cancer remains, by far, the largest cause of death from all cancers. It is the leading cause of cancer and is likely to increase faster than many other types because of the accompanying upsurge of smoking, particularly in low and middle income countries.

A key initiative will be the launch of the first ever World Spirometry Day on 14th October 2010, a global event providing public lung testing in hospitals and clinics across the world.

More information on European *Year of the Lung* activities, see: <http://www.ersnet.org/yearofthelung>
More information on worldwide *Year of the Lung* activities, see: www.2010yearofthelung.org

About ERS

The European Respiratory Society, ERS, is an international and medical organisation with more than 9000 members in over 100 countries representing medical and scientific experts in the field of respiratory science and medicine. Its mission is to promote lung health through research, knowledge sharing, medical and public education. More info at: www.ersnet.org

Smoking restrictions

From January this year, we no longer see tobacco displays at Canberra newsagencies, supermarkets and petrol stations.

As well, from 1 February, those working for the Department of Health are no longer allowed to smoke – while they are on duty and apart from official meal breaks - within 15 metres of any premises occupied by the Department.

In December 2010, a ban on smoking in outdoor eating and drinking areas of Canberra's restaurants, cafes and coffee shops will come into effect. The Government passed the legislation late in 2009 but has given businesses a year to adjust.

Did you know that:

- Tobacco is still the largest preventable cause of death in the ACT and Australia, with an estimated 15,511 Australian dying from tobacco related illnesses each year.
- It's also a major cause of many other diseases including cancers, heart attacks and strokes. Smokers generally have 10 years of their life taken off compared with non-smokers
- The average smoker spend \$7 500 per year on cigarettes.
- Once smokers quit, the risk of heart attack and stroke start to decline

Reducing the obvious promotion of smoking and reducing the opportunity to smoke are important steps in helping us all breathe easier.

GP Survey

This is a summary of results of a Netherlands based survey in which the views of 62 general practitioners (GPs) on patient safety were examined. GPs were surveyed to gain better insight into what they consider unsafe practices and what they judge to be risk factors for patient safety in primary care.

The highest ranked factors were:

- not keeping up one's medical knowledge (42.6%),
- a poor doctor-patient relationship (41.2%)
- and patient age over 75 years (41.2%).
- The existence of a language barrier (36.8%) and polypharmacy (33.8%) were also judged to place patient safety at risk.
- Other risk factors such as infection prevention, deviation from guidelines and incident reporting were judged to be less relevant than by policy makers.

Out of the 10 clinical cases responded to by the GPs in our study, failure to record or inadequate notation of information in the medical records of patients was judged to constitute the greatest threat to patient safety

If you would like a hard copy, please contact Gabriel on 02 6230 7800 or adminofficer@hcca.org.au

Exercise for quality of life – Part 1

My name is Tony and I am the Fitness Coordinator for the YMCA in Canberra and I have been asked to write an article which might be of benefit to COPD sufferers. This is part 1 of a 2 part series. I acknowledge readily the difficulties that many people with lung disease face in getting to a gym and exercising in a prescribed fashion, but more and more evidence emerges as to the pressing need for everyone to exercise more.

I'm providing a straight forward, simple model of exercise prescription which excludes the complexities of other chronic disease states such as arthritis, osteoporosis, heart disease, peripheral arterial disease and obesity issues.

Exercise Prescription: Conditioning.

Conditioning helps the body function better. It tones the heart muscle which helps increase the oxygen in the bloodflow and improve the effectiveness of the system. The blood flows more easily all around the body, including to the extremities.

- *Your exercise program should be made up of approximately two thirds cardio vascular conditioning.*
Immediately, most people think of cardio vascular training as long drawn out aerobic sessions on a treadmill or similar, but this doesn't have to be the case.
- You can (and should) consider **shorter bursts of activity** where you stop or go much slower until either oxygen levels or heart rate return to normal before continuing. Sometimes known as intermittent training, this type of conditioning program works very well; it just needs to be tailored to your own particular fitness levels.

Stopping and resting for a moment, is not giving up its part of the overall strategy to continue to progress your conditioning.

- Where possible, consider **using different machines** to elicit specific neuro-muscular coordination. Just walking on the treadmill works a limited number of specific muscle fibres, but include cycling and or the rowing machine and you have used many more muscle fibres - which has to be a benefit in the long term. Plus it is generally more interesting to vary your workout..

These exercises are most beneficial but remember that moving a little and moving often can make a big difference over time. Lengthy periods of inactivity during the day cannot be sufficiently mitigated by twice weekly one hour visits to the gym and gym visits must be considered as part of your overall fitness/activity strategy.

Health Impacts of Wood Smoke

from **Cleaning the air** by Dr Jim Markos, respiratory physician, Air Quality seminar, Launceston May 2004

Wood smoke contains fine particles that are breathed into the lungs, irritating bronchial tubes and affecting those with pre-existing lung disease, especially asthma, chronic bronchitis & emphysema. Studies have consistently shown that it increases:

- **death rates from lung causes;**
- **admissions to hospital for lung disease**
- **lung symptoms of general population.**

There is also concern about the long term effects of inhaling wood smoke. Studies have shown that it is an important risk factor for dying from heart or lung disease or lung cancer. The harmful effects seem similar to those from tobacco smoke.

Areas most affected are those inland valleys where the **smoke is trapped by temperature inversions in the valley so that it lingers close to the ground.** High levels are consistently reported in Launceston, Armidale and **Canberra.** The levels have improved as residents have switched to alternative home heating sources, helped by government funded programs.

Woodsmoke also arises from rural and forest burn-offs and forest fires and will become more important to tackle as wood stove usage declines.

Snippets:

Madeline Fleming is now our equipment co-ordinator. She will keep track of what equipment is available for loan or for sale. She is not going to keep the equipment itself – just the information about it. If you have a piece of equipment you are happy to lend or wish to sell, phone Madeline. If you want to buy a piece of equipment she has, phone Madeline on 6288 6935.

Disclaimer: the information in this newsletter comes from a variety of sources and is intended as a guide only.

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cotterhe@hotmail.com or return the mailed newsletter*



“Living a Healthy Life with Long -Term Conditions” 2010 Course Schedule

Do you have diabetes, asthma, heart disease, arthritis, cancer, back pain, suffer from obesity or any condition lasting longer than 6 months? Does it prevent you from living life as you would like? Cause you stress? Impact on your relationships?

Arthritis ACT/Weston Creek Holder 6288 4244

March/April

Thursdays 12pm-2.30pm, March 4, 11, 18, 25, April 1 & 8

Belconnen Health Centre (Corner Swanson St and Benjamin Way)

February/March

Fridays 10am-12.30pm, February 5, 12, 19, 26 March 5 & 12

May/June

Thursdays 10am-12.30pm, May 6, 13, 20, 27, June 3 & 10

Erindale College Community Education Program TBA

Lake Ginninderra College Community Education Program

February/March

Wednesdays 6.30pm-9pm, February 10, 17, 24, March 3, 10 & 17

Phillip Health Centre (corner Keltie and Corinna Sts, Woden)

February/March

Tuesdays 2pm-4.30pm, February 9, 16, 23, Mar 2, 9 & 16

May/June

Tuesdays 2pm-4.30pm, May 4, 11, 18, 25, June 1 & 8

Tuggeranong Health Centre (corner Anketell and Pitman Sts, Tuggeranong)

February/March

Tuesdays 1000-12.30pm, February 9, 16, 23, March 2, 9 & 16

May/June

Thursdays 2pm-4.30pm, May 6, 13, 20, 27 June 3 & 10

To register for courses, or discuss course details please phone:

Community Health Intake 6207 9977 between 8am-5pm Monday - Friday