



Newsletter March 2011

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Next Meeting

Thursday 10 March

10.30am - noon

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

Speaker: Paula Calcino

on self management for people with chronic conditions.

Paula has lived with her own chronic conditions and has developed her own self management skills. She co-leads a program developed in 1979 which looks at the impact a chronic disease has on our lives and helps develop strategies to deal with these impacts.

February Meeting

Our speaker for this meeting was unable to attend so we had a relaxed, casual meeting. We conducted some business, talking about issues such as the Memory Book, Education day in April, the new pamphlets, our 'business' cards. Some members were concerned that the Lung Foundation had rung them up to buy raffle tickets – Caroline is to follow that up. For the last hour of the meeting, we enjoyed a quiz of twenty questions and a game of housie – many thanks Esther.

Clive Ellis

One of the founders of the Canberra Lung Life Support Group, Clive passed away recently after many years with COPD. Clive and his wife, Laurelle, began the support group with a few friends over 15 years ago and have been stalwarts of the group ever since. Clive was known for his love of fun and games and kept everyone on their toes. As his emphysema worsened, he has been less able to be involved and has spent the last few months in and out of hospital. The group will miss him and our thoughts go out to Laurelle and family.

Domiciliary Oxygen Concentrators

An oxygen concentrator is a device used to provide oxygen therapy to a patient with above 90% purity compared to approximately 21% available in ambient air. It is a safer, less expensive, and more convenient alternative to large cylinders of compressed oxygen.

The therapeutic use of medical oxygen requires a 'prescription', trained clinical assessment and follow-up, proper instruction on use, and the service and support that only a local home medical equipment supplier can provide.

The ACT Health Department provides concentrators and associated respiratory equipment free to permanent residents of the ACT, living at home, unless they are eligible to receive it through the Department of Veterans Affairs. Referral by a medical specialist is required.

The first mask and tubing (consumables) are also provided initially. All replacement masking and consumables is the responsibility of the client.

What if my equipment breaks down?

If you experience any fault with your oxygen equipment outside of business hours or on weekends, there is a 24 hour emergency number you can call. This will be provided to you at setup by the representative from BOC and will be displayed on your equipment: 1800 050 999

If you have any issues with your equipment during business hours, please call the administration office on 6205 2622 and arrangements can be made to replace and/or repair equipment.

Vet Affairs users go through Air Liquide and can phone 1300 36 20 20.

However, if concentrators have to be purchased or hired, care should be given to select the best concentrator to meet individual needs. Cost, reliability, weight, and noise level are primary considerations in choosing a model. **The hours a concentrator operates without failure is a better measure of its reliability than time as supplementary oxygen may be prescribed for a few hours per day up to 24/7, depending upon need.** Sound levels in dB's are really meaningless without knowing the distance measured from the source of the sound although usually measured at one metre from the sound source. For guidance, a difference of 10 dBA is approximately double the sound intensity.

The cost of purchasing and operating a concentrator may be claimed as a legitimate medical expense in Income Tax Returns. The operating cost maybe calculated from the cost of electricity per unit as quoted on bills, multiplied by the number of hours run, as recorded on the concentrator. Patients using concentrators may apply to ActewAGL for a rebate on their electricity bills.

Below are two examples of oxygen concentrators and their details. More in the next newsletter.

AirSep Newlife Elite Domiciliary Oxygen Concentrator



Performance: oxygen purity 1-3 lpm: 95.5% - 92.0%, 4 lpm: 92% ± 3%; 5 lpm: 90% ± 3%

Based on an atmospheric pressure of 14.7 psi (101 kPa) at 70°F (21°C)

Dimensions: 27.5 in. (69.9 cm) high x 16.5 in. (41.9 cm) wide x 14.5 in. (36.8 cm) deep

Weight: 54 lbs (24.5 kg) **Input Voltage:** 220-240 Volts AC, 50 Hz

Power Consumption: 350 watts **Noise Level:** 47-8 dBA

Alarms: Power failure; high and low pressure; low oxygen concentration

Environment: not stated

Warranty: 3 years parts, optional - 1, 3, and 5 year warranties

AirSep VisionAire Domiciliary Oxygen Concentrator



Performance: oxygen purity 1-5 lpm at 90% + 5.5/-3% based on 70°F (21°C) at sea level

Dimensions: 20.8 in. high (52.8 cm) x 14.1 in. wide (35.8 cm) x 11.5 in. (29.2 cm) deep

Weight: 30 lb (13.6 kg)

Input Voltage: 115 Volts AC 60 Hz; 220-240 Volts AC, 50 Hz; 220 Volts AC, 60 Hz

Power Consumption: 290 Watts **Noise Level:** 40 dBA

Alarms: Power failure, high and low pressure, temperature

Environment: Operating: 41°-105°F (5°-40°C). Storage: -4°F-140°F (-20°-60°C)

Warranty: 5 years on parts

Ovarian Cancer Awareness (The Chronicle Jan. 25, 2011) by Chris Moyle

In memory of our member, Sue Gane, who passed away last year from ovarian cancer.

February marks Ovarian Cancer Awareness month, a national campaign to highlight the symptoms of the disease and to raise funds for research programs. It is a difficult disease to diagnose.

Wendy Kupkee felt a lump and reported it straight away. After a radical hysterectomy and 6 months of chemotherapy she recovered and remains free of the disease 17 years later. She is one of the lucky ones, as is Lorraine Stevens who had a sudden disabling and severe lower backache. Lorraine saw the doctor the next day, had an ultrasound, and was diagnosed with a cancer mass. In a very short time she went into theatre for a radical hysterectomy.

Lorraine was lucky she had the ultrasound immediately. Many people leave it for weeks and discover the cancer has spread. Apart from the pain in her back, she had no definite symptoms to indicate that something was wrong.

The symptoms she did have included bloating, the feeling of a full stomach and needing to go to the toilet, which can all signal ovarian cancer, but these are also common indicators of other less serious illnesses, such as irritable bowel syndrome.

Lorraine now has a check-up every 3 months with a CA125 blood test. Her message for any woman who is concerned about their symptoms is simple.

"If it persists, go to your GP and demand a pelvic ultrasound," she said. "It's not as though you're going to demand it everytime - just demand it because you know it's worth knowing."

Smoking in Spain (CT 4 Jan 2011)

Spain, a large tobacco producer, has recently introduced strict anti-smoking laws in public places (hotels can still reserve 30% of their rooms for smokers); in open air children's playgrounds and access points to schools and hospitals; and in restaurants (no sealed off smoking sections any more).

Private smoking clubs that need registration and bar children can exist but 'they can't let people eat, drink or buy cigarettes on the premises'.

About 50 000 people die each year in Spain as a result of a smoking related illness. About 1200 of those are non-smokers who inhaled second-hand smoke. Up to 1000 waiters die annually from lung disease, mainly from breathing second hand smoke.

Bronchiectasis? (from www.lungfoundation.com.au)

Bronchiectasis comes from the Greek words "bronckos" (airway) and "ektasis" (widening).

The diagnosis of bronchiectasis is made using x-rays which demonstrate abnormal widening of the airways or bronchi. Bronchiectasis is a common condition and patients will often have symptoms for many years before a diagnosis is made.

What causes it?

Bronchiectasis is caused by chronic infection of the airways, generally thought to be from bacteria. The persistent airway infection and the immune response results in chronic inflammation which damages the lung and results in the symptoms of bronchiectasis.

What are the symptoms?

The main symptom is a chronic cough, producing mucus (sputum). Other important symptoms include sinusitis/nasal inflammation and fatigue. Less common symptoms include chest pain, shortness of breath and coughing up blood.

An important feature of bronchiectasis is periods of acute worsening of symptoms (usually diagnosed as an exacerbation). These episodes of worsening may be initiated by a head cold but often there is no clear cause. It is thought that these episodes are associated with increased infection and inflammation in the airways.

What can be done about it?

The main aim of treatment is to decrease the airway inflammation and infection. Management of this condition involves: chronic disease management and treatment of acute worsening or exacerbations

Chronic disease management

Clearance of mucus/sputum from the chest is very important. An individual physiotherapy program can be developed with a physiotherapist and may include physical exercise, postural drainage of the chest, active breathing, huffing, coughing or other physiotherapy techniques.

Patients benefit significantly from **exercise**. Exercise can be combined with the **inhalation of a bronchodilator** - a medicine which helps to open up the airways. Bronchodilator medicines include ipratropium bromide (Atrovent™), terbutaline sulphate (Bricanyl™), salbutamol (Ventolin™) and tiotropium bromide (Spiriva™). Patients may be referred for **pulmonary rehabilitation**, which is a formal program run by allied health professionals to improve fitness and lung function. Regular **vaccination** for influenza and pneumococcal pneumonia are also recommended.

Inhaled corticosteroid drugs e.g. fluticasone propionate (Flixotide™), budesonide (Pulmicort™), beclomethasone (Qvar™), ciclesonide (Alvesco™), fluticasone propionate & salmeterol xinafoate (Seretide™) and budesonide & eformoterol (Symbicort™) may be used for asthma-like symptoms. Occasionally, **corticosteroid tablets** may be used. In severe cases, **oxygen** may also be helpful. Further information about treatments may be obtained from a specialist physician.

Treatment of acute worsening/exacerbations

It is very important that when patients become acutely unwell from their bronchiectasis, they should seek early medical attention. Delay may result in much worse illness and a longer recovery time. Initial treatment usually involves the administration of 1-2 antibiotics and increased chest physiotherapy. Bronchodilator drugs may also be used. Acute treatment usually lasts 10-14 days. Sometimes when patients are very unwell, they need to be admitted to hospital for stabilisation.

What happens over the years?

Patients tend to have ongoing symptoms but these can generally be controlled with treatment and the vast majority of patients live active independent lives. Symptoms may become worse in older people. A very important feature of bronchiectasis is that it is a chronic condition and with professional guidance, patients become familiar with how to manage their lung condition.

Ready & Able – *Keep your brain active* by Chris

How did you go with last month's scrambled letters?

OWN SPUDS is UPS and DOWNS

VIXENS ESSES is SIXES and SEVENS

These words seem to describe me. I have my ups and downs and I'm often at sixes and sevens.

Here's two more sets of words to unscramble (with the word "and" in between). Are you READY and ABLE to begin?

GARAGED LOCK Hint (to wear - to wound)

PECAN RIPPLE Hint (scribbling)

Answers in next month's newsletter.

Snippets

Smoking in New York City (CT 4 Feb 2011)

Smoking is to be banned in New York's parks, beaches and Times Square. This ban covers 1700 parks, 23kms of public beaches as well as boardwalks, marinas, and pedestrian plazas. Smoking in bars and restaurants was banned in 2003.

Smoking in Sweden (CT 15 Jan 2011)

Sweden is offering a reward of up to 5000 kronor (\$A740) to those who tell on people who violate the smoking ban in certain residential buildings. Buildings can be designated non-smoking where no one is allowed to smoke.

Cancer transplant (CT 13/10/09)

A British war veteran, aged 31, died after receiving cancerous lungs in a transplant for an incurable lung disease. The lungs were from a donor who, it is believed, smoked 30-50 rolled up cigarettes a day. The tumor was found after the transplant. Under hospital rules, as a cancer patient, he was not allowed to have another transplant.

Dates for your diary

Thursday 24 March Senior's Week Expo Day 10am – 3.30

Wednesday 5 April practical session with Physio students at University of Canberra

Thursday 14 April Education Day

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