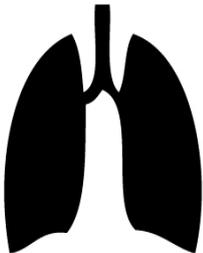


CANBERRA  
**LUNG LIFE**  
SUPPORT  GROUP

**Newsletter May 2012**

Providing a supportive and informative environment for people with a variety of lung conditions and their carers.

**Editor:** Helen Reynolds 02 62597737  
helenrey@creationcorporation.com.au  
**Contact:** Helen Cotter 02 6281 2988  
lung.life@hotmail.com

**Next Meeting**  
**10 May Thursday 2012**  
**10.15 am – 12 noon**

**The Weston Club**  
**1 Liardet St**  
**Weston ACT**

**Speaker: Marie Falconer from Carers ACT**  
**Talks about what the organisation provides for carers**

**Dates for your diary**

Thursday 14 June 2012-04-19	Lung Life Support Group Meeting
Wednesday 27 June 2012	World Spirometry Day
Tuesday 14 August 2012	Session with Physio students @ UC

**May Meeting Report**  
**Chris Moyle**

**Dr Mark Hurwitz**, Respiratory Physician and Director of Sleep and Clinical Medicine at the Canberra Hospital was the guest speaker at our April meeting. He spoke of the change in the medical approach to COPD that has taken place over the past eight years. COPD is no longer being regarded as totally irreversible. Dr Hurwitz told us, "... there are things we can do to tremendously change the way we deal with things: a change in philosophy and a change in approach means an improvement in people's quality of life".

Patients should do the pulmonary rehabilitation course and other simple things such as doing some exercise and eating a sensible diet. "It is incredible what a difference that makes", he said. As the disease progresses people tend to lose muscle mass and put on weight, but if you exercise on a

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

regular basis and maintain muscle tone, that is of tremendous value. It slows down the rate of progress of the disease. With exercise the muscles release antioxidants, which stop the bugs from damaging the lungs after infection has been treated. For years natural therapists have been recommending antioxidants, and now we know they are of value.

**Intercurrent infection** - exacerbates a decline. Frequent intercurrent infection and exacerbations increase deterioration of the lungs. Cold wind can exacerbate your lungs. It is a good idea to wear a scarf over your nose and mouth to protect the lungs from cold air, and to exercise indoors on cold windy days. But the more active you are the more you can prevent exacerbations.

**Problems with steroids** - Inhaled steroids were not meant to be a problem but over the last few years we've discovered they can also contribute to cataracts, more fragile skin and bruising and osteoporosis (made worse by lack of activity). If the muscles are not supported then the bones are not supported either. Studies show that steroid puffers also cause a slight risk of infection and pneumonia is more likely.

**Older drugs** - Nuelin and Theodur can make you feel nauseous and cause diarrhoea. Nuelin is now being used again, in very low doses, to manage lung inflammation. Nuelin is an anti-inflammatory which opens the airways and helps inhalers work better.

**Antibiotics** - The Macrolites (Erythromycin, Rulide, Klacid) stop bugs multiplying and loosen mucous. They are also anti-inflammatory reducing the amount of secretions and making mucous looser so it is easier to cough up. They shouldn't be used regularly. Years ago people were placed on antibiotics for long periods. Then it was considered the wrong thing to do. Now again people are on Amoxicillin, the older Tetracycline or Erythromycin to keep the numbers of bugs down.

**New drugs** are being developed for certain conditions, asthma being one of them.

**Salt therapy** is OK for Bronchiectasis but for Bronchiectasis with underlying asthma it is not recommended as it makes the airways more twitchy.

**Buteyko** can assist some people with asthma.

**Obstructive sleep apnoea** is associated with heart disease and possibly with dementia as well. There is a degree of suspicion that some people with asthma which is difficult to control have sleep apnoea as well. COPD affects the heart, muscles etc., while sleep apnoea can affect the other parts of the body.

**Have your say! Join a committee**

That's one way to be heard, to have your say. And let's face it, who knows better than we do the impact on all facets of life caused by lung conditions. Health Care Providers now listen to the consumer whereas in the past they didn't listen to anyone. People used to put up with side effects or just didn't take the recommended medication. Now people need to raise their voices and their opinions will be listened to more now than ever before. Join any relevant committees as the views of people who are daily experiencing the disease/condition carry a lot of weight.

**Two things in medicine –**

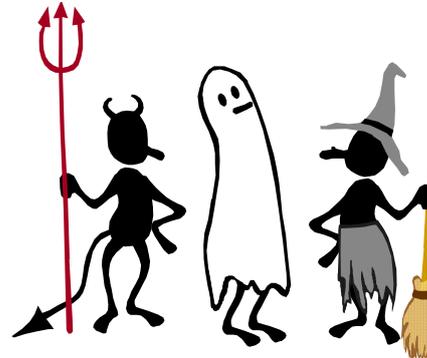
**You can never say “always” and you can never say “never”.**

**A gentle reminder!!!!**

**Have you had your flu/pneumonia jab yet?**

## Great truths adults have learned

- ◆ Raising teenagers is like nailing jello to a tree.
- ◆ Wrinkles don't hurt.
- ◆ Families are like fudge...mostly sweet, with a few nuts.
- ◆ Today's mighty oak is just yesterday's nut that held its ground.
- ◆ Laughing is good exercise. It's like jogging on the inside.
- ◆ Middle age is when you choose your cereal for the fibre, not the toy.



## AUSTRALIAN LUNG FOUNDATION EDUCATION DAY

**Chris Moyle**

The Australian Lung Foundation's second Education Day was held at the Southern Cross Club on Wednesday 28 March 2012. The day was well attended by a wide representation of health professionals and consumers.

### **The key speakers were:**

1. Dr Kate Pumpa - Assistant Professor in Exercise Physiology at the National Institute of Sports Studies at the University of Canberra.
2. David Larkin - Research Nurse and Judy Rafferty, Nurse Care Coordinator for Lung Cancer and Mesothelioma at the Canberra Hospital
3. Elizabeth Forbes - COPD Clinical Nurse Consultant and Judith McKenzie, Adult Asthma Educator Registered Nurse at the Canberra Hospital

## EXERCISE FOR PEOPLE WITH RESPIRATORY CONDITIONS

**Dr Kate Pumpa**

Dr Pumpa spoke of the aim of improved lung health for all Australians. A recent survey showed that one third of people rated their lung health as unimportant. Consequently lung disease is often undiagnosed. Therefore it is important to encourage people to take notice of their symptoms and see their doctor.

Regular daily exercise is particularly important for lung patients to break the cycle of inactivity which can easily occur with less than optimum lung capacity. It is vital to retain and increase muscular strength and aerobic fitness in order to continue carrying out daily activities and to remain independent for as long as possible. It really is important to start moving and keep moving.

*Wouldn't it be great to have a round of golf?*



## **USE IT OR LOSE IT.**

Exercise causes our muscle cells to develop the ability to use oxygen more efficiently. This in turn reduces shortness of breath over time. The quality of life is improved physically and psychologically. Our mood is improved as the brain releases "feel good" chemicals called endorphins. It is a little known fact that exercise is even more effective than medication at combating depression. Thirty minutes of exercise a day (which can be divided up into several short sessions) also gives us a better night's sleep.

Aerobic exercise such as walking, swimming, cycling, rowing or stepping is most effective when it is performed at a rate which makes you slightly breathless. So when you start to huff and puff a little you are exercising correctly.

Resistance training such as weight lifting or using resistance bands strengthens arms and legs and helps flexibility and balance – likewise stretching – all very important to help prevent falls as one ages.

*Or kick a ball around?*



**Helpful websites:** (For more information just “click”!)

- [www.essa.org.au](http://www.essa.org.au) lists exercise physiologists. There are 72 exercise physiologists in the ACT who can design individual exercises at home and give you good technique so you don't hurt yourself.
- [www.canberra.edu.au/healthclinic/special-programs](http://www.canberra.edu.au/healthclinic/special-programs).
- [www.exerciseismedicine.org.au](http://www.exerciseismedicine.org.au).

### **AN OVERVIEW OF LUNG CANCER**

David Larkin and Judy Rafferty

Lung cancer is the leading cause of cancer deaths in both men and women in Australia. Approximately 90% of lung cancer patients have smoked. There are more than 7,000 chemicals in cigarettes and 70 of these are carcinogenic. All the 7,000 chemicals are inhaled via cigarette smoke into the lungs and then move into the blood stream and get carried around the body, impacting on every part of the body. Cigarette smoke can trigger sudden blood clots, heart attacks and strokes. It also disrupts the body's healing process.

### **Smoking is the most common risk factor for cancers of**

- the lung
- the bladder
- cervix
- head and neck
- lip
- pancreas
- oesophagus
- bowel and
- kidney (Tracey, Kerr, Dobrovic, Currow, 2010).

### **Smoking**

- In men - smoking has decreased from 72% in 1945 to 16.4% in 2010
- In women - smoking increased from 26% in 1945 to 33% in 1976 but has decreased to 13.9% in 2010. (AIHW, 20122)

There is concern about teenagers smoking as it affects the developing brain. In 2008 statistics showed that 14.5% of 17year old males and 12.7% of 17 year old females smoked.

**If nobody smoked 1 out of every 3 cancer deaths would not occur.**

Quit smoking campaigns in the media have resulted in less people smoking but there is still much work to be done. We need to change the way we advertise so we stop people feeling guilty. In our society cigarette smoking now causes a stigma, which means people are reluctant to seek help and so they wait too long for a diagnosis often with devastating consequences. They think they deserve their cancer and are less likely to attend advocacy and support groups. Also health professionals have treated smokers differently. Lung cancer also occurs in those who have stopped smoking, sometimes decades after they have quit and passive (second hand) tobacco smoke can cause cancer. Also we need to realise that nicotine is the most addictive substance on earth!

### Symptoms

- New dry cough or changes in a chronic cough
- Chest pain, shortness of breath
- Frequent bouts of pneumonia or bronchitis
- Coughing up blood
- Weight loss.

### Diagnosis

- Chest X-ray,
- CT Scan,
- PET Scan,
- Sputum cytology,
- Fine needle aspiration or core biopsy.
- Also bronchoscopy, endobronchial ultrasound, bone scan etc.

### Stages

Stages 1a and 1b can be cured

Stages 2a, 2b, 3a and 3b are still curable but require chemo/radiation

Stage 4 has metastasized – spread to the brain and/or bones

### Types

Non-small cell carcinoma 75 – 80% of lung cancers- is the “best” type to have.

Small cell is more aggressive -15 – 20% of lung cancers

Mesothelioma (a rare type of cancer caused by exposure to asbestos) has no cure. Patients are given a prognosis of 8 – 19 months although they can live for 5 years. Australia has the largest incidence of this disease in the world.

Treatments Many treatments are now in place. Palliative and supportive care can be introduced very early in the diagnosis. Home based care in the ACT is excellent.

Support The introduction of Palliative and Supportive Care early in the patient’s journey is to improve the patient’s quality of life and to alleviate symptoms as early as possible.

The ACT has good support for lung cancer – telephone support, support groups which meet monthly and on-line support groups. There is also the Cancer Council of NSW. Education, advice and social outlets help improve a patient’s quality of life by giving hope.

Research is on-going.

## HOME OXYGEN AND MEDICATIONS FOR LUNG CONDITIONS

Elizabeth Forbes and Judith McKenzie

Patients with lung diseases such as asthma, COPD and bronchitis need to use inhaled medications (relievers and preventers) to relieve their inflamed airways. Normal healthy airways are well opened but inflamed airways have an inner lining which is swollen. Mucous is produced and the space for breathing is restricted. Medications improve lung function and therefore a patient's quality of life.

### Causes of Inflammation

- Infection. Numerous chest infections can damage airways. Untreated inflammation can permanently damage the airways.
- Smoking
- Irritants and Pollution. This includes vehicle exhaust pollution and smoke from cigarettes and bushfires.
- Allergies and Genetics.

### Main two classes of medications

#### Preventers

- contain a steroid and provide long-term relief but may have side effects. Long term side effects are rare occurring with high doses taken over a long period of time (cataract, glaucoma, lowered bone mineral density)
- need to be taken daily
- such as Seretide are combined with relievers
- can disrupt the natural flora in your mouth causing thrush. Gargle with water and spit out after using preventers
- may cause a sore throat or make you hoarse
- should be used with a spacer to minimise problems
- work extremely well and as doses are tiny, they are generally safe.

#### Relievers

- help to relax the smooth muscles of the airways
- inflamed airways have mucous in them and they contract and tighten.
- Ventolin and Bricanyl are short acting relievers.
- side effects may be tremors or increased heart rate but they are side effects which subside quickly
- Spiriva is a long acting reliever and can cause a dry mouth.

**Always have your reliever with you!**

#### Compliance

Medications work well if they are taken as prescribed. Have your medication adjusted to exactly the right dose for maximum effect (titration). There is new information being discovered all the time.

#### Medications that may interact with respiratory conditions

- Diuretics may interact with some relievers
- Tagamet (for ulcers, reflux) may interact with relievers
- Sedatives may slow breathing during acute respiratory attacks
- Antihistamines may cause drowsiness
- Beta blockers (Carvedilol, Atenolo blood pressure medications
- Carbachol (for glaucoma) can affect the airways

- Aricept for Alzheimer's disease
- Aspirin & salicylates can cause asthma
- Always tell your GP if you are taking "over the counter" medications

### **First Aid management of breathing conditions.**

- 1. Call ambulance immediately. Dial 000.**
- 2. Sit the person upright. Be calm and reassuring.**
- 3. Give 4 puffs of reliever inhaler – one puff at a time via a spacer, or use a paper cup with reliever in hole at bottom.**
- 4. Wait 4 minutes. If no improvement give another 4 puffs.**
- 5. If little or no improvement keep giving 4 puffs every 4 minutes until the ambulance arrives.**

### **HOME OXYGEN**

There is 21% oxygen in the air. It is essential for the body's organs to survive. Home oxygen needs to be prescribed by a Respiratory Specialist, who will take a SP O<sub>2</sub> (O<sub>2</sub> saturation) measure and look at arterial blood gas (pressure). Hypoxemia means the patient has a low level of blood oxygen.

On oxygen, patients live longer, wake up feeling more refreshed in the morning, have improved concentration and feel less fatigued during the day. It may not relieve breathlessness.

#### **Oxygen prescription**

- know your prescription and follow it
- know your flow rate (L/min) and time (hours/day) e.g: 2 litres per minute for 16 hours a day
- know your flow rate for exercise and sleeping
- regular medical reviews are essential
- understand you can't become addicted to oxygen
- if you need oxygen the sooner you start the better.

Lack of oxygen causes more red blood cells and thicker blood, which puts a strain on the heart causing heart problems. Too much oxygen, on the other hand, can be harmful.

#### **Oxygen Concentrators**

- need electricity (There is an electricity rebate if you are on home oxygen)
- suck in the air from the atmosphere
- continuous flow
- Maintenance - Keep nasal canula and oxygen tubing clean, and the tubing free of cracks.

#### **Leaving home with oxygen**

- don't be too ambitious about outings
- mentally walk yourself through every aspect of your outing in advance
- work out how long your oxygen cylinder will last, or how long your battery will last for a portable concentrator in advance
- trial your equipment at home.

### Car travelling with oxygen

- Don't leave compressed oxygen in the car because of damage from extreme temperatures.
- Concentrators in the boot of the car must be firmly restrained (upright)
- Portable cylinders behind driver's seat
- portable cylinders can be delivered interstate from Domiciliary Scheme

### Air travel with oxygen

- speak to respiratory specialist and airline provider about their requirements. Some will allow you to use your portable concentrator in the aircraft while others will supply oxygen for a cost
- you may need a letter from your GP stating you are fit to travel and your oxygen prescription
- sit near a power point on the plane

### Oxygen safety.

- oxygen tubing is a huge trip hazard
- oxygen is flammable – beware of open flames, gas cook tops, heaters etc
- report any problems with the equipment to the supplier as soon as possible
- make sure you have smoke alarms in the house
- it is safe to wear your oxygen in the shower or bath

### Other information

- use "Nozoil" for dry nose/mouth
- for rubbing problems behind the ears or on the cheeks use foam pads or cotton wool
- don't forget to register with ACTEW for the electricity rebate

### In Conclusion.

- Oxygen therapy can help but it does not always relieve breathlessness
- Medical reviews are essential
- Oxygen is not addictive
- Continue on with everyday life
- Plan what to do in an emergency e.g: power blackout
- There is a range of products available
- Red Cross home alarm system is very useful
- Australian Lung Foundation's "Getting Started on Home Oxygen" is available on website or you can purchase a paper copy

### Oxygen helps you continue with everyday life.

#### SUCCESS:

At age 4 success is .... not piddling in your pants.  
At age 12 success is .... having friends.  
At age 17 success is..... having a driver's license.  
At age 35 success is..... having money.  
At age 50 success is .... having more money.  
At age 70 success is .... still having a drivers license.  
At age 75 success is .... still having friends.  
At age 80 success is .... not piddling in your pants.

