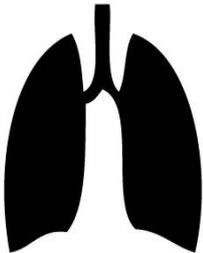


CANBERRA
LUNG LIFE
SUPPORT  GROUP

Newsletter September 2012

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

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Next Meeting
Thursday 13 September 2012
10.15 am – 12 noon

The Weston Club
1 Liardet St
Weston ACT

Guest Speaker: Sarah Marshall – Podiatrist with ACT Health
Everything you need to know about foot care

Dates for your diary

Thursday 11 October

Canberra Lung Life Support Group Meeting

Wednesday 14 November

World COPD Day

August Meeting Report

We welcomed back Esther and also Nasri, who has been unwell for some time. Tanisha Jowsey, PhD student, joined us again and Connie brought along some beautiful greeting cards she'd made herself.

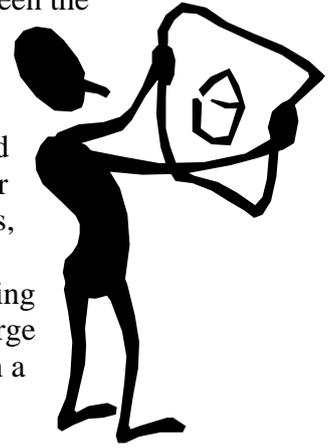
What pharmacists and pharmacies can do

Dean Apolloni

Dean, a newly registered pharmacist from Capital Chemist at Southlands Centre, Mawson, gave an interesting and informative talk. Pharmacy has changed a lot in the last 10 years. Pharmacists used to dispense and label medicines and counsel if necessary, but usually only if the patient was interested in the medicine. Now there is much more counselling of patients and screening and assessment of certain conditions. Creams are made up and daily pick-ups provided for patients addicted to certain medicines, although there is a lot of controversy about that.

The 5th Community Pharmacy Agreement (5CPA) is an agreement between the

Australian government and The Pharmacy Guild of Australia (made up of all the owners of pharmacies). It recognises the key role played by pharmacists in providing primary health care and, as with doctors, dentists and most health care professionals, gives them the opportunity to record and document the services they provide. It allows pharmacists to get noticed for each service. These services are expanding to include blood pressure checks, INR support services (for people needing help to stabilise their particular medicine), lipid recording services (for high cholesterol) and weight recording services. These services are generally free, although some pharmacists charge a small fee. The pharmacist will also document any mistake they make with a person's medicines, also drug interactions and can also type up a letter and send it to the GP if they deem it necessary to do so. There are more



opportunities for them to liaise with doctors and patients. They can write a letter to a GP and say they recommend a home medicine review or the GP can request the pharmacist to review a patient's medicines. The pharmacist will then go to the patient's home and pick out all their medicines from their cupboard. He/she will report back to the GP as to whether there needs to be any changes.

New programs

From 1st August Meds Check and Diabetes Meds Check commenced. Instead of a home check it is done in the pharmacy; you need to be on at least 5 medicines to participate. There is no cost to the pharmacist who is reimbursed by the Government. Some people prefer to go to their GP first. The person makes an appointment and comes into pharmacist with all their medicines and natural therapies etc. The check takes between half to one hour. The Pharmacist checks to see if there are any medicines that could interact and if the person is using medicines correctly. They will remove out of date medicines and everything that is not needed. Out of date medicine means the medicine is ultimately going to degrade and become less effective. The longer it has been out of date the less effective it will be.

Pharmacy health services

These include diabetes, respiratory, cardio-vascular disease, mental health and health promotion, where the pharmacy participates in asthma week, healthy hearts week, diabetes week etc. During asthma week, in September, Dean will be screening people at Mawson Pharmacy with basic lung function test and education about certain conditions, plus referral to GP if necessary.

Types of medicines

There are prescribed medicines, over the counter and complementary medicines (vitamins etc.). Generic medicines are prescribed medicines, which are sometimes a lot cheaper. It is up to the patient whether they use generics or not, although the GP can tick the box that says No Generics. To begin with a company will make their new medicine and have quite a number of years when they can sell it without any other company making a cheaper (generic) version. Generics have to be approved by the Therapeutic Goods Association. They need to have the same active ingredients and the only thing that might be different is the fillers. Fillers (excipients) are listed on the consumer information leaflet provided with the medicine and can be discussed with the pharmacist. Fillers, such as lactose, cornflour, maize starch etc. must be safe and are added to the active ingredient of a medicine to make it a suitable size for consumption.

Complementary medicines may have only one trial and perhaps only 100 people verify that it works for them. Prescribed medicines, on the other hand, have been trialed on thousands of people and thoroughly tested. The pharmacist has an unbiased internet site, which tells about interactions with other things. The handouts he may give you on complementary medicines are indeed very conservative in their claims. Vitamin C, for instance, is generally thought to be useful for treating the common cold and able to help the body absorb iron from foods. However the internet site only rates Vitamin C as "possibly effective" for treating the common cold and "likely effective" for improving the way the body absorbs iron. It does however rate Vit. C as (definitely) "effective" for the treatment

and prevention of Vit. C deficiency, including a condition called “scurvy” (suffered by long-term sailors who ate no fresh produce whilst at sea). It may be a matter of seeing what works for you.

Drug interactions Some medicines can exacerbate lung conditions. Echinacea can cause allergic reactions. Not all brands are the same and one bad batch can cause an asthma attack. Eucalyptus can interact with Nuclin. Klacid can interact with cholesterol medicines. Check with your pharmacist.

Continuing professional education

Pharmacy students study for 4 years at university to complete a bachelor degree. They then have an internship year where they work fulltime, although not allowed to dispense medicines, and also study for written and oral examinations. On successful completion of examinations they are qualified to register as a pharmacist. But the learning continues with further study required in the years that follow. They have to continue studying to stay registered. It is also possible to study for a Master of Pharmacy Degree. There are so many new medicines coming onto the market that extra study is mandatory, and ultimately it all benefits you, the patient. So don't hesitate to ask your pharmacist for help. These days he/she is very well trained and always happy to assist you.



Concern re overuse of asthma drugs

Helen Cotter

Taken from article by Amy Corderoy in Canberra Times 4 August 2012

Asthma experts are worried that thousands of Australian children are using unnecessary and potentially dangerous asthma medications. The drugs, long-acting beta2 agonists, are commonly found in puffers such as Seretide and Symbicort. With children, there has been concern about an increased risk of exacerbations or developing tolerance to the short-acting beta agonists.

Letter re asthma drugs

Taken from a letter by Peter Thompson of Byron Bay to the Canberra Times on 8 August in response to the above article

It has been well understood for decades that ... long-lasting bronchodilators can carry serious risks.... I gained control of my asthma more than 17 years ago simply by changing my breathing under instructions from a practitioner of the Butekyo method.

I have watched with dismay the reckless suppression of breathing retraining as an alternative, or even as an accompaniment, to conventional medical treatment...

The article is about children and asthma, but could it apply to adults with a lung condition? Obviously, these points don't apply to everyone but they do raise some issues, one of which is the medical response of prescribing drugs as a first port of call rather than breathing re-training. Has there been any research into how effective Butekyo or any other method is? Or breathing training together with breathing medications?

TEACHER: Now, Simon, tell me frankly, do you say prayers before eating?
SIMON: No sir, I don't have to. My Mum's a good cook.

Bulky Waste Collection Service Trial – extended

The trial of free bulky waste collection has been extended until June 2013. Those eligible include Centrelink Pension card holders, ACTION Gold Card holders and Veteran Affairs Gold Card holders. Suitable items include furniture, timber, white goods, car parts, tools, mattresses etc but EXCLUDE green waste and tyres. They may take televisions and computers. One free collection is available but must be booked:

www.tinygreenshed.com.au or ph: 6249 7974 or email: bulkygoods@gmail.com

If you are not eligible for a free service, you can still participate for a fee.

Medicare goes cashless

Chris Moyle

Medicare Service Centres in Belconnen, Civic and Woden have gone cashless from 13 August, moving to new electronic payment methods which pay Medicare benefits directly into bank accounts. Only around eight per cent of payments were processed using cash in the last year, and just four percent by cheques.

There are several electronic payment options available to people claiming Medicare benefits. People can register their bank account details with Medicare and claim using EFT. People can swipe their debit card and payment will be instantly deposited into their bank account via credit EFTPOS. For those who need extra help, or don't have a bank account, Medicare staff will work with them to ensure they receive their Medicare benefit. Mr Hank Jongen, Department of Human Services General Manager, said that by registering bank account details with Medicare many clients could claim benefits directly at their local doctor, with more than half of GPs nationwide able to process payments almost immediately via EFTPOS.

Visit www.humanservices.gov.au/medicare for more information on options for claiming Medicare benefits.

Shingles vaccine Chris Moyle

Some of our members have experienced the pain of shingles. Dr Oz urges all his viewers over 60 years to take advantage of the shingles vaccine to hopefully prevent its debilitating effects. Here is comment by James M. Steckelberg, MD from the well regarded Mayo Clinic in the US:

Whether they've had shingles or not, adults age 60 and older should get the shingles vaccine (Zostavax), according to the Center for Disease Control and Prevention (CDC). Although the vaccine is also approved for use in people ages 50 to 59 years, the CDC isn't recommending the shingles vaccine until you reach age 60.

The shingles vaccine protects your body from reactivation of a virus — the chickenpox (varicella-zoster) virus — most people are exposed to during childhood. When you recover from chickenpox, the virus stays latent in your body. For unknown reasons the latent virus sometimes gets reactivated years later, causing shingles. The shingles vaccine prevents this reactivation.

The shingles vaccine isn't fail-safe; some people develop shingles despite vaccination. Even when it fails to suppress the virus completely, however the shingles vaccine may reduce the severity and duration of shingles. Although there's hope that the vaccine will reduce your risk of severe, lingering pain after shingles (postherpetic neuralgia), studies haven't yet found strong evidence of that effect.

The shingles vaccine is a live vaccine given as a single injection, usually in the upper arm. The most common side effects of the shingles vaccine are redness, pain, tenderness and swelling at the injection site, and headaches.

Human Rights Commission Survey on Accessible Car Parking

Maureen Bell

Source: *Woden Seniors' Newsletter*.

The ACT Government recently began implementing a new national standard for accessible car parking. Parking spaces in the ACT have been changed to include different sized parking bays and the inclusion of bollards.

The ACT Human Rights Commission is interested in hearing your views about these changes. Closes 4 September 2012. Please visit <http://www.hrc.act.gov.au> and follow the link under 'Latest News' to participate.

Idiopathic Pulmonary Fibrosis (IPF) National Registry

The Lung Foundation has an IPF register, aiming to collect data for research to improve diagnosis and treatment of this condition. You need to speak to your respiratory physician about joining this registry. For more information, contact Sacha Macansh, the project manager on 02 9515 3996 or sacha@lungfoundation.com.au or www.lungfoundation.com.au

Idiopathic Pulmonary Fibrosis from The Lung Foundation

Helen Cotter

Idiopathic pulmonary fibrosis (IPF) is a condition that causes persistent and progressive scarring of the tiny air sacs (alveoli) in the lungs. The alveoli perform the vital functions of transferring oxygen to your blood stream from the air you breathe in, and transferring the waste product, carbon dioxide from your blood, to the air you breathe out. The amount of scar tissue irreversibly increases over time. The rate at which the disease progresses is highly variable, with some patients remaining stable for many years while others may deteriorate rapidly.

What causes patients to develop IPF?

At present, it is not known what causes the disease to develop and progress. The term 'idiopathic' literally means 'of no known cause' although it is known that the disease is more common in smokers (70% of those diagnosed have a history of significant nicotine consumption). As a general rule, IPF is not passed on to siblings or children, but on occasions, several members of a family may be affected. This suggests that one's genetic profile may be a factor in the cause of the illness.

How common is IPF?

IPF has an incidence of approximately 10 per 100,000 of the population per year in Australia. The average age at diagnosis is the early 60s and the disease is uncommon below the age of 50 years. Men are slightly more commonly affected than women and the disease affects people of all races.

Many cases of IPF remain undiagnosed due to its uncommon occurrence. Patterns of scarring similar to IPF may be seen in a number of other medical conditions, including in people who have worked with animals or birds, or asbestos. Scarring can also be secondary to diseases such as rheumatoid arthritis, lupus and scleroderma. Careful attention to a patient's past medical history and testing is therefore required to avoid confusion with these conditions.

What are the symptoms?

The most common symptom of IPF is shortness of breath on exertion, which is particularly noticeable when walking up hills or stairs. Other symptoms may include a cough which is generally dry, although in the latter stages of the disease, patients may produce clear phlegm. Some patients may also notice their fingernails and toenails change to a beak shape, known as clubbing. It is vital that any symptoms consistent with IPF are investigated by a specialist.

Next Month:

- How IPF is diagnosed;
- How it is treated;
- Support for patients with IPF.

[There is no pleasure in having nothing to do; the fun is having lots to do and not doing it."](#)
Mary Wilson Little

Smoking snippets from Canberra Times 19 August 2012

- In 2012, **18.1 per cent** of Australians were still smoking (Australian Institute of Health findings). That figure had fallen from **19.4 per cent** in 2007.
- In the ACT, **16.3 per cent** of people in their 20s smoked.
- Overall in the ACT, **12 per cent** of people smoked, the lowest rate nationally (NT was highest with 27 per cent).

From Canberra Times 23 August 2012

- Smoking related illness and lost productivity cost the United States economy **\$193 billion** each year according to the Centres for Disease Control and Prevention.
- In China, by 2030, **3.5 million** people will die each year because of smoking (figure comes from a report by prominent Chinese health experts). As the developed countries increasingly restrict smoking, the tobacco companies are increasing their efforts in developing countries.

Christmas in July



Lorna and Jenny

Daphne and Tom

It was a most enjoyable lunch. Our thanks go to the organisers, Pam and her cohorts, for another successful event and to the Weston Club for the well organised serving and the tasty food.