

August 2014 Newsletter

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

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Next Meeting

Thursday 14 August 2014

10.15 am - 12 noon

The Burns Club,

8 Kett Street, Kambah ACT 2902

This meeting will be special event meeting with no speaker

Dates for your diary

Thursday 11 September 2014	Canberra Lung Life Support Group Meeting
Thursday 4 September 2014	ANU Medical School
Wednesday 19 November 2014	World COPD Day
Tuesday 17 March 2015	Seniors Expo

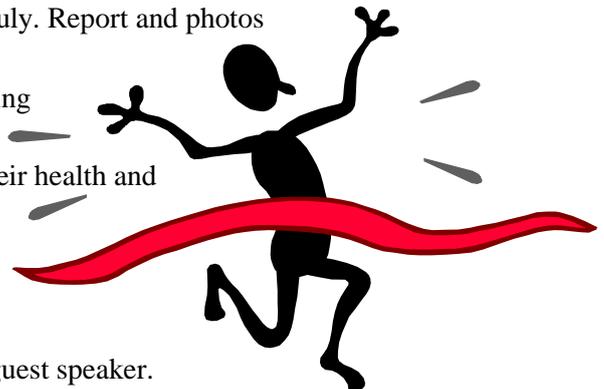
July Meeting

Helen Cotter

Under our new arrangement, a member of Lung Life runs the meeting – not the co-ordinator. Carmel ran this meeting (most efficiently) and will run the next two; then another member will assume the position.

Matters attended to:

- * Carmel handed out **the pull-off strips** in the Lung Life colours that Peta created and printed for us to stick up on community noticeboards etc – a great job by Peta.
- * HelenC spoke of two meetings organised by HCCA that she attended – the Chronic Care Program and one about the UCPH. You will find the reports later in the newsletter.
- * PamH reminded us of the mid-winter lunch on 31 July. Report and photos in the next newsletter.
- * We had a discussion regarding the telephone coaching system where a couple of our members receive phone calls organised by ACT Health to monitor their health and progress. One member felt they didn't take any notice of or remember the things she said while another member was happy with the quality of the calls.



After the group dealt with our business Carmel introduced our guest speaker.

Guest Speaker: Bernie Bissett, physiotherapist

Chris Moyle

Bernie, a physiotherapist of 14 years, is currently a lecturer at the University of Canberra while also working two days a week in the Intensive Care Unit at The Canberra Hospital.

Bernie explained that about one third of patients with COPD have significant weakness in their breathing muscles and that it is beneficial to the patients' wellbeing to improve their strength. The idea of improving muscle strength started with athletes to improve their performance but has now extended to other health areas.

Bernie demonstrated a small, hand-held device for inspiratory muscle training (IMT) which assists lung patients to strengthen their breathing muscles, helping not only the diaphragm but the intercostal muscles as well. The IMT has a removable mouthpiece and a spring loaded, one way valve which can adjust to different levels of intensity: 9 = easy – 41 = hard. It comes with a nose piece (nose peg) which may assist some patients but is not an essential item.

Method for using IMT

Place device in mouth and start with six breaths in, then rest. The aim is 30 in-breaths every day, with muscles trained to fatigue.

It is important to start training very conservatively, at about 30% of maximum capacity, working up to 50%. Patients training at 50% report improvements. Once the intensity is right there are improvements, so it is crucial that the intensity is correct – not too easy and not too difficult. If you get an infection or exacerbation the intensity will need to be turned down for a period.

Other lung devices

While the IMT provides resistance on the in breath, the Flutter Valve provides resistance on the out breath and is more suited to removing plugs of mucous in the lungs. The Tri-Flo, 3 ball device, routinely given to hospital patients, is now regarded as having no strengthening benefits. Walking is a better activity than using the Tri-Flo.

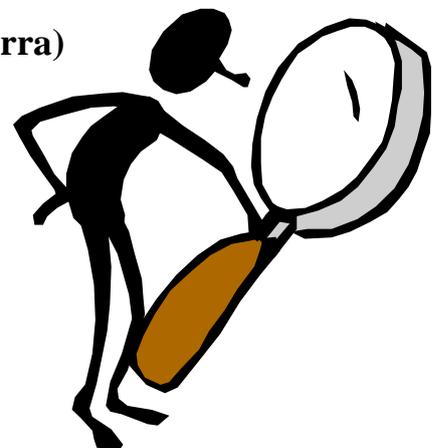
Benefits

Using the IMT daily, or the maintenance program of 3 days a week, can lead to stronger breathing muscles and significantly fewer hospital admissions.

The Physiotherapy Department at The Canberra Hospital sells the IMT for \$30. Bernie Bissett is at the Physiotherapy Department, Building 3, Level 1 The Canberra Hospital every Wednesday and Friday. She suggests getting advice from this Department (Phone No 6244-2154) before purchasing the IMT.

Answers from school examination papers (not in Canberra)

- Parallel lines do not meet unless you bend one or both of them.
- A magnet is something you find in a bad apple.
- A super-saturated solution is one that holds more than it can hold.
- By self-pollination a farmer may get a flock of long-haired sheep.
- A circle is a line which meets its other end without ending.
- An axiom is a thing that is so visible it is not necessary to see it.
- Algebra was the wife of Euclid.
- The cuckoo does not lay its own eggs.



Why I came to Canberra: Tom's Story

Before migrating to Canberra Tom Broers did National Service in his home country's Royal Dutch Navy, but decided he didn't want to be in the Navy so he followed his brothers to Canberra in 1954 when the Nation's Capital had a population of just 22,000. Tom had to stay at Hall for his first few days in his new country as the Queen was visiting and there was no accommodation available. He then lived at the Hillside Hostel on the site of the current Parliament House.



Tom and Daphne, or, as Tom calls her, his "guardian angel".

Tom could not speak English other than "yes", "no" and "job". He walked to Acton and asked for a job with ACT Engineering. They said, "When can you start?" "Now" said Tom, having learnt another handy English word. He was a welder by trade, but was happy to start work as a labourer. There were all nationalities working at the Wentworth Avenue depot so Tom was exposed to several different languages and learnt how to understand German quite well. After a while he became a welder, which meant higher wages.

Tom remembers that Friday night was shopping night and around the Civic Sydney and Melbourne Buildings stood all the ethnic people, chatting and socializing – Dutch, Italians, Greeks, Germans, Croatians, etc. They shopped at Goodlands on the corner of either Sydney or Melbourne to buy their beloved continental food. On Saturday night there was dancing in The Gloucester Restaurant in one of the Civic buildings.

One day he was invited to a party at the Dutch Embassy and there he met a German girl. Somehow, he says he became involved with her. Almost every weekend they had dinner at the Gloucester Restaurant where Bruce Lansley's Band played. Tom disliked Australian wine, thinking it tasted like metho. They were married and moved in with a kind Australian lady at Wakefield Gardens, Ainslie. Tom bought a Vauxhall – "a good car". Fortune continued to smile on him when his wife had a baby. His parents migrated to live in Canberra with his brother.

One fateful Sunday he drove to Yass but on the return journey he was pushed off the road and the car rolled. His father and the baby were killed instantly. Tom and his mother sustained serious injuries and weren't expected to survive. His wife was physically unhurt but devastated at the loss of her baby and father-in-law. And so began a long recovery process for Tom. After leaving hospital his GP visited him at home six days a week, to change his bandages – all free of charge. Money was tight and they lived on 10 shillings a week. A friend provided eggs and potatoes. It was all they ate for months on end.

Tom was told he couldn't return to work, but he bought a very big hat to cover the bandages on his head and recommenced work. Compound headaches troubled him and he was only on light duties. He couldn't go back to welding. Then he collapsed and had to leave.

Later Tom started working at Capital Motors, Manuka where he did wheel alignments, but after 2 years he was sick of cars. Next he was a maintenance engineer at Dairy Farmers milk factory, then moved to Yarralumla and commenced working on heating systems and making furnaces and then setting up his own business which lasted for 23 years. Unfortunately there was asbestos in the furnaces and Tom developed asbestosis. He claimed compensation from his original employer but was unsuccessful. The reason given for refusal was that he'd contracted the disease while working in the Dutch Navy.

Life can be unfair but Tom appears to be coping well with his illness with the help of his caring second wife, Daphne, or, as Tom calls her, his "guardian angel".

The A-Z of Preventative Medicine

Haemorrhoids (Dr Oz) are swollen veins inside the colon or at the entrance to the anus. Surgical removal is painful and puts you at risk for infection. Treatment includes some exercise plus a high fibre diet with plenty of water as constipation makes the problem worse. Baked beans or lentils, rye bread, prunes and prune juice are good short term remedies. External haemorrhoids may be pushed back into the rectum after each bowel motion using a haemorrhoid relief cream.

Headaches (Dr Oz)

A common cause of headaches is dehydration. Caffeine withdrawal and stress are other causes.

- * Tension headaches (the most common type) cause pain on the sides of the head. The cause is often emotional stress or eye strain.
- * Cluster headaches are very painful and cause pain on one side of the head, usually around the eye and can last for weeks.
- * A migraine is a throbbing headache which can last up to three days. Migraine pain can cause nausea and vomiting. Cheese is one of the biggest triggers for migraine.
- * A tight headband can also be a trigger, as are changes in the weather, hormone level changes, red wine, chocolate and hot dogs.
- * Sinusitis can cause headaches, which can be relieved by taking anti-histamines and/or rinsing the nasal passages with a saline solution (available from pharmacist).

A big headache with nausea and vomiting can signal a brain aneurysm, which can be fatal. For a thunder-clap headache go straight to the Emergency room at the hospital.

Panadol (paracetamol) painkiller tablets/capsules are safe and effective although overdose can be dangerous. Beware of overdosing on Panadol which contains paracetamol. Paracetamol is also a common ingredient in many non-prescription medications for colds and flu, pain, arthritis and fever. There may be an interaction between paracetamol and acetylsalicylic acid (ASA), alcohol and blood thinners. An overdose can lead to hospitalisation and potentially fatal liver damage.

Changes in the Chronic Care Program

Helen Cotter

HCCA organised a session in late June for Jan Ironside, Manager of the Chronic Care Program at Canberra Hospital, to let us know about **the improved system for chronic care**.

The Chronic Care Program at Canberra Hospital provides support for Heart Failure, COPD, Parkinsons' and now for Obesity. Patients come on to the program through being in hospital 2 -3 times during the year. Doctors, Community Nurses and Nurse Specialists can also refer patients.

The aim is to improve management and overall quality of life through:

- Nurse specialist services
- Care co-ordination through home visits and care planning
- Advance care planning, either at home or in the clinic
- Telemonitoring.

Demand for services is continually increasing so the Chronic Care Program developed a two tiered system to improve efficiency, yet maintain high quality care.

Category 1 is high intensity and

Category 2 is low intensity.

The aim is to progress patients from high to low intensity, ultimately equipping them with the knowledge and skills to self-manage their conditions. Feedback indicates that both staff and patients are happy with the way it is working.

Each day I try to enjoy something from each of the four food groups: the bonbon group, the salty-snack group, the caffeine group and the 'what-ever-the-thing-in-the-tinfoil-in-the-back-of-the-fridge-is' group.

Interesting facts from the Australian Capital Territory Chief Health Officer's Report 2014

Every two years the ACT Chief Health Officer compiles a detailed report about our health. This report uses the high quality data from health surveys and other sources to show:

- * where there has been progress in our health status
- * where there are challenges on the horizon and
- * where there is room for improvement.

How many people call the Australian Capital Territory home?

There were almost 375,000 ACT residents living across 100 suburbs, including just over 5,100 Aboriginal and Torres Strait Islander people, at June 2012.

Are we an active population?

Yes and no. More than half of the ACT's adults were sufficiently physically active, but only one fifth of children aged 5-17 years met physical activity recommendations. That means about 80% of children were not getting enough exercise every day.

Is our population ageing?

Yes. In fact, our ageing population is expected to increase the number of people who have age-related chronic conditions such as cardiovascular disease and diabetes. This trend is likely to increase the demand for health services in the ACT.

How long are we living?

85 81 women men We're actually living longer compared to our counterparts in every other state or territory in Australia. In 2012, life expectancy in the ACT was 85 years for women and 81 years for men.

What are we dying from?

Our main causes of death were cancer (29%), cardiovascular diseases (28%), respiratory diseases (9%), accidents and injuries (7%), and dementia (4%).

The most common cancer related deaths for males were from prostate, lung and colorectal (bowel) cancer, and for females from lung, breast and colorectal cancer.

The main cardiovascular disease related deaths for men and women were from coronary heart disease and cerebrovascular disease (a group of conditions that affect the circulation of blood to the brain).

Fifty-six people died from diabetes in the ACT in 2012. It is also a contributing factor in a number of deaths, particularly where the underlying cause of death is reported as cardiovascular or renal disease.

Did you know? There has been an ongoing decline in the death rate from asthma over the past two decades in both the ACT and Australia. There were fewer than five deaths due to asthma in the ACT in 2011.

There were 89 deaths attributed to mental or behavioural disorders in the ACT in 2012, mostly from dementia (84%). Injuries also claimed 116 lives in the ACT that year, mostly from falls, intentional self harm and transport accidents.

We are consistently below the national rates for infant deaths.

What makes us sick?

There was an increase in the number of people in the ACT who had a disease of the circulatory system in 2011-12 compared with 2007-08. This was mostly due to more females being diagnosed with these diseases (20.9%) compared with 2007-08 (16.8%).

Did you know? People living in the ACT had the highest proportion of heart, stroke and vascular disease in Australia.

There were also 1,473 new cancers diagnosed in 2009. The most common cancers for both males and females from 2005 to 2009 were colorectal cancer, melanoma of the skin, and lung cancer, as well as prostate cancer for men and breast cancer for women. The median age of a cancer diagnosis was 65 years for men and 61 years for women.

University of Canberra Public Hospital (UCPB) service delivery plan

Helen Cotter

HCCA organised a session with the planners of the UCPH in early July. This plan is now at the service delivery stage for public comment. A **service delivery plan** details the proposed services, the physical setting and the interrelationship between these services. This phase is to be completed by December, 2014.

The hospital will be sited on the corner of Aikman Drive and Ginninderra Drive, Belconnen. New roads will need to be built for access. The planners are discussing parking and transport details.

UCPH will be a **sub-acute, teaching and research hospital, in conjunction with the University of Canberra**. It will deal with the longer term level of care when a person is recovering or recuperating from a more serious operation/condition. It will have 140 beds and will include inpatient units and day services for:

- rehabilitation
- aged care
- palliative care
- geriatric evaluation and management
- adult mental health.

It will not have an Emergency Department: The Canberra Hospital will remain the Acute Care Hospital.

See the Government's *Time to Talk* web site at www.timetotalk.act.gov.au for further information,

Dramatic Decline in Smoking rates

From Canberra Times, 17 July

From a survey by the Australian Institute of Health and Welfare

Daily smoking has plunged from 15.1% to 12.8%.

Most people are now 16 before they smoke their first cigarette.

95% of 12-17 year olds have never smoked.

Public Health experts contribute this to the plain packaging laws.

India and France are considering similar laws; Ireland, New Zealand and Britain have legislation before their parliaments.

Self Help & Wellbeing Expo

Wednesday 3 Sept 2014

Hellenic Club, Woden

10am – 3pm

Connecting support groups, services and people
who have long term conditions

We are having a stall there. Come and say hullo,
support your support group and see what services are
available.

