



June 2016 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 9 June 2016
10:15 am - 12 noon
Weston Creek Labor Club
Teesdale Close
Stirling ACT 2611

Guest Speaker: David Young
A trip with David through Mongolia.

Dates for your diary

Thursday 14 July 2016

Canberra Lung Life Support Group Meeting

May Meeting

Helen Cotter

The coffee morning we held at Belconnen Myers was a great success. About 15 people turned up so we organised another one for the end of May. This time at Jamison Southern Cross Club.

We had some discussion about venue. The Belconnen Myers is good for people catching buses but the Mall is large and necessitates a fair bit of walking to the coffee venue. Jamison Club is convenient for parking, with less walking, but is not convenient for bus people. We need a venue that combines both.

Education Day, held at the end of April at the Woden Southern Cross Club was again very successful. Approximately 60 people heard worthwhile talks on oxygen and flying; exercise for everyone; and sleep apnoea. Thanks to Lung Foundation Australia (LFA) and to Jenny and Ashleigh for their good organisation of the event. Reports on the talks are later in this newsletter.

Wyn brought up the fact that neither he nor Helen Reynolds were able to take part in the LFA's CPAG teleconference and would like to have another volunteer as a back up when he and Helen are

unable to participate. CPAG teleconferences occur every two months and are a hook up for all the States and Territories to discuss general issues. Please let us know if you can do it.

Helen Cotter attended a DORSS meeting late April where we were told that the BOC tender for oxygen provision had been finalised for the next three years. We had asked that POCs be included in the tender but they are not part of the final decision. We need to take this further to convince them to include POCs for oxygen users.

Then it was over to our speaker, Dr Chris Bourke, MLA, Minister for Disabilities as well as many other responsibilities.

Guest Speaker

Dr Chris Bourke (Minister for Disability and Minister for Veterans and Seniors)

The National Disability Insurance Scheme (NDIS) was legislated in the ACT on 1 July 2014 for people up to the age of 65. It supports people with a permanent and significant disability to access reasonable and necessary supports to participate in everyday activities. NDIS cuts off at 65 years when aged care kicks in. You can stay with NDIS if you register with them before you reach 65. NDIS, like Medicare, is one of the most significant social reforms that Australia has achieved. It means that 5,000 people in Canberra will now have a choice and people who have always been on the margins will now be inclusive in the community. NDIS addresses the barriers to their inclusion. The ACT Government has been working to ensure people understand how NDIS operates.



There was a good turn out to hear the talk given by Dr Chris Bourke. The audience actively engaged in the discussion and had many of their concerns addressed.

INVOLVE is a movement of people with and without disability, community organisations, industry and government acting together to achieve change that empowers people with disability. Change will be achieved through community designed social campaigns that focus on practical action in each priority area.

In 2016 **INVOLVE** focuses on how people can be provided with more employment. In 2017 the focus will be on justice, health and housing options. Look at their website www.involvecbr.com.au and see how we can all make a difference.

ACT Disability, Aged and Carer Advocacy Service (ADACAS) is an independent community organisation that provides free advocacy and information to people with disabilities, people who experience mental health issues, frail older people and carers.

ADACAS is located in Watson, ACT - phone 02 6242 5060 - www.adacas.org.au/contact-info

Canberra has an age-friendly city award and encourages people to remain in their own homes as they age, and stay in their suburb, if they wish, when they need to move. We need to continue talking about these subjects.

Questions (Q) to and Answers (CB) from Dr Bourke

Q1 Better disabled access to buildings

CB There are building codes for disabled access to buildings. We need to examine them. Dr Bourke will speak to the Minister for Major Projects, Territories and Local Government.

Q2 Access to supplementary oxygen in public buildings

CB There is an app. for your phone which gives locations of public toilets. Maybe there should be one to advise locations of supplementary oxygen.

Q3 Mental health packages to better meet patients' needs

CB Dr Bourke will look into mental health packages

Q4 Delays in surgeries e.g. hip replacements can make surgery more invasive and more expensive in the long run.

CB There is a package available now which means patients can have surgery more quickly. Health funding is incredibly complex.

Q5 Use of Portable Oxygen Concentrators (POCs) instead of oxygen cylinders, which have to be picked up and recharged every month

CB Dr Bourke will ask questions about POCs

Lung Foundation Australia Education Day Wednesday 20 April 2016

Ashleigh from Lung Foundation Australia welcomed us and provided some facts about lung disease in Australia.

- 14% of deaths are lung related
- Lung cancer is the biggest cancer killer
- More women die from lung cancer than breast and ovarian cancer combined

"It is funny but you never really think much about breathing - until it is all you ever think about." Tim Winton - 'Breath'



Jenny and Ashleigh represented Lung Foundation Australia at their Canberra Education Day.

I'm sure you all agree that the Canberra Lung Life Support Group is very fortunate to have Chris Moyle among its members. With her skill and expertise in the art of shorthand she provides the CLLSG with wide-ranging, comprehensive notes from guest speakers' discussions. For this we all say a big "Thank-you so much Chris. Your hard work is very much appreciated."

Fitness to Fly

Derek Figurski, Respiratory Scientist and Laboratory Manager of the Department of Respiratory and Sleep Medicine at the Canberra Hospital, provided an insight into what people with lung disease should consider before flying.



One in every 64 flights involves a medical emergency and 12% of the total number of in-flight emergencies relate to dyspnoea (breathing problems). One in 10 Australians has some sort of lung disease.

An airplane is pressurised by pumping outside air in through the engine where it is air-conditioned. Air is dry and pressurised and you can potentially dehydrate. It is pumped through the cabin and exhaled through exit at back of plane. At 30,000 feet above sea level cabin pressure is a lot higher

than it is outside. Operating costs can balance how much pressure is used on a flight, and pressure can vary a lot between international and domestic airlines.

At sea level there is 21% oxygen in the room. A long haul flight can have 17% oxygen. The lowest oxygen levels are at the end of a long flight. Short haul flights have a lower than expected oxygen level of 15%, due to operational demands. A Sydney to Perth flight means several hours with 15% oxygen which may pose a problem, whereas a shorter Sydney to Canberra or Melbourne flight at 15% should be well tolerated.

The physiological response at altitude

Low oxygen and low humidity (10 - 15%) levels and low activity can cause nausea and headaches. By about 20 hours you might start getting a headache because of altitude sickness. If at altitude for a couple of days, especially at a destination many feet above sea level, you might have muscular discomfort, shortness of breath, light-headedness or sleepiness. Strenuous activity at altitude will drop oxygen levels, although there are people who live at 9,222 feet and over time the body adapts. La Paz, Bolivia is 13,310 feet above sea level and people who live here adapt, with larger hearts and more haemoglobin.

The heart can also be affected. Pulmonary arterial pressure increases in normal individuals. Both heart and lungs struggle to function and pulmonary hypertension can occur. This pulmonary pressure can remain at a high level for about 8 days after leaving a high altitude destination, before dropping to a normal level.

High Altitude Simulation Test (HAST) can determine if you need supplemental oxygen in flight. In a laboratory the patient sits for 20 minutes, breathing 15% oxygen. Heart rate is measured, plus oxygen level and arterial blood gas. Patient may feel uncomfortable for 20 minutes or longer, but supplementary oxygen is provided if necessary. At sea level 95% oxygen level is considered normal but this may drop to 85% in flight.

Walking around in the cabin or just standing up can make oxygen levels drop. When plane starts descending cabin pressure changes and you feel more comfortable. At destination your saturation levels are back to normal, but you can desaturate as you are walking off the plane.

Clinical judgement - aircraft cabin pressures; length of journey; arrival elevation; previous travel history; recent exacerbations; flight schedules (stop-over); medical support in arrival country.

The Canberra Hospital procedure

- Referral to respiratory physician or ask specialist next time you see them to organise a HAST.
- No need to do test again and again.
- Follow guidelines regarding need for HAST. If you do have symptoms during test you probably should have some oxygen while you fly. If you also have cardiac symptoms additional oxygen would probably be necessary.
- If having exacerbations you should not fly.
- Need updated letter from your GP to allow you to travel again.

How do I order oxygen?

- Qantas have a lot of information available on their website.
- Medical clearance form needs to be completed by GP 5-7 days before travel - on line or phone.
- **Cost:** could cost an additional \$400 for extra 2 (1,000 litre compressed gas) cylinders - charged by airline. Two cylinders would be required on a flight from LA to Sydney - if no delays.

Travel tips

- Not all planes have the facility for oxygen users; you must check with each airline.
- Where you sit on plane is important. You might want to sit close to amenities so you don't have to walk too far.
- Keep fluids up.
- Do chair exercises.
- Don't overdo alcohol.
- Consider support stockings.
- Order oxygen well in advance.
- Take your own nasal prongs and all documentation (including copy of travel clearance and/or statement from your physician).
- Check-in early.
- Have 2 lithium batteries if using a POC.
- Use facilities available e.g., wheelchair.
- Check the medical support of the country you are flying to.
- Examples of airline policies, Qantas guidelines - use of medical oxygen on Qantas services: see www.airlineoxygencouncil.org.

Remember that additional stopovers have benefits and that adverse events with flight are minimal.

Jet Lag: Causes, Treatment and Prevention

Chris Moyle

Anyone who's flown long distances will know the feelings of exhaustion that can overwhelm you on arrival. Why does jet lag happen and is there any way to minimize its effects?

The earth is divided into 24 time zones: time changes by one hour for every 150 degrees of travel east or west of the Greenwich meridian. Our bodies are programmed to be active and alert during the day and to sleep at night. Travelling across the earth's time zones disrupts these natural circadian rhythms, resulting in extreme tiredness. Other symptoms can include insomnia, stomach upsets, aches and pains, and a sense of disorientation.

Jet lag symptoms tend to be more severe when travelling eastwards. The older a person is the more severe are their jet lag symptoms, and the longer they will take to get their body clocks back into synch.

Another important factor is the lower level of oxygen in airplane cabins. There is less oxygen in the pressurised cabin than at sea level, and individuals are deprived of their regular intake of oxygen. There are also many airborne contaminants in an airplane, and the body needs to use more of its oxygen reserves to eliminate these toxins. Lack of oxygen, in conjunction with these toxins, impairs both physical and mental performance. If you want to get more out of the start of your vacation, it's important to be well rested before you embark, and well oxygenated upon your arrival.

Treatments and prevention

Physical fitness and health - studies show that people who are physically fit, rest properly and eat a well-balanced diet tend to have fewer and lighter symptoms than other individuals.

Control underlying medical conditions - If you have a medical condition, such as a lung disease, heart disease or diabetes, make sure you are following the treatment plan. Having a medical condition under control helps minimize the impact of jet lag.

Dehydration - during your flight make sure you have plenty to drink, preferably water. Alcohol or caffeine will not help your symptoms; in fact they will make them worse.

If symptoms are usually severe - if it is possible, consider doing your trip more slowly. This could mean stopping along the way for a couple of days, or travelling by ship.

When in Rome - as soon as you arrive at your destination change your routine to local timetables immediately. This will speed up your body clock's adaptation to a new environment.

Some practical travel advice

- Don't fly when you are unwell. Many of the reported critical incidents are related to patients who went on a journey when they were unwell. A serious medical deterioration may require that a flight be diverted at great cost and inconvenience to the airline, crew and other passengers.
- Purchase a fully flexible ticket, just in case you need to delay your plans due to ill health.
- Take all your medical documentation with you.
- Ensure that you have travel insurance or access to health care.
- Check in early for your flight.
- Ask to be seated as close to the toilets as possible to minimise the distance needed to walk there.
- Enjoy yourself!

Source: *Oxygen and its effect on jet lag* www.airheads1.com/02
www.medicalnewstoday.com/articles/165339.php
Lung Net News May 2010

The talk given by Dr Saidul Ansary, VMO Respiratory and Sleep Physician at ACT Health Care at Lung Life Australia's Education Day will be included in next month's newsletter owing to the size of the June Newsletter.

Am I Too Sick to Exercise?

Bethany Crane, Accredited Exercise Physiologist and Clinical Educator at the Student Led Clinics, University of Canberra, highlighted how physical activity and behaviour change can assist in the management of your lung disease, and discussed physiology of the lungs and how they react to physical activity. Bethany was accompanied by Exercise Physiologists Casey Patterson and Alex Wilson, who took turns with Bethany in delivering the presentation.



Alex, Bethany and Casey delivered the talk on exercise. We need to focus on strengthening muscles which will keep us stronger, lessen fatigue and falls, give us better posture and lung function and an overall better quality of life.

Misconceptions

Q “Am I too sick to exercise?”

A “Probably not.”

Why don't we exercise?

- Shortness of breath
- chest pains/triggers
- triggers asthma
- persistent coughing
- too hard
- don't know what to do
- too expensive
- embarrassment
- don't like exercise
- I wear oxygen equipment
- is it safe (to exercise)

We should exercise

- slow the progression of lung disease
- improve immunity
- reduce risk of infection
- reduce feelings of breathlessness
- ease clearance of mucous
- reduce fatigue
- increase energy
- improve appetite
- improve sleep quality
- decrease feelings of depression
- improve weight

Shortness of breath

Lungs actually become larger with lung disease which puts a strain on surrounding muscles. Exercise improves the strength of these muscles which makes breathing easier, and then hopefully will reduce your shortness of breath. It can also help with your symptom control. It can help clearance of mucous due to vibrations caused by the act of exercising. There will also be reductions in inflammation and pain so you can do more. A cycle can commence, from being tired - less active - muscle wastage - decreased ability to perform daily activities - loss of independence - poorer quality of life - breathlessness - leading back to tiredness again. Exercise can stop that cycle starting in the first place.

We often focus too much on a single affected area e.g. lungs. Often there is a bigger problem with leg effort than with breathlessness. COPD means an accelerated muscle decline and eventually you lose your independence. Leg strength is a bigger predictor of mortality than FEV1 spirometry reading. We need to focus on strengthening the muscles which will keep us stronger, lessen fatigue and falls, give us better posture and lung function and an overall better quality of life.

Pulmonary rehabilitation (a 6-8 week program) is a great place to start and there is the constant supervision of a health professional. Then you will be prepared to go out into the community to join a gym e.g. Chifley YMCA or start an exercise program like Lungs in Action. Exercise and education decrease the number of lung related hospital admissions.

Aerobic exercise is an endurance exercise using major muscle groups and includes walking, cycling and swimming. It targets the cardio-respiratory system and is recommended for 30 minutes a day, at your own pace, on most days of the week. It will improve overall endurance for daily tasks.

Vibrations can help to clear secretions from the airways; risk of infection is reduced; cardiovascular health improves, and blood pressure and cholesterol levels are lowered.

Resistance exercise is strength training, including weights, push-ups and sit-ups. It builds muscles, helps maintain strength and balance and improves bone density.

Flexibility and core strength exercises should be done once a day. Continue to breathe as normal whilst holding the stretch or core exercise. It keeps the spine, rib cage and shoulders flexible, helps to maintain a good posture and assists breathing by improving the ease of lung inflation and deflation.

Do some exercise rather than none - even if it is only 5 minutes a day. Then you can work up to 30 minutes a day. There is evidence that improvements are possible with low intensity exercise, though moderate intensity exercise is where you want to be working.

Exercise is progressive: take small steps of improvement, working up to 150 minutes a week - 30 minutes a day - 5 times a week. Individuals who try to progress too quickly are much more likely to fail than those who progress slowly. Know your limits.

An Accredited Exercise Physiologist (AEP) can help you get started - can help management through times of exacerbations and infections by modifying exercise duration, frequency and type of exercise along the way. Evidence states that individuals who are supervised during exercise produce significantly better results. **Medicare** will cover 4 visits a year, one every 3 months, with an AEP.

Conclusion

Exercise is not a cure but it can improve your quality of life while living with a chronic lung condition. It can make life easier and longer. Any form of physical activity helps, but it's best to be exercising most days. People who attend supervised exercise sessions show greater improvements than those who exercise alone.

The A-Z of Preventative Medicine

Chris Moyle

Phlegm (Dr Oz) Yellow phlegm can mean a virus is present. Green and sticky thick phlegm usually means infection.

Physical activity will help to: make your heart stronger and healthier; improve your arm, body and leg muscle strength; improve your breathing; clear mucus (or sputum) from your chest; reduce your breathlessness during daily activities; increase the number of activities that you are able to do each day or each week; improve your balance; improve your mood and make you feel more in control; make you more independent; assist your weight control; and improve your bone density. *People who exercise regularly can reduce their need for hospital admission. Better Living with COPD - A Patient Guide).*