

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

**Guest Speaker:** Anne Knobel  
**Respecting Patient Choices**  
Assistance in the formulation of the medical treatment you would or would not want. This gives you the opportunity to plan your care in advance and is called Advance Care Planning.

### Dates for your diary

Thursday 17 March 2016	Seniors Week Expo 2016 at Thoroughbred Park
Thursday 24 March 2016	9.30 am - 11.30 am Physio students, UC
Wednesday 30 March 2016	1.30 pm - 3.30 pm Physio students, UC
Thursday 14 April 2016	Canberra Lung Life Support Group Meeting
Wednesday 20 April 2016	Education Day, Southern Cross Club, Woden

### February Meeting

Helen Cotter

Thirty members attended this meeting, the second at the Weston Creek Labor Club, our new home.

### Business

- Lung Life pamphlets were handed out with the new labels giving the address of our new venue. Thanks to Lynn for organising the labels; and to Esther and Linda for helping to re-label our pamphlets.
- Our next Fish'n Chips lunch at the Southern Cross Yacht Club was organised for Thursday 25 February 2016.
- Plans are being made for a visit to an alpaca farm near Williamsdale in the next month or two. This will be discussed in more detail at the next meeting.

- The decision to invite ACT politicians to come and talk to us was made with the view to listening to what they have to say and questioning them on issues relevant to us. Now, with the ACT elections coming up on 15 October 2016, is perfect time.
- Members who regularly attend our meetings will be partially subsidised for the next Lung Foundation Australia's Education Day to be held at The Southern Cross Club in Woden on Wednesday 20 April 2016.
- Peter told us about the **Companion Card** Scheme. See later in the newsletter for details. Esther let us know that Seniors get free access to National Parks (information later in newsletter).
- Discussion of Lung Foundation Australia and CPAG (COPD Patient Advocacy Group), their roles, purposes and issues was lively if brief. We will revisit this topic at a later date.

## **The National Companion Card Scheme**

**Peter Olley**

The National Companion Card Scheme brings together State and Territory Companion Card programs that enable eligible people with lifelong disability to participate at venues and activities without incurring the cost of a second ticket for their companion.

The cardholder presents their card at participating affiliate organisations to purchase a ticket or pay an entry fee and receive a ticket for their companion at no extra charge. Acceptance of the Companion Card does not indicate that a venue/activity is accessible. Cardholders should check accessibility with the venue/activity operator before booking tickets by going to:

[http://www.communityservices.act.gov.au/companion\\_card/list\\_of\\_affiliates](http://www.communityservices.act.gov.au/companion_card/list_of_affiliates).

### **More information:**

Australian Capital Territory Phone: 02 62071086

<http://www.companioncard.gov.au>

[http://www.companioncard.gov.au/cardholders\\_apply.htm](http://www.companioncard.gov.au/cardholders_apply.htm)

## **Guest Speaker**

**Jody Hook - Clinical Nurse Consultant with The Canberra Hospital's Chronic Care Program**  
**Chris Moyle**

**The Chronic Care Program** provides services for people with heart failure, chronic lung disease or Parkinson's disease, who have had several hospital admissions or visits to the Emergency Department over the past two years. There is no cost and participation is voluntary.

### **Chronic Care Program services include:**

Specialist nursing support from Clinical Nurse Consultants who can:

- provide education and information about your chronic condition
- see you in specialised outpatient clinics
- visit you at home if needed to assist with any medical concerns and
- liaise with your GP and Specialist and other health care providers.

Care coordination from a Clinical Care Coordinator who can:

- provide education and strategies to help you to manage your chronic condition
- arrange support for you in the community to help with everyday tasks at home

- help you plan for your future and ensure that your wishes are known by everybody involved in your care and
- liaise with your GP, specialist and other health care providers regarding your appointments and care.

As COPD Chronic Care Nurse, Jody does a weekly ward round and sees patients who have been on the ward. Sometimes Pulmonary Rehabilitation patients are referred to her and self-referrals are acceptable if patients have a respiratory specialist.

Jody requires a full diagnosis from a specialist and a big part of her role is doing a comprehensive assessment. This includes:

- looking at medications
- how you manage at home
- how you get to appointments
- continence and bowel function
- railings
- vaccinations
- making an advance care plan and
- linking you with services.

The aim is to keep you well and out of hospital. To this end an action plan is developed in consultation with you and the health professionals involved in your care. This can help to maintain a coordinated approach to managing your chronic condition and help you remain as well as possible. Your Action Plan goes on your medical record as well as "your fridge". It is important as it sets out the steps you should take in case of an exacerbation. It is often prudent to have a broad spectrum antibiotic, such as Augmentin duo forte on hand for these occasions, to prevent rapid deterioration and hospitalisation.

**Early symptoms** of an exacerbation can include more shortness of breath than usual, feeling more tired and changing colour of phlegm. Yellow and green phlegm represent white cells in the lungs attempting to gobble up bacteria. An exacerbation may also be due to a virus which is not helped by antibiotics.

### **Solutions**

**Prednisolone** Studies have shown that weaning a patient off Prednisolone can do more damage to the bones. Best practice guidelines now state that a short course, such as 25mg for 5 days, is a better option.

### **COPD - Hyperinflation and gas exchange**

This means the air sacs are damaged and the diaphragm is not doing its job properly. Pursed lip breathing helps this condition by keeping airways open longer. Breathe in to the count of three and out through pursed lips for a longer time, to the count of four.

### **Tubing rubbing and causing cracks behind ears?**

Purchase foam pieces called "Comfy Ears". Air Liquide supply them.

**Inflammation** means airways are irritated and "twitchy" - not open as widely as normal and filled with mucous which is trying to help the problem. Steroid puffers are often prescribed to relax the airways and, for bronchiectasis patients in particular, it is important to use daily physiotherapy methods to keep airways clear.

**Call 02 6244 2273 for more information.**

## Jack Hibberd - Living life with Bronchiectasis

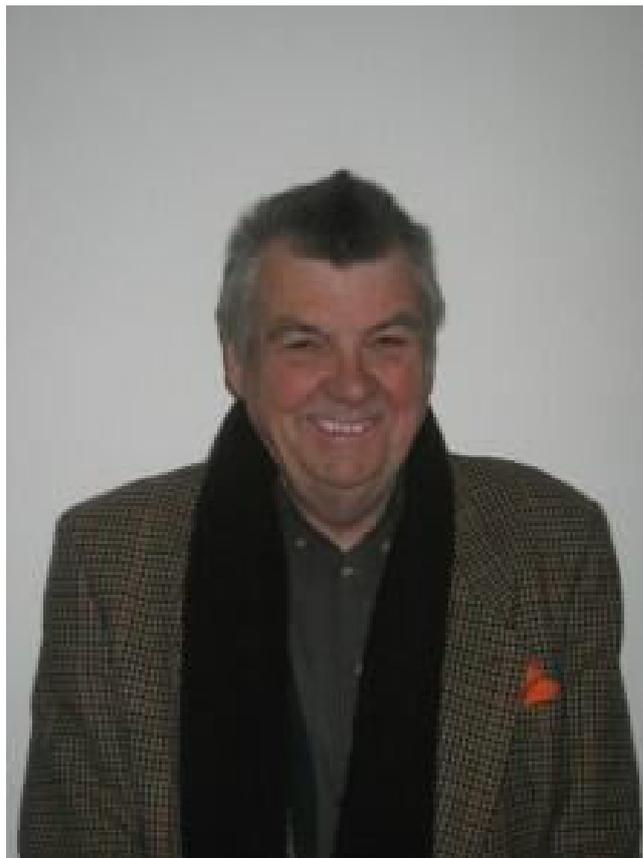
Chris Moyle

Jack (John Charles) Hibberd MBBS-Melbourne, Australian playwright, General Practitioner, Clinical Immunologist and bronchiectasis sufferer, was born on 12 April 1940 at

Bronchiectasis was first discovered by Rene Laennec, the man who invented the stethoscope. He used his invention to detect bronchiectasis in 1819. The disease was researched in greater detail by Sir William Osler in the late 1800s; it is suspected that Osler actually died of complications from undiagnosed bronchiectasis.

Bronchiectasis can be mild and reasonably easy to live with but daily action needs to be taken to keep the lungs clear using some form of physiotherapy and, most importantly, doing regular exercise. Infections should be treated promptly and aggressively with appropriate antibiotics. Pulmonary rehabilitation instruction is helpful and, of course, regular consultations with a respiratory physician.

Pneumonia is a known possible cause of bronchiectasis. These days children should be immunised against measles, whooping cough and pneumonia in order to prevent bronchiectasis. Also today chest infections are more effectively treated with modern antibiotics.



Warracknabeal in country Victoria. "My earliest memories," Jack recalls, "are to do with ill health. One recollection has me sitting in a cot at Bendigo, in our backyard being licked by a thin winter sunlight, recuperating from a chest infection, and munching cheerios. From my perch I could readily admire the glinting clock tower of the Bendigo Base and District Hospital."

"Perhaps my parents bought a house in the shadows of a hospital so that I could quickly be wheeled or carried there should the need arise - as they sensed it well

might. I had pneumonia every winter for several years. I seemed always to be swallowing (or hiding beneath pillows) huge sulfa pills or enduring infernal mustard packs applied to the back of my chest. I seemed destined to a life medical, whether at the receiving or dispensing end."

Jack continues: "In first year of secondary school I missed much of a vital first term because of illness; it took me a long time to pierce the hieroglyphics of algebra. Owing to the severity of my chronic sinusitis, which had been flourishing for a few years, I began visiting a specialist in Melbourne for nasal washouts - a caveman form of therapy in which a hollow instrument, the shape of an icepick, is inserted up a nostril and rammed through the wall of a sinus. Such remedies were of course useless."

Sulfa drugs, discovered by a German physician in 1935, were the "wonder drugs" before penicillin and are still used today.

Penicillin was discovered in 1928 by the Scottish scientist Alexander Fleming. People began using it to treat infections in 1942.

“Thus a more drastic, mechanistic course of action had to be hit upon: an operation! The operation merely eradicated my symptoms for several months. Once again I missed much school, this time during Fourth Year.”

In spite of all these difficulties Jack did well at school and commenced studying medicine at the University of Melbourne in 1959 at age 18. He graduated at the end of 1964, when 24. Then he worked as a registrar in the Department of Social Medicine at St Vincent’s Hospital, Melbourne in 1966/67 before commencing as a General Practitioner.

In July 1968 Jack left for England where he remained until December 1969. While in London Jack met and married Jocelyn and also wrote *Dimboola*, a wedding breakfast farce with audience participation, even back then. *Dimboola* was a huge commercial success in the 1970s and holds the Australian record for the longest continuous run of a play (two and a half years). It still enjoys some twenty productions a year.

Jack continues: “Back in Melbourne in November of 1972, Jocelyn and I had a daughter, Lily and in January of 1984 a son, James, followed.”

“In 1973 I became besotted with the actress Evelyn Krape, and thus commenced an affair which resulted in a hurtful departure from Jocelyn and fracturing of a family. Evelyn and I have been married for a long time, and now have two offspring, Spike and Molly. We have been forced to live out of Melbourne because Spike, who is also a diabetic, recently developed chemical allergies to the hydrocarbons in the urban environment. Regrettably, we now see less of Lily and James, but it does mean I get fresh air, which assists my bronchiectasis - a sequel to all those chest infections as a child.”

Jack worked as a General Practitioner until 1984, then practised as a Clinical Immunologist concentrating on the diagnosis and management of allergies for 25 years.

Jack Hibberd is also an Australian playwright best known for writing *Dimboola*. He has written 40 plays, among them *White with Wire Wheels* (his first play) staged in 1967 and *A Stretch of the Imagination*, a long melodrama regarded by most connoisseurs as his finest work. He has also written *The Great Allergy Detective Book: A Guide to the Mystery Illness* which discusses a wide range of illnesses that may be due to allergy. The book presents information about causes, symptoms and professional and self-help treatments with illustrative case histories.

**Source:**

“Australian Playwrights -Twenty-One Tomorrow - Jack Hibberd” by Paul McGillick

[www.medicinenet.com](http://www.medicinenet.com)

[www.emedicine.medscape.com](http://www.emedicine.medscape.com)

Wikipedia: Dimboola (play); Jack Hibberd; bronchiectasis; penicillin

Jack's second wife Evelyn Krape was a voice actor for Old Ewe in the movie *Babe* (1995) and Old Ewe and alley cats in *Babe: Pig in the City* (1998).

## The A-Z of Preventative Health Care

Chris Moyle

### Osteoporosis

**Facts:**

- 50% of women and 33% of men over 60 will suffer a bone fracture because of osteoporosis
- The most common fracture is of the hip, and one in two people will require long-term nursing care as a result

- By 2020 it is estimated that one in three hospital beds will be taken up by people with osteoporosis

Taking steroids for COPD can unfortunately increase your chance of getting osteoporosis. Your doctor can monitor your bone density with a bone density scan. There are medications that can slow the progress of bone loss and in some cases actually strengthen the bones. Adequate nutrition and physical activity (weight bearing, such as walking) help you to maintain bone strength and assist in preventing falls and fractures. To maintain bone strength: - ensure that your calcium intake is high (three to four serves of low-fat calcium rich foods each day) and increase your intake of foods that are sources of \*vitamin D, which helps absorb dietary calcium. If necessary take a vitamin D supplement. Have a blood test to check your vitamin D levels are in the normal range. It is not advisable to have levels which are too low or too high. Sunlight helps to produce vitamin D in your skin, however, make sure you protect yourself from UV rays. Limit your intake of salt, caffeine and alcohol as these substances increase calcium excretion. (From Better Living with COPD Patient Guide) and Osteoporosis ACT

**Vitamin D** is available through a small number of foods, though dietary sources alone rarely provide enough vitamin D to meet daily requirements. The best food sources of vitamin D are fatty fish (sardines, herring, mackerel, tuna and salmon), milk (especially milks with added vitamin D), and vitamin D fortified soy drinks, margarines and dairy blend spreads.

The most natural way to get vitamin D is by exposing your bare skin to sunlight (ultraviolet B rays). This can happen very quickly, particularly in the summer. You don't need to tan or burn your skin to get vitamin D. You only need to expose your skin for around half the time it takes for your skin to turn pink and begin to burn. How much vitamin D is produced from sunlight depends on the time of day, where you live in the world and the colour of your skin. The more skin you expose the more vitamin D is produced.

Source: [www.vitamincouncil.org](http://www.vitamincouncil.org)  
[www.ostelin.com.au/food](http://www.ostelin.com.au/food)

**February 18, 2016**

## **New COPD patient videos to improve inhaler device technique** **Judy Powell, Project Manager - COPD Education and Training, Lung Foundation Australia**

Have you had your inhaler device (puffer) technique checked lately? Research indicates 90 per cent of people do not use their puffer correctly, which means you might not be getting the right dose of medicine each time you use your device.

Lung Foundation Australia has released a new series of videos and fact sheets explaining how to use inhaler devices correctly. The videos available cover the following devices: Accuhaler®, Autohaler, Breezhaler®, Ellipta®, Genuair®, HandiHaler®, Puffer (pressurised Metered Dose Inhaler (pMDI)), Puffer and spacer, Rapihaler™, Respimat®, Turbuhaler®.

TIP: Every time you get your puffer script filled at the chemist, ask the pharmacist to check your technique to be sure you are using it correctly.

Go to <http://www.lungfoundation.com.au/inhaler-technique-fact-sheets/> to view the videos or read the fact sheets.

## Available support for those with chronic lung conditions

- **Life Support Electricity Rebate for oxygen and CPAP users** provided by electricity providers such as ACTEW, Origin and TRUenergy need a letter from your doctor. For more details, check their websites or phone ACTEW 13 14 93; Origin 13 23 56; TRUenergy 13 34 66.
- **Essential Medical Equipment Rebate** for concession card holders using oxygen or CPAP see [www.humanservices.gov.au](http://www.humanservices.gov.au) or contact Centrelink.
- **Companion card** for those who need a companion with them in order to access theatre, sports and other events. You get two seats for the price of one. See [www.companioncard.gov.au](http://www.companioncard.gov.au).
- **Australian Disability Parking Permit** must be assessed by a doctor. See [www.rego.act.gov.au](http://www.rego.act.gov.au).
- **Pulmonary Rehabilitation** an exercise and life improvement course at Canberra Hospital. Need a referral from a specialist. For more details phone: 02 6244 2154.
- **Lungs in Action** an exercise program for people who have completed pulmonary rehab. Needs a referral from a doctor. For more details phone: 02 6201 5843 or go to [www.canberra.edu.au](http://www.canberra.edu.au).
- **Air Liquide** offers a 10% discount to Lung Life members. See <http://www.airliquide.com.au/>. Their EMERGENCY NUMBER for Healthcare/Medical Oxygen is 1300 360 202.
- **NSW National Parks** offer a free annual park entry to concession card holders (not for Tidbinbilla which is an ACT park). See [www.nationalparks.nsw.gov.au](http://www.nationalparks.nsw.gov.au).

**If you know of any other support that is available to people with chronic lung conditions please forward details to [helenrey@creationcorporation.com.au](mailto:helenrey@creationcorporation.com.au) for inclusion in future newsletters.**

**Better Living With Your Lung Disease**  
**Patient Seminar**  
**Canberra 2016**



**You are Invited**

## **Seminar Program**

- 9.45am      **Registration** — tea and coffee available
- 10.15am      **Welcome from Lung Foundation Australia**
- 10:30am      **Fitness to Fly**  
Derek Figurski, Respiratory Scientist and Laboratory Manager of the Department of Respiratory and Sleep Medicine at the Canberra Hospital, will provide an insight into what people with lung disease should consider before flying.
- 11:15am      **Am I Too Sick to Exercise?**  
Bethany Crane, Accredited Exercise Physiologist and Clinical Educator at the Student Led Clinics, University of Canberra, will highlight how physical activity and behaviour change can assist in the management of your lung disease, and discuss physiology of the lungs and how they react to physical activity.
- 12.00pm      **Lunch**
- 1:00pm      **Sleep Apnoea**  
Dr Saidul Ansary, VMO Respiratory and Sleep Physician at ACT Health Care, will explain the diagnosis and treatment options for sleep apnoea.
- 2:00pm      **Thank you and close**

### **When and Where:**

- Date:**            Wednesday 20<sup>th</sup> April 2016  
**Time:**            9.45am – 2.00pm  
**Venue:**            The Orion Room  
                        Canberra Southern Cross Club  
                        92 – 96 Corinne St, Woden  
**Cost:**             \$15 payable on the day  
**Parking:**         Free undercover parking

To secure your place,  
please call

**1800 654 301**

before Wednesday 13<sup>th</sup> April

Please let us know any dietary  
requirements at time of booking.

The room is air conditioned and may be  
cool.

This seminar is proudly supported by



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