

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

Guest Speaker: Dr Chris Bourke
Member for Ginninderra
Minister for Disabilities

Dates for your diary

Thursday 9 June 2016

Canberra Life Support Group Meeting

April Meeting Helen Cotter

It was good to see Carolyn Dalton once more co-chairing with Margaret. Carolyn has been a few months recovering from medical treatment. It was also good to see Tom Broers after a long absence looking after his wife Daphne who recently passed away.

Business

- We finalised the Education Day list of attendees.
- Graham spoke about following up on making an Advance Care Plan for end of life - the topic of last month's speaker - and encouraged others to follow suit. Some of us have had a plan in place for a couple of years following an earlier speaker - and we recommend it for all.
- Margaret and Pam spoke about the recent visits to the physio students at UC. Our numbers were down a bit - which is a pity but those who went found it very worthwhile. This was the first time that these physio students had dealt with 'real people' so it felt good to be assisting in their development and experience. The students were lovely and the coffee, eats and chat was most enjoyable.

- Pam and Esther reported on Seniors' Expo held in late March. They had quite a bit of interest from passers-by and were pleased with the response. The Expo has many different stands and events. One of the most enjoyable events was entertainment from Keith Potger of **The Seekers** who sang and chatted about the Seekers. Many thanks to Pam, Esther, Robyn, Kaye and Barry for their help at the Expo.
- Carolyn organised a **coffee morning** in Belconnen Mall on Thursday 28 April 2016 at 10.30 am in Myers coffee shop.
- HCCA is holding a (free) Consumer Rep Course on Saturdays 7 and 14 May 2016 and we encouraged people to attend. (*More detail later in the newsletter.*)
- Helen Reynolds is in touch with Relationships Australia to organise a speaker to talk about how to handle relationships if you have a chronic condition (or 2 or 3 or more). Helen would like you to contact her about any specific aspects you'd like covered. Contact details at top of this newsletter.

**Guest Speaker: Joelle Parker,
Senior Cardio Respiratory Therapist, The Canberra Hospital
Chris Moyle**

Joelle has been coordinating Canberra Hospital's Pulmonary Rehabilitation Program for the last 6 years. She explained lung anatomy, breathing function and the various chronic lung diseases. Lung diseases are progressive in nature but appropriate medication can maintain lung function.

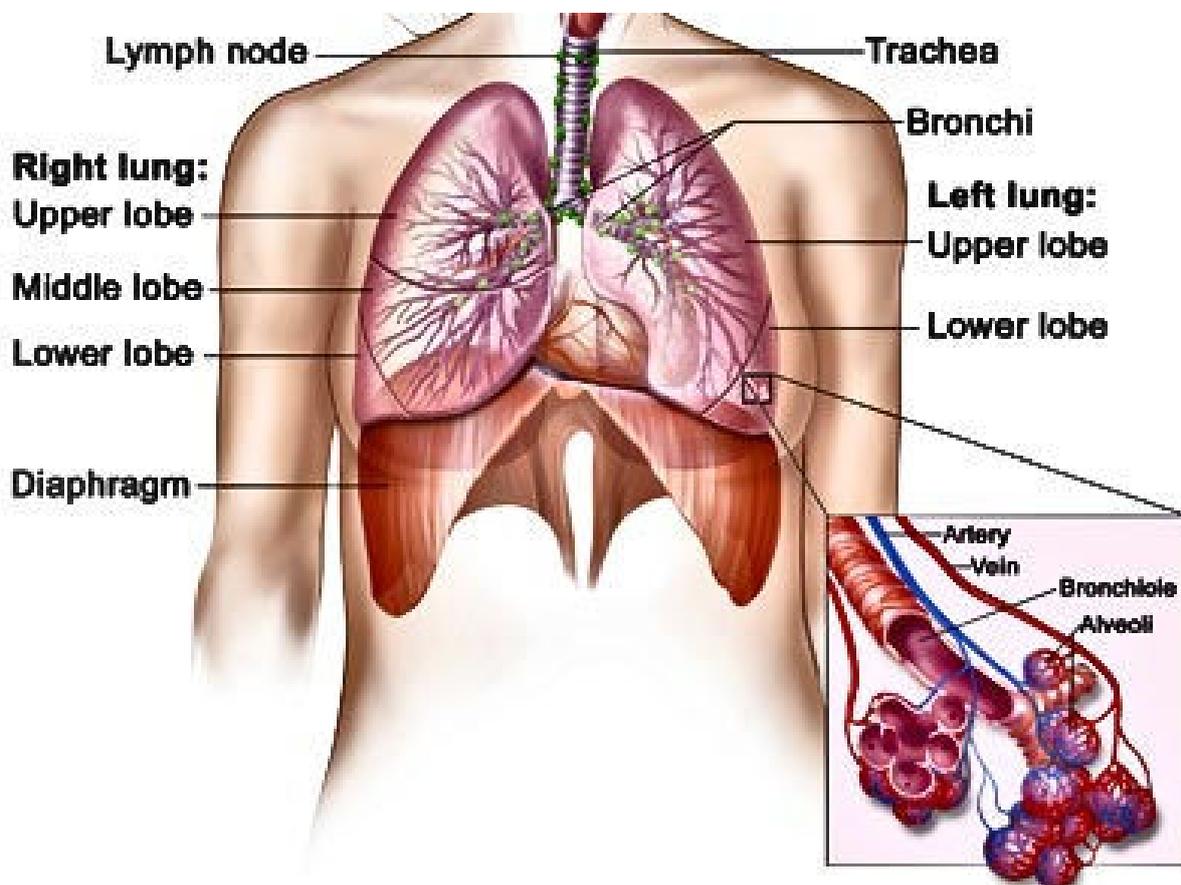
Short acting medication:

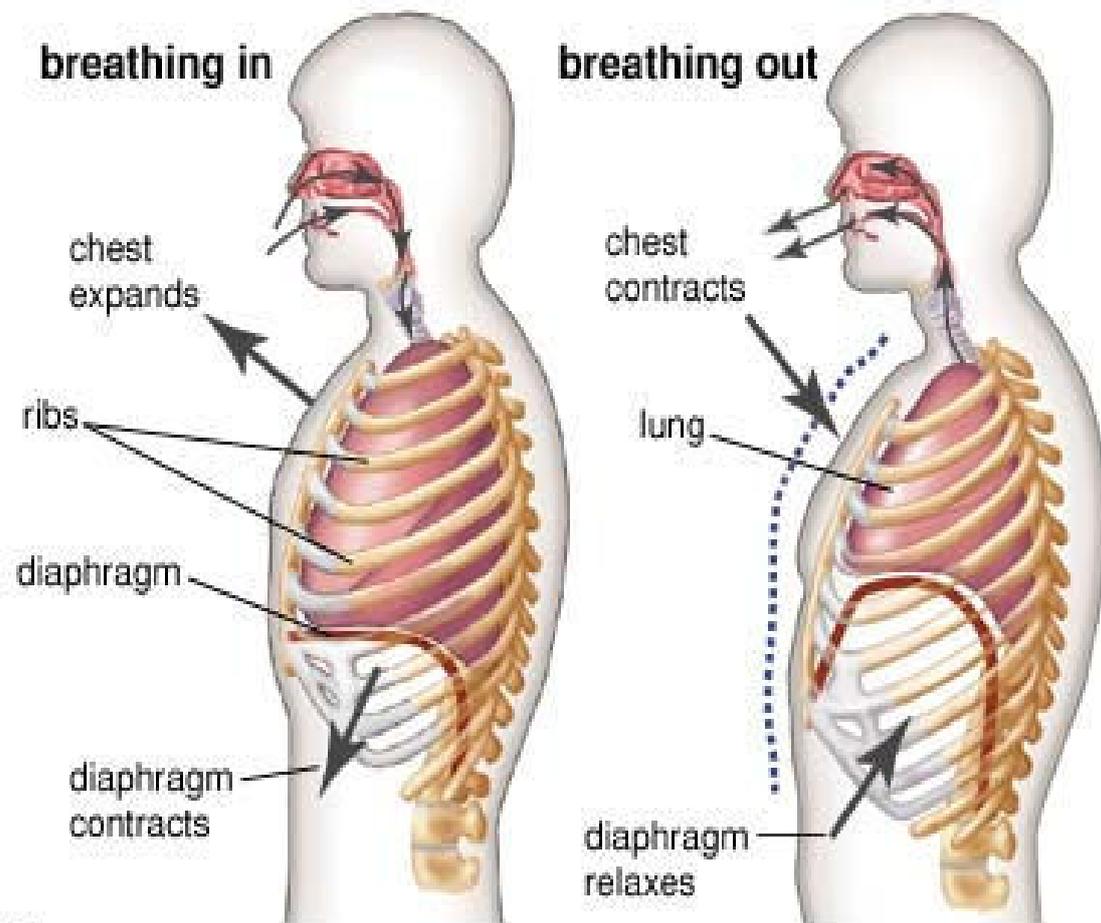
- **Ventolin** puffer resolves symptoms almost immediately.

Long acting medication:

- **Spiriva** is a bronchodilator and keeps airways open for a longer period of time.
- **Seretide** which contains a steroid, is drying and prevents airways from becoming inflamed. Airways are then less reactive to stimuli.

Lung Anatomy

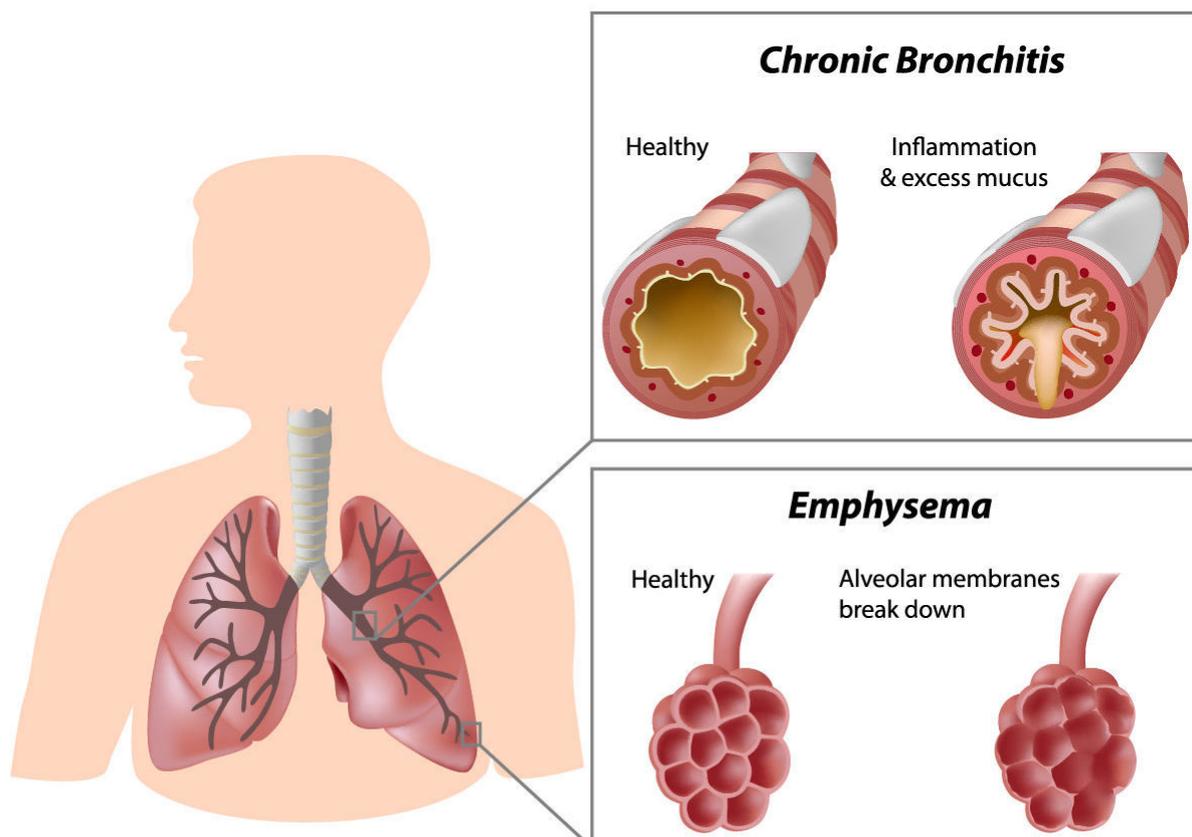




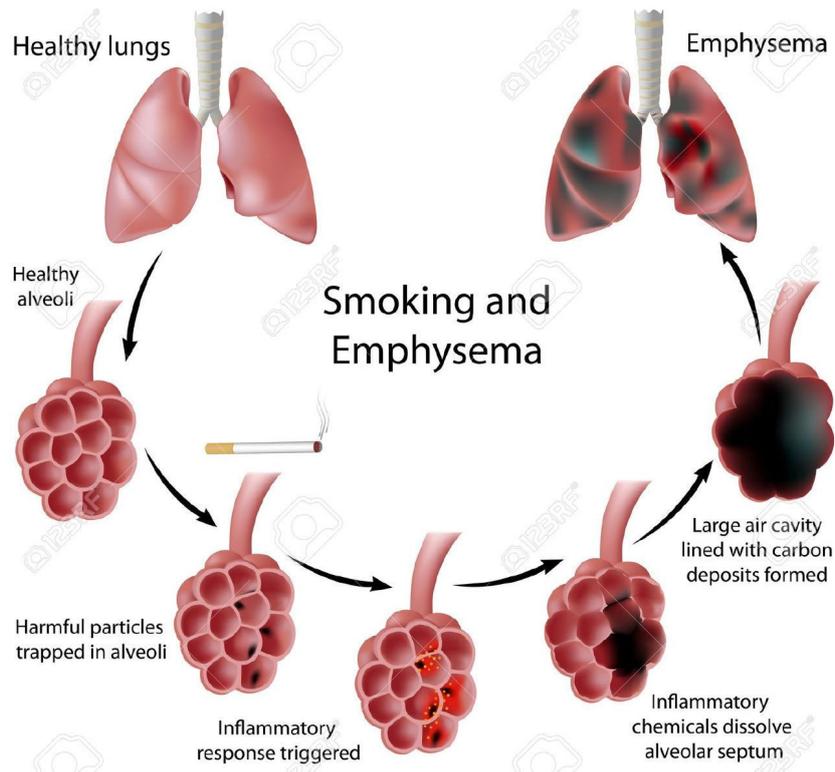
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COPD includes emphysema, chronic asthma and chronic bronchitis.

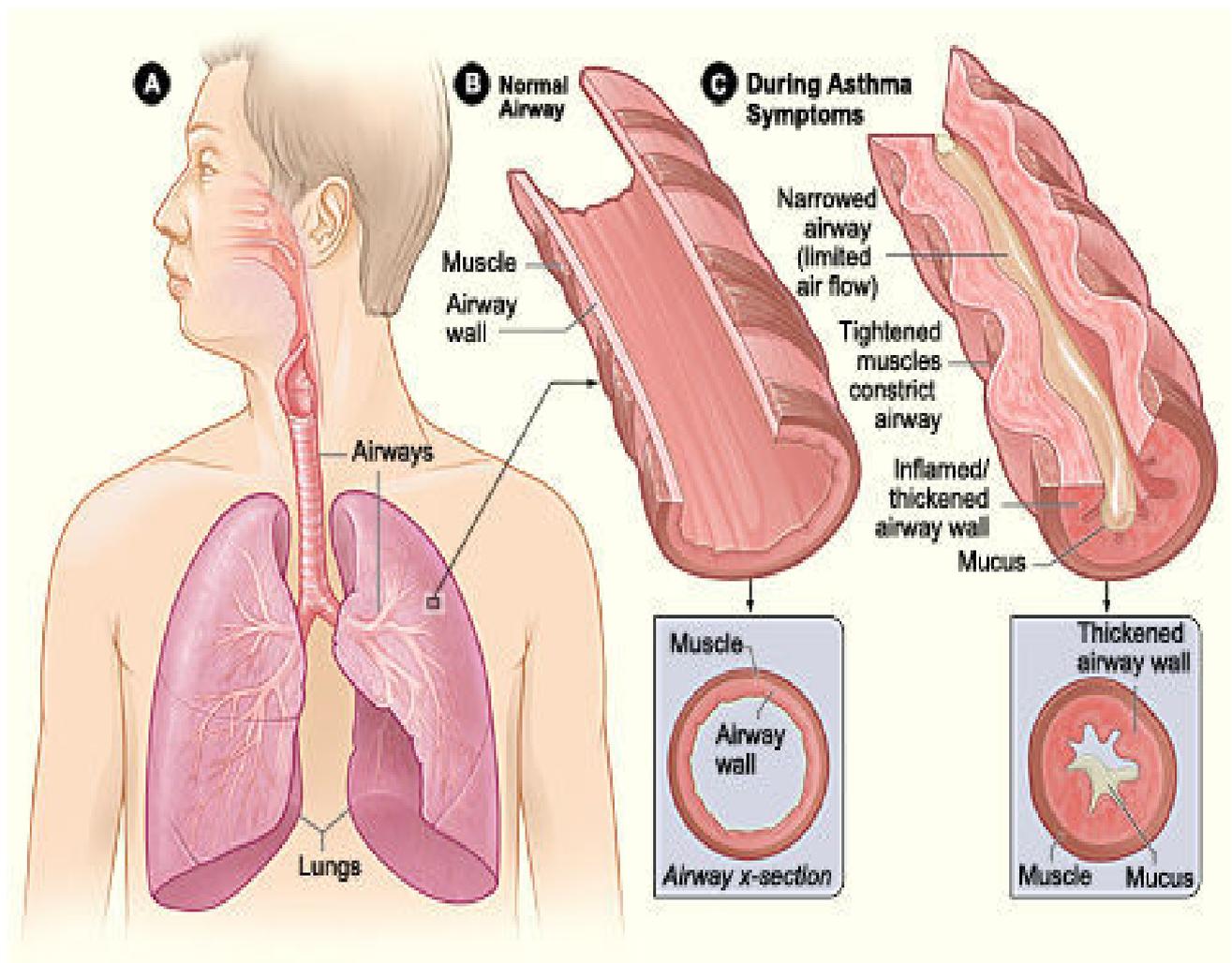
Chronic Obstructive Pulmonary Disease (COPD)



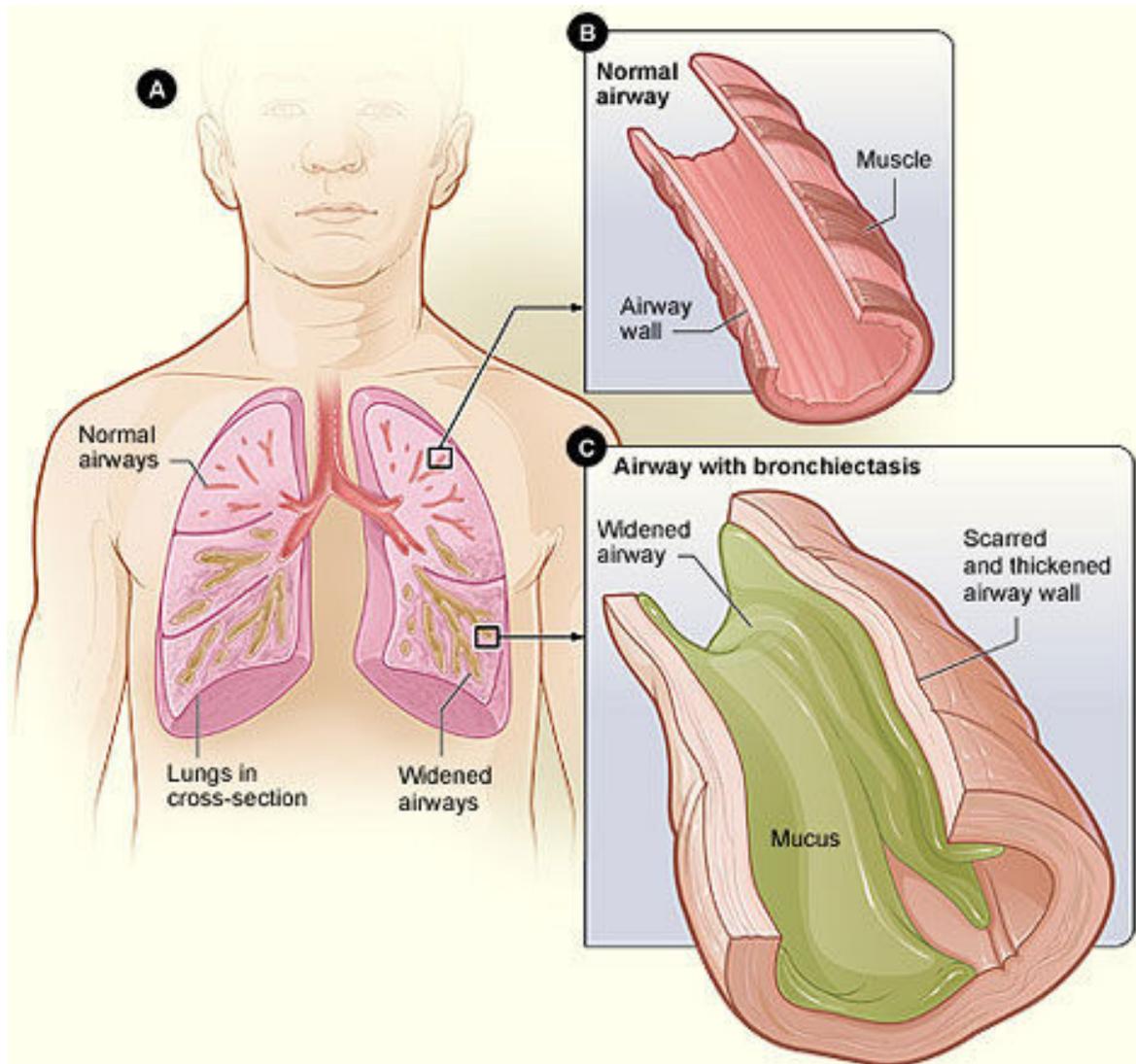
Emphysema means permanent enlargement of airways and damage of alveoli (air sacs). “Air trapping” in alveoli means over-expansion of the lung. Breathlessness is a common symptom. “Pursed lip” breathing can be helpful.



Asthma means airway walls constrict due to various stimuli eg: dust, exercise, and there is airflow limitation. It causes wheezing and sometimes a dry cough. Preventative medication is important.



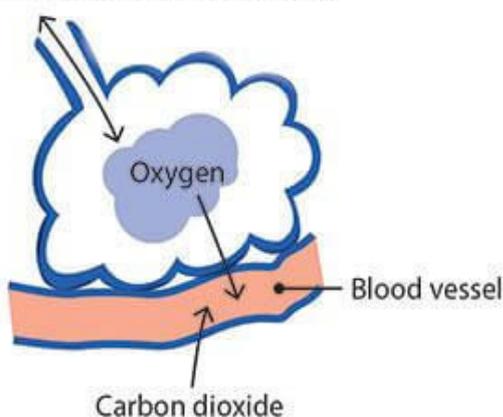
Bronchiectasis is often associated with childhood illness such as whooping cough, pneumonia or infections. Airways lose elasticity, become floppy and dilate. Pockets can form which trap mucous and excess mucous sitting in bronchi can lead to infection. Lungs need to be cleared of mucous with a physiotherapy method on a daily basis. Antibiotic treatment, if required, needs to be prompt and aggressive.



Idiopathic Pulmonary Fibrosis: Idiopathic means ‘unknown cause’ and fibrosis means ‘scarring’. Fibrosis causes are sometimes known, such as environmental agents (asbestos), chronic inflammatory processes or certain medications. Alveoli develop a thicker membrane which means it takes longer for oxygen to get in.

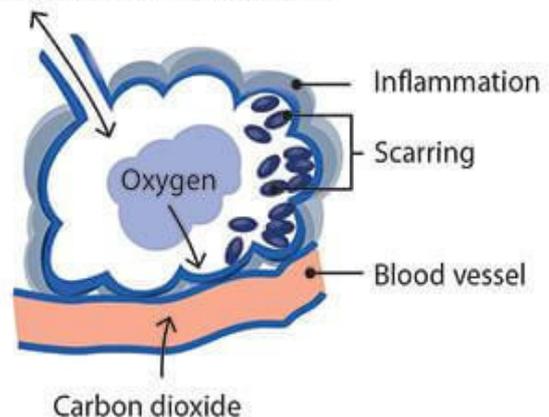
Normal air sac

Air to and from mouth/nose



Air sac damaged by IPF

Air to and from mouth/nose



See more at: <http://almostadoctor.co.uk/node/48/revisions/7303/view#sthash.7GfCkb9S.dpuf>.

Signs and Symptoms

- Breathlessness - "dyspnoea"
- Chronic Cough
- Chronic sputum production
- Chronic hypoxia (lack of oxygen to body tissues) and hypercapnia (carbon dioxide (CO₂) retention in the blood)
- Barrel shaped chest - trapped air in lungs; airways blocked by mucus or inflammation, can't exhale fully leaving rib cage expanded at front and back resembling barrel shape
- Cyanosis - a bluish discoloration of the skin due to poor circulation or inadequate oxygenation of the blood
- Reduced exercise tolerance
- Increased risk of chest infections

Oxygen

Oxygen can be measured by a pulse oximeter placed on a fingertip. 95 - 100% oxygen level is normal. Lung conditions often result in 88 - 92% oxygen. Below that level an arterial blood gas test is indicated. This is prescribed by a respiratory physician. A blood sample is taken from an artery, usually in the wrist. An oxygen level of 55 - 60% would indicate the need for oxygen therapy.

Supplemental oxygen is of no benefit if oxygen levels are adequate. Shortness of breath does not necessarily indicate a need for oxygen. The body can tolerate low levels of oxygen for a short period; however over long periods it can start to cause problems with other organs such as the heart. Oxygen prevents the heart from beating faster and working so hard. The use of oxygen at the right point of time can improve a patient's life expectancy. The patient can get out and do more because they feel better on it, even enjoying travelling on holiday with portable oxygen cylinders.

Take responsibility for your own health.

Staying healthy involves physical activity, good nutrition, reducing risk factors, smoking cessation, medications and vaccinations i.e. annual flu shot, pneumovax, whooping cough.

Visits to physiotherapy students

Chris Moyle

Again this year a number of our members visited the physiotherapy students at Canberra University's Bruce campus. Some of us even managed to attend the two sessions on 24 and 30 March 2016. Thanks to Pam Harris for once again capably organising everything and also being kind enough to give a few of us a lift on both occasions.

On arrival we were met by Bernie, one of the instructors, and ushered to a close carpark. Then a student escorted us upstairs in the lift. I took the lift this time, even though I'm claustrophobic. On other occasions I've breathlessly walked up two flights of stairs to avoid my fear of being locked in. The student recommended the lift so we'd be rested for the walking test. He was right. My blood pressure wasn't high and I did a much better job of the 6 minute walking test. As usual, after the test, I stayed back to allow my students to receive special instruction from coordinator Nicole on listening to my lungs with a stethoscope (auscultation). I wasn't too late for the delicious spread prepared by the students and still managed to enjoy a coffee and cake.

Thanks again to all who attended.

Report on LFA's Education Day will be in the June Newsletter.

The A-Z of Preventative Medicine

Chris Moyle

Pace Yourself:

This is a very important skill if you have breathing problems. If you are more short of breath than usual you will need to slow down to get your tasks done. If you rush and try to beat the shortness of breath, you will spend longer trying to catch your breath. If you go slowly and pace yourself, you will go a lot further before needing a rest.

PLAN how you will carry out the task.

PREPARE all the items you will need to complete the task.

PACE yourself and slow down during the task.

PAUSE and rest whenever needed.

Source *“Better Living with COPD - A Patient Guide”*

Pain has many different causes. It can be caused by a disease, tense or deconditioned muscles, and stress, to name a few. Painkillers tend to be less effective over time and are usually addictive. Two of the best ways to deal with pain are the use of exercise and cognitive symptom-management techniques, such as relaxation, meditation and visualization, in which you actively use your mind to help reduce your symptoms. Other useful pain management techniques include the use of hot or cold packs and massage. If pain continues to have a major influence on your life, you might ask for a referral to a pain-management clinic.

Source *“Living a Healthy Life with Chronic Conditions”*.

FOR SALE - INOGEN ONE G3 (IO-300).

It comes with a carry bag (shoulder bag), battery 7 hour, car charger, nasal cannula with 2.1m supply tube and a User Manual. As new condition (used approx 30 hours).

Cost \$5,400.00. **Sell \$3,000.00 (ono).**

**Please contact Kerry on 0408146499
AH anytime.**

Time to organise your yearly injections

Injections to discuss with your GP:

- Flu injection
- Pneumonia
- Whooping Cough
- Herpes-zoster (Shingles)

As-New POC Available - Philips Respironics - Simply Go

The POC includes 2 lithium batteries and carry cart (the carry cart was never used). It is in as new condition and comes complete with user manual and power cord to charge batteries, also has a charger for the car that can be plugged into the lighter outlet. It has a pulse mode which can be set up to 6 LPM and also a continuous flow mode up to 2.0 LPM.

Since it is almost new, is conveniently in Canberra, is in excellent condition and has been used only a few times, we are asking \$4,200 ONO. If you are interested or want further details, please contact: Nikki Moore, Daphne's daughter, on 0412 610 5220 or email: nikki_moore@optusnet.com.au (there's an underline between Nikki and Moore)

Consumer Representative Training Course

Course Dates

Saturday 7 May and Saturday 14 May 2016: 10:00am – 3:00pm

This [free two-day course](#) provides you with the opportunity to nominate as a Consumer Representative on a health service committee and make a valuable contribution to improve health services. You will learn more about the ACT Health System from a consumer perspective and how to use this knowledge to make effective system change.

The training includes:

Introduction to Consumer Perspectives Navigating the Health System
Introduction to Consumer Participation Effective Consumer Representation
Patient Safety Issues

Morning tea and lunch will be provided



To register: Tel: **6230 7800** or Email: kategoman@hcca.org.au

Venue: HCCA Meeting Room, ACT Sports House, 100 Maitland Street, Hackett, ACT, 2602

Transport assistance may be available. Please ask for details.

Training courses are held twice a year. If you miss this one, please ask about future training dates.