



## November 2017 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 November 2017  
10:15 am - 12 noon  
Weston Creek Labor Club  
Teesdale Close  
Stirling ACT 2611

**Guest Speakers:** Richard Gray, COTA, Road Safety for Seniors

### Dates for your diary

Wednesday 15 November 2017	World COPD Day
Tuesday 5 December 2017	Christmas Luncheon
Thursday 14 December 2017	CLLSG Meeting - Final meeting for 2017

### October Meeting Helen Cotter

Lovely to see Chris at the meeting after being sick for a couple of meetings. She and Lyn ran the meeting. We attended to the following:

- We finalised details for the Botanic Gardens bus ride on Tuesday 17 October 2017.
- We discussed our plans for World COPD Day on Wednesday 15 November 2017. Firstly the stand we are having at the Canberra Hospital to promote World COPD Day. Secondly we hope to perform lung function tests on passers-by.
- Carmel sends out get well cards on behalf of Canberra Lung Life Support Group to members who have been ill. Today some of the recipients thanked her.
- Lung Life sent an email to Jody thanking her for all her assistance to us.
- Christmas lunch is on Tuesday 5 December 2017. Details later in the newsletter.
- Lyn encouraged people to attend the next session of Living Life with a Chronic Condition. Some who had already done the course spoke about how worthwhile it was.

And then it was over to Lyn and Helen to talk about the Lung Life Support Group.

# Lung Life PowerPoint Presentation

## Helen Cotter

Lyn Morley, currently co-ordinator of Lung Life Support Group, and Helen Cotter, past co-ordinator of Lung Life, gave a talk about chronic lung conditions and about Lung Life and what it does.

### Our members

Lung Life is a support group for people with chronic lung conditions. Our members have a variety of lung conditions, the main ones including:

- **COPD:** Chronic Obstructive Pulmonary Disease. The umbrella term COPD includes emphysema, chronic asthma and chronic bronchitis. The tiny air sacs at the end of the lungs stop working and the bronchi lose their elasticity, gradually reducing the ability of the lungs to work over a long period of time. People become more and more breathless and can do less and less.
- **Bronchiectasis:** the bronchi, which take the air into and throughout the lungs, become floppy and wider and this lets in all the bugs which cause infection and inflammation. The body builds up lots of mucus to counteract that, so there is lots of coughing it up.
- **Idiopathic Pulmonary Fibrosis:** this is part of a broad group of diseases called Interstitial Lung Disease (ILD). The interstitial is the tissue which oxygen passes through from the lungs to the blood vessels and this becomes stiff and fibrous, making breathing difficult.
- **Lung Cancer:** this is a term used to describe a growth of abnormal cells in the lung which can continue to grow in an uncontrolled way. The abnormal cells stick together and can produce a growth (a tumour) in the lung which can spread to other parts of the body.
- **Chronic bacterial infections:** as the name implies, some bacteria are very difficult to clean up – cause constant infection and inflammation –and if not treated well, may lead to COPD (mycoplasma is one such bacteria).



Lyn Morley is heavily involved in the smooth running of the group.

Many people in Lung Life have a mixture of all of the above while some have been the carers of a person with a chronic lung condition and have stayed on in Lung Life after their spouse, partner or parent has passed on.

Every couple of years, the ACT Health Department releases statistics on all aspects of ACT health.

- Of the ACT population, 7% have COPD. (7% for the ACT population of about 400 000, equals about 28 000 having a chronic lung condition.)
- Asthma 9%

Together that makes 16% - which brings it into the vicinity of cancers (19%), cardiovascular (15%), and mental disorders (15%).

Even though it's a huge figure for respiratory disorders, we live in a separate silo from Asthma – due to historical reasons. Asthma was recognised as a serious condition and set up its own organisations and concerns before other chronic lung conditions were recognised. We should be meeting and lobbying together as the two conditions often overlap.

## Some are on oxygen

Some of our members use oxygen. After a respiratory specialist has requested it, the Government provides the patient with a home concentrator – like a mini bar fridge – and a minimum of 2 oxygen cylinders per month for going out – mostly you get 4.

Portable Oxygen Concentrators (POCs) are used by many people instead of the oxygen cylinders. One advantage is that they use battery and electricity which makes it easier for getting around as you can replenish the battery at a power point or in the car. Good for going away, visiting family interstate, or doctors interstate, or flying overseas. They greatly improve quality of life.

The Health Department is in the middle of a trial to assess their advantages over oxygen cylinders. Our POC users swear by them.

## Who gets it and why?

- **COPD:** is mainly caused by smoking but can be caused by other things such as passive smoking, air pollution, rooms such as kitchens not ventilated properly, smoky atmosphere (wood heaters the main pollution problem in Canberra – not helped by burn-offs). Some is genetic.
- **Chronic bacterial infections:** as the name implies, some bacteria are very difficult to clean up and some people seem more susceptible than others.
- **Bronchiectasis:** again, it's not known what causes it but it may be due to treatment for chronic lung infections during childhood. The medicine, Pink – a mercury based medicine - was often used long ago for teething and infections have been connected with bronchiectasis.
- **IPF:** again, they don't know what causes it but it's part of a complex umbrella of conditions which has many suspected causes. Idiopathic means they don't know what causes it.
- **Lung cancer:** this has a wide range of causes. It can develop from smoking and COPD but also from polluted atmosphere around us or in industry or other work places, even in the home. We know about Mr Fluffy houses. Lung cancers include asbestosis, silicosis, mesothelioma, to name a few. These are often called dust diseases.

But really, there's very little known about what causes these illnesses. COPD is the one most known about as it affects so many people because of the uptake of smoking. Things may be starting now. There's a registry for bronchiectasis and Idiopathic Pulmonary Fibrosis people who will be able to assist in research.

## What can be done about it?

- **Lung transplant:** this is not done in Canberra but in the other capital cities and is gradually getting better results. You need to be youngish and fit.
- **Partial lung:** can be done in Canberra but is not often done.
- Mostly, it's **puffers and maybe medication**, to alleviate the symptoms – and looking after yourself

## What else can be done about it?

If you create a lot of mucus, you need to spend time clearing it away. This can be helped in a few ways:

- postural drainage: where you lie at an angle and let gravity help.
- Using a flutter or bubble device which is like blowing into a milkshake. It forces lung usage and stirs up mucus.
- But what's really best is exercising – or movement of any sort. Some movement is better than no movement. Walking of course, Gym, Tai Chi, Yoga – anything. But if you can't do those, even getting up from your chair during adds is good. Anything is better than nothing. As one speaker said: "improves your breathing, heart, well-being and even your bowels".
- Some people with chronic illness find eating exhausting but it's important to eat well. We need to keep ourselves as healthy as possible. We need to recognise what suits us best in coping with cooking and eating. and try to eat as nutritious meals as possible with lots of dairy, vegetables, and some meat.

- It's also important not to push your self too hard, not to get too tired, and to listen to your body, and not think you can live the way you used to.

### How do you know you have a lung condition?

Like many people, we, as we get older, find ourselves short of breath. Often we put it down to getting older or putting on weight or being unfit. We find it difficult to go up stairs; we may cough a lot. Often we don't do anything about it until other people start to say things about it. Then we go to the doctor.

Or maybe we have an unexpected hospitalisation - and then find out we have a chronic lung condition. But it's nothing to panic about – most lung conditions take ages to develop and to become a real nuisance. Treatment makes the breathing easier and life becomes more pleasant.

We may have an X-ray or CAT scan and probably a lung function test where we need to blow in and out of various machines to assess how our lungs are working.

Once we've been diagnosed, then we will probably go on puffers or antibiotics and be encouraged to exercise and to live a full life – and to join Lung Life.

### Canberra Lung Life Support Group

The Group has been going for about 20 years. We meet once a month at the Labor Club in Stirling. About 25 people attend our meetings. We often have a speaker and follow that with lunch at the Club. Maybe on another day, we have a social activity but we always follow the meeting with lunch.

Here are some of the activities we are involved in:

**World COPD Day:** For the last couple of years, we've had a stand at the hospital on World COPD Day in November. Our chronic care nurse, Jody Hook, has been doing a simple lung function test on passers-by. They need to breathe out into a hand held device. If the results aren't too good, they are advised to see their doctor.

World COPD Day is a day of awareness raising around the whole world. They try to get doctors, hospitals, pharmacies, gyms, other community groups involved to help raise awareness about lung conditions.

**A stand at the Seniors Expo:** we have a stand at the Seniors Expo held in March every year. Last March it was at the Epic Centre. It's a great and grand event with many stands hosted by community groups, Government departments, Police, Ambulance, "Firies", Aged Care Establishments, Travel Companies - you name it and they're there.

**Education Day:** Every year, our national body, Lung Foundation Australia, organises Education Day. It's a big event held at the Woden Southern Cross Club where we have three speakers on some health issue - with lunch provided in the middle of the day. This year, our speakers spoke about Being Proactive with your Health, The Importance of Good Nutrition, and Preventing Exacerbations. About 100 people attended this year – which we were very happy to see.



Helen Cotter is dressed in her green shirt asking "What is COPD?"

## Guinea pigs for physio and medical students

Some of our members traipse off to the University of Canberra to be guinea pigs for the physio students there – or to the Canberra Hospital for the medical students. The students enjoy it. It's the first time they have talked to real live people with a chronic illness. They ask about:

- your illness and how it affects you
- take blood pressure
- blood oxygen levels
- listen to our hearts and lungs
- monitor us during the 6 minute walking.

The physios provide a lovely morning or afternoon tea while the medicos provide a voucher for shopping. It's an enjoyable day for everyone.

## Lung function tests on politicians and other workers at Parliament House

This year, the Lung Foundation organised a day of lung function testing for politicians and workers in Parliament House. Kaye Powell and Helen Cotter took part in the event and happily registered those who came to be registered. They had a lot of fun identifying the politicians walking by and those coming in to have their lungs tested. Kaye was thrilled to see John Alexander, the ex- tennis champion, now a politician. We also saw Andrew Leigh and Zed Seselja among others.

The test was the usual thing of blowing into a device and registering the force of the blow – those who didn't do too well, were told to see their doctor. You'll be pleased to know that all the politicians did well – a couple of the others didn't do so well. (Andrew Leigh runs marathons so he would obviously do well).

## Our newsletter

As well as all that, we have a monthly newsletter that goes out to many people, some with a chronic condition who are unable to attend the meetings, some who work in the area or are interested – perhaps for personal reasons – in our condition. It gives details of our meetings, including the talk we had the previous month; it writes about health issues; and keeps everyone up to date on what we are doing and have done.

So that's our group and what we do. It's important for helping us deal with our chronic illness. Being with others who have a similar condition is very positive and supportive. We have some members who have continued to be involved with the group even when the person they cared for has passed on. It does a good job.



## Christmas Lunch

- When:** Tuesday 5 December 2017.  
**Where:** At the Labor Club, Stirling.  
**Time:** 12 noon for 12.30 pm.  
**Cost:** \$30 and buy your own drinks.

For more detail contact Pam Harris: 02 6288 2053 or [bapjh@live.com.au](mailto:bapjh@live.com.au).

We ask that members bring a donation to the next meeting so we can make up Christmas hampers as prizes for the day.

# The A-Z of Preventative Medicine

## Chris Moyle

### Super Foods (Dr Oz)

Pumpkin seeds:	contain magnesium – lower blood pressure.
Eggs:	contain iron, biotin, Vitamin B12 – strengthen hair.
Pomegranates:	improve skin.
Oats:	lower cholesterol.
Blackcurrants:	assist vision, immunity.
Barramundi:	eat plankton, not small fish – high in Omega-3s and contain no mercury.
Greek greens:	fennel and mustard greens – contains Vitamin K for blood and bone strength. Greeks eating these foods have no Alzheimer's disease.
Turmeric tea:	has antioxidants – yellow part of curries – prevents cancer.
Cranberry:	its anti-oxidant properties help the heart. Dried cranberries help achieve healthy cholesterol. Its bacteria-fighting properties help the stomach.

### Seven Super foods that keep you young

(Nicola Reavley, International Nutrition Researcher, Graduate School of Integrative Medicine, Swinburne University, Melbourne)

1. Garlic: antibiotic action against infectious agents; reduces raised blood cholesterol levels, helps blood flow freely, lowers high blood pressure; lowers blood sugar levels; anti-cancer action.
2. Cabbage: antioxidant powers; cancer fighter; energy booster
3. Tomatoes: protective against prostate cancer; less risk of heart disease; reduced risk of cancers of the stomach, colon and rectal cancers.
4. Blueberries: improves blood circulation; helps a range of eye problems; counters urinary tract infections; traditionally used to treat diarrhoea.
5. Spinach: eating spinach regularly may improve vision for some age-related macular degeneration sufferers and also help prevent the disease; help reduce risk of developing colon cancer; rich in antioxidants and lower risk of heart disease, stroke, cataracts and cancer; rich in folate (vitamin B9); very rich in potassium (prevents high blood pressure).
6. Sardines: oily fish like sardines have been shown to lower blood pressure, cholesterol and fat levels; reduce risk of death from heart attack; anti-inflammatory action of omega-3 fatty acids can help rheumatoid arthritis; help foetal brain development; mood booster.
7. Brazil nuts: excellent source of the antioxidant mineral selenium.

### Christmas Hamper

Please bring to the November meeting items suitable for the Christmas Hamper Raffle to allow Esther and her helpers time to organise the raffle and lucky door prizes for the Christmas Luncheon.