



November 2018 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 8 November 2018
10:15 am - 12 noon
Weston Creek Labor Club
Teesdale Close
Stirling ACT 2611

Guest Speaker: Janine Lourenz from the ACT Asthma Association will be talking about asthma and COPD matters.

Dates for your diary

Wednesday 21 November 2018
Wednesday 5 December 2018

World COPD Day
Christmas Lunch
Hellenic Club's Chinese Restaurant
CLLSG Meeting

Thursday 13 December 2018

October Meeting

Chris Moyle

Our guest speakers arrived early, so we deferred our meeting which was held from 11:30 am – 12 noon. We discussed:

◆ World COPD Day

We will seek permission from the Southern Cross Club to set up a stall outside the Canberra Yacht Club. Members will be there all dressed in our green COPD T-shirts, ready to answer questions relating to World COPD Day and COPD as it affects us - and all while we enjoy a social afternoon of laughter and merriment and fish and chips with friends. We are making investigations into talking about COPD on the radio.

◆ Xmas Lunch

The majority of our members voted to return to the Chinese restaurant at the Hellenic Club for Xmas lunch. It is reasonably priced at \$22 per head.

◆ Hamper donations

Pam Harris asks us to **bring a non-perishable item to the November meeting** so it can be included in a Xmas hamper. What would our Christmas Lunch be without a raffle?

◆ Cards

Carmel has stepped down from sending out our cards and Pam Gaston has taken over the responsibility. Thanks Pam.

◆ Representative at Palliative Care meetings

Pam Gaston has withdrawn as a member of this committee which meets at Canberra Hospital to discuss end of life hospital care. Please contact Pam if you are interested in attending.
Pam's contact number: 02 6292 7331

The meeting closed at 12 noon and many of us stayed for lunch and a chat.

What is diabetes?

Chris Moyle

Our Guest Speakers: Chris Fonda (dietitian) and Catherine Shepherd (diabetes educator), both representing the National Diabetes Service Scheme. (NDSS)

In Australia diabetes is the fastest growing health problem costing the country \$18 billion annually. There are 1.7 million people with this disease in Australia; in the ACT 5 people are diagnosed with it every day. One in 5 adults over 30 have diabetes or are pre-diabetic.

For more information contact:

NDSS Infoline: 1300 136 588
www.ndss.com.au or
www.diabetesnsw.com.au

Chris Fonda can be contacted at:
T: 02 6248 4500 or

E: christopherf@diabetesnsw.com.au

For our bodies to work properly we need to maintain healthy levels of glucose in the blood. Glucose is the main source of energy for our bodies and is carried around the body in the blood stream. It comes from the carbohydrate foods we eat - which includes bread, pasta, rice, cereals, fruits, starchy vegetables, milk and yoghurt. The body breaks carbohydrates down into glucose which then enters the blood stream.

For glucose to enter all the cells in the body and be used for energy, insulin must be available. Insulin is a hormone that is produced in the pancreas but, in people with diabetes, the pancreas doesn't make any insulin, or make enough insulin to work effectively. The glucose then stays in the blood instead of being turned into energy.

This is why blood glucose levels are higher in people with diabetes and high blood glucose can cause short and long term damage to the body. Complications can impact many areas of the body including heart, brain, kidneys, eyes and feet.

There are two main types of diabetes namely type 1 and type 2.

- **Type 1 diabetes** occurs when the pancreas no longer produces the insulin needed, and requires lifelong daily insulin injections or use of an insulin pump, and regular blood glucose level tests. Type 1 diabetes is one of the most common chronic childhood diseases in developed nations and represents 10% – 15% of all cases of diabetes. Diagnosis of Type 1 diabetes usually occurs in childhood or young adulthood, although it can occur at any age.

1 person is diagnosed with diabetes every 5 minutes.

- **Type 2 diabetes** occurs when the pancreas is not producing enough insulin or the insulin is not working effectively. Type 2 represents 85 – 90% of all cases of diabetes and is managed by regular physical activity and healthy eating. Over time, treatment may progress from lifestyle changes to requiring blood glucose-lowering tablets and/or insulin injections.

Other forms:

- **Pre-diabetes** is a condition when blood glucose levels are higher than normal but not yet high enough for a diagnosis of type 2 diabetes. Left untreated it may develop into type 2 diabetes within five to ten years.
- **Gestational diabetes** is a form of diabetes that can occur in pregnancy and mostly disappears after the birth. It is usually found by having a blood test between 24 and 28 weeks of pregnancy and managed with lifestyle and medications, such as blood-glucose-lowering tablets or insulin. There is an increased risk of developing type 2 diabetes later in life, with a 30-50% chance of developing it within 15 years after pregnancy.

Changes we can make

- ◆ quit smoking
- ◆ manage blood pressure
- ◆ exercise
- ◆ prevent overweight and
- ◆ eat more fruit and vegetables.

Signs/Symptoms of diabetes

- ◆ Excessive thirst, because the body wants you to drink to flush out all the glucose
- ◆ Going to the toilet very frequently to pass urine
- ◆ Blurred vision
- ◆ Repeated infections
- ◆ Mood swings.

When managed, these symptoms can disappear.

We should regularly test for diabetes because diabetes means we are at risk of cardio-vascular disease, blindness, kidney damage, circulatory problems and nerve and hearing disorders.

The cause of blindness is the high blood sugar levels. Glucose becomes quite sticky in the blood and the body tries to make different veins which are fragile and can burst and bleed. Have your eyesight checked regularly.

To learn more about healthy eating, go to:

The Australian Guide to Healthy Eating at www.eatforhealth.gov.au

It is important to enjoy a wide variety of nutritious foods from these five groups every day:

- Vegetables, including legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds
- Dairy products, mostly reduced fat
- And also to drink plenty of water.

Dietitians study at University for 4-5 years to become Accredited Practising Dietitians.

Rebates for seeing a dietitian are available from Medicare. See your GP.

Exercise

Do 30 minutes of moderate physical exercise on most days of the week. Minimise sitting as much as possible. Any activity is better than none.

Hypoglycaemia

When your blood glucose levels fall too low (below 4mmol/L) you are in danger of having a hypo which can be life threatening. You will need to have some quick acting sugar, such as 7 jelly beans or Coca Cola. Fifteen grams of glucose is required. Always carry some glucose tablets, gels or jelly beans with you.

COPD Day 2018

Helen Cotter

This year, World COPD Day is being held on Wednesday 21 November. It's a day to raise awareness about COPD and improve COPD care around the world. Every year there's a different emphasis and the emphasis this year is **don't let shortness of breath stop you from living your dreams**.

This emphasis is encouraging people to take control of their condition and to manage it in such a way that they can live the best life they can. There are a number of things people can do to improve their symptoms, slow the progression of the condition and improve their quality of life.

One in seven Australians over the age of forty has COPD. Hundreds of thousands are living with the symptoms but they are often diagnosed as ageing or lack of fitness or asthma and are not given the appropriate treatment, resulting in a reduced quality of life.

The Lung Foundation is co-ordinating the event around Australia, encouraging people and organisations to take part in a variety of ways to help raise awareness of COPD. You can:

- Host an event – as big or as small as you like –host a morning tea or lunch; set up an information stand; maybe even provide lung function tests for interested people.
- Donate/fundraise – very important for research, publicity and support.
- Share a checklist – it takes 2 minutes to find out if you are likely to have COPD.
- Promote World COPD Day and COPD – to friends; to radio, TV, newspapers, social media.

In the past couple of years, the **Canberra Lung Life Support Group** has had a stand at the Canberra Hospital, giving information and offering lung functions tests to passers-by. This year for a change, they are having a lunch at the Snapper Fish'n Chips at Yarralumla.

At the time of writing, two other organisations have registered with LFA for World COPD Day:

- Priceline Pharmacy (shop G98) at Woden Shopping Centre who will provide lung function screening; and
- Capital Chemists at Southlands who will hold an information stand.

We assume the number of participants will increase as it did last year.

If you want to become involved or to get more information, contact The Lung Foundation:

www.worldcopdday.lungfoundation.com.au; www.lungfoundation.com.au;

or phone: 1800 654 301.

Farewell Lorna Rowland Helen Cotter

It was sad to hear of the death of another Lung Life member, Lorna Rowland, aged 77, who passed away recently at the Canberra Hospital after not being well for quite a while.

Lorna was a valued member of Lung Life for over 15 years. She will be remembered mainly by the long term members as she has been too unwell to attend meetings for some time. We did however see her at special events such as mid-year and Christmas lunches when she attended with her daughter Jenny Keen, also a long term member of Lung Life who hasn't been able to attend for many years.



Lorna at the Christmas in July Lunch 2013

For many years, Lorna sent out cards on behalf of Lung Life to members who were sick or had been in hospital – or for any other worthwhile reason. She was very good at this and supported many people with her lovely cards.

Lorna was very involved with the ACT Rugby Union community, working for many years in their administration and becoming the CEO's personal assistant. She was given many awards, including life membership of the Royals.

She was an orienteer, sang for a while with the Tuggeranong Choir, and travelled extensively (especially when the Brumbies were playing overseas). In 2012, she received the ACT's Chief Minister's Award for living in the ACT for 50 years.

Lorna had eight great grandchildren, the latest being triplets – three girls born only recently to Jenny Keen's son. Lorna didn't look old enough to have that many great grandchildren – but she did start young: 36 when she first became a grandmother.

It is a sad time for all her family and friends. Our thoughts go out to them all.

POC for Loan

Our InogenOne G2 POC is available for loan.

If you are on oxygen cylinders and thinking of buying a POC, you may like to borrow this one for trial. If you are on oxygen cylinders and need, for instance, to travel to another city for a break or to visit a doctor, this may help.

The Inogen has all its attachments and has recently been serviced.

We ask for a donation to Lung Life for its use.

Contact Helen on cotterhe@hotmail.com or ph: 02 6281 2988

The A-Z of Preventative Health Care

Chris Moyle

The End

And so this is the end of the A-Z of preventative health care. What happens after the exhaustion of preventative health care is death of the body, which can never be prevented. Fear of death is something most of us begin to experience only when something happens to bring us face to face with the possibility of our own death.

Many people, even then, try to avoid facing the future because they are afraid to think about it. But the most useful way to come to terms with your eventual death is to take positive steps to prepare for it. This means to get your house in order by attending to all the necessary small and large details.

Decide, and then convey to others your wishes about how and where you want to be during your last days and hours – in hospital or at home. Make a will. Make arrangements, or at least plans, for your funeral. Make a durable power of attorney for health care and also one that will let someone manage your financial affairs.

Finish “business” with the world around you. Mend your relationships. Pay your debts, both financial and personal. Say what needs to be said to those who need to hear it. Do what needs to be done. Forgive yourself. Forgive others. Talk about your feelings about your death. Remember, those who love you will also go through the stages of grieving when they have to think about the prospect of losing you.

A large component in fear of death is the fear of the unknown. “What will it be like?” “Will it be painful?” “What will happen to me (after I die)?”

Most people who die of a disease are ready to die when the time comes. Painkillers and the disease process itself weaken body and mind, and the awareness of self diminishes without the realization that this is happening. Most people just “slip away”, with the transition between the state of living and that of no longer living hardly identifiable. Reports from people who have been brought back to life after being in a state of clinical death indicate they experienced a sense of peacefulness and clarity and were not frightened (From “*Living a Healthy Life with Chronic Conditions*”).

Finally – near death experiences – are they a figment of the dying person’s imagination? They are very real to the people who experience them and they are often life-changing. There is a general theme such as passing through a tunnel, moving towards a bright light and being greeted by spiritual beings or departed relatives and, above all, experiencing a feeling of unconditional love and peace.

Often people meet a dead relative who says it is not their time and they need to return to their body and continue living. They generally regret leaving the love and peace they have encountered.

“Death is not handled well in this country,” says Dr Oz. “Many people fear it but it is actually not unpleasant.”

It isn’t a proven fact, but it would appear that the entity that is really us survives the death of the body. (*Near Death Experiences (NDEs) Dr Oz show*)