

August 2020 Newsletter

Providing a supportive and informative environment for people with a variety of lung conditions and their carers.

Editor: Geoff Cox 042 990 1131
selaca@bigpond.net.au

Coordinator: Lyn Morley 02 6291 0626
lung.life1@hotmail.com

NEXT MEETING: Date yet to be set
10:15 am - 12 noon
Weston Creek Labor Club
Teesdale Close, Stirling ACT 2611

On the advice of the Lung Foundation Australia meetings are currently suspended.

What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is a progressive lung condition that causes narrowing of the bronchial tubes in the lungs (sometimes called bronchi or airways), making it difficult to breathe. Sometimes air gets trapped in the lungs causing the feeling of breathlessness. When the condition occurs, it is chronic (long-term) in nature, however, it is important to remember that you are not alone and there are things you can do to help manage the symptoms and improve your overall quality of life.

COPD is an umbrella term for a group of lung conditions including **emphysema**, **chronic bronchitis**, and **chronic asthma**.

About COPD in Australia

COPD is a common lung condition affecting both men and women. Around one in seven Australians aged 40 years and over have some form of COPD; however, around half of the people living with COPD symptoms do not know they have the condition. Indigenous Australians are 2.5 times more likely to have COPD than non-indigenous Australians. Whilst COPD is not a contagious disease, it is the second leading cause of avoidable hospital admissions in Australia.

Around 20% of people with COPD also have **asthma** which is described as **asthma-COPD** overlap (also called asthma-COPD overlap syndrome, or ACOS). Asthma-COPD overlap is not a disease on its own and may have several different causes. People with asthma-COPD overlap need different treatment from people with just asthma or COPD alone.

What is emphysema? Emphysema is a condition in which air gets trapped inside the lungs making it harder to breathe in again. The main symptom of emphysema is breathlessness. Air becomes trapped inside the air sacs (alveoli).

What is chronic bronchitis? Chronic bronchitis is a constant and long-lasting irritation and swelling of the airways. The main symptoms of chronic bronchitis are coughing and increased secretions from the lungs - such as mucus.

What is chronic asthma? Asthma is a condition that affects the small airways. When you experience asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus. These changes cause the airways to become narrow, meaning there is less space for the air to flow in and out of your lungs. Usually with asthma, medicines can reverse symptoms and open the airways. In chronic asthma, however, the medicines do not fully open the airways, meaning it is irreversible. This is categorised as COPD.

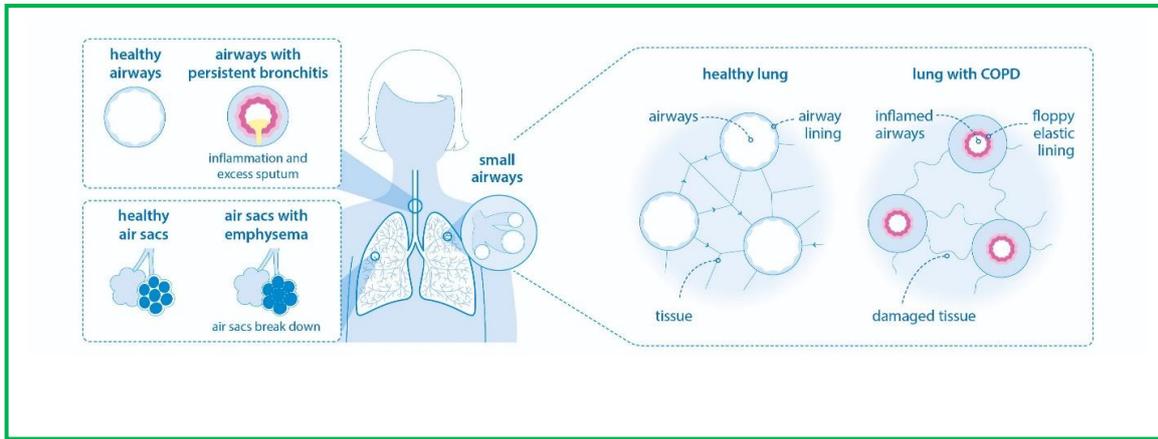
There are many **causes of COPD**, which may include: **smoking** - this includes if you currently smoke, have smoked in the past, or are exposed to passive smoking; **environmental factors**, such as working or living in areas where there is dust, gas, chemical fumes, smoke or air pollution; **genetics** - a small number of people have a form of emphysema caused by a protein disorder called **alpha-1 antitrypsin deficiency (AATD)**. This is where the body finds it difficult to produce one of the proteins (Alpha-1) which protects the lungs. The first symptoms of COPD can be subtle and may overlap with other lung and heart conditions. They may also be mistaken for signs of getting older, being overweight or unfit.

COPD is a progressive lung condition with three stages:

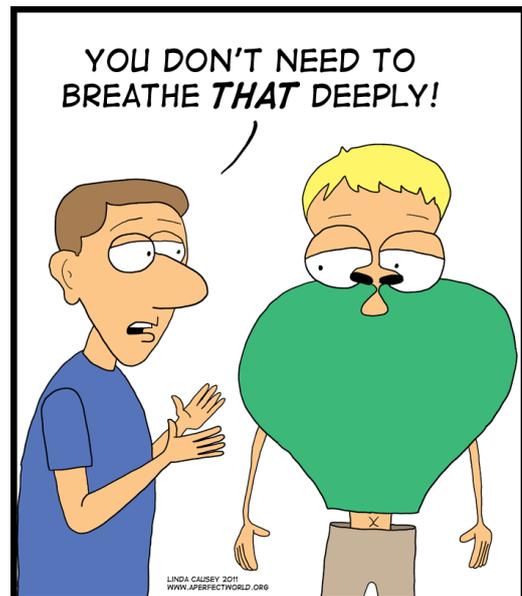
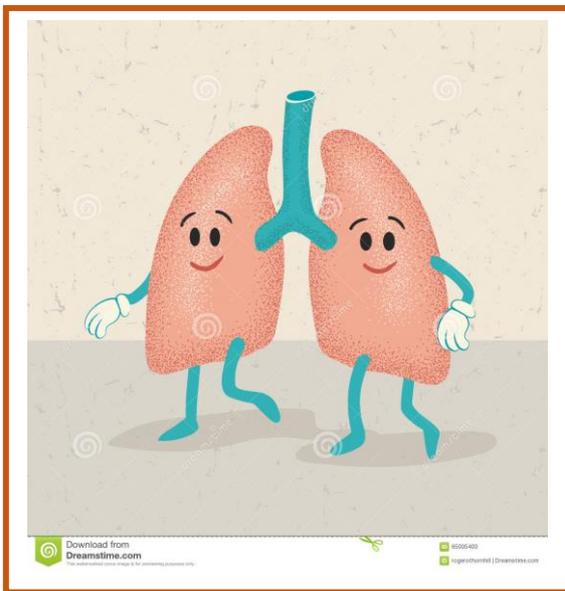
1. Mild COPD The first symptoms of COPD tend to come on slowly and can be very mild. In the early stages, you may not have symptoms all the time and you may find there is very little or no impact on your life or independence. You may cough up mucus in the mornings or feel more short of breath than usual if you walk quickly or exert yourself.

2. Moderate COPD As COPD progresses, you may notice symptoms almost every day and find it harder to do your normal daily activities such as gardening, hanging out the washing, or carrying groceries without feeling short of breath. Other symptoms may include: **a repetitive cough** that doesn't get better (this is due to a build-up of mucus in the airways); **increased mucus production**, which is often thick, and white or brownish in colour; **feeling tired**; and **more chest infections** or taking a bit longer to recover from a cold or chest infection.

3. Severe COPD In severe COPD, you will likely experience symptoms most of the time. You may find it **hard to walk** up stairs or across the room without feeling very short of breath; **feel tired more of the time**, despite resting; **cough frequently** and cough up a lot more mucus; **feel frustrated** with the constant need to clear your mucus from your airways; get **chest infections** frequently, and take several weeks to recover from a cold or chest infection.



Reference: COPD THE BASICS – Lung Foundation Australia <https://lungfoundation.com.au/>



Virtual Travel

While the whole country isn't travelling at the moment, many of you may have fond memories of times spent abroad. Here is a chance to test your knowledge.

Which **country** would you travel to ...

1. to take in the view from the top of the Eiffel Tower?
2. to stroll up the Royal Mile to the Castle, and enjoy the Royal Military Tattoo?
3. to amble around Salisbury Plain - probably in a cold wind - at Stonehenge?
4. to visit the house where Anne Frank was hidden during World War II?
5. to enjoy the hospitality at the Golden Temple at Amritsar?
6. to view wildlife on a safari in the Serengeti National Park?

Answers on page 6.

Vaping

By Helen Cotter

Ever wondered about vaping – wondering what it is and why people do it - and whether it is a healthy alternative to smoking? It is being used by some as an alternative to smoking; some use it to try to help them give up smoking, and some use it for enjoyment. In Australia, only about 1% of people vape at the moment. Vape devices are also known as e-cigarettes; vape pens or vape pods. They are a battery device which atomises **flavoured liquid so you can inhale**. The flavours are many and varied, such as apple, coffee, spearmint, and watermelon. You can vape **with or without nicotine**.

Most of the flavoured liquids are water soluble, such as propylene, glycol, or glycerol, and using **cannabis** extracts is increasing where cannabis is legal. These cannabis liquids are usually oil based which may have different health effects from the water based solutions. Interestingly, while it's legal to buy e-cigarettes, **liquid nicotine cannot be sold legally in Australia**. If you want to use nicotine, you need to import it; however, the Government is proposing a ban on importing it in 2021. **Vapers can access liquid nicotine if it is prescribed**. But we know that nicotine is addictive and is also a toxic substance which has detrimental health effects. One of the reasons smoking has been banned is because of these detrimental health effects. So, it sounds logical that vaping with nicotine is not a good idea.

What about **e-cigarettes without nicotine? Are they safe?** The jury is still out about that. Probably, as with cigarettes, it may take many years for the effects on health to be noticed. We know there are many toxic substances in cigarettes, and **they don't fully know the effects yet** of the chemicals that are in e-cigarettes. There have been some lung injuries and deaths, however (mainly with people who have modified their vaping devices or have used black market products). There is also some emerging data suggesting links to chronic lung disease, asthma, and heart disease.

In the ACT, e-cigarettes are classified as a tobacco product. It is legal to sell and supply e-cigarettes but not nicotine; however, a doctor can prescribe their use with nicotine. It is legal to use e-cigarettes if you are over 18.

Many of us have chronic lung conditions because of smoking and other air pollutants. When we were younger, we were encouraged to smoke, the advertising telling us it was good for us in so many ways. It took years for the effects on health (and on society and the economy) to be realised. Let's hope the same doesn't occur with vaping.

Information taken from: <https://www.hopkinsmedicine.org/health/wellness-and-prevention/5-truths-you-need-to-know-about-vaping> and <https://www.vapingmad.com.au/what-is-vaping/>
<https://theconversation.com/its-safest-to-avoid-e-cigarettes-altogether-unless-vaping-is-helping-you-quit-smoking-123274>

Puzzling

Can you unscramble the letters in these two words and find the message?

Something which can help our S E N L I S L _ _ _ _ _

is **C I N D E M E I** _ _ _ _ _ *Answers page 6.*



Pam Harris

By Chris Moyle

Pam Harris joined the Lung Life Support Group in 2001 after being diagnosed with COPD (emphysema).

Pam has always been involved in helping organise our lunches, usually with a team of helpers, but has taken on more duties over the years. After Laurelle Ellis left Pam took over organising our yearly visit to the Seniors' Expo at the Epic Centre. This is a worthwhile day and we usually have quite a few people asking about the Group. Pam and other members are there to answer questions, hand out our pamphlets and encourage those interested to attend our meetings.

Again, following in Laurelle's footsteps, Pam continues to organise visits by our members to the physiotherapy students at University of Canberra. The students really appreciate meeting and practising on real patients with lung conditions. As a thank you they reward us with a morning or afternoon tea – with some students even baking cakes and biscuits for the spread - and we receive personalised letters in the post afterwards. Likewise, the ANU medical students also benefit from our members yearly visit, again capably organised by Pam.

Pam has spoken on radio about having COPD and its effect on health and quality of life, and also featured in an article about her illness in The Chronicle.

Along with her lung condition Pam has a congenital hip condition which has resulted in her having four hip operations in later life. Her health remains on a fairly even keel however, as she regularly exercises at the Chifley Gym. When asked how her illness has affected her life she stated, 'You have to learn to adapt and not take things too seriously'. She doesn't worry about things – a good way to be – and she always sees her glass as half full and continues to try and fill it up.

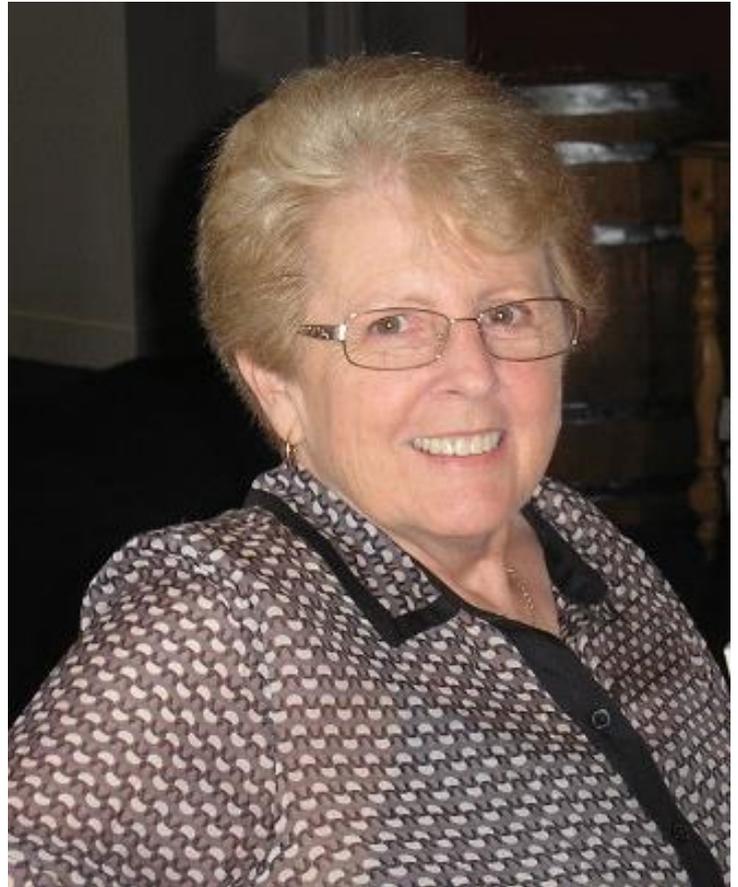
We're very fortunate to have Pam in our Group, organising events, speaking with the media, and offering friendship to many people. A special member.

How to find previous Lung Life Newsletters

Previous editions of the Lung Life Newsletter are available online at:

<http://www.creationcorporation.com.au/Canberra-Lung-Life-Support-Group-Newsletters.htm>.

or join the Facebook group and view them at: <https://www.facebook.com/groups/1854434084857617/files/>.

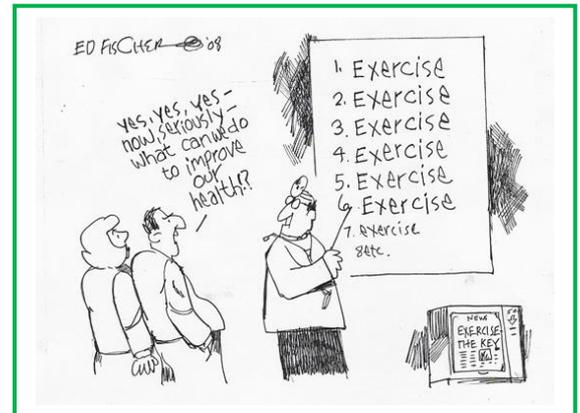


Pam at the 2014 Christmas Lunch

Advice from Lung Foundation Australia on face coverings

Proper hand hygiene and physical distancing remains the best precautions to reducing the risk of contracting and spreading coronavirus. In circumstances where maintaining social distancing isn't practical, such as busy shopping centres and public transport, you should consider wearing a facemask.

For our community, which includes those living with lung disease and lung cancer, the notion of wearing a facemask can cause feelings of anxiousness and unease. We understand that wearing a facemask or coverings may not be comfortable and encourage people to trial wearing a mask at home for increasing periods of time to get used to the sensation. Facemasks should be well fitted and should not restrict or cause discomfort when breathing.



For further information visit the Lung Foundation Australia website.

<https://lungfoundation.com.au/patients-carers/lung-health/coronavirus-disease-covid-19/social-distancing/>

What's happening in the United Kingdom? A comparison to Australia

From July 25, **in England**, customers need to wear a face covering in shops – this guidance was already in place in **Scotland**.

The advice from the British Lung Foundation is that most people with a lung condition will be fine wearing a face covering for a short period of time. As is recommended by the Australian Lung Foundation above, the British Lung Foundation suggest that it is a good idea to try wearing a face covering at home and if it feels fine, then you can wear it out.

They quote in their memo to members that, 'It might not feel comfortable right away, so it's worth wearing one for short intervals around the house to try and get used to it. It's also worth trying out different types, to see if there's one that suits you better'.



Your Editor at Lords Cricket Ground in 2015

British people that have a lung condition, who find wearing a face covering makes them too breathless, don't have to wear one, whatever the situation.

Reference: British Lung Foundation memo to members, 25 July 2020.

Answers to Virtual Travel: (1) France, (2) Scotland (UK), (3) England (UK), (4) Netherlands, (5) India, (6) Tanzania.

Answer to Puzzling: illness, medicine