

August 2023 Newsletter

Our mission is to provide a supportive and informative environment for people with lung conditions and their carers.

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NEXT MEETING: Thursday 14 September 2023
10:15 am – 12:00 noon
Weston Creek Labor Club
Teesdale Close, Stirling ACT 2611

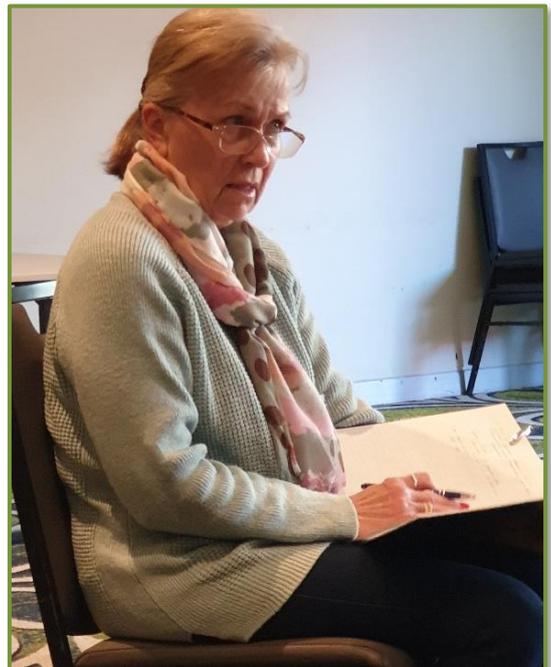
You are welcome to enjoy a bistro lunch with the group after the meeting.

August Meeting – Helen Cotter

Only nine people attended the August meeting – and unfortunately the speaker from COTA cancelled at the last minute, so the meeting turned into more of a friendly chat session. As Marina was away, Chris Gray (pictured) chaired the meeting, keeping the easy atmosphere going.

We talked about:

- The mid-year Christmas lunch at the Raiders Club. Eight people attended and had a lovely time. Our lunch organisers had organised a raffle with a hamper full of lovely goodies. It was won by our coordinator, Marina.
- The next lunch will be at **Two before Ten** at the Aranda Shops on Friday, 25 August at 12 noon.
- Marilyn is the contact person if you want some more information; otherwise, just turn up.
- Marilyn's contact details are - phone: 0431 033 825 or email: zelda2@bigpond.com
- The **September lunch** is at the Irish Club, Weston on **Friday 29 September** at noon. Marilyn is once again the contact person.



- The Seniors Expo is on **Thursday 21 September**. As always, we have a stand there and would love volunteers to **help set it up - or to help look after it - or help pack up** at the end. It's always a fun time as there is so much going on and so much to see.
- Our **Treasurer**, Chris Moyle, and our Assistant Treasurer, Helen Cotter, have been looking after the finances for over ten years and feel it's time to pass it on to other people as neither of them are in the best of health. It's not an onerous job – occasional bill to pay, and occasional money to bank. We would love a volunteer.
- Chris also looks after any **archival material** and **photos of the group and its activities**. Any photos taken of the group are sent to Chris for the records. Chris is beginning to feel that it's getting beyond her and would love someone else to take it over.



Pam at the 2018 Seniors Expo

Simon Kragh from Southside Physio (who talked to us last month about a trial for improving breathlessness) dropped by with some handouts – and answered some questions people had.

An issue with BOC

Pam talked about an issue of oxygen provision with BOC. Pam now needs to have an oxygen concentrator at home as well as her portable one. Most people who need oxygen are given (lent) a large concentrator for home use by the Health Department but there are certain criteria you have to meet. Pam, alas, doesn't fall into that criteria so needed to buy one herself.

BOC is a huge oxygen (and other gases) provider with facilities in Fyshwick, so Pam arranged to buy the concentrator from them. They told Pam they would deliver the concentrator and set it up for her. They delivered it – left it in the front room but wouldn't set it up – not their job. She phoned BOC and was told to phone the Sydney health care section. They told her *'we don't set up bought machines – only rented ones'*.

This all seems so strange. Pam quite rightly wasn't happy and thought to return the concentrator and buy one from elsewhere. Sure, she could return it – but needed to pay the cost of return. All quite bizarre. It's hard to understand the reason behind their discrimination between people who buy the concentrator and people who rent. Pam luckily has an able son who can shift the concentrator to where it needs to be and will set it up for her.

Exercise and other health issues

We asked people what exercise they did:

- A couple have the physio come to their home – others go to a physio.
- One member goes to the Chifley gym (and recommends it also for its socialisation).
- Another member goes to exercise classes at Weston Community Centre twice a week.
- One goes to Curtin Church Hall for a seniors' exercise class.
- While another member does square dancing.

We also mentioned having done Tai Chi, yoga, and walking. All good, not only for breathing but also for general fitness and better health overall. As we get older, we also get a bit stiffer and shakier, and worry about falling – exercise helps to counteract that.

One of the problems we have is getting rid of the carbon dioxide in our lungs as we become less efficient at breathing.

- People suggested pursing your lips and blowing hard.
- Or using a flutter or bubble device (or a straw in a half glass of water – blowing out and causing bubbles – just what your mother hated you doing when you were a child).
- Even blowing up a balloon – if you can still do it.

These techniques - as well as forced coughs - also help you to get rid of any mucus build up.

We had a good discussion about these issues – and then it was time for the meeting to finish and to head off for lunch.

Thanks to Chris for chairing it while Marina was away.

More Travellers' Tales

Our 'grey nomad' George is roaming around up north. Last month he sent a message from the Northern Territory. He has now crossed the border into Queensland.

'Hi from Hughenden. Weather is fine and warm with a small breeze. Trip going well. Regards to all.'

Hughenden is in central Queensland with a population of just over 1000 people. Like a number of rural communities silo and water tank art is one of its attractions. Take a close look at the photo George has sent and you will see the boy is playing with toy dinosaurs.

Hughenden is known as an area where dinosaur remains have been found, and 'Hughie' a skeletal Muttaborrasaurus can be seen in the local Flinders Discovery Centre.

After Hughenden George travelled further north.

'Hi from Porcupine Gorge (see photo on page 4) some 60 km north of Hughenden. The area is a national park with some area for camping. There is a walk down to the bottom about 1.5 km each way, but my lungs and other parts of the anatomy said no way. They write a moderate walk but speaking to others who did it they said once is enough. Heading to Charters Towers for a few days.'

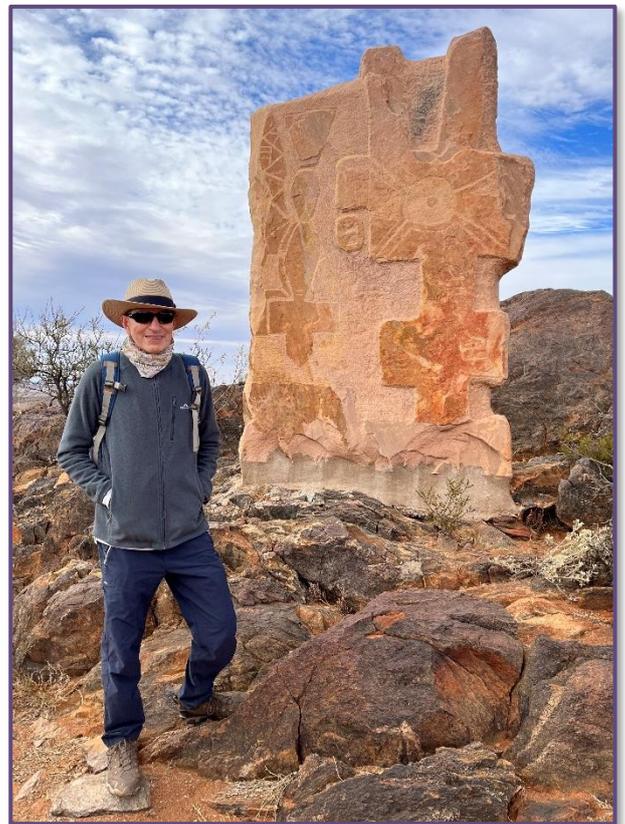
More photos can be found on pages 4 and 6.



This is how George gets around when he is away. He has all the equipment he needs.



Porcupine Gorge, Queensland - a long walk down and up. George wisely photographed it from the top.



Your Editor at the desert sculptures

Part 2 of Your Editor's Road Trip to Broken Hill and Beyond.

It has only taken your editor his whole life to make it to Broken Hill (population approximately 17,000), but he finally got there. One of the first things he noticed after reaching the 'metropolis' is that his phone had adjusted to South Australian time despite still being 50 km from the South Australian frontier.

Broken Hill is in the Barrier Ranges. The main part of town is on level ground, but you don't travel very far at all before encountering some hills. The city and its surrounds have attracted artists to the area. A short hop from town you will find the **Living Desert and Sculptures**. These sculptures, on a hill top, were created by artists from around the world.

Not far from Broken Hill is the old mining settlement of Silverton. It has a popular bakery, and the town is used to shoot movies nowadays. In fact with its quaint buildings and painted facades it looks a bit like a movie set.

Watching TV in Broken Hill is interesting for its advertisements. Businesses as remote as Port Lincoln (750 km away) advertise on Broken Hill television.



Silverton, 26 km from Broken Hill, is a curious place to visit.

Idiopathic Pulmonary Fibrosis (IPF) FIBRONEER Trail – Maureen Bell

Maureen is one of just two ACT residents who are taking part in this Phase 3 trial, out of 5000 worldwide. Recruitment has now closed off. Apparently, there is a 'sister' trial for another form of Interstitial Lung Disease (ILD), and they are still recruiting for this. Professor Stuart Schembri is the doctor in charge. So far Maureen has had three visits to The Canberra Hospital and it is proving very time consuming.

'I suspect they are learning from me 😊. I have been given medication - whether active or placebo, of course this is not disclosed - and the tablets are easy to take but massively overpackaged. At each visit they take blood samples and I do spirometry tests. One visit I also did a DLCO test in the respiratory lab.'*

The trial is for a year at least, and Maureen plans to keep us posted.

*DLCO is a measurement to assess the lungs ability to transfer gas from inhaled air to the bloodstream.

The Best Diet For Cancer Patients – Chris Moyle

Two in five of us are going to receive a cancer diagnosis in our lifetimes. Only about five percent of cancers are caused by problem genes we inherited from our parents. The other 95 percent are caused by mutations in our DNA we acquire in our lifetimes.

Well-meaning professionals sometimes counsel cancer patients to eat whatever they want, but the unhelpful 'it doesn't really matter, eat what you want' may not be in the best interest of the patient.

The official recommendation of the American Institute for Cancer Research, a leading authority on diet and cancer, is that those with cancer should follow the same diet that helps prevent cancer from taking root in the first place. That means more wholegrains, vegetables, fruits and beans while limiting fast food, processed food, meat, soda and alcohol. Similar recommendations have been put forth by other cancer authorities: more fruit, vegetables, wholegrains and beans, and less salt, sugar, meat and alcohol.

Cancer survivors adhering to these guidelines do seem to live significantly longer – or at least older female cancer survivors, the only group in which it's been looked at so far.

They add that certain foods may be beneficial in cancer care including beans, berries, cruciferous vegetables*, flaxseed, garlic, green tea, tomatoes and others, but emphasise it's not about a single magic bullet food, but the combination of foods in a predominantly plant-based diet.

Cardiovascular disease competes with breast cancer in the US as the leading cause of death for older women diagnosed with breast cancer. Researchers followed more than 60,000 women diagnosed with breast cancer over the age of 65 for an average of nine years, by which time half had died. And the number one cause of death was actually cardiovascular disease, edging out the breast cancer. And so, choosing a healthy diet centred around whole plant foods – the only diet ever proven to reverse heart disease in the majority of patients – may save your life, whether you have cancer or not.

*Cruciferous vegetables include broccoli, cauliflower, cabbage, kale, bok choy, arugula, Brussels sprouts, collards, watercress and radishes.

Reference: Article by Michael Greger, M.D., FACLM – True Natural Health magazine Autumn 2023

COPD Part 5 (reprinted from February 2021) – Chris Moyle

Coping with a flare-up

A COPD flare-up (or exacerbation) is when your symptoms worsen quickly, usually over a few days. It may be caused by an infection (often due to a virus) or triggered by air pollutants or irritants. Flare-ups are more common during the winter months and can make everyday activities difficult. It is important that you can identify the early signs of a flare-up so you can start treatment as soon as possible.

Common symptoms of a flare-up include:

- Coughing more than usual
- Finding it harder to breathe (increased breathlessness)
- Changes in sputum (more, or thicker sputum)
- Being more tired than usual (less active)



Water Tank art captured by George in Hughenden

If you are experiencing any of the symptoms below you may need to go to hospital as your flare up may be severe.

Phone an ambulance on 000 if you have any of the following:

- You find it hard - harder than normal - to walk
- You can't sleep because of shortness of breath
- You feel drowsy or confused
- Your lips or fingernails have turned grey or blue
- Your heartbeat or pulse is very fast or irregular.

COPD flare-ups are serious!

If you notice symptoms of a flare-up see your doctor as soon as possible. Getting treatment early will reduce the severity of your flare-up and may prevent the need to go to hospital.

Flare-ups can cause permanent damage to your lungs and make your COPD worse. Reduce your risk of a flare-up by:

- Taking your COPD medicines as instructed by your doctor.
- Supporting your immune system with influenza and pneumococcal pneumonia vaccinations.
- Staying away from people (including babies) who have colds, flu, sinus infections and/or sore throats.
- Avoiding things that can make your symptoms worse such as fumes or dust, or cold or very humid air.

Advice from Ian who lives with COPD.

'I believe in doing what I can and being honest with myself about my condition. Planning is a big part of my everyday living. I do this to make sure I conserve energy and can make each day count'.

For more information see <https://lunghealth.lungfoundation.com.au/>.