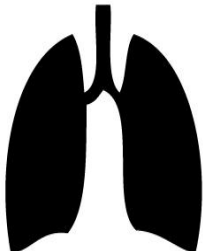


CANBERRA
LUNG LIFE
SUPPORT  GROUP

Newsletter July 2012

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 August 2012
10.15 am – 12 noon

The Weston Club
1 Liardet St
Weston ACT

Guest Speaker - Dean

What do Pharmacists and Pharmacies do for you these days?

Dates for your diary

Thursday 9 August 2012	Canberra Lung Life Support Group Meeting
Tuesday 14 August 2012	Session with Physio students @ UC
Thursday 23 August 2012	ANU medical students

July Meeting Report

Geoff Dabb returned for his 4th visit to give a very interesting presentation on hobbies in the 21st century. Hobbies have changed over the years, particularly with the advances in technology. These days, on line, there are hobby subjects such as clip art, sewing, photography, gardening (including collecting gnomes), stamp collecting, model ships (under arts and crafts), fishing and collecting old maps. There are even videos on line which teach the steps for square dancing and line dancing - an easy way to brush up on the steps instead of, or as well as, going out to classes. Not that too many of us are into dancing but ... Going on line to research books would be more suitable for most of us. You can also bring up previews of movies you might like to see.

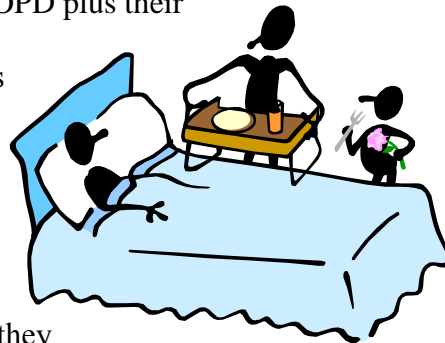
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There are even such diverse hobbies as collecting stamps featuring the Vizsla, the Hungarian pointer dog. The Vizsla is Hungary's national dog, so this hobby may well appeal more to Hungarians. Plant lovers can visit the Botanic Gardens in Canberra and see displays of plants in particular parts of Australia. Also at the Gardens is the Wollemi pine, which was thought to be extinct but was rediscovered in 1994. It is easy to grow if you don't over-water it. Geoff then burst into song with lyrics he composed himself. "Oh we bought ourselves a Wollemi pine. They come from the dinosaur time...". The Botanic Gardens is normally a very serene place but sometimes it is part of the route taken by some with the more active interest of jogging, and the peace is disturbed by the thump, thump of fleet-footed joggers. Geoff himself is interested in orienteering and showed us a photo of Herman, an 87 year old friend who is still going strong and who holds the national orienteering championship.

Photography is another hobby of Geoff's and he combines that with his love of bird-watching. There are over 200 species of birds in the ACT. Some of the most common birds in Canberra's suburbs are the magpie, black crow, galah, crimson rosella, white cockatoo and crested pigeon, which turned up in the 1980s and has expanded very successfully ever since. Digital photography started to become popular in the year 2000. Now there is macro and micro photography and kaleidoscope photography. We saw a photo of a close up of a spider's face which was repeated many times to make up a pattern which could be suitable to transfer to material for curtains or clothing. Not that I would fancy a dress patterned with hundreds of spider's faces. Astronomical photography is yet another interesting subject which involves aperture size affecting depth of field - and 80 Kelvins. I wasn't sure about the Kelvins but next we saw the difference between Kelvins and Kevins with a photo of 80 Kevins – Mr Rudd himself repeated many times over – bringing an end to the most interesting presentation.

Chronic Illness Time Study

Another guest at the meeting was Tanisha Jowsey, a Ph.D. student wishing to interview people with chronic conditions such as chronic heart failure, diabetes and COPD plus their carers, as part of a study she's undertaking on "the intersections between experiences of time and chronic illness". Ms Jowsey is genuinely interested in people's health and has published a national survey. She would like to know how much time it actually takes to manage your health and to look after yourself if you have multiple conditions. The more conditions you have the more time you spend managing your health. Also how much time it takes to look after someone else if you are a carer. Carers can spend more time on other's health than their own as they usually have a full time job looking after someone else.



If you would like to talk to Tanisha, you can contact her on 6215 7599.

Thought for the month: "Life is managed not cured". *Dr Phil.*
Very applicable to most of our members.

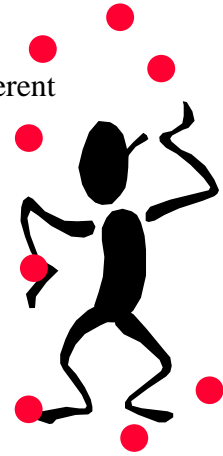
Puzzles

Chris Moyle

My own hobby of the 21st century is a fairly sedate one – doing puzzles. It fills in time and might help ward off dementia. There are many different kinds of puzzles – numerical, quick crosswords, observational and cryptic to name a few. They range from easy to solve (usually in the popular magazines) to "The Smallest Hardest Crossword" in the Canberra Times. That one is definitely beyond me, though perhaps if I felt like it I could use the internet to search for the answers.

The Sudokus had me very puzzled for a while. I thought they involved arithmetic, but it's just a matter of logic and placing the correct number in the right place to complete the pattern. They range from easy to difficult. It is satisfying to start at the beginning of a booklet of Sudoku and work your way through from easy to difficult. Also the answers are in the back which is even better.

Puzzles should also be fun and the books of logic puzzles have stories, pictures and charts to fill in (plus answers at the back). Each puzzle has a different theme, ranging from a story about five owners with five cats giving birth to so many kittens on different days to the number of occupied caravans on different sites on various days. Very confusing but by working through logically, step by step, they can be solved. I think they must teach you patience as well.



Some puzzles, such as the cryptic crosswords (good for lateral thinking), need explanation from someone knowledgeable. I remember a family friend always proclaiming that you had to be sarcastic to do cryptic crosswords, and a (sarcastic) teacher at school apologising for her behaviour with, "I know sarcasm is the lowest form of wit". Now, at this late age, I've found someone to explain the cryptic crosswords to me and I'm actually completing some unaided. But, please, do tell me if I'm becoming sarcastic.

Ray Fitton 1935-2012

Helen Cotter

In 1997 Ray, along with Esther, was one of the founding members of the Canberra Lung Life Support Group. Other founding members were Gordon Forrest, Clive and Laurelle Ellis, Grahame and Jill Aldridge, Ron and Shirley Dillon and Cecilia Kent. They formed the group to enable people with similar conditions to get together for chat, fun and information sharing. The group met over the years in different venues, finally ending up at the Weston Club where we still are.

They organised many memorable picnics – mainly on a Wednesday as that suited all of them – and often at Black Mountain Peninsula.

Ray was a Sydney boy. He met Esther when her family moved next door. They were married in 1959 and had three children – three girls. After some time overseas, they moved to Canberra where Ray worked as a mechanic at Lennox Motors. He retired in 1991 because of ill health and travelled extensively for a few years after that, often staying in Hervey Bay and avoiding Canberra's winters. The travel became too much for Ray as his chronic condition progressed. He finally passed on at the beginning of July 2012. He was a loving husband, father and grandfather and Esther and the girls (and the grandchildren) devoted much of their time looking after him in his final stages. He will be missed by all. And our group, Lung Life, has lost the last founding member with a chronic condition. Vale Ray.

Medicare Local

Helen Cotter

Earlier this month I attended, along with 8 others, the first meeting of the Community Advisory Committee of ACT Medicare Local (ACTML). Other community members included representatives from Diabetes ACT, Health Care Consumers Association, Relationships Australia, SHOUT and ACT Mental Health Consumer Network. ACTML informs and educates primary health care providers – providers such as doctors, practice nurses, dentists, pharmacists etc.

We spent much of the evening examining the Terms of Reference for our committee, clarifying terminology and other points that were raised. In broad terms, the Committee advises the Board on matters dealing with community and consumers. We meet only a few times each year.

We spent some time looking at the ACTML website (www.actml.com.au) which is clear and easy to navigate. It contains information for both practitioners and consumers. The Home Page contains such information as Health Alerts, Employment, News and Events. It has a section for consumers with useful links such as After Hours GP Helpline (1800 022 222) and after hours locum medical service (CALMS). It also has a section where community groups can provide information about themselves. Newsletters from the groups are posted on the site – ours is there. In the Events section, community groups can provide details of any events coming up. A useful website for both practitioners and the community.

It was a good meeting and we meet again in December.

Children Are Quick

Teacher: Why are you late?

Student: Class started before I got here.

Teacher: Maria, go to the map and find Australia.

Maria: Here it is!

Teacher: Very good, Maria. Now class, who discovered Australia?

Class: Maria.

Teacher: Glenn, how do you spell ‘crocodile’?

Glenn: KROKODIAL

Teacher: No, that’s wrong.

Glenn: Maybe it is wrong but you asked me how I spell it.

Teacher: Donald, what is the chemical formula for water?

Donald: H I J K L M N O

Teacher: What are you talking about?

Donald: Yesterday you said it’s H to O.



Alby’s done it again!

Tenacity must be Alby’s middle name. He is proof positive of the old adage “the pen is mightier than the sword”.

Dear John,

I am pleased to note that after months of lobbying ACT Roads and the responsible Minister, following reduction of the number of disabled parking slots from 2 to 1, at the southern entrance to the Jamison Plaza, they have been increased to 6, a more representative ratio compared to public slots.

Justification of my submission is that at 9a.m on a cold and frosty Monday morning (slack shopping period), 5 of the 6 disabled parking slots were occupied yet there were plenty of unoccupied public slots.

I wish to applaud you on behalf of all disabled people affected for not only considering my submission but taking objective action to remedy what was an unsatisfactory situation.

Yours Sincerely, Albert Richards.

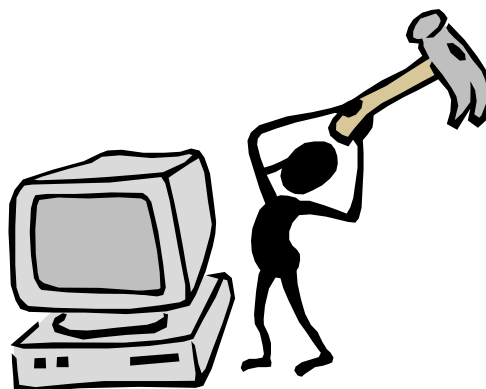
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Perhaps the people in the Cooleman Court Area could try a similar strategy to get the number of Disabled Parking Spaces increased.

Computer sessions

Helen Cotter

Lung Life organised computer sessions at PC Users Group (pcug) for members to improve their computer skills. Six members availed themselves of the opportunity. We met for about 2 hours per week for three weeks, had a break, then a follow-up session. At the end of the follow-up session, I think we were happy with the skills we'd picked up. Here's hoping we remember how to use these skills.



Our thanks to Eleanor and Karen at pcug for their patience in assisting us.

Australian COPD Patient Taskforce Teleconference

Helen Reynolds

World Show Us Your Lungs Day

The Canberra event was held outside Aussie's Café at Parliament House. Beth Forbes, Simone Barton, Heather Allan (ALF) and Dr Mark Hurwitz administered the spirometry and Piko6 testing. The results were interesting with the spirometry results mirroring the Piko6 results.

There was discussion as to the suitability of June as the month in which to hold this event (OK for the northern hemisphere but for the southern...) Maybe next year there could be a change.

Essential Medical Equipment Payment

The Essential Medical Equipment Payment is an annual \$140 payment to people who experience additional increases in home energy costs from the use of essential medical equipment to manage their disability or medical condition. This payment must be claimed, and payments will be available from 1 July 2012.

You will need to apply for the Essential Medical Equipment Payment online. There will be no need to reapply in future years unless your personal circumstances change. To receive this payment, you will also need to be in Australia on the date that you apply for the payment and on the anniversary of this date in subsequent years. Dependent children are not able to claim this payment.

By beginning with this web site and surfing you can find a lot of information which could be of interest to anyone with a chronic condition or anyone for that matter.

Reference: <http://www.humanservices.gov.au/customer/services/centrelink/essential-medical-equipment-payment>

Better Living with COPD – Patient Handbook.

The updated version should be available in the next month and a half. Chapters dealing with intimacy and Flare Ups have been included in this new edition.

Stepwise Management of Stable COPD

	MILD	MODERATE	SEVERE
Typical Symptoms	<ul style="list-style-type: none"> few symptoms breathless on moderate exertion recurrent chest infections little or no effect on daily activities 	<ul style="list-style-type: none"> increasing dyspnoea breathless walking on level ground increasing limitation of daily activities cough and sputum production infections requiring steroids 	<ul style="list-style-type: none"> dyspnoea on minimal exertion daily activities severely curtailed experiencing regular sputum production chronic cough
Lung Function	FEV ₁ ≈ 60-80% predicted	FEV ₁ ≈ 40 -59% predicted	FEV ₁ < 40% predicted
Non-Pharmacological Interventions Management of stable COPD should centre around supporting smoking patients to quit. Encouraging physical activity and maintenance of a normal weight range are also important. Pulmonary rehabilitation is recommended in symptomatic patients.	RISK REDUCTION Check smoking status, support smoking cessation, recommend annual influenza and pneumococcal vaccine according to immunisation handbook		
	OPTIMISE FUNCTION Encourage physical activity, review nutrition, provide education, develop GP management plan and initiate regular review		
	CONSIDER CO-MORBIDITIES especially osteoporosis, coronary disease and lung cancer		
	REFER TO PULMONARY REHABILITATION and consider psychosocial needs, agree written action plan		
			Consider oxygen therapy, surgery, palliative care and advanced care directives
Pharmacological Interventions The aim of pharmacological treatment may be to treat symptoms, (ie breathlessness) or to prevent deterioration (either by decreasing exacerbations or by reducing decline in quality of life) or both. A stepwise approach is recommended, irrespective of disease severity, until adequate control has been achieved.	CHECK DEVICE USAGE TECHNIQUE AND ADHERENCE AT EACH VISIT - Up to 90% of patients don't use devices correctly		
	SHORT-ACTING RELIEVER MEDICATION: salbutamol or terbutaline or ipratropium bromide		
	SYMPTOM RELIEF: Long acting anticholinergic (tiotropium) and/or long acting beta ₂ agonists (salmeterol, eformoterol or indacaterol*). This may also help to prevent exacerbations. Once tiotropium is commenced, ipratropium bromide should be discontinued.		EXACERBATION PREVENTION: (When FEV ₁ < 50% predicted OR patient has had 2 or more exacerbations in the previous 12 months) inhaled glucocorticoids combined with long-acting beta ₂ agonist (fluticasone/salmeterol or budesonide/eformoterol). LABA monotherapy (eformoterol, salmeterol or indacaterol) should be ceased once combination therapy (ICS/LABA) is initiated.

Based on COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD 2006; Australian Therapeutic Guidelines

* Indacaterol should not be used in asthma or mixed airways disease. A differential diagnosis should be made to exclude asthma or mixed airways disease before initiating indacaterol.

† Roflumilast is not yet available for use in Australia.

May 2012

Awareness • Education • Support • Research

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