

Newsletter March 2012

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

Editor:

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Next Meeting Thursday 8 March 2012 10.15 am – 12 noon

The Weston Club 1 Liardet St Weston ACT

Speaker: Lucy Costas Red Cross – Telecross Service Colleen's post mastectomy service

Dates for your diary

Thursday 8 March 2012 Thursday 22 March 2012 Wednesday 28 March 2012 Thursday 29 March 2012 Wednesday 27 June 2012 Tuesday 14 August 2012 Lung Life Meeting Senior's Expo – Bus Depot Market Education Day Session with Physio students @ UC World Spirometry Day Session with Physio students @ UC

February Meeting Report Helen Cotter

The meeting opened with a general discussion of future plans. The topics discussed were:

- possible speakers for future meetings
- events to take place in the second half of March
- Physio students at UC
- Education Day
- Seniors Expo at Kingston.

The meeting was then handed over to February's speaker, Dr Michelle Austin, Calvary Hospital's eHealth Change and Adoption Manager. eHealth is the electronic management of health and medical records for people living in the ACT and Southern NSW which is being established at Calvary Hospital and is expected to be up and running by mid 2012.

When eHealth is up and running it won't matter which hospital, specialist, health provider or doctor you visit anywhere in Australia. Providing they are registered with eHealth, a summary of your medical data will be available on computer for other medical personnel to access. There will be one set of records instead of different ones kept by each doctor, specialist, medical agency and hospital. The individual will need to give their permission before any medical personnel is able to access the repository where their records are filed, a site with privacy and security of the highest level. The individual will be able to access their own file from a 'patient portal' using their user name and password.

Interest in this new strategy was evident by the probing questions asked of Dr Austin. At the conclusion of her talk many people lined up to either take the application to complete at home or completed it on the spot.

If anyone is interested in finding out more about eHealth go surfing at <u>www.calvaryehealth.com.au</u> or phone **Calvary eHealth on 02 6201 6161**.

Lungs in Action at the University of Canberra Kate Pumpa

In April 2011 the University of Canberra commenced the new Australian Lung Foundation's Lungs in Action (LIA) Program. LIA is a "low cost exercise maintenance program in the community for people who have completed a pulmonary rehabilitation program". Recently the classes have been extended to include people with stable NYHA Class II and NYHA Class III heart failure who have completed heart failure rehabilitation.

The classes started with a fabulous twosome coming once per week (Pam and Noel) and have grown to

over 16 regular participants over two classes per week. The classes are run as a circuit class with resistance, aerobic and balance activities being undertaken by all participants at their own pace.

All the exercise classes are supervised by qualified LIA instructors who are also staff in the Department of Sport Studies at the University of Canberra. Masters of Exercise Physiology students have also been assisting with the sessions, which the participants have loved, especially David who has amazed all the participants, and myself with completing a half Ironman in December last year (1.6km swim, 90km bike ride and 21km run).



One of our class participants has written the following: I joined the University of Canberra Lungs-in-Action

program in April 2011. There is no "cure" for either of my lung problems, but this program has greatly improved my general fitness, my overall health and my quality of life".

Julie Cooke and I would encourage anyone who has a pulmonary condition or stable heart failure to join us on a Tuesday or Friday at 10am for exercise. The classes cost \$5 for each session, which we reinvest to purchase equipment over time.

If you are interested in joining one of our classes, please contact me, Kate Pumpa on: (02) 6201 2936 or kate.pumpa@canberra.edu.au

Better Living with COPD – A Patient Guide Reduction - Recommended Retail Price

Please note that the *Better Living with COPD – Patient Guide* will be available at a reduced price until March 31, 2012. This valuable resource will shortly be under review and will be reprinted later in the year. The revised version will attract an increased price of approximately \$15.00 per copy. The following pricing will be available until March 31, 2012.

onowing pricing will be available until March 51, 2012.		
1 – 49 copies \$12.50	500 + \$11.00	
50 + \$12.00	1000 + \$10.00	
100 + \$11.50		

Should you wish to place an order, please contact Helen on 07 3251 3600 to clarify your order and confirm freight charges to your area.

- Reminder!!!!

March is rapidly approaching and that is the time we must all front up for our flu (and pneumonia?) jab.

The following article appeared in the February issue of *LungNet*, *The Australian Lung Foundation's Newsletter*. (<u>www.lungfoundation.com.au/</u>)

Healthy Airways Ruth Dentice, Senior Physiotherapist in Respiratory Medicine, Royal Prince Alfred Hospital, Sydney

Just as cleaning our teeth becomes a part of our daily routine, for people with respiratory conditions, the strategies undertaken to optimise lung health are just as important. This article will examine the essentials of maintaining healthy airways - the Why, What, How and When.

Why maintain healthy airways?

We all have a mucus layer that lines our lungs from the smallest airways up to our mouth. This layer acts like an escalator - trapping dust and bacteria and moving mucus out of our lungs to keep them clear of infection. The main problem in people with respiratory conditions is that the rate at which this escalator moves has slowed, increasing the potential for inflammation and infection to occur in the airways. For some people, eg. those with asthma, this impairment in clearance is more temporary because bronchodilator medications like Ventolin can relax the muscles that line the airways and reverse the reduction in airflow. For many people with conditions like COPD or bronchiectasis, Ventolin has little impact on airflow because the changes to the airway are more structural. Ultimately, to try and limit the impact of these conditions and the breathlessness and cough they induce, a daily airway clearance program will aim to restore the movement of the mucus layer back towards normal and thus maintain lung health.

What is involved in an airway clearance program?

Airway clearance programs are devised and monitored by respiratory physiotherapists who are usually based at large teaching hospitals. They typically contain some airway clearance techniques, inhalation therapy and exercise.

Three key strategies are involved:

Speed up the movement of the mucus layer.

Traditionally, body positions are used in postural drainage. Just like tomato sauce is tapped out of a bottle, percussion or cupping techniques are used to speed the movement of mucus. The use of head down positions does bring with it the risk of reflux, so modified head up positions are often substituted. Many techniques utilise high expiratory airflow to move secretions. Coughing, laughing, huffing, breathing techniques (like the Active Cycle of Breathing Technique), Autogenic Drainage, use of mucus clearance devices such as the Flutter and potentially, exercise, all aim to speed up expiratory airflow relative to inspiratory flow and thus assist sputum movement.

Prevent airway collapse or blockage.

For many, the problem that stops mucus moving well is the tendency for the airway to close when we try to breathe out forcefully. Your physiotherapist will often use a 'spirometry' lung function measurement to determine if this is a limiting factor. In this situation, positive expiratory pressure or PEP therapy is helpful to hold the airways open when you breathe out, to enable the airways to be cleared.

The third strategy is making the mucus less thick.

Oscillatory techniques incorporate the benefits of expiratory pressure, to prevent early airway closure in unstable airways. They also maximise vibration of the bronchial walls and decrease sputum thickness by mechanically rupturing the mucus gel. We choose oscillating techniques particularly when mucus is thick and stuck in the central airways rather than when cough is hard to control. These may include the use of devices such as Acapella or Flutter (or the Vest if you live in the US) or percussion by an assistant. You should discuss the suitability of these products with your treating health professional. Sometimes we use **an inhaled osmotic agent** like the inhalation of a salty mist (hypertonic saline) to make mucus less thick (this is well established in cystic fibrosis and is now being investigated in bronchiectasis). This inhalation restores the hydration of the airway lining to assist the mucus escalator. It also stimulates cough to assist clearance. Inhaled sugar in crushable tablets (Mannitol) will also soon be available to help in a similar way. **Inhaled antibiotics** that are deposited in the airways with a nebuliser are also an effective way to reduce the bacterial load and make mucus less thick.

Exercise can also make sputum easier to clear through a combination of a reduction in thickness, increased airflow and cough stimulation. Given the added potential for bone health, muscle strength and fitness, an exercise program is a great option to work on with your physiotherapist.

How and When to apply the strategies listed above.

This is best discussed individually with your respiratory physiotherapist. A good program for lung health should include inhalation therapy that may involve bronchodilators, hypertonic saline and inhaled antibiotics in this order with the right nebuliser equipment. Ensure all equipment is cleaned according to the manufacturer's instructions and stored only when completely dry.

Airway clearance techniques should take at least 20 minutes daily so you are confident the airways are clear. Monitor your cough-free time (partners are good at providing this feedback) to determine if a second session or more time is required. If you are producing more than a third of a cup of mucus in a day, a second session is worthwhile particularly if you need to clear your airways prior to an inhaled antibiotic that should be taken twice daily. Pulmonary rehabilitation is an excellent place to meet with physiotherapists and other health professionals to refine a daily program of exercise, inhalation and airway clearance that is suitable for you and meets your personal goals. The art of maintaining healthy airways really is like the routine of cleaning your teeth. The immediate benefit is indeed like fresh breath. Over time, we maintain the health of our lungs just like our teeth. Occasionally, it is good to seek professional guidance (certainly a trip to a respiratory physiotherapist is less daunting than a trip to the dentist). I wish you good lung health both now and in the future!

BEAT It Physical Activity and Lifestyle Program at CIT, Bruce Launch date/Information Session 7 March 2012

BEAT It is an evidence based physical activity and lifestyle program conducted by appropriately qualified professionals who have been trained and accredited by the Australian Diabetes Council. Designed to assist those at risk of, or living with, diabetes and other chronic medical conditions it is a moderate intensity graded physical activity program.

We will be running a **Beat It** course with a Launch date/Information session on the 7th of March. The cost will be \$5 a class. There will be an initial cost of \$20. This cost will cover a 1 on 1 consultation to look at medical issues, exercise and health goals setting etc.

The course will be progressive exercise sessions with education sessions built in every 2 weeks. Your **BEAT IT** trainer will work with you to identify your individual needs and specifically tailor the program to suit your health and lifestyle goals, making sure you get the most out of the program. Classes start slowly and build up as participants become more confident and as health and fitness improves. Classes are run twice weekly, with each class including a combination of aerobic and resistance training exercises.

There is a second program we run which might interest your members. If they have a health benefits card we offer a 1 on 1 training with a second year student under guidance from our Exercise physiologist for twice a week over eight weeks. There is a one off cost of \$30 for this program. They would be required to have medical clearance to participate in this program. We also offer a service where we write a program for you and you come in by yourself. The cost again is \$30 on a health care card and the membership lasts till the end of the year.

BEAT IT is not just an exercise class. It has also been designed to help you build the life skills and the confidence you need to get active and stay that way.

Combined with other regular physical activity, **BEAT It** can help:

- Reduce the risk of developing diabetes and other chronic lifestyle conditions
- Help with diabetes and other chronic lifestyle disease management
- Prevent development of diabetes complications and other chronic lifestyle related conditions
- Improve heart health
- Improve blood glucose control
- Improve insulin sensitivity
- Improve blood pressure and cholesterol levels
- Achieve weight loss and weight management
- Prevent osteoporosis and improve bone mineral density
- Reduce the risk of falls and fall related injuries
- Improve mood, energy and quality of life
- Build life-long skills.

To register for the course or for more information please contact Glen Fluit on **6207 3497.**

A web link to more information about **BEAT It** is: <u>www.beat-it.com.au</u>

A little light relief



How is Norma? A true story.

A sweet grandmother telephoned St. Joseph's Hospital. She timidly asked, "Is it possible to speak to someone who can tell me how a patient is doing?"

The operator said, "I'll be glad to help, dear. What's the name and room number of the patient?"

The grandmother in her weak, tremulous voice said, "Norma Findlay, Room 302."

The operator replied, "Let me put you on hold while I check with the nurse's station for that room."

After a few minutes, the operator returned to the phone and said, "I have good news. Her nurse just told me that Norma is doing well. Her blood pressure is fine; her blood work just came back normal and her Physician, Dr. Cohen, has scheduled her to be discharged tomorrow."

The grandmother said, "Thank you. That's wonderful. I was so worried. God bless you for the good News."

The operator replied, "You're more than welcome. Is Norma your daughter?"

The grandmother said, "No, I'm Norma Findlay in Room 302. No one tells me shit."

What triggers allergies?

A number of different allergens trigger allergies in people, with some of the most common including pollen, dust, mould and pets.

What types of weather lead to high pollen count?

The Weatherzone Pollen Index measures the potential for pollen to trigger allergic reactions in susceptible people. Pollen levels in the atmosphere will be highest on hot days and on days where a dry wind is blowing. Additionally, light rain overnight or during the early morning will also cause high pollen levels. These are the days when you will experience the telltale symptoms of a runny nose, watery eyes, itchy skin and nasal congestion.

What are some tips to avoid allergies around the house?

- Clean surfaces regularly, to avoid the accumulation of dust
- Avoid feather and down pillows
- Don't hang sheets or clothing outside to dry on days of high pollen count
- Avoid high pile carpets, as they offer places for dust and allergens to hide
- Keep your pet away from bedrooms and off all furniture
- Wash your pet weekly
- Try to stay indoors on days of high pollen count
- Avoid mowing lawns or wear a mask if it is unavoidable

Source: www.weatherzone.com.au/pollen-index/act/canberra



Invitation

2012 LungNet Education Day **Australian Capital Territory**

Date:	Wednesday 28th March 2012 9.45am — 2.00pm		The Australian Lung Foundation PO Box 847, Lutwyche QLD 4030	
Time:				
venue:	Corinna Room 2		enquiries@lungfoundation.com.au	
	Canberra Southern Cro 92-96 Corinna Street	ss Club		
	Woden		Please note:	
-	1940-1976 (n. 1970) (n. 1970) (n. 1970)		Room is air conditioned	
Cost:	\$15 (includes lunch and	refreshments)	and may be cool	
To be	ook your place please call	Please alert us to any		
	1800 654 301	dietary requirements	This event is proudly sponsored by	
Ь	efore 21 March 2012	at time of booking	(
			INVACARE	
Progr	am			
9.45am	Registration - tea and	d coffee	Yes, you can:	
10:15am	Welcome from The Australian Lung Foundation			
10.30am	am Benefits of Exercise for People with a Respiratory Condition		Condition	
	Dr Kate Pumpa, Assistant Professor in Exercise Physiology at the National Institute of Sports			
			ation on the benefits of exercise for	
			lve an explanation of the different lung health and provide practical	
		ses you can complete at home.	nung nealth and provide practical	
11.15am	An Overview of Lung	Cancer		
	am An Overview of Lung Cancer David Larkin, a Research Nurse and Judy Rafferty, a Nurse Care Coordinator for Lung Cancer			
			nt an informative session on lung cancer.	
	Topics covered will includ	le stigma, diagnosis, staging and t	treatment, research and support.	
12:00pm	Lunch, Lucky Door Prize and Raffle Prizes			
1:00pm	Dpm Lifelines exposed: Home Oxygen, Medications and Devices		Devices	
		Elizabeth Forbes, COPD Clinical Nurse Consultant and Judith McKenzie, Adult Asthma Educator		
	Registered Nurse at the Canberra Hospital will co present and explain the types and actions of common medications prescribed for respiratory conditions such as asthma and COPD, as			
	well as including a demonstration of how to use the various devices. This will be followed by an			
		eed to know about home oxyge		
2:00pm	Thank you and Closing	g		
		A		
	The Australian	LUNG FOUNDATION		

"When you can't breathe... nothing else matters" TM