

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

Editor: Helen Reynolds 02 6259 7737

helenrey@creationcorporation.com.au

Contact: Helen Cotter 02 6281 2988

lung.life1@hotmail.com

Next Meeting Thursday 10 April 2014

10.15 am – 12 noon

The Burns Club, 8 Kett Street, Kambah ACT 2902

Open Discussion: Sharing ideas relating to activities in which people with a chronic condition can engage. Bring along:

- what activities you do when you're not at a Lung Life meeting
- information from the Seniors Expo and elsewhere
- information from places like Community Centres, Senior Centres, Gyms, the Women's Centre at Pearce, the Men's Sheds
- any other information you have.

We'll find out about the sort of physical, mental, social and volunteering activities that are available and suitable for us.

Dates for your diary

Tuesday 8 April 2014 Visit to Physio students at the University of Canberra

Tuesday 29 April 2014 Education Day

Thursday 8 May 2014 Canberra Lung Life Support Group Meeting

March Meeting Chris Moyle

General matters were discussed before turning the meeting over to our guest speaker.

Strokes – how they affect people and how they can be prevented. Michael Reid from Pegasus Healthcare and Mobility

Michael is a stroke survivor. He was a fit and healthy 50 year old, but showed signs of a stroke after driving to work one day. Fortunately his colleagues recognised the signs and quickly called an ambulance. Now, 4 years later, he has recovered and is almost completely back to normal. It was the understanding, alertness and quick action of his work colleagues that no doubt resulted in his good prognosis. Michael's aim now is to raise awareness of the signs of stroke and preventative measures.

After heart attacks stroke is the next biggest killer of people in Australia, killing more than breast and prostate cancer combined. Having a stroke affects you emotionally as well as physically and also affects your family and friends.

Something to think about: One in six people have a stroke. One in ten people experiencing a stroke die immediately. If everyone recognised the signs maybe this statistic could be reduced.

Disclaimer: The information in this Newsletter comes from a variety of sources and is intended as a guide only. Page 1

What is stroke?

Stroke is a condition in which the brain cells suddenly die due to a lack of oxygen. This occurs because a blood clot, ruptured artery or blood vessel interrupts blood flow to an area of the brain.

What are the symptoms of stroke?

- Trouble walking, loss of balance and coordination
- Dizziness
- Numbness, weakness or paralysis
- Blurred, blackened or double vision
- Sudden severe *headache*
- Confusion.

F.A.S.T.

- F Check their FACE. Has their mouth drooped?
- **A** Can they lift both ARMS?
- **S** Is their SPEECH slurred? Do they understand you?

T TIME is critical. If you see any of these signs call 000 now! Arrive at hospital as soon as possible - at least within 4 hours.

Risk factors for stroke

- older age
- family history of stroke
- high blood pressure
- high cholesterol
- smoking
- diabetes
- obesity and overweight
- a previous stroke
- heavy use of alcohol
- depression and stress
- high salt intake.

Prevention

- know your blood pressure and cholesterol readings. Reduce them if necessary
- maintain a healthy weight
- make healthy food choices
- avoid over-using salt cut down gradually
- Drink alcohol in moderation or not at all
- avoid tobacco smoke
- be physically active every day.

The key to quick action is being able to recognise the warning signs.

Michael is located at Pegasus Healthcare, 2/64 Dundas Court, Phillip, ACT 2606 - behind Lennock Motors.

The A-Z of Preventative Medicine Chris Moyle

Gastro-oesophageal reflux disease is a very common condition producing symptoms of heartburn, indigestion or even chest pain. Discomfort is more likely to occur after a meal or when lying down. Reflux is caused by acid from the stomach flowing back into the oesophagus (or food tube) where it causes burning of the lining. While the main problem with reflux is the discomfort it causes, prolonged burning can cause scarring and narrowing of the oesophagus. Recommendations are the same as for gallstones:

- eat regular healthy, low fat meals
- do not smoke or excessively drink alcohol
- avoid obesity

Ph: 02 6282 0533.

• avoid foods which aggravate symptoms

- avoid large meals close to bed-time
- take steps to reduce stress
- do not take aspirin or anti-arthritis drugs unless necessary and recommended by your doctor.

Report to your GP for further investigation if you experience:

- persistent pain
- unusual bleeding
- weight loss or
- difficulty swallowing.

Heartburn medication can affect the pH in the gut reducing the production of Vitamin.B12 resulting in fatigue. Taking a Vitamin B complex supplement is a good idea. (Dr Oz)

Source: Hunter Urban Division of General Practice.

Sitting and Health Helen Cotter

Sitting too much is not good for your health. It is connected with an increased risk of developing many health problems such as cardiovascular disease, type 2 diabetes, anxiety, depression, musculoskeletal problems, some cancers and unhealthy weight gain. There is clear evidence that doing some physical activity is better than doing none at all.

It's difficult for people with lung conditions to be too active but think about when and where you can be physically active. Making some small changes to your daily routine can make a big difference. For instance:

- when tidying up, put things away in small trips instead of one big one
- set the alarm to remind you to get up and move about
- stand up and move during the ads
- walk around when talking on your mobile phone
- instead of sitting and reading, listen to recorded books while you walk, clean, or work in the garden
- turn off the TV during the day and do something else
- do some suitable home exercises even while you are watching TV.

Any other suggestions?

Source: Department of Health's Physical Activity and Sedentary Guidelines.

From the mouths of 6 year olds:

Happy the bride who gets all the presents.

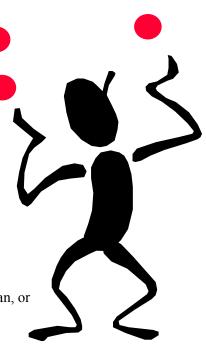
An idle mind is the best way to relax. Where there's smoke there's pollution. Love all, trust me.

Don't bite the hand that looks dirty.

Don't change horses until they stop running.

Strike while the bug is close. You can lead a horse to water but how?

If you lie down with dogs, you'll stink in the morning.



The A – Z of Lung Disease - C Helen Reynolds

COPD (Chronic Obstructive Airway Disease)

COPD is an umbrella term for a group of obstructive airway disorders including:

- emphysema
- chronic bronchitis
- chronic asthma that isn't fully reversible.

COPD cannot be cured or reversed, but it can be treated and managed.

Who is at risk?

- smokers or past smokers
- people who've worked or lived for many years in places that were very dusty or smoky
- people with a family history of COPD

COPD is **not contagious** and cannot be caught from someone else.

Symptoms (one or more of the following)

• feeling puffed or short of breath when doing things like climbing stairs, walking up a hill or even having a shower

- persistent cough
- production of mucous on most days

Symptoms of COPD often don't become noticeable until after the age of 40.

Management:

- quit smoking
- ask your GP about pulmonary rehabilitation
- ensure you get annual influenza immunisations and regular pneumococcal immunisations
- follow a COPD Action Plan
- exercise regularly
- take medicines as directed
- join a patient support group
- communicate with you health professionals.

Attention!!!

It's almost time for that annual trip to your GP.

Be brave.

Your flu injection will not hurt for long.

Promise!

Cold and Flu

The common cold

Everyone has experienced the "common cold". It remains the most prevalent contagious disease in the country, is the most cited reason for absence from school or work and the commonest reason people visit the doctor.

How do you catch a cold?

A virus spread by another infected person, often through sneezing or coughing, causes colds. Lots of things can increase your chances of catching a cold including:

- being indoors during the colder months when people are closer together
- closed windows and lack of fresh air
- poor hygiene and lack of hand washing
- fatigue and poor health
- some indoor air pollutants
- stress.

Symptoms

Cold symptoms usually appear one to four days after the virus enters your body. Symptoms include:

- itchy or sore throat
- stuffy blocked nose
- sneezing
- watery eyes

- husky voice
- muscle aches and pains
- headache
- fever occurs in children but is rare in adults.

Most colds will clear up in a week or so. However, you can spread a cold to others even before any symptoms appear.

Source: http://lungfoundation.com.au/patient-area/lung-diseases/cold-and-flu/

http://lungfoundation.com.au/patient-area/lung-diseases/copd/

Commonly asked questions relating to the use of oxygen therapy Helen Reynolds

Q What might happen if I delay or avoid this treatment?

A If you have been prescribed oxygen therapy, then the sooner you start it the better. Oxygen therapy is designed to increase your life expectancy by delivering more oxygen to your vital organs which may then help your body to function better.

Reduced oxygen may cause the body to produce more red blood cells. Sometimes this thickens the blood (a condition called polycythemia) making it harder for the heart to pump the blood around the body. Oxygen therapy can help reduce this strain on your heart, lowering your risk of heart failure.

Source: Getting Started on Home Oxygen. The Australian Lung Foundation.

The 12 things every home oxygen user should know Helen Reynolds

1. Oxygen therapy can help.

Some people with lung diseases do not get enough oxygen into their blood. Low levels of blood oxygen means that vital organs are being deprived of oxygen, and, over time, this can cause damage. Tests are used to determine the amount of oxygen and carbon dioxide in the blood as well as blood oxygen saturation. Home oxygen therapy can help those with confirmed low blood oxygen by ensuring enough oxygen gets to vital organ. In some cases, home oxygen therapy can also make everyday life easier and more enjoyable.

2. Regular medical reviews are vital.

It is important to have your oxygen prescription checked by a respiratory specialist at least once a year. Or, if you feel your condition has changed, make an appointment to see your specialist earlier. *Do not adjust your oxygen flow rate on your own*.

3. Oxygen does not always relieve breathlessness.

There are many reasons why people have trouble breathing. Home oxygen therapy may relieve shortness of breath for some people but for many, it does not. Sometimes you need a combination of therapies to relieve breathlessness. Ask your doctor or respiratory nurse to fully explain the benefits you can expect from oxygen.

4. Oxygen is not addictive.

Home oxygen therapy is not addictive and it will not weaken your lungs. You will get maximum benefit by using oxygen for the amount of time prescribed by your doctor.

5. There is a range of oxygen equipment available.

There are three main types of oxygen equipment used in Australia. The oxygen concentrator and portable oxygen concentrator (POC) which filter nitrogen out of the air to deliver almost pure oxygen and gas cylinders filled with oxygen which are also widely used and come in a range of sizes. The smaller cylinders are light enough to take with you when leaving the house and often go by the name *portable cylinders*.

6. Some oxygen equipment is funded.

In the ACT many home oxygen users will qualify for government funded equipment such as the oxygen concentrator and some cylinders. Qualifying rules are different in every state. If you need extra equipment eg a

portable concentrator, you can purchase or hire it from an oxygen supplier. Equipment checklists can be found on-line at http://lungfoundation.com.au.

7. Oxygen is safe to use but can make things burn more intensely.

Do not put yourself or your oxygen equipment near any sources of extreme heat, flames, or something that could cause a spark, including a lit cigarette. A study in the US has shown that smoking is by far the largest cause of serious burns in people using home oxygen.

8. Continue on with everyday life.

Although it may take a while to get used to your oxygen equipment, try to continue with your normal routines as much as possible. Many people do not need to use their oxygen on trips outside the home. For those who do, feelings of self-consciousness about using oxygen equipment in public are usually short lived. Once your confidence improves, the benefits should start to outweigh any downside.

9. Avoid smoking and being around smokers.

Cigarette smoke is very damaging to the lungs. Quitting smoking is the single most effective thing you can do to help your condition. It is also important to avoid other people's cigarette smoke.

10. Keeping active is good for your health.

Regular physical activity is very important for those with lung disease to help you perform activities of daily living more easily. Activity does not need to be strenuous. Good activities include walking the dog, an outing, or even just doing jobs around the house. A pulmonary rehabilitation program can also teach you how to exercise more easily. For information on a program near you, ask your GP or specialist.

11. Travelling with oxygen equipment is possible and requires planning.

Some of the things to check before booking a trip are: how to correctly transport your equipment; whether you can use your portable oxygen during the journey; and how to arrange an oxygen supply at your destination. You may also need a letter from your doctor stating that you are fit to travel.

12. Plan what to do in an emergency, such as a power blackout.

The most important thing to remember is to try to remain calm and not panic. Although losing power will be annoying, most oxygen users (even those on oxygen for 16 hours a day or more) are safe without their oxygen supply for many hours, if they rest. Call an ambulance if you are in need of urgent assistance.

Source: Getting Started on Home Oxygen - The Lung Foundation Australia.

http://lungfoundation.com.au/patient-area/resources/getting-started-on-home-oxygen/

RECEIVING THIS NEWSLETTER

Please be aware that if you receive this Newsletter by post and you have an email address and you would like to receive it instead by email you may send your request to Helen Cotter at lung.life1@hotmail.com.

KIDS UNDER EXAMINATION

These are real answers given by children in an examination.

- Q: What happens to your body as you age?
- A: When you get old, so do your bowels and you get intercontinental.
- Q: What happens to a boy when he reaches puberty?
- A: He says goodbye to his boyhood and looks forward to his adultery.

- O: What does "varicose" mean?
- A: Nearby.
- Q: Give the meaning of the term "Caesarean Section".
- A: The Caesarean Section is a district in Rome.
- Q: What does the word "benign" mean?
- A: Benign is what you will be after you be eight.

For the fridge door

Lung Foundation Australia 2014 Lung Health Education Day Canberra

Date: Tuesday 29th April 2014

Time: 9:45am - 2:00pm

Venue: The Orion Room

Canberra Southern Cross Club

92-96 Corinna Street Woden ACT 2606

Cost: \$15 (includes lunch and refreshments)



9:45am Registration - tea and coffee

10:15am Welcome from Lung Foundation Australia

10:30am How to Get a Better Night's Sleep

Dr Grant Willson, Senior Lecturer in Physiotherapy at the University of Canberra and Director of the Sleep and Lifestyle Clinic, will deliver a practical presentation for those troubled by poor sleep. He will answer a variety of questions including: Why do we sleep? What controls sleep? How much sleep do we need? What are the possible consequences of poor sleep?

Dr Willson will provide participants with specific strategies and

recommendations that they can adopt for improving sleep quality. Unlike most presenters Dr Willson hopes that his talk will put you to sleep!

11:15am Latest Developments in Lung Disease

Dr Mark Hurwitz, Director Respiratory and Sleep Medicine, The Canberra Hospital and Clinical Associate Professor, The Australian National University Medical School, will present the latest advances in respiratory medicine and,

should time permit, will take questions from the audience.

12:00pm Lunch, Lucky Door Prize and Raffle Prizes

1:00pm Living Positively with Chronic Lung Disease

Rebecca Neilson, Psychologist from the Canberra Hospital, will discuss how to recognise symptoms of anxiety, stress and depression and provide insight into finding a positive approach to managing life with a lung condition.

2:00pm Thank you and Closing.