



## July 2017 Newsletter

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

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**Next Meeting:** Thursday 13 July 2017  
10:15 am - 12 noon  
Weston Creek Labor Club  
Teesdale Close  
Stirling ACT 2611

**Guest Speakers:** Lina Webber, Senior Liaison Officer for ACT Policing - Home Security

### Dates for your diary

Thursday 29 June 2017	Mid-Year Get Together Luncheon
Thursday 10 August 2017	10:15 am - 12 noon CLLSG Meeting
Thursday 18 August 2017	LFA's Rare Lung Disease Conference in Sydney

### June Meeting

Helen Cotter

About 24 members braved the elements to attend our meeting where the following were discussed:

- We reminded all of our mid-winter lunch on Thursday 29 June 2017. Read all about it in our next newsletter - with photos, of course.
- Chris Moyle created a finance sheet for us which explained our finances and what our income and expenditure is. Thanks especially to the people who donate at the meetings.
- Helen Cotter reported on the recent CPAG teleconference organised by Lung Foundation Australia with participants from all the States and Territories. Points of interest included:
  - The exacerbation awareness campaign LFA is organising. There is a lot of information on their website if you want more information: <http://lungfoundation.com.au>.
  - The review of COPD medicines LFA asked of us on behalf of the Department of Health. LFA thanked us for our responses and said most comments showed we trusted the

information from doctors, nurses and pharmacists but needed more information about inhalation techniques. The common complaint was that we were told only once.

- LFA is starting to plan for World COPD Day in November. The world organisation responsible for World COPD Day, called GOLD, will be looking at the many faces of COPD - ie that COPD is caused by many things - not only smoking.
- We again talked about air quality and oxygen and brought them up to date on the current ACT review of POCs.
- Carmel is responsible for sending cards to various people on behalf of Lung Life and she talked about the ones she's sent. Most are get well cards; some are Christmas cards for Lung Life members who are no longer able to attend meetings; some are a thank you to people for donations to Lung Life after having borrowed our POC.
- On Thursday 18 August 2017 LFA is holding a Rare Lung Disease Conference in Sydney. Lyn Morley will be attending. If you are interested in attending let Lyn know for more details.

Then it was over to our speaker. The report is provided by Helen Cotter.

## Airway Clearance Techniques

**Nicole Freene, Assistant Clinical Professor,  
Physiotherapy, University of Canberra**

Nicole has been a physio for over 20 years, mainly in the area of rehabilitation techniques for pulmonary and cardiac patients. She now works at the University of Canberra and at National Capital Private Hospital.

### Sputum

Nicole first talked about sputum and how it is important to have some but not too much. A healthy person creates from 10 - 100 ml (about 5 dessert-spoons) of mucus every day. It's important for trapping foreign particles that we breathe in, including chemicals and bacteria. Little hairs (cilia) in the lungs move the foreign particles to the mouth for clearing.

Sometimes we can't clear the mucus well. This may be due to over production, especially if we have a chest infection or a condition like bronchiectasis or cystic fibrosis. The little hairs (cilia) may not be working too well maybe because of smoking or alcohol or dry lungs through oxygen use or being dehydrated.

We could have a poor or ineffective cough often due to :

- weak muscles perhaps because of a respiratory condition.
- pain after some surgery or
- fatigue.

A question was asked about the use of nose and mouth when breathing. Nicole said it's better to breathe **in** through your nose and **out** through your mouth. Some people are mouth breathers and can't breathe in through their nose.

It's important to keep your lungs clear as too much mucus in the lungs makes breathing harder and can even result in a collapsed lung. It can be a site for bacterial infection and may cause chronic inflammation. Sputum needs to be constantly cleared, on a daily basis, as in bronchiectasis and cystic fibrosis.

## What techniques can you use to keep your lungs clear?

### Be mobile:

The best technique is being mobile. When doing something active you breathe deeper and harder and that moves the mucus. As well as benefitting your lungs, being active benefits your heart, digestion, bowels etc. In other words, the whole you.

## Positive Expiratory Pressure (PEP):

This is the extra pressure you need when you are blowing against a slight resistance. It involves using devices like Bubble PEP which consists of a tube in a bottle of water. You breathe into the tube and create bubbles, like blowing into a milkshake when you were a kid. Some devices use a pressure gauge so you can adjust the pressure to suit your needs. Some have a large ball bearing that bobbles up and down as you breathe in or out, creating resistance when you breathe in - called Oscillating PEP.

To see a demonstration on how to use PEP see <http://www.youtube.com/watch?v=OSdigsnoE3Y>.

## Specific breathing exercises:

These are valuable if movement of sputum isn't enough and/or you can't use PEP.

- One technique is Forced Expiratory Technique (FET) where you give one or two huffs from a low volume lung and then have a period of relaxed controlled breathing.
- Another technique is ACBT - Active Cycle of Breathing Technique. In this, you give three or four big breaths, then rest. Repeat. Then give a couple of huffs followed by a rest. Repeat.

It's important to get your breaths from and to the bottom of your lungs. As a check, put your hands on the bottom of your ribs and push the ribs into your hands with your breath.

## Postural drainage:

This is using gravity to help clear the lungs, mostly involving lying on the left or right side. If there is a lot of mucus on the left side of the lungs, lie on the right side so that the mucus goes to the middle of the lung and can be better cleared out - and vice versa if the mucus is on the right side. If the mucus is in the upper airway, sit up high to help drain it.

- Your shoulders should not come up when you are gasping for air.
- If you use your shoulders, air goes into your upper lungs and you are using muscles that are not needed for breathing - so you are using extra energy and oxygen to get those muscles working.
- It is better to lean on a table or chair back to catch your breath - try to do relaxed breathing and try to relax!

- Big breaths clear the secretions high in the lungs.
- Middle sized breath clears those in mid-lungs
- Small breaths get into the bottom of the lungs.
- So breathe in a small breath - then huff to best clear the secretions.
- Our chronic care nurse also told us it was best to take a small breath when we used an inhaler rather than a huge breath. We get more in further with a small breath.

Nicole advised us to deal with a chest infection as soon as it begins:

- coughing more than usual;
- harder to breathe;
- changes in thickness and colour of mucus;
- more tired than usual.

It's best to stay out of hospital as there are lots of infectious people there.

Nicole told us about the Lung Foundation's chat website to learn more about exacerbations:

<http://lungfoundation.com.au/have-the-chat/>.

Finally, Nicole thanked us for volunteering at UC and giving the second year physio students a chance to have contact with real live people with chronic lung conditions. They say they learn so much from us - and they see what it's really like living with a chronic lung disease.

## Ebba's Presentation - It takes all kinds

### Helen Cotter

Ebba told us about the handiwork she has done in the past, including weaving, knitting and crocheting. Then she shared two stories about her experiences with us.

The first involved a tenant in a block of units when she was working for the Canadian Embassy and living in Washington, USA. The tenant asked her to look at some handiwork he had done - two piles of red bricks separated by a plank of red-tinted wood - his bookcase. He wanted Ebba to go with him to buy some books to put in his bookcase as he had no books at all. They went to the bookshop. Ebba was explaining to him how books were organised into categories when the young man told her it didn't matter what the topic was, as long as the book cover was **red**. That's all he wanted for his red bookcase.

The second story involved the same young man who asked Ebba to knit him a sweater. He chose the colour (not red) and style. Ebba duly knitted it but when she showed him, he didn't like it, neither the colour nor the style. Ebba kept it, unravelled it and knitted it in a style more suited to her. She washed it and it stretched, She wore it stretched until it needed a wash. This time it shrank. She got sick of this variable sweater so she unravelled it - and this time, knitted it into a colourful rug. This all occurred about 70 years ago. At the meeting, Ebba showed us the beautiful as-new-looking rug she had knitted those 70 years ago.

## Peta's Presentation - A little piece of history

### Helen Cotter

Peta introduced us to a little piece of history, namely a scrap book her father, Des Rees started. It contains a collection of newspaper articles concerning the first car driven from England overland to Australia in 1926/27. The driver was **Francis Birtles**. The car was a *1925 Bean* later called the *Sundowner Bean Racer*.

Peta's father saw the car when he was an apprentice mechanic in the old Kingston Bus Depot and like any young man Des enjoyed driving it round the yard. No-one recognised the importance of the somewhat battered vehicle, covered with names from stops during the journey from England to Australia, All this was indicative of its hard life, the many miles travelled and the many years which had passed since its manufacture in England in 1925.

For many years the car languished in various paddocks and sheds while it gradually deteriorated until a few people finally realised it was a significant car and should be saved. Des Rees and his friend Garth Fisher started to fix it up, in their spare time, of course.



In 1927 Birtles and the 'Sundowner' leave Australia House bound for the Channel Ferry.  
Photo: Peter Wherrett archive collection.

In 1929, the *Sundowner Bean Racer* was presented to the Australian Government on condition that it be placed in the National Museum. As there was no such museum at the time, the car disappeared for many years before it officially joined the collections of the National Museum of Australia in 1981.



The Salvation Army started its work in Australia in 1880. It is one of the world's largest providers of social aid. In addition to community centres and disaster relief, the organisation works in refugee camps. It provides many wartime services, serving first aid stations, ambulances, chaplaincy, refreshments to troops in the trenches, social clubs, Christian worship and other front-line services.

The Salvation Army was founded in London in 1865 by William and Catherine Booth, later introducing its military structure and uniform. Its main converts were at first alcoholics, morphine addicts, prostitutes and other "undesirables" unwelcome in polite Christian society. Now it has a world-wide membership of over 1.5 million and is present in 127 countries.

Sources: <http://www.williamandcatherinebooth.com/>  
[https://en.wikipedia.org/wiki/William\\_Booth](https://en.wikipedia.org/wiki/William_Booth)



William and Catherine Booth

## The A-Z of Preventative Medicine

### Chris Moyle

**Spacers** should be used with all puffers. Spacers deliver more medication effectively to your lungs rather than into your mouth. Spacers should be cleaned monthly, washed with warm soapy water and left to air dry - do not rinse the soap out or dry with a cloth. (From "COPD - A Patient Information Booklet" Canberra Hospital and Health Services).

**Spices** (Dr Oz): Turmeric (in mustard) is the most potent anti-inflammatory. Curcumin is the active ingredient in turmeric and is available in tablet form. Ginger (all forms) is also a very powerful anti-inflammatory.

("Fast Living Slow Ageing") Toss turmeric with fish or rice with steamed vegies. Have a curry meal once per week. Stew apples, rhubarb or pears with cinnamon sticks and cloves; serve with yoghurt for a delicious dessert or breakfast. Substitute your coffee for a chai latte. Add chilli flakes to your spaghetti sauce. Add turmeric to taste to scrambled eggs. Sprinkle cinnamon on your porridge.

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