

May 2018 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 10 May 2018
10:15 am - 12 noon
Weston Creek Labor Club
Teesdale Close
Stirling ACT 2611

Guest Speaker: Anne Booms will speak regarding palliative care and what it means to people with a chronic condition.

Dates for your diary

Thursday 3 May 2018 Fish'n Chips at the Southern Cross Yacht Club
Thursday 7 June 2018 Lunch at the Burns Club
Thursday 14 June 2018 CLLSG Meeting

April Lung Life Meeting Helen Cotter

We had a good roll up today – nice to see.

- Two days before the meeting, we had Education Day at the Southern Cross Club, Woden. People generally enjoyed the day and felt we had really good speakers who spoke on topics relevant to us.
- Pam Harris was thanked for organising the recent days with the Physio students from UC. We appreciate all the extra work Pam does for the group. See more later in the newsletter.
- Barry was thanked for his support at the recent Seniors Expo. Barry is always willing to assist in setting up and taking down the stands we have at various places. Lyn Morley spoke about how good it was to see all those who helped at the Expo and thanked Pam Harris for organising it.
- Kaye Powell asked for a volunteer to do radio/TV interviews for Pneumonia Week which is from 6-13 May 2018. She is still looking for a volunteer – someone who has had pneumonia.

- Kaye also asked for a volunteer to be involved in a survey/study regarding attitudes towards end-of-life. Pam Gaston volunteered.
- Kaye also talked about a meeting she'd recently attended for the Health and Older People Group. Many people complained about no name tags or wrong information on name tags in hospital. Judy said that she was in hospital recently and her name washed off the tag.
- We organise two social events: **Thursday 3 May 2018** Fish'n Chips at the Yacht Club and **Thursday 7 June 2018** lunch at the Burns Club.

Then it was over to our speaker.

Mediwatch Helen Cotter

Amanda Burgess, assisted by Maria, spoke about Mediwatch, a Canberra based, family-owned and operated business which deals with:

- personal alarms which are Australian made and NBN compatible
- pendants which have a range of 100-300 metres from the home base station. One type sends an alarm if you have a fall.
- integrated alarms
- inactivity sensors which sends an alarm to the control centre if there is no movement for a set period of time and
- similar items.

The Benefits

People are given the opportunity to live at home more independently while giving friend and family members more peace of mind. One terrible news story was of a couple who didn't have one – the husband was the carer but he had a heart attack and no-one knew. His wife starved to death.

How does it work?

A base is set up in your home and this receives the alert when you press your pendant (or if no movement is recorded) An alarm is sent to the 24 hour monitoring centre where operators will talk to you through the base station. If you cannot talk, the operators will follow the instructions you have already given them such as calling family or ambulance.

Mediwatch is a system that is set up according to your needs. These are discussed in the initial stages. Who do you want called? How long for inactivity? What if I can't talk? What sort of system best suits my needs?



The base station doesn't work through the phone line. It works in a similar way to mobile phones. The package can be part of your NDIS, Aged Care or Veteran Affairs package. The system self tests regularly. If the power goes, the base goes on battery. If the battery is low, a message goes to the control room who then deals with it. At the moment it costs \$115 to set up the system, \$85 to buy a press button pendant, \$125 for an auto fall pendant then \$37 a month for hire and monitoring system.

Mediwatch is more than happy to come and talk to you about how they can customise the system to suit your needs. For more details, contact Mediwatch on: 1800 551 202 or Amanda@mediwatch.com.au or info@mediwatch.com.au or www.mediwatch.com.au

Visits to UC Physio students Pam Harris

On Thursday 29 March and Wednesday 4 April, 2018 about fifteen (15) Lung Life people volunteered their time to visit the Physio students at UC and giving the students the experience of dealing with people with a chronic illness. Both students and volunteers enjoy the day – especially as the students provide a beautiful morning or afternoon tea. Our thanks to Pam for liaising with UC and organising the event.



You can see from the big smiles on the faces of both students and volunteers that everyone is enjoying themselves.

*Dear Pam
Thank-you for giving up your time to come in and give us an incredible learning experience. We truly valued the opportunity to work with a real patient. This experience has helped to set us up for our physio therapy career and we could not have done it without you. All the best
Yours sincerely
Megan, Izach, Harriet, Ash, Louisa and Claire*



Fish'n Chips
Thursday 3 May 2018
Southern Cross Yacht Club,
Yarralumla
11.45 a.m. or earlier.

The A-Z of Preventative Medicine

Chris Moyle

Varicose Veins

Varicose veins are gnarled, enlarged veins. Any vein may become varicose but the veins most commonly affected are those in your legs and feet. That's because standing and walking upright increases the pressure in the veins of your lower body.

For many people, varicose veins and spider veins (a common, mild variation of varicose veins) are simply a cosmetic concern. For other people, varicose veins can cause aching pain and discomfort. Sometimes varicose veins lead to more serious problems.

Varicose veins may also signal a higher risk of other circulatory problems. Treatment may involve self-care measures or procedures by your doctor to close or remove veins.

Lifestyle and home remedies

There are some self-care measures you can take to decrease the discomfort that varicose veins can cause. These same measures can help prevent or slow the development of varicose veins, as well. They include:

- **Exercise**
Get moving. Walking is a great way to encourage blood circulation in your legs. Your doctor can recommend an appropriate activity level for you.
- **Watch your weight and your diet**
Shedding excess pounds takes unnecessary pressure off your veins. What you eat can help, too. Follow a low-salt diet to prevent swelling caused by water retention.
- **Watch what you wear**
Avoid high heels. Low-heeled shoes work calf muscles more, which is better for your veins. Don't wear tight clothes around your waist, legs or groin because these garments can reduce blood flow.
- **Elevate your legs**
To improve the circulation in your legs, take several short breaks daily to elevate your legs above the level of your heart. For example, lie down with your legs resting on three or four pillows.
- **Avoid long periods of sitting or standing**
Make a point of changing your position frequently to encourage blood flow.
- **Don't sit with your legs crossed**
Some doctors believe this position can increase circulation problems.
- **The single most important thing you can do** to slow down the development of new varicose veins is to **wear gradient compression support stockings** as much as possible during the day.
- **Wear sunscreen** to protect your skin from the sun and to limit spider veins on the face.

Ref: www.mayoclinic.org/diseases-conditions/varicose-veins

Flora Explorer Tours

Maureen Bell

The Australian National Botanic Gardens' Flora Explorer bus now runs regular 45 minute discovery tours around the gardens on weekends and public holidays at 10.30 am and 1.30 pm. Tours cost \$8, adults; \$5 concessions and children; children under 3 years free. Purchase tickets from the bookshop.

Lung Foundation Australia's Education Day

Tuesday 10 April 2018

Helen cotter

Over seventy (70) people attended the Lung Foundation Australia's Education Day at the Southern Cross Club, Woden. Sharon and Mitzi from LFA checked us in and Sharon spoke to the audience about the LFA, telling us it was the national organisation based in Brisbane with about 20 staff. It advocates education in various respiratory areas and issues; research, and support for those with a lung condition or their carers.

Funding comes from Government tenders for particular projects; from the Information and Support Centre of the Queensland Government; and from sponsorship and donations.

She told us that 1 in 7 deaths are lung related and that 1 in 4 have lung disease. Their website offers information and support on all varieties of lung conditions and on LFA's activities. If you would like further information about LFA or lung issues, contact them on: Ph: 1800 654 301;

email: enquiries@lungfoundation.com.au

website: www.lungfoundation.com.au

We then moved on to talks on co-morbidities and lung disease; breathing and activity; and supporting you to live better with your lung disease.

Co-morbidities and Lung Disease

Mark Hurwitz, Clinical Assoc Professor ANU

In the past, diseases were treated as separate entities. Now we realise they are interconnected and one disease can cause problems in other organs.

Once asthma was treated as separate from COPD but we now recognise that they overlap and this gives us a better control perspective.

Causes of COPD

- Active and passive smoking – especially in the formative years. Even smoke left on clothes and furniture can have an effect on health.
- Biomass fuel – this is more of a problem in developing countries than here.
- Pollution – and this is strongly connected with malignancy. It is known that children living near highways are more likely to develop asthma than those who don't.

We now have an awareness of these factors and so hope to reduce the numbers who get a lung condition, including malignancy, as well as reducing the symptoms.

Co-morbidities

The points above – the causes of COPD – affect other parts of the body.

- The heart can develop various problems which need treatment or hospitalisation.
- Osteoporosis can be another co-morbidity. People with COPD have limited mobility and this

With lung conditions, airflow is limited and problems can easily arise – whether due to temperature, weather, infection and so on.

At the moment, we aim to control the condition. In the past 12 months, we have had many new and better inhalers – with better ones to come soon. For instance, we now have three drugs in one inhaler – which will be on the market soon.

Three drugs taken at the same time work better than drugs that need to be taken from different inhalers.

Activity is important because it keeps the muscles in better condition and that keeps the bones in better condition. The bones release anti-oxidants which affect the lungs – so activity protects both the bones and the lungs.

Activity is not necessarily 'hard exercise' – you just need to keep the muscles working. You need to do activities you enjoy – then you will do more.

How much activity? Half an hour four times a week is sufficient.

affects the muscles which become thinner and this affects the bones.

- Anxiety and depression. Many conditions bring a level of anxiety and depression. Activity is also good for the brain. People who do more activity have less anxiety and depression and less Alzheimer's. It helps clear secretions in people with bronchiectasis.

Today, the research into genetics is resulting in new treatments which work better because they are more specifically targeted. Some chemotherapy treatments are now connected with genetic markers in the disease – you get different treatment according to your genetic marker. Asthma may also be treated in this way – but it is early days yet.

For people not doing as well as they should

- Body mass is important – too much or too little – as it can make breathing more difficult and so affect the lung condition.
- Exacerbations can worsen a situation – it is important to be aware of your state of health and take action before an exacerbation occurs.
- Diet and nutrition are important. You need to get enough protein and the good fats.
- Need to manage cardiac disease. There is a strong connection between that and airways disease. Controlling the airways disease will help control the cardiac disease.
- C reactive protein. This is a measure of inflammation in the body. You can have inflammation without infection but you need to check that it's well controlled and that your C reactive protein is in the normal range.

Mornings are usually worse for people with COPD and this is connected with the change of temperature.

62% report airway variability of COPD symptoms with temperature change. It may also be connected with barometric pressure.

There are many improvements in managing lung disease – and managing co-morbidities also helps in managing lung disease.

The other two talks on Education Day, *Breathing and Activity*, and *Supporting you to live better with your lung disease*, will be featured in the June Newsletter.

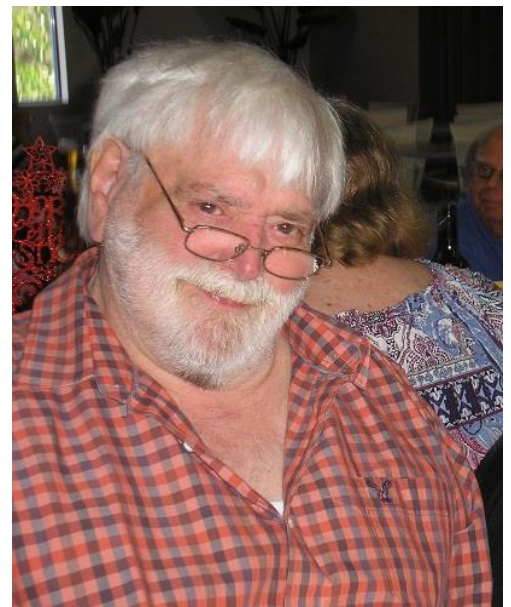
David Jarvis Helen Cotter

David Jarvis passed away on Tuesday 17 April 2018. David has been suffering from lung cancer for a few years and we have sadly seen it taking its toll.

He, and his wife Carmel, have been members of Lung Life for many years, regularly attending meetings and our other events until his illness made it difficult for him.

David was a lovely person, quiet and thoughtful. We have been missing him from the meetings and will continue to do so.

Our thoughts and deepest sympathy go out to Carmel and their family at this sad and difficult time.



**David at Christmas Lunch
2014**