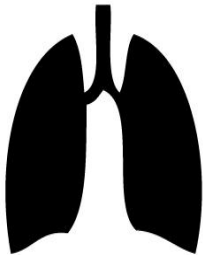


CANBERRA
LUNG LIFE
SUPPORT  GROUP

October 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 11 October 2012
10.15 am – 12 noon

The Weston Club
1 Liardet St
Weston ACT 2611

A relaxed, casual meeting to deal with Lung Life business – Christmas Lunch, Flora Explorer Tour of the Botanic Gardens, the COPD Day Walk and lunch and other business of general interest.

Dates for your diary

| | |
|-----------------------|----------------------------------------------------------------|
| Thursday 25 October | Flora Explorer Tour of the Australian National Botanic Gardens |
| Wednesday 14 November | World COPD Day |
| Tuesday 4 December | Christmas Lunch |

September Meeting Report

Sarah Marshall, a podiatrist with ACT Health, gave an excellent presentation on foot care. Sarah was accompanied by Richard Lee, a final year podiatry student. Foot care is especially important as we age as one of the key factors to a happy and healthy life for older people is mobility. It is obvious that someone with painful feet will do as little walking as possible. Our feet are often the most neglected and forgotten part of our body. Taking some time each day to care for our feet can prevent many of the foot problems that commonly cause pain for older people. Here is some advice that Sarah gave us.

Wash feet carefully and thoroughly with a mild soap and towel dry, taking special care between the toes. If your skin tends to be dry a moisturising cream such as sorbolene, vitamin E or urea cream

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

should be rubbed into the feet. Do not put cream between the toes as this can make the skin too soggy.

Cut nails with a good pair of nail clippers, available from chemists or department stores, and cut nails straight across. Never cut in at the corners as this may cause ingrowing toenails. File any rough edges. The use of a long handled file is a gentle way to keep nails short. Nail filing must be done regularly. Use short strokes, filing the nails down away from your body. Metal nail files should be wiped with alcohol wipes to keep them clean. Emery boards should be disposed of after use.

Two of the most common foot problems are calluses and corns.

1. A **callus** is a diffuse area of thick skin, usually around the heels and ball of the foot, caused by pressure. It can be painful, especially if it splits, for example when the skin around the heels cracks. At home you can apply a little soap on a pumice stone and gently rub around in small circles to remove the callus, but over rubbing will make the area sore. Never use scissors or razors to remove calluses.
2. A **corn** is an isolated area of hard, thick skin over a bony area of the foot. It has a central core of thick skin. Constant pressure from footwear on the toes eventually causes a corn to develop. Again, as with calluses, you should NEVER treat corns yourself with corn cures, razor blades or scissors. A podiatrist is qualified to remove corns and calluses and may also make padding for your feet to reduce pressure.



A good fitting and supportive shoe is vital. The Athletes Foot shoe shops have a variety of good shoes, some not always on display, so ask their advice. Your podiatrist may recommend medical grade footwear for you at a cost of \$250 - \$400 – available from Comfort and Fit at North Lyneham.

Falls

Staying active and wearing good supportive shoes goes a long way towards avoiding falls. A bad fall with a broken arm or hip can be the one thing that puts us into care and really limits our mobility. To prevent falls

- be aware of hazards in the environment,
- maintain good vision,
- have medications reviewed as some medications can contribute to falls and
- ask your GP for a falls assessment.

If you do fall try to roll over onto your shoulder and side rather than have your arm take the full impact. Have your GP check your Vitamin D levels (often low in elderly people) and have your bones X-rayed to check for signs of osteoporosis. There is a Falls and Falls Injury Prevention Assessment Clinic on Northside and Southside of ACT – phone 6205 5161.

A free one hour podiatry assessment for pension or health care card holders is available from the Podiatry Service – phone 6207 9977. Clinics are at the Health Centres at Belconnen, City, Phillip, Tuggeranong, Dickson and Gungahlin. For continuing care your GP can provide a GP management plan with 5 visits per year to a podiatrist or other allied health professional. The cost is rebated by Medicare.

ACT Government Health Directorate - Chronic Disease Management Unit

The Chronic Disease Management Unit is a multidisciplinary team who focus on improving the management of ACT residents with Diabetes, Chronic Obstructive Pulmonary Disease and Chronic Heart Failure. They also support other services by coordinating care for people with chronic disease.

Our Approach

Our approach to supporting people with a chronic disease includes

- Self management principles
- Coordination of care
- Using new technologies

Our overall goal is to decrease the reliance of people with a chronic disease on hospital staff and other health professionals.

Our approach includes a range of interventions such as

- Case management and coordination
- Clinician feedback
- Clinical information systems to track patient care
- Promoting patient's self management skills

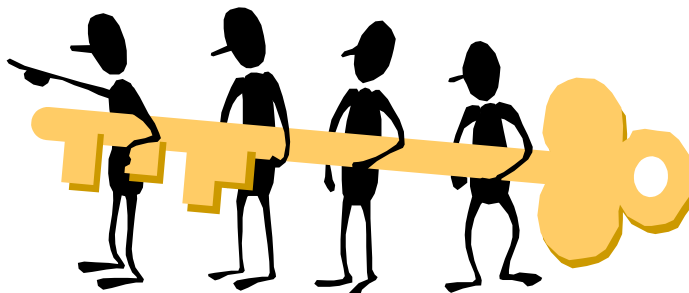
Our Services

Home Telemonitoring

The Home Telemonitoring (HTM) service provides long distance telemonitoring of patients with a chronic disease.

The Home Telemonitoring service provides:

- Installation of a telemonitoring station in a patient's home for anywhere between 1 and 3 months.
- Patient education in the use of the home telemonitor to record their temperature, blood pressure, heart rate, heart rhythm, weight, oxygen saturation, blood glucose and respiratory function each day
- Monitoring of daily observations via the internet (Monday to Friday) by a clinician.
- Appropriate response to problems identified by the observations



Home Telemonitoring will:

- Support the referring clinician's current patient health management plan
- Help patients to self manage their chronic disease more effectively and increase patient confidence.
- Monitor the effect and response of specific therapy and help stabilise patients' medical condition.
- Reduce the frequency of hospitalisation and emergency department (ED) presentations.

The Home Telemonitoring service is currently accepting referrals via Community Health Intake (phone 6207 9977 or fax 6205 2611) from Health Directorate Doctors, Allied health staff, Nurse Practitioners, and Clinical Nurse Coordinators. If you would like more information on the HTM service please call 6207 6833

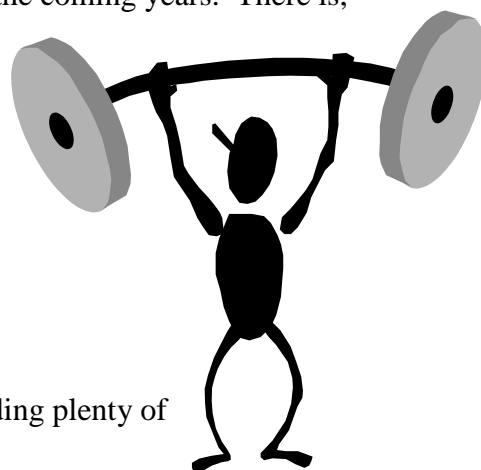
American Airlines saved \$40,000 in 1987 by eliminating one olive from each salad served in first-class.

I wonder how much the manufacturers of Spiriva are saving from those empty capsules we are finding in our prescriptions.

Dementia Prevention - recommendations from Alzheimer's Australia.

Chris Moyle

The incidence of dementia is predicted to increase dramatically in the coming years. There is, however, good evidence to support a range of lifestyle and health strategies as a means of reducing your risk of cognitive decline or developing dementia.



Keeping your brain active matters

- Keeping mentally stimulated
- Engaging in social activities

Being fit and healthy matters

- Keeping physically active
- Eating healthily, avoiding too much saturated fat and including plenty of fruit and vegetables

Looking after your heart matters

- Regularly checking blood pressure, blood glucose and cholesterol throughout mid and late life and keeping high blood pressure, diabetes and high cholesterol and other vascular risk factors well controlled
- Maintaining a healthy body weight
- Not smoking

As a society we are becoming increasingly aware of the need to maintain a sound diet, exercise, intellectual stimulation and social connectedness. This review of the evidence reinforces that message and adds a further important impact of doing so – maintaining cognitive health and reducing dementia risk. It also highlights that what is good for the heart is good for the brain. ALL these recommendations need to be followed at the same time to prevent dementia. They will not necessarily work in isolation, and they are much less effective once dementia has been diagnosed. We encourage all Australians to look after their brain, body and heart because Your Brain Matters.

Lungs in Action

Maureen Bell

The Lungs in Action class held at the University of Canberra is going very well. Keen Masters students help with the class and we have around 10-12 people regularly. Equipment is basic - no treadmill and no hydraulic machines just hand weights and a few other machines so equipment is not as good as mainstream gym classes. We get tested for lung capacity, get measured and weighed and do the 6 minute walk every 3 months. These classes are sponsored by the Lung Foundation.

The cost of these classes is \$5.

For further information contact Kate Pumpa on kate.pumpa@canberra.edu.au or phone the Lung Foundation on 1800 654 301.

Flora Explorer

On Thursday 25 October the Canberra Lung Life Support Group is organising lunch and a tour of the Australian National Botanic Gardens on Flora Explorer, a 12 seater electrically powered mini-bus. We will sit back, relax and enjoy a one-hour guided journey and discover some of the Gardens' highlights, taking in the Western Mallee, the Sydney Region Garden, the Eucalypt Lawn, the Rock Garden and rainforest.

Final numbers and money will be organised at the October Meeting.



Idiopathic Pulmonary Fibrosis from The Lung Foundation www.lungfoundation.com.au

In the last newsletter, the article talked about what IPF is, how common it is and what its symptoms are. This newsletter looks at diagnosis and treatment.

How is IPF diagnosed?

The diagnosis of IPF is usually made by a respiratory specialist. Investigations are likely to include:

Lung function tests - these are breathing tests to show how well your lungs are working and are an important monitor of how your disease is progressing over time.

Blood tests - these are generally performed to rule out other causes of pulmonary fibrosis.

Computed Tomography (CT) scan - this is a detailed x-ray of your lungs that gives multiple images compared with a simple chest x-ray.

Bronchoscopy - this involves the passing of a small telescope into your wind pipe whilst you are under sedation, to collect samples from your lungs including biopsies or fluid.

Surgical lung biopsy - in some instances you will be referred to a surgeon who will remove a small piece (called a biopsy) of your lung under general anaesthesia. This will require you to stay in hospital over a two to three day period. In patients with IPF who have undergone a biopsy, the condition is often referred to by pathologists as usual interstitial pneumonia (UIP) and these terms may be used inter-changeably.

How is IPF treated?

No medication has been shown in a well-designed clinical trial to alter the outlook for patients with this condition. Your specialist may try you on a course of steroids, such as prednisolone or an antioxidant called N-acetylcysteine. However, in the majority of people, this does not lead to any symptomatic benefit or change in lung function.

The future of IPF therapy rests with well-designed clinical trials to evaluate the ability of new therapies to stop further lung scarring. It is a good idea to discuss the possibility of taking part in a clinical trial with your specialist.

You may want to discuss joining the Australian IPF National Registry with your specialist. The purpose of the registry is to collect anonymous information from patients with IPF that can be used by approved Australian researchers to better understand this complex condition. Your data may also be used to identify participants for clinical trials, helping to develop better treatments. Participating involves completing a questionnaire and allowing The Registry to review and store your medical information and test results. To follow up, contact **The Lung Foundation**.

Other aspects of clinical management will include ensuring that you vaccinate against influenza and pneumonia. You may be referred to a physiotherapist for a structured exercise program, also known as a pulmonary rehabilitation program.

Some patients with IPF may experience a sudden increase in breathlessness (also known as an acute exacerbation). In such situations, you need to go to the nearest hospital to begin treatment. Sometimes, pneumonia or heart problems cause similar symptoms and will need to be ruled out.

As scarring increases, you will be given medications to relieve shortness of breath, and oxygen therapy may also be necessary. You may need assistance with mobility or be required to make simple changes to your home to ensure activities such as showering are made easier. Community services coordinated by the Government are available to help with this and can usually be accessed with the help of your general practitioner or specialist.

World COPD Day Walk 2012

Catch your breath.....

when: Wednesday 14 November

where: Acton Peninsula, near the Kiosk

time: 11am to Noon

followed by a combined picnic lunch



*Some of the willing participants,
World COPD Day Walk 2011*

Come and walk in the pleasant surroundings at the edge of the lake.

*We will be measuring the distance
and
adding it to the total Australian distance walked
then
following it up at Noon with a combined picnic lunch.*

Bring some 'finger food' to share – sandwiches; mini quiches, pizzas, cakes etc.

Bring your hats, sunscreen and water.

For more information: Helen 6281 2988

lung.life1@hotmail.com