



## April 2015 Newsletter

**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](mailto:helenrey@creationcorporation.com.au)

**Coordinator:** Margaret Geaghan 02 6254 6873  
[lung.life1@hotmail.com](mailto:lung.life1@hotmail.com)

**Next Meeting:** Thursday 9 April 2015  
10:15 am - 12 noon  
**The Burns Club**  
8 Kett Street Kambah ACT 2902

**Guest Speaker:** Emma Baldock to speak about mindfulness

### Dates for your diary

Wednesday 29 April 2015 Education Day  
Thursday 9 April 2015 Lung Life Meeting

### March Meeting

**Helen Cotter**

Caroline and Margaret ran the meeting which had a very good attendance. We overflowed the room we were in.

#### Speakers:

We discussed the speakers for this year and what we would like them to talk about. Chris has already organised the next few but suggestions were made for other topics/speakers such as Fair Trade, Public Trustee and planning for infrastructure especially for the disabled.

This last point led on to a discussion about the difficulties of walking at places like big shopping centres where there are very few seats appropriate for resting. Some places have low, lounge-like seating but this is too low for many people who need the higher, more supportive seats for getting on and off.

We also mentioned the disabled parking is sometimes far away from an entrance, necessitating a fair bit of walking and in some places, the ramp is too steep or too long. Peta is to mock up a standard letter pointing out our concerns so it can be sent to various places explaining our concerns.

#### Piko6:

Carmel brought us up to date on her discussions with the Lung Foundation Australia regarding our use of the Piko6. The Piko6 is a small, puffer-like device that gives a reading on the health of the lungs. If the reading is poor, the person being tested is advised to see their doctor for further tests. The LFA will discuss the issue at their next meeting,

Our meeting decided to purchase the Piko6 for use by the chronic care nurses at the various expos stands where we are represented. However, if LFA decides we would be covered by their insurance for public liability (the LFA provides this for all its support groups in Australia) we will then train a user who will be able to test our members as required.

### **Education Day:**

A reminder that this big event is on the 29<sup>th</sup> April at the Southern Cross Club, Woden. Information, including topics, was sent out with the recent LungNet news from the Lung Foundation.

### **Photos:**

Phones and cameras are being used to record the events in which Lung Life participates. Snappers were reminded to send the photos, preferably via computer, to Helen Reynolds for the newsletter and to Chris Moyle for archiving.

### **Burns Club refurbishing:**

We discussed the refurbishing and what it means to us. We are concerned about the problem of dust and discussed moving elsewhere. After discussion of various related issues, we decided to stay at the Burns Club and see how it goes.

### **People identifying their illnesses:**

The point was raised that it would be good to know what chronic lung condition members had so that those with similar conditions could compare notes, help solve problems etc. It was agreed to add the conditions to the copy of the names and addresses that people have of those who attend the meetings.

Wrinkles should merely indicate where smiles have been. *Mark Twain*

## **The A – Z of Preventative Health: Life after a death** (Colin Fry, UK)

### **Chris Moyle**

1. We have a responsibility to go on living after our loved ones have passed on. We should use their death to live our lives in a more fulfilling way.
2. You will naturally feel negative but you must try to use your powers of positive thinking. *You are what you think.* Going forward, you can decide how you want to feel about a person's death. It can ultimately become a positive experience.
3. It is important to grieve for the loss. We are putting off that process if we keep asking, "Why?" Instead we need to accept that death has happened and attempt to incorporate the event into our lives.
4. Use the death of a loved one to affirm life. Learn from the experience and try to see death as a source of further inspiration for your life.
5. Those in the spirit world are physically and mentally well. Even if they have died a violent or tragic death, they are reconciled and so should you be. They will always be in your heart, if you want them to be.
6. Your loved ones do not want you to be dead to the world, they would rather see you honour their lives by carrying on with your life. If you don't, then it's you who have died, not them.
7. Guilt is not a sign that you are grieving but simply a reluctance to move on. What's done is done. If you feel guilty about what happened between you and someone who has passed on, use the experience to make sure it doesn't happen again.
8. The death of somebody gives us an opportunity to change our lives for the better. After the sadness, we need to embrace the light and use that emotional energy to learn from past experiences.



Support is what  
we all need!

## ACT First website

[www.actfirst.org.au](http://www.actfirst.org.au)

This is a website to help us think about and **prepare for severe events**. It is clear and easy to use and takes you through various stages of preparation, logically and simply. At the same time, it gives you interesting and relevant information concerning the area in which you live. You put in your postcode and up comes the information. For instance, since 1900, the Woden area has experienced two floods, five earthquakes, three fires and thirteen heatwaves.

If you want emergency information, look at the ACT Emergency Services website: [www.esa.gov.act.gov.au](http://www.esa.gov.act.gov.au) .

## Welcome to: COPD: Life Is Calling

[www.copdlifeiscalling.com](http://www.copdlifeiscalling.com)

Are there 'things' you would like to achieve but feel are out of reach? Are there activities that you used to enjoy that now seem a distant memory? What challenges stop you from your life's call?

You are not alone. The good news is that people with [COPD \(Chronic Obstructive Pulmonary Disease\)](#) around the world are taking steps towards meeting personal challenges and improving their lives. You too, can make a change.

Share a challenge that is both realistic and motivating. Hobbies, family and friends, events, work, relationships or exercise – focus on what matters most to you. If you need some inspiration, take a look at [challenges](#) other people have already shared with the community, join them by [setting your own](#) and share your story with the [Facebook](#) community.

### Some personal challenges from different ages around the world.

Do they sound familiar?

- Walk steps up and down not letting the steps overwhelm. Tammie/40/USA
- Lose weight. Noelene/71/Australia
- Develop abs. Sah/28/Phillipines
- My challenge is to start and continue exercising. Sally/64/USA

This web site [www.copdlifeiscalling.com](http://www.copdlifeiscalling.com) could be another support mechanism, a sharing of thoughts and fears and anything else that matters to you and achieved on Facebook.

### Air Liquide – 10% discount

Air Liquide is happy to give a 10% discount to members of Lung Life Support Group for any sleep or respiratory items.

They also offer a 15% discount on POC purchase for members of Lung Foundation Australia.

The two discounts cannot be used together.

**Lynne** at Air Liquide, Canberra, will give you the help needed

The Equinox Building2

22/70 Kent St

Deakin 2600

Ph: 6285 2979

Email: [alhauact@airliquide.com](mailto:alhauact@airliquide.com)

## C.O.P.E

### COPD. Online. Patient. Education

To assist patients with COPD without access to a Pulmonary Rehabilitation Program the Lung Foundation Australia has been instrumental in the development of COPD Online.Patient.Education.

Designed to enable patients to undertake the educational component of pulmonary rehabilitation from the comfort of their own home, it is also a unique resource for those of us who have completed the course. This easy to use, interactive and informative program is, therefore, a useful tool to be used to complement a pulmonary rehabilitation program or simply as a reference point for information on living with a lung disease.

#### The Program is divided into five modules:

- **Introductory Module**
- **Module One:** Understanding your lungs and COPD
- **Module Two:** Managing your medicine and symptoms
- **Module Three:** How you can better help yourself
- **Module Four:** Physical activity and exercise
- **Module Five:** Living with a lung disease

#### Attention!!!

It's time for that annual trip to your GP or it could be an add on to a trip for something else entirely.

Be brave.

I had my flu injection this week and it didn't hurt at all!

Source: <http://lungfoundation.mediaspherebeta.com/>.

We have 2 copies if you would like to view the program. Contact Helen Cotter [cotterhe@hotmail.com](mailto:cotterhe@hotmail.com)

Life wasn't meant to be easy – Malcolm Fraser

#### Drug interactions from [www.australianprescriber.com/magazine](http://www.australianprescriber.com/magazine)

The interactions between

- prescribed medicines;
- between prescribed medicines and over-the-counter treatments;
- and between medicines and everyday foods

can cause harm due to either increased drug effect causing toxicity or decreased drug effect leading to treatment failure.

Harmful drug–drug interactions are important as they cause 10–20% of the adverse drug reactions requiring hospitalisation. Elderly patients are especially vulnerable – with a strong relationship between increasing age, the number of drugs prescribed and the frequency of potential drug–drug interactions.

Find out more about this topic at the Lung Foundation's Education Day, Wednesday 29 April at the Southern Cross Club at Woden from Samantha Kourtis of Charnwood Chemist.

#### Samantha Kourtis has passion for healthcare

Ross Peake November 14, 2014 , Canberra Times (adapted from the article)

Samantha Kourtis' passion for helping others has earned her Charnwood pharmacy the title of Australian Pharmacy of the Year and she is ACT's Telstra Business Woman of the Year. Her interest in healthcare was inspired by her parents, both nurses, and her community-minded grandparents, whom she keeps in mind during her working day.

"A big percentage of the people who come into a community pharmacy are older people and I often think, when things are not going so well for them, what would work well for my grandparents," she says. "If the client is

having trouble understanding their medication or if they can't get in to see their doctor, I know the impact it would have on their lives."

Her pharmacy is the only one in Canberra – and one of the few in Australia – with high level expertise on compression garments for people suffering severe circulatory problems.

To treat patients with lymphoedema, her pharmacy has established a clinic - a private examination room with a bariatric bed and stock of compression garments worth about \$40,000. The patients have to be referred by the lymphoedema clinic at Calvary Hospital.

Other clients have ulcers on their legs, sometimes untreated for years, but are being fitted with a newly developed, two-layer compression bandage.

However, the Telstra award gives her a new platform. "I am hoping I can inspire more women to stand up and take on those roles."



## What is bronchiectasis?

From Australian Institute of Health and Welfare [www.aihw.gov.au/bronchiectasis](http://www.aihw.gov.au/bronchiectasis)

Bronchiectasis (brong-ke-EK-tah-sis) is the widening of the airways in the lungs usually caused by damage to the airway walls. It's generally accompanied by lots of coughing with excess amounts of mucus; often, breathlessness and maybe fatigue, chest pain, weight loss.

In healthy individuals, glands in the lining of the airways make small amounts of mucus, which keeps the airways moist and traps inhaled dust, dirt and organisms. Usually, when mucus becomes excessive it is either coughed up and out, or swallowed. However, in people with bronchiectasis, the mucus pools where the airway is widened and the person often gets recurrent respiratory tract infections.

Very little is known about the cause of bronchiectasis. The known causes of bronchiectasis include cystic fibrosis, reduced immune functioning, severe pneumonia, abnormal function of cells that line the airways, and a wide variety of other conditions. In some cases, no identified cause can be established.

Management of this condition is complex because of the variety of underlying causes. There's also little information on the overall Australian incidence of bronchiectasis. The hospitalisation rate for bronchiectasis as a principal diagnosis has increased steadily from 1998 but it's not possible to determine whether this increase is due to an increase in the prevalence of the condition or in other factors affecting hospitalisation rates.

If you want to know more about this condition, come to the Lung Foundation's Education Day where Dr Mark Hurwitz will give you the latest information.

Have you ever noticed the older we get, the more we're like computers?  
We start out with lots of MEMORY and DRIVE then we become outdated, and eventually have to get our parts replaced.

## ACT Health Chronic Conditions Strategy 2013

The ACT is continuing its strategy of improving support for those living with a chronic condition. The previous strategy, from 2008-2011 concentrated on ensuring that chronic disease prevention, detection and management is coordinated, collaborative and interprofessional, and addresses the needs of specific groups.

Specific achievements included:

- *Get Healthy Information and Coaching Service*
- *Self-Management of Chronic Conditions.*
- *Home Tele-monitoring Services.*
- *Improving Care for People with Chronic Conditions (Chronic Care) Program* was expanded.
- *Chronic Disease Telephone Coaching Service.* ACT Chronic Conditions Strategy - Improving Care and Support Page30/ 31 of 35

**This new Chronic Conditions Strategy** from 2013 prioritises integrated service provision and support for those living with chronic conditions. The key priority action areas are to:

- Optimise existing services through enhanced integration.
- Improve access.
- Better support those in the community.
- Improve person centredness.
- Enhance early detection and secondary prevention.
- Enhance governance and system enablers. ACT Chronic Conditions Strategy - Improving Care and Support P5 of 35

### **Chronic conditions:**

- account for approximately 80% of the total burden of disease and injury in both the ACT and Australia.
- were the most likely cause of hospitalisation of people over the age of 45 in 2008 – 09 - mostly as a result of chronic obstructive pulmonary disease (COPD); osteoporosis and osteoarthritis; cardiovascular disease; lung and colorectal cancer; chronic kidney disease and diabetes.
- contributed to the underlying cause of death for ACT residents with over 80% of deaths in the ACT attributable to chronic disease.

Most of the care and support for people with chronic conditions occurs outside acute health facilities. Carers are those people who provide unpaid care for family members or friends who need assistance to live in the community because of a disability or a chronic condition. Families and carers of people living with chronic disease are more likely to develop a chronic disease themselves. ACT Chronic Conditions Strategy - Improving Care and Support Page 10 of 35

Paul Dugdale, Director of Chronic Disease Management (among other positions) will talk about the Strategy at the Lung Foundation's Education Day on Wednesday 29 April. Come along and see what things are being done.

### **Education Day**

**Wednesday 29 April 2015**

**9.45-2pm**

**Southern Cross Club, Woden**

**Cost: \$15, lunch included**

Hear talks on Medicines and their instructions; Bronchiectasis and chronic cough

The Chronic Conditions Strategy

**Contact:** Lung Foundation 1800 654 301