

June 2015 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 June 2015
10:15 am - 12 noon
The Burns Club
8 Kett Street Kambah ACT 2902

Guest Speaker: Nicole Freene, Physiotherapy instructor at UC speaking on the benefits of exercise

Dates for your diary

Wednesday 27 May 2015 Fish'n Chips Lunch, Southern Cross Yacht Club, 12 noon
Thursday 9 July 2015 Lung Life Meeting, The Burns Club, 10:15 am - 12 noon

May Meeting

Helen Cotter

The room was packed to the rafters when Caroline greeted us with the news that this may be our last meeting in the Burns Club. The Club is undergoing alterations and, despite earlier assurances that we would be able to continue meeting there, we were told today that no rooms will be available from June for a regular meeting. We are now looking for an alternate venue but we can bunk down in the lounge area next month, if necessary. We will let you know.

NEWS FLASH!!!!

Pam has checked with the Manager of the Burns Club and we will have a room available after the renovations are completed. So, we will make do with the lounge area for the next couple of months and see how it all goes. The next meeting therefore will be in the Burns Club.

Topics discussed:

- Another **fish'n chips lunch** at the Southern Cross Yacht Club on **Wednesday 27 May, 12 noon or earlier**. A marquee has been set up at the front, so we can eat there if it's too cold outside.
- Given the Burns Club renovations, we decided to investigate the Irish Club, Weston for the Mid-Year Get-Together. The date is to be decided. More details later.
- It was agreed Education Day was a success with good numbers attending, interesting speakers and a tasty luncheon.

- Adding emergency contact details and lung conditions to our list of people who attend meetings or who keep in contact will go ahead at our next meeting

Then it was over to our speaker.

Speaker: Beth Forbes

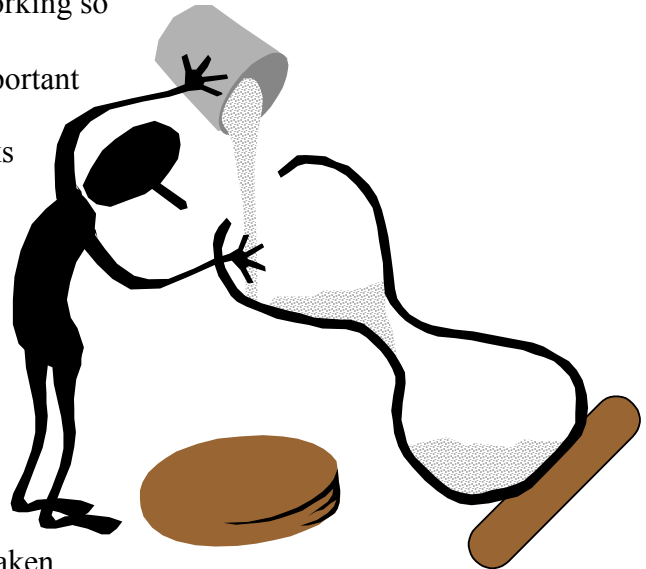
Beth (Elizabeth) is the chronic care nurse for COPD (and other lung conditions) in the Chronic Care Program based at TCH.

The Chronic Care Program aims to help you take control of your condition. It's important that you know as much as you can about your own condition and there are many resources that can help you. One of the best is **Lung Foundation Australia (LFA)** which has good information on its website as well as many interactive resources such as a DVD series on managing your lung condition. Their website is: www.lungfoundation.com.au or phone 1800 654 301.

Be aware when using the internet, not all sites contain reliable information.

Medication:

- It's important to know why you're taking your medicines - ie what they are doing for you and when you are meant to take them. There are now some new medications available so if you're feeling that your current medication isn't working so well, talk to your doctor.
- When you use puffers like Ventolin, it's important to use a **spacer** as it increases the effectiveness of the puffer. The spacer breaks the medicine into smaller pieces and allows it to go into the lungs instead of hitting the back of the throat. Any size spacers work well including the smaller size 'handbag' style.
- One of the benefits of using the spacer is that there is no need to coordinate your puffer and the breath in. You can press the puffer and then bring the spacer to your lips and breathe in.
- It's important to wash the spacer. It can be taken apart. If there's a detachable filter, make sure you don't lose it. All you use is warm, soapy water with some dishwashing liquid. **Don't rinse; don't towel dry.** The residue on the spacer stops the medication from sticking to the side and helps reduce static.
- With **Turbohalers** such as Symbicort, it's important that it is upright when you load it or it won't load correctly. When you are breathing in, you can take more than one breath to make sure you get it all.
- **Haleraids** are devices that assist you if you have trouble using the puffers. They are useful for people with arthritis.
- **Nebulisers** are only used in the hospital if the person is in a single room. The particles from the nebuliser spread throughout the room and can affect other patients. At home, make sure it's clean. Tip the container out and let it dry every day and keep the mask clean.
- **Prednisolone** has to be used with caution as it can cause side effects such as bruising, skin thinning, irritability. It can affect blood sugar levels and can decrease vitamin D levels. If you use the liquid form, you need to rinse your mouth out. If you have been on it for a long time, you need to come off gradually. If you stop abruptly, it affects the hormone production levels in the adrenal gland. For short term, it doesn't matter.
- **Oxygen** use can cause dry nose - as can CPAP machines. **Nozoil Spray** is specially designed for noses. It's composed of Sesame Oil and Vitamin E. Don't use Vaseline as it's **flammable** and can disintegrate the plastic tubing.

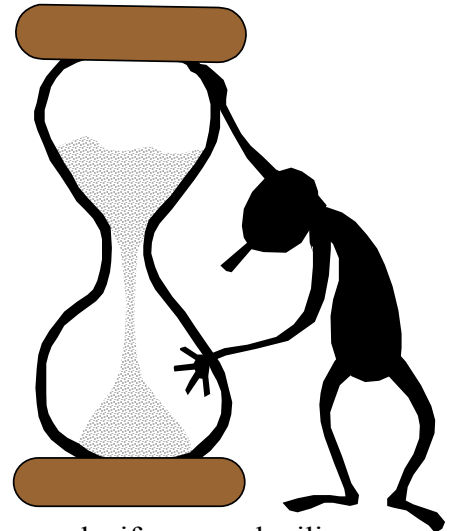


- As oxygen is flammable, don't use it near open fire such as gas cookers.
- You can have your oxygen on in the shower. It doesn't matter if the tubing gets wet but keep the machine out of the way.

An **Action Plan** reminds you of the warning signs of a flare-up of your condition (an exacerbation). It assists in understanding your condition and knowing what to do. The plan shows **green** for your normal condition; **amber** for watch out and do something about it; **red** for go to hospital! The changing colour of mucus often indicates an infection. Mucus is generally clear or white but with infection, may turn green, yellow or brown. (The Lung Foundation Australia has copies of the Action Plan on their website.)

Getting help: It's important to recognise when things are getting too much for you and to use other resources:

- get others to assist eg get hair washed at hairdressers; partners/ friends to help.
- use resources such as shower chairs, railings. These can be organised through the equipment loan service for a certain length of time.
- use tricks such as hair dryer to dry toes etc.
- use community services such as Belconnen, Woden, Southside, Tuggeranong etc for transport needs.



Community Health Intake (CHI)

- The people to call if you need any assistance in the home. They refer you to the appropriate person/organisation. For example, if you need railings for the bathroom, CHI will refer you to an occupational therapist who will come out (for free) and make an assessment - there may be costs with the railings.
- If you call CHI, they may have an in depth chat to find out your needs and situation. They may refer you to an ACAT assessment. They may organise a service organisation to care for you.

Keeping active: This doesn't necessarily mean going to the gym. The everyday things you do are exercise - even coming to this meeting - and it's important that you keep doing things. If you stop being active, it's harder to keep up the exercise.

Pulmonary Rehabilitation teaches breathing skills and exercises you can do at home. Lungs in Action can follow the activities up. An **exercise physiologist** can also follow up. You can start these activities by getting a referral from your doctor.

Beth's talk, which came with demonstrations, was very informative and delivered in an interesting way. We all found it most worthwhile.

Tai Chi for exercise

Know you should be doing more exercise but can't bring yourself to go to a gym? Try Tai Chi, a gentle form of exercise. It has general health benefits, including stress management.

COTA ACT (Council of the Ageing) has a Tai Chi group at Hughes Community Centre (near the shops) every Friday morning at 9.30am. It's a \$5 pay-as-you-go basis and you need to be over 55 years of age.

And, when the class is over there is a rather good place to go for a coffee and cake. So, if you are interested, just roll up. You'll not only get some exercise but have a social time as well.

Education Day Report

Chris Moyle

More than 60 people attended the Lung Foundation's Education Day held at the Southern Cross Club, Woden, on 29 April. Apart from having a lovely sandwich lunch, we heard three speakers talking about the things they know best. Their talks were most interesting. Our Lung Life member, Chris Moyle, took excellent shorthand notes and turned them into the detailed information below - either to remind you of the talks or to let you know what the speakers said.



Jenny Hose and Nigel McPaul from LFA who organised and introduced Education Day



Samantha Kourtis

Medicines and Their Instructions: What They Mean And Are They Important?

Samantha Kourtis, Pharmacist and Managing Partner at Capital Chemist, Charnwood began by donning a green COPD T-shirt and explaining her passion for health care.

Pharmacists - What they can do

Your pharmacist will explain how to take your medicine. It is important also to read the medicine instruction sheet so you fully understand it. Don't hesitate to question your pharmacist.

Your pharmacists can

- do a medicine check on the suitability and compatibility of your medicines and answer all your questions about medicines
- test your COPD risk factors and advise your GP if necessary as early diagnosis improves the outcome. One way of doing this is to determine your peak flow, and instruct you on use of the peak flow meter
- replace your Spiriva inhaler with every new Spiriva prescription to keep it working effectively;
- place your medicines in a Webster pack to help you manage your medicines
- provide nicotine patches to help you stop smoking - especially important for those with lung disease - and can monitor your carbon monoxide levels to encourage and support you in the quitting process.

Smart phone apps

If you have a smart phone, you can down load aps that help manage your medicines (the biggest take-up of people using these apps are people over 50 years old). **Metavisier** taps into a secure link on to your medicines in the pharmacy. **ERX** sends scripts through to the pharmacy that can dispense it and have it ready when you arrive.

Inhaled medicines and spacers

Up to 25% of asthma and COPD patients never get proper instructions in using their inhaler and up to 90% of patients use an incorrect technique.

Using a spacer with inhaled medicines enables 90% of the medicine to enter your lungs, rather than going to the back of the throat and causing oral thrush or other side effects. Wash the spacer once a week and once a day if you are sick.

The spacer can be as effective for medicine delivery as a nebuliser, with 70% more medicine going where you want it to go, and fewer side effects. Different size spacers are available, including small

cardboard ones that fold up to fit in your handbag. If you have arthritis you may find it difficult to use your inhaler but inhaler aids are also available at the pharmacy.

How medicines work

Medicines can get into our bodies in various ways:

- inhaled;
- ingested in the gut or the airways;
- getting into the blood stream, even by rubbing it on the skin.

Some medicines need to be absorbed by the stomach so they need to be taken on an empty stomach; others need to pass through the stomach to be absorbed by the gut.

Food/medicine interactions

What and when you eat can have a big effect on your medicines. It may minimise the effectiveness of the medicine or it may increase its toxicity, perhaps leading to an overdose. It is important also to know how often to take medications and whether to take them on an empty stomach or with food, and what to do if you miss a dose.

- One food which interacts with heart medications - ie: statins (cholesterol lowering medicines) and blood pressure drugs - is grapefruit. Grapefruit stops an enzyme in the liver from breaking the medicine down. Grapefruit affects over 85 medicines and a negative reaction with 43 of these medicines can be life threatening. It is best to avoid it altogether as consuming even a small quantity of grapefruit can cause an adverse reaction.
- Taking calcium with some antibiotics is not recommended as the calcium can latch onto the antibiotic and take it straight through the system. Doxycycline and Ciprofloxacin are two antibiotics that need to be taken 2 hours apart from milk products to enable better absorption.
- If you take Warfarin (a medicine which thins the blood) you need to avoid eating large amounts of leafy green vegetables as well as certain vegetable oils. These foods contain vitamin K that is an essential part of the body's clotting process, but too much vitamin K can lower the effect of Warfarin.
- If you take high dose fish oil - containing the omega-3 fatty acids EPA and DHA - in doses over 3 grams daily, with Warfarin, bruising and bleeding can occur.
- Actonel with coffee on an empty stomach results in 60% less medicine.
- Sporanox tablets need to be taken after a meal - not on an empty stomach. It's good to take the sporanox with an acidic drink - like coca cola.
- It's good to have Grisoniv 500 and Sigma with icecream.

Herbal medicines

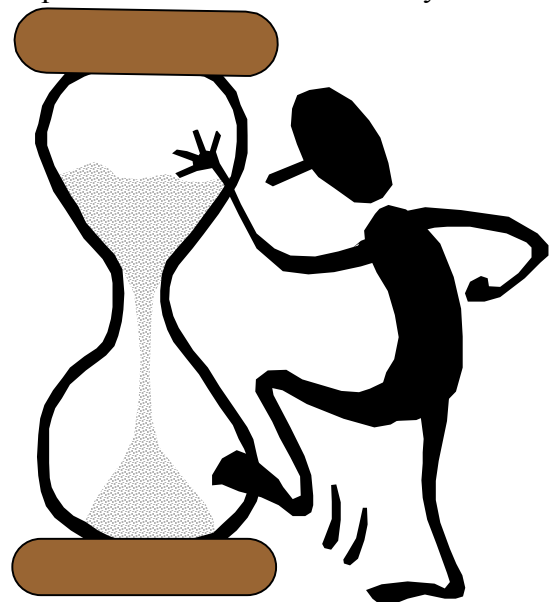
Many herbal medicines (complementary medicine) may interact with medicines and some have no scientific evidence that they are effective. Your pharmacist knows which ones will work for you and not interact with prescribed drugs so do ask for advice - let the pharmacist know which ones you are taking.

Popular herbal therapies that can be effective are:

- black cohosh (menopause),
- echinacea (colds and flu),
- chamomile (sleeplessness),
- St John's Wort (depression).

Panax Ginseng and COPD

Research is being undertaken on the benefits of Panax Ginseng for COPD patients. Panax Ginseng, with its anti-inflammatory and anti-oxidative properties, has a long history of use in Chinese medicine for respiratory conditions. One trial with COPD patients showed an increase of 53% in lung function for the group taking Panax Ginseng.



Take care

Alcohol

You can still drink alcohol while you are taking many of the medicines but use it with caution. Avoid taking alcohol while on the medication metronidazole (Flagyl), prescribed for gut problems.

Storage of medicines

Check whether medicines need to be stored in the refrigerator. Vaccines, in particular, need to be stored in the fridge and the best place is inside the body of the fridge and not in the door where vaccine can warm up with constant opening and closing.

Conclusion

For the very best health outcome it is advisable to become actively involved in your health care. Samantha recommends you ask your pharmacist questions and, if still in doubt, don't be afraid to ask more questions.

- How often do I take this medicine?
- What should I do if I miss a dose?
- Is there anything I should avoid (eg sunlight)?
- Does it interact with herbs, vitamins or foods?
- Will it interact with other script or over-the-counter- medicines?
- What side effects should I watch out for?
- What should I do if I have a reaction?
- Can you check my inhaler technique?



Come one come all to the Southern Cross Club's Yacht Club for a tasty luncheon of fish 'n chips.

When: Wednesday 27 May 2015

Time: 12.00 noon

Bronchiectasis and Chronic Cough

Dr Mark Hurwitz, Director Respiratory and Sleep Medicine TCH, and Clinical Associate Professor, ANU Medical School.

Chronic Cough

“Why do we make such a fuss about chronic cough?” began respiratory specialist speaker, Dr Mark Hurwitz. One reason is that chronic cough, a cough lasting more than 8 weeks, is extremely common and the reason many people present to their GP.

A cough is brought about by an irritation of the receptors in the lungs, oesophagus, diaphragm or stomach that are sensitive to acid, cold, heat and chemical irritants. The most common causes (96%) relate to asthma, reflux and the upper airways. Less common causes relate to drugs such as ACE inhibitors, chronic bronchitis, bronchiectasis, interstitial lung disease, malignancy and unknown (or idiopathic) illness.



Mark Hurwitz

Upper airway irritations, which include allergy, post-nasal drip, rhinitis, sinusitis and pharyngitis, all produce excess mucous that can cause a cough. An irritation of receptors in the lungs triggers the cough. Once diagnosed, a **trial of therapy** is in order to quell the symptoms. This includes a nasal spray, which reduces the amount of mucous dripping down the back of the throat; and an oral anti-histamine (preferably non-sedating). Trial one or both of these remedies until there is an improvement. Then the number one question should be “Can I reduce the dose?” A lower dose means fewer side effects.

Asthma causes wheezing and shortness of breath and may result in coughing. It can be tested with a flow volume - given treatment, the flow will improve in asthma. Asthma may have similar symptoms to non-asthmatic eosinophilic bronchitis and will need further testing to clarify.

Gastro-oesophageal reflux disease (GORD) means that acid from the stomach moves up into the alkaline environment of the oesophagus, often causing pain (heartburn). A class of drugs called proton pump inhibitors reduces the production of acid. When the acid stimulates receptors in the gullet it causes coughing. GORD is the reason for 30-40% of chronic cough and 40% of that number have no symptoms of heartburn, possibly not knowing they have GORD and not receiving treatment. GORD can also be caused by laryngopharyngeal reflux. This can cause loss of voice or hoarseness, painful swallowing or a sore throat and non-productive throat clearing.

Bronchiectasis may also be connected with vitamin D deficiency.

Vitamin D deficiency is common in Canberra. With low levels of vitamin D (also connected with osteoporosis), you are more inclined to infection.

Everybody with lung disease should have vitamin D levels checked. Note that supplementing unnecessarily with this vitamin can cause toxicity.

Physical activity helps promote the development of vitamin D in our bodies through maintaining muscle tone and bone health. Active bones release anti-oxidants which reduce inflammation in our lungs, and have

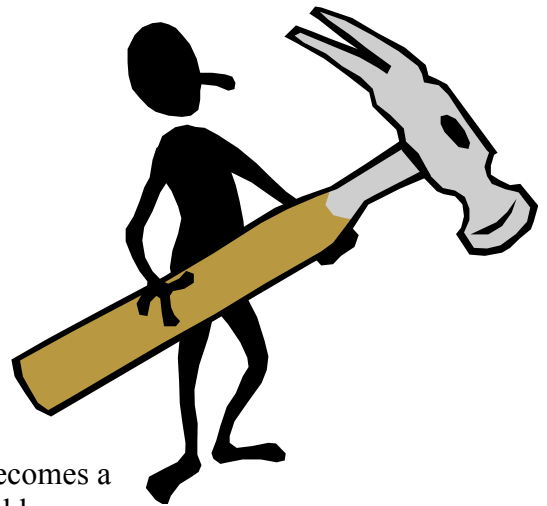
Sleep apnoea

Approximately 30% of sleep apnoea patients have a chronic cough. CPAP therapy may fix the cough.

Other causes of chronic cough are

- respiratory tract infection
- mycoplasma
- chlamydia
- whooping cough
- drugs
- lung cancer (less than 2%)
- wax in the ear and
- irregular heart beat.

Other irritants of the receptors in the lungs are cold (wind), heat and chemical irritants. Cold wind makes you much more short of breath and it is a good idea to wear a scarf around the mouth and nose to warm up the air breathed in. The air then becomes a little warmer and more humidified and is therefore less dry and less irritating to the lungs.



Complications

A cough can exert tremendous force (up to 800kph) and can, occasionally, cause rib fractures. It is common with chronic cough to experience exhaustion, insomnia, headache, dizziness, chest pain, sweating and incontinence.

Investigations include chest x-ray, asthma challenge, barium meal swallow, gastroscopy, trial of therapy and bronchoscopy.

Bronchiectasis

Bronchiectasis is a dilation and twisting of major air passages (bronchi), resulting in a chronic daily cough, sputum production, shortness of breath, reduced sense of smell and frequent GP visits and hospitalisation. A cycle occurs: infection - increased inflammation - increased cough - increased damage to airways - more infection etc. The frequency of bronchiectasis increases with age and is more common in women. Also it is now becoming more prevalent in the community.

Causes

- Infections (pneumonia) in young, formative years when lungs are still growing
- Pink Disease in formative years - no longer common since mercury removed from teething powders
- Foreign body in lungs
- Cystic fibrosis
- Defective host defences such as ciliary abnormality or immunosuppression
- Rheumatic disease
- Whooping cough
- Cigarette smoking

Investigations

- Chest x-ray - doesn't pick up little things
- CT scan - more detailed pictures but much more radiation
- Blood tests
- Sputum tests
- Lung function tests

CT Scans

Be cautious about CT scans. Ensure they are necessary before you have one.

The radiation from a CT scan is 1000 times stronger than an Xray.

Radiation multiple times means a risk of malignancy. It is wise to ask, "What are the risks associated with this test?"

Treatment

- Physiotherapy eg: flutter valve, postural drainage
- Bronchodilators - help cilia work properly to get rid of mucous
- Antibiotics
- Regular activity is very important to maintain muscle strength. Muscles work on the bones and bones then release antioxidants, which help dampen down some of the inflammation of the lungs. Antioxidants have a protective effect. Everything in the body reacts with everything else.
- Codeine, a narcotic, can suppress a cough, although there can be some degree of addiction and it can cause constipation.
- Speech pathology helps some people reduce their cough and is worth investigating.

Bronchiectasis **can't** be cured but it **can** be controlled. Controlling bronchiectasis means doing things such as physiotherapy, bronchodilators, and exercise on a regular (daily) basis.

Next months Newsletter will feature the report from Paul Dugdale, among other titles, a member of the ACT Chronic Conditions Strategy Committee. He spoke on the work of the Committee which is responsible for the planning, implementation and evaluation of services in the ACT. Its work involves extensive consultation with health clinicians, carers, policy makers, support/advocacy groups and those who are living with a chronic condition. Paul considers himself to be a reformer and health service builder.



Paul Dugdale