



## April 2021 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 May 2021  
10:15 am - 12 noon  
Weston Creek Labor Club  
Teesdale Close, Stirling ACT 2611

Our guest speaker for May will be Darren from Leef (formerly known as Mobility Matters). Darren will be demonstrating items that can make life easier.

### March Meeting and Guest Speaker – Val Dempsey

By Chris Moyle

Following the COVID-19 enforced break, our group met for our first meeting since February 2020 on Thursday 8 April 2021. While there have been a number of lunches held in other venues over the last few months it was good to be back in the familiar surrounds of the Labor Club in Stirling.

Seventeen members were in attendance, including the peripatetic Carolyn Polak Scowcroft, in Canberra after time spent interstate. It was lovely to see Caroline who talked to us about the work she is involved in. Many of the members stayed for lunch at the club following the meeting.

#### At the meeting

- Lyn Morley announced she had joined the DORSS Committee (ACT Domiciliary Oxygen and Respiratory Support Scheme). She will be the consumer representative on this key committee. We congratulate her on her appointment and wish her well in the role.
- Our own Val Dempsey, a St. John Ambulance representative, gave a lively and informative session on first aid in the home.

Val handed each of us a sample from a first aid kit, which is something everyone should have at home, and in the car.

There were different types of bandages and other items for looking after wounds, burns and eye care. Mine was a long stretchy bandage to be wrapped around hands, limbs etc. and secured with a safety pin. Joe, sitting next to me, had a box of Aspro 300mg tablets – good for general pain and also for chest pain which could signal a heart attack. If you think a cardiac event is imminent take one Aspro and call an ambulance. Barry received a small card listing levels of pain, from very mild to very painful. This is useful if a patient is unable to speak. The patient can look at the chart and indicate their pain level.

Val concluded her interactive and enjoyable presentation with the emergency response plan, with the easy to remember **DRSABCD** (just think ‘doctors ABCD’):

**D**... for danger.

**R**... ask for response ...no response?

**S**... send for help...call 000.

**A**... airway...clear and open it, head back, jaw forward.

**B**... breathing....are they breathing normally, at least 8 to 10 breaths per minute, and no noise?

If **yes**... turn them on their side, maintain observations, cover the patient with a blanket if necessary and wait for ambulance. Check casualty's breathing constantly.

If **no**... commence compressions immediately.

**C**... is for compressions. Best done on a hard surface; push quickly and firmly 120 times per minute on the central chest (midway between armpits). Press two-thirds of the body's depth.

**D**... defibrillator...send for a defibrillator and attach to patient ...continue compressions.



## Celebrity Quotes – who said these? Answers page 6.

1. Which IT entrepreneur’s last words, on his deathbed, were, ‘**Oh Wow! Oh Wow! Oh Wow!**’
2. ‘**Well there were three of us in this marriage. So it was a bit crowded.**’ A very famous woman, unlucky in love.
3. Which member of a popular boyband caused Christian groups in the US to burn his records when he remarked that his group was ‘**more popular than Jesus**’?
4. ‘**I never worry about diets. The only carrots that interest me are the number you get in a diamond.**’ A witty starlet.
5. Who said, ‘**I am the greatest. I said that even before I knew I was. I figured that if I said it enough, I would convince the world that I really was the greatest**’?
6. Which equally modest person said, ‘**I’m the most successful person ever to run for the presidency, by far. Nobody’s ever been more successful than me**’?
7. Who or what refused to tarry with, ‘**I’m late, I’m late, for a very important date**’?
8. Words of wisdom. ‘**Know thyself.**’ Said by which famous Greek?

## COPD Part 6 – Continuing the series from previous editions

### Understanding COPD medicines

There are a number of medicines that people with COPD can take to improve their breathing. Some work by helping to open up the airways, while others relax the muscles around the airways to make breathing easier. COPD medicines are most commonly taken using an inhaler device (sometimes called a puffer) to deliver the medicine directly into the lungs.

There are three main categories of COPD medicines: **reliever medicines**, **maintenance medicines** and **flare-up medicines**.

#### Reliever medicines

Reliever medicines should be used when you feel short of breath suddenly. These medicines are called **short-acting bronchodilators** (pronounced bronk-oh-dye-lay-tors) and work by relaxing the muscles around the airways. This helps open the airways to allow air in and out of the lungs easily. This can reduce the feeling of shortness of breath.

Reliever medicines are effective within minutes of inhalation and last for several hours.

If you are using your reliever inhaler more often than prescribed, talk to your doctor. This may mean that your COPD medicines and management plan need to be reviewed.

Always make sure you carry your reliever inhaler with you when you leave the house in case you suddenly feel short of breath.

Examples of inhaler relievers are *Ventolin*, *Asmol*, *Airomir*, *Bricanyl Turbuhaler* and *Atrovent*.

#### Maintenance medicines

Maintenance medicines include *Spiriva*, *Serevent*, *Symbicort*, *Seretide* and *Pulmicort* to name a few. They are **long-acting bronchodilators** which, like reliever medicines, work to open the airways by relaxing the muscles around them. Maintenance medicines usually take longer than relievers to start working; however their effects last longer – 12 to 24 hours depending on the medicine.

#### There are two types of bronchodilators:

1. Long-acting muscarinic antagonists (LAMA)
2. Long-acting beta2-agonists (LABA)

You can be prescribed one type of long-acting bronchodilator alone, or may receive a combination of two types, such as *Ultibro*, *Anoro*, *Spiolto* and *Brimica*.

#### COPD medicines containing corticosteroids

Some inhalers contain corticosteroids in addition to bronchodilators. Corticosteroids work by reducing inflammation and help to make your airways less sensitive to irritants that can cause swelling and mucus production. These medicines include *Symbicort*, *DuoResp*, *Seretide*, *Cipla Inhaler*, *Breo* and *Trelegy*.

This kind of combined medicine is usually prescribed for people with moderate to severe COPD who have had two or more flare-ups over the previous year.

Inhaled corticosteroids on their own are not used for people with COPD. They are used to treat asthma, and for those people who have both asthma and COPD. After using inhaled corticosteroids, it is important to rinse the mouth to avoid possible side effects.

You only have to use one inhaler to take two medicines. Combined medicines can also reduce the risk of flare-ups.

To get the most benefit out of these medicines, you should take them each day, as instructed by your doctor. Used daily, they will help to reduce your COPD symptoms in the long term.

Ref: LFA/COPD Basics <https://lungfoundation.com.au/resources/copd-the-basics-booklet/>

## Cleaning your Inhaler

You need to clean different types of inhalers in different ways – and some should only be wiped down.

**Reliever Medication** (e.g. *Asmol, Ventolin*) - Wash the blue plastic case around once a week. Make sure it is completely dry before using again.

**Cromone Preventer Medication** (e.g. *Intal, Intal Forte, Tilade*) - Puffers for these medications must be washed every day to avoid clogging. Many people who take these medications get two puffers at a time so that they always have a clean and dry one handy. Wash the white or yellow plastic case every day. Allow it to dry for 24 hours before using again.

**Corticosteroid-containing Preventer Medication** (e.g. *Alvesco, Flixotide, Flutiform, Qvar, Seretide, Symbicort*) - These puffers need to stay dry, so must never be washed. The mouthpiece can be wiped with a dry tissue if needed.

**Dry Powder Inhalers** including: *Accuhaler, Breezhaler, Ellipta, Genuair and Turbuhaler* - These inhalers need to stay dry, so must never be washed. The mouthpiece can be wiped with a dry tissue if needed. The *Handihaler* capsule dry powder inhaler is an exception. This inhaler needs regular cleaning. Wash the inhaler at least monthly and make sure it's completely dry before using again.

**Mist Inhaler** - The only mist inhaler is the *Respimat*, used for the medications *Spiriva* and *Spiolto*. Wipe the mouthpiece inside and out with a damp cloth once a week. Do not remove the metal cartridge.

If you aren't sure which sort of puffer or inhaler you have, ask your pharmacist, or check out the Asthma Organisation's website How-to video library:

<https://www.nationalasthma.org.au/living-with-asthma/how-to-videos>.

Reference: The National Asthma Council Australia

<http://www.nationalasthma.org.au/>

## Some Light Humour

Patient to respiratory specialist: 'With all these problems doctor I've been thinking more about dying'.

Specialist: 'Well that's always on the cards....I can't give you a date'.



## Seasonal Influenza Vaccine

A message from ACT Health - <http://www.health.act.gov.au/flu>

Now is the time to get your flu jab. It is the most effective protection against this highly contagious and potentially deadly disease. Influenza can cause serious and debilitating complications including pneumonia. Especially vulnerable are the elderly and those at risk of complications from getting the flu.

Free vaccination is available for all individuals over 65 years, pregnant women, those with medical conditions predisposing to severe influenza and children aged 6 months to under 5 years. People over 65 can also access a free influenza vaccine at some pharmacies.

Many people will be getting vaccinated against both influenza and COVID-19 this year. These vaccines should be administered with a minimum gap between them of 14 days.

More information is available on the following websites:

- ACT Health website – [www.health.act.gov.au/flu](http://www.health.act.gov.au/flu)
- ACT Government COVID-19 vaccine website – [www.covid19.act.gov.au/vaccine](http://www.covid19.act.gov.au/vaccine)
- Australian Government Department of Health website – [www.health.gov.au/initiatives-and-programs/covid-19-vaccines](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines)
- National Centre for Immunisation Research and Surveillance – COVID-19 vaccines: Frequently asked questions NCIRS

## A word from your Editor

Do you use your phone to take any photos?

If the answer is ‘yes’, you might like to send some to your Editor to possibly be included in a future edition of the newsletter.

Suitable photos include:

- photos from Lung Life events
- Lung Life members doing anything at all
- shots taken by Lung Life members such as the one on the right.

This shot was taken from the window of St Vincent’s Hospital.



This was your Editor's second visit to St Vincent's this year – you know you are visiting a hospital too often when the nurses all know your name. On both visits your Editor was moved to St Vincent's from Canberra Hospital in a medical transfer vehicle. Both hospitalisations were as the result of a pneumothorax (collapsed lung). As this was becoming an ongoing issue, the surgeons at St Vincent's did a pleurodesis which is a procedure where the lungs are adhered to the chest wall to prevent fluid or air building up.

Hopefully with the procedure done there will be no more pneumothoraxes to deal with.

## Vale – David Morgan

We recently heard of the sad passing of Lung Life member, David Morgan.

David has been part of Lung Life for some time; he has attended our lunches with wife Janette both before and during the COVID period. He was a lovely man and a valued member of our group.

David had been in intensive care in Calvary Hospital when he passed away. His daughter, Amy, said that he died from a massive brain bleed. She is looking after Janette, and thanks us for our part in David's life.

Our sincere condolences go out to Janette and the rest of David's family.



### SimplyGo POC for loan

We have a SimplyGo POC for loan. It provides continuous or pulse oxygen.

If you need to borrow a POC with continuous provision of oxygen, this is the one.

You may like to borrow it for a trial or to travel to another city for a break or to visit a doctor or when yours is to be sent away for repair.

The SimplyGo has all its attachments and has recently been serviced.

We ask for a donation to Lung Life for its use.

Contact Helen on [cotterhe@hotmail.com](mailto:cotterhe@hotmail.com) or phone 02 6281 2988.

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## Answers to Celebrity Quotes

(1) Steve Jobs, (2) Princess Diana, (3) John Lennon, (4) Mae West, (5) Mohammad Ali, (6) Donald Trump, (7) The White Rabbit, (8) Socrates