



# News & Views

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## In and Around Our World “Simplified COPD Screening”

A recent article in “Primary Care RESPIRATORY JOURNAL” reported very encouraging results from trials conducted in Australia on early detection of COPD methods ([http://www.thepcrj.org/journ/vol20/20\\_2\\_190\\_198.pdf](http://www.thepcrj.org/journ/vol20/20_2_190_198.pdf)).

There have been calls for greater awareness of COPD among primary care practitioners so that diagnosis is not delayed and patients can receive early and appropriate interventions. Among the tools currently available to primary care practitioners, spirometry is recognized as the “gold standard” diagnostic test to demonstrate fixed airway obstruction. A possible recommended solution has been to use a detailed questionnaire followed by “office spirometry”. However, even office spirometry is underutilized in clinical practice as many practitioners do not own a spirometer, undergo little training, or lack of confidence in its use or in the interpretation of results, and it is still too time consuming for most primary care doctors to practice .

This study sought to verify a simple yet reliable and practical solution to COPD screening within the busy workload in primary care. It was projected that if the aims were realized, such an approach would achieve greater implementation than traditional approaches.

This study compared the accuracy of traditional spirometry testing with a hand held expiratory flow meter [Piko-6] with the questionnaire approach.

All tests were undertaken in a primary care setting. The test sequence comprised of:

A COPD diagnostic questionnaire

Measurement of FEV1/FEV6 using the Piko-6 and both pre- and post bronchodilator spirometry.

Findings showed that there were no statistically significant differences between the mean FEV1/FEV6 determined using the simple PIKO-6 meter or the spirometer.

Although office spirometry has been widely promoted, cost and benefit analysis does not support routine “office spirometry” screening in primary care settings. Significant barriers to spirometry in primary care include equipment and training costs, time required, low reimbursement, low confidence with use and interpretation of results , perceived lack of utility and quality assurance issues.

A key finding from this study was that despite the brief training provided to health care workers, the low-cost (less than

\$100) expiratory flow meter had remarkably high accuracy and reliability in the detection of airflow limitation and the time involved was minimal.

Given the findings of this study the Piko-6 should provide primary care doctors with a simple, reliable and practical method for screening of patients for COPD. The simplicity and reliability of this case-finding tool and the importance of early detection of COPD, means that the Piko-6 could fit into the busy work schedule of a primary care practitioner. Further this means of early diagnosis would improve provision of early, targeted interventions aimed at reducing the burden of COPD.

Note: This study used the PIKO-6 flow meter. There are other flow meters with equivalent cost and accuracy.

*Editor's Note: Given our organizations focus and advocacy for early detection of COPD this article really caught my attention!*



## Discovery of Lung Stem Cells May Herald New Treatments

*SOURCES: Piero Anversa, M.D., director, Center for Regenerative Medicine, Brigham & Women's Hospital and Harvard Medical School, Boston; Andrew Pecora, M.D., vice president of cancer services and stem cell expert, Hackensack University Medical Center, N.J.; May 12, 2011, New England Journal of Medicine*

WEDNESDAY, May 11 (HealthDay News) -- Contrary to current scientific thinking, human lungs do harbor stem cells capable of forming different parts of the lung, including blood vessels, a new study says.

The findings, reported May 12 in the *New England Journal of Medicine*, may open the door to eventual bioengineered lung tissue repair and replacement.

"These cells are very smart. They know what to do," said study senior author Dr. Piero Anversa. "The clinical implications are significant."

The findings could potentially offer a new avenue of treatment for patients suffering from respiratory conditions, such as emphysema, chronic obstructive pulmonary disease or pulmonary hypertension, that currently have only limited treatment options.

"Now that we have identified these cells and have the potential of growing them, we know it's not science fiction," said Dr. Andrew Pecora, vice president of cancer services and a stem cell expert with Hackensack University Medical Center in New Jersey. "A single cell placed in the right environment allows for the development of adult cells that can live for 80 years. The implications are potentially limitless."

Stem cells are those that first exist without organ-specific features but are capable of dividing and morphing into every other type of cell in the human body.

Stem cells are scattered throughout the body, and a growing cadre of scientists is attempting to harness their innate abilities to regenerate and repair parts of the human body, such as the heart.

The new findings challenge conventional knowledge about lung cells. According to an accompanying journal editorial, scientists had been holding on to the belief that no single cell in the lung could differentiate into multiple different types of cells, even though some cells do grow into specific cells, such as endothelial cells and the cells of the upper and lower airways.

For this trial, researchers were able to identify stem cells from 21 samples of normal human lungs, then expand them in a test tube.

The researchers coaxed the cells into developing into different types of lung cells, such as epithelial or vascular cells.

They next injected undifferentiated cells into mice whose lungs had been damaged.

"Over a period of about two weeks, we were able to regenerate a significant portion [of the lung] and essentially recreate various tissues," said Anversa, director of the Center for Regenerative Medicine at Brigham & Women's Hospital and Harvard Medical School in Boston. "The human structure was perfectly integrated with the structure of the mouse lung," he noted.

The cells have the fundamental properties of stem cells," Anversa added. That means they could divide into new cells, form into many other types of cells and function when introduced into other environments.

But there's still a lot of work to be done before these cells actually have any implications for humans, the editorial cautioned.

Anversa will study the cells in larger animals before initiating a phase I clinical trial.

"We're talking a few years from now," he said. "We're not talking about tomorrow morning."

For more information on stem cells, visit the International Society for Stem Cell Research at [www.isscr.org](http://www.isscr.org).



Acting as a caregiver for anyone is as hard a job as I ever attempted and when you're walking the fine line of the patient being your spouse, it becomes an even harder job. When they act like children, our first reaction is to treat them that way...:-) But then we think about where they're coming from, all of a sudden we're riddled with guilt. What if it was us in their shoes? But wait a minute.....what about walking in my shoes? And the pity party goes on! One of the most important things a caregiver can do is to keep a check on their stress levels and try to make time for themselves at times. This is a great tool to keep at hand and check on yourself from time to time.....it's <http://www.caring.com/articles/are-you-h....ontent=20101111>

## CAREGIVER BILL OF RIGHTS

As a caregiver for a chronically or terminally ill loved one, I have the right to:

\* Take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my loved one.

\* Seek help from others, even though my loved one may object. I recognize the limits of my own endurance and strength.

\* Maintain facets of my own life that do not include the person I care for, just as if he or she were healthy. I know that I do everything that I reasonably can for my loved one; I have the right to do some things just for me without feeling guilty.

\* Get angry, be depressed or happy, experience frustration, laugh and cry and express the normal range of human emotions.

\* Reject any conscious or unconscious attempts by my loved one to manipulate me through guilt, anger or depression.

\* Receive consideration, affection, forgiveness and acceptance from my loved one for what I do for them on a daily basis.

\* Take pride in what I am accomplishing and to applaud my own courage in taking on the responsibility for caring for my loved one.



Protect my individuality and maintain a life for myself that will sustain me once my loved one has passed on.

\* Expect and demand that, as government makes strides in finding resources to support afflicted persons, similar strides are made toward aiding and supporting caregivers.

*Adapted from Caregiving: Helping an Aging Loved One (AARP Books, 1985) by Jo Horne.*

Hugs,

Mary



<http://copdhelpmates.proboards.com/index.cgi>

## Quotable Quotes

A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort. ~Herm Albright, quoted in *Reader's Digest*, June 1995

Attitudes are contagious. Are yours worth catching? ~Dennis and Wendy Mannering

Wherever you go, no matter what the weather, always bring your own sunshine. ~Anthony J. D'Angelo, *The College Blue Book*

If you don't think every day is a good day, just try missing one. ~Cavett Robert

Oh, my friend, it's not what they take away from you that counts. It's what you do with what you have left. ~Hubert Humphrey

## Ask The RT

Mark W. Mangus, Sr., BSRC, RRT, RPFT, FAARC

### Longevity Expectancy

I need some straight-talk. My husband of 47 yrs just had a PFT after saying "I can't breathe" for over five yrs. His FEV1 is 18%. He was breathing at about a 4-5 (out of 10, 10 being worse). In Feb had a sudden downturn and struggles every day. Good days are 6-7, bad days he says are 8-9).

These seem very serious to me, but the docs aren't saying much. How much time are we talking about here? It's important for me to know in order to help him as much as possible, and encourage him when he needs it. Am I reading too much into this? I realize everyone is different, but a educated probability would help me cope. Thank you.

Patricia

A. Hi Patricia,

First, an FEV-1 of 18 % is very reduced and good reason for why your hubby struggles so much. Is he using oxygen? If not, has he been tested for low oxygen - especially during activity and sleep - for hypoxia? I suspect he should very likely need oxygen with an FEV-1 of 18 %. And, using it can go a LONG way to help him in many respects.

Second, only fools will try to predict how much time someone has with COPD of ANY severity. So much depends upon what the person does. Getting in the best shape possible, receiving the best medical management, achieving the best medical condition possible can help someone with even as severe COPD as your hubby has survive for a matter of years. Even so, all it takes is one severe infection/pneumonia and it can be all over.

Your best option is to encourage him to work hard to get in and stay in the best physical shape possible. He needs to work hard 'against' the breathing difficulty her experiences, especially when he moves. His breathing may be VERY difficult AND may seem potentially harmful, but indeed, the opposite is true. Sure, it is NO fun struggling to breathe AND to keep moving. BUT, in doing so, he WILL reduce his difficulties, over time AND acclimate to those difficulties he cannot reduce. It is a process that is NOT easy, but is certainly possible. So, the best help you can give him is to encourage him and NOT "do for him" in an effort to make life easy. With COPD, especially so severe, kindness and codling kills!



If there is help in the form of a pulmonary rehab program, see about getting him into it.

Best Wishes, Mark

### Disease Progression

Thank You in Advance for your time Mark. Is it possible for a patient to worsen very quickly? I had gotten a flu bug and of course it went straight to my chest. I was sick for 2 weeks. Took my anti- biotics but unfortunately had to travel while still sick. It was already booked and cancellation was just not possible. Since then I seem to be struggling more and I noticed that I have a 'bruised' feeling on my left side just under my arm pit and another area on the front just below the breast.....I think more on the rib cage. The bruised feeling has sub-sided in the front now but I seem to be worse with the sob.

Unfortunately for me, my Dr. just dismisses the COPD as not being anything to worry about. He said lots of people have this and live with it and it is not a death sentence. Asking questions was not something I felt comfortable doing after hearing this. I now have a new Dr. and he seems to be a little more considerate. I really knew nothing or very little about this disease until I found this website, so for that I am grateful. The new Dr. sent me for the therapist doing the test) was recommending the Dr. increase my dosage of symbicort.

I just received the exercise DVD today so hoping that will help.

Merry

## Ask the RT Cont'd

A. Hi Merry,

Unfortunately, it is all too easy for one to experience a rapid decline in their condition, though, while exacerbations can happen a lot, a significant and permanent decline is NOT always or even often the result. It sounds to me like you are still in the throes of an acute exacerbation from which you won't be able to determine if there are permanent changes until more time has passed AND you have had a chance to return to your steady-state and see how you are after yet more time.

Your chest/rib pain could be from pleurisy, if you have a significant infection in that area of your lungs. An x-ray might help to clarify that. But, at this stage, it might

not prove helpful with regard to input to guide or alter treatment. I would see if an anti-inflammatory, like Ibuprofen, would help IF it is not contraindicated by any other medications you might be taking. Your doctor should be able to advise you best in that regard. And, in case you haven't reported your current symptoms to your new doctor, I would urge you to do so!

If the 43 % is - as I suspect - your measurement from your FEV-1, then I would say that you are in better shape than many others AND maybe even than you think you are! In any case, exercise and proper lifestyle should go a long way toward improving your situation.

Best Wishes, Mark

## Bits and Pieces

*Respiratory Care* recently reported on a new automatic oxygen regulator available in Italy that will adjust oxygen flow in response to the users saturation. The small device is strapped and connected to a portable oxygen unit and a pulse oximeter. It will increase and decrease the flow rate to your cannula as your needs change

Who knew that a simple hand-held electric fan could provide relief for your breathlessness! A study in *Journal of Pain and Symptom Management* showed that symptoms were cut by more than one-third within minutes. Medics believe cool air activates nerves in the face that are stimulated when people dive into cold water, prompting the body to conserve oxygen.

Analysts found the following trends in pharmaceutical clinical trials in the past year (before October 2010):

- Focus has shifted from rheumatology to respiratory diseases
- COPD and asthma saw the highest levels of activity
- Inhaled combinations therapies dominate respiratory developments
- All of the top five pharmaceuticals companies (AstraZeneca, Boehringer Ingelheim, GlaxoSmithKline, Novartis, Pfizer) started new trials in respiratory disorders



# Laughter The Best "Medicine"



I Have The Ball....  
I Have The Power...

lit-

### Pray Before Eating

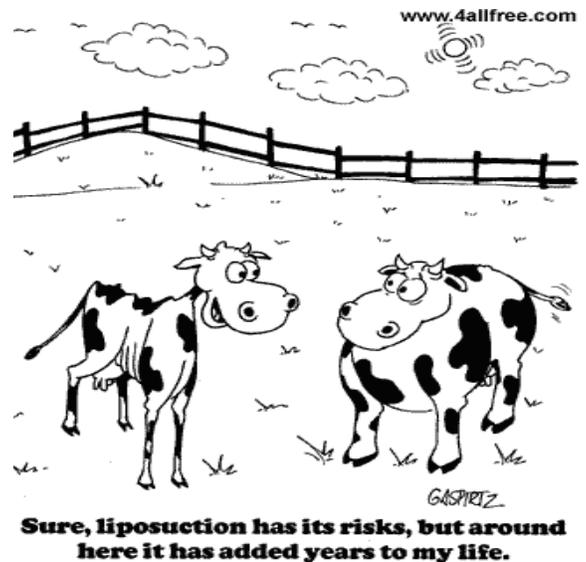
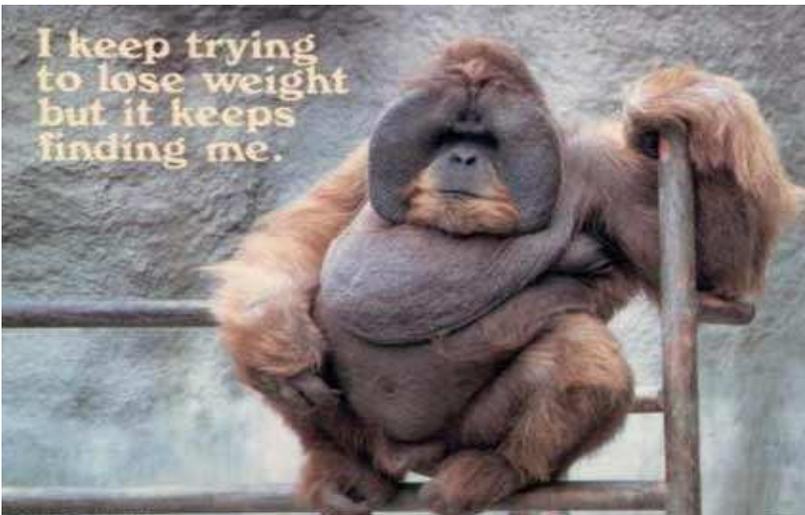
Everyone was seated around the table as the food was being served. When Logan received his plate, he started eating right away.

"Logan, wait until we say our prayer," his mother reminded him.

"I don't have to," the little boy replied.

"Of course you do," his mother insisted, "we say a prayer before eating at our house."

"That's at our house," Logan explained, "but this is Grandma's house and she knows how to cook."



**REMEMBER**

*Please identify yourself as a COPD Canada Patient Network Member and ensure you have your membership number on hand when you contact these companies. For add'l information on these and other items, visit our site at [www.copdcanada.ca](http://www.copdcanada.ca)*

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## Letter From The Editor



Dear Friends,  
Hopefully by now we are all enjoying some nice weather. Sure was a loong winter!! Out here on the West Coast I think my husband and I were mostly suffering from “3rd degree” mildew and the grey weather blues. We tend to forget how much the sun lifts our spirits until we don’t see it for a while.

Please take some time in the next month or so to give some thought to topics you would like to see covered in your newsletter.

Sincerely,  
*Gwen*

This is **YOUR** newsletter.

### Don't Mess With The Kitty



## Anxiety and Pursed Lip Breathing (PLB) (Part 1)

The following was written by a gentleman living with COPD

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**Anxiety** - Why do we become short of breath? In a nutshell and very simplified, in most of us COPD'ers, our DLCO or diffusion rate is compromised so that our lungs are no longer able to efficiently exchange O<sub>2</sub> and CO<sub>2</sub>. The O<sub>2</sub> in our blood may drop and the CO<sub>2</sub> level increases. Our brain signals our lungs and heart to speed up and try to get our level back in balance. We then become short winded. Then anxiety kicks in. When we become anxious, our body releases adrenaline which causes our heart to beat even faster. The brain then tells the lungs that the heart is working harder and needs more oxygen. So we start to breathe faster and harder. The brain then tells the heart that the lungs need more blood to process, and so the heart starts to beat faster again. And so on, and so on, until we are uncontrollably Short Of Breath. We are then hyperventilating, breathing too fast and too shallow.

### *Coping with the Symptoms of Anxiety....*

*(Extracted from a flyer of Capital Health in Nova Scotia Canada, originally adapted from "How to Cope with the Symptoms of Anxiety" (Westra & Young 1998) .....*

After you've been checked out physically to rule out any heart or medical problems, you were diagnosed as having anxiety or panic attacks. You know that dealing with the symptoms of anxiety can be a challenge. In turn, feeling these unpleasant symptoms can make your anxiety worse. You need to break the cycle.

- **Breathlessness**

Worrying that I will stop breathing. Breathlessness is a sign that you are getting too much air. Try to slow down your breathing by taking slow, deep, even breaths. Take in less air and see what happens to your symptoms. Breathlessness is not dangerous. It's just a normal body reaction to over breathing so slow down your breathing. Tell yourself "I will not stop breathing".

- **Sweating, Dizziness, Chest Pain**

Worrying that I am having a heart attack. Symptoms such as shortness of breath, sweating and dizziness usually happen before one has chest pain from anxiety. Slow down your breathing by taking slow deep breaths. The fear you are feeling is also causing the symptoms. If the symptoms improve, it is anxiety.

- **Impending Doom**

Worrying that I am going to *die*. Fear of the unknown, of what is about to happen and the dread caused by the physical symptoms all contribute to feeling you will die. **No one has ever died of a panic or anxiety attack.** Fainting is the worse thing that can happen and even that is rare. Tell yourself "*I will not die, I have thought I would before and have been wrong.*"

# From Our Website Continued

- **Losing Control**

*Worrying that I'm going to loose control. When a person feels anxiety, he/she is actually more in control.* Anxiety makes people more mentally alert and purposeful. Anxiety protects you from "loosing it". You will not do anything out of character if you are anxious or paniced. Anxiety does not transform you into someone else. Worrying about loosing control is evidence that you will not, because you have the mental alertness to ask about it. Try to do something that takes control to do; like buttoning your shirt to prove you are in control".

## *Pursed Lip Breathing*

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What is Pursed Lip Breathing (PLB)? PLB is the first line of defense used by most COPD'ers when trying to recover from shortness of breath. It involves breathing in, generally through the nose if you're able, and exhaling with the lips pursed as if you were going to whistle.

How hard do you blow out? I find that blowing out with the same force that you would use to cool hot soup on a spoon to be the perfect force. Blow hard enough to cool it but not hard enough to blow it off the spoon.

Many sites advocate blow like you were blowing out a candle, but I find that if I simulate blowing out a candle, I tend to puff, instead of a slow exhale and I tend to exhale with too much force and find it harder to relax.

How does PLB help? When we PLB properly we create a back pressure in the mouth and throat and this back pressure actually blows the airways open. Now that we can breathe in easier we have to concentrate and breathe out for at least 4 seconds or longer if possible. This helps expel CO2 and trapped air and we begin to breathe easier yet.

I have been trying something for the last month or so that helps me. It may not help everybody. After I exhale for four seconds or more, I pause and let the body inhale naturally. The reason I pause is two-fold. First of all, it tells me that I am regaining control of my breathing, which allows me to relax easier and secondly, I find that if I consciously try to inhale right away, I will invariably gasp. When I inhale naturally, I make sure I do not try to "top off" the air already in my lungs. "Topping-off" is when we inhale once and then inhale again before we exhale. This will cause you to use your auxiliary breathing muscles in your shoulders and neck. This will in turn cause you to expend more energy and use up more oxygen. Also with the pausing after exhaling, I would suspect that it gives the lungs a little more time to exchange gases. Now that we are breathing rather easily, the anxiety subsides and all is well in our wonderful little worlds. Practicing these techniques is very important so as to be completely trained on how to recover from being Short Of Breath.

*Note: Pursed Lip Breathing is also VERY useful when experiencing a panic attack.*

**Remember: YOU ARE NOT ALONE!**

Together we **CAN !!**.....

**C**are, **A**dvocate, **N**etwork



**COPD Canada Patient Network Membership Form**

Please fill in and mail, or go to the web address below for the on line form.

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The "On-Line" Membership Form can be found at [http://www.copdcanada.ca/sign\\_up.htm](http://www.copdcanada.ca/sign_up.htm)

Contact Info: E Mail [Contact@copdcanada.ca](mailto:Contact@copdcanada.ca) or [Membership@copdcanada.ca](mailto:Membership@copdcanada.ca)  
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<p>Are You a <i>(Please Circle One)</i></p> <p>Patient, Caregiver, Family Member/Friend,          Medical/Professional, <i>Other (if other please specify)</i></p>	<p>How did you Hear about COPD Canada Patient Network? <i>(Please circle)</i></p> <p>Internet Search, Family/Friend, Pamphlet,          Newsletter, Referral</p> <p><i>Other (If other or by referral, please specify)</i></p>
Do You have any Comments or Suggestions?	<p>As a member of the Network it is understood and agreed that if we undertake a mail campaign to legislators or other governing bodies of importance as it relates to COPD, that you will participate in this when the request to members goes out. Usually the Maximum is twice a year.</p> <p><i>(The above is applicable to Canadian members)</i></p>

**Please Note:** All information gathered/received will be held in the strictest of confidence and WILL NOT be shared with anyone at any time (with the exception of your name (only) in the event a supplier wants to verify your membership) Your personal information will NEVER be compromised. Once we receive your application, a welcoming note will be sent to you with additional information along with your Membership Number, the most recent Monthly "AIRmail" and Newsletter.

**"Together" We CAN !!! Care, Advocate, Network**