

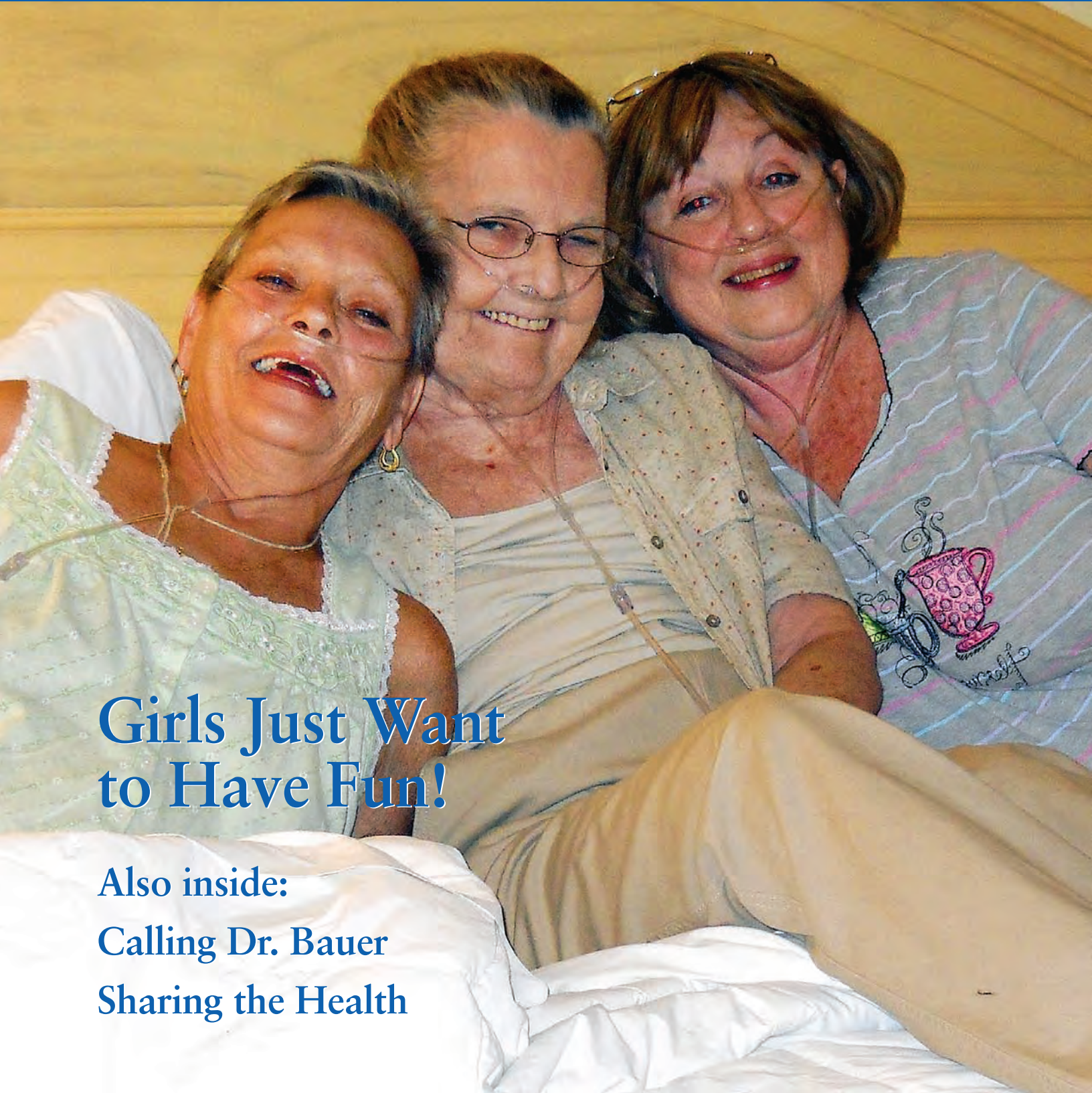


The Pulmonary Paper

March/April 2011

Dedicated to Respiratory Health Care

www.pulmonarypaper.org • Volume 22, Number 2



**Girls Just Want
to Have Fun!**

Also inside:

Calling Dr. Bauer

Sharing the Health

The Pulmonary Paper

Dedicated to Respiratory Care
Volume 22, No. 2
March/April 2011

On the cover: (L-r) Sue Dagett, Nancy Jacob and Gloria Wright, all of Cape Coral, FL, enjoy their girls-night-out slumber party!

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contents

- 3 **Global Initiative for Chronic Obstructive Lung Disease Raises Awareness**
- 4 **The COPD Research Registry Wants You!**
- 5 **Legislative Updates; Medication News**
- 6 **Calling Dr. Bauer ...**
Is COPD progressive?
- 7 **Medicare Helps You to Quit; SSD Earning Cap News**
- 8 **Ask Mark ...**
How to complain about difficult-to-open packaging
- 9 **Fibrosis File**
New IPF clinical guidelines; Pirfenidone approval update
- 10 **Sharing the Health**
- 12 **Traveling News**
COPD Coalition Conference
- 13 **Get Up & Go₂ Cruises**
Make some memories!
- 14 **Communication Is Key!**
- 15 **Product Corner**
Fun nebulizers for kids; Smart cannulas
- 16 **Respiratory News**

**“Promise me you’ll always remember:
You’re braver than you believe, and stronger than you seem,
and smarter than you think.”**
— Christopher Robin to Pooh



Mimi Hollway, who took the picture on our cover, found an ironic way to carry her oximeter – in a Marlboro cigarette pouch!

Our cover this month makes me smile every time I look at it! If you are lucky enough to have a friend that you can laugh and cry with, you have a great treasure in life. You might see them every day, once a year, or even less. I have many friends I have never met in person, only on the telephone and online.

If you need a friend, please get involved in any group where you think you will find people with similar likes, dislikes, needs, problems or interests that you have.

I consider myself truly fortunate when I count the people in my life who have given me their love and support. I appreciate them more than they will ever know.

Raising Global Awareness to Improve Prevention of COPD

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) works with health care professionals and public health officials around the world to raise awareness of COPD and to improve prevention and treatment of this lung disease. Through the development of evidence-based guidelines for COPD management, and events such as the annual celebration of World COPD Day, GOLD is working to improve the lives of people with COPD in every corner of the globe. Visit their site at www.goldcopd.com to learn more of this important organization and its activities.



The GOLD consensus is that we have to keep in mind not only how COPD affects your lungs, but your heart and other systems in your body. GOLD considers COPD to be not only preventable and treatable but to be partially reversible with medication. When your Forced Expiratory Volume in one second (FEV₁, a measurement of the air flow through your lungs) improves 12 percent or more, or your Forced Vital Capacity (a measurement of the volume of your lungs) improves 200 cc or more, after you take your bronchodilator, you have partially reversed your COPD!

The official GOLD description of COPD states, “COPD is characterized by chronic airflow limitation and a range of pathological changes in the lung, some significant extrapulmonary effects and important comorbidities which may contribute to the severity of the disease in individual patients. Thus, COPD should be regarded as a pulmonary disease, but these significant comorbidities must be taken into account in a comprehensive diagnostic assessment of severity and in determining appropriate treatment.”

A comorbidity is two or more coexisting medical conditions or disease processes that are additional to an initial diagnosis. Comorbidities such as chronic heart failure, cardiovascular disease, depression, diabetes, muscle wasting, weight loss, lung cancer and osteoporosis can frequently be found in patients with COPD and can markedly affect health outcomes.

Countries around the world are working on making your life easier. Hundreds of Australians are set to try a new oral vaccine designed to help those with COPD who are plagued by chronic respiratory infections, predominantly during winter.

You are doing your part by reading *The Pulmonary Paper* and probably saving thousands of dollars! A new report by the University of North Texas Health Science Center shows that residents of 12 counties in east Texas are breathing a little easier due in part to a year-long education campaign regarding the diagnosis and treatment of COPD. The report shows that the program contributed to approximately 50 percent fewer hospital admissions due to complications of COPD, which saved the Texas health care system \$3.4 million!

Florida Class Action Suit Will Be Pursued by 8,000 Members

When a Florida Supreme Court threw out a \$145 billion award against cigarette makers, they allowed 8,000 members of the class action suit to pursue their own lawsuits. They also allowed these plaintiffs to use the findings of the previous jury – meaning plaintiffs will not have to prove that the cigarette makers sold a defective and dangerous product, were negligent, hid the risks of smoking or that cigarettes cause lung cancer and heart



disease. The plaintiffs must show they were addicted to cigarettes and could not quit and their illness was caused by cigarettes.

Those suits have started in courtrooms across the state. A 93-year-old man recently won a nearly \$2 million verdict against Philip Morris USA for the 1996 death of his wife of 56 years from lung cancer.

WE WANT YOU!

If you haven't already, we encourage you to enroll in the COPD Research Registry that was established in 2007 by the COPD Foundation. The Registry is a confidential database of individuals diagnosed with COPD. Once enrolled, you will have the ongoing opportunity to participate directly in clinical trials of new treatments and other research opportunities. Even though there are approximately 600 million people in the world with COPD, there is no resource to locate those with the disease when it comes time for clinical research. Participation is always voluntary and you will be given the opportunity to accept or decline research invitations.

Become a part of the registry by completing a survey that can be found on the Internet at www.copdfoundation.org or call the COPD Information Line at 1-866-316-COPD to obtain a survey that may be mailed back to the Coordinating Center at the National Jewish Medical And Research Center in Denver, Colorado. For



questions about the COPD Research Registry, please call 1-866-316-2673.

The COPDGene® Study is one of the largest studies ever to investigate the underlying genetic factors of Chronic Obstructive Pulmonary Disease. Scientists are looking for answers to why some smokers will develop COPD and others will not. While it has been demonstrated that cigarette smoking can cause COPD, only a minority of smokers develop the disease, raising the question of genetic involvement. Through the enrollment of over 10,000 people, the COPDGene® Study aims to find inherited or genetic factors that make some people more likely than others to develop COPD. With the use of CT scans, COPDGene® also seeks to better classify COPD and understand how the disease may differ from person to person. Visit www.copdgene.org to learn more about this study which is being held at 21 clinical study centers across the country.

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Legislative Update

In these days of declining reimbursement for homecare companies, many are simply getting out of the business. Air Products and Air Liquide stopped serving oxygen to people in their homes and now we hear that Praxair plans to sell its United States homecare division.

As we discussed in our last issue, the Medicare Modernization Act intended to reduce costs and improve access to home care medical equipment through a competitive bidding process. The Centers for Medicare and Medicaid Services accepted bids covering respiratory home care equipment starting this past January 1 for nine areas – Cincinnati, Cleveland, Charlotte, Dallas, Kansas City, Miami, Orlando, Pittsburgh and Riverside, CA. An additional 91 cities will join the program starting in January 2013.

If you are traveling in one of these areas, you will need to use one of the contracted suppliers for your needs. You may call 1-800-Medicare or you can use the online supplier tool to find a provider in your area at www.medicare.gov/supplier.

Your physician will have to specifically write the type of equipment you should use on your prescription and also write that you should be trained when receiving it. Believe it or not, in-home training was not included when the government asked the companies to submit bids, so companies are not required to do so!

Respiratory Therapy Legislation Introduced into Congress

RT Magazine reports, The Medicare Respiratory Therapy Initiative was recently introduced into the House of Representatives by Rep. Mike Ross (D-Ark). HR 941 – and a companion bill expected to be introduced into the Senate soon – would recognize qualified respiratory therapists and the services they provide by amending the Medicare statute to include a new and separate benefit category for respiratory therapy services under the Medicare Part B “medical and other health services” provision.

The benefit would allow certain highly qualified respiratory therapists to provide smoking cessation, asthma management, medication management, and other disease management services to Medicare patients in the physician’s office without the physician having to be physically present in the office.

Medication News

If your city is a member of the National League of Cities prescription-discount program, you may be able to save money on your medication. It does not cost the city or its residents anything to join, and results in approximately a 20 percent savings on each drug prescription. CVS Caremark administers the free program. Cards can be obtained through city facilities or printed from the Internet at www.caremark.com/nlc.

There is no age, income level or existing health coverage restrictions. You shop for the best price at participating pharmacies, including CVS, Walmart and Walgreens, then use the discount card to achieve the lowest possible price for your medication. More than 60,000 pharmacies participate in the program. Additional information may be obtained by calling Caremark at 1-877-321-2652.

A Food and Drug Administration (FDA) advisory panel voted to recommend approval of a lower dose of inhaled drug, Indacaterol – a once-a-day long-acting beta agonist for treating COPD. The FDA usually follows panel recommendations. A final decision is due in early April. Indacaterol is already sold as a single therapy in Europe under the brand name Onbrez Breezhaler. Its U.S. name will be Arcapta Neohaler.

The FDA is also taking action against companies that manufacture, distribute or market oral agents that are not approved by the FDA. The drugs are prescribed for the treatment of coughs, colds and allergies in the United States.



Calling Dr. Bauer ...



Dr. Michael Bauer

The American Lung Association reports for every dollar a state spends on helping smokers quit, they will save an average of \$1.26 – not a bad return on their investment! They need to step up their efforts since the Centers of Disease Control report that 20.5 percent of adults in the U.S. were smokers in 2005 and 20.6 percent in 2009, indicating no progress to end the habit for our citizens.

The prevalence of current smoking ranged from a low of 9.8 percent in Utah to a high of 25.6 percent in Kentucky and West Virginia.

Nicotine is the addictive part of tobacco smoke, but not the most dangerous part. There are 4,000 other toxins that cause much of chronic lung disease. When a nicotine replacement therapy is taken in the form of gum, patch or nasal spray, people generally do not become addicted to it.

Dear Dr. Bauer,

I was diagnosed with moderate COPD six years ago and am currently taking Spiriva, Advair 250/50 and a rescue inhaler. I was told my COPD would never get any worse as long as I didn't smoke (I quit six years ago) and stayed away from second-hand smoke. Is this true? I always thought COPD was progressive!

Judy from NH

Like many things in life, our lung capacity is at its peak performance when we are about twenty years old. On average, every year after that lung capacity decreases by about 30 milliliters (two tablespoons). Most of us don't notice this slow, normal decrease in lung function with aging.

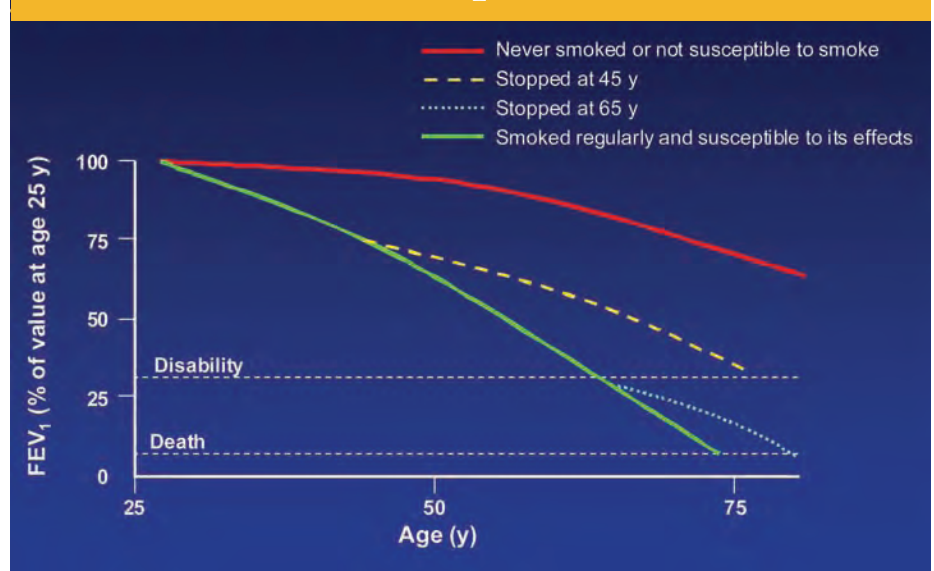
Most smokers, but not all, tend to lose a lot more lung capacity every year. In part this is genetically determined but also reflects how many cigarettes per day a person smokes and how many years smoking goes on. These factors determine whether symptoms begin at an early age or later in life.

Quitting smoking at any age is advantageous since it will decrease the rate of decline on lung capacity back to the very slow “normal” rate. Many smokers, though not all, actually notice an improvement in measured lung capacity after they quit.

Quitting at any age will also decrease the chances of lung cancer, stroke and heart attack. The bottom line is, *it's never ever too late!*

Question for Dr. Bauer? You may write to him at *The Pulmonary Paper*, PO Box 877, Ormond Beach, FL 32175 or by email at info@pulmonarypaper.org.

Age-Related Decline in FEV₁ Is Accelerated in Smokers.



Adapted with permission from Fletcher C., Peto R. *BMJ*. 1977;1:1645-1648.

FEV₁, forced expiratory volume in 1 second. This chart shows that when you stop smoking, you will slow the rate of the loss of lung function.

New Medicare Coverage to Help Smokers Quit!

Good news! Medicare now offers coverage for tobacco cessation counseling. Previously, Medicare only covered counseling for recipients who had already been diagnosed with a tobacco-related disease, such as lung cancer or emphysema. Two attempts a year to quit smoking will be allowed. Each attempt may include four counseling sessions with a qualified physician or other Medicare-recognized practitioner.

This new coverage comes as part of the Affordable Care Act, which contained a number of measures focused on preventing diseases. Roughly 4.5 million Medicare beneficiaries smoke. Treating tobacco-related disease is difficult and expensive – between 1995 and 2015, smoking-related conditions are projected to have cost Medicare about \$800 billion.

Access to prescription drugs aimed at smoking cessation (which Medicare beneficiaries already had) will continue through Medicare's prescription drug program. For more information on the new coverage that can help you quit smoking, call 1-800-633-4227.

Lori Palermo, Gouldsboro, PA
www.loveyourlungsbreatheforlife.com

Your Earning Cap on Social Security Disability

Social Security advises, "We have special rules called work incentives that help you keep your disability and Medicare benefits while you test your ability to work. For example, there is a trial work period. During the trial work period, you can receive full benefits regardless of how much you earn. You just have to report your work activity and continue to have a disabling impairment."

"The trial work period continues until you accumulate nine months (not necessarily consecutive) in which you perform what we call services within a rolling 60-month period. Your work is considered as services if you earn more than \$720 a month in 2010 and 2011."

"After the trial work period ends, your benefits will stop during months your earnings are at a level we consider substantial, more than \$1,000 a month in 2010 and 2011. For an additional 36 months after completing the trial work period, we can start your benefits again if your earnings fall below the substantial level and you continue to have a disabling impairment."

Edna Fiore from Colorado advises that all of your questions about Social Security Disability can be found at www.yourtickettowork.com/program_info.



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Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

John Grub of Enola, PA, asks if Mark has heard complaints about changes made in Foradil Aerolizer blister packaging and wonders if others are having difficulty opening it. The perforations are poor and literally impossible to tear open and remove the covering for each capsule! I feel sorry for those that are afflicted with arthritis or just plain hand strength weakness and have had no help from the company that makes it.

Mark replies, I was not aware that the packaging for Foradil had been changed, much less that there is now a problem with getting the capsules out. It is disappointing how Merck has handled your complaint.

I have a couple of suggestions. First, you need to put on your best “patience hat,” as any correction/action/change will take time for communication to clarify the problem so appropriate changes can be determined. To make changes will involve yet more time, as re-tooling would be involved – a major and expensive undertaking.

I would recommend discussing the problem with your pharmacist to get more input too.

Your pharmacist may have had other complaints and will let the company representatives know of the difficulties with their product. Your doctor can carry some weight with his complaint to Merck, as well. The company is not likely to undertake a problem until and unless they perceive it to be a broader problem affecting many customers.

While you may not succeed in getting packaging changed any time soon, you might be successful in getting them to provide a change in instructions that will improve or resolve difficulties experienced by a large number of those using Foradil. Changing packaging information is far less costly than re-tooling the factory!

If you still cannot gain attention and cooperation with Merck, you can write to the FDA. They will serve as watch dog and enforcer only in the event of refusal of a company to respond appropriately to a complaint.



Nancy of PA writes, I had a pulmonary function test (PFT) and was unable to finish because when I inhaled through the tube the final time, I end up on the floor coughing. Am I allergic to whatever I am inhaling?

Mark responds, What you experienced was not an allergic reaction. You “gave it your all” and reacted to

the maximum effort! The air you breathe in through the PFT machine does not contain anything. Some people do gag and many do cough when they blow out as hard as they needed during the maximum exhalation measurements. Folks rarely experience these difficulties when doing the slow-breathing maneuvers or holding their breath during the measurements of volumes.

Carole from Canada asks if Mark could address the effects of steroids on one's teeth? I've recently had my first visit to a Pulmonary Specialist and he's changed me from Flovent to Advair. I am to continue the Ventolin and Atrovent.

Mark says, Some years back, a doctor at National Jewish Health in Denver, CO, answered this during a forum. He did not know of any association between immunotherapy for allergy problems and dental issues. If you received a series of steroid injections, this could possibly affect calcium absorption at a critical development period. The expert to respond to these questions would be your dentist.

Mark continues, Be sure that you are taking your Ventolin on an as-needed basis only. You shouldn't need it on a regularly scheduled dosing regimen if the Advair is working as it should. Also be sure not to take the Advair within two hours after taking the Ventolin so it doesn't compete for receptor sites with the Ventolin.

Mark Mangus RRT, BSRC, is a member of the Medical Board of EFFORTS (the online support group, Emphysema Foundation For Our Right To Survive, www.emphysema.net). He generously donates his time to answer members' questions.

Fibrosis File

New Guidelines

The American Thoracic Society (ATS) has issued new official clinical guidelines on the diagnosis and management of Idiopathic Pulmonary Fibrosis (IPF) and published this joint statement in the March 15 issue of the *American Journal of Respiratory and Critical Care Medicine*. The ATS collaborated with the European Respiratory Society, the Japanese Respiratory Society, and the Latin American Thoracic Association to develop the Joint Statement, which updates and replaces ATS guidelines published in 2000.

The guidelines note that successful treatment of IPF may require a combination of therapies targeting multiple pathways involved in the development of scar tissue in the lungs. Pharmacotherapy should only be considered for a carefully selected, limited number of patients who are willing to accept potential treatment risks, even if anticipated benefits are small. For acute exacerbation, corticosteroids are weakly recommended as an appropriate treatment option. Sildenafil (Viagra) has been shown to safely lower pulmonary vascular pressures in patients with IPF. The joint statement offers suggestions for future research, including genetic studies.



GUIDELINES

The Coalition for Pulmonary Fibrosis and the Pulmonary Fibrosis Foundation will each commit \$30,000 per year to co-fund two-year research grants for two consecutive years. The American Thoracic Society will provide partial funding and management of the grants.

Interstitial Lung Diseases

Interstitial Lung Diseases (ILD) refers to a group of disorders that have similar symptoms, most of which cause progressive scarring of lung tissue. They include:

- Idiopathic Pulmonary Fibrosis – cause of the fibrosis is unknown.
- Sarcoidosis – abnormal collections of chronic inflammatory cells (granulomas) form as nodules in multiple organs.
- Pneumoconiosis – caused by the inhalation of dust in coal mines, asbestos, silica, cotton or other irritants.
- Bronchiolitis obliterans with organizing pneumonia (BOOP) – inflammation of the bronchioles and surrounding tissue in the lungs.
- Interstitial pneumonias – may be caused by scleroderma or rheumatoid arthritis.
- Hypersensitivity pneumonitis – caused by hypersensitivity to inhaled organic dusts, such as feather and bird droppings, moldy hay, grapes or bark.
- Lymphangiomyomatosis (LAM) – only affects females who are usually of childbearing age.

ILD may also be drug-induced from amiodarone or methotrexate; associated to connective tissue diseases, such as Wegeners or scleroderma; or related to primary diseases, such as amyloidosis.

Pirfenidone Approval Update

InterMune Inc. has received marketing authorization for its IPF drug Esbriet (Pirfenidone) in the European Union – making it the first company to offer an IPF medicine in Europe. InterMune plans to launch the drug in Germany in September 2011, followed by France, Spain and Italy in the first half of 2012, and in the United Kingdom in mid-2012.

InterMune will conduct a safety surveillance and drug interaction study. The company will conduct an additional phase III study as requested by the FDA and expects to commence enrollment in June 2011.

Congratulations, Bob!

Congratulations to Bob O'Rourke on his lung transplant – Bob has campaigned on national television to raise awareness of IPF. He was diagnosed in 2006 and had been on the transplant list for nine months before getting a successful call.

Sharing the Health

Rada Maples of Springfield, MO, wants to remind our members that have problems with dry mouth to be sure and try Biotene mouthwash. They also have toothpaste, mouth spray, liquid, gum and gel. It is amazing how much it helps! They have a web site, biotene.com, for more information.



Gerry C. of Exeter, NH, says he was unable to attend a pulmonary rehabilitation program and wanted to exercise at home. He bought two programs on DVDs through Amazon.com: Functional Fitness™ for COPD and Asthma and Gentle Fitness™

“I enjoy them both and they have helped me stay limbered up! If you do not have the Internet, you can call 1-800-566-7780 to find out about Asthma and Gentle Fitness and 1-877-523-4848 to ask about Functional Fitness for COPD,” Gary says.

The American College of Chest Physicians has over 20 educational guides on asthma, coughs, shortness of breath, lung transplantation and other subjects at www.chestnet.org/patients/guides. See videos about COPD from healthination.com at <http://tinyurl.com/4abtr92>.

I have lived with emphysema for 30 years and had Lung Volume Reduction Surgery in 1995 with great success. I have a waterproof electric razor. When I finish shaving, I rinse it with hot water. To dry it, I blow on it at least ten times. My doctor says it is a very good exercise and has helped me a lot!



Carol Britain, Shawnee, KS

Receive a Free One Year Membership

Contribute a picture or tip on how you COPE with COPD! Send to The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175. Include your name/address.

When you are doing stove-top cooking, be certain to make full use of your above-the-stove exhaust fan. Turn it on before you start to cook and if possible, open a window or even two. It should boost the power of the fan.

Margaret Brown, Oroville, CA

I found tips on the Internet at www.health.com about keeping weight on with COPD – I have a big problem with eating right! They suggested these tips:

- *Add healthy high fat foods to your meals like olive oil.*
- *Eat more eggs – they are easy to prepare.*
- *Pick lean meats. The fat in meat is more saturated and higher in cholesterol.*
- *Eat more nuts – try peanut butter on your toast. Nuts are also packed with antioxidants.*
- *Treat yourself by eating dessert – like ice cream, pudding or custard – first!*
- *Be careful adding dairy to your diet – this fat may clog your arteries.*
- *Supplement your meal with a nutritional shake or smoothie.*

I also eat smaller meals throughout the day rather than three big ones. I do try and limit salty foods as I find it harder to breathe afterwards.

Donna Weston, Rochester, NY

Margaret Gregory tells us she soaks golden raisins in gin for two weeks or until the gin evaporates and then eats exactly nine per day to relieve pain from arthritis. People laugh but she swears it works! Some think it is the golden raisins themselves or the sulfur used in the raisins or maybe it's the juniper berries in the gin.





Nikki C. from Massachusetts says drinking papaya juice helps her keep mucus thin. Papaya juice contains antioxidants that scavenge free radicals – waste products produced during the metabolism of food and in reaction to environmental toxins like tobacco smoke.

Rather than keep our medicines in the bathroom, I turned our hall closet into a medicine chest! My husband and I both get our medicines in three-month supplies.

We each have one shelf for our own prescriptions that are kept on trays and one shelf is for over-the-counter medication. This way the drugs are not exposed to temperature changes. Band-aids and first aid supplies are also here. We fill our daily pill boxes from our supply and then keep them in easy reach.

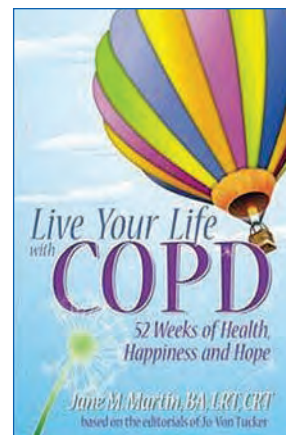
This has worked out great for us!

Alice Russo, Byron Center, MI



Jane Martin is pleased to announce that Live Your Life with COPD has arrived! Learn to live with confidence and empowerment from the wisdom and experience of COPD survivor Jo-Von Tucker, combined with insight from Jane's years of treating and teaching people with COPD. Each week in Live Your Life with COPD – 52 Weeks of Health, Happiness and Hope, you'll discover something new: Information on breathing techniques, medications, exercise, oxygen, nutrition and more, as well as thoughtful perspectives, joyful inspiration and endless empowerment. Whether you were diagnosed ten years ago, or just yesterday, you can find your best life with COPD!

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Traveling News

*National COPD Conference
December 2–3, 2011
Crystal Gateway Marriott
Arlington, VA*



Attend the U.S. COPD Coalition Conference

The U.S. COPD Coalition is hosting the second national COPD Conference on December 2 and 3, 2011 at the Crystal Gateway Marriott in Arlington, VA.

The first national COPD Conference, held in 2003, spurred nearly a decade of progress in COPD diagnosis, treatment, research and education efforts. The U.S. COPD Coalition is reconvening the community – from COPDers and their caregivers to healthcare professionals – to review the progress the community has made since then and identify the next steps for the gaps that remain.

This two-day conference is open for individuals with COPD nationwide, their family members, health care professionals, representatives from patient organizations and public health officials.

The first day of this interactive conference will give participants the opportunity to work in large group sessions and select a break-out session of their choice that focuses on education, research, diagnosis and treatment. On the second day, participants will roll up their sleeves in the hands-on workshops on advocacy, data interpretation and how to carry out successful public health interventions for COPD.

The second national COPD Conference will be held in conjunction with the COPD7USA Conference and the Dr. Thomas L. Petty Commemorative Reception.

For more information on this conference, please call the COPD Information Line at 1-866-316-COPD (2673).

And Our Raspberry Award Goes to ...

Thumbs down to Oceania Cruise Lines for not allowing liquid oxygen onboard their ships – although they will allow cylinders. Does it make a difference what delivery method is used? It only makes life more difficult for people who use higher liter flows!

Thumbs up to United and American Airlines for providing the option of purchasing oxygen during flight. Most other airlines do not provide oxygen but will allow portable oxygen concentrators – POCs. Unfortunately, if you use more than 3 LPM on continuous flow, you will not be able to fly on those airlines since the POCs on the market today do not go above a setting of three on a continuous setting.

Finding an Oxygen Supplier

Businessman Bill Ray has developed the Oxygen Yellow Pages at www.o2delivery.net. The website lists oxygen providers across the country. It recognizes a person's location and autofills his or her city, state and zip code, and lists providers within 20 miles.

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September 2: Norwegian Dawn
A 7-day cruise to Bermuda from Boston, MA

October 1: Sapphire Princess
A 7-day California Coast cruise from Los Angeles, CA

January 15, 2012: Royal Caribbean Mariner of the Seas
A 7-day cruise to the Western Caribbean from Galveston, TX

February 12, 2012: Norwegian Spirit
A 7-day cruise to the Western Caribbean from New Orleans, LA (Stay for Mardi Gras on Feb. 21!)

April 15, 2012: Carnival Pride
See the Cherry Blossoms in DC!
A 7-day Caribbean cruise from Baltimore, MD



FST: ST36334

Are You Communicating with Your Doctor?

The March 2011 issue of *Consumer Reports* has the bold headline, “What Doctors Wish Their Patients Knew”. The article is based on survey results from 660 primary physicians and over 49,000 subscribers to the magazine.



You will read many interesting findings. Respect, courtesy and professionalism were very important to both sides in the doctor-patient relationship. You should learn about a physician’s personality and background before choosing one to be your primary care partner. Having a long term relationship helps very much. Research suggests people who switch doctors have more health problems and spend more on care than those that have a consistent relationship.

- Doctors feel frustrated trying to relieve your pain – 79 percent of patients said doctors were able to minimize their discomfort and pain although only 37 percent of doctors said they were very effective at easing their patient’s pain and discomfort.
- Only 28 percent of patients take a friend or relative to their office visit although 80 percent of doctors think it would help. They encourage you to write down your questions beforehand and take notes during your visit.
- Physicians complained that patients did not follow their advice without knowing why. Are you not taking a prescribed medication because of side effects? Do you not understand the instructions for treatment? Do you not have insurance that will cover the expenses? Your doctor wants you to discuss alternatives with them!
- Surprisingly only 8 percent of doctors thought online medical research was helpful but 61 percent of patients had read about their symptoms on the Internet.
- Physicians think insurance paperwork, red tape and financial pressure stand in the way of providing optimal care.

The same issue of *Consumer Reports* contains information on where to get the best buy on medications.



Where Were You in 1961?

Joanie W. from York, PA, found fifty years makes a difference in what we are involved in!

1961: Long hair

2011: Longing for hair

1961: Going to a new, hip joint

2011: Receiving a new hip joint

1961: KEG

2011: EKG

1961: Acid rock

2011: Acid reflux

1961: Seeds and stems

2011: Roughage

1961: Hoping for a BMW

2011: Hoping for a BM

1961: Passing the driver’s test

2011: Passing the vision test

1961: Rolling Stones

2011: Kidney stones

1961: Screw the system

2011: Upgrade the system

1961: Moving to California because it’s cool

2011: Moving to Arizona because it’s warm

1961: Disco

2011: Costco

1961: Parents begging you to get your hair cut

2011: Children begging you to get their

heads shaved

1961: Whatever

2011: Depends



Product Corner

Keeping It Light!

Designed for children with asthma, (but usable by big kids too!), a Digger Dog compressor makes taking your nebulizer treatments a little more fun. It is portable at 3.5 pounds and comes with a dog house tote bag. Available from Briggs Medical Service for \$42.79 plus shipping



You might prefer to take your aerosol treatments with Maggie Moo, who stays in the barn when not in use. She is \$43.29 plus shipping.



Call 1-800-247-2343 or visit www.BriggsCorp.com to order and for more information.

Would you like to have *The Pulmonary Paper* emailed to you? Send a request to info@pulmonarypaper.org.

Smart Nasal Cannulas

Ingen Technologies Inc. is the manufacturer of the smart cannula, a disposable nasal cannula with the world's first "in-line" flow meter called the "Oxyview". The Oxyview provides a visual aid to monitor oxygen flow through oxygen tubing and is located below the cannula nearest you where oxygen flow matters the most.

Company representatives have given *Pulmonary Paper* members the opportunity to purchase ten Smart Nasal Cannulas for only \$37, which includes all shipping charges, until May 31, 2011.

Please call 1-800-259-9622 to order or for more information. You can also get more information at www.ingen-tech.com.



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Sequal's Eclipse
Smallest continuous flow POC. 3LPM continuous and 6LPM pulse

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Respironic's EverGo
Best battery life, 8 hours at 2LPM 6LPM pulse

Rx Stat will beat anyone's price on a new portable concentrator.

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www.rxstat.net

Respiratory News

A blood test designed to uncover early signs of emphysema before symptoms become apparent could become part of your yearly physical! The test detects early emphysema 95 percent of the time and has the potential to persuade a person to stop smoking before his or her emphysema worsens. Measurements of endothelial microparticles, which are shed when blood vessels surrounding the lung's air sacs are damaged, are taken. More studies are needed before the test could become available. The new research appeared in the *American Journal of Respiratory and Critical Care Medicine*. In the same journal, researchers in Australia have identified four molecular characteristics (biomarkers) of asthma and COPD, which could lead to better ways to diagnose the respiratory conditions.

A study published in the *Journal of Periodontology* has found that gum disease could increase the risk for pneumonia, upper respiratory infections, acute bronchitis and COPD.

The Canadian Medical Association Journal reports people with COPD are more likely than others to develop shingles.

The U.S. Department of Labor estimates nearly 23,000 workers developed job-related lung disease in 2008. The ten worst jobs for your lungs? Construction, manufacturing, health care workers who use latex gloves, textile workers, bartenders exposed to second-hand smoke, bakers, auto body repair shop employees, truck drivers exposed to diesel fumes, miners, and firefighters.

In patients with moderate to very severe COPD and a history of exacerbations in the preceding year, Triotropium (Spiriva) appears to be superior to Salmeterol (Serevent) in preventing moderate and severe exacerbations, according to the findings of a new randomized trial reported in the *New England Journal of Medicine*.