

The Pulmonary Paper

Dedicated To Respiratory Health Care

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POCs

Portable Oxygen Concentrators are valuable but expensive pieces of equipment. The ten pound units with extra batteries have a retail cost of \$5000 and up. You may want to rent one before purchase to see if it is right for you.

Information on The AirSep Lifestyle may be found at www.airsep.com/medical/lifestyle.html - The company suggests you ask your local homecare dealer for availability.

Learn about the Inogen One at <http://inogen.net> Two companies have agreed to give Pulmonary Paper readers a discount on the Inogen One. They are Oxygen To Go at www.oxygentogo.com (1-877-736-8691) and RxStat Pharmacy at http://rxstat.net/inogen_one.html (1-888-648-7250)

INSIDE

| | |
|--------------------------|----|
| Thanks | 2 |
| Calling Dr. Bauer | 3 |
| Staying Cool | 4 |
| Mark Mangus | 5 |
| Fibrosis File | 6 |
| Sharing The Health | 8 |
| O2, O2, O2 | 10 |
| Respiratory News..... | 11 |

It's A Rule!

It took more than a year from the original proposal, but effective August 11, 2005, the Federal Aviation Administration will make it easier for supplemental oxygen users to fly on commercial airlines. The new ruling allows, but does not require, airlines to permit travel with portable oxygen concentrators (POC). It will be up to the individual airlines, to decide if they will allow the concentrators onboard. We will have a list of airlines who will and will not allow the concentrators in our next issue. *Please note, the ruling allows only the POCs on board; not gas or liquid oxygen. (There is presently a petition before the government's hazardous material safety administration to allow the Helios liquid oxygen to be used on airplanes.)*

As any oxygen user will tell you, it is expensive and frustrating to arrange airline oxygen. Many have not even attempted it. The portable

concentrators will solve the oxygen supply problem when waiting for and changing planes. No more \$100 fees for your oxygen company to deliver to the airport and no more \$100 a flight segment fees. No more nightmares of agents telling you that there has been no oxygen ordered (when you have confirmed at least three times.)

Portable oxygen concentrators work by filtering out nitrogen from the room air and giving out approximately 90% oxygen (concentrators at home give out about 95% oxygen). The units run off rechargeable batteries or electrical power from your home, car, boat or airplane. Two companies, AirSep Corporation and Inogen Inc, have POCs approved for use. Newer models and updates from these and other companies are in development.

During the comment period of the proposed rule, the FAA received

(continued on page 2)



LifeStyle with battery pack and cart



Inogen with cart and carrying bag

Flying High (continued)

2,270 comments, all but 3 favored “the spirit of the proposal.” (Your letters really do work!) Thanks also goes to the lobbying efforts of the NHOPA (National Home Oxygen Patient Association), the American Association for Respiratory Care, the American Lung Association and the leaders of the Congressional COPD Caucus, Senators Mike Crapo of Idaho and Blanche Lincoln of Arizona, and Representatives Cliff Stearns of Florida and John Lewis of Georgia.

Highlights of the Special Federal Aviation Regulation which has determined that POCs are not hazardous are:

No aircraft operator is required to allow passengers to operate the devices onboard. The FAA does not have the authority to require air carriers to allow the devices onboard their aircraft. That authority is granted to the Department of Transportation.

The Inogen One and Lifestyle are the only two acceptable POCs on the market. The FAA is committed to developing a performance-based standard for all future POC devices.

You may not have access to the electrical outlets on the plane and should bring enough batteries to cover your waiting and flight time and for potential delays.

You will be able to use the POC during takeoff, landing and while moving about in the airplane. (Recently, an oxygen user en route to London was

told to use “diapers”, since she is not allowed to walk to the restroom with oxygen!)

Batteries taken as carry-on baggage must be protected from short circuit problems (the battery terminals must not come in contact with metal objects) and packaged to protect them from physical damage.

You should determine if the airline has backup oxygen available in the event the POC malfunctions, or if the electrical and battery power is lost.

The POC you take on the plane, counts as one of your carry on baggage.

Passengers will be required to provide a written statement signed by a physician that verifies your ability to use the device, see and hear the POC’s alarms and be able to react to them. The statement, which will notify the pilot you are using the POC, may also be used for all future flights.

FAA 14 CFR Parts 11 and 121 may be viewed at <http://a257.g.akamaitech.net/7/257/2422/01jan2005/1800/edocket.access.gpo.gov/2005/pdf/05-13664.pdf>



Editorial

Thank you to the FAA for approving portable oxygen concentrators for our pulse-dose oxygen people and thank you to Nonin and AeromedixRx.com for lowering the oximeter price and thank you to my parents, Matt and Mary Vitanza, for being married for 55 years!



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Editor: Celeste Belyea RN, RRT
Associate Editor: Dominic Coppola RRT
Medical Director: Dr. Michael Bauer

Calling Dr. Bauer

Dear Dr. Bauer,

My pulmonologist tells me I have mild emphysema and am losing the capillaries in my lungs. I've had all kinds of blood tests in search of an answer. All tests came back within normal range. What is the reason for the loss of lung capillaries?

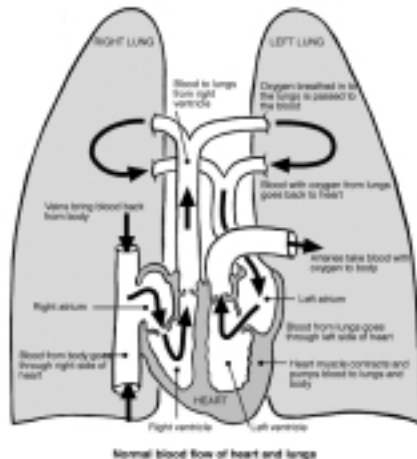
*Sincerely,
Annie from New York*

Your lung normally is very efficient in assisting oxygen in the air to diffuse across the millions of alveolar air sacs into blood cells that flow through your lung capillaries. Capillaries are the smallest of blood vessels. From the lung, these capillaries form into larger arteries in order to deliver oxygen to the rest of the body.

Since there are millions and millions of air sacs, the surface area of normal lung tissue is actually very, very large. Prolonged and repeated exposure to cigarette smoke, triggers an enzyme imbalance in

the lung, which in turn causes a destruction of lung air sacs. As the emphysema progresses, the air sacs enlarge and destroy the capillaries. This results in the clinical problems associated with emphysema: shortness of breath and low oxygen levels.

Radiation treatments can also cause more isolated areas of capillary destruction, so it may be that there are multiple reasons for your lung disease progression. Smoking cessation, if that is a current issue, is the best way to slow lung tissue destruction. I hope this information has been helpful!



Dr. Michael Bauer

Question for Dr Bauer?
You may write to him at
The Pulmonary Paper
PO Box 877
Ormond Beach, FL 32175
or by email at Belyea@aol.com

Airline Sats

Belfast researchers found oxygen levels fell by an average of 4% in more than half of 84 people when they reached cruising altitude. The travelers did not have COPD. Ground levels averaged 97% which fell to an average of 93% in the air. Falling oxygen levels, with dehydration, immobility and low humidity, could contribute to illness during and after flights.

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Stay Cool

It has been really, really hot this summer - everywhere!!

The best thing we can do is stay in the air conditioning, if available, at home, in the car, at stores, and at restaurants. The American Medical Association recommends drinking at least ten ounces of fluids every ten minutes while active and 24 ounces within two hours after the activity. One adult-size gulp of fluid equals one ounce of fluid.

Drink water, fruit juice or sport drinks; soda and alcohol do not count! Sports drinks help to replace some of the electrolytes you lose through sweat and provide carbohydrate energy to working muscles. The best time to consume fluids is before you are thirsty; by the time you are thirsty, your body is already dehydrated.

In hot weather, the blood vessels in your skin dilate to bring more blood to your body's surface. This extra fluid makes you perspire and as the sweat dries, it cools and lowers the body temperature. If it is humid, your perspiration does not have a chance to dry and you will not feel as cool.



Find yourself in water; cool water temperatures will cool your body about 25 times faster than cool air.

Don't be so quick to open your curtains and shades in the morning. It will keep the cooler night air inside the house.

Wear lightweight, light colored, loose fitting clothing to keep you cool. Also wear a wide-brimmed hat or use an umbrella to protect yourself when you are outdoors.

Avoid hot foods and heavy meals which will add heat to your body. Eat smaller meals more frequently.

Avoid foods that are high in protein, which increase metabolic heat. Don't increase your salt intake or take salt tablets without your doctor's permission.

Hot weather can cause a lack of energy and/or loss of appetite. Watch out for the warning signs of dehydration: headache, dry lips, weakness, nausea and muscle cramping. If someone is becoming disoriented or losing consciousness, seek medical help immediately.

About 318 Americans die every year of heat-related illnesses, according to the Centers for Disease Control. So stay cool!

Nicotine Vaccine

Scientists at The Scripps Research Institute report, "Many believe that people continue to smoke because tobacco contains nicotine, which is an addictive chemical. Many smoking cessation strategies, in fact, provide cigarette addicts with nicotine from sources other than tobacco, such as patches or gum. The Scripps investigators have taken an "immunopharmacotherapy" approach. That is, they have designed a drug that stimulates the immune system to clear the nicotine from the system and have formulated the vaccine for use in human trials. The new idea that they have developed is to take a chemical that resembles nicotine and use it to induce an active immune response. In this immune response, the body produces antibodies against nicotine that can neutralize it in the bloodstream. If a smoker later smokes a cigarette, the antibodies will clear the nicotine from the system before it reaches the brain.

Although the percentage of U.S. residents who smoke has declined steadily in the United States since the mid-1960s, about 22.8 percent of the total adult population still smokes. The CDC estimated that from 1995 to 1999, smoking killed more than 440,000 people in the United States each year and caused more than \$150 billion in annual health-related economic losses."

Taste, FEV1 Change and O2 Sats



Mark Mangus, RRT
EFFORTS Board

Mark Mangus RRT is a member of EFFORT's (the online support group - Emphysema Foundation For Our Right To Survive - www.emphysema.net) medical board who donates his time to answer members' questions.

An EFFORTS reader recently asked Mark, "My Dad is on oxygen and prednisone and says just about all food taste awful to him. His doctor has taken him off a few drugs to figure out maybe one of his pills was causing the bad taste, but so far no luck. Any idea's?"



Mark replies, "Both steroids and especially oxygen, are known to affect the taste of food for those who take them. One of the more common comments I've heard from those who have converted to TTO (TransTracheal Oxygen) is their ability to taste food improved markedly. Others who have been fortunate enough to come off oxygen have remarked about improvement in their ability to taste. Yet, there may be some medication he's on that are more culpable, or are working synergistically to distort his sense of taste. So testing the problem by altering his medications is not an unreasonable course of action."

Virginia asks, "My FEV1 has always been the same before and after using a bronchodilator yet nothing helps me as well as albuterol when I'm short of breath. If it doesn't improve my air flow, how does it improve my breathing?"

Mark replies, "A possibility is that it reduces your air trapping enough that you can feel the difference. It doesn't have to show up as an FEV1 change to be significant."

Jill from EFFORTS recently told Mark, "Although I huff and puff like gangbusters, I usually don't desaturate below 90%."

Mark replies, "While we have talked a lot about 90 % being "clinically acceptable," even down to 88 % at times, depending upon the circumstances; everyone needs to understand that because we "accept" the lower saturation levels as targets beyond which to avoid dropping, they do not, by any means, represent "comfort" thresholds.

Folks have lamented that they are 'working like mad dogs to breathe' and are horrendously uncomfortable but say, "My saturation is 90% so it can't be the lack of oxygen that is responsible for causing my shortness of breath." 'Au contraire!' Because 90 % is clinically acceptable insofar as considerations of pulmonary and heart damage are concerned, it has nothing to do with whether or not you will be "comfortable" while your saturation is hanging down there. Indeed, many exhibit some degree of breathing discomfort when they are saturating to 90 %. Some even experience discomfort when their saturation is 94%. Yet others, though fewer in numbers, experience discomfort when their saturation is anywhere below 96 %. I cite Dr. Richard Casaburi's work that shows that "relievable ventilatory discomfort can be statistically significant when oxygen saturations are within the absolute normal range. This occurs in a much larger segment of the population that we would ever have speculated!"

My point is, that simply because your saturation is at or just above the "minimum acceptable target", does not mean you won't have hypoxia-generated breathing discomfort. So don't be quick to dismiss discomfort you feel when your saturation is 90 %, attributing it to some force or influence other than a relatively low oxygen level. A goodly amount of your discomfort can easily and reasonably be caused by the "relative desaturation". Were you to increase your oxygen intake or stop your activity to allow your oxygen saturation to return closer to the "absolute" normal range of 96 - 99 %, you would experience a perceivable decrease in breathing difficulty and/or discomfort."

Fibrosis File



We bring you news of upcoming medications to fight fibrosis! A recent study in

the *American Journal of Respiratory and Critical Care Medicine* published results from a Phase II trial evaluating pirfenidone for the treatment with idiopathic pulmonary fibrosis (IPF). The results suggest that taking this drug may prevent exacerbations (worsening of your condition that often requires hospitalization) Pirfenidone may also reduce the rate of decline of your lung capacity. (In IPF, your lung muscle becomes stiff and you are unable to expand your lung to inhale a normal volume of air.) The drug is not yet FDA approved.

InterMune Inc. announced that an analysis of trial data suggests its Actimmune drug effectively

prolongs survival for patients suffering from pulmonary fibrosis. Actimmune has been approved to fight infections in people with granulomatous disease.

About 150,000 Americans have scleroderma. Scleroderma is a progressive disease that leads to the hardening and tightening of the skin and connective tissues, about 80% of patients also have a problem with their lungs that leads to scarring (fibrosis). After an extensive study, cyclophosphamide has been shown to reduce inflammation and improve lung function and shortness of breath. Cyclophosphamide or Cytoxan is a drug that is also used to fight cancer.

On April 30, 2005, the University of Minnesota held its first annual "Minnesota Pulmonary Fibrosis and Interstitial Lung Disease Education Day." This seminar for

patients, families and healthcare professionals was a huge success. Presentations made that day are now available on the web site of the Coalition for Pulmonary Fibrosis, www.coalitionforpf.org, a sponsor of the event.

You will learn about resources and support services for IPF patients and families; Updates in clinical therapies and new approaches to finding these therapies; Lung transplantation, Oxygen and Respiratory Therapy and Exercise and Pulmonary Rehabilitation.

On the same web site, you may find information on IPF support groups in your area. The CPF's "IPF Support Group Coordinator's Kit" is available for those interested in starting a local support group. Please contact Mark Shreve, Executive Director, at 888-222-8541, or by email at info@coalitionforpf.org to obtain a copy of this valuable tool.



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Sea Puffers Tales



It was an oxygen free-for-all! The passengers aboard the latest Sea Puffers cruise to Alaska were all about sharing. People were trading and trying out old and new equipment left and right! You could hear, "You let me have the Inogen overnight and I'll give you my Spirit portable unless you want AirSep's Lifestyle." or "I'll trade you a Total O2 system for your Helios. Anyone need a Nonin oximeter? Marion won't give up the Sage conservor, so don't ask!"

Besides the awesome sights of the Last Frontier, cruisers were treated to a talk from Pulmonologist Dr. Regina Franz, pulmonary function testing and goodies from generous vendors, such as the new Aerochamber Max from Monaghan and Acapella therapy devices from TriAnim. We didn't get much time to practice with the new harmonicas but lucky winners have a set of Oxyview Frames and a MicroLife FEV1 meter.

A lot of tips were shared: Sly Collins from Illinois lets his oxygen man into his building from his second floor apartment window by getting out his fishing rod and lowering the key in a Crown Royal bag! And Bonnie Coccorullo, also from Illinois, had a startled clerk, who heard her oxygen conservor device, tell her, "I can hear your nose running!"

To join the fun on future trips to the Panama Canal, Rome and the Mediterranean and many more exciting ports, call Pam at 1-877-473-2726.



Oly and Lena Larsen from Iowa get a friendly lift to the ship!



Happy Fourth of July!



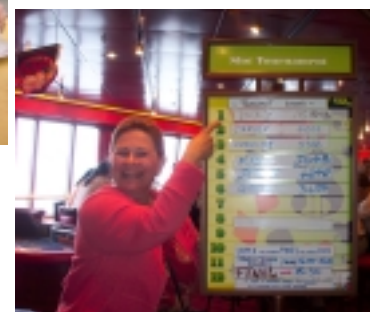
Members of the group gather after dinner to show off their finest!



The Wagners and Collinses pose in front of nature's finest!



The Thomases celebrate their 50th Anniversary



Everyone pays attention at the meetings while Vicky wins a slot tournament!

Sharing the Health



When I read local newspapers, I find that my breathing is worse. I believe it is the ink on the paper that affects my breathing. Also when I look through files of paper or photos, I have breathing problems.

Does anyone have similar troubles or know of a mask that would help in these situations? I have a cold air mask that I wear for deer hunting that helps tremendously.

Sam Harcourt, Erie, PA

Ken Carter writes: "In a recent *Pulmonary Paper*, you wrote about oxygen products being offered by Paul Thompson. (1-858-748-5677 or www.softthose.com). I use 5 LPM when I am "up and about" but only 2 liters at rest. Since my concentrator is in another room, it is difficult to keep adjusting the flow. The result is dried out sinuses and plugged nasal passages.

I ordered one of Paul's flow valves, and it would not be overstating to say it has significantly improved my quality of life. Paul's cannulas, which are very comfortable, have solved another problem. Anyone on oxygen will tell you how rough on the ears it is when you stand up and realize too late that your foot is on your oxygen tubing. Paul makes all his hoses of a soft, stretchy material that gives when you hit the end, providing ample warning to avoid pain. His hose is snarl proof!"

After reading an email from a friend, Ken has decided there will be no \$200 a day nursing home in his future. He's going to live on a cruise ship where he can get a long term and senior discount price of \$135 per day. He will have as many as 10 meals a day, swimming pools, sauna and hot tubs, shows every night, free toothpaste, razors, soap and shampoo. He will get to meet new people every 7 to 14 days and if you fall in the nursing home and break a hip, you are on Medicare; if you fall and break a hip on the ship, they will upgrade you to a suite for the rest of your life!



COPD, multiple skin tears and really tender and dry skin are the story of our lives. So when I climb out of the shower, I barely blot myself dry and immediately lather up with lotion while my skin is still moist. Doing this seems to have less stress to my fragile skin and the lotion absorbs more quickly. I prefer Cetaphil; it's non-greasy, no perfume to interfere with my fragrance and approved by my dermatologist.

Shirley Schilly, Bluffton, SC



I have had asthma since childhood and have been on oxygen 24/7 for two years now. I've tried several different portable methods and found the Helios liquid works best for me. Being 4 feet 9 inches tall, I had extra cannula tubing hanging down to my knees, even the four foot length, and was constantly getting caught on things. I now loop the tubing around the handle of my Helios twice and hold it in place by the elastic band on the case. No more getting caught and I still have plenty of tubing to move about!

Mamie McNeal, Osceola, IA

I use a concentrator with 50 feet of tubing and a 7 foot cannula. I can go down to the basement or outside without using a portable tank. When I am staying in one place, the excess tubing is hard to manage. My husband bought card caddies, which he found at a local hardware store for 50 cents each. I took one and wrapped the excess tubing around the caddy, close to the concentrator, leaving enough room for me to navigate around the house. When I need to go more, I just uncoil the tubing.

Penny Conlon, Roselle, IL

I recently asked my attorney if my ten-year-old Living Will needed revision. He recommended that I appoint a Health Care Proxy. He explained that since a patient has the right to refuse treatment, he can also appoint another person to act in his behalf in refusing treatment. This eliminates the need to try to specify every possible circumstance, with a risk of omitting some special case.

Edward Roberts, Glen Head, NY

And More Sharing the Health

I found the Omron MicroAir Nebulizer, weighing only 3.4 ounces and capable of working from either a battery or a cord, an excellent product - when it worked properly. Sometimes, however, the micro-nebulizer functioned erratically and would emit only a tiny thread of medication, or none at all. I tried to clean the mesh with Polident Smoker's Tablets instead of vinegar, but the stream of vaporized medication remained inadequate.

I learned that some of the bottles in the nebulizer system had manufacturing defects. I requested a new bottle and have been completely satisfied with the nebulizer's performance ever since.

I recently received a notice from my oxygen provider, Lincare, stating that Omron, the manufacturer of the MicroAir Nebulizer, is recalling the medication bottle for the NE-U22 Nebulizer because of a failure of the vibrating mechanism. The recall affects units in the serial number ranges 3400001A-3900001A & higher; 3X00001A & higher; 3Y00001A & higher; and 3Z00001A-3Z00696A. Medication bottles in these serial number ranges, with a red O-ring with NO BLUE DOT, are subject to the recall. Omron Healthcare will replace the medication bottle at no charge. Contact Customer Service at 1-800-634-4350. After the greeting, press 2 for Respiratory, then press 3 to be transferred to a customer service representative. Medication bottles with a blue O-ring or with a red O-ring with a blue dot are not recalled. To locate the blue dot, turn the medication bottle upside down and look at the O-ring over the medication chamber.

Roy Ball, Grand River, OH

Charlotte Parrish of Gainesville, GA writes, "Within a five week period, I broke my back in six places with three surgeries. I had been on prednisone for a long time and no one warned me that my bones could deteriorate. I now take lots of calcium to build up my bone strength!"



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One of the more outgoing, vivacious members of the Pulmonary Rehab Maintenance group at St. Joe's Hospital in Denver got a group of us together to go bowling. I want to show that just because you have to have a tank with you all the time, doesn't mean you can't be active. We had so much fun! I actually bowled better than I ever had; got a 90 on the second game, which I attribute to all the exercise I now get!

*Marilyn Sundt
Aurora, Colorado*



This is Cleo, wearing her Helios tank, holding up the long tubing so it won't be in the way while Lois bowls.

This is Terry with her long tubing attached to a Caire Stroller.

Readers have complained about "dry mouth" after they started taking Sprivia. We asked a company representative who suggested taking hard candy after use. Judy Manternach of San Deigo, CA recommends a mouth moisturizing gel called Oral Balance. Literature states it is "a protective gel that provides fast relief of oral irritation, itching and soreness caused by dry mouth."

Spirit O2



We had the opportunity to try out a Spirit liquid portable unit from CAIRE, Inc. which also manufactures a full line of reservoirs, one small enough to carry in your car. The product got rave reviews especially from a man who had only ever used oxygen via E cylinders.

When used at 2 LPM, Caire's Spirit 300 will last 9 hours and weighs 4.3 lb when full; the 5.6 lb full Spirit 600 will last 13-17 hours and the 8 lb full Spirit 1200 will last 28-34 hours.

To find an oxygen supplier in your area who delivers Caire's products, call 1-800-482-2473 or visit their web site at www.cairemedical.com



O2 Carrier

Holly Lockwood, a 47 year old, very active 5 year oxygen user and member of the NHOPA (National Home Oxygen Patient Association), has designed back packs for both gas and liquid oxygen. We love the name, she calls them lifeback carriers because she feels they have given her "life back."



Holly designed them with pockets and hiding places for everything but the kitchen sink, you will not

have to carry anything else when you leave home.

You may see the carriers at www.lifebackcarriers.com or call 1-970-241-0749. Holly has agreed to give Pulmonary Paper readers a discount on the backpacks, so be sure to mention you are a member!

New O2

In-X Corporation of Denver has received FDA Clearance for the Home-Away® System which enables oxygen users to produce liquid oxygen in their home. Working with a concentrator, the system directs a portion of the oxygen flow from the concentrator to a cryogenic cooling device. There, it is condensed into liquid, and stored within the system until it is ready to be transfilled into a portable liquid unit. The remaining oxygen gas produced by the concentrator is available for use up to 3 LPM.

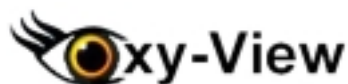
The portable unit is worn around the waist; weighs 4.2 lbs when full and provides 6 to 8 hours of use per fill. The Home-Away System produces enough liquid oxygen to fill the portable unit 3 times per day.

In-X anticipates the new system will be ready for delivery to your home care supplier by March 2006.

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American Thoracic Society

The American Thoracic Society celebrated its 100th birthday at their annual international conference held in San Diego recently. More than 17,000 respiratory specialists attended the event that focused on respiratory and critical care medicine.

Research presented included a study which found people with COPD, experienced significant improvements in health-related quality-of-life measures after nine months of treatment with Spiriva, the once-daily inhaled anticholinergic medication.

Budesonide (Pulmicort), an inhaled corticosteroid with well-proven success and safety in asthma and a common treatment for COPD, may protect you from developing emphysema.

The society asked its members what they thought were the top medical advances made since 1905. The resulting top ten list is:



1. The development of penicillin and other antibiotics
2. Understanding asthma as an inflammatory process
3. Diagnostic imaging of the chest, including radiographs, CT, radionuclide imaging, angiography and bronchography
4. The development of blood gas electrodes and oximeters
5. Tuberculosis (TB) chemotherapy
6. Bronchoscopy as a diagnostic tool
7. Steroids (including inhaled) as an effective treatment modality for asthma
8. The development of spirometry, plethsmography and diffusing capacity of the lung for carbon monoxide (DLco)
9. The development of intensive care units (ICUs) and advances in critical care
10. Understanding the role of tobacco in lung disease and the contributions of the 1964 surgeon general's report

Membership Application to The Pulmonary Paper

16/4

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Respiratory Studies

Inspiratory Muscle Training, combined with Pulmonary Rehabilitation, may be of benefit to people with bronchiectasis. With Bronchiectasis, your airways become enlarged and distorted that will causes secretions to build up. The tiny hairs, called cilia, which line the airways and normally work to sweep mucus and bacteria upwards for clearing, no longer function properly and infection often develops.

In the June issue of *Thorax*, researchers found participants had an increased exercise tolerance after eight weeks of rehab and the inspiration muscle training may be important to make these improvements long lasting.

Reuters Health reports, "Patients with COPD who take creatine supplements, while participating in pulmonary rehabilitation program, gained fat-free mass, increased peripheral muscle strength and endurance and improved

health status. However, whole body exercise capacity is not improved, UK researchers report in the July issue of *Thorax*. They note that creatine nutritional supplementation is commonly used by healthy individuals to increase muscle mass and exercise performance."

Many people have asked about the status of the Endobronchial Valve for Emphysema Palliation Trial or VENT study. VENT is a 20 center, randomized, clinical trial designed to study the safety and effectiveness of the Endobronchial Valve procedure. To be eligible for the trial, patients must have severe emphysema, with the worst damage prevalent in the upper lungs. All patients will be required to undergo pulmonary rehabilitation before and after surgery, and patients will be followed for 18 months after randomization. The study is ongoing and no results have been determined.