The Pulmonary Paper

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Dedicated to Respiratory Health Care

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Romance Is in the Air!

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Calling Dr. Bauer

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The Pulmonary Paper

News Magazine
Volume 19, No. 1
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On the cover: Malcolm MacMillan and Sylvia Stimpfle of Florida are not married, despite the white veil. They have been dating for almost a year now!

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Learn as if you were going to live forever. Live as if you were going to die tomorrow. **– Mahatma Gandhi**

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The Pulmonary Paper is a membership publication. It is published six times a year for those with breathing problems and health professionals. The editor encourages readers to submit information about programs, equipment, tips, or services.

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Introducing Emily Grace!

I truly appreciate all the love and support shown to me after my father passed away on November 13. The baby you see here is Emily Grace, born on the same day. She is the first grandchild of Dominic Coppolo, our Associate Editor. I think God is trying to tell us everything is going to be OK! Many thanks to all those who contacted their government officials about the issues affecting the future of your respiratory care and treatment. We hope to bring you positive news in the upcoming year.

Celeste

Images of *Romance*

Valentine's Day brings up images of romance. Have you been afraid to be intimate with your loved one because you may become short of breath? Your idea of being sexually attractive does not include having a cannula on your face? No fear, we are going to give you lessons! We like how the Alpha-1 Advocacy Alliance puts it –"Sex and COPD – We ain't dead yet!"

The most important thing you can do is to openly discuss your feelings with your loved one. You may think they do not find you attractive any more, when in reality, they are afraid they may be putting you under too much stress to engage in sexual activities. You might also bring up the subject during a pulmonary rehabilitation or Better Breather support group meeting. You might learn hints from others that have helped them stay close in their relationships.

First of all, you don't have to have sex to make love. Perhaps you could simply share a glass of wine together. Throw out the old bedding and try investing in luxurious pillow, blankets and sheets to cuddle in. Maybe get the room painted in a pink or red shade. Surprise your partner with something out of the ordinary!

Our friends at the Canadian Lung Association have these tips for you to consider:

COPD does not diminish sexual ability; it is only the frequency of sexual activity that is limited, as are all strenuous physical activities.

The physical effort required for sexual intercourse is approximately equal to that required to climb one flight of stairs at a normal pace.

Beginning an exercise program will help to build up the COPD person's tolerance to activity and in turn help to reduce shortness of breath with activity.

Research findings show that the effort required for intercourse does not raise blood pressure, heart rate and respiration rate to a level that is considered dangerous.

Medication specific for your lungs will not affect your sexual drive; however, if you are taking other medications (e.g., antidepressants), it is important to ask your physician how these may interfere with your sexual drive.

Some changes in sexuality are not related to your lung disease but are normal changes with aging. For instance, slower erections and delayed orgasms are normal in middle and later life.

Because of the physical effort required, it is important to have adequate rests both before and during sexual relations. In other words, plan your activity for your best time of day and rest at intervals during the activity if necessary.

Clear bronchial secretions prior to sexual activity.

Plan to have sexual activity immediately after using a bronchodilator.

If you use supplemental oxygen for activity, plan to use the same amount of oxygen during sexual relations.

Avoid sexual activity immediately after a heavy meal, after consuming alcohol, in an uncomfortable room temperature or when under emotional stress. All of these factors will only increase your fatigability.

Choose sex positions that are less energy consuming and that avoid pressure on the chest. For instance, side-to-side position during intercourse is more comfortable and less tiring than the top-bottom position.

Have the able-bodied partner assume a more active role so that the COPD partner becomes less fatigued or anxious.

Avoid allergic elements in the environment (e.g., perfumes, hair sprays) that may induce bronchospasm.

Remember that simply touching, being touched and being close to someone are essential to help a person feel loved, special and truly a partner in the relationship.

If you want to read books on the subject, we recommend "Being Close" from the National Jewish Medical Center. It is available free of charge by calling 1-800-222-LUNG. You may ask questions of the health professional who answers this help line. Information is also on their web site at www.nationaljewish.org.

Dick and Sandy King always find excitement in life!

Calling Dr. Bauer ...

Dr. Michael Bauer

Dear Dr. Bauer,

I often feel chills and shiver when I don't have a cold or infection. Could this be due to the fact that I am on oxygen therapy?

JMB, Orlando FL

Many patients on home oxygen ask me if there are any long-term side effects to oxygen therapy and what the proper flow rate is for oxygen delivery.

Do you need oxygen just with activity, just at night while sleeping, or 24/7 (all the time)? Feeling "short of breath" may be an indicator of a low oxygen, but it is not a sensitive or specific finding. Your doctor or respiratory therapist can check a blood oxygen level with pulse oximetry. This simple, non-invasive test is an accurate way to determine the percent oxygen saturation in your blood. For most cases, the cutoff for needing oxygen is a room air saturation of 88% or less. Some lung patients are fine sitting, but when they walk, oxygen saturation can plummet. Oxygen flow rates can vary between 1 to 4 liters/minute. Two-liter flow is probably the most common, but this can be adjusted up or down depending on measured oxygen saturation in the office. I often tell my patients to increase their oxygen flow by one liter when they become active.

It's a common misperception that you can get "hooked on oxygen" once it is prescribed. The need for oxygen depends solely on the course of your underlying lung disease. If you're fortunate to have an improvement in lung function with new treatment or the passage of time, then oxygen may be discontinued. A follow-up test with pulse oximetry will give the answer.

The most common long-term side effect of oxygen is drying and irritation of the nasal passage due to cold, dry air passing through at high flow rates. This can be minimized by humidification of the oxygen supply. A variety of moisturizing salves and sprays can be very helpful. Oxygen can't explode, but it does enhance combustion and should not be used near any open flames.

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

Fibrosis File

Teresa Geiger from the Coalition for Pulmonary Fibrosis (CPF) (www.coalitionforpf.org, 1-888-222-8541) tells us about exciting research news that has taken place recently.

The CPF and the American Thoracic Society have jointly funded a $100,000, two-year research award to Andrew M. Tager, M.D. from Massachusetts General Hospital. Dr. Tager will be investigating the role of lysophosphatidic acid as a potentially important element to explain how Idiopathic Pulmonary Fibrosis (IPF) begins. The acid is believed to function as a signaling molecule that triggers the development and spread of scar tissue in the lung.

The American Journal of Respiratory and Critical Care Medicine reported researchers in Barcelona have discovered and patented a method to stop and reverse IPF in an animal model. *(A few years back, we all got excited when giving large doses of Vitamin A seemed to reverse emphysema in lab rats but when tested in humans, it was found to be totally ineffective in accomplishing that goal. So we can't get too excited just yet!)* Type II pneumocytes, which repair damaged tissue, are transplanted into the lung. These cells will come from donors or possibly from adult stem cells. A clinical study with humans will soon be conducted in Barcelona.

A study from London confirms what many have suspected, smokers and ex-smokers with IPF have a worse prognosis than non-smokers. (A previous research study had suggested that current smokers with IPF might live longer than ex-smokers!) The study also appeared in *The American Journal of Respiratory and Critical Care Medicine.*

We know a study in *Chest* last March showed that Viagra may help to improve exercise capacity in those with IPF. A pulmonary rehabilitation therapist has asked us to poll our members to ask which exercises they feel give them the most benefit. If you send in that information to *The Pulmonary Paper,* PO Box 877, Ormond Beach, FL 32175, we will credit you with a year's membership!

New Scanning Technique

A new technique of specialized magnetic resonance imaging scans the air spaces inside the lungs of children and young people. Scientists are looking to establish a link between the health of the lungs during childhood and adult lung problems. They are trying to establish if specific factors – genetic or environmental – lead to chronic pulmonary disease.

Education Power

According to a recent abstract, COPD often limits exercise tolerance. An education program can play a role in improving skills, ability to cope with illness, and health status. Ask your physician for a referral to a pulmonary rehabilitation program!

Ask Mark ...

Mark Mangus, RRT
EFFORTS Board

Many readers have asked Mark about the publicized Buteyko method of breathing that is advertised to bring relief to those with asthma and other lung problems.

Mark warns: Buteyko may hold potential benefit for those with "acute asthma," but it has no place in treatment or management of COPD – Chronic Obstructive Pulmonary Disease. Buteyko holds to the theory that one has too little carbon dioxide (CO_2). In COPD, the physiologic problem often progresses to where an individual builds up too much CO_2. So using Buteyko to hold onto to even more CO_2, is counterproductive and dangerous. It is best to understand the impact of the intervention, and for whom it is suitable, before recommending it generally to all those with breathing problems.

Mary from Florida asks: My friend had a six minute walk test done to determine her need for oxygen and noted that her saturation reading on the oximeter fell below 80%. I am scheduled to have the same test done and am worried that a reading that low could cause permanent damage. Is this possible?

Mark replies: With the exception of an unpredictable, yet unlikely mishap, it should not hurt you to drop well below 80% during a six minute walk test (6 MW). That is not to say it won't be uncomfortable. The 6 MW is a measurement of your absolute maximum effort to cover as much distance as you can. I have done hundreds of walk tests on folks whose oxygen dropped below 80% and have never had an incident. Most were darned uncomfortable but adjusted their pace or had to stop and rest during the test. But not a one had any lasting negative effects and, aside from significant discomfort, had no immediate adverse effects.

Two things I see done incorrectly on the 6 MW are the health care professional stopping the subject simply because they have dropped to a low saturation, even if they are not in significant distress. The other wrong tactic is to abort the 6 MW simply because the subject has to stop and rest. The test is to see what the subject can do for "six minutes"! That includes resting time if that option is taken. While some of us measure saturation during the 6 MW, the ATS protocol say not to do it for concern of influencing the patient's performance by pushing them or holding them back through coaching or leading.

Alan from Connecticut told Mark he has bronchiectasis and tried the Vest Airway Clearance System but it did not seem to help him raise secretions.

Mark replies: The Vest™ by Hill-Rom and The Medpulse SmartVest™ by ElectroMed, Inc. are vests that deliver high frequency mechanical oscillations to the chest wall to assist in airway clearance. Yours is a diagnosis and a situation where I would strongly recommend a trial of IPV – Intrapulmonary Percussive Ventilation. It is the brainchild of Dr. Forest Bird and is manufactured by the Percussionaire Corporation of Idaho. Information can be found on the internet at www.percussionaire.com or call 1-208-263-2549. It will surely help raise your secretions, if anything will! You breathe through a device which delivers rapid, high flow, mini-bursts (percussions) of air into the lungs while also delivering therapeutic aerosols. IPV loosens and helps propel retained airway secretions to where they can be more easily coughed up. The Percussionaire® IPV runs about $12,000, but comes with lifetime maintenance done at the expense of and by the manufacturer.

In my opinion, the Percussive Neb from Vortran Medical Technology, Inc., is a less expensive version of IPV, but not comparable in effectiveness. There is a new version of the IPV that is coming to market that will be fairly equivalent, at least in benefit, if not in actual "physics," called the 'Medi-Neb'.

For those that find benefit from the use of The Vest and it fosters positive management of your lung disease, then you should by all means use it!

Billie asks if a person on oxygen therapy for sleep is a "mouth breather," do they still get enough O_2 during the night time?

Mark says: Many studies have demonstrated that the answer is yes.

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) who generously donates his time to answer members' questions.

Editor Note: *Mark's daughter Kim has recently received a second lung transplant for cystic fibrosis. Our prayers and good wishes are with the Mangus family.*

Feelings

It always helps to vent! If you or your caregiver would like to write about how you really feel about any aspect of chronic lung disease, we will credit you with a year's membership. Please send to: The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175.

In January 2004, I was diagnosed with lung cancer and told I could not have surgery because of my COPD. After going through pulmonary rehabilitation, I did have the surgery and chemotherapy and am now cancer free. I am on oxygen 24/7 now, but I still play my clarinet, saxophone and flute. I play in three different bands. I also have been able to travel, even though it is difficult with the oxygen. I do not like having to use the oxygen all the time, but it is better than the alternative! LG, Cincinnati, OH

I have BOOP – Bronchiolitis Obliterans Organizing Pneumonia – a condition where many of my small airways are no longer functioning. I'm tired of it. I am thankful all the medications are available and that I haven't gotten much worse since being diagnosed. God's blessings on all of us who are silently suffering. **HW, Arvada, CO**

Life does not have to come to an end because you get put on oxygen! I have been using oxygen 24/7 and CPAP at night for about three years. At first, I thought I was an invalid with my asthma, chronic bronchitis, pulmonary hypertension and sleep apnea, but now I am feeling great! I moved from Pennsylvania to Florida–by myself, have a great tan and am a happy camper! JB, Zephyrhills, FL

My husband had COPD because of smoking since the age of 15 to 80. At the age of 79, my doctor told me I had COPD because of second hand smoke. Believe you me I was not a happy camper the day I got that phone call! I had tried to get my husband to stop smoking for over 40 years. He got a pretty good dressing down that day! I now go to a support group and use Spiriva once a day and am doing pretty well. **BB, Oakhurst, CA**

You are right – it helps to vent! I have been so discouraged at times, not to be able to play golf or bowl, that I would really get down on myself. I decided I had to turn my thinking around and instead of thinking what I could not do, I decided to give myself a challenge. I took a bridge class and started knitting again. I go to pulmonary rehabilitation three times a week. I want my granddaughters to see a lady with breathing difficulties taking on a challenge rather than a depressed old lady! DZ, Centerville, OH

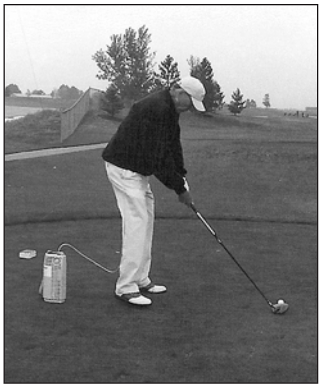
I was told that I have COPD in 1992. I do not feel sorry for myself nor do I let it get me down. I have good and bad days but am very thankful to be alive. COPD does not control me – I control it! **PC, Kalamazoo, MI**

Sharing the Health

With my COPD, I am no longer able to tolerate the smells that go along with getting a permanent for my hair. I didn't want to give up getting perms and know others may be in the same situation. There is a perm solution called ISO that is free of fumes. Your hairdresser should be able to get this for you!

Joyce McKnight, St. Louis Park, MN

Margene Smiley of Lake Odessa, MI would like to know if anyone has any good ideas how to reuse all the medicine bottles we have. She says, "I hate to just throw them all away!"



A man, newly on oxygen and lamenting that he could no longer play golf, was referred to me by people who know I play twice a week. I am on 4 lpm continuous flow, 5 lpm when I play golf. I can not use pulse dose conservers for this exertion. I use Companion 1000 tanks and need two in the cart for 18 holes. I string the tube from my Oxyview™ glasses underneath my shirt and out at the belt buckle. I connect this with a swivel to a seven-foot tube from the tank. Setting the tank behind me when I swing keeps the equipment out of the way.

Joe Donathan, Centennial, CO

For all the ladies with lung problems who still like perfume, I found if I put it on my lower extremities as opposed to the neck, wrist or other upper parts, it doesn't bother me at all. I still do not wear it at places where there are a lot of others with lung problems because I know what doesn't bother some will put others into bronchospasm. I sure have enjoyed wearing it other places such as shopping, going out for meals and family get-togethers. Carol Hughes, Lapeer, MI

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 and address.

I am on oxygen therapy. When people stare at me, I have found that if I smile at them, they either have to smile back or look away. That's the best way to handle the stares. Most people don't know a lot about oxygen use and we all tend to stare or take another look when something is a bit different. Smiling is the best course of action.

Jeanette Vielhaber, Findlay, OH

Searching for Answers

If you have computer access and search for health information, the results can be very confusing. Like the herbal and alternative medicine industry, there is no agency approving products before they appear on the market. Anyone can cook up an emphysema cure in their kitchen, bottle it in the garage and put it up for sale. Unfortunately, some people will pay good money to try it. There are companies who are shut down for making outrageous claims for their products, only to appear the next month under a new company name.

You may enjoy online support groups where you can "talk" to others with your same problems as; EFFORTS – Emphysema Foundation For Our Right To Survive at www.emphysema.net; COPD Alert at www.copd-alert.com; COPD International at www.copd-international.com; COPD Support at www.COPD-support1.com, and Respiratory Therapist Jane Martin's site at www.breathingbetterlivingwell.com.

If you are having trouble managing your current treatment regime, Microsoft has a site where you may store your medical information securely at www.healthvault.com – but you may have to endure email ads that do not seem to have been reviewed by health professionals. (For example, an ad boasts Soup A and Soup B will cure Emphysema – get a sample for just $15 shipping costs!) America Online founder Steve Chase established Revolution Health – www.revolutionhealth.com where you may also store your personal health information and have access to tools and resources to monitor your symptoms. A personal health record may also be stored at www.webmd.com/phr.

Tax Tips

Tax time is right around the corner. If you are an oxygen user, you may be able to take the cost of the electricity used to operate your concentrator as a medical deduction. Check with whoever prepares your annual income tax return if you can, or would, benefit from taking this deduction. In response to many requests, we bring you the directions on how to compute this cost.

1. Look at the label on your concentrator. It states the number of volts and amps the concentrator uses. If not found on the concentrator, look for it in the manual or ask your oxygen provider. As an example, we will use 115 volts at 4 amps. To convert to watts (W), multiply volts and amps: 115 volts x 4 amps = 460W.

2. Next, calculate the number of kilowatt (KW) hours you use per year. Multiply the watts your concentrator uses by .001KW/W to convert watts to kilowatts. In our example, 460W x .001KW/W = .46KW

3. Multiple this answer by 24 hour/day x 365 days/year, if you are a continuous user. If you do not always have your oxygen on, multiply by the average number of hours used per day and then by 365. To continue the example, .46KW x 24 hours/day x 365 days/year = 4,029.6 KWH/Y. These are the kilowatt hours you have used to run your concentrator the past year.

4. Now multiply the above result by the cost per kilowatt hour your electric company charges you. (It may be listed on your bill or you could call their office.) Let's say they charge you 8 cents per kilowatt hour (prices vary widely depending on your region). To finish our example, 4,029.6 KWH/Y x $0.08 = $322.37. This is the amount of electricity you paid for to run your concentrator.

If you paid for travel oxygen, a portable nebulizer or an oximeter, it may also be considered a medical expense.

Spiration Trials

As reported in our last issue, a one-way valve placed in your airways is being tested to redirect airflow from diseased portions of your lung to healthier areas. This was the aim of Lung Volume Reduction, where the ineffective portion of your lung was removed during surgery.

Spiration, Inc. is recruiting people for their IBV Valve trials. The trial will enroll up to 500 people at up to 40 sites in the United States. The objective of the study is to demonstrate the safety and effectiveness of the IBV Valve treatment. If you are interested in participating, please call 1-877-547-8839 (see boxed information to the right).

Legislative Update

In May 2007, Senator Pat Roberts introduced the Home Oxygen Patient Protection Act (S.1484). This legislation would restore Medicare ownership of oxygen equipment that existed prior to the enactment of the Deficit Reduction Act of 2005. A similar measure (H.R. 621) was introduced in the House of Representatives by Representative Tom Price. The bills have been referred to the House and Senate Committees on Energy and Commerce, where they await further consideration.

A recent article in the *New York Times* about home oxygen was extremely misleading. It gave the impression that Medicare was totally being taken advantage of, by paying prices exorbitantly above the costs of an oxygen concentrator. The article ignored the many services that home care companies provide.

The article did admit, "For patients who require constant monitoring and frequent deliveries of tanks, high prices may be justified."

Let your officials know what you think!

Traveling Tales

Airline Oxygen

Barbara Bennett flew to Las Vegas on Delta Airlines recently and paid $400 to use airline oxygen roundtrip. A few minutes before boarding her return flight to Tampa, she was told there was no oxygen available after all and the airline supplied a room, breakfast and concentrator rental until the next day. When she returned the next morning, Barbara was informed the oxygen had still not arrived and she would have to spend another night in Las Vegas. She wanted to share her story to make sure everyone should be prepared for mishaps when you travel!

Despite a few glitches, airline travel has never been easier for oxygen users with the FAA acceptance of the five portable oxygen concentrators (POC) currently on the market – AirSep's FreeStyle and LifeStyle; Sequal's Eclipse; Inogen One from Inogen; and the Evergo from Respironics. A recent survey of airlines showed that just two are charging for their medical clearance to allow you to bring your POC onboard. Alaska Airlines requires a fee of $50. (They also have a "nominal" fee for supplying oxygen during a flight from a minimum of $125 up to $350, and that is just one way!) Delta charges a $25 nonrefundable medical screening fee for each passenger's itinerary. Itinerary changes will require rescreening and an additional $25. United Airlines still will not allow any of the POCs to be used on their flights. Each airline has their own specific rules, so be sure you know what they are – well in advance of your flight. (It is a good idea to print them out from their website and carry them with you along with an extra plug to share an electrical outlet.) Talk to your oxygen supplier about the availability of trying out one of the POCs before you travel.

Above: Ed Reardon with daughter Hope of South Carolina pose while touring Oslo.

Right: Yvonne and Ed are ready to eat!

Travel with the SeaPuffers!

There is still time to sign up for the Mexican Riviera Cruise that leaves March 16 from San Diego and the Alaska cruise from Seattle on the Fourth of July. Visit www.seapuffers.com or call Pam at 1-877-473-2726 for more information.

Above: Chappie and Peggy Wagner of Virginia enjoy traveling together.

Left: Ellie Webster of Massachusetts steps up to the mike to share with the group.

Copay Help

Help with Medicare Prescription Copays

Under Medicare Part D, after spending a pre-determined amount in total medication costs (usually $2,400), you may be required to cover the full cost of your medications until coverage begins again. In all plans, after you have spent $3,850 in out-of-pocket costs, you can receive catastrophic coverage in which you will be required to pay 5 percent, or $2.15 for generics and $5.35 for brand-name drugs (whichever is higher), of the cost of each drug. Charities may help towards the out-of-pocket costs you must spend before you can receive catastrophic coverage. These programs are also available to people who are not enrolled in a Medicare drug plan. Despite your income, you may qualify, if your medical expenses are also high. Sources of help include:

Caring Voice Coalition (CVC) The CVC may help pay for some of the cost of your prescription medications if you are diagnosed with pulmonary hypertension, idiopathic pulmonary fibrosis, or Alpha-1 emphysema. A social worker or health care professional must apply on your behalf. For more information, call 1-888-267-1440 or visit www.caringvoice.org.

Chronic Disease Fund The Chronic Disease Fund offers Patient Financial Assistance that provides copay assistance for certain medications as long as your drug plan covers that medication and you cannot afford your copays. They also have a Free Drug Program that gives free medications to people who meet certain guidelines, and do not have insurance. See their web site for a complete list of eligible conditions and prescriptions at www.cdfund.org or call 1-877-968-7233.

The HealthWell Foundation This program helps you pay your medication copays if you have insurance, or helps to pay your monthly premium if you are eligible for insurance but cannot afford it. Your medication must be covered by your insurance. You must have monthly income under $3,404 ($4,564 for couples) in 2007. See their website for a complete list of eligible conditions. Apply online at www.healthwellfoundation.org/apply.aspx or call 1-800-675-8416.

National Organization for Rare Disorders (NORD) NORD's medication assistance programs help people with certain conditions obtain medications they could not otherwise afford or that are not yet on the market. Visit their website for a complete list of programs. For contact information on program benefits, please visit www.rarediseases.org/programs/medication or call 1-203-744-0100.

Patient Services Incorporated (PSI) PSI helps people with specific conditions, regardless of income, with things such as copayment assistance for medications that treat certain medical conditions, premium assistance for COBRA, high-risk insurance pools and private health insurance. Visit their website for a complete list of conditions. For more information or to apply, call (800) 366-7741 or visit www.uneedpsi.com.

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The Pulmonary Paper
PO Box 877, Ormond Beach, FL 32175-0877
Dedicated to Respiratory Health Care

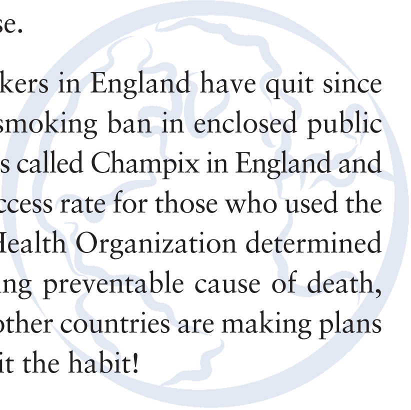
Butt Out!

If your New Year's resolution is to snuff out cigarettes, there is help and support out there for you. The American Lung Association has conducted their Freedom From Smoking program for many years for those interested in quitting. They have now made it easier to attend at no cost! The organization has put the updated program on the internet.

When you go to www.lungusa.org, click on Smoking Cessation Support under the Quit Smoking menu. You will find information on the seven-module program and other links to help you through the tough times when you feel the need to smoke. You may also check with your local American Lung Association office to see if they are holding Freedom From Smoking classes in your area.

Researchers have found that smokers, and those who have developed COPD, have decreased levels of the anti-aging, anti-inflammatory protein, $SIRT_1$. Giving up cigarettes will bring big benefits to your health.

In other stop-smoking news, the Food and Drug Administration has asked Pfizer to warn consumers about the potential side effects of their anti-smoking drug, Chantix. Many users have reported incidences of increased irritability (mostly noted by spouses and friends!) and depression. Suicidal behavior has also been reported. More than 4 million Americans have taken Chantix since it was approved in 2006. The success rate is around 44% after three months of use.



Almost 165,000 smokers in England have quit since the country initiated a smoking ban in enclosed public places last July. Chantix is called Champix in England and accounted for a 64% success rate for those who used the drug. Since the World Health Organization determined tobacco use is the leading preventable cause of death, India, Japan and many other countries are making plans to help their citizens quit the habit!

Stephanie Diehl, RRT, of the National Home Oxygen Patient Association (www.homeoxygen.org) tells us that the Colorado State Society for Respiratory Care, a professional organization of respiratory therapists, has established a patient branch. The objective is to link therapists and patients in an effort to spread news and education to enrich the lives of those with chronic lung disease.