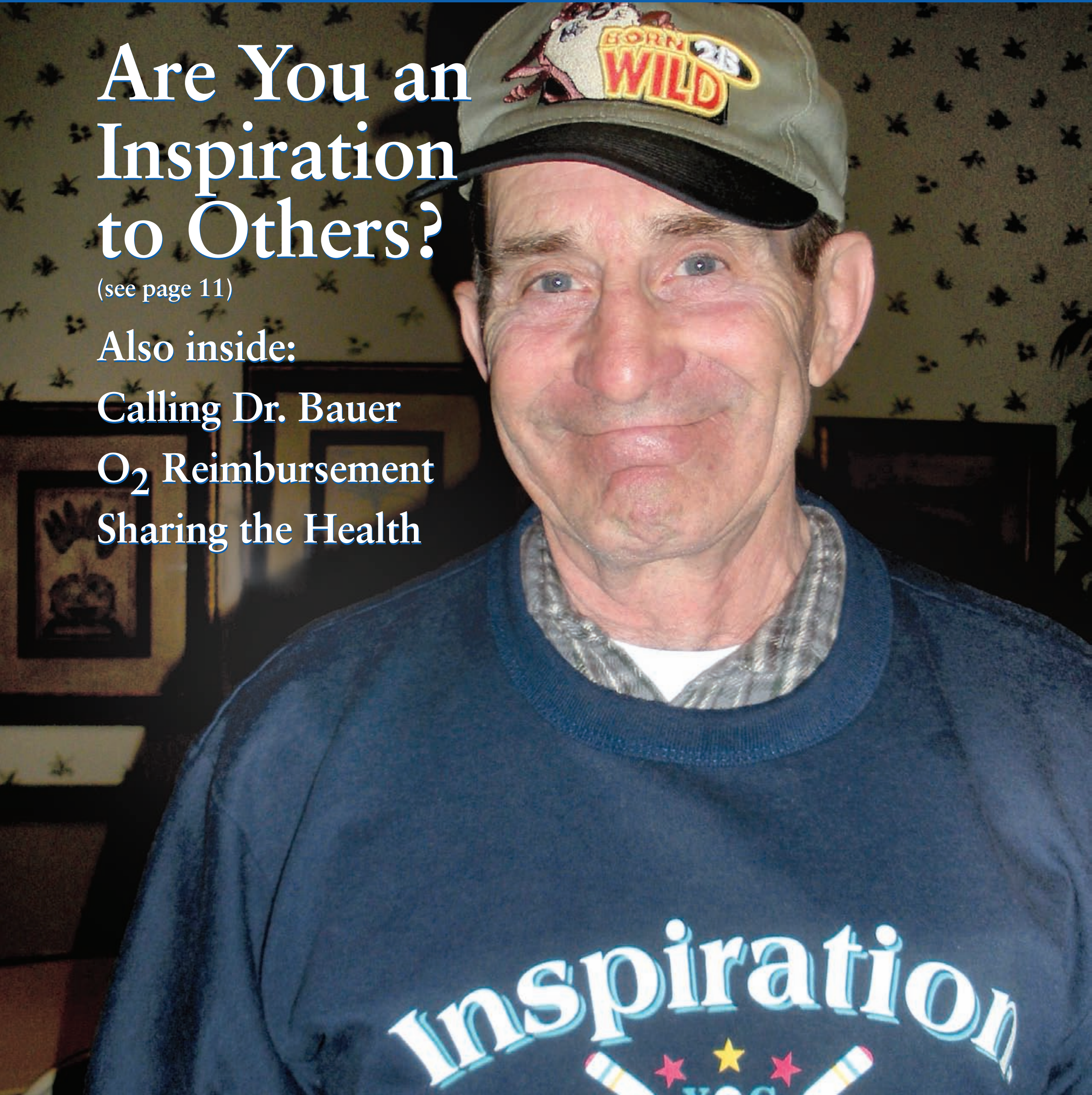
The Pulmonary Paper

March/April 2009

Dedicated to Respiratory Health Care

www.pulmonarypaper.org • Volume 20, Number 2



Are You an Inspiration to Others?

(see page 11)

Also inside:

Calling Dr. Bauer

O_2 Reimbursement

Sharing the Health


"I Can."
No longer will I say, "I Can't!"
No longer will I worry, "What if!"
No longer will I be a spectator!


Onyx II
%SpO2
98
77
NONIN

The Pulmonary Paper

News Magazine
Volume 20, No. 2
March/April 2009

On the cover: Ray Goetschke of Florida tries to inspire fellow COPDers with his winning smile!

The Pulmonary Paper
PO Box 877
Ormond Beach, FL 32175
Phone: 800-950-3698
Email: info@pulmonarypaper.org

The Pulmonary Paper is a 501(c)(3) not-for-profit corporation supported by individual gifts.Your donation is tax deductible to the extent allowed by law.

As we cannot assume responsibility, please contact your physician before changing your treatment schedule.

contents

Celeste's granddaughter, Macy gets a princess makeover at the Bippity Bobbity salon on her fifth birthday!

Spring is nature's way of saying "Let's party!"

– Robin Williams

***The Pulmonary Paper* Staff**

Editor
Celeste Belyea, RN, RRT, AE-C

Associate Editor
Dominic Coppolo, RRT, AE-C

Medical Director
Michael Bauer, MD

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.

Phone: 800-950-3698
Fax: 386-673-7501
www.pulmonarypaper.org

I know our country is experiencing the gamut of emotions. The new presidential administration brings us hope, although our economy is frightening. Thankfully, Spring is just around the corner. Even living in the sunny state of Florida, there is something about the arrival of Spring that inspires new beginnings. Since depression is all too often associated with chronic lung disease, keep yourself busy and active to the very best of your abilities. Look for the bright side! Are you due for a makeover?

Celeste

Calling Dr. Bauer …

Dr. Michael Bauer

Dear Dr Bauer,
How does my doctor know what liter flow I should use my oxygen at? I hear people at my support group say they use 2, 3 or 4 liters per minute and didn't understand how the doctor knew what liter flow to prescribe!
Carmen Bilinski, Tampa, FL

A proper prescription for oxygen begins in the doctor's office with a pulse oximeter. Current insurance guidelines can qualify a patient for home oxygen when a documented oxygen saturation is 88% or less. There is a good scientific foundation for picking this "magic" number. In addition, studies of large patient populations with severe lung disease have shown that oxygen use for 24 hours a day improves long term life expectancy.

A more difficult clinical issue is how to prescribe oxygen for someone who has an adequate saturation at rest, but whose oxygen levels clearly fall (desaturate) with walking or exercise. This situation often leads to a decreased activity or exercise tolerance. Again, the optimal way to do this is in the doctor's office with a pulse oximeter, where we can assure our patient that 2 liters or 3 liters or 4 liters per minute results in an oxygen saturation above 88% with an exercise challenge. We try to use the least amount of oxygen flow possible, primarily because portable oxygen is expensive and lower flow rates will last longer outside the home.

If you own a personal pulse oximeter, you may want to check your oxygen saturation during various levels of activities – light, moderate and strenuous – and record them to show to your physician. You may need to turn the flow up while exercising to achieve adequate saturation and return to your normal flow when finished. You may also need to turn the flow up when visiting a higher altitude.

I generally don't advise oxygen users to carry their own pulse oximeter to measure their saturation from minute to minute with every activity. It's like trying to adjust your blood pressure pill dose from day to day by measuring your blood pressure several times a day. This generally causes more worry than good. If you feel like you are not getting enough oxygen, talk to your doctor or respiratory therapist.

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.

A pulse oximeter works by shining light beams into the small blood vessels of your finger. (The oximeter may also be used on the earlobe or toe.) This light will reflect the amount of oxygen that is being carried by the hemoglobin in your blood. The number you will read is the amount of oxygen that is present, compared to the blood's full capacity, expressed as a percentage. It will also tell you your heart rate.

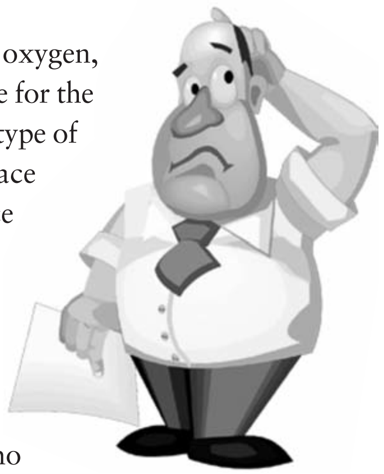
For best results, do not use in bright light or with dark nail polish on. Your results may not be accurate if your hands are cold, shaking or if your blood pressure is low. A pulse oximeter measures the saturation of the hemoglobin but can not tell the difference between being saturated with oxygen or carbon monoxide. If you have high levels of hemoglobin and therefore an increased capacity, you may have a low reading, when in fact, your oxygen content may be normal.

Don’t Take Our Breath Away!

To recap our continued watch of oxygen reimbursement issues: On January 1 of this year, the Centers for Medicare and Medicaid Services (CMS) decreased payments to oxygen suppliers by 9.5% and stopped monthly payments for oxygen 36 months after a concentrator was first installed – the 36-month cap. The oxygen supplier will still be required to service and provide tubing and other disposables to the oxygen user for two years after payment ends. At the end of those two years, a new concentrator may be delivered to the user and the 36-month cap starts again.

Under this current system, it is inevitable that the oxygen user will share the increased cost of the supplier.

The cuts were enacted by Congress in the Medicare Improvements for Patients and Provider Act of 2008 which changed the classification of oxygen to make it part of the durable medical equipment category – the same category that includes wheelchairs and walkers. Wayne Knewasser of Premier Home Care Inc., vice-president of Relations and Government Affairs, explains, “Oxygen is a prescription medication that people need to live. Not only does spending on durable medical equipment account for less than 3 percent of the overall Medicare budget, but oxygen is also the only medication paid for by Medicare that has a cap. The government and Medicare clearly do not recognize that home oxygen is about more than the machine – it’s about service. If the patient needs care, the providers are there and this legislation doesn’t acknowledge that. The immediate solution is to repeal the 36-month cap on the oxygen, allowing the supplier to care for the beneficiary until some new type of plan can be put into place focusing more on the service that is provided, versus the equipment.”



One alternative is for Medicare to reimburse providers on a three-tier scale – for those patients who only need oxygen at night, patients who need it intermittently (some day use and travel tanks when they leave home) and patients who need oxygen almost constantly. The American Association for Homecare would also like to change the status of oxygen users from “suppliers” to “providers.” They would then be able to focus on evaluation, education and support of the oxygen user and their caregivers. More than three dozen members of the U.S. House of Representatives have signed a letter that recommends CMS pay for home oxygen therapy throughout a beneficiary’s period of medical need.

Until things change, you should know CMS has clearly stated that requiring a client to pick up his or her own cylinders at the suppliers’ office is a violation of the supplier standards. CMS also prohibits limiting the number of cylinders supplied to you.

If you have any complaints or comments about oxygen coverage, contact Medicare at 1-800-633-4227.

Exercise and Pulmonary Fibrosis

Pulmonary Fibrosis causes moderate to severe shortness of breath due to the formation of fibrosis or scarring within the lungs. As you know, breathlessness can be very uncomfortable. Many fall into the trap of adopting a more sedentary lifestyle to avoid the discomfort. However, the greater the degree of inactivity, the more out of condition a person's muscles become. Deconditioned muscles then put an even greater strain on already overworked lungs, since these muscles use oxygen inefficiently. Exercise can help recondition the muscles, which will improve your ability to perform daily activities with less shortness of breath, which in turn, improves your quality of life.

A thorough evaluation by a physician specializing in pulmonary disease is a good way to determine readiness to begin an exercise program. Caution must be taken before beginning. You may experience low blood oxygen levels during exercise.

The best way for people with Pulmonary Fibrosis to begin exercising is to attend a Pulmonary Rehabilitation (PR) program. An evaluation by the program's respiratory therapist allows selection of the best exercise methods for your individual needs. Your oxygen level and heart rate will be monitored by health professionals.

Benefits of Exercise within a Pulmonary Rehab Program Include:

- Improving strength, endurance and walking ability
- Improving ability to perform daily activities
- Learning how to control shortness of breath
- Psychosocial support
- Decreasing hospitalizations
- Improving overall quality of life

Using the treadmill, stationary bike and stepper machine, along with stretching, and muscle strengthening with light handweights or resistance bands are types of exercise done in PR. Breathing techniques, such as pursed-lipped and diaphragmatic breathing, are used to prevent and control breathlessness especially during activities. Training in pacing activities, work simplification and energy conservation are given to help you experience less breathlessness during normal daily routines. These techniques are not difficult, but they require patience and practice to learn to use them correctly–just like learning anything else! Even small tidbits of knowledge can make huge differences in how you accomplish things.

Some people with pulmonary fibrosis sometimes have higher oxygen requirements during exercise than their peers with other lung diseases. The Pulmonary Rehab staff are very familiar with how to assess need and administer oxygen. Most people do well with nasal prongs, while others may require special high flow nasal prongs or a mask. The staff can also help determine proper settings for home oxygen portable systems. An oximeter for home use may behelpful to help you pace your activities more efficiently. An exercise program should be made part of your lifestyle. After leaving rehab, most people can exercise at home or join a gym since you have the know-how under your belt!

In a recent issue of the medical journal, *Chest,* a large study was published on the effects of Pulmonary Rehabilitation on people with Pulmonary Fibrosis. This is one of the first major studies to show significant improvements in shortness of breath and walking distance for this population, and it concluded that PR should be a standard part of care for people with Pulmonary Fibrosis. Without medications that help IPF patients live longer, an important question to ask is whether there are interventions that might allow these people to live better–to be more active; to experience less shortness of breath, less depression, less anxiety; to possess a greater sense of control over their disease; and to have better quality of life. Pulmonary Rehabilitation helps to accomplish many of these goals in patients with chronic obstructive pulmonary disease (COPD), and emerging data suggest that it may do the same for patients with IPF.

Exercise is the key to living a better life–it's worth it! Talk to your physician about how you can get started soon!

This article was written by Mary Lou Cannon RRT of Rochester General Hospital's Pulmonary Rehabilitation Department, in Rochester, NY.

Fibrosis File

The Coalition for Pulmonary Fibrosis (CPF) is calling this a historic time in the research and treatment of IPF–Idiopathic Pulmonary Fibrosis – as a pivotal Phase III clinical trial has been completed for Pirfenidone and data released from Japan. The positive data could pave the way for the first FDA-approved therapy to treat IPF. The drug is an anti-inflammatory and an anti-oxidant, but its key mechanism of action in IPF is anti-fibrotic. There are no current FDA-approved treatments for IPF.

The initial results indicate that Pirfenidone may allow people with IPF to breathe better, walk further and live longer," said CPF Founder and Chief Operating Officer, Mark Shreve. The drug, licensed in the U.S. to InterMune Inc. got fast-track status from the FDA. Cautioning not to be overly optimistic, physicians are calling for further trials in a well-defined larger patient population with IPF at different clinical stages. For further information, visit the CPF web site at www.coalitionforpf.org or call 1-888-222-8541.

The CPF also wants you to know that the Pulmonary Fibrosis Research Enhancement Act (PFREA) has been re-introduced in Congress. This landmark bill establishes a national patient registry, calls for a national oversight program and efforts to increase public awareness of PF. The bill number has changed from the previous Congress. The new bill number is H.R. 1079. To remind you, the bill was introduced last year, but was not voted on. Now that it is in play again, your help is urgently needed!

What the PFREA will do:

- Fund the creation of a national PF patient registry, and call on the National Institutes of Health (NIH) to expand and intensify PF research efforts.
- Mandate the creation of a National PF Action Plan, in conjunction with the NIH and CDC, which would focus on strategies to improve public awareness of PF, and accelerate patient and medical education strategies. The Action Plan would be provided to the Director of the NIH within one year of the PFREA's passage.
- Call for establishment of a National PF Advisory Board, which would make recommendations to the NIH and CDC concerning the structure and management of a PF patient registry. The goal of the registry would be to improve understanding of the cause and progression of PF, improve standards of care, accelerate research and find ways for new therapies to be developed sooner.
- Mandate the establishment of a National Summit on PF, to foster collaboration between Federal Agencies, researchers, patients and advocates to identify new approaches to research and treat PF. The summit would be held every three years.

What the CPF needs for you to do!

- Call or email your member of Congress today to urge him or her to co-sponsor H.R. 1079 legislation that supports PF research and creates the first national PF patient registry. You can simply send an email.
- Email or call all of your family and friends and ask them to please take action. They will first need to register as an advocate–send them this link: http://www.coalitionforpf.org/cpf_join.php Every contact moves us closer to success!

Man's Best Friend and IPF

Nancy DeWaard of Marshall, MI, let us know how a breed of dog, the West Highland White Terrier, is helping people with IPF. A condition that looks remarkably like IPF, also strikes this small dog, known as a "Westie." The illness progresses faster in dogs than humans. Experts are hoping that research with the animals might give us clues to the genetics or environmental factors that cause the disease.

Ask Mark …

Mark Mangus, RRT
EFFORTS Board

Jean Rommes of Osceola, IA, writes, "In the last issue, an article noted WebMd.com and their guideline for exercise being if you can't walk and talk at the same time, you're working too hard. My personal experience, as a COPD patient, is that if I can walk and talk at the same time, I'm not working out and the worth of the walk is going to be zero, either aerobically or practically, for my lungs. One of the issues that people with COPD face is that it is sometimes so uncomfortable to engage in exercise, that we don't begin to push ourselves to the point where the exercise does us any good. To give people an artificial crutch is really doing them a disservice. I feel exercise not only lets me live, it enables me to have a life!"

Mark agrees with Jean, *(and we stand corrected!),* "There are a number of published resources of pulmonary rehabilitation guidelines that recommend what was printed in *The Pulmonary Paper.* I disagree with them for the reasons that Jean articulated. Current data supports the notion that not only is it OK for pulmonary patients to work to 'achieve' a level of windedness that can cause difficulty in conversing while exercising, but they need to achieve that in order to affect improvement/reduction in shortness of breath and to raise tolerance of the increased difficulty of exertional breathing. In my opinion, sources that continue to hold patients back to being able to converse comfortably during exercise, will result in under-exerting those patients."

Christine from EFFORTS asked Mark to explain devices used to exercise your respiratory muscles.

Mark explains, "There are two basic kinds of 'respiratory muscle exercisers.' One kind challenges your breathing during inhaling and the other challenges your breathing during exhaling. Each works different groups of muscles in your chest, neck and abdomen. You simply pull air in very hard while taking in a deep breath and blow out hard during exhaling so that you feel you are working fairly vigorously against the resistance. If you do this for 5 to 15 minutes a day, four or more days a week, you can't help but maximize the strength/tone of your breathing muscles, while learning to pace and coordinate your breathing to some degree. There is debate about how much you can expect it to help breathlessness. Some folks report dramatic improvement while others report very little effect. Studies don't support a significant effect. Recommendations do not include it as a stand-alone beneficial exercise when it comes to improving exercise tolerance or performance. But, they do not discourage it either."

"For exhalation exercisers, you would look for a device that almost always has PEP (Positive Expiratory Pressure) as part of the name. I don't really have a preference for any particular device. I just advise folks that if they want to buy one of the commercial products, that they look for the least expensive offer. That is something that varies widely and can range from under $10 to upwards of $50, sometimes for the exact same device! I routinely recommend the cheap-but-effective alternatives. Coffee stirrers that are like ultra-narrow straws or double straws are very good. Very thin straws are good to start with for those who are exceptionally breathless with exercise and have fairly weak breathing muscles."

Judy from Illinois asks if there is a difference between inpatient pulmonary rehabilitation and the classes done as an out-patient.

Mark says, "In order to qualify for inpatient pulmonary rehab under Medicare, you must be fairly feeble and too sick to be able to come in as an outpatient. There are no inherent advantages or benefits to one over the other. The only drawback is, being as sick as you need to be, the question is how much of the education do you grasp and retain? It has been shown that even very ill and debilitated patients can realize remarkable improvement and gains, regardless if pulmonary rehab is inpatient or outpatient driven."

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.

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.

Mary Ann Barbour of Georgetown, TX, thinks laughter, as well as exercise, is good for you! She invites you to use this exercise program without charge. It is not too strenuous and you may already be a master at some of these routines.

Beating around the bush
Climbing the walls
Dragging your heels
Pushing your luck
Hitting the nail on the head
Bending over backwards
Balancing the books
Pulling out all the stops
Adding fuel to the fire
Starting the ball rolling
Jumping to conclusions
Passing the buck
Throwing your weight around
Making mountains of molehills
Wading through paperwork
Jumping on the bandwagon
Running around in circles
Climbing the ladder of success
Putting your foot in your mouth
Going over the edge

For years, I became increasingly short of breath with exertion but resisted any steps to learn more and seek assistance. I heard the term COPD for the first time in 2006. Little did I know how familiar I would become with it. COPD is the scariest thing I have ever dealt with. Last year, over an eight-week time period, I was in three hospitals, had seven tubes put in me, two surgical procedures and a staph infection. When I recovered, my wife and I were able to go on our annual beach vacation. I joined a group called the Breathing Well Club. For a nominal fee, we get to use the pulmonary rehab gym during designated hours. It's not just exercise, it is life giving. We work out, we support each other, we laugh and we talk without reservation. Ours is a group of hope.

Every month, we go out to lunch. When a waitress asked about our group, she thought we said the Barely Breathing Club! I don't want to tell the terror of being unable to breathe but this Barely Breather's plan is to go for another 20 years. As Robert Frost says, "I have miles to go before I sleep." **Larry Brown, Richmond, VA**

The FDA issued a final ruling that will phase out Primatene Mist as of December 31, 2011.

Sharing the Health

I appreciate Claire Fill's tip in the last issue for us women to wear Junior pants to help conceal a tummy. Unfortunately, not all of us seniors can wear Junior slack styles. I wear a petite size in slacks but buy an average size so I can pull the waist up. This is more comfortable for me than having the slacks sit at my waist. For average size ladies, I'd suggest buying a tall size.

Julie Steitz, Penfield, NY

I learned of this site on the Internet that lists clinical trials for COPD by state: www.centerwatch.com/clinical-trials/listings/studylist.aspx?CatID=44

I also would like to urge women to resist tobacco company tactics that are aggressively targeting females. Philip Morris sells Virginia Slims in mauve and teal "purse packs" that look like a cosmetic case!

Cassondra Hawkins, Port Orange, FL

When I use my Eclipse portable oxygen concentrator on long distance driving trips, I have had a problem blowing fuses in my car. The mechanic put in a bigger fuse which didn't help. I found if I take the battery out of the Eclipse while it is plugged into the power outlet of the car, I no longer have problems with blown fuses. Happy travels for everyone!

Jeri Mondloch, St. Peter, MN

In March 1995, I had lung volume reduction surgery by Dr. Joel Cooper at Barnes Hospital in St. Louis, MO. He obviously did a good job, as 14 years later, I have not once been hospitalized for a respiratory infection. I do simple daily exercises and have found the key to exercising is to advance in small increments. Don't try to do too much, too soon. I like the treadmill and NuStep the best. If you are motivated and dedicated, the results will amaze you!

Carrol 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 and address.

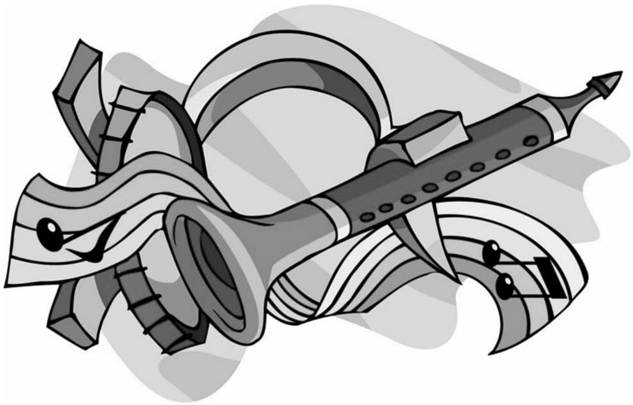
When it is too cold to go for a walk, I just walk in the hallway outside my door to get my daily 30 minutes of exercise. I use my pulse oximeter and watch my heart rate return to normal when I am finished. This way, I feel I am doing something positive for my lung disease. My doctor also recommends drinking plenty of liquids when I have a cold!

Guy Tipa, Brooklyn, NY

When I empty a canister of the new ProAir inhaler, I always keep the red dispenser. The dispensers plug up quite frequently, so when you rinse one out to let it air dry, you will have another one to use!

Peggy Shaffer, Denver, CO

Our friend, John Leaman, editor of *Respiratory News and Views,* a newsletter for people with COPD in the New York City area, tells us that Beth Israel Medical Center has received a three-year, $75,000 grant to study the impact of music on adults with lung disease. The research is focusing on how music (singing, playing a musical instrument or simply listening) enhances the quality of life, physical function and over all well being of adults with lung disease. Participants in the study will learn how different breathing rhythms influence stress, energy level and emotion. To enroll, or for further information, call 1-212-420-2709. You may also contact John at 1-212-777-0486 for help in finding a support group or pulmonary rehabilitation center anywhere in the U.S.



Below: A small contingency of the 130-member Villages Cheerleaders – a popular activity with 77 on its waiting list!

Above: A truly inspirational t-shirt!

Left to right: Ann Burns, Nick Jones and Sylvia Wagner

The AirHeads of The Villages in Florida recently held their annual Joyride golf cart parade to raise funds for lung disease research. President Nick Jones says, "When people get COPD, they tend to go into a state of depression. We don't allow that in our support group!" Meeting twice a month allows participants to make close friendships with others with similar problems.

I never leave home without three items: my portable oxygen, drinking water and cough drops. In the morning, before I talk to anyone, I sing "arias" to clear my throat. This seems to help loosen the phlegm. When the phone rings, I am ready to talk!

Susan Forte, Nevada City, CA

Ray Moskal of Dundee, NY, got the following reassurance from Boehringer Ingelheim Pharmaceuticals, regarding the status of Combivent® metered dose inhaler (ipratropium bromide and albuterol sulfate), a CFC containing product. They wrote, "Combivent is not included in the FDA's June 2005 final ruling regarding CFC albuterol and there are no plans to discontinue Combivent."

Call 1-800-388-3458 for a free copy of *A Guide for Creating a Healthier Home*, sponsored by the American Lung Association and 3M. For those with Internet access, you can download the brochure at www.lungusa.org. and search for Home Air Quality Tips Booklet.

When I am admitted to the hospital for a couple days or weeks, I don't care much about anything except getting out. When I start to feel a little better, I try to fix my hair but usually can not do anything with it. I came up with the solution–to get a wig! I got the lightest weight one they had. It cost me $19.98 and weighs 1.4 ounces. It's very convenient; I take it off at night and put it on in the morning–problem taken care of!

Pat Pohl, Mentor, OH

In response to the person who wrote that friends didn't want to be bothered with them, I ask you, What do you contribute?

Lung disease does not entitle us to NOT contribute and it is we who must adjust, not others. If you need to find new people, enroll in classes and join groups and contribute, not impose! If you can't contribute physically, become the joke teller or the record keeper or the phone caller or note taker–anything you can do! Emphasize what you can do and forget what you can't!

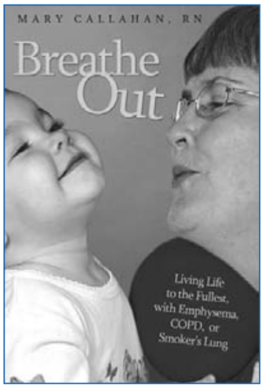
Lung disease, like any permanent situation (being too tall or too short) demands adjustment by the individual. My situation is my problem, I have my restrictions and it is my responsibility to adjust and compensate socially in any way in which I am able.

I have both asthma and pulmonary fibrosis to compliment inoperable spinal problems which have severely restricted my activities for many, many years. I am 85 years old and urge you to know that the solution to remaining socially active is within each of us!

Ann McCartney, Clovis, CA

I bought the book, Breathe Out, by Mary Callahan RN, on www.Amazon.com for less than $10 and have learned a lot about taking care of myself and living life to the fullest.

Dusty Johnson
Denver, CO



Traveling Tales

Get Up and Go!

For those of you fortunate enough to have the time and resources to travel, we would like to invite you to join Celeste and staff from *The Pulmonary Paper* to travel and learn with the Sea Puffers. We will be escorting people whose lives have been affected by lung disease, along with their family and friends, on two exiting cruises this year. As always, your oxygen and mobility needs will be arranged for – all you have to do is enjoy your vacation!

Celebrate this Fourth of July in Seattle, Washington, before boarding Holland America's ms *Westerdam* the following day, to begin your week-long tour of the Inside Passage of Alaska. You will be awe struck at the wonders of The Last Frontier as the ship passes through Glacier Bay. We also visit Juneau, Sitka, Ketchikan, Alaska, and Victoria, Canada.

During our trip, you will have the opportunity to try out new equipment, learn tips on living with chronic lung disease and hear talks from respiratory therapists. Even the caregivers get a chance to vent! We often have surprise guests and give aways. Children and teenagers have the opportunity to join clubs and activities designed for their age group.

We travel across the pond to London for a two day tour, before the *Crown Princess* leaves August 12, for a 12-day journey with stops in England, Scotland, Ireland and Normandy. This trip of a lifetime promises to hold exciting shore excursions specifically for our group, so we may travel at our own pace. Liquid oxygen will be available once we get to Great Britain.

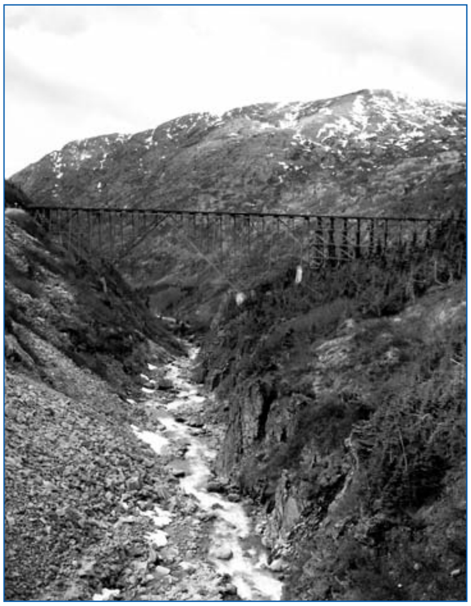
You will be met upon arrival with all transfers from the airport to the hotel and ship included. For further information, call 1-877-473-2726 or 1-800-950-3698. You may also visit www.seapuffers.com!

Suzie and Jim Bulwan of Grand Junction, CO, enjoy dinner.

Left: During a recent Panama Canal cruise, Elizabeth Paul got to hold a caiman along with her Freestyle Oxygen!

Below left: Big Ben awaits!

Below right: Explore Alaska on the Gold Rush Train!



POC Market Continues to Expand

Freedom 5

There are two new portable oxygen concentrators (POCs) coming to market, each one features a continuous flow option. OxLife Inc. introduced the first small oxygen concentrator in 1992. Today that concentrator evolved into the Freedom 5, a 5 LPM concentrator that weighs 32 pounds and can run in the house, or with a 12 volt current kit in a car, boat or RV.

OxLife Independence Weighs 15 Pounds

The OxLife Inc. company now introduces the OxLife Independence POC. The unit weighs 15 pounds and is 12 inches high, 8 inches in width and 8 inches in length. It provides continuous flow to 3 LPM and pulse dose delivery to 6 LPM up to 30 breaths a minute. At a setting of 2 LPM on pulse dose, the top load battery will last three hours. It can be carried over your shoulder or used with a roller cart. The unit retails for $3,500. FAA approval has been applied for.

To learn more, contact the company at 1-800-780-2616 or visit www.oxlifeinc.com.

15 pound OxLife Independence

The Devil Is in the Details When Traveling.

In May of this year, all airlines will be required to allow FAA approved POCs to be used during their flights. You will still have to be on your toes regarding regulations. Fran Zimet of El Paso, Texas, writes, “I recently traveled on Southwest Airlines with my Inogen One and had difficulty with one of the boarding agents. I had my signed letter from the doctor dating to last May, and it had not expired. I was threatened that if I did not have a letter on the physician’s letterhead, they could deny my boarding. I wanted other travelers to be advised of this new regulation!”

And Weighing in at 19 Pounds: the iGo

DeVilbiss Healthcare expects to be launch their POC, the iGo, in April 2009. The iGo weighs 19 pounds and also features settings of 1 to 6 in pulse dose mode and 1 to 3 LPM in continuous mode. Dimensions are 19.3 inches by 12.3 inches by 7.1 inches. The iGo’s battery will last up over 2.5 hours at a setting of 2 in pulse dose mode. It can be used with 50-foot tubing/cannula in continuous flow and 35-foot tubing/cannula in pulse dose mode.

iGo Portable Oxygen System Model 306DS

The company’s web site, www.devilbisshealthcare.com, did not have iGo information when we checked, but you may call DeVilbiss Healthcare at 1-800-338-1988 for questions about this product.

As a reminder, effective May 13, 2009, all U.S. air carriers and those foreign airlines whose flights begin or end in the United States, must accept passengers who want to use FAA-approved portable oxygen concentrators. When making the reservation, inform the airline you will be bringing a POC onboard. Make sure you know, understand and comply with every detail of the airline’s oxygen policy.

You will be required to bring more than enough batteries that are properly packed (and don’t forget an extension plug to share electricity in the terminal)!

Our friends at NHOPA (National Home Oxygen Patients Association – www.homeoxygen.org) report the European Lung Foundation has a website where you may find information on the oxygen policies for most European airlines: www.european-lung-foundation.org/index.php?id=4059. If you are planning a trip to Europe, you may click on the country you are visiting to find out the airlines that fly there, complete with their regulations about flying with oxygen and phone numbers to call.

Product Corner

Stephanie Egan Bond worked as a medical equipment sales representative when she encountered many people who would express discomfort with the oxygen carry bags provided to them. She is now the founder of O_2Totes and says, “It has been the greatest feeling when people express how much they enjoy their totes! They also serve as a carrying case for personal items and are not just a stylish bag.” O_2Totes hold most portable oxygen tanks including M4, M6, M6A, M9, C and D tanks.

There are many different patterns for both men and women. The company is adding an adjustable, longer strap to the O_2Totes so they may be worn in different ways.

You may see the oxygen carriers on the Internet at www.o2totes.com or call 1-866-290-1192 for further information. Stephanie has offered members of *The Pulmonary Paper* a 15% discount off any product by using the coupon code MEMBER09 when ordering.

O_2TOTES

WEAR YOUR OXYGEN WITH STYLE

Managing Depression

Depression is "more prevalent in people with COPD than in people with other chronic conditions, such as heart disease and even cancer," says Dr. Rachel Norwood of the National Jewish Medical and Research Center in Denver, CO.

So how do we fight depression?

- If you were a cigarette smoker, do not get into the trap of blaming yourself. You can't change past smoking habits, only present and future ones.
- Don't just sit there! Pace yourself and get moving! The endorphins that are released when you exercise give you a sense of well being and accomplishment.
- Join a group with similar interests – model trains, quilting, photography or book clubs can take your mind off your breathing troubles.
- Watch a good comedy!
- Recognize your limitations and adapt your lifestyle to them.
- Talk to your physician about anti-anxiety medications.
- Get out in the sunshine!

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

Non-Profit
Organization
US Postage
PAID
Syracuse, NY
Permit #244

Respiratory News

Your mother told you to eat your broccoli and now so do researchers from UCLA. Reporting in the March edition of *Clinical Immunology*, the research shows that sulforaphane, a chemical in broccoli, triggers an increase of antioxidant enzymes which offer protection against the free radicals that people breathe in every day in polluted air, pollen, diesel exhaust and tobacco smoke. Free radicals can cause oxidative tissue damage, which leads to inflammation.

The Centers for Disease Control and Prevention (CDC) report smoking death rates are falling in all U.S. states with the exception of Oklahoma. The highest smoking-related death rates were in Kentucky, West Virginia and Nevada. The lowest rates were in Utah, Hawaii and Minnesota. The cities of San Francisco and Boston have acted to ban tobacco sales at drugstores.

Newly identified antibodies could someday lead to medications that fight the flu as well as a vaccine that would not have to be changed every year because it could target a broad range of flu strains. The current flu season is relatively mild, however, this year's commonly circulating strains are resistant to Tamiflu. Resistance develops because the virus is able to quickly mutate, making medications and vaccines ineffective. Researchers also showed that the antibodies protected mice from getting the avian flu, which many scientists believe could cause a worldwide flu pandemic. Drugs using these antibodies could be in human clinical trails by 2011.

The Journal of Clinical Investigation tells us scientists have identified a link between cigarette smoke and activation of a specific cellular receptor critical to immune system activation. They say the finding is key to understanding COPD disease progression and developing future interventional drug therapies. "People have historically believed that if you smoke, you suppress the immune system. We've shown that you actually activate certain parts of the immune system and it could potentially work against you," explains the lead investigator of the study.