



The Pulmonary Paper

March/April 2010

Dedicated to Respiratory Health Care

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Life's a Beach!

Also inside:

Breathing Better

Calling Dr. Bauer

Everything you
wanted to know
about POCs!

Sharing the Health



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Dedicated to Respiratory Care

Volume 21, No. 2

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On the cover: Alice Dunkley of Baker Mills, NY, enjoys the beach on her terms!

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

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You see a pink rabbit too, right?



James Vanaman of Wallingford, CT, takes the opportunity to brighten up nursing home residents. James says, "I meet people who can't walk or talk but always have a smile. Some days I feel lucky to have COPD!"

"In the Spring, I have counted 136 different kinds of weather inside of 24 hours."

— Mark Twain

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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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Living in Florida, we are expected to have nice weather all year long. People who live in the North plan vacations to escape the winter and bask in the warm sunshine of the South. This winter was anything but normal and we actually had a few snow flurries! The orange trees and tomato plants were shocked as much as everyone else.

There are times when we have no control over the situation at hand. Your attitude towards these types of situations will directly affect the outcome. Make it a positive one and you will likely be better off no matter what!

Breathing and the Weather: Hot, Cold and In Between!

The recent frigid temperatures throughout the country have caused many to stay inside to protect their lungs. Blasts of cold air may narrow your airways and put them into spasm. (Dry, hot air may do the same thing!) Now that Spring is finally in sight, many ask just how does weather affect my breathing? As we have discussed many times, there is no “best” place in the country to live if you have COPD (although many of you have strong opinions on the subject)!

Medical research reports those with asthma have more attacks during thunderstorms. This is thought to be related to the strong downdrafts of cold air that stir up grass pollen, which many people with asthma are allergic to. They are also sensitive to high humidity, high pressure, high and low temperatures and lightning strikes.

In an effort to maintain a constant body temperature, you expend additional energy in hot or cold weather conditions which increases the amount of oxygen your body is using. You may experience shortness of breath if you have low oxygen levels.

High humidity is also a cause of increased complaints of shortness of breath. As humidity increases, the density of the air increases which creates more resistance to airflow. Dust mites and molds both increase in high humidity conditions.

As barometric pressure drops, less oxygen is available in the air, as when you travel to higher elevations. The total pressure is less and so the oxygen component is less. A change of just a few points in barometric pressure could increase shortness of breath.

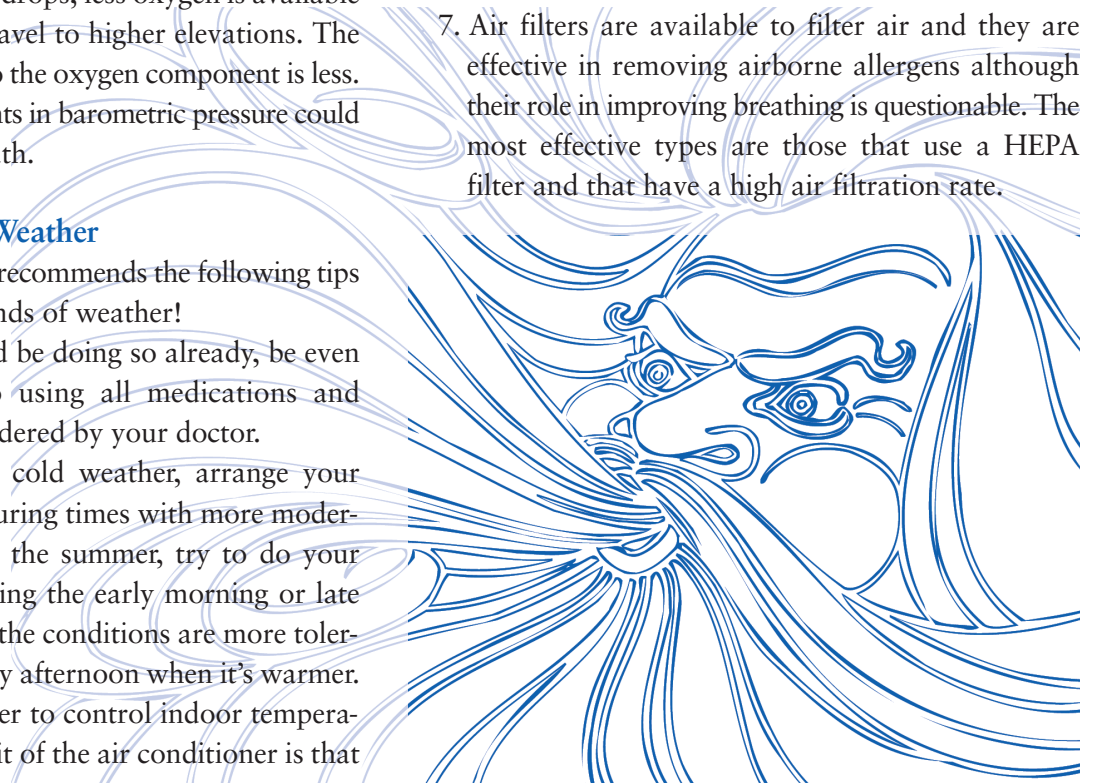
Breathe Better in Any Weather

Rotech Healthcare Inc. recommends the following tips to breathe better in all kinds of weather!

1. Although you should be doing so already, be even more committed to using all medications and oxygen exactly as ordered by your doctor.
2. During very hot or cold weather, arrange your schedule to go out during times with more moderate temperatures. In the summer, try to do your outdoor activity during the early morning or late evening hours when the conditions are more tolerable. In the winter, try afternoon when it's warmer.
3. Use an air conditioner to control indoor temperature. A second benefit of the air conditioner is that

it removes a great deal of humidity from the air as it cools it. If an air conditioner is not available, use fans and open windows to circulate the air during hot days. Special programs are available in many communities to offset the cost of fans, air conditioners, and even the cost of electricity for the elderly or those with health problems. Check with your area agencies for the elderly for resources in your area.

4. When going outside during the winter, wear clothing (e.g., scarf) over the nose and mouth to trap warm air and prevent inhaling cold air. Cold-air masks are available to cover the nose and mouth. Breathing through your nose is more effective than your mouth in warming the air before it reaches your airways.
5. Many people travel to more favorable climates during periods of difficult weather. If you are considering moving, try going to the new area for an extended period before making a permanent move. Many people have been disappointed after moving when improvements in breathing don't occur and now they are away from their friends and family.
6. When possible, decrease allergens/irritants by removing items from your home that produce them.
7. Air filters are available to filter air and they are effective in removing airborne allergens although their role in improving breathing is questionable. The most effective types are those that use a HEPA filter and that have a high air filtration rate.



2010: The Year of the Lung

Declaration

We, the Forum of International Respiratory Societies, recognize that hundreds of millions of people around the world suffer each year from treatable and preventable chronic respiratory disease; acknowledge that lung health has long been neglected in public discourse; understand the need to unify different health advocates behind one purpose; express the urgency for increased awareness and action on lung health and therefore declare 2010: The Year of the Lung.

The Year of the Lung is being organized by the Forum of International Respiratory Societies which includes the Asociaion Latinoamericana del Thorax, the American College of Chest Physicians, the American Thoracic Society, the Asia Pacific Society of Respirology, the European Respiratory Society, the International Union Against Tuberculosis and Lung Disease and the Pan African Thoracic Society.

Hundreds of millions of people struggle each year for life and breath due to lung disease, and yet, the devastating impact of lung disease is unrecognized. **2010: The Year of the Lung** aims to raise awareness about the importance of lung health, generate social and political support for preventing and treating lung disease, and increase public and private funding for lung research.

In This Year of the Lung 2010, We Call Upon Our Partners:

- To offer widespread support to the more than 160 nations that have ratified the first-ever international public health treaty – the WHO Framework Convention on Tobacco Control – and call upon the remaining countries to do so;
- To demand increased research funding to develop tools and treatments ranging from new diagnostics to new vaccines and medicines;
- To strengthen health systems and work towards the fair and equitable distribution of these health care resources to all who need them;
- To lobby for improved legislation protecting the quality of the air we all breathe;

- To ensure that every health worker, parent, child, teacher, employer, religious leader, community leader, media representative and government official understands the risks and symptoms of lung diseases and how to keep lungs healthy, because lung health is essential to breath and life.

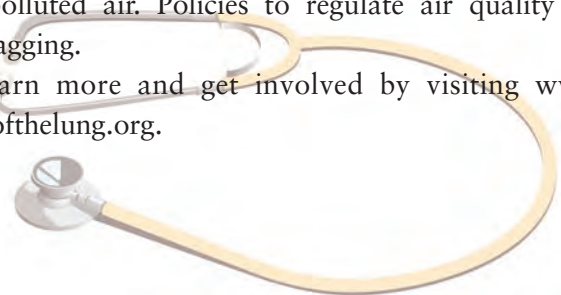
A crucial part of the Year of the Lung's grassroots efforts is for supporters to communicate with legislators the importance of lung health research. We all need to become a partner.

Sad But True Statistics to Ponder

Kalpalatha K. Guntupalli, MD, Baylor College of Medicine, Houston, TX, listed these sad but true statistics:

- Lung disease accounts for 19 percent of total deaths and 15 percent of disability-adjusted life-years in the world.
- Tobacco-related diseases kill 5 million people worldwide and 1.5 million from lung cancer each year.
- Despite the staggering numbers of 9 million new cases in 2007 and 1.7 million deaths a year from tuberculosis, no major new drugs have been developed for TB since the 1970s, and the only vaccine available is 100 years old.
- Pneumonia kills 2 million children under 5 years of age annually.
- More than 250,000 asthma deaths per year are attributable to lack of treatment.
- COPD will become the third most common cause of death worldwide in the near future, yet half the people with COPD go undiagnosed. Early lung disease detection methods, such as spirometry, are either not readily available or not utilized.
- Each year, 250,000 to 500,000 people die of seasonal flu in the world; and when new strains strike, the morbidity and mortality can be extremely high.
- Nearly half of the world's population breathes polluted air. Policies to regulate air quality are lagging.

Learn more and get involved by visiting www.yearofthelung.org.



Dietary Fiber May Lower Lung Disease Risk

People who get enough fiber in their diets, particularly from whole grains, may have a lower risk of developing chronic lung disease than those who eat few high-fiber foods, a new study in the *American Journal of Epidemiology* finds. Fiber has both antioxidant and anti-inflammatory properties. The Wheat Foods Council suggests these grain-based snacks:

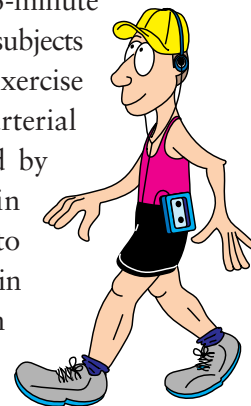


- A bagel topped with peanut butter before you begin your day combines carbohydrates with protein and some fat to keep you fueled all morning long.
- For a tasty alternative to milk, stir low-fat yogurt into ready-to-eat cereal for a breakfast that's ready in less than one minute.
- Wrap thinly sliced cheese, salsa, and black beans in a whole wheat tortilla for homemade Southwestern "takeout." Warm in microwave.

- Stow pretzels, crackers, breadsticks, and ready-to-eat cereals close to you for an energy-packed snack that's ready when you are.
- A slice of raisin bread with a cup of hot tea is a tasty indulgence to enjoy!

Exercise at Home Is Always A Good Alternative

Unsupervised home exercise is just as effective as a supervised program, Australian researchers have discovered, writing that "both weekly, supervised, outpatient-based exercise plus unsupervised home exercise and standard care of unsupervised home exercise successfully maintained 6-minute walk distance and quality of life in subjects with moderate COPD." In other exercise research, blood pressure and arterial stiffness are positively influenced by endurance exercise training in patients with COPD, according to French investigators. A high protein diet with exercise has also been found to improve function in people with lung disease.



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Calling Dr. Bauer ...



Dr. Michael Bauer

Dear Dr. Bauer,

I have COPD and haven't flown in a long time. How do I know if I need extra oxygen while I am in the air?

Chris Davenport, Florida

Many of my patients ask whether they will need oxygen in flight and what special preparations they need to make beforehand. Our modern jets pressurize their cabins to an equivalent altitude of about 8,000 feet. This means that compared to sea level, the air will be thinner during flight and all of our oxygen saturations will drop a bit.

If you are using oxygen at home all the time, you will need to continue to use oxygen during flight, and generally speaking, should increase your flow rate by a liter or two. If your room air saturation is below 92% at sea level, it's also recommended that you consider the use of oxygen during flight.

Most important, be prepared and do your homework before flying. Call your airline to determine specific requirements. Most want a signed letter from your doctor stating your need for oxygen and your liter flow. You cannot take your portable oxygen tank onboard! Fortunately, the newer portable battery powered concentrators are permitted on the airlines. The airlines will not supply your oxygen in the waiting areas either at departing or arriving airports. Your home oxygen company is usually very helpful to coordinate this aspect of your travel.

It's very important to take all of your medicines, inhalers, MDIs and portable nebulizers with you onboard. Tell your doctor to write a note so you can get by security with all those funny looking devices. Despite all the planning involved, it's very rare that you will have any problem at all during flight. If you are going someplace warm and nice this season, have fun. I'm very jealous!

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.

CDC Revises Flu Therapy Guidelines

The Centers for Disease Control and Prevention updated its recommendations on antiviral treatment. The drugs of choice for treatment of 2009 H1N1 influenza and influenza-like illness in both children and adults are the oral drugs, oseltamivir or Tamiflu and zanamivir or Relenza and the intravenous medication, Peramivir, currently being evaluated in clinical trials.

If someone gets a mild case of the flu and is not in a high risk category for complications, they are unlikely to benefit from antiviral medication if it has been more than 48 hours after the illness has started. If they are in a high risk category, antivirals should be started. If someone has confirmed or suspected H1N1 influenza, they should be given five days of an antiviral regime, even if their illness

started more than 48 hours before contacting their physician. Pregnant women should receive prompt anti-viral therapy.

Do Something Nice for a Caregiver!

Eight out of 10 people in charge of caring for a relative suffer from anxiety and stress, regardless of their socio-demographic variables. Families, and particularly daughters, assume the "informal care" of dependent elderly people in most of the cases.

Researchers from the University of Granada are monitoring variables as a first step towards government intervention. Cultural variables, like parenting patterns and types of education received, have implications impacting the work of caregivers. The investigators want to improve the quality of life for these caregivers.

Fibrosis File

Pirfenidone Approval News

Pirfenidone is a drug that has been developed by InterMune, Inc. to treat patients suffering from idiopathic pulmonary fibrosis (IPF). Afflicting up to 200,000 people in the U.S., IPF scars the lungs, causing the tissue to thicken and be less able to move oxygen into the blood.

At the end of 2009, the FDA accepted pirfenidone's new drug application and gave the company a Prescription Drug User Fee Act (PDUFA) goal date. This is the date on which the FDA must complete its review and let InterMune know whether it has accepted the application or not. Usually, it takes the FDA nine months to review a submission. The FDA gave the application for pirfenidone both Orphan Drug and Fast Track designation and Priority Review designation since the FDA thinks that the drug, if approved, may provide significant progress in the treatment of IPF. The Coalition for Pulmonary Fibrosis (CPF) and the Pulmonary Fibrosis Foundation (PFF) are applauding the efforts of patients and family members for their work to convey to the FDA and an FDA Advisory Committee the sense of urgency and desperation regarding the disease and the lack of treatment options. Patient Tommy Spivey traveled with his wife from Wilmington, North Carolina to speak to the

panel. "I have one grandchild and one on the way and I would like to live long enough to get to know them," he said. Spivey, who says his disease is currently not progressing, traveled to Japan in 2009 to gain access to pirfenidone and is currently taking the drug.

On March 9, the Advisory Committee recommended pirfenidone for the treatment of U.S. patients. The FDA will weigh the panel's recommendation and is expected to make a final decision by May 4, 2010 – the PDUFA date. The Advisory Committee's recommendations are not binding but will be considered as the FDA completes its review of the New Drug Application. The company wants to market the product under the trade name Esbriet®. Applications for use in Europe have also been filed.

Panelists, including those who backed the drug, called for a patient registry to collect more data. "Pirfenidone did not cure IPF," said Paul Noble, a medical professor at Duke University, "but, it is an important first step in IPF treatment."

If approved, pirfenidone would be the first FDA approved drug for pulmonary fibrosis. The company has been pursuing a treatment for IPF since 2000. Its first candidate was a drug called Actimmune, which proved to be ineffective.



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Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

Alice from New York is confused about her hospital rehabilitation exercise program and Medicare reimbursement!

Mark says, “Where pulmonary rehabilitation is concerned, everything is tied to (1) medical necessity for services rendered, (2) potential for improvement and (3) progress in terms of improvement. If you do not make progress, have plateaued or have a condition that is unlikely to respond to treatment in terms of improvement, then you will not receive Medicare reimbursed services for that condition.

We need to understand that Medicare law is written for the express purpose to diagnose and treat medical conditions. It further implies that those medical conditions be ‘acute.’ While the ‘rules’ have been adjusted to cover care for chronic conditions to prevent greater cost in acute care (diabetes, kidney disease/dialysis), the law remains as written more than 40 years ago. To change anything in the original law will require an amended law.

The requirement to make progress in order to continue to receive reimbursed services is only targeted

to rehabilitation and, in my many years of experience, is not only reasonable, but necessary. If our limited Medicare dollars were forced to pay for restorative services to those who do not make progress or who cannot be expected to improve, then we have a problem. Many of us feel maintenance therapy/exercise as preventive intervention is a good idea and advocate for changes in the law and funding.”

Laura from New Mexico asks Mark if taking her Albuterol inhaler conflicts with Spiriva.

Mark explains, “Spiriva is a drug in a completely different class from Albuterol. It should be taken with Spiriva without worry about taking them too close together!”

Jeri from Minnesota wonders how to determine if a heart rate is too high while she is exercising.

Mark answers, “According to recommendations, ‘For vigorous exercise, aim for a target heart rate of 70 to 85 percent of your maximum heart rate (MHR). Your MHR (roughly calculated as 220 minus your age) is the upper limit of what your cardiovascular system can handle during physical activity.’

These numbers are estimates that provide an “average” value. Many people have a higher or lower MHR, sometimes by as much as 15 to 20 beats per minute.

There is significant disagreement among pulmonary medicine professionals who also have sufficient expertise in exercise physiology. Many folks with advanced lung diseases have heart rates that are outside ‘normal’ limits to begin with. With other ailments that go along with COPD, one’s heart rate is more apt to increase beyond that calculated

with the formula above. Yet, it is perfectly safe for them to continue exercising. The formula above will often ‘under estimate’ the safe MHR for many people with COPD. I urge you to check with your doctor to help determine what is your individual safe MHR, rather than strictly relying on what you calculate from the formula. That will reduce your chances of cutting off your exercise efforts too soon or while you are still well within your own safe range for heart rate.”

Gloria from California asks if a stationary bike is better than a treadmill.

Mark replies, “It is not a question of which is better than the other, as much as how you use each (the intensity) and how long you use each (the duration). That is the case with most any exercise you undertake. Your objectives are two: to increase your heart rate by a sufficient amount to gain cardiovascular benefit and conditioning and to challenge your breathing to ‘achieve’ windedness and an ‘appreciable’ amount of discomfort. You then work within that discomfort and windedness as long as you can, to desensitize yourself to the discomfort and to reduce the level of exertion, over time, at which that windedness and discomfort comes upon you. You can raise the threshold at which your discomfort – and the accompanying anxiety it produces – comes upon you only by continuously increasing your intensity and duration, no matter which of the two exercise modes you choose.”

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.

Portable Oxygen Concentrators: Things to Consider

This information was provided by Ryan Diesem, Research Associate, Valley Inspired Products, Apple Valley, MN.

Oxygen patients have long desired a compact, lightweight solution for home oxygen therapy that gives them everything they need in an all-in-one, easily portable system. Recent advancements in several technologies have made it possible for product manufacturers to bring new products to the market with these ideals in mind. Portable Oxygen Concentrators (POCs) are one of these newer products, and are becoming more popular as options for patients needing oxygen therapy. While we are not yet at a point where a POC can truly be considered as the solution for all home oxygen therapy needs, the future is looking bright.

Several new POCs have been introduced to the market in the last three years alone. Many older POC models have been updated and upgraded with new features, settings and accessories. As with other oxygen therapy products, we feel it is *very* important that oxygen users understand the operation and capabilities of a POC before considering purchasing or using one.

As with other oxygen delivery systems, you should not assume that any and all POCs will be compatible with your daily oxygen needs. In general, a smaller, lighter POC will be able to meet the oxygen requirements of fewer patients than a larger, more robust POC might be able to do.

So what characteristics should you, the end user, be looking for if you are considering buying or using a portable oxygen concentrator? Since each of you has a unique set of circumstances when it comes to your oxygen needs and therapy, this is a very difficult question to answer in all-encompassing terms. However, we can give you some idea of a few things you should be thinking about when inquiring about a POC.

1 Can the POC meet most, if not all of my daily oxygen needs?

In an ideal situation, your POC of choice would be able to provide sufficient oxygen quantities while you are at rest, active, sleeping, and/or at higher altitudes. There are

currently two types of POCs – pulse-only POCs and continuous flow-capable POCs. Pulse-only POCs are exactly that – devices that deliver oxygen using *only* pulse doses – there is no continuous flow option available.

Continuous flow-capable POCs can be set to both pulse dose and continuous flow modes (although current models have a maximum continuous setting of 3 LPM). All of these devices have different methods of dosing oxygen, and all of them have different oxygen production capabilities, meaning that not all of them will be a good fit for you.

One factor in deciding if a POC will work best for you – pulse-only or continuous flow capable – is knowing the device's maximum output, and whether or not that output is enough oxygen for you to maintain saturation in even the most strenuous daily activities. If a unit can only put out a maximum pulse dose of 50 mL of oxygen (which is roughly equivalent to that of continuous flow at 3 LPM and a breath rate of 20 BPM), you will have difficulty maintaining saturation if your needs exceed that amount.

In the current POC market, a general rule of thumb is that the less supplemental oxygen you need, the more likely you will be able to utilize one of the smaller POCs. For people with oxygen prescriptions for 5 LPM and greater, the current POCs available may not be a viable option at all. It is strongly suggested that, if you are considering purchasing a POC, you try out the POC you are interested in to be sure it can comfortably support your oxygen needs in as many of your daily activities as possible.

2 Is the POC truly portable?

Sure, the POC may look smaller, but how easy is it to transport and carry the device while using it? Most manufacturers' published specifications describe only the weight of the base unit and battery (and, in some cases, even the battery weight is omitted). This can be

continued on page 11

The most important thing to understand is that all POC products are not created equally.

Portable Oxygen Concentrators

	AirSep Freestyle	AirSep Lifestyle	DeVilbiss iGo	evo/Delphi CentralAir	Inogen One
					
Oxygen Flow Characteristics					
Available Settings	Pulse-only settings	Pulse-only settings	Pulse 1 to 6	Pulse-only settings	Pulse-only settings
	1 to 3	1 to 5	Continuous 1 to 3 LPM	1 to 5	1 to 5
Pulse Type and Volume	Fixed Delivery: 9 mL per setting	Fixed Delivery: 9 mL per setting	Fixed Delivery: 16.5 mL per setting	Fixed Delivery: 9 mL per setting	Variable Delivery: Dose decreases as rate rises
Maximum Dose	27 mL	45 mL	99 mL	45 mL	150 BPM: 50 mL
					30 BPM: 25 mL
Weight					
Unit & Battery (Approximate)	4 lbs.	10 lbs.	19 lbs.	10 lbs.	8 lbs.
Unit w/Accessories	Add 2 to 5 lbs.	Add 2 to 5 lbs.	Add 5 to 10 lbs.	Add 2 to 5 lbs.	Add 2 to 5 lbs.
Battery Run-Out Times					
Approximate Battery Time at Pulse Setting 2	2.5 hours	50 minutes	4.5 hours	3 hours	3 hours
Approximate Battery Charge Time (Unit Off)	3.5 hours	2.5 hours	3 hours	3 hours	3 hours
Altitude Specifications					
Altitude Level	8,000 feet	8,000 feet	13,123 feet	10,000 feet	10,000 feet
FAA Approval for Airline Travel					
Airline Approved	Yes	Yes	Yes	Yes	Yes

Note: Please consult with your doctor or therapist before deciding to use or purchase any of these devices.

Inova Labs LifeChoice	Invacare Solo2	Invacare XPO2	OxLife Independence	Respironics EverGo	SeQual Eclipse 3
					
Oxygen Flow Characteristics					
Pulse-only settings	Pulse 1 to 6	Pulse-only settings	Pulse 1 to 6	Pulse-only settings	Pulse 1 to 6
1 to 3	Continuous 0.5 to 3 LPM	1 to 5	Continuous 1 to 3 LPM	1 to 6	Continuous 0.5 to 3 LPM
TBD	Variable Delivery: Dose decreases as rate rises	Variable Delivery: Dose decreases as rate rises	Fixed Delivery: 15 mL per setting	Combination Fixed/Variable Delivery	Fixed Delivery: 16 mL per setting
TBD	15 BPM: 133 mL	15 BPM: 66 mL	90 mL	15 BPM: 72 mL	96 mL
	30 BPM: 66 mL	30 BPM: 33 mL		30 BPM: 36 mL	
Weight					
5 lbs.	<20 lbs.	6 lbs.	15 lbs.	9 lbs.	17 lbs.
Add 2 to 5 lbs.	Add 5 to 10 lbs.	Add 2 to 5 lbs.	Add 5 to 10 lbs.	Add 2 to 5 lbs.	Add 5 to 10 lbs.
Battery Run-Out Times					
2 hours	3.5 hours	2.5 hours	3 hours	4 hours	5 hours
4 hours	5 hours	4 hours	4 hours	3 hours	3 hours
Altitude Specifications					
10,000 feet	10,000 feet	10,000 feet	No Info	8,000 feet	13,123 feet
FAA Approval for Airline Travel					
Yes	Pending	Yes	Yes	Yes	Yes

continued from page 9

disregarded when you are using the device at home and plugged into an electrical wall outlet. But these are *portable* oxygen concentrators, right? Start adding necessary accessories like power supplies, shoulder straps, additional batteries, wheeled carts ... suddenly the weight is significantly more than you bargained for.

If you are using a continuous flow-capable concentrator, which currently weigh from 15 to 18 pounds, expect to add 5 to 10 pounds to the weight of the unit/battery if you plan on carrying power supplies, additional battery(s), and a cart. Current pulse-only POCs weigh between 2 to 3 pounds up to 10 to 12 pounds. Expect to add 1 to 5 pounds on top of the weight of the unit/battery for accessories. Any additional weight can add a significant amount of work necessary to carry the device with you, so it is very important to be aware of this additional, non-advertised burden when taking the unit on-the-go.

Battery operation time is also a major factor to consider when looking at portability. Battery life is dependent on a variety of factors, including dose setting and breath rate. The higher the setting, the less battery time you generally will have. Most units will also operate for longer periods if your breath rate is low – do not expect to get the same battery life while resting as you would exercising at the gym, even if you do not need to adjust your delivery setting. Many manufacturers only publish battery specifications at a specific setting and rate, typically a pulse setting of 2 and rates from 12 to 20 BPM. If you use different settings, you can not always rely on the published information to be accurate to your situation.

3 Is the POC reliable? What if it stops working?

If you are considering purchasing a POC, you will want to know if it is reliable and can be counted on to operate consistently and without problems. Unfortunately, POCs are still so new to the market that this is a difficult question to address. Unlike stationary concentrators, which usually stay in one spot and are operationally stable, POCs are meant to be “used and abused” and, as a result, their mileage may vary.

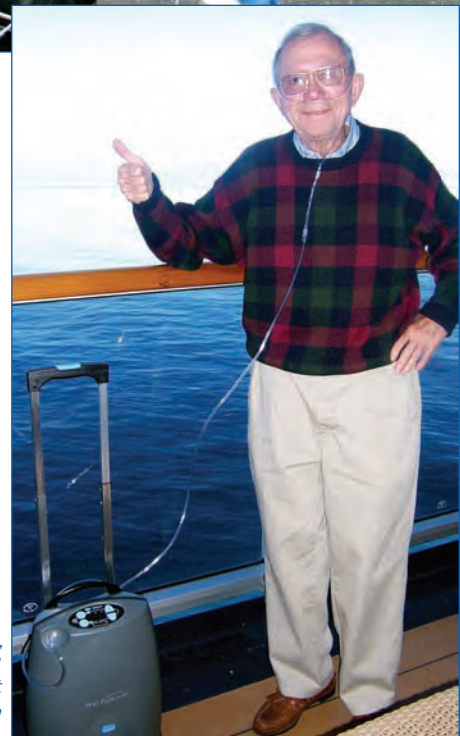
Manufacturers typically back their products with three year “bumper-to-bumper” warranties (though batteries are typically warranted for only one year). This is a nice feature, but is of no consolation when you can not use the device for its intended purpose because there is an operational problem. It is sensible to assume that

you will have some issues with your POC once you purchase it. While the hope is that a POC can be an all-in-one oxygen system, the reality is that you should be prepared in case your POC suffers operational failure. It is strongly advised to keep an additional oxygen delivery system on-hand in the event your POC needs service.

In addition to the above information, we have provided for you a basic POC data chart outlining some of the items discussed here, as well as some additional information you may find useful when deciding whether or not a POC is right for you. Please note that due to space limitations, some POCs will have additional features and characteristics not shown in the chart. Please consult with your doctor or therapist before deciding to use or purchase any of these devices.



*POCs keep
you on the
move!*



*Find the POC
that is right
for you!*

Drive4COPD

Boehringer Ingelheim Pharmaceuticals, Inc. is sponsoring the DRIVE4COPD campaign to raise awareness of Chronic Obstructive Pulmonary Disease. Hollywood, sports and music celebrities will drive 6,000 miles across our country to identify the millions of people with COPD who may not know they have it. (An estimated half of the 24 million people in the United States who may have COPD remain undiagnosed.) NASCAR Nationwide Series™ driver, Danica Patrick, actor Jim Belushi, Olympic Gold Medalist Bruce Jenner, country music star Patty Loveless and former Pro Football great Michael Strahan, who all have close family members touched by COPD, are in the “Race for the Missing Millions.” We thank them for getting involved!

The campaign encourages the public to learn about COPD, recognize its early symptoms and complete a five-question screener at www.drive4copd.com to find out if they may be at risk.

Danica made the first ‘Pit Stop’ at the Daytona International Speedway before the Daytona 500 in February. The DRIVE4COPD celebrity ambassadors will continue spreading their message through public service announcements and briefings on Capitol Hill throughout the year.

The sooner you act, the sooner you can get on the road to breathing better!



I DRIVE4COPD

Danica Patrick, Campaign Ambassador

Every time you see our pinwheel, take a breath. And then help us spread the word about COPD, or Chronic Obstructive Pulmonary Disease. Because it's the 4th-leading cause of death in the US, and it took my grandmother. COPD is slowly robbing 24 million Americans of their ability to breathe— and half of them don't even know they have it. It's a race against time to spread awareness.

Are you at risk? Find out at **DRIVE4COPD.COM** and talk to your doctor.

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Sharing the Health

Carol Appleby of Indiana asked for help in our last issue finding a hair permanent that is safe for her. Donna Wanninger of Carroll, Iowa recommends Lilt foam perms, they have different types, she gets the one for color-treated hair. "I have used them for years and they have no smell." They can be found on the Internet at www.hardtofindbrands.com or by calling 1-888-796-4832. Joan Bradstreet of Sioux City, IA, is a retired beautician who has COPD and has been on supplemental oxygen for nine years. She uses a permanent that has no strong smell to it and processes in only 20 minutes. Your hair stylist can find Lamaur Inception Thio-Free Perm at local beauty supply stores or on the Internet for you.

Our friends at COPD Canada Patient Network offer a free DVD covering exercise for endurance, strength, flexibility and better breathing. You may request yours at www.copdcanada.ca/Free%20Exercise%20DVD.htm or write to COPD Canada Patient Network, 3047 Old Sambro Rd., Williamswood, NS B3V 1E6, Canada. We are sure they would appreciate a donation to help with the mailing costs!

I was shopping at Brookstone and saw the "i-need Neck & Shoulder Massager." Curiosity got the best of me and I draped the massager over my shoulders as shown on the package and turned it on. It provides simply the greatest percussion massage I have ever experienced! Besides relaxing my neck, shoulder and back muscles, there was the amazing effect it had for loosening phlegm from my lungs. Short of various prescription drugs, this is simply the greatest help I have experienced to date for loosening mucus so it can be coughed up. It is also available at Amazon.com for about \$90.



Kathy D., New Jersey

Receive a Free One Year Membership

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

A friend sent me these "revised" lyrics to the classic song, 'My Favorite Things' from 'The Sound of Music.' I thought other readers might enjoy them!

Darlene Farren, Ohio

*Maalox and nose drops and needles for knitting,
Walkers and handrails and new dental fittings,
Bundles of magazines tied up in string,
These are a few of my favorite things.*

*Cadillac's and cataracts,
hearing aids and glasses,
Polident and Fixodent and false teeth in glasses,
Pacemakers, golf carts and porches with swings,
These are a few of my favorite things.*

*When the pipes leak, When the bones creak,
When the knees go bad,
I simply remember my favorite things,
And then I don't feel so bad.
Hot tea and crumpets and corn pads for bunions,
No spicy hot food or food cooked with onions,
Bathrobes and heating pads
and hot meals they bring,
These are a few of my favorite things.*

*Back pains, confused brains, and no need for sinnin',
Thin bones and fractures and hair that is thinnin',
And we won't mention our short, shrunken frames,
When we remember our favorite things.*

*When the joints ache, When the hips break,
When the eyes grow dim,
Then I remember the great life I've had,
And then I don't feel so bad!*



Back in 1997, we published a *COPD Survival Guide* written by the late Bill Horden, who called himself an “Impatient Advocate” of pulmonary rehabilitation and treatment for COPD. Bill’s writings remain a valuable source of information for those newly diagnosed with a chronic lung condition and for those pros who have been at it awhile! You will find his writings, including, *SOB in the Kitchen* with a nutrition guide, menu planner and “cookbook” written especially to meet the needs of those with COPD and their caregivers; *Patience, Patients* – a checklist of personal data and records; and *How to Talk to Doctors*, at the Bill Horden Library available on the www.COPD-International.com web site.

I was diagnosed with Idiopathic Pulmonary Fibrosis in March of 2006. Carrying my Helios portable oxygen tires me out. I use a baby stroller to wheel the Helios and/or my Marathon while walking the dogs, going to the mall or a ball game. When carrying both of them, I tell people they are fraternal twins or that one is a toddler and one is a baby. I am thinking of dressing them up in baby clothes!



I also wanted to share that when emptying my front loading dryer, I sit on the floor and use a ruler to reach the clothes in the back.

Joyce Rosenberg, Langhorne, PA

N. Lofton of Johnston City, IL, thinks her Nonin Go2 fingertip pulse oximeter was the best purchase she made for herself all year! She also thinks the people who have chronic respiratory problems from smoking should be directly reimbursed by the tobacco companies, as the coal miners are when they receive “black lung benefits.”

A woman from Florida was recently awarded \$300 million in damages (later reduced by the judge to \$39 million) in her lawsuit against Phillip Morris USA. The case is under appeal. The 61-year-old said she took up smoking in 1968, thinking it would make her look older and sophisticated. She chose the slim, long Benson & Hedges, marketed as sophisticated and feminine. The lady is now hoping for a lung transplant. There are 8,000 similar cases pending in Florida.

I walk with a cane but also have the good fortune to have a daughter willing to push me in a wheelchair for longer distances. We kept the cane companies in business by forgetting my cane wherever we went! We did a search on the internet and came up with many places that sell clips for your cane to attach to your wheelchair and also accessories such as cup holders, flags and mirrors. I even met a lady who sewed a thin holder, like a pool stick case, to slip hers into.

In addition to an extension plug for sharing electrical outlets in the airport and for use in your cabin while on a cruise, always pack some duct tape – just in case your suitcase arrives with a missing wheel or with a rip! More importantly, double check to see that you have the correct electrical adaptors for charging portable oxygen concentrators when traveling to foreign countries. You should be prepared to know more about your POC than any flight attendant will.

Jack and Jo Oliver, Illinois



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Traveling News

Portable Oxygen Concentrator (POC) Recall

Greg from Sequal Technologies tells us the company sent out a "Medical Device Correction" letter to dealers who had sold certain Eclipse One portable oxygen concentrators. A connection between the battery and internal circuit board could possibly cause the unit to alarm and shut down. To find out if your POC is involved, call the company with the serial number of your Eclipse One at 1-800-826-4610 and press '5' for Technical Support. If you need the correction, your shipping will be paid for both ways and a loaner may be available. The dealer you purchased the unit from will be able to give you a return authorization number. Sequal Technologies is now offering the Eclipse 3 with upgraded features. Ask your dealer for any incentives they may be offering to trade in your original Eclipse One for the newer model.

Suzie Bulwan, right, with daughter Dana, take at least one trip a year together! You never know where they will end up!



Amtrak Travels

Chris and Gwen Wigley will report in our next issue about a train trip they are taking from Florida to British Columbia, Canada. Chris uses oxygen and we are anxiously awaiting his report! They are in charge of the www.COPDCanada.ca support group.

Call Ahead!

I have been frustrated by not being able to reserve a portable oxygen concentrator from my home care company because I call too late! Next time, the minute I even think about going out of town, I will stake my claim to one!

Marly Booth, Tennessee

Thumbs Down to Ryanair

A European low-cost airline will begin offering its own brand of "smokeless" \$9-a-pack cigarettes to passengers during flight.



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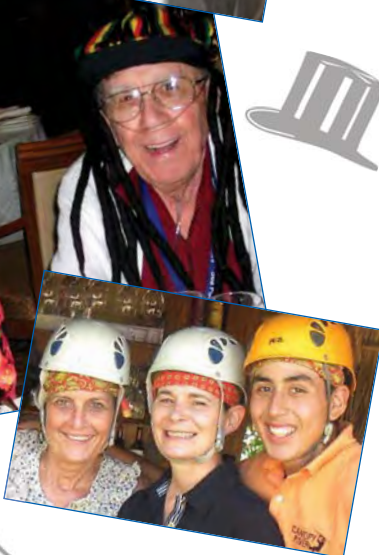
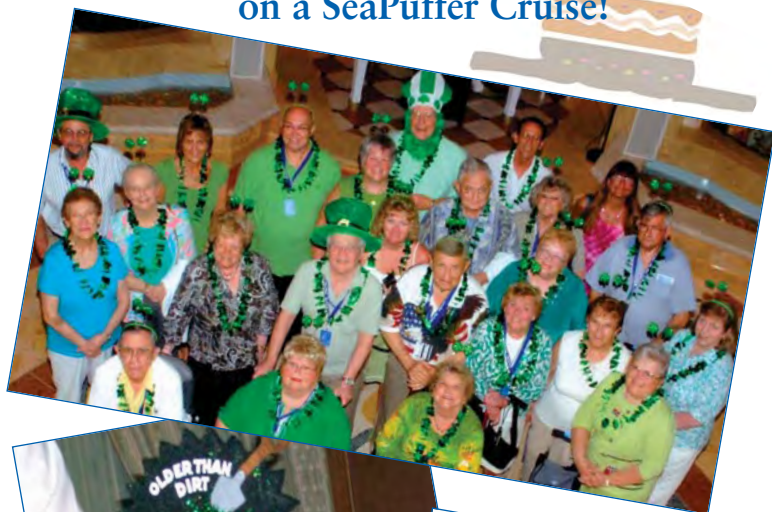
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■ **July 11–18, 2010** (*Cruise line change*)

Everyone's favorite trip – the Inner Passage of Alaska! Cruise from Seattle for 7 days to see the wonders of the glaciers and the last frontier on the *Sapphire Princess*! Shipboard credit and many other surprises are in store!

■ **September 26–October 6, 2010**

Holland America's *msEurodam* sails for 10 days from New York to see the fall foliage of Canada and New England. You will end in Quebec City after visiting New England and several stops in Canada. Among the goodies for the travelers in our group will be a monogrammed bathrobe!

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Asthma Recommendations

Currently, two long-acting beta2-adrenergic agonists (LABAs) have FDA marketing approval for the treatment of asthma – salmeterol (the active ingredient in Serevent Diskus and Advair) and formoterol (the active agent in Foradil and Symbicort). Each of these agents works by relaxing smooth muscle in the respiratory tract, allowing you to breathe easier by decreasing shortness of breath and wheezing.

The FDA is warning healthcare providers that the use of LABAs is contraindicated without the use of an “asthma controller medication” such as an inhaled corticosteroid. To ensure compliance, the agency is suggesting a combination product such as Advair Diskus, Advair HFA, or Symbicort be used, particularly in pediatric and adolescent patients. These products contain both an LABA and an inhaled corticosteroid such as fluticasone or budesonide. The FDA also recommends that LABAs be used for the shortest period required to achieve control of asthma symptoms and then be discontinued, if possible. LABAs should be used long-term only by patients whose asthma cannot be adequately controlled with controller medications.

Physicians agree that it is best to combine an LABA and an ICS, rather than using an LABA alone, and they said that these medications offer an important treatment option. “As a practicing physician, my experience is that combination medications [containing a 12-hour bronchodilator along with an inhaled corticosteroid in one dose] have changed how effective I’ve been able to be as a physician,” said William Busse, MD, chairman of the NIH Expert Panel 3. “We don’t see asthma patients being admitted into the hospital like before.”

But this is where agreement with FDA’s recommendation ends. Stanley Szeffler, MD, also a member of Expert Panel 3, emphasized the importance of continuing to use a 12-hour bronchodilator if it’s helping a patient manage symptoms. “It doesn’t make sense to bring a patient to [a level of] good control and then stop what got them there,” he said. “It’s a lot like achieving good blood pressure, then stopping the medication. We are concerned that patients will achieve control and then stop the medication,” which he said could lead to dangerous consequences.

Would you like the The Pulmonary Paper sent to you via email? Contact: cbelyea@pulmonarypaper.org.

Stay Motivated with the Wii

If you have graduated from a pulmonary rehabilitation program, it is often hard to stay motivated to maintain the gains you have achieved. Data suggests a return to pre-program levels of quality of life and exercise capacity within 6 to 12 months. Many people often fail after rehabilitation because regular exercise at home and healthy lifestyle options are not maintained. The Wii video game system can maintain the positive effects of pulmonary rehabilitation. Playing a Wii game could provide both mental stimulation and physical exercise in the comfort of one’s own home. It may be the extra factor needed keep you motivated in the long term.

Exercising with the Wii can get the whole family involved in the process and make exercise more fun and less of a chore. The use of Wii in the rehabilitation of patients following a stroke and in children with cerebral palsy is gaining momentum.



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Product Corner

There are two new portable oxygen concentrators (POCs) coming on the market from AirSep Corporation, who already supply the LifeStyle, the very first POC and the Freestyle™. The Freestyle™ weighs about 5 pounds and delivers pulse dose oxygen at a setting of 1, 2 or 3. The Focus™ is smaller at 1.5 pounds and can be worn on the waist for people who can use a setting of 2. The Freestyle™ 5, which is larger at 6 pounds, will go up to a pulse dose setting of 5.



Top to bottom: Freestyle™ 5, Freestyle™ and Focus™

Not to be confused with OxyView Glasses, the Oxyview flow meter attaches to your cannula to ensure that you are getting the flow of oxygen set. Ingen Technologies believes it will give the oxygen user confidence



that their equipment is working properly and that they will be able to see the flow from tanks is still adequate when the pressure is getting low. The meter measures 0-6 liter/minute or the low flow 0-3 liters/minute. The latex-free Oxyview All-In-One nasal cannula comes in infant, child and adult sizes. The cost of the 7-foot Oxyview cannula is \$17.75 including shipping. A discount is given when purchasing 10 or more. For more information, visit www.oxyviewnasalcannula.com or call the California company at 1-800-259-9622.

The Therapeutic Lung Flute® is indicated for positive expiratory pressure therapy to help mobilize and clear



excessive secretions from your lungs. It has been cleared by the FDA for home use. It is available by prescription for orders being shipped in the USA. Your prescription will be accepted by mail, fax or email. The Therapeutic Lung Flute® includes a six

month reed supply. Reeds should be replaced every two weeks. When you breathe into the Flute, the reed sends vibrations to your lung to loosen mucus. The idea for the device came to Sandy Hawkins when he was working at a recording studio and began building an electronic sound machine.

The price of the device is \$45 which includes shipping. For more information or to order, you may call 1-888-820-0970.

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Respiratory News

It's been known Vitamin D plays a crucial role in our immune system, but research reveals why lacking the nutrient prevents the body's soldiers – T cells – from fighting off serious infections. T cells are dormant immune cells until they are activated to detect and kill bacteria and viruses. A new study shows without vitamin D in the blood, activation would not take place. When T cells are exposed to foreign pathogens, they expose a vitamin D receptor that searches for vitamin D. If the cells do not receive the nutrient, the cells will not activate. Vitamin D has been shown to play a beneficial role in the treatment of asthma, tuberculosis, influenza, upper respiratory infections, cystic fibrosis and COPD.

Researchers have discovered that a drug currently being tested as a potential cancer treatment could also be effective in treating asthma. The drug, known as R-Roscovitin, has been found to help destroy eosinophils – cells of the immune system which may cause asthma symptoms to worsen.

A study presented at the American Academy of Allergy, Asthma & Immunology Conference showed a new phosphodiesterase 4 inhibitor exhibited strong anti-inflammatory action in animal models of COPD and asthma. The new drug may block irritation of immune and inflammatory cells, airway smooth muscle, and pulmonary nerves. From the same conference comes the news that asthma patients, who will be unlikely to gain control of symptoms with inhaled corticosteroids, might be identified with a blood test. A plasma protein called uteroglobin appeared elevated enough in these patients.

New research has found that blocking a certain protein can reduce or prevent cigarette smoke-induced lung inflammation in mice. Inflammation often results in COPD and many other smoking-related ailments. Cigarette smoke triggers the release of Granulocyte macrophage-colony stimulating factor, which is linked to growth, activation and survival of leukocytes directly implicated in the development of COPD.