



The Pulmonary Paper

January/February 2011

Dedicated to Respiratory Health Care

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Medicare Changes Tax Time Help

Also inside:

Calling Dr. Bauer

Sharing the Health

The Pulmonary Paper

Dedicated to Respiratory Care

Volume 22, No. 1

January/February 2011

On the cover: Carolyn Blackwell of Texas does not let lung problems keep her home!

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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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**"Imagination is the beginning of creation.
You imagine what you desire, you will what you imagine
and at last you create what you will."
— George Bernard Shaw**



*John Lennon's Imagine in Central Park.
Imagine evokes a vision and hope for a
world without strife, war and conflict. It
can also mean whatever we want it to be!*

Imagination is a powerful thing. Twenty years ago, we could only imagine that we could go shopping, run a business, talk face to face, or find a date from our own homes using a computer. Millions of you are now using the Internet to connect with others for support and to learn about lung problems.

Imagine we can solve the main cause of Chronic Obstructive Lung Disease. There are an estimated 46 million smokers in the United States. The reality is cigarette and tobacco tax revenues supplied our 50 states with over 16.5 billion dollars in 2008 (according to the Urban Institute-Brookings Institution Tax Policy Center). Imagine we could get a smidgeon of that revenue for research or figure out a way for states to balance budgets without cigarette money. It only takes one person's imagination to make reality happen!

A Race We Do Not Want To Win!

It wasn't supposed to happen until 2020, but Chronic Obstructive Lung Disease (COPD) is now the third leading cause of death in the United States. The Centers for Disease Control released a report, "Deaths: Preliminary Data for 2008," confirming that COPD became the third leading cause of death in the United States for 2008. The report states that the mortality rates are the result of chronic lower respiratory diseases (CLRD), such as chronic bronchitis, emphysema and bronchiectasis, which increased by 7.8 percent. The report notes that the increase could be due to a change in rules governing the coding and classification of deaths in 2008. Before the change, many deaths that were previously assigned to COPD/unspecified, pneumonia and other acute lower respiratory infections are now classified under CLRD.

Experts agree COPD and its related conditions have not experienced the same decrease we have seen in mortality rates for heart disease, cancer and stroke. (Mortality rates for stroke fell 3.8 percent.) There is a need for additional resources to target COPD research and interventions.

"It's unacceptable that COPD has gone from fourth to the third leading cause 12 years sooner than originally projected," says John W. Walsh, president and co-founder of the COPD Foundation. "This intensifies our declaration of war on COPD and points to the importance of increased awareness, prevention, detection and treatment to reduce the burden of COPD."

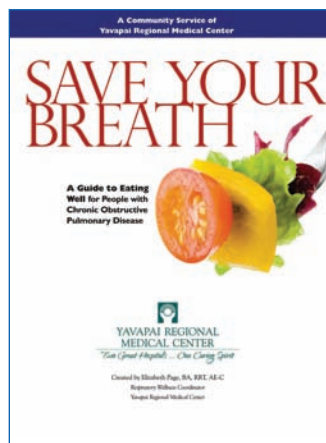


"COPD is almost always preventable and almost always treatable, but in order to treat it, it must be diagnosed," says Byron Thomashow, M.D. With a simple test, individuals experiencing the symptoms of COPD (including breathlessness, wheezing and chronic coughing) can take action to prevent the worsening of symptoms. Those of us that have been diagnosed can take also take action to prevent COPD from moving up another notch!

Cooking with COPD

Advance for Respiratory Care and Sleep Medicine brings you *Save Your Breath: Cookbook for People with COPD*, written by Elizabeth Page, respiratory wellness coordinator for Yavapai Regional Medical Center, Prescott, AZ.

For more than 40 years, Elizabeth has cared for patients with respiratory ailments as an RT and asthma educator. This 40-plus page cookbook includes nearly 50 recipes for easy-to-make, nourishing dinners, soups, salads, breakfasts and desserts, plus substitutions to turn your favorite dish into a delicious low-salt or low-sugar treat and tips for saving energy in the kitchen. View and download this free e-book at <http://tinyurl.com/64r7j6r>.



Those with chronic lung problems often have trouble maintaining weight since their bodies need extra calories to breathe.

Tips from the experts about meals and COPD:

- You should include fiber in your diet and decrease your salt intake.
- Avoid overeating and foods that cause gas and distention as cauliflower and cabbage.
- If you use supplemental oxygen, be sure to wear it while eating to give you extra energy for digestion.
- If you sit upright rather than slouching, there will be less pressure on your diaphragm.
- Use pursed-lip breathing to help with shortness of breath while eating.
- Drink plenty of liquids but wait until after your meal to avoid feeling bloated.
- Many people say the best tip they can share about meal time is to eat smaller meals 4 to 6 times a day rather than larger ones.

Medicare Changes in 2011

The healthcare reform legislation signed into law by President Barack Obama profoundly changes the way care is provided. According to Medscape, “The Affordable Care Act seeks to dramatically expand the number of people who can afford healthcare. It does that by subsidizing the cost for those who can’t afford it, penalizing those who refuse to buy it, and limiting the cases in which insurers can deny coverage. Among scores of other provisions, it boosts pay for primary care physicians, encourages compensation based on quality of care and bars copayments for most preventive services.”

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding program is now in effect. Medicare beneficiaries in nine areas around the country will have to get medical equipment and supplies through suppliers that have a contract with Medicare.

This requirement applies to beneficiaries who live in one of the areas or who travel to that area. Areas affected:

Charlotte-Gastonia-Concord, NC-SC
Cincinnati-Middletown, OH-KY-IN
Cleveland-Elyria-Mentor, OH
Dallas-Fort Worth-Arlington, TX
Kansas City, MO-KS
Miami-Fort Lauderdale-Pompano Beach, FL
Orlando-Kissimmee, FL
Pittsburgh, PA
Riverside-San Bernardino-Ontario, CA

You have probably already talked to your supplier about these changes if you are in one of these areas. You are able to continue getting your oxygen from your current supplier if they chose to become a grandfathered supplier by agreeing to supply equipment under the terms of the Competitive Bidding program.

Besides oxygen, oxygen equipment and supplies, the following product categories are included in the Competitive Bidding program:

- Standard power wheelchairs, scooters and related accessories;
- Complex rehabilitative power wheelchairs and related accessories;

- Mail-order diabetic supplies;
- Enteral nutrients, equipment and supplies;
- Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices and related supplies and accessories;
- Hospital beds and related accessories;
- Walkers and related accessories; and
- Support surfaces.



You may call 1-800-Medicare with questions, or you can use the online supplier tool to find a supplier who is in your area. Go to www.medicare.gov/supplier and follow the steps below:

- Enter your zip code and click “Submit;”
- A list of product categories will appear; those product categories with a star icon next to them are included in the competitive bidding program;
- After selecting a Competitive Bidding product category, click “View Results;”
- A page will display stating you’ve selected a Competitive Bidding product category and briefly explain the program; click “Continue;”
- A list of all Medicare contract supplier locations in the Competitive Bidding area will appear.

Getting items repaired: You may be able to get an item on the above DMEPOS list that you owned before January 1, 2011, repaired or replaced by a non-contract supplier.

The Centers for Medicare & Medicaid Services (CMS) has developed a fact sheet that describes the rules for repairs which you can access at <http://tinyurl.com/6akt69g>.

If you are traveling and need equipment repairs, visit this site: <http://tinyurl.com/6bzusnc>.

The CMS tool kit on DMEPOS Competitive Bidding contains a number of useful fact sheets. It is available at <http://tinyurl.com/4t4kd3n>.

Other provisions of the health law that may affect you this year:

- Prescription drug costs could shrink \$700 for a typical Medicare beneficiary in 2011, as the doughnut hole – the gap in prescription coverage when millions of seniors must pay full price at the pharmacy – begins to close. Drug companies will give seniors 50 percent off brand drugs while in the gap, excluding those low-income people who already get subsidies. Generics will also be cheaper.



- Chain restaurants with 20 or more locations, and owners of 20 or more vending machines, will have to display calorie information on menus, menu boards and drive-thru signs.

Restaurants must also provide diners with a brochure that includes detailed nutritional information, like the fat content of their dishes.

Nutrition Facts	
Serving Size 1 Tablet	
Servings per Pack: 125	
Amount Per Serving	
Calories 0	
	% Daily Value *
Total Fat 0 g	0 %
Sodium 0 g	0 %
Total Carbohydrates less than 1 gr	0 %
Sugars less than 1 g	
Protein 0 g	0 %
*Percent Daily Values are based on a 2,000 calorie diet.	

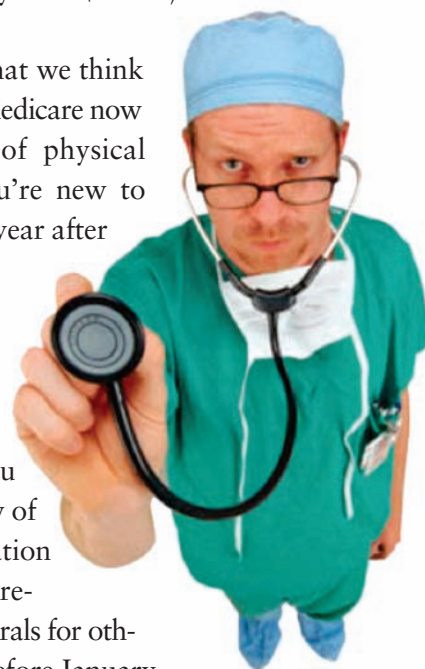
- Medicare premiums in 2011 will take a bigger bite from wealthier beneficiaries. Beneficiaries paying higher premiums will rise from 2.4 million in 2011 to 7.8 million in 2019. Also, premiums for Medicare Part D which covers prescription drugs, will be linked to income for the first time.

- Consumers with flexible spending accounts in which pre-tax income can be used for medical purchases can no longer spend the money on over-the-counter drugs unless they have a doctor's prescription.
- Medicare is bumping up payments for primary care by 10 percent from January 1 through the end of 2015. It's an incentive for doctors and others who specialize in primary care – including nurses, nurse practitioners and physician assistants – to see the swelling numbers of seniors and disabled people covered by the program.
- Payment for Medicare Advantage plans is being restructured. Rates this year will be frozen at 2010 levels and lower rates will be phased in beginning in 2012.
- For the calendar year 2011, the payment rate for pulmonary rehabilitation in a hospital setting will increase to \$62.98 (Ambulatory Payment Classification 0102) (co-payment \$12.60).

One of the benefits that we think will be very effective is Medicare now will cover two types of physical exams – one when you're new to Medicare and one each year after that.

Medicare covers a one-time "Welcome to Medicare" physical exam, if you get it within the first 12 months you have Part B. It's a review of your health, plus education and counseling about preventive services, and referrals for other care you may need. Before January 1, 2011, you pay 20% of the Medicare-approved amount. Now you pay nothing for the "Welcome to Medicare" exam if the doctor accepts assignment. When you make your appointment, let your doctor's office know you'd like to schedule your "Welcome to Medicare" exam.

If you've had Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a prevention plan just for you based on your current health and risk factors. Medicare has not cover this exam before; again you'll pay nothing for this exam if the doctor accepts assignment. This exam is covered once every 12 months.



Calling Dr. Bauer ...



Dr. Michael Bauer

Dear Dr Bauer,

My father's doctor wants to put a needle through his lung to get fluid out. Could you give me some information about this procedure and if it is safe and effective?

Laura from Florida

A pulmonary specialist usually performs this special test. Normally, there is only a small amount of lubricating fluid surrounding the surface of the lung. In disease conditions, large amounts of fluid

may accumulate on one or both sides of the lung. When this occurs, a person will also feel discomfort and shortness of breath. A thoracentesis is done either to remove fluid for patient comfort or to help the physician establish the diagnosis or cause of the fluid accumulation. Some of the more common reasons would be pneumonia, heart failure or cancer. Once we know the cause, an appropriate treatment plan can be started. Uncommon side effects might include mild discomfort, bleeding or a small collapse of the lung itself. A thoracentesis is considered a safe and very low risk procedure.

Dear Dr. Bauer,

I do not understand the difference between asthma and emphysema – can you help?

Anthony from North Carolina

Many use these terms interchangeably. This is usually not correct. Although there are many similarities between asthma and emphysema, they remain two distinctly different lung diseases.

Asthma results from a condition of chronic inflammation affecting the bronchial passages. This causes swelling, irritation and mucus production in the lung. There are many potential causes or “triggers” for asthma, including allergies, exercise, cold air and exposure to dusts, fumes or strong smells. Emphysema results from actual destruction of small alveoli or lung sacs. Lung damage in emphysema is almost always a direct result of exposure to cigarette smoke over many years.

Asthma and emphysema are both called obstructive lung disease. People with either condition have more difficulty exhaling their air. Many of the same medications are used to treat both diseases. Drugs aimed at fighting inflammation, such as inhaled corticosteroids, are the most effective at controlling asthma. Bronchodilating inhalers are the mainstays of emphysema treatment.

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.

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Alternative to Spiriva Being Developed

Forest Laboratories Inc. and Almirall SA recently announced their chronic lung disease drug, Acridinium Bromide, met its main goals in its third late stage clinical trial. Acridinium is a long-acting inhaled anticholinergic bronchodilator, currently being developed as a maintenance treatment for those with COPD. Acridinium, which will be an alternative to Spiriva, is also delivered by the Genuair dry powder inhaler.

The companies enrolled a total of 828 patients in the trial. Acridinium was found to be effective at reducing breathlessness and improving a patient's health status. Many participants showed an increase of 30% in their FEV-1 for 12 hours while taking Acridinium. The companies plan to file for marketing approval of Acridinium in the United States and Europe mid-2011.

The patent on Spiriva (Tiotropium Bromide) expires in 2012 and Tiotropium will become available in the United States as a generic. This generic version will be less expensive and can be offered by several sources.

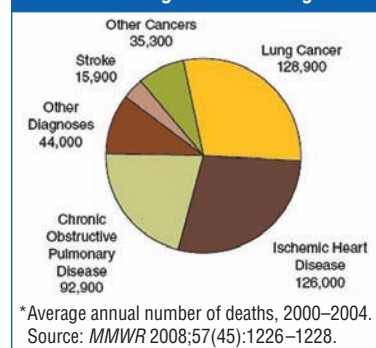
News on Smoking

Pediatric hospitalizations for asthma decreased approximately 20 percent per year after a ban on smoking in enclosed public spaces was enacted in Scotland.

The Public Library of Science journal, *PLoS Medicine*, reports when Massachusetts started paying for stop-

smoking treatments, people not only kicked the habit but also had fewer heart attacks. This is the first study to show a clear payoff from investing in smoking prevention efforts. Smoking dropped by 10 percent among Medicaid clients and

About 443,000 US Deaths Attributable Each Year to Cigarette Smoking*



nearly 40 percent of those patients who smoked used benefits to get nicotine patches or drugs to help them quit. The study found the yearly rate of hospital admissions for heart attacks fell by 46 percent for Medicaid clients.



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Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

Carole from Canada writes, I've been thinking of purchasing an oximeter. My doctor doesn't think it's necessary and I might obsess with it. I would like to check my saturation and heart rate when I'm exercising at home, when I have the oxygen off and when I feel light headed. I would also like to know if pursed lip breathing is as effective as simply exhaling.

Mark replies, Your doctor seems to sport the attitude of the 'olde garde' which the likes of Dr. Tom Petty and many others, including myself, have worked hard for years to change. It's nonsense for medical professionals to presume that you not only "don't need" an oximeter, but "shouldn't have" one! That's like expecting diabetics to dose themselves with insulin without first measuring their blood sugar to determine how much they need.

As we know, folks do not do well with a single order for an oxygen dose. Oxygen flow requirements can vary significantly from rest to ambulation to sleep. It is common to observe that a person can maintain an adequate saturation with no oxygen or 1/2 liter or 1 liter when sitting still. When they

get up and move, they require 4, 5 or 6 liters and may still not be able to hold a saturation of 90% or more. You should let your shortness of breath be your guide while exercising, rather than any target or arbitrary maximum heart rate.

In the book, *Adventures of an Oxyphile 2*, Dr. Petty explained why we advocate patients have and use their own oximeters. Maybe you can give a copy to your doctor! You can find it online at Dr. Petty's website, <http://drtompetty.org> or send check for \$19.99 to:

Snowdrift Pulmonary Conference
1305 Krameria St. #H
PMB
Denver, CO

The first version of the book, *Adventures of an Oxy-Phile*, is available free to download at the web site as well as his book, *From Both Ends of the Stethoscope*.

As COPD reaches the more severe stages (FEV1 – Forced Expiratory Volume in One Second below 25%), the risk for carbon dioxide retention increases.

Because of the destruction to the airways, the problem is not getting air into the lungs but getting stale air out! When one breathes out, air cannot leave the air sac before another breath is taken in. Increased amounts of air are trapped at the end of expiration and the diaphragm gets pushed downward (flattened) from the trapped air. The belly pooches out as the contents of the abdomen are displaced downward and outward and the chest expands in diameter.

Pursed lips breathing (PLB) helps expand the airways by splinting them with positive pressure during exhalation. This increases the efficiency of

exhalation, allowing more air to be exhaled with each breath. Some folks can do PLB with enough efficiency to raise their oxygen saturation. It helps reduce air trapping, though that is only relative in magnitude.

PLB is most useful when moving or exerting, as that is when you increase both respiratory effort and rate. The more your respiratory rate increases, the more air becomes trapped per-unit-of-time. We call this dynamic hyperinflation.

It is unavoidable as your FEV1 drops to very low levels. Folks who are new to PLB should practice it as much as they can to gain better control and mastery of the technique. It is very helpful to pull you out of panic and anxious moments.



Don't beat yourself up for what you cannot change! Yes, you do have a struggle ahead of you. By approaching your challenges with hope and determination, a 25% FEV1 can carry you a long way for a long time without as much misery as you might fear. Work hard to maximize what function and capacity you have remaining. Life can be good – **no, GREAT!** – despite the challenge of advanced COPD.

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

Fibrosis File



IPF Medication and Research News

Gilead Sciences Inc. is halting the Phase III clinical trial of Ambrisentan in patients with idiopathic pulmonary fibrosis (IPF) “due to lack of efficacy.” The biopharmaceutical company said the decision follows an analysis of efficacy and safety data “which did not show evidence of a treatment benefit in the group of patients that received Ambrisentan.”

Eight months after the Food and Drug Administration rejected Pirfenidone as a treatment for IPF, InterMune Inc. said it will undertake a Phase III study of the drug. The company said it would enroll the first patient in a late-stage trial of Pirfenidone (also known as Esbriet) in patients with IPF in the first half of this year. InterMune said it has a March meeting scheduled with the FDA to discuss the new study – that is required for their approval of the drug. There is no current treatment in the United States for IPF. Esbriet last month won a positive recommendation from a European advisory group and is expected to be marketed, starting in Germany, in the third quarter.

Another company, FibroGen Inc., based in San Francisco, will also target IPF in a mid-stage study. The 48-patient study will test human monoclonal antibody, FG-3019, which it has developed to combat connective tissue growth factor.

FibroGen hopes to show that blocking connective tissue growth factor, or CTGF, is key to stopping and perhaps even rolling back damage caused after injured lungs heal improperly.

Patients in the study will receive intravenous doses of FG-3019 every three weeks for 45 weeks. The trial will judge safety, tolerability and the effectiveness of the drug on the extent of lung fibrosis, lung function and shortness of breath. FG-3019 also is being studied in two Phase II studies against advanced liver fibrosis due to chronic infection with Hepatitis B virus and in patients with pancreatic cancer.

For more information on this clinical trial, go to www.clinicaltrials.gov and search for NCT01262001. You may also contact Loredie Lugos RN at 415-978-1353.

The new year is a great time to start a new exercise routine! If you do not have access to a pulmonary rehabilitation program, ask your physician which exercises would be appropriate for you. When you begin to exercise at home, start for short periods, even if for only a few minutes. Work toward a goal of exercising once a day, four to five times per week for five to 15 minutes at a time. Increase the duration of your exercise by a few minutes each time with a goal of 20 to 40 minutes of continuous exercise. Aerobic exercise like cycling, swimming and walking is best for the lungs, heart and circulatory system.



Resistance or strength training should be performed at light intensity for beginners with one or two repetitions. Examples of chest and shoulder exercises:

Wall Push-Ups

- Stand facing a wall with your feet about 1 to 2 feet back from it. The farther you stand back, the more difficult the exercise becomes.
- Place your hands on the wall a bit wider than shoulder-width apart.
- Bending only at the elbows, lower yourself forward towards the wall then push yourself away from it, keeping your body straight.
- Exhale while you exert.

Seated Shoulder Presses

- Use something around the house for weight, as canned goods if you do not have one or two pound dumbbells.
- From a seated or standing position, hold the weights just above your shoulders.
- Push weights up overhead slowly.

Sharing the Health

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.

Good Times!



Jeri Mondloch (right) with friend, Annie Bale, enjoys rooting for her University of Minnesota Gophers. She dressed up for Halloween as a Conehead! Jeri uses trans-tracheal oxygen.

I have a hint for users of BiPaP devices. I use a wig cap to keep the Velcro on the straps from snagging in my hair. I also heard about a valve that is placed between the cannula and the concentrator tubing that allows you to adjust the flow without having to do it at the concentrator. It is from www.softhose.com and costs \$10 plus shipping and handling. They also have very soft cannulas and tubing you may order by calling 1-858-748-5677.

RVD, Colorado

One of our biggest changes in recent years came with the change to HFA metered dose inhalers. Since old habits are hard to break and you may still be wondering about the differences, you can download information and a chart on the inhalers, number of doses in the inhaler and how to clean and prime it from National Jewish Health at <http://tinyurl.com/64jsvdr>.

For those without access to the Internet, send a request with a self-address, stamped envelope to The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 and we would be happy to send you a copy.

Today's Internet users have a host of acronyms that they use in conversations that might seem like a foreign language, as LOL is Laughing Out Loud.

Gail Keller of Westfield, NJ, sent us this list, developed especially for seniors, some of which you might want to use in your next email!

ATD: At the Doctor's
BFF: Best Friend Farted
BTW: Bring The Wheelchair
BYOT: Bring Your Own Teeth
CBM: Covered By Medicare
DWI: Driving While Incontinent
FWBB: Friend With Beta Blockers
FWIW: Forgot Where I Was
FYI: Found Your Insulin
GGLKI: Gotta Go, Laxative Kicking In
GHA: Got Heartburn Again
HGBM: Had Good Bowel Movement
IMHO: Is My Hearing-Aid On?
LMDO: Laughing My Dentures Out
LOL: Living On Lipitor
OMG: Oh, My Grandchildren!
ROFLCGU: Rolling On The Floor Laughing
And Can't Get Up
SGGP: Sorry, Gotta Go Poop
TGIF: Thank Goodness It's Four O'Clock
(for early bird specials)
TTYL: Talk To You Louder
WAITT: Who Am I Talking To?
WTP: Where're The Prunes?

I have excessive mucus. First thing in the morning, I drink 1-1/2 to 2 tablespoons of lemon juice, sweetened with honey in a glass of hot water. This clears my throat and is also a natural laxative. Another plus is that it tastes good! I think people with diabetes should check with a health professional about using this.

Janet McLees, Flint, MI





Julia enjoys having lunch with friends.

Julia Steitz of Penfield, NY, ordered a lung flute from Medical Acoustics (<http://medicalacoustics.com>), a new product to help clear secretions. Because of her low flow rates when breathing through the device, she was unable to get it to work properly. Her husband tried and with normal lung values had no problems. The company gave her a complete refund and told her they were working on improving the product.

She also wants to share a tip for doing laundry. Julia sits on a chair and uses a “grabber” to get the clothes out of the washer and dryer.

The American Association for Respiratory Care has published an informative 56-page booklet entitled A Patient's Guide to Aerosol Drug Delivery. The publication covers each type of medication device with instructions on how to clean them and solve problems that may arise.

You may see it on the Internet at www.yourlunghealth.org/healthy_living/aerosol/

Jenna from Florida found she had problems with her Spiriva capsules when she stored her medication in the bathroom. The humidity may have been causing the medication to stick together and the capsule did not seem as easy to break. Once she moved her medicines to a different room the problem solved itself.

If your oximeter mistakenly gets wet, take the batteries out immediately and cover the oximeter in a small container with rice. Cover the container and leave it overnight. The rice will absorb the water and your oximeter will be fine with new batteries! Maggie B., Illinois



Martin Lannon of Prior Lake, MN, a liquid oxygen user, enjoys being pulled in the water on an appropriately named tube!

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Traveling News

Traveling by Air: Key Travel Tips from Transportation Security Administration (TSA)



There are times when TSA will physically inspect a piece of checked luggage. Locks that can be opened by security officers using universal “master” keys are available at airports and travel stores nationwide.

Do not pack wrapped gifts or bring wrapped gifts to the checkpoint as TSA may have to unwrap packages for security reasons.

Footwear is required to be removed and placed through the X-ray machine for screening. Wearing slip on rather than tie shoes will cut down on efforts at the screening. Persons with medical conditions who keep their shoes on will be subjected to additional screening.

Place the following items in your carry-on baggage or in a plastic bag prior to entering the screening checkpoint:

- Mobile phones and keys
- Loose change and money clips
- Metal hair decorations and large belt buckles
- Medications needed (in case your luggage is delayed at arrival)

Prescription liquid medications and other liquids needed by travelers with medical conditions are permitted which includes:

- All prescription and over-the-counter medications (liquids, gels and aerosols) including petroleum jelly, eye drops and saline solution for medical purposes
- Liquids including water, juice, or liquid nutrition or gels for passengers with a disability or medical condition

However, if the liquid medications are in volumes larger than 3.4 ounces (100 ml) each, they must be declared to the Security Officer either verbally or in writing.

Once cleared through screening, you can bring wheelchairs, scooters, canes, walkers, support braces, diabetes-related medication, equipment and supplies, orthopedic shoes, exterior medical devices, hearing aids, CPAP machines, respirators and personal oxygen concentrators among other items.

Seen while traveling:

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*If you qualify

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March 13

*Holland America's
Nieuw Amsterdam
7-day cruise to the
Western Caribbean
from Fort Lauderdale*

September 2

*Norwegian Dawn
7-day cruise
to Bermuda
from Boston, MA*



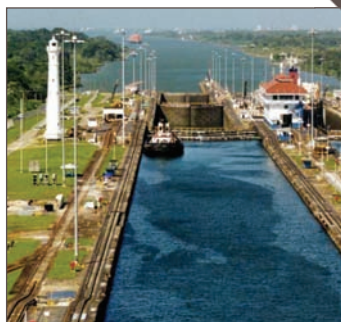
October 1

*Sapphire Princess
7-day California
Coast cruise from
Los Angeles, CA*



April 4
Coral Princess

*10-day cruise to the
Panama Canal
from Fort Lauderdale*



January 15, '12

*Royal Caribbean
Mariner of the Seas
7-day cruise to the
Western Caribbean
from Galveston, TX*



June 4

*Emerald Princess
11-day cruise to
Scandinavia and Russia
from Copenhagen*



February 12, '12

*Norwegian Spirit
7-day cruise to the
Western Caribbean
from New Orleans, LA
(Stay for Mardi Gras
on February 21!)*



July 1

*Celebrity Infinity
7-day cruise to Alaska
from Seattle, WA*

April 15, '12

*Carnival Pride
See the Cherry Blossoms
in Washington, DC
7-day Caribbean cruise
from Baltimore, MD*



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Bumps and Bruises!

A bruise here, a bruise there
I have bruises everywhere!
Sharp edges and corners
are not my friend,
No matter how careful,
they find me again and again!
On my arm or on my elbow,
Oh where will the next one go?
The tattooed youth have
nothing on me!
On my arm, I have the
likeness of Sicily.
First, it was black
and now it is not.
It's sort of the color of an apricot!
The best part is, it will soon be gone,
probably replaced by another one.
I won't be surprised, only amused!

Susan Forte, Nevada City, CA



Flu Update

Last flu season, the world went through the first influenza pandemic in more than 40 years. Many research teams are working on an universal flu shot that could protect people from all flu strains for decades or even life. People who were infected in the H1N1 pandemic developed an unusual immune response, making antibodies that could protect them from all seasonal H1N1 flu strains from the last decade and maybe even the deadly Spanish flu from 1918 and a strain of the avian flu.

As of early January, reported flu cases were mild for most of the country except for Louisiana, Mississippi, Alabama and Georgia, who reported high incidence of the flu. The New York City area also showed moderate activity.

As many as 49,000 people in the United States die from the flu every year. The Centers for Disease Control have recommended everyone 6 months and older be vaccinated. Please get your vaccination if you haven't already!

Do you know what your Oxygen Saturation level is?



Due to our unique relationship with our supplier, Oxy-View is offering Pulmonary Paper readers the amazing limited time price of just **\$39.95** (plus S&H) for our new Finger Pulse Oximeter with **color display**. (model OX300C2P)

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www.oxyview.com Use promo code PP2011A



Not valid with other offers. Offer expires June 30, 2011.



Tax Time Rolls Around Again!

It's time for our annual income tax article! The Internal Revenue Service lets you deduct medical costs as long as they are more than 7.5 percent of your adjusted gross income.

If you paid for travel oxygen, a portable nebulizer or oximeter, it may be considered a medical expense. Other possible deductions you may want to investigate:

- An air conditioner or humidifier that is added to your home's heating/air conditioning system that is necessary for relief from allergies or other respiratory symptoms.
- Medical equipment/supplies sold without a prescription, including needles, bandages or devices such as a glucometer.
- Uninsured medical treatments, such as an extra pair of eyeglasses or set of contact lenses, false teeth, hearing aids and artificial limbs.
- Smoking cessation programs and prescribed drugs and weight-loss programs.
- Travel expenses to and from medical treatments such as ambulance service, bus, taxi, train, plane fares, parking fees, tolls and use of personal vehicle. For 2009, you can deduct eligible medical travel at 24 cents per mile. In 2010, the mileage rate deduction is 16.5 cents. You may also be able to deduct the cost of equipment for your car needed to transport a scooter or wheelchair.
- Wheelchairs/motorized scooters if not already paid for by insurance. Cost of ramps, wider doorways or hallways, railings, support bars, modified door hardware and other modifications to accommodate your scooter or wheelchair. A chair lift to get up and down the stairs as well as adjusting electrical outlets and fixtures and grading exterior landscape to ease access to the house.



- In calculating residential remodeling as a medical deduction, you won't be able to write off the full costs on your tax return. If the improvement increases the value of your property, that amount is subtracted from the project's cost and the difference counts as a medical expense.
- Insurance payments from already taxed income. This includes the cost of long-term care insurance up to certain limits based on your age.
- If you are an oxygen or CPAP user, you may be able to take the cost of the electricity used to operate your concentrator as a medical deduction. Check with whomever prepares your annual income tax return if you can or would benefit from taking this deduction.

How to compute the cost of electricity used:

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: $115 \text{ volts} \times 4 \text{ amps} = 460 \text{ W}$.
2. Next, calculate the number of kilowatt (KW) hours you use per year. Multiply the watts your concentrator uses by .001 KW/W to convert watts to kilowatts. In our example, $460 \text{ W} \times .001 \text{ KW/W} = 0.46 \text{ W}$.
3. Multiple this answer by 24 hours/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 days/year. To continue the example, $0.46 \text{ KW} \times 24 \text{ hours/day} \times 365 \text{ days/year} = 4,029.6 \text{ KWH/Y}$. This is 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 the region in which you live). To finish our example, $4,029.6 \text{ KWH/Y} \times \$0.08 = \$322.27$. This is the amount of electricity you paid to run your concentrator.

For a complete list of what medical deductions the IRS will and will not allow, check out Publication 502, which can be seen on the Internet at www.irs.gov/pub/irs-pdf/p502.pdf.

Respiratory News

Recently, doctors at the Canadian Heart and Stroke Foundation discovered an early warning system in a protein called PIM-1. Dr. Sébastien Bonnet has established that PIM-1 cells can be used as markers of pulmonary hypertension. Physicians found the greater the PIM-1 levels, the more severe the pulmonary hypertension. With blood tests to look at these levels and blocking the PIM-1 protein, a cure might be possible!

Researchers at New York Presbyterian/Weill Cornell Medical Center have discovered a breakthrough experimental treatment for lung cancer. The treatment is part of a lung cancer vaccine that exposes the body to a protein that the lung cancer produces. This protein production helps the body build up protection against the cancer that's attacking it. Lung cancer is the leading cause of cancer deaths throughout the world, and if the vaccine works, countless lives could be saved. More than 400 centers worldwide are taking part in the study. The vaccine is given as a series of injections over two years.

The Canadian Medical Association Journal reports popular heartburn drugs, such as Prilosec, Prevacis and Nexium as well as Tagamet, Pepcid, Acid and Zantac, are associated with an increased risk of pneumonia. These drugs are very popular in the United States and are the second best-selling category of medications worldwide. The most plausible reason why suppressing acid in the stomach might raise the risk of pneumonia is that stomach acid acts as a barrier helping to control harmful bacteria and pathogens. Not enough stomach acid to do the job may allow pathogens to flourish and end up in the lungs. But the drugs are very important since reflux can also cause acids from the stomach to get into the airways and inflame the bronchial tubes, raising the risk of infection.

Prescription pain meds Darvocet and Darvon have been recalled after research linked them to serious or potentially fatal heart rhythm abnormalities. A voluntary recall was issued by manufacturer Xanodyne Pharmaceuticals Inc. in November at the request of the FDA.