



The Pulmonary Paper

May/June 2009

Dedicated to Respiratory Health Care

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Jack Goes to the Dogs!

Also inside:

Calling Dr. Bauer

Nutrition and COPD

Sharing the Health

GO₂ the Beach

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The Pulmonary Paper

News Magazine

Volume 20, No. 3

May/June 2009

On the cover: Jack and Jo Oliver of Illinois breed prize winning beagles. These are Martha and George born on Washington's Birthday!

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

You can't wring your hands and roll up your sleeves at the same time. — Pat Schroeder

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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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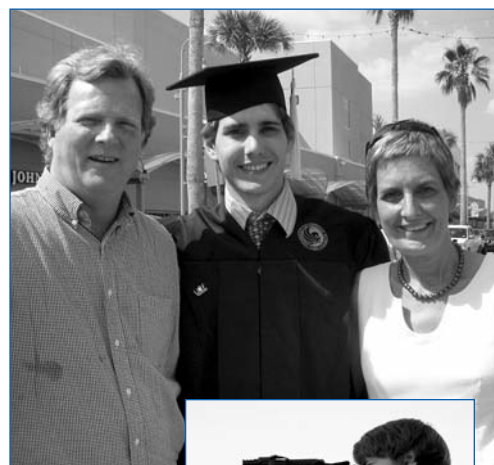
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May/June 2009

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Above: Center stage: Julian, the graduate and right, the next Steven Spielberg!



Given most of us have a compromised respiratory system, we need to be careful about coming in contact with germs. The CDC wants to put the Swine Influenza A virus in context of the seasonal flu. Influenza is a virus we see every winter. At least 800 deaths related to the seasonal flu were reported every week between January 1 and April 18. As of May 5, there were 403 laboratory-confirmed Swine Flu cases throughout the country and only one fatality. Dr. Bauer has more to say on this subject!

Julian, my youngest son, graduates in May from the University of Central Florida. There will be no congratulatory hand shaking during the ceremony due to Swine Flu fears. But he will still know his family is very proud of him!

Celeste

Nutritional Education for Pulmonary Patients

This article was prepared by Sue Lutz MS, RD, LD/N, Florida Hospital Memorial Medical Center, Ormond Beach, FL.

Good nutrition is important to keep you healthy. A well-balanced diet gives your body the nutrients it needs for energy, maintaining body cells and regulating body processes. It may be helpful to limit foods high in carbohydrate in order to promote the best lung function. Calories that normally come from simple carbohydrates should be supplied by foods higher in protein and fat. The reason for this is to decrease the amount of carbon dioxide that your body produces so that your breathing is made easier. Simple carbohydrates can also increase your blood sugar if you take steroids.

Dietary Guidelines

(Florida Medical Nutrition Therapy Manual, 2007 Edition)

- Use artificial sweeteners instead of sugar
- Use artificially sweetened soda, jam, jelly, hard candy, syrup, pudding and gelatin instead of regular varieties
- Use canned fruits packed in juice or water or choose fresh fruit
- Limit intake of desserts containing sugar
- Use unsweetened cereals not sugar-coated varieties
- Eat whole grains, fruit, vegetables, and dairy products to replace foods with little nutritional value such as regular soda, candy, chips, cake, etc.
- Eat five to six small meals per day instead of three large ones



- Choose foods that are easy to prepare and eat
- Rest approximately 30 minutes before eating
- If you use oxygen during exercise or sleep, you should also use oxygen during meals
- Experiment with different body positions to find one that uses the least energy and is the most comfortable for eating
- Avoid foods that produce gas or bloating (i.e., dried beans and peas, broccoli, cauliflower, cucumbers, onions, raw apples, melons) since they tend to make breathing more difficult
- Drink enough fluids to help keep mucous thin and easier to cough up. Drink 48 ounces to 80 ounces of fluid each day, unless you have a medical condition that restricts fluid
- Limit caffeine-containing liquids because the caffeine can interact with some common medications used to treat COPD (e.g, Theophylline)

Sample Menu for Breakfast, Lunch and Dinner

Breakfast

½ Medium grapefruit
2 Slices whole wheat toast
1 Tsp. margarine
1 Tbsp. diet jelly
1 Cup 2% milk

Snack

1 oz. Cheese
6 Crackers
1 Pear

Lunch

6 oz. Vegetable juice
Chef Salad:
2 oz. Turkey
1 oz. Cheese
2 Cups Romaine lettuce
1 Tbsp. French dressing
6 Saltine crackers
½ Cup canned peaches

Snack

½ Cup cottage cheese
½ Cup pineapple
3 Graham cracker squares

Dinner

3 oz. Sirloin steak
½ Baked sweet potato
1 Cup green beans
1 Small whole grain roll
1 Tsp. margarine
½ Cup lime sherbet
1 Cup 2% milk

Snack

2 Tbsp. peanut butter
2 Slices whole wheat bread
2 Tsp. diet jelly
1 Cup 2% milk

Approximate Nutritional Analysis: 2100 kcal, 70 grams fat, 110 grams protein, 270 grams carbohydrate

Eating Better to Breathe Better Food List

Food Group	Servings Each Day	Foods Included	Foods to Avoid
Milk, Yogurt, Cheese	<i>2 to 3 Servings</i> Serving size is 1 cup milk, ½ cup yogurt, 1 oz. cheese, ½ cup cottage cheese	Fat-free, low fat or whole milk, buttermilk, cheese, yogurt, cottage cheese	Chocolate milk
Meat, Poultry, Fish, Dry Beans, Eggs and Nuts	<i>2 to 3 Servings</i> Serving size is 3 oz. meat, 2 eggs, ¼ cup nuts, 2 Tbsp. peanut butter, ½ to 1 cup dried beans	Lean meats, dried beans and peas, peanut butter, eggs, nuts	Raw eggs
Bread, Cereal, Rice, Potatoes, Pasta	<i>6 to 11 Servings</i> (See serving sizes in next column.)	Cooked and dry cereals (¾ cup); whole grain breads (1 slice); whole grain or wheat blend pastas (½ cup); rice or potatoes (½ cup)	None
Vegetables	<i>3 to 5 Servings</i> Serving size is ½ cup cooked or juice; 1 cup raw	All fresh, frozen or canned vegetables, vegetable juices	Any that may cause distress or produce gas
Fruits	<i>2 to 4 Servings</i> Serving size is ½ cup canned or juice; 1 cup raw	All fresh, frozen fruit; canned fruit packed in juice or water; fruit juice or nectars	Any that may cause distress or produce gas; canned fruit packed in syrup; dried fruit
Fats and Oils	<i>Use sparingly</i> Serving size is 1 Tsp.; if low fat, 1 Tbsp.	Margarine, butter, oil; salad dressings, avocado	None
Sweets and Desserts	<i>Use sparingly</i>	Graham crackers, animal crackers, sugar free gelatin or NSA pudding or ice cream	All others
Miscellaneous	<i>As desired</i>	Salt, pepper, vinegar, spices, dill pickles, sugar substitutes, ketchup, mustard, steak sauce, etc.	Sugar

Calling Dr. Bauer ...



Dr. Michael Bauer

As this issue of the *Pulmonary Paper* is going to press, we continue to get new updates about Swine Flu or H1N1 Flu every day. Right now, it appears that the virus may not be as potent as we feared and that infection rates seem to be slowing down a bit. The frustrating part about this infection is how difficult it is to predict the future. Flu bugs typically quiet down during the summer. We all know that late fall and winter are when flu infections typically become more common.

Fortunately, scientists here in the United States and around the world are very busy trying to develop a new vaccine against the H1N1 virus. Depending on how the virus acts over the next several months and how effective a new vaccine seems to work, a decision will be made by next fall whether you and I should get a special "Swine Flu" vaccine. Our pharmaceutical companies are also very busy right now manufacturing vaccine to the ordinary flu virus that we see every fall. Most people don't realize that the "normal flu bug" every year kills up to 36,000 U.S. citizens. This fact stresses how important it is for those with lung and other chronic diseases to be up to date on their flu vaccine and pneumonia vaccine schedule.

The Centers for Disease Control (CDC) is a great source for both patients and doctors for updated information. Their current excellent advice is "if you are sick, limit your contact with other people as much as possible. If you are sick, stay home for seven days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze?"

Years of medical training and clinical experience have also taught me that hot chicken soup is always a good remedy.

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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Fibrosis File

Help from the Caring Voice Coalition

The Caring Voice Coalition (CVC) remains available to people with Interstitial Pulmonary Fibrosis (IPF), Pulmonary Arterial Hypertension and Alpha-1 Antitrypsin Emphysema. Their services include:

- An Insurance Education and Assistance Program has one-on-one patient assistance with insurance reimbursement problems. Financial support may be available to help patients keep and use health insurance coverage.
- A Mentor Training Program will assist individuals through telephone and e-mail contact.
- A Community Assistance Program features a guide to provide useful information for chronically ill patients seeking education, support or financial relief from a broad range of needs.
- Compassionate Care Program will support the extended IPF community in the area of short-term grief and loss.

You may access their programs and services by calling 1-888-267-1440, by emailing cvcinfo@carvingvoice.org, or by visiting their Web page at www.carvingvoice.org.

BUILD-3 Study Continues

Swiss biopharmaceutical company Actelion has reported that the Independent Data and Safety Monitoring Board has recommended continuation of the pivotal Phase III study BUILD-3, evaluating the efficacy and safety of Bosentan in patients suffering from idiopathic pulmonary fibrosis. Final study results are expected before the end of 2009. BUILD-3 enrollment was completed in November 2008 with 616 patients.

The Pulmonary Fibrosis Research Enhancement Act (H.R. 1079) – which would authorize \$16 million in new federal funding for pulmonary fibrosis research – has now gained the support of 27 members of the U.S. House of Representatives. Contact your elected officials today and ask for their support!

Charlie, Oxygen and *Lots* of Interests!

Nancy Pritchard of Hertford, NC, has been married to Charlie for almost 53 years. They have two daughters, five grandchildren and one great granddaughter. Even though Charlie has Pulmonary Fibrosis, Nancy says, “Life is abundant and oxygen is his best friend, next to me! He even delights in manicuring the yard.” We can see the proof!



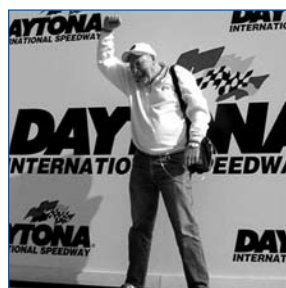
*Above:
Singing
in the
choir*



*Left:
Learning
to play
the
guitar*



Relaxing with Fussy



*Making it to
Victory Lane!*



*And what man isn't happy
mowing the lawn!*

Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

Julie from EFFORTS asks Mark why her oxygen saturation drops, even though she turns the flow up on her Helios liquid portable.

Mark replies "It is apparent that Helios is not the system for you. While it is small and light weight, the setting of 4 on the pulse dose Helios is equivalent only to 2.5 on continuous flow. When you get up and get moving, several things happen to make even 4 liter flow on continuous less than adequate. The cannula itself becomes a technically inadequate device when oxygen demands exceed a critical level. It is partly due to a phenomenon called 'dynamic hyperinflation' that happens to folks as their COPD becomes more severe. It is a difficult concept to understand.

When people who have decreased air flow rates in their lungs begin to exercise, their respiratory rate will increase. They do not fully exhale one breath before starting the next. This stale air becomes trapped. You may start using accessory muscles of your neck and chest to help push the air out. Your lungs will become larger than normal because of this trapped air. The hyperinflation may flatten out your diaphragm, a main muscle

used in breathing, and shortness of breath rapidly occurs. Pursed-lip breathing, which helps to squeeze the bad air out of your lungs, should be done routinely.

In any case, you should be trying to get a Companion T-100, high flow portable also made by Tyco/Puritan Bennett that will go up to 15 liters flow if needed. It is a larger unit and also heavier. In my opinion, when you need the oxygen coverage, the logical and necessary compromise must be supply over convenience of handling."

Earl from Virginia asks Mark if he knows whether Foradil can be used in conjunction with Advair and Spiriva.

Mark advises "Foradil can and 'should' be used with Spiriva. If used with Advair, it would be double-dosing on long-acting beta-agonist medication. Ask your doctor if you need a steroid. If you do not, you would not have to use the Advair."

A recent study in the CHEST journal showed benefits of 'interval training' for those with advanced COPD. Interval training, implementation of brief, high-intensity bouts of exercise, alternated with equally brief periods of rest, yields significant adaptations in thigh muscles. Readers ask Mark to explain.

Interval training was thought to be contrary to best practice and objectives when I first started doing rehab 20 years ago. The mantra was the tortoise approach, slow and steady, and increase gradually. Investigators have collected a large amount of data over the past couple of decades that shows that interval

training not only is possible and effective, but can produce significantly better results, sooner, in many patients, even and especially in those who are the most severe. The reason for and advantage of interval training is to challenge breathing so that you 'impose' significant windedness upon yourself, forcing yourself to master control over your breathing and, more importantly, the anxiety that comes with the discomfort of such hard breathing. In doing so, you not only gain confidence and often, better control, but you also achieve a much higher level of conditioning and ultimately, function. The bottom line is, if you can bring yourself to withstand the higher level of discomfort, you will reap the benefit of greater results.

Ruby from Indiana writes, I have been on Spiriva since it came out on the market and recently developed an itch and rash. A physician wanted me to change medication but I don't want to!

Mark agrees "A dermatologist once explained that one of the more common causes of "contact dermatitis," characterized by itching and rash, is the insufficient rinsing of detergents while doing the laundry. I'd suggest eliminating that as a first step in seeing if you have an allergy to something. Spiriva should be the last thing you would suspect!"

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.

I am writing to encourage people to get a second opinion if they are not happy with the care they are receiving. I was diagnosed with severe emphysema in 1999. My physician sat me down and told me there was nothing that could be done for me. In 2005, my breathing was terrible and I no longer went to see my lung specialist. I read a lot about Lung Volume Reduction Surgery and felt I had nothing to lose if I checked into it. I had the surgery and it changed my life forever. After two months I was off oxygen and haven't used it since! I hope there are others who will benefit from my story.

Sandra Guffin, Springfield, OR

Hang On!

With my fingernails,
am hanging on tight,
(which are cut to the quick)
to most precious life,
feeling many a kick.

What to do,
the bed looks so good,
my offsprings say, "Exercise!"
diligently, the arms and legs swing,
with protest and cries.

Oh, a precious thing breath,
can more be found,
is it a big win,
with a tube in the nose,
but I must breathe in.

There are those who hang on,
with no fingers at all,
so stand as though mounted,
however long,
knowing your life is counted.

Gwendolyn Frank,
East Jordan, MI

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I met a man with COPD who found that he had a terrible time walking. He got an idea while grocery shopping. He didn't feel so short of breath when he leaned on the shopping cart and walked. There was something about the angle that relieved some of the pressure. He modified his 4-wheel walker. He drilled holes further up the inside handles and raised the handles to where he could rest his arms on them. He put a platform on the hand rest so that his arms could rest at right angles while walking. He can now walk greater distances with his new contraption. I think I might try it with my Dad's walker. Don't know if this will help any of you but just wanted to pass it on.

Nancy Q. from the internet support group,
COPD-International.com

The new laws that let researchers receive federal funds for stem cell research will make no difference for the COPD folks. They have been researching stem cells for the last 15 years and found that autologous (a person's own) stem cells showed more promise than embryonic stem cells. Also stem cells from umbilical cords are more promising than embryonic stem cells. It will be 5 to 10 years before we see a real treatment for COPD folks. They will go after those with heart disease. They have already done miracles with diabetes and there has been some great promise for Alzheimer's disease. You may find information at www.biostemcellgenetics.com.

Tony, Dallas, TX



When showering, put the cannula over your shower rod so water will not get in it. When finished, put on a terry cloth robe to absorb the water. And remember, when in doubt, blow out!

Kris Rauscher,
Sioux Falls, SD

Bee from Alberta, a member of EFFORTS, went to www.webmd.com/a-to-z-guides/exercises-for-chronic-obstructive-pulmonary-disease-copd on the Internet to find exercises she could do at home. She thought the exercises got really easy after doing them for a month and they are a great place to start.

Deb from Nevada started exercising in her pool. She got a plastic file box to put her oxygen in while in the water. She uses a noodle as well and plans to exercise two to three times per week. Eleanor Hoppe of Albuquerque, NM, looked longingly at the pool in her complex and remembered better days. At the age of 86, she decided to get back in with the help of portable tanks and long tubing! She says the buoyancy of the water is a great asset and makes her feel energized.

Lyn Cole of Colorado sent us this picture how she got back in the swim of things with her high flow liquid O₂.

She uses a floating cooler, available at pool supply stores for approximately \$25. Lyn thinks water exercise is wonderful and especially helpful for those who have arthritis problems.



Lori Palermo wanted to let those who care for people with a chronic medical problem to know of a web site, www.caregiving.com – Lori was interviewed on their Blog Talk Radio! You may also ask your local American Lung Association, 1-800-LUNG USA, for a copy of their booklet, *Caregiver's Guide for Chronic Lung Disease*.

I find myself never leaving the house without a scarf! I use it to keep warm, to protect myself against winds that crop up, and to fend off smoke as I pass a smoker at the entrance of a store. I also put everything I need to carry in a bag – it makes it easier to carry!

Ann Rappaport, Orcott, CA

When I was reading the last issue, I got a big bang out of Larry Brown's article about his Breathing Well Club. When their waitress inquired about their group, she thought he said Barely Breathing Club. It reminded me of an even funnier one. When someone asked one of our members what kind of club she belonged to, and she said Better Breathers, he thought she said Better Breeders! We all got a good laugh over that! Good luck to all.

Donna Wanninger, Carroll, IA

Many members have asked for a place in our newsletter where they can advertise equipment for sale or trade that they no longer need. If you would like to participate, please send your information to:

The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 or email cbelyea@pulmonarypaper.org.

I have been on oxygen since 2003. I live in Illinois and traveled to Colorado for a family wedding. When we got to an altitude of 6,500 feet, both my Invacare Home Fill concentrator and I malfunctioned! My machine gasped, stopped, and struggled to fill my tanks. We headed for home and when we reached the lower levels, my machine and I were instantly cured! I would like to go to Colorado again, does anyone have any advice or tips for me?

Sharon P., Aurora, IL

Representatives Tom Price, MD (R-Ga.) and Heath Schuler (D-N.C.) have re-introduced into the 111th Congress the Home Oxygen Patient Protection Act as H.R. 2373, a bill that would repeal the 36-month oxygen equipment rental cap. The bill says that it would "amend part B of title XVIII of the Social Security Act to restore payments for home oxygen therapy through the beneficiary's period of medical need."

In order to address the complaints that have arisen as a result of changes in Medicare home oxygen equipment reimbursement, you may call the COPD Foundation's Information Line at 1-866-316-2673 with your concerns. Representatives are available Monday - Friday, 9 am to 9 pm EST.



Everyone is talking about Mike McBride, an oxygen user with COPD, who recently completed the Boston Marathon. He finished the 26-mile, 385-yard distance in 7 hours, 31 minutes and 36 seconds with his own version of a sulky equipped with liquid oxygen tanks. If you would like to read his story, visit www.copd-international.com/Library/Boston.htm.

The American College of Physicians announces the COPD Portal, <http://copd.acponline.org> which provides concise answers to specific clinical and practice management questions for healthcare professionals and patients and their families.

Do people not understand what your COPD is all about? You could direct them to the Internet site, <http://wellness-videos.com/wellness-video-understanding-chronic-obstructivepulmonary-disease-copd-1> for a short summary of what is involved.

The Mayo Clinic has also launched an Internet site – <https://healthmanager.mayoclinic.com> – where you can create and store personal health information that you may chose to share with your physician, pharmacist or health insurance company. It will even provide a reminder for you to go to an upcoming doctor's appointment!

The Annual State-of-the-Air Report's "Top Tens"

The American Lung Association has published their tenth annual State of the Air report. They say air pollution continues to threaten the lives and health of millions of people in the United States despite great progress since the modern Clean Air Act was first passed in 1970. The report focuses on the two forms of air pollution most dangerous to lungs: Smog (ozone) and soot (fine particulates). The winners and losers are:

The Cleanest Cities in the U.S.:

1. Fargo, ND/
Wahpeton, MN
2. Billings, MT
3. Bismarck, ND
4. Cheyenne, WY
5. Colorado Springs, CO
6. Farmington, NM
7. Ft. Collins, CO
8. Honolulu, HI
9. Lincoln, NE
10. Midland-Odessa, TX

Cities with the Worst Air Pollution: Ozone (Smog)

1. Los Angeles/Long Beach/
Riverside, CA
2. Bakersfield, CA
3. Visalia-Porterville, CA
4. Fresno/Madera, CA
5. Houston/Baytown/
Huntsville, TX
6. Sacramento, CA/
Arden-Arcade/Yuba City, NV
7. Dallas/Fort Worth, TX
8. Charlotte/Gastonia/
Salisbury, NC
9. Phoenix/Mesa/Scottsdale, AZ
10. El Centro, CA

Cities with the Worst Air Pollution (Soot)

1. Bakersfield, CA
2. Pittsburgh/New Castle, PA
3. Los Angeles/Long Beach/
Riverside, CA
4. Visalia-Porterville, CA
5. Birmingham/Hoover/
Cullman, AL
6. Fresno/Madera, CA
7. Cincinnati, OH/
Middletown, KY/
Wilmington, IN
8. Detroit/Warren/Flint, MI
9. Cleveland/Akron/
Elyria, OH
10. Charleston, WV

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Traveling Tales

A New Day Has Dawned!

On May 16, 2009, the U.S. Department of Transportation regulation went into effect requiring all commercial flights originating or departing from a U.S. airport to allow passengers to bring and operate a portable oxygen concentrator (POC) on the aircraft. For those who wish to read the official regulation, please visit www.regulations.gov and search for docket number DOT-OST-2004019482. This ruling represents a tremendous victory for people who use supplemental oxygen.

We contacted many domestic airlines regarding changes to their rules on POC use. No one planned changes to rules already in place. Juliet Hedge Ellis, Director of Members Services of the National Home Oxygen Patients Association, will be reviewing all airline requirements in June to keep their website up to date (www.homeoxygen.org).

Before booking a flight, review the specific airlines' regulations concerning the use of a POC. Airlines have a special assistance department to call. You may bring and use the following POCs on the airplane: AirSep's Lifestyle and Freestyle, Inogen One, Sequal's Eclipse, Respironics Evergo, Invacare XPO2 and Evo Central Air.

Two more POCs, the Independence by OxLife and Igo by DeVilbiss, both capable of continuous flow, are awaiting FAA approval.

Flying Tips to Stay Healthy

When Deb Breezyhill flies on commercial flights, she wipes down the seat, tray table, lap belt, and everything you touch with sanitizers that are a minimum of 60% alcohol based. Deb recommends to keep hydrated, drink a minimum of 8 ounces of water for every *hour* you are in the air. Move your feet, wiggle your toes, lift your knees or stretch to help keep the blood flowing.

A N95 mask may protect you while in crowds. The respirator blocks at least 95% of very small test particles. Requiring a tight fit to be effective, the mask is not intended to be used by children or those with facial hair. Because the N95 respirator can require more effort to breathe through, people with lung problems may find it difficult to wear.



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Product Corner

Fire Safe Cannula Valve

Life Gas, a company based in Atlanta, GA, reports there are nearly 900 fires every year that are caused by people smoking while using oxygen. Their new product hopes to save lives and limit damage. (*Of course, we hope you do not smoke while wearing oxygen.*) Ask your home care provider if they have fire safe cannula valves available for your protection. For further information, call 1-205-368-5761.



Swivel Adaptors

A few years back, *The Pulmonary Paper* offered swivel adaptors for purchase from a company called Linjorel. They looked very similar to the fire safe valve and were designed to keep oxygen tubing from twisting and getting tangled. The company was sold to another and many readers have wondered where they could purchase them.

The swivels are placed between the cannula and the tubing or the



tubing and the oxygen concentrator. Ten adaptors that have two male fittings on either end can be purchased from Afton Medical for \$26.95; those with a male fitting on one end and a female fitting on the other, are \$28.95 for ten.

The company also has comfort cushions to prevent the cannula from rubbing on your ears. You may call Afton Medical at 1-800-986-3940 for more information or order from www.Amazon.com after searching for “oxygen swivel”.

The SpiroCheck: A Home Spirometer

Your Forced Expiratory Volume in one second, or FEV1, is the amount of air that you can exhale in one second. FEV6 is the volume exhaled in six seconds and is a good representation of your vital capacity – the amount of air that can be exhaled after a maximal inhalation.

The SpiroCheck is a home spirometer that accurately measures and stores up to 200 tests. After your personal best FEV1 is set, future readings are compared to this number and given as a percentage.

The cost of SpiroCheck is \$195. To order or for further details, call Micro Direct at 1-800-588-3381 or visit www.micro-direct.com.



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Smoking News

- The current average smoking rate for United States high school seniors is approximately 20%, a figure that has not changed over the last five years.
- *The New England Journal of Medicine* recently reported paying people to quit smoking, significantly increased smoking cessation rates, according to a workplace-based study of more than 800 employees.
- A study in England showed second hand smoke is associated with an increased risk of dementia.
- Researchers have identified a molecule which contributes to the development of smoking-related lung disease. They found high levels of osteopontin in patients with interstitial lung disease, whereas healthy smokers had lower levels, and healthy non-smokers produced no osteopontin. Osteopontin and cellular receptors for nicotine may therefore be new targets for treating smoking-related lung disease.



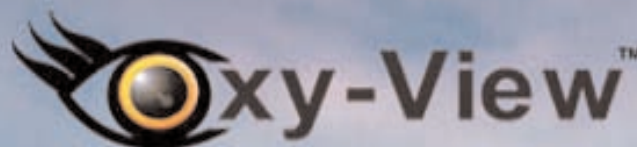
Lung Cancer in Women

The European Society for Medical Oncology tells us “Lung cancer is the leading cause of cancer deaths worldwide. One of the reasons for this is that symptoms of lung cancer are very often lacking or occur only late in the course of the disease. The prognosis of lung cancer patients is very dependent on how advanced their disease is.”

“In stage I, where the tumor has not yet spread, five-year-survival rates are about 70%; whereas in stage IV, where it has metastasized to other parts of the body, survival is about 1%. Developing better tools for distinguishing between lung cancer and other lung diseases will help us offer greater hope for patients.”

Swiss researchers looked at 683 lung cancer patients, finding women tended to be younger than men at diagnosis and developed the disease after smoking fewer cigarettes over their lifetimes. The investigators believe women may be more sensitive to the cancer-causing ingredients in tobacco smoke, which helps to explain the significant increase seen in lung cancer in women in recent years.

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Oxygen Therapy Eyewear

Respiratory News

Maybe not next year, maybe not the year after that – but someday soon, you’ll be able to make it through to spring without suffering the runny nose, coughing, sneezing and congestion that come with the common cold. That is the hope of University of Calgary scientist Dr. David Proud. He believes he’s on track to finding better cold therapies after his breakthrough study found that it is the immune response, not the virus itself, that causes cold symptoms.

Patients with moderate to severe COPD show alterations between normal breathing and swallowing patterns (during eating) even when they’re not experiencing exacerbations, according to a study by Roxann Diez Gross and colleagues at the University of Pittsburgh.

Muscle deterioration in patients with lung diseases might be a direct consequence of high carbon dioxide levels in their blood, an international team of researchers headed by Professor Yosef Gruenbaum of the Hebrew University of Jerusalem has found.

Science Daily reported that the world’s leading candidate for a tuberculosis vaccine, developed at the University of Oxford, is to enter Phase IIb proof-of-concept clinical trials, making it the first TB candidate vaccine for more than 80 years to get to this advanced stage of clinical trials. More than two billion people are infected with TB – approximately one out of every three people on the planet – and 1.8 million die annually from the disease.

A new medication, Daxas (Roflumilast) from Nycomed, is an oral enzyme inhibitor targeting cells and mediators and is expected to act on the underlying mechanism of COPD and related inflammatory diseases. It could reduce exacerbations requiring medical intervention. If approved, Daxas, a once-a-day tablet, will be the first drug in its class. It will also be the first new approach to the management of COPD in a generation. The company is preparing to submit a new drug application to the FDA.