Reliving History!

Also inside:
Calling Dr. Bauer
Sharing the Health
I had the unique opportunity to visit Rome and Greece with a group of very inspiring people with lung problems. When I found myself standing in the same spot where ancient people who shaped our history once did, it was indeed humbling. It made me wonder what future generations of our own family and of our country will think of the history we will leave them.

One thing is for certain, we can not change the past. Stop feeling guilty for having smoked cigarettes or focusing on what you are no longer able to do – there is nothing you can do to change that. You can only change what you do today and I hope you strive to be the best that you can be!
President Obama signed the Patient Protection and Affordable Health Care Act into law on March 23 of this year. By no means a complete explanation of the changes we can expect, we would like to bring you highlights of the new law.

It is hoped you will have increased quality of health care while ensuring accountability throughout the health care system. Your guaranteed Medicare benefits will not change. During open enrollment this year, you will continue to choose between Original Medicare and a Medicare Advantage plan.

If you enter the Part D “donut hole” this year, you will receive a one-time $250 check if you are not already receiving Medicare Extra Help. Next year, if you reach the coverage gap, you will receive a 50% discount when buying Part D-covered brand name prescription drugs. You will pay less every year after, until 2020, when you will pay no more than a 25% copay.

Next year, you can get free preventive care services, like cancer screening, as well as a free annual physical to assess your current medical needs. The legislation improves Medicaid coverage for smoking cessation medications. It establishes a National Prevention, Health Promotion and Public Health Council to develop a strategy that addresses proper nutrition, regular exercise, smoking cessation and the five leading causes of death in the United States. COPD is now ranked at number four.

Starting in 2014, insurers can no longer use pre-existing medical conditions as a reason to exclude you from getting insurance. A temporary program in July will help people with pre-existing conditions obtain coverage. It will offer subsidies for those with moderate or low income and make more people eligible for Medicaid.

The Health Care Law will help 32 million Americans get insurance. There will be immediate tax credits to help small businesses buy insurance for their employees and new benefits for those that already have insurance, such as coverage for children until age 26.

In 2014, state-run insurance exchanges will offer private insurance plans for people who are uninsured, self employed or between jobs. Members of Congress will be required to buy health plans through these exchanges. Illegal immigrants will be prohibited from getting insurance this way.

Starting in 2014, insurance companies can charge older people no more than three times the amount they charge younger adults. Currently, they can charge up to 10 times more.

Insurance companies will be banned from establishing lifetime limits on your coverage and use of annual limits will be eliminated this September.

Support for community health centers will increase, allowing them to serve some 20 million new patients. Health teams will provide patient-centered care, so you won’t have to see multiple doctors who don’t work together. Your choice of doctor will be preserved.

The new law contains new tools to help crack down on criminals seeking to scam seniors and steal taxpayer dollars and will strive to reduce payment errors, waste, fraud and abuse. If you would like to report suspicious activity, or for more information on the new health care law, call 1-800-MEDICARE (633-4227) or visit www.medicare.gov.

Beginning in 2013, married couples who make more than $250,000 a year and individuals with incomes over $200,000, will pay an extra 0.9 percent in Medicare payroll taxes and a new 3.8 percent tax on unearned income from investment interest and other income. Starting that same year, you can take a tax deduction only if your medical expenses exceed 10 percent of your income.

In other legislative news, the House of Representatives recently voted to freeze Medicare physician payment cuts of up to 21 percent that were scheduled to take effect June 1, 2010 until December 2011.
Don’t Forget Your Pneumonia Vaccination!
There are two main kinds of pneumonia—viral and bacterial pneumonia. Bacterial pneumonia is more serious. One kind of bacteria causes pneumococcal pneumonia. In older people, this type of pneumonia is a common cause of hospitalization and death.

The CDC—Centers for Disease Control and Prevention—recommends everyone age 65 and older receive a pneumonia vaccination, which is covered by Medicare. Most people have mild or no side effects. Although the injection should give you immunity for ten years, your physician may recommend you receive a booster every five years. Unfortunately, it does not cover every type of pneumonia but does protect against 88 percent of the pneumococcal bacteria that cause pneumonia.

According to the CDC, Illinois ranks first with the highest state average of age 65 plus adults who are not vaccinated for pneumonia with 40.4 percent, while Oregon has the best rate, with only 26.8 percent not vaccinated.

Inhaled Corticosteroids Reduce Risk Rate
Don’t forget to take your steroids! The outpatient use of inhaled corticosteroids (ICS) was associated with a 20 percent to 24 percent reduction in mortality risk, according to new research from the University of Texas Health Science Center, San Antonio. Results are as compared to no prior use of ICS.

State of the Air
The American Lung Association’s State of the Air 2010 report is out. Visit www.stateoftheair.org to see how the air in your community measured up. California cities were ranked first among the nation’s most polluted cities, while Bismarck, ND; Cheyenne, WY and Alexandria, LA are among the cleanest. The good news is 20 cities on this year’s list of 25 cities most-polluted by year-round particle levels had cleaner air than last year’s report found.

New Reasons to Keep Moving!
From Science Daily, comes the news that exercise can buffer the effects of stress-induced cell aging. Scientists learned that vigorous physical activity, as brief as 42 minutes over a 3-day period, can protect individuals from the effects of stress by reducing its impact on telomere length. Telomeres are tiny pieces of DNA that promote genetic stability and act as protective sheaths by keeping chromosomes from unraveling, much like plastic tips at the ends of shoelaces.

Research also showed women who drink two large glasses of milk a day after their weight-lifting routine gained more muscle and lost more fat compared to women who drank sugar-based energy drinks.

All Wired Up
A wireless monitoring system for people with COPD could allow health care workers to assess a patient’s health and the development of their disease without hindering movement, according to a report in the International Journal of Biomedical Engineering and Technology.

The researchers have demonstrated the benefits of their system with COPDers undergoing rehabilitation. The sensors have been programmed to send out alert signals above a certain unhealthy body temperature, below a specific heart rate, or blood pressure changes of more than 10%.

Promising PAH Medication
An oral medication being developed by Actelion Ltd for pulmonary arterial hypertension, or PAH, significantly eased resistance to blood pumping through arteries around the lungs, according to data from a small, mid-stage clinical trial. PAH is a condition in which abnormally high blood pressure in the arteries between the heart and lungs severely compromises the function of both organs. After 17 weeks, patients in the 43-subject trial who received Selexipag on top of other treatments had a 30.3 percent reduction in pulmonary vascular resistance – a measure of the resistance to blood flow that must be overcome for the heart to push blood through the circulatory system around the lungs. Selexipag works by inducing vasodilation, or widening of the blood vessels through relaxation of the muscle cells of the vessel walls. Similar drugs are given intravenously or by inhalation. The drug was generally well tolerated. A Phase III trial is underway.
Dear Dr. Bauer,

I take 4 doses of Duo-neb by nebulizer per day and 2 doses of 2 puffs daily Symbicort. I have been taking the Symbicort right after the 7 am and 9 pm dose of Duo-neb. Is there a better time to take the Symbicort for the best effect?

George W., Pensacola, FL

In each of my pulmonary clinic exam rooms is a picture of all the inhalers currently on the market on a big poster, so my patients can tell me in clear terms which inhalers they are using and how often they use them. The poster is getting bigger and bigger since it seems more inhalers come to market every month! A common question I’m often asked is “Is there a correct order in which I’m supposed to take my inhalers?”

I always say “It’s more important to have good technique using your inhaler compared to the order you take them.” It’s hard to use an inhaler with perfect technique, but it is important to deliver enough medication properly down into your lower air passages. Every time you see your doctor or respiratory therapist, show them your technique and ask for pointers and advice.

In my opinion, it makes sense to use your short-acting inhalers such as Albuterol (ProAir, Ventolin, and Proventil) first to open the airways quickly. Then the longer-acting drugs such as Advair, Symbicort and Spiriva can have better delivery to the lower airways. My patients, who have been using these drugs for years and years often have their own preferences. I think this is fine also!

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.
Awareness of COPD Concerns Differ

At a recent meeting of the American Thoracic Society, a presentation discussed how doctors and patients with COPD agree that shortness of breath is your most debilitating symptom, but do not agree on other issues. The survey included almost 1,200 people with COPD, 200 pulmonary disease specialists and 299 primary care physicians. The researchers would like to increase physician awareness of the gaps that exist between patients’ and physicians’ perceptions of the burden of COPD to make counseling efforts more effective.

For example, patients and physicians are both aware of the prevalence of morning symptoms, but physicians are less aware of the importance of symptoms in the afternoon and evening. Patients worry most about symptoms worsening over time, whereas physicians thought their patients worried most about being put on oxygen. Among the significant differences between physicians and patients:

- 73% of the doctors thought that losing independence was a major fear of patients, but just 55% of patients expressed that concern.
- 75% of physicians thought that their patients most feared being put on oxygen, but only about 47% of patients considered that their major concern.
- 17% of doctors thought patients were fearful of not seeing friends and family more often, but that concern was mentioned by about 40% of the patients.
- 25% of doctors thought the ability to handle aspects of personal hygiene was feared by patients, an underestimation as 40% of patients said that was a concern.
- 46% of doctors thought that the possibility of having to leave their home would be fearful for patients, but just 36% of the patients agreed.
- 46% of doctors believed that patients would be fearful about their ability to continue working, but just 22% of the patients expressed that same concern.
Pirfenidone Approval Delayed

On May 4, 2010, the FDA chose to ask for further study of Pirfenidone, which will delay potential approval of the first drug in the treatment of Pulmonary Fibrosis. On March 9, 2010, an FDA Advisory Committee recommended approval of the drug by the FDA.

“This news is disappointing for the Pulmonary Fibrosis (PF) patient community,” said Mishka Michon, CEO of the Coalition for Pulmonary Fibrosis. “Although the drug is not seen as a cure, it offers the first-ever option for treatment and some hope for these dying patients. This is a setback for those patients who are anxious to gain access to this treatment now. We look forward to results of further review of the drug by the FDA. We are hopeful that more attention to the disease will come and much will be learned that will encourage even more companies to research PF. The need is profound and urgent.”

If you haven’t already reached out to the FDA and would like to voice your opinion, the information for contacting the FDA follows. We recommend you send two copies of your letter – one to the FDA’s Division of Drug Information and one to the doctor in charge of the division that oversees pulmonary drugs. If you choose to email your letter, please send a copy to the CPF at tbarnes@coalitionforpf.org.

Disability Benefits

Idiopathic Pulmonary Fibrosis (IPF) has been added to the Social Security Administration’s “ Compassionate Allowances” listing. This means that the average time from application to the Social Security Administration for disability benefits to the time disability is designated will be days instead of months or years. The Social Security Administration began electronically targeting IPF on March 1, 2010. People will still be required to wait the mandatory 24-month waiting period to receive Medicare benefits, once approved by Social Security, but this “compassionate allowances” listing will at least shorten the wait on the front end for disability designation and benefits.

If you or a family member are in the process of applying for disability or have been previously turned down, please let them know about this new “compassionate allowances” listing. For help regarding your application or appeal for Social Security disability, you may reach out to the Caring Voice Coalition by calling 1-888-267-1440 or visit: http://www.caringvoice.org.

Research Studies

A small piece of RNA appears to play a big role in the development of IPF, according to lung disease researchers in the American Journal of Respiratory and Critical Care Medicine.

MicroRNAs are short strands of genetic material that are involved in regulating the activity of genes. MicroRNA changes contribute to IPF. Ten percent of the microRNAs studied were different between IPF and control lungs. Researchers hope that with this new information they will be able to slow down or even prevent fibrosis in the future.

A randomized trial of the blood vessel relaxant Sildenafil (Viagra) in patients with pulmonary fibrosis has disappointed researchers by failing to improve patients ability to walk, but the drug did provide a small but statistically significant improvement in other outcomes as less shortness of breath, better arterial oxygenation and a better quality of life. The benefits on were strong enough to justify a broader and longer trial of the drug, according to researchers reported in the New England Journal of Medicine.

Also in research, NeoPharm, Inc. is developing a new drug for the treatment of IPF known as IL13-PE. It has been granted orphan drug designation by the FDA.
Seth asks if Mark knows of scientific studies regarding the impact of exercise on COPD.

Mark replies, “If you visit http://scholar.google.com and type in this topic in the search box, you will find almost 22,000 results! Various methods to increase oxygenation and ventilation during exercise have been studied, including using CPAP (Continuous Positive Airway Pressure) and BiPAP (BiLevel Positive Airway Pressure). They are cumbersome and appear to help about half of those studied to some degree, while not offering benefit to the other half. Helium mixed into inhaled gases has also been used, since it is light and can overcome higher airway resistance. The easiest and most effective means to help with oxygen levels during exercise remains higher oxygen flows and concentrations.”

Chris is trying to gain weight and asks about adding fat to her diet.

Mark explains, “It has been a prominent recommendation that added fat calories are necessary for those with COPD who are struggling to maintain near or somewhat above ideal body mass. This is because of the density of calories (9 per gram) and the metabolic considerations associated with fat digestion and absorption. Fat digestion does not result in increased carbon dioxide load on the lungs. Fats provide a higher return of usable calories to build body mass than do carbs or protein. Because fat calories are denser than carbs or protein, food ‘volume’ where fats are greater is less. This allows consumption of more ‘volume’ than with carbs or protein. This factor is critical when considering the difficulty COPD folks have with filling their stomachs without unnecessarily impeding their breathing. A full stomach puts pressure on the diaphragm making inspiration more difficult.”

Joan asks, “I am switching from taking Advair 500 to nebulizer treatments with Perforomist and Budesonide. The pharmacy said you should not mix the two meds together, but the pulmonologist says it is OK. If they can’t be mixed, that will require four separate treatments! What do you think?”

Mark replies, “There is no pharmacological or mechanical reason why you should have to separate the two drugs. You should be able to take them in a single nebulizer treatment without any issues.”

Jane heard that it is dangerous to take Advair and asks Mark about her concerns.

Mark assures, “The dangers of taking Advair (and any long-acting beta-agonist), with regard to risk of fatal incidents, is tied to extreme overuse, not use of recommended doses. The dangers are confined to those with asthma as their primary diagnosis, not those who have COPD with an asthmatic component. The risk for death from long-acting beta-agonists was found to be alleviated when they are taken in combination with a steroid. The concern for those with asthma is that they should be sure to use an inhaled steroid with their long-acting beta-agonist and they should not ‘over use’ that medication.”

Michael asks if it is better to have lung volume reduction surgery (LVRS) than a lung transplant.

Mark’s advice: “There is nothing “easy” or inherently “quick” about LVRS as compared to a transplant. Both procedures are very serious surgeries with definite risks. Testing for both procedures is very similar with regard to how much time it takes to complete them. So, that is not a good reason to prefer one procedure over the other. LVRS is sometimes used as a “bridge” to transplant. But, it is not simply a choice that everyone has the option to make based upon preference. It is very much a quality of life issue and what one can look forward to in determining when and if LVRS should be done.”
Asthma News

Make sure you talk to your physician about these new asthma studies! A report in the American Journal of Respiratory and Critical Care Medicine showed when asthma patients, who check their morning peak flow measurements daily, saw their numbers decreasing and felt an exacerbation coming on, quadrupled the dose of their inhaled corticosteroids, they were able to prevent a more serious downturn from happening.

Taking low dose theophylline enhances the anti-inflammatory benefits of steroids. A study in the European Respiratory Journal proved taking 400 mg/day of theophylline plus beclomethasone at 200mcg/day resulted in significantly greater improvements in lung function and in asthma symptoms than either drug alone.

Get our your cod liver oil! Low Vitamin D levels in adults with asthma are associated with impaired lung function, increased airway hypersensitivity and decreased response to inhaled steroids. Further testing will take place to see if Vitamin D supplements will improve your asthma.

Virginia Hospital Center announced that it will be the first hospital in the United States to offer a new procedure for severe asthma patients known as bronchial thermoplasty, recently approved by the FDA. Patients who are 18 years and older and suffer from severe persistent asthma that is not well controlled with inhaled corticosteroids and long-acting beta agonists will be eligible for the procedure. It is performed through a standard flexible bronchoscope. The tip of the catheter contacts the walls of airways and delivers thermal energy to reduce smooth muscle that narrows the airways.

Respiratory Relief for Your Pet

The AeroDaug® Canine Aerosol Chamber was developed by Trudell Medical International to be used along with a Metered Dose Inhaler to deliver medication to your dog for the treatment of chronic bronchitis. Your dog or cat can have asthma and allergy symptoms that need to be treated by your veterinarian, especially if pet is overweight. If you suspect there is a problem, check your pet’s respiratory rate. The average respiratory rate for a dog is 10 to 30 breaths a minute; a cat will be 20 to 30 breaths a minute – which is higher than our 14 to 20 breaths per minute. Heartworm is a common cause of respiratory problems in dogs and cats.

Our own Associate Editor, Dominic Coppolo, gives Pepper his dose of Flovent that he gets twice a day!
I finally swallowed my pride and purchased a scooter. It has been a great help in keeping me on the go. I am 78 and was having a great deal of trouble walking. When I couldn't finish touring an art show, one of my friends suggested I look into getting one. I put off thinking about it since it was just another reminder of what I cannot do. After talking to my pulmonary physician, we started the paperwork with the insurance company and one month later, I had a 3-wheel scooter.

The first time I used it, I was very self-conscious. I still do as much walking as I can. On outings that require a lot of walking, I dismantle the scooter in less than five minutes, put it in the trunk of the car and go! Stop thinking about getting one and do it! It will open up a door to a new life!

Richard Stone, Lecanto, FL

John Tucker from New York finds he is getting very wealthy as he gets older. He has silver in his hair, gold in his teeth, stones in his kidneys, lead in his feet, iron in his arteries and a lot of natural gas!

Saundra Wise of Georgia is busy making her strollers to carry oxygen and other items. She wants you to know she has a new website at www.strol-about.com where you can see her products. You could also call 1-770-304-9287 for more information.

I have been on oxygen 24/7 for eight years. I play cards two days a week, sell Avon and am 88 years old. I recently purchased an Evergo concentrator from Respironics and I am so grateful. Our electric goes out quite a bit and when it does, I don’t panic like I usually did. I just switch over to my Evergo and go to bed. Two hours later when the electric comes back on, I switched over to my regular concentrator.

Imogene Hay, Willits, CA

About one year ago, I was put on oxygen 24/7. I decided I would make the best of the situation and named my oxygen tank, Maggie. She is my constant companion and keeps me going. I took her to the annual Easter Parade this year that was attended by 40,000 people. We had a ball just walking up and down the street, meeting and greeting friends, both old and new!

Anne Page, Richmond, VA

Debbie Koski of Louisiana wonders if she can sit under the dryer at a beauty shop while on oxygen. Many EFFORTS (www.emphysema.net) ladies assured her they do it all the time. Rick Inglett RRT of LinCare advises that the thing oxygen users have to watch out for is open flames. Bending over to blow out those birthday candles could pose a risk as well as flames of gas stoves. We all know the dangers of smoking cigarettes while on oxygen. You should have no problem using electric blankets since all the wiring in coated or using a vacuum cleaner or hair dryer. Make sure the appliances are in good working order.

American Edgar Cayce claimed to be a psychic with the ability to channel answers to questions on many subjects, such as health, while in a self-induced trance. He promoted a cure for tuberculosis and lung problems that involved inhaling the fumes of apple brandy from a charred oak keg. Mr. Cayce passed away in 1945 but his Charred Oak Keg cure lives on in the Internet for a mere $139, but you have to buy your own brandy!
Judith of New Mexico asks when Serevent will be available as a generic drug. Unfortunately, we found out, because there are many different patents for Serevent listed with the FDA, it is difficult to accurately predict when a generic version may become available. Some of the earlier Serevent patents have already expired.

Our friend Jane Martin CRT manages the very informative “Better Breathing, Living Well” web site for people with COPD at www.betterbreathinglivingwell.com. Their motto is, “It is not all about being sick. It is all about living.”

Jane also contributes articles to the COPD connection on www.healthcentral.com such as ‘End Stage COPD: What is it and what does it mean?’ and ‘COPD is not just for men anymore’. We think you will enjoy these interactive sites!

The Doser keeps track of how many inhalations are left in your metered dose inhaler. (The Ventolin HFA inhaler has a built-in Doser.) It will display how many inhalations you have taken that day and how many are left in the canister. The battery in the device will last one year. Visit www.doser.com or contact MEDITRACK at 1-800-863-9633 for information or to order. The cost is $27.95.

Julianna Howe of Jacksonville Beach, FL, tends to bruise easily from all the medication she is on. She recommends Armica gel that she rubs on her bruises. Arnica is a perennial herb that grows in Europe, the northern United States, Canada and eastern Asia. Its daisy-like flower and root, or rhizome, are often used in herbal medicines. Julianna reports her bruises heal quickly and she has less soreness. The gel is available on the Internet and at health food stores.

Pat from Louisiana writes, “One of the easiest ways to cook is a Girl Scout method from years ago. Take a piece of foil, put a meat pattie (or fish or sausage) on it, some vegetables like slices of potato, carrot, onion, salt and pepper, etc., and seal it all up and bake until done in the packet. You even avoid cleaning up!”

Most of us have a hard time walking on the beach. Come and visit us in Daytona Beach! If you have someone to push, you can ask a lifeguard for a Surf Chair to use at no charge. If you have a handicapped ID sticker, you will pay no admission fees. There are places where you can drive your car right on the beach and set up your chair next to your car. Before you go on vacation, check with the Chamber of Commerce in the area to see if there is help available.

Allison G., Florida

Have you ever thought about suing the tobacco companies? John Leaman of Respiratory News and Views tells us about The Tobacco Liability Project, that is division of the Public Health Advocacy Institute at Northeastern University in Boston. To research how and where to initiate litigation, visit www.tobacco.neu.edu. Staff members monitor current cases that are in process and will take your calls for information at 1-617-373-2026 or by email at moreinfo@phaionline.org.

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Armed with an Inogen and Sequal Eclipse portable oxygen concentrators, Chris Wigley and his wife Gwen, boarded an Amtrak train in Fort Lauderdale, FL, for a cross country journey to Seattle, WA. Chris and Gwen are in charge of the online support group, www.COPDCanada.com and have friends all over North America! Gwen reports, “Traveling by train is very doable, providing you do your homework ahead of time. The Amtrak Cabin Staff and the Redcaps were wonderful to us in so many ways.

To start our journey we took the train from Fort Lauderdale to Tampa, where we were met by friends. We had a wonderful time for two days and then caught a connecting bus to Orlando for our next train to Washington, DC. Two people, luggage and a portable oxygen concentrator do not fit well in a ‘roomette’. For day time, the seats are comfortable and the view grand. Come night time, when you are trying to fit one oxygen user on the bottom ‘bunk’ and one slightly overweight, arthritic spouse in the ‘overhead’ bunk—it would have made a good comedy skit.

In Washington, DC, we spent time in a great lounge for travelers waiting for the next leg of their journey. Chris upgraded our train accommodations. We now had a handicapped room for most of our remaining rail time.

Night Three in the handicapped room: This is what folks with oxygen need! Your cabin steward will even bring you dinner if you don’t feel like going to the dining car. The top bunk is still a challenge though!

Next stop, Denver: We were again meeting friends and staying overnight. We met for lunch at our hotel with oxygen blogger, Roxlynn Cole; Louise Nett, associate of Dr. Tom Petty; and Edna Fiore, Patient Advocate Extraordinaire. We also met with TransTracheal Oxygen president, Les Peterson, as well as John Goodman RRT. The next leg of the journey took us through the Rockies. We saw awe-inspiring views that just go beyond description. We had one delay due to a rockslide on the tracks and had to wait for that to be cleared.

Sacramento was next. We had an eight-hour wait and then two hours more! It was a beautiful historic station but just wooden benches and a vending machine. A Redcap came to our rescue and kindly offered to drive us to Old Sacramento when he got off his shift, so we could wander and have dinner. Another one of those ‘above and beyond’ experiences that were common on our trip.

Sacramento to Seattle was uneventful with a night in a nice hotel on the waterfront. The next morning we took the Victoria Clipper, a high-speed ferry back to Victoria where our son met us to take us home. We were tired and happy to be home but glad that we made the trip!”

For information on Amtrak travel, visit www.amtrak.com or call a representative at 1-800-872-7245. You must call to reserve accessible space. Amtrak requires at least 12 hours’ notice in advance of your boarding time of your need to bring oxygen equipment aboard. Oxygen concentrators cannot rely solely on train-provided electrical power. Any device must be able to operate a minimum of four hours without available onboard electrical power.
Call to book your individual trip or join us on our upcoming group cruises!

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Canada & New England!
10-day cruise
Leaving NYC Sept. 26, 2010
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See the grand American mansions in Newport, the lighthouse from the 'The Perfect Storm' in Gloucester. Greet the day in Acadia National Park, Bar Harbor and visit Peggy's Cove in Halifax. Tour the picturesque farm that inspired 'Anne of Green Gables' in Charlottetown. Enjoy the Sagueneay Fjord – a 200-mile natural canal. Quebec City will make you think you are visiting France!

Price per person based on double occupancy. Inside Cabin from $1,399; Ocean View Cabin from $1,649; Balcony Cabin from $2,199; Mini-Suite/Suite from $3,299. Government taxes and fees are $116/person. Single and Third Person Occupancy available. A deposit of $300 is due within 5 days of making your reservation. Final payment is due July 12, 2010. A passport is required!

Sept 23–26, 2010 PreTrip in NYC!
Includes: Transfer from the airport to the hotel; three nights (Sept. 23–26) at the Broadway Millennium; two-four-hour tours of the city on Sept. 24 and again on Sept. 25; dinner at Patsy’s Italian Restaurant; and Orchestra Seating to see Wicked on Broadway on Sept. 24. In our free time, we have admission to your choice of the Empire State Building Observatory or the Harbor Experience Flex Pass. Second admission is also included for your choice of the Metropolitan Museum of Art, the American Museum of Natural History or the Top of the Rock Observation Deck. We are invited to be special guests of the CBS Early Show! Shopping discounts at Macy’s Bloomingdales and South Street Seaport are available too.

Package Rates: 1 Adult per room, $1,709; 2 Adults per room, $3,418/person; 3 Adults per room, $946/person; 4 Adults per room, $867/person.

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Price per person based on double occupancy. Inside Cabin from $1,149; Ocean View Cabin from $1,379; Balcony Cabin from $1,529; Mini-Suite/Suite from $2,599. Government taxes and fees are $115.36/person. Single and Third Person Occupancy available. A deposit is due within 5 days of making your reservation. Final payment is due Dec. 12, 2010. A passport is required!

The Western Caribbean!–7-day cruise!
Mar. 13, 2011
Roundtrip from Fort Lauderdale
Aboard new Nieuw Amsterdam from Holland America

<table>
<thead>
<tr>
<th>Day</th>
<th>Port</th>
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<tbody>
<tr>
<td>Mar 13</td>
<td>Ft. Lauderdale</td>
<td>Mar 17</td>
<td>Georgetown</td>
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<tr>
<td>Mar 14</td>
<td>Half Moon Cay, Bahamas</td>
<td>Mar 18</td>
<td>Costa Maya, Mex.</td>
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<tr>
<td>Mar 15</td>
<td>Grand Turks, Turks and Caicos</td>
<td>Mar 19</td>
<td>Cruising at sea</td>
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<tr>
<td>Mar 16</td>
<td>Cruising at sea</td>
<td>Mar 20</td>
<td>Ft. Lauderdale</td>
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</tbody>
</table>

Price per person based on double occupancy. Inside Cabin from $1,194; Ocean View Cabin from $1,394; Balcony Cabin from $1,564; Mini-Suite/Suite from $2,764. Government taxes and fees are $223.48/person. Single and Third/Fourth Person Occupancy available. A deposit of 20% is due within 5 days of making your reservation. Final payment is due Jan. 19, 2011. A passport is required!

The Panama Canal–10-day cruise!
Apr. 4, 2011
Roundtrip from Fort Lauderdale
Aboard Coral Princess

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<tr>
<th>Day</th>
<th>Port</th>
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<tbody>
<tr>
<td>Apr 4</td>
<td>Ft. Lauderdale</td>
<td>Apr 10</td>
<td>Limon, Costa Rica</td>
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<tr>
<td>Apr 5</td>
<td>Cruising at sea</td>
<td>Apr 11</td>
<td>Cruising at sea</td>
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<td>Apr 6</td>
<td>Cruising at sea</td>
<td>Apr 12</td>
<td>Cruising at sea</td>
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<tr>
<td>Apr 7</td>
<td>. . . . . . . . . . . Aruba</td>
<td>Apr 13</td>
<td>Cruising at sea</td>
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<tr>
<td>Apr 8</td>
<td>Cartagena, Col</td>
<td>Apr 14</td>
<td>Ft. Lauderdale</td>
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<tr>
<td>Apr 9</td>
<td>Panama Canal, Panama</td>
<td>Apr 15</td>
<td>Ft. Lauderdale</td>
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Price per person based on double occupancy. Inside Cabin from $1,849; Balcony Cabin from $1,949; Mini-Suite/Suite from $2,249. Government taxes and fees are $223.48/person. Single and Third/Fourth Person Occupancy available. A deposit of 20% is due within 5 days of making your reservation. Final payment is due Jan. 19, 2011. A passport is required!

Scandinavia & Russia–11-day cruise!
June 4, 2011
Roundtrip from Copenhagen, Denmark
Aboard Emerald Princess

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<th>Day</th>
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<tbody>
<tr>
<td>June 4</td>
<td>Copenhagen, Den.</td>
<td>June 10</td>
<td>St. Petersburg, Rus.</td>
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<tr>
<td>June 5</td>
<td>Oslo, Norway</td>
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<td>June 7</td>
<td>Berlin, Germany</td>
<td>June 13</td>
<td>Stockholm, Swed.</td>
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<tr>
<td>June 8</td>
<td>Cruising at sea</td>
<td>June 14</td>
<td>Cruising at sea</td>
</tr>
<tr>
<td>June 9</td>
<td>Tallinn, Estonia</td>
<td>June 15</td>
<td>Copenhagen, Den.</td>
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Price per person based on double occupancy. Inside Cabin from $1,394; Ocean View Cabin from $1,590; Balcony Cabin from $1,899; Mini-Suite/Suite from $3,390. Government Taxes and Fees are $151.57/person. Single and Third/Fourth Person Occupancy available. A deposit of 20% is due within 5 days of making your reservation. Final payment is due March 21, 2011. A passport is required!

Sea Puffers is now on Facebook with daily blogs during our trips! Your friends and family can keep up with your travels!

We take the worry out of traveling with oxygen!
See the Forest and the Trees

Trish Barron from McKean, PA, used items of poetry and her thoughts about having Idiopathic Pulmonary Fibrosis/COPD to share with others who have chronic debilitating diseases when she was part of a study conducted by Stanford University a few years ago. She and fellow participants shared feelings, health issues, and were there to boost each other’s morale during times of trial. Trish’s poetry came in handy to approach others and provide a way for them to open themselves up by commenting on something within the words of the poem.

Trish’s poem below might provide the same opportunity for you.

We face the knowledge that our breath is illusive. We reach out to do things, but our breath controls us. It limits our view. Just as in the poem, the fisherman and Trish were so enthralled with the seagull that the dolphin playing just a bit further out of view was missed. COPD can monopolize thoughts, actions, and those of loved ones and friends, as we struggle to breathe. It takes so much attention from so many things that can be enjoyed, if the focus is not solely on what one’s breath is allowing you to do.

Try to focus on doing things because you want to do them. Trish feels she would rather lose her breath than not enjoy her life. Modify, but still do. Trish dances with COPD and will continue to do so and enjoy every minute she has!

I Dance with a Seagull – and Breath Dances Past Me

We scamper, to and fro,  
along the tide washed sands.  
So close, a bit of yellow, visible,  
amidst those feathers.  
Not just the “opalescent” white and gray.  
Those feathers held terse,  
but anxious to thrash into flight.

So entranced, am I,  
by your darting back and forth along the surf,  
I forget my own sand dollar pursuit.  
The water skirts closer,  
toward your precarious stance.

You skitter, quickly, just out of its reach.

So intrigued, am I.  
A playful spirit!  
I, even, miss the dolphin passing by me  
on the horizon.

I, too preoccupied to take in the view.  
This enchanting game, along the seashore,  
goes on for much more than a moment or two.

You’ve found some comfort  
in having me close to you now.  
Pictures, I take, as you seemingly pose.  
Proud stance!  
Head cocked!  
Positioned with such poise.  

An arriving fisherman has been watching  
mesmerized by this seagull posing  
before his very eyes.

My disease is like the persistent seagull.  
It dances, to and fro, along the foamy,  
lapping waves of one exacerbation  
and then another.

The ebb and flow allows me to think I’ve skittered  
just past its power.  
I get, tantalizingly close to a comfort  
that I might, somehow, be free.

It’s looming, perched precariously,  
ready to thrash into flight  
and take over me.

Breath, only a promise, an illusion, you see.  
Just out of reach, like you,  
for the watching fisherman and me.

My pen set to paper tells about a dance  
with a seagull, and how breath  
dances past me.

Trish Barron
R.D. Martin was diagnosed with COPD more than 20 years ago. He is the author of a new book entitled, *The Complete Guide to Understanding and Living with COPD, from a COPDer’s Perspective*. We think you will enjoy reading it, as Mr. Martin presents his tips and information in an upbeat and practical manner. (Why waste energy brushing your teeth? Get a battery powered toothbrush and use it before your shower when there is less humidity in the bathroom!)

Chapters include “How to Cope with the Emotional Impact of Having COPD” and “How to Prepare for Your Future”, with a checklist of things to consider if you are moving in with a relative. For more information and to order the book, visit www.Amazon.com on the Internet. The book lists for $12.95, when we checked, it was available for $9.32. We think you will learn and enjoy reading it!

Monaghan Medical now offers a reusable Breath Activated Nebulizer (BAN) for home use. With the *AeroEclipse®* BAN technology, the aerosol is delivered only when you take a breath in and does not continually flow while you are exhaling. (There is an adjustment if you would like the continuous flow.) It produces a very high percentage of optimum-sized particles that will deposit the medication in your lungs, rather than in your upper airway. The device may also be used with a mask and will last for six months. It is top-shelf dishwasher safe.

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**Product Corner**

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www.oxyview.com
Respiratory News

Relax! U.S. investigators who looked at data on 1828 patients with moderate to severe emphysema found anxiety significantly worsens outcomes. A ten point increase in the anxiety score was linked to an average decrease in six minute walk distance of 9 meters. The study appeared in the March 9, 2010 Epublication edition of Respiratory Research.

Researchers confirm weight loss surgery can dramatically cut down on asthma and other respiratory symptoms. In a retrospective analysis, patients filled 49 percent fewer respiratory medication prescriptions in the year after bariatric surgery than in the year before, according to a report in the April Annals of Allergy, Asthma & Immunology.

Israeli biopharmaceutical company Kamada Inc. said it expects to receive FDA approval for its treatment of emphysema caused by Alpha-1 Antitrypsin Deficiency in early July. The intravenous drug will be called Glassia. The company has set up a subsidiary in the United States.

Although the European Medicines Agency recommended approval of Daxas, a once-a-day pill for people with severe COPD from Forest Labs and Nycomed, the Food and Drug Administration (FDA) rejected the drug. A FDA advisory panel found it had only meager benefits and requested more research. The developers say the trial data indicates that Daxas improves lung function and reduces exacerbations when used in combination with long-acting bronchodilators.

Do you know the results of your pulmonary function studies? Only a third of primary care patients with COPD have had spirometry, according to an analysis of the General Practice Research Database.

COPD treatment with the two leading inhaled corticosteroid formulations–budesonide/formoterol fumarate dehydrate (Symbicort) and fluticasone/propionate/salmeterol (Advair)–appears to give patients similar results in controlling their conditions, researchers reported at the 2010 American Thoracic Society annual meeting.