The Pulmonary May/June 2013

www.pulmonarypaper.org • Volume 24, Number 3

Dedicated to Respiratory Health Care













Which POC Is Right for You?













The Pulmonary Paper

Dedicated to Respiratory Care

Volume 24, No. 3 May/June 2013

On the cover: Wouldn't it be nice if they made a Portable Oxygen Concentrator in "One Size Fits All"?

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

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

All rights to *The Pulmonary Paper* (ISSN 1047-9708) are reserved and contents are not to be reproduced without permission.

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



The Pulmonary Paper Staff Editor Celeste Belyea, RN, RRT, AE-C, FAARC Associate Editor Dominic Coppolo, RRT, AE-C, FAARC Medical Director Michael Bauer, MD

The Pulmonary Paper is a membership publication. It is published six times a year for those with breathing problems and health professionals. The editor encourages readers to submit information about programs, equipment, tips or services.

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

contents

3	Annual POC Review Giving you the facts	9	F N A
4	POC Concentrator Chart	10	S
6	Calling Dr. Bauer Why am I short of breath with an oximeter reading of 90%?	12 13	T G T
8	Ask Mark Advice on gaining weight; exercise; depression; and non-rebreather mask use	14 16	w A R

Fibrosis File

New genetic factors for PF; Ambrisentan study stopped

- Sharing the Health
- **Travel News**

Get Up & Go₂ Cruises

Take a stress-free vacation with the SeaPuffers!

- Asthma News
- Respiratory News

"In any moment of decision the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing." Theodore Roosevelt

Someone once told me that agonizing over a decision you need to make is more stressful than if you make the decision and it turns out to be the wrong one. If you are contemplating purchasing a portable oxygen concentrator (POC), you will find valuable information in this issue to make an informed choice. With the changing climate of oxygen reimbursement and more and more choices of equipment, you need

to arm yourself with the latest information!

A recent study showed that when people with COPD were encouraged to walk 9,000 steps a day, few made the decision to follow the advice. Participation was much better in the group who were given a pedometer to monitor their activity levels and show their progression. One participant made an interesting decision – to put the pedometer on his dog!

If you are interested in a pedometer that automatically downloads your activity to your computer and sends you emails of encouragement, try a FitBit. You can learn about it at www.fitbit.com. I have been using one and it helps me make the choice between taking that daily walk or not!

giaste

Oh! To Walk

Even a few steps outside that door, makes my heart leap in joy, and my life, today, mean more and more. If I take one. If I take two. I'm outside, with nature, to renew. I breathe the freshness of life surrounding me. I know my life has meaning and each day is supposed to be. When the legs no longer hold me soon, I'll seek the solitude of a window and see buds that I'll watch to full bloom. I'll fly on the wings of that butterfly flitting out and about. In my heart I'll still be walking though from within I'll now look out. Then I'll share, with others, that view I felt with all my heart. Trish Barron

Find out the Facts before Choosing a Portable Oxygen Concentrator: The Pulmonary Paper's Annual POC Review

Portable oxygen concentrators (POCs) are still a relatively new addition to the family of home oxygen therapy equipment. The first modern small-form POC was released in the early 2000s – AirSep's LifeStyle was a 10-pound, pulse-only device with a rechargeable battery that allowed its user to carry the unit with them wherever they went. It was 2005 before the first continuous flow-capable POC hit the market. SeQual's first generation Eclipse weighed nearly twice that of the LifeStyle, but had over triple the oxygen production capacity, giving a wide range of oxygen users the option of a portable unit that could meet most of their needs.



AirSep Life Style – the very first POC had a battery that lasted for 45 minutes.

After that, the POC market quickly expanded. From 2006 to 2011 no less than 15 different POCs were released, each one bringing its own unique performance capabilities and characteristics. This wasn't a bad thing, but the flood of new products and their varying abilities has created a market where confusion exists over which POCs are "right" for someone. Some units weigh less than five pounds, but they also do not manufacture much oxygen. Other units are able to make quite a bit of oxygen, but they weigh anywhere from 10 to

The ability of the unit to oxygenate the user during all of their daily activities should be the first priority when selecting a POC – if the unit cannot provide enough oxygen to meet someone's daily oxygen needs, they should look elsewhere. 18 pounds – and that's before adding the weight of the battery and cart. Some units have continuous flow ability, others don't. And while all POCs feature pulse settings, the volumes delivered by each POC at a given setting wildly vary. For example, one device set at "5" may deliver 30 mL of oxygen per pulse, while another device delivers 66 mL of oxygen per pulse. That's over double the pulse volume of the first device, yet both are set to the same setting of "5".

The purpose of the chart on the following pages is to have the most basic information about POCs assembled in one place. It is hoped that anyone interested in a POC can use this information chart as a starting point in their quest to find the POC that is "right" for them or someone they know. The ability of the unit to oxygenate the user during all of their daily activities should be the first priority when selecting a POC – if the unit cannot provide enough oxygen to meet someone's daily oxygen needs, they should look elsewhere. It is highly recommended that anyone wanting to buy a POC find a provider or manufacturer that will allow them to "test drive" the unit before purchasing – no one wants to spend a considerable amount of money on a product that does not perform to their expectations.

Every attempt has been made to accurately represent the individual products' abilities as found in the respective manufacturer's product literature (manuals, specifications, official product websites). No guarantees are made toward the accuracy of the information provided. Manufacturer specifications are often stated under ideal conditions. Always refer to the manufacturer's recommendations for use. Please consult with your primary caregiver(s) to discuss whether a portable oxygen concentrator may be an option for you. If you have any questions about the information provided, or if you find an error, please do not hesitate

to contact me at the email address below.

Ryan Diesem is Research Manager at Valley Inspired Products, Apple Valley, MN. Email: info@pulmonary paper.org.



2013: Portable Oxygen Concentrators Note: Please consult with your doctor or therapist before deciding to use or purchase any of these devices.

Intermittent Flow POCs (IF POCs)								
Unit Name	Available Settings	Pulse Dose Type	Maximum Dose per Breath	Unit & Battery (Approx.)	Unit w/Accessories (Approx.)	Battery Time at Pulse Setting 2 (Approx.)	Battery Charge Time (Approx.) (Unit Off)	(Approved) Maximum Altitude
AirSep® Focus	None selectable	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 22 mL 30 BPM: 11 mL	2 lbs.	Add 2–5 lbs.	1.5 hours	4 hours	10,000 ft
AirSep® FreeStyle 3™	1 to 3	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 33 mL 30 BPM: 16 mL	4 lbs.	Add 2–5 lbs.	2.5 hours	3.5 hours	12,000 ft
AirSep® FreeStyle 5™	1 to 5	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 66 mL 30 BPM: 33 mL	6 lbs.	Add 2–5 lbs.	2 hours	3.25 hours	12,000 ft
Inogen One®	1 to 5	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 60 mL 30 BPM: 30 mL	7 lbs.	Add 2–5 lbs.	3 hours	4 hours	10,000 ft
G3	1 to 4	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 56 mL 30 BPM: 28 mL	5 lbs.	Add 2–5 lbs.	3 hours	4 hours	10,000 ft
Inova Labs Life Choice®	1 to 3	Fixed Delivery: 1) 10 mL 2) 20 mL 3) 30 mL	30 mL	5 lbs.	Add 2–5 lbs.	2 hours	4 hours	10,000 ft
Inova Labs Activox®	1 to 3	Fixed Delivery: 1) 10 mL 2) 20 mL 3) 30 mL	30 mL	5 lbs.	Add 2–5 lbs.	6 hours	4 hours	10,000 ft
Invacare® XPO2 TM	1 to 5	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 56 mL 30 BPM: 28 mL	6 lbs.	Add 2–5 lbs.	2.5 hours	4 hours	10,000 ft

* The Eclipse 3 also has pulse settings of 128, 160 and 192 mL, but has additional restrictions for use. See Eclipse 3 manual for more information. ** The SimplyGo has (2) IF delivery modes: Pulse Mode and Night Mode. Shown volumes are for Pulse Mode. Night Mode has minute volume delivery.

* * *	Approximate	Continuous	s Flow vol	umes at 2	LPM and 4	LPM are	provided for	comparison to	o maximum ^v	volumes de	livered by s	selected POC.

Intermittent Flow POCs					(IF POCs)				
Unit Name	Available Settings	Pulse Dose Type	Maximum Dose per Breath	Unit & Battery (Approx.)	Unit w/Accessories (Approx.)	Battery Time at Pulse Setting 2 (Approx.)	Battery Charge Time (Approx.) (Unit Off)	(Approved) Maximum Altitude	
Oxus	1 to 5	Fixed Delivery: 9 mL per setting	43 mL	10 lbs.	Add 2–5 lbs.	3 hours	3 hours	8,000 ft	
Precision EasyPulse	1 to 5	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 52 mL 30 BPM: 26 mL	7 lbs.	Add 2–5 lbs.	3 hours	4 hours	9,000 ft	
Respironics EverGo	1 to 6	Combination Fixed/Minute Vol. Delivery	15 BPM: 70 mL 30 BPM: 35 mL	9 lbs.	Add 2–5 lbs.	4 hours	2 hours	8,000 ft	
			Continuous	Flow PO	Cs (CF PO	C s)			
DeVilbiss iGo®	Pulse: 1 to 6 Continuous: 1 to 3	Fixed Delivery: 16 mL per setting	96 mL	19 lbs.	Add 5–10 lbs.	4.5 hours	3 hours	13,123 ft	
Invacare® Solo2	Pulse: 1 to 6 Continuous: 0.5 to 3	Minute Vol. Delivery: Dose decreases as rate rises	15 BPM: 133 mL 30 BPM: 66 mL	<20 lbs.	Add 5–10 lbs.	3.5 hours	5 hours	10,000 ft	
O ₂ Concepts OxLife Inde- pendence	Pulse: 1 to 6 Continuous: 1 to 3	Fixed Delivery: 16 mL per setting	96 mL	18 lbs.	Add 5–10 lbs.	3 hours	4 hours	13,123 ft	
Respironics SimplyGo	Pulse: 1 to 6 Continuous: 0.5 to 2	Combination Fixed/Minute Vol. Delivery**	15 BPM: 72 mL 30 BPM: 66 mL	10 lbs.	Add 2–5 lbs.	3 hours	2.5 hours	10,000 ft	
SeQual® Eclipse 3 [™]	Pulse: 1 to 6* Continuous: 0.5 to 3	Fixed Delivery: 16 mL per setting	96 mL*	18 lbs.	Add 5–10 lbs.	5 hours	3 hours	13,123 ft	
Dose Volum	es ^{***} : 2 Ll 4 Ll	PM Continuo PM Continuo	us Flow Volu us Flow Volu	me per B me per B	reath–15 B reath–15 B	PM: 44 mL, PM: 88 mL,	30 BPM: 22m 30 BPM, 44 n	nL	

May/June 2013

Calling Dr. Bauer ...



Dr. Michael Bauer

Oximeter Facts

Oxygen is carried in the blood on hemoglobin. A pulse oximeter calculates the percentage of oxygen that is attached to the hemoglobin with an accuracy between 1% and 3%.

Factors that can affect readings:

- Poor circulation to the hands
- Excessive motion
- Blue or green nail polish
- Weak or irregular pulse
- Pressure on the sensor
- A saturation level below 70%
- Smoking

Dear Dr. Bauer, Why is it that I feel so short of breath when my oximeter is reading in the low 90s? It's confusing.

Dana A., Ormond Beach, FL

Many of my patients with advanced lung disease have asked me why they are still so short of breath even when their oxygen level's in an acceptable range of 90% or better. There are complex reasons for this. It is true that low oxygen levels (below 88%) can be a strong signal to the brain to make us sense air hunger and dyspnea (the medical term for short of breath). Many additional factors also result in the sensation of dyspnea.

We lung doctors often check pulmonary function tests. We typically measure the Vital Capacity (how much air from the beginning to the end of a breath) and the FEV1 (how much air you can forcefully exhale in one second). Even when your oxygen level is good, when these numbers are low, the body senses dyspnea. The respiratory muscles need to work in overdrive and the brain just gets that feeling of "I'm not getting enough air". This is why inhalers can be so effective in improving breathing symptoms. They often immediately improve the Vital Capacity and FEV1.

Patients with lung disease are often just not physically fit. This situation comes hand in hand with medical illness as well as advancing age. Walking up the stairs or vacuuming is likely to cause shortness of breath in anyone who has not been used to exercise or is overweight. Exercising and pulmonary rehabilitation are the key here.

Low blood counts (anemia), heart disease (congestive heart failure or irregular heart rhythms) and advanced kidney disease are common conditions that may cause shortness of breath even when lungs are working well. Your doctor tries to make sure all these situations are optimally treated.

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.



AeromedixRX provides physician support for everything we sell. Get these prescription devices from our physicians.



Oxygen Therapy for the 21st Century



Being on oxygen is no walk in the park.

Let Oxy-View Oxygen Therapy eyewear help you enjoy a better look...and a better life.Visit our website www.oxyview.com or call customer service TOLL FREE 1-877-699-8439 to find out how to purchase our unique and innovative eyewear. And check out our other great products too.

> For a limited time when you purchase a pair of frames for just \$189.95 you also receive a FREE tubing*set. (*\$29.90 value, offer valid thru September 30, 2013)

1-877-699-8439 www.oxyview.com



Find us on Facebook

Ask Mark ...



Gene from California comments he is continually losing weight and asks for Mark's advice.

Mark recommends, Daily calories you should consume are based on your age, sex and how active you are, but are approximately 1,800–2,200 per day. Those with COPD should consume up to 50% more calories per day to supply energy for their added work of breathing.

You should have a goal to take in 3,000 calories per day and might benefit from a consult with a nutritionist who is well versed in considerations for calorie intake – and the difficulties those with COPD have. You could add healthy fats like olive oil; eggs; lean meats; nuts and feel free to delve into ice cream, puddings and custards. Nutritional shakes and smoothies may help too.

You don't want to slide down the slippery slope towards critical nutritional risk because of weight loss. Mortality and morbidity (death and health difficulties) increase sharply when one drops to 95% and below of one's ideal body mass. Good luck with the weight gain!

Phillip from EFFORTS asks if there has been success with exercising 3–4 times a day for short periods.

Mark explains, "Intensity" is what really determines the benefit from multiple shorter-duration exercise periods during the day. If you build the intensity such that it is somewhere above what it would be during the similar longer, single exercise period, then you can assume benefit will be comparable.



The difference between one long exercise period and the same total duration in shorter periods is the "warm-up" time at the beginning of each workout - the time required to reach maximum average calorie burn. If the intensity is the same between the several short periods and the long single period, then the duration of "actual conditioning" will be comparatively less with the several periods as opposed to the one long period. If you up the intensity, you up the conditioning return during the minutes of the shorter exercise periods.

Jean from Iowa asks about the most effective way to treat depression in those with COPD?

Mark responds, I find much of the depression that accompanies COPD is effectively resolved when one is involved in a rehabilitation effort – whether in a formal pulmonary rehab program or on one's own – and begins to see the positive benefit

it has for them. Long ago some very smart psychologists noted that those who have lost function and quality of life became depressed as a dynamic of that loss. The feeling that they will not be able to live their life as they expected, with regard to continued independence and adequate function, frequently left a feeling of hopelessness. Once they "get back on their feet" and gain improvements, much of the depression resolves. It is then that any continued or underlying psychological problems can be better identified and more effectively treated.

Drugs and/or psychotherapy are often ineffective, leaving clinician and patient scratching their heads as to why. When function and conditioning are improved, the depression may resolve without the use of either therapy or medication.

Would an oxygen mask with a bag attached be appropriate for use at home?

Mark explains, This is called a non-rebreather mask, which will give you a much higher percentage of oxygen than you can get from a cannula. It has a valve that prevents the air you exhale from entering the bag. It is intended to be used with oxygen flow rates of at least 10 LPM to ensure your exhaled carbon dioxide is removed from the mask. The flow is usually started at 15 LPM.

Remember, regardless of the device you use to deliver your oxygen, you should measure your oxygen saturation with an oximeter to determine if your flow is adequate.

www.pulmonarypaper.org

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

Study Suggests New Strategies for Understanding and Treating Pulmonary Fibrosis

A study of more than 6,000 people has identified seven new genetic factors associated with pulmonary fibrosis. In findings published in *Nature Genetics*, researchers at National Jewish Health, the University of Colorado and several other institutions found a number of genes which provide clues to possible mechanisms of this disease.

"This research gives us several new targets for investigation of pulmonary fibrosis," said David Schwartz, MD. "We believe that there are several relatively common genetic risk factors, which combine with repeated lung injury to cause this devastating lung disease."

"Pulmonary fibrosis has resisted our attempts to find a clearly beneficial treatment," said co-author Kevin K. Brown, MD, Vice Chair of Medicine at National Jewish Health. "This study gives us new insights into how the disease develops. By better understanding this, we can better focus future therapies."

These findings support the researchers' belief that pulmonary fibrosis may be influenced by different genes in different people. Careful genotyping (determining your DNA makeup) could identify different forms of the disease, allowing for more effective, individualized therapy. A key next step for research is figuring out how these genes work with environmental factors in the development of the disease.

Dawn Branson of Tennessee has handcrafted copper wire Tree of Life pendants to benefit the Coalition for Pulmonary Fibrosis. Dawn has offered them for sale on

eBay for \$25 with 50% of the money collected going to the Coalition to fund research for IPF. Pendants are available with leaves in different gemstone colors. You may contact Dawn at her email address shopalot2009@live.com.



Reflux Medicine Boosts Survival in Lung Disease

A retrospective review indicates that people with Idiopathic Pulmonary Fibrosis (IPF), who were taking

a classification of medicine called proton pump inhibitors, had increased survival – whether or not symptoms of gastroesophageal reflux were pres-



ent. The findings were presented at a recent conference of the American Thoracic Society.

Proton-pump inhibitors work to have a pronounced and long-lasting reduction of gastric acid production. Common examples would be Prilosec, Prevacid and Nexium.

Drug Worsens Idiopathic Pulmonary Fibrosis

After nearly 35 weeks, people with IPF who received ambrisentan were more likely to have their disease worsen and to require hospitalization than those who received a placebo. The study was terminated early due to the low likelihood of showing any benefit by the end of the study. Investigators sought to determine if ambrisentan could reduce the rate of IPF progression. Participants, all of whom had IPF and minimal or no honeycombing (a pattern seen on a x-rays in those with IPF) in their lungs, were prescribed ambrisentan or a placebo to assess time to disease progression.

Animals Develop Lung Diseases Too

Human and veterinary researchers met in Louisville, KY, for the cross-species conference "Fibrosis Across Species". Pulmonary Fibrosis (PF) has been the demise

of an increasing number of thoroughbred horses and terrier breeds of dogs. As we know, PF claims as many human lives each year as breast cancer.



Researchers from human and veterinary medicine are working to create a roadmap for comparative research in the disease. Comparative research – research that compares human diseases to similar diseases in animals – has been used successfully in the treatment of bladder, prostate, bone and other forms of cancer.

May/June 2013

Sharing the Health

Aerobika ý

Aerobika®, from Trudell Medical International, is a new oscillating positive expiratory pressure (OPEP) device that has shown to improve shortness of breath and help raise mucus in people with COPD. The device was used four times a day for four weeks in a clinical pilot study

presented at the American Thoracic Society meeting. Traditionally, OPEP therapy also helps in clearing secretions in those with Cystic Fibrosis and Bronchiectasis. There is a slight resistance when you exhale through the Aerobika[®], allowing airways to be held open and loosening your mucus. Aerobika[®] will be available in hospitals sometime in July and probably in pharmacies sometime next year.

I cope with COPD by going to pulmonary rehab and all my doctor's appointments. I take my medicine when and how I am supposed to. I exercise and go to Better Breather Club meetings. It works! Elizabeth Goldberg, Rochester, NY

When the batteries of your Portable Oxygen Concentrator (POC) no longer hold a charge, you may be wondering how to dispose of them. If you contact the supplier you bought them from, they may be able to give you a discount on a new one if you send it back to them. You could also check with stores like Best Buy, Home Depot or



Lowes that often have battery recycling kiosks where they accept re-chargeable batteries like the ones used in POCs. Another option is to contact a local hazardous waste disposal location although there may be a charge to drop them off there.

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.

Be sure to visit www.pulmonarypaper.org and see past years of *The Pulmonary Paper!* New members will sign up and be given a password. If current members would email us at members@pulmonary paper.org, we will send you a password to access the Member Only section.

Fighting for Air

The American Lung Association has updated their online site that allows people with breathing problems to connect and find support in their area. Visit http:// connection.lung.community.org.

State of the Air 2013: American Lung Association report finds the top five, cleanest U.S. cities for year round particle pollution:

#1: Cheyenne, WY#2: St. George, UT#2: Santa Fe-Espanola, NM#4: Prescott, AZ#5: Farmington, NM

The worst cities were all in California: #1: Bakersfield-Delano, CA

- #1: Merced, CA
- #3: Fresno-Madera, CA
- #4: Hanford-Corcoran, CA
- #4: Los Angeles-Long Beach-Riverside, CA



I found a web site that shows how to correctly use a variety of inhalers at http://use-inhalers.com. I often get confused and found it helps to review the proper techniques!

Christine Davenport, Tallahassee

www.pulmonarypaper.org

encladal eeU



Karen Deitemeyer of Kissimmee, FL, wants you to know about a free Friends and Family Health Kit you may get from the FDA. It is a collection of 20 easy-tounderstand publications from FDA's Office of Women's Health. You may download the information directly from the web site or order a free set for by visiting http:// promotions.usa.gov/dearabby.html#order.

GlaxoSmithKline introduced a new program to help consumers recycle their empty inhalers and keep waste out of landfills. Inhalers may not be recycled at the curb-side. The "Complete the Cycle[™] Recycle Program"



is being offered to community-based retail pharmacies in 31 U.S. markets to make available to their customers. **Reminder:** The last two inhalers – Combivent and Maxair Autohaler – in the United States that contain ozone-damaging chloroflurocarbons (CFCs) will both be taken off the market by the end of this year. People with asthma and COPD who use these inhalers should talk to their health care providers about a prescription for an alternative.

Combivent will no longer be available after July 2013. An alternative inhaler is Combivent Respimat which does not contain CFCs.

Maxair Autohaler will not be available after December 31, 2013. Alternative inhalers are available that

Combivent

Respimat

Inhaler

contain other bronchodilator medicines, such as albuterol or levalbuterol, but do not use CFCs as a propellant to move the medicine from the inhaler.

> Old Combivent CFC Inhaler

Want to live longer? Look better? Breathe easier and improve your quality of life?

What are you waiting for?

Talk to your doctor about the benefits of SCOOP Transtracheal Oxygen Therapy:

- Improved mobility
- Greater exercise capacity
- · Reduced shortness of breath
- Improved self-image
- Longer lasting portable oxygen sources
- Eliminates discomfort of the nasal cannula
- · Improved survival compared to the nasal cannula

Haven't you suffered long enough? Ask your doctor about SCOOP For more information call:

800-527-2667 or email drscoop@tto2.com





Travel News

Batteries Are Key to a Great Vacation Trip

A problem-free vacation with a portable oxygen concentrator (POC) is all about the batteries! As batteries get older, they will not hold their charge as long as they did when new. Please make sure you test all the batteries you plan on taking before you leave home. If you don't use your portable concentrator on a daily basis, remember to turn your POC on at least once a month to keep everything working smoothly. If you do use the POC on a daily basis, if you take the full battery out of the POC while plugged into an outlet in the house, it will prolong battery life.

We have heard from many of our readers that their home care company provided a POC that did not have continuous flow capabilities. If this is the case, make sure you are able to sleep during the night with it prior to going out of town. Being exhausted because you are continuously woken up during the night is no fun! Newer POCs offer a "sleep mode" that has increased sensitivity – this is not the same as continuous flow. If you use CPAP at night, you will need a continuous flow concentrator.

If you plan on renting a car on your vacation and plugging into the power outlet (formally called the cigarette lighter) while driving, be aware that some car rental companies will disable this outlet so people won't smoke in the car. Oxygen users have plugged in and sat back to enjoy the scenery, only to hear the battery alarm going off.

It is recommended that you have an external battery charger for your concentrator, so you can be charging batteries while you are out and about. And don't forget that all important outlet strip to share plugs at the airport!

A little pre-planning will allow you to enjoy your vacation.

Mark Your Calendars! Celebrate COPD Awareness Month this November in Las Vegas!

Join others with COPD in Las Vegas for an educational symposium on November 7, 2013, and stay two more days to tour the city, attend a concert and visit the Grand Canyon!

Highlights:

- The Symposium will be at the Platinum Hotel which is close to the Strip, totally non-smoking and every room is a large two-bedroom suite.
- Speakers presenting "The State of Oxygen Therapy and COPD" include John Goodman from Trans-Tracheal Systems and Ryan Diesem from Valley Inspired Products.
- Visit national and local companies displaying and explaining their respiratory equipment.
- Pulmonary Function Testing from the COPD Foundation will be available along with flu vaccinations and Alpha-1 screenings.

and BMRC Studie

Call 1-866-673-3019 for further information and to reserve your spot as space is limited! Work Hard, Play Hard!



Where in the world do you want to go?

Join the Sea Puffers on one of our trips escorted by respiratory therapists. Call 1-866-673-3019 to also arrange your cruise, oxygen and mobility needs for your own vacation! *Visit seapuffers.com*!



Sail the Coral Princess October 13–24, 2013 from Fort Lauderdale exploring the Panama Canal!



Leaving from Bayonne, NJ! Enjoy the Eastern Caribbean on RCI's Explorer of the Seas on January 12–21, 2014.



Don't put off planning your worry-free vacation. Call today!





Experience Fall in style! Board RCI's Jewel of the Seas, roundtrip from San Juan, Puerto Rico, sailing October 18–25th, 2014.



Spring Break on the Holland America's Westerdam! Leave March 8–15, 2014 for the Eastern Caribbean from Fort Lauderdale.



Luxury at its finest for POC users! Indulge in the Ionian Legends tour on Oceania leaving from Rome on May15, and arriving in Venice May 22, 2014.



Our annual trip to Alaska is on the Grand Princess, sailing from Seattle on July 20 through the 27th, 2014.

Asthma News

A new injectable asthma drug under investigation has produced the most exciting data seen in asthma in

20 years, according to the lead investigator of Dupilumab, being developed by Regeneron Pharmaceuticals Inc. and French drugmaker Sanofi. The medicine, if approved, could hold promise for those with



moderate to severe persistent asthma that is not well controlled by standard drugs. The drug works by simultaneously blocking proteins that have been linked to inflammation. It showed an 87% reduction in asthma exacerbations compared to the placebo group and has also met all its secondary goals, such as improving lung function and reducing the need for standard drugs called beta agonists. The medication has also shown the ability to tame severe eczema, an allergic condition that is not well controlled by current treatments. Dupilumab was well tolerated, with side effects similar to placebo but longer trials are needed to fully assess the drug.

Ginger and Asthma

Researchers at Columbia University showed ginger may also have properties that help those with asthma breathe more easily. A study looked at whether specific components of the spice could help enhance the relaxing effects of bronchodilators.

At the conclusion of their study, the researchers found that tissues treated with the combination of purified



ginger components and isoproterenol exhibited significantly greater relaxation than those treated only with isoproterenol.

Big Brother Will Be Watching!

A new high tech inhaler is being developed that will put a sensor on top of your canister, transmitting your location to your physician when you use the inhaler. It is hoped that it can be determined if there are triggers you could be allergic to in that specific location that cause airways constriction.

COPD Drug, Breo Ellipta, Approved by FDA

The FDA has approved GlaxoSmithKline's Breo Ellipta for the long-term, once-daily, maintenance treatment of airflow obstruction in COPD. Breo Ellipta works by decreasing inflammation in the lungs and helping the muscles around the airways stay relaxed to increase airflow and reduce exacerbations.

Breo Ellipta is a combination of fluticasone furoate, an inhaled corticosteroid, and vilanterol, a long-acting beta2-adrenergic agonist. The safety and effectiveness of Breo Ellipta were evaluated in 7,700 patients. Those treated showed improved lung function and reduced exacerbations compared to placebo. The drug is not approved for the treatment of asthma.

Breo Ellipta is not to be used as rescue therapy to treat sudden breathing problems and is not recommended for people younger than 18 years. The drug may cause serious side effects, including increased risks of pneumonia and bone fractures. The most common side effects reported included inflammation of the nasal passage, upper respiratory tract infection, headache and oral candidiasis (thrush). The dry powder inhaler will be available in the U.S. later this year.

Change to Warning Labels Required by FDA

The 2009 Tobacco Control Act requires the FDA to implement new warning labels on cigarette packs. The current warning labels have not been



changed in almost 30 years and are considered to be ineffective. Making a change faced opposition from the tobacco industry who claimed the proposed labels

infringed on the tobacco companies' First Amendment right to free speech. A group of tobacco manufacturers sued the FDA to overturn the decision to use the graphic labels, which showed photos of a man's corpse, disease riddled lungs and rotting teeth. Last year, the U.S. Court of Appeals for the DC Circuit sided with the manufacturers. Last month, the U.S. Supreme Court rejected the challenge and now the FDA will go back to the drawing board.

Cheers for Starbucks! Starbucks has banned smoking from its outdoor sitting areas and within 25 feet of the store! Would you or a friend like to receive our newsletter every other month? Complete and mail this form or visit our website today – www.pulmonarypaper.org!

Annual Donation	Check here if renewal	Name
• Individual with lur	ig problems:	Address
\$25	0 • Other	
• Health Professiona	l: □ \$50 (1 copy/issue/year)	CityStateZip
	\$250 (25 copies/issue/year)	Phone
	\$400 (50 copies/issue/year)	Email
Check (Payable to:	The Pulmonary Paper)	
VISA AMEX	MasterCard Discover	Respiratory Diagnosis
Card No.:		
Exp. Date:		Please fill out this form and mail back to The Dulmonam Dance
Signature:		at the address below with your donation information.
The Dulmonary Daner	PO Roy 877 Ormand Reach El 32175-	0877 • 1-800-950-3698 • Fax 386-673-7501 • www.pulmonarynaner.org

Act Now to Help Replace the Competitive Bidding Program for Durable Medical Equipment

The COPD Foundation reports that Representatives Tom Price (R-GA) and Tom Larson (D-CT) introduced HR1717, the Medicare DMEPOS Market Pricing Program Act of 2013. If passed, this bill would establish a market pricing program for durable medical equipment (including oxygen), prosthetics, orthotics, and supplies (DMEPOS) under Part B of the Medicare program, thus replacing the current competitive bidding process.

The implementation of the competitive bidding program has had wide spread negative effects on America's patient community. Oxygen users have faced uncertainly as to whether their current equipment will continue to be covered, undue stress regarding switching DMEPOS companies, and confusion regarding the effect of the program's implementation on their individual health care, among other problems. Furthermore, due to the competitive bidding program, some DMEPOS companies are discontinuing liquid oxygen, which is vital equipment for many individuals with pulmonary disease – including many of the 24 million Americans who have COPD. Liquid oxygen is more portable and longer lasting than traditional oxygen so without access many patients' mobility will decrease significantly, therefore reducing patient quality of life.

HR1717 implements a market priced program that will guarantee better access to quality care and improve the business environment for DMEPOS companies – all while ensuring continued Medicare savings. Please take action now, send a letter to your members of Congress asking them to co-sponsor this important piece of legislation. You can access the letter at http:// capwiz.com/copdfoundation/home

Is Your Doctor Following the GOLD Standard?

Fifty-six percent of all patients with stable COPD are not receiving treatment in accordance with the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines. Greater adherence

to medication guidelines. Greater adult to medication guidelines could help improve survival rates in COPD. There's even an app for that! For more information on the guidelines that were updated in February 2013, visit www. goldcopd.org.





Dedicated to Respiratory Health Care

Non-Profit Organization US Postage PAID Daytona Beach, FL Permit #275

Respiratory News

The following study results were presented at the American Thoracic Society 2013 International Conference:

- Inhaled corticosteroid and long-acting beta2 agonist therapy significantly slows the progressive lung function decline of COPD. Fluticasone proprionate plus salmeterol (Advair) reduced the decline in forced expiratory volume by 16 mL per year, according to results of the TORCH (TOward a Revolution in COPD Health) study.
- Treatment with an Alpha-1 proteinase inhibitor, a naturally occurring protein that protects lung tissue from breakdown and protects the lung's elasticity, is effective in slowing the progression of emphysema in patients with Alpha-1 antitrypsin deficiency. Fifty years after the discovery of Alpha-1, this is the first prospective study to demonstrate the efficacy and safety of augmentation therapy (e.g., Zemaira and Prolastin-C).
- Less is more when it comes to steroid therapy to treat COPD flare-ups according to Swiss investigators. Five days of prednisone were as good as the standard 14 days with fewer chances for adverse side effects.

- New research suggests people with COPD experience a significant amount of pain which does not appear to be a direct function of their airflow obstruction. The pain levels are nearly on par with the kind of discomfort experienced by many with osteoarthritis and rheumatoid arthritis. Pain treatment can be an important factor of overall health status and quality of life with COPD.
- The assessment and treatment of depression should be part of the routine care of COPD patients. Researchers at the University of Pittsburgh have linked the inflammation associated with COPD with depression that often occurs.
- Another study finds that those with COPD placed on the antibiotic azithromycin may be able to reduce their hospitalizations due to exacerbations (flare-ups) of the disease. For one year the patients randomly were assigned to receive either a daily dose of azithromycin or a placebo. Compared with the placebo group, patients taking the antibiotic were able to benefit from longer gaps between hospitalizations.