# The Pulmonary Paper

November/December 2011

*Dedicated to Respiratory Health Care*

www.pulmonarypaper.org • Volume 22, Number 6


# Holidays Are Here for All Ages!

Also inside:

Calling Dr. Bauer

Sharing the Health

Ask Chris: A New Column!

The Pulmonary Paper

Dedicated to Respiratory Care

Volume 22, No. 6

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**On the cover:** Oxygen user Mary Vitanza, Celeste's Mom, and Caitlyn Elizabeth, Dom Coppolo's new granddaughter, want to wish you all a happy holiday season!

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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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# contents



**May your walls know joy, may every room hold laughter, and every window open to great possibility. — Mary Anne Radmacher**

The holidays can trigger a wide range of emotions. To keep holidays a happy time, try to avoid unrealistic expectations and spending over your budget. As tempting as it can be, overeating can cause bloating and increased shortness of breath. Holidays can also be sad when we think of our loved ones who are not with us – for whatever reasons. Someone once told me that stars are really openings in the sky where our loved ones shine down to let us know they are happy. It is a nice, comforting thought.

Thank you for allowing us to be part of your coping plan and we hope progress for COPD awareness continues in the New Year!

Team Belyea hopes our cherished friends have healthy and happy holidays!

# Collaborative Care: Self-Management for Empowerment

*by Edna Fiore, Colorado COPD Connection*

The 20th century was the Age of Entitlement – a good patient did what he was told often without fully understanding either the disease or the treatment.

We now live in the Age of Empowerment – technological advances have enabled the individual to take charge of his/her own well-being using resources found on the Internet and other communication media. A good doctor/patient relationship is based on direct communication and an informed plan of action.

## Build a Partnership

Self-management support is based on the idea of creating a partnership between the clinician and the patient. One of the principles of self-management is that the patient needs to be actively involved in managing his/her health. Self-management strategies strive to help patients understand their disease, make informed decisions, participate in the management of care and adapt to life with chronic illness. The ultimate goal is to enable patients to live as normal and full a life as possible.

## Communication Is Key to Successful Self-Management

1. **Establish a Focus** Establishing a focus for the encounter is an important first step in ensuring effective self-management. Tell your doctor what concerns you have about living with chronic illness. Have a list of questions covering every aspect including medication and lifestyle issues.

2. **Share Information** Ask for copies of all your test results. Ask questions so that you are sure that you understand what the test results mean. Discuss resources like the Internet.

3. **Develop Shared Goals** Shared goal setting is a collaborative process that incorporates both the clinician's and the patient's perspectives. Ask questions and be sure that you fully understand what the goals of your treatment plan are.

4. **Develop an Action Plan** After collaborative goal setting, it is important to create an action plan. This will include a regimen of medications and a program of regular exercise. Ask for a referral to a Pulmonary Rehab program or Silver Sneakers. Include a discussion of the likely barriers to success and some strategizing about how to overcome these barriers.

5. **Use Problem-solving Techniques** It is important to agree on a follow-up plan. Usually it is as simple as setting a specific date to revisit or check in. The key point is that there must be an ongoing relationship for any self-management plan to be successful.

## Words to Live By

To the professional: Treat your patient not the disease.

To the patient: Strive for wellness – living well is our objective.

To all: *Carpe diem!*

*Carpe diem!*

*Edna Fiore is the secretary of the Colorado COPD Connection. Their mission is to foster a meaningful, empowering interchange and relationship that serve to educate both providers and recipients of care in managing lung disease to maximize the quality of life (www.copdconnect.org.gold).*

# Fibrosis File

## NHLBI Stops One Treatment Arm of Its IPF Trial

The National Heart, Lung, and Blood Institute has stopped one arm of a three-arm, multi-center clinical trial studying treatments for the lung-scarring disease idiopathic pulmonary fibrosis (IPF) because of safety concerns. The trial found that people with IPF receiving a currently used triple-drug therapy consisting of prednisone, azathioprine and N-acetylcysteine (NAC) had worse outcomes than those who received placebos or inactive substances.

The interim results from this study showed that compared to placebos, those assigned to the triple therapy had greater mortality, more hospitalizations and more serious adverse events and also had no difference in lung function test changes.

"Anyone on some combination of these medications with questions or concerns should consult with their health care provider and not simply stop taking the drugs," said Ganesh Raghu, MD. "It is important to realize that these results definitively apply only to patients with well-defined IPF and not to people taking a combination of these drugs for other lung conditions."

The other two study arms, or intervention groups, of this IPF trial comparing NAC alone to placebo alone will continue.

IPF is a progressive and currently incurable disease characterized by the buildup of fibrous scar tissue within the lungs. This accumulation of scar tissue leads to breathing difficulties, coughing, chest pain and fatigue. Approximately 200,000 people in the United States have IPF. The cause or causes of IPF remain unknown, and as a result, treatment options remain limited.

PANTHER-IPF began enrollment in October 2009. The study had enrolled 238 of a planned 390 participants prior to the stop announcement. Participants ranged from 48 to 85 years of age, with an average age of 68. The placebo and NAC arms will continue enrolling and following their participants, and this part of the PANTHER-IPF study is expected to be completed by late 2013.

Find more information about this clinical trial at http://clinicaltrials.gov/ct2/show/NCT00650091.

## Join Daughters of PF Group

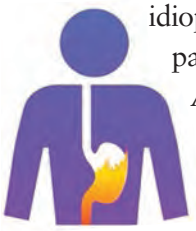
*Rose McGowan*

Rose McGowan, best known for her roles as Paige Matthews in the television series *Charmed* and in the 2011 film, *Conan the Barbarian,* is now the Chair of the Daughters of Pulmonary Fibrosis. The group, sponsored by the Coalition for Pulmonary Fibrosis, is made up of almost 200 daughters who have lost a parent to PF, along with their sisters and female cousins.

The women are creating projects across the country and in their local areas to increase awareness and understanding of PF. They are also holding fundraisers to raise needed money for research and patient support services. Their efforts are reflective of their interests and talents and will allow them to make a difference right where they are. For more information, contact the CPF at daughters@coalitionforpf.org or call 1-888-222-8541, ext. 702. You can also participate with the Daughters on their LinkedIn and Facebook sites.

Rose lost her father to PF and she understands first-hand just how devastating PF is. She would like to use her celebrity status to raise awareness of the disease and change the future.

## Study Shows Treating GER Increases Survival



Treating gastroesophageal reflux (GER) in patients with idiopathic pulmonary fibrosis (IPF) increased patient survival in a recent study in the *American Journal of Respiratory and Critical Care Medicine*. This supports the hypothesis that GER plays a role in the pathobiology of IPF via repetitive injury.

## The Power of Pulmonary Rehab!

"I was diagnosed with IPF late in the 1990s. My doctor prescribed the pulmonary rehab program at St. Agnes Hospital in Fresno, CA, in 2003 following a repeat bout with pneumonia. It was a difficult program but the subsequent improvement in life quality more than justified the effort. Rehab deserves at least some credit for the fact I am still living independently at age 88."

**Anna L. McCartney**

# Calling Dr. Bauer ...

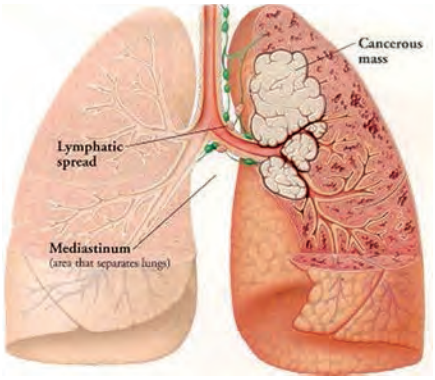
*Dear Dr. Bauer,*

*My wife was recently diagnosed with lung cancer. I don't understand why people are treated differently. Could you explain this?*

*R. Duncan, NH*

When a diagnosis of lung cancer is made, one of the first steps in medical and surgical management is to determine the "stage" of cancer. This represents a standardized way of describing how large the cancer is and to what extent it has spread within the lung or to other body sites outside the lung. From a practical standpoint, lung cancer is "staged" by looking at results of where and how a biopsy was done, and chest x-ray and CT scan results. Complete staging may require CT scans of the chest, abdomen and brain. Bone scans are occasionally performed. A newer, very helpful non-invasive test for lung cancer staging is a PET scan. This is a special type of CT scan that shows "hot spots" that appear bright yellow or orange on the computer screen in areas with a high suspicion of cancer. More "benign" growths usually light up a different color. Not all patients need every one of these tests for appropriate staging.

Lung cancer is usually reported as "Stage 1, 2, 3 or 4". Stage 1 lung cancer usually implies a small isolated growth that may be more appropriately treated with surgery. This type of "early" lung cancer is the kind that can be completely cured by surgical resection. Treatment options are different as lung stage (or extent of tumor) progresses. Accurate staging is important so the lung cancer specialist can give the patient a prognosis as well as a proven scientific basis for appropriate treatment options. If a patient has Stage 4 lung cancer, it is less likely that surgical interventions will be helpful. Specific protocols for options of radiation therapy or chemotherapy are often based on the patient's lung cancer stage.




One of the biggest hopes for improving lung cancer survival would be development of better methods for early screening. A chest x-ray is an easy test but is very poor one for early detection of lung cancer. Chest CT scans are very expensive and it remains controversial whether they can be a useful test. Of course, the best prevention, ***no smoking***, remains the best "cure".

Visit your local American Lung Association office or go to www.lungusa.org/lung-disease/lung-cancer to learn resources available for those dealing with a diagnosis of lung cancer.

*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.*

***Warmest holiday wishes from my family to you and yours!***

## Ask Mark …

*Mark Mangus, RRT*
*EFFORTS Board*

***Margit tells Mark she has had to stop exercising completely because of increasing breathlessness. She was told that this is due to air that is trapped in her lungs and wants to know if this is true.***

***Mark replies,*** Your worsened breathing is likely due to deconditioning from cutting back on the exercise. You don't say if you are an oxygen user; you may be a candidate for oxygen use during sleep and with exertion and exercise. If you are not using any oxygen at this time or if you are not using enough to keep you comfortable as much as may be possible, that may be a big part of your puzzle that is missing!

While breathing hard is not fun or comfortable, it will not hurt you! Until and unless you bring yourself to get up and get moving and work to best control your breathing difficulties (with pursed-lip breathing and adequate oxygen saturation) you can expect to continue towards that end result of immobility and earlier demise. You can thwart that decline and result if, and only if, you can get up and get moving!

***Carol asks Mark: My husband is on oxygen therapy at 3 LPM and his saturation at rest is 95%–96%. When he gets up and moves around, it drops to the low 80s. This has him scared and afraid to get on the treadmill.***

***Mark advises,*** Resting oxygen flow rates that maintain adequate, even high, saturation levels, are often inadequate for exertion. Exertional oxygen flow rates need to be significantly greater than resting flow rates. Your husband's oxygen flow rate will have to be adjusted throughout the day's activities. Consider using a portable source that he is able to adjust conveniently. Muscle conditioning does play a role in the degree of desaturation. More than anything else, it is simply the lack of sufficient oxygen flow.

## Clarification

There are times when we stir up a little trouble with our questions and answers! In our last issue, Mark addressed a question about the timing of taking Albuterol and Advair. In our editing, we stated that you should not take Albuterol, a short acting bronchodilator, before or within two hours of the Advair, which contains a long acting bronchodilator.

This implied before and after taking Advair and this was not the intended point and conveyed the wrong message. It should be, *"For two hours before and for 30 minutes after taking an LABA (long-acting bronchodilator), no SABA (short-acting bronchodilator) should be used."*

***Mark confirms,*** I recommend you not use the short-acting forms of your medications before using long-acting medications. Instead, hold off using any short-acting medications for at least two hours before (and only "before," not "after"), figuring that the "dissociation half-life" (how long it takes for 50% of the drug to 'detach' from the receptor site) of the short-acting drugs would happen in this time period. If the short-acting drug is taking up all the receptor sites, there is no place for the long-acting drug to go.

I have also suggested that if 30 minutes or more after taking Advair (or those inhalers containing Formoterol), the user is still or again having trouble breathing, then they can feel free to dose with their short-acting albuterol or levalbuterol as a rescue medication.

I am well aware that my recommendations go contrary to what we currently consider "standard of practice". However, I have not made them without careful consideration of a significant amount of evidence. I welcome comments and questions.

Mark's chart (at right) has been published on the EFFORTS website since 2006.

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*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.*

### *Warm holiday wishes!*

# Suggested Sequence for Use of Multiple Inhaled Medications

## If Using *only* Long-acting Medications

**FIRST**

**Long-acting ß-agonist (alone or combined)**

- Brovana (arformorterol)
- Foradil (formoterol), Performist (formoterol)
- Oxis, Oxese (formoterol)
- Serevent (salmeterol)
- Advair (Serevent & Flovent)
- Duova (formoterol, tiotropium bromide)
- Seretide (salmetrol, fluticasone)
- Symbicort (formoterol, budesonide)

**SECOND**

**Long-acting Anticholinergic**

- Spiriva (tiotropium bromide)
- Tiova (tiotropium bromide)
- *(Also, see Note 4.)*

**LAST**

**Steroid**

- Aerobid, Aerospan HFA (flunisolide)
- Asmanex (mometasone)
- Azmacort (triamcinolone)
- Dexamethasone
- Flovent, -HFA, -Diskus (fluticasone)
- Pulmicort (budesonide)
- QVAR, Vanceril (beclomethasone)

**NOTES**

(1.) Take short-acting drugs at least 2 hours before long-acting drugs in the same class to avoid interfering with the long-acting drug's action.

(2.) If albuterol is used on a regular scheduled basis, always take it after the long-acting ß-agonist, and never less than 2 hours before it.

(3.) If you must use albuterol on a "rescue" basis, then wait 2 hours before taking a long-acting ß-agonist.

(4.) If Atrovent is used in addition to Spiriva/Tiova, always take it after the Spiriva/Tiova, and never less than 2 hours before it.

## If Using *both* Short- and Long-acting Medications

**FIRST** *(See Note 3.)*

**Long-acting ß-agonist (alone or combined)**

- Brovana (arformorterol)
- Foradil (formoterol), Perforomist (formoterol)
- Oxis, Oxese (formoterol)
- Serevent (salmeterol)
- Advair (Serevent & Flovent)
- Duova (formoterol, tiotropium bromide)
- Seretide (salmetrol, fluticasone)
- Symbicort (formoterol, budesonide)

**SECOND**

**Long-acting Anticholinergic**

- Spiriva (tiotropium bromide)
- Tiova (tiotropium bromide)
- *(Also, see Note 4.)*

**THIRD**

**Steroid**

- Aerobid, Aerospan HFA (flunisolide)
- Asmanex (mometasone)
- Azmacort (triamcinolone)
- Dexamethasone
- Flovent, -HFA, -Diskus (fluticasone)
- Pulmicort (budesonide)
- QVAR, Vanceril (beclomethasone)

**LAST**

**Short-acting ß-agonist (alone or combined)**

- Albuterol (salbutamol in UK)
- Alupent (metaproterenol)
- Berotec (Canada) (feneterol)
- Bricanyl (terbutaline)
- Bronkosol (isoetharine)
- Maxair (pirbuterol)
- Medihaler-Iso, Isuprel (isoproterenol)
- ProAir, -HFA (albuterol)
- Proventil, -HFA (albuterol)
- Ventolin, Airomir (Canada) (albuterol)
- Xopenex, -HFA (levalbuterol)
- Combivent (Atrovent, albuterol) *(See Note 4.)*

*Mark Mangus, BSRC, RPFT, RRT, 3/27/2006 (Rev2: 7/17/2007), Updated Text and Images, this page:* 

# Sharing the Health

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

I visited a site on the Internet, www.drugs.com, which is not a pharmacy but an information source. They have a section called "Interactions Checker" where you can enter all the medications you are on and see if there are any possible conflicts among them. I go to many doctors and am afraid that a medication from one physician may not be good to take with one that another physician ordered.

Another Internet help is www.mymedschedule.com. It can remind you when it is time to take your medicine. For those of us that have the newer phones, there is also an application that will make a sound to notify you when you are due to take your prescriptions! Once you have everything entered, you will be able to print out a list that is convenient to carry and take to each physician you see. The lists can be printed as wallet-sized or a larger list that includes pictures of the drugs. There is no charge to participate.

**Anne Sabach, Tully, NY**

*The month of November is COPD Awareness Month. Go ORANGE for Chronic Obstructive Pulmonary Disease – orange is the new color for emphysema and chronic bronchitis!*

Oxygen user Nancy Pearsall has added a child's version of her BreathWarmers™ scarf after many requests from parents of young people with asthma. If you would like extra protection from the cold and wind this winter, visit www.breathwarmers.com or call 1-810-653-8006.

*My husband, who has pulmonary hypertension and pulmonary fibrosis, is on oxygen 24/7. He was frustrated because he could not move around in the pool with his oxygen tank, so he came up with a solution. He found a float at Walmart that contained styrofoam beads and we made it into a tube. He put a plastic container in the center of the tube and put his portable oxygen container in the plastic bucket. He uses a 4-foot cannula and drags it along behind him as he does his walking laps. Needless to say, he is the hit of the pool! Everyone wants to talk with him, so it provides him with exercise and great social activity.*

**Val and Charley Mudge, Palm City, FL**

Martha Oliver of Naples, FL, wears her oxygen tubing down her back and finds it easier to move around the house, safer to cook and less obvious to others. Wearing necklaces and pins is always easier this way. She has solved her discomfort issues with cannulas from www.softhose.com (858-748-5677) and uses a Cramer Decker Sidekick bag with her E-size cylinder. The Sidekick has pockets on the side allowing her to leave her purse at home. You can find it for approximately $64 at www.dealmed.com or call 1-800-569-0570.


*Nancy Gust from Lake City, FL, tells us she has a terrible time with her nose drying out from the oxygen. She tried using a nasal spray but found a saline nasal gel called Ayr with aloe vera and it made a big difference! It can be found on the Internet at many different sites.*

Mental health is so important in helping us cope with COPD. My cats, Cheech and Chong, bring a great deal of joy and laughter into my life.

When I began using oxygen 24/7, I wondered how 57 feet of tubing and the two cats would co-exist. At first they kept their distance. Once their fear subsided, the tubing became their play toy and one bite would sabotage the air flow to my cannula. I tried draping the tubing from the doors and spraying the tubing with cat repellent products, all to no avail.

I found plastic, hollow cables made by Ativa to organize the electrical cords of my printer and computer. I realized that this could also be my solution to keeping the oxygen tubing protected! I purchased these "cable management tubes" at my office supply store.

The cats help me cope with COPD and I'm thankful to have found a solution to their tubing biting!

**Joyce Dearing, Colorado Springs, CO**

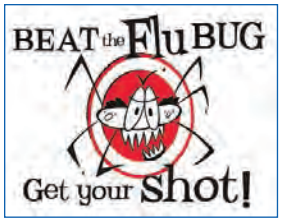
## Congratulations, Mr. President!

The Great American Smokeout is held every November. According to a report by the Centers for Disease Control and Prevention (CDC), 70% of American adults who smoke wish they could quit and more than half have tried within the past year.

"The president is in excellent health and 'fit for duty'," his physician, Dr. Jeffrey Kuhlman, wrote after conducting President Obama's physical examination recently. The good news is that the President is now totally tobacco free. If anyone has a high stress job, it's our President!

CDC Director, Thomas R. Frieden, MD, tells us, "Smokers who try to quit can double or triple their chances of success by getting counseling, medicine or both. Other measures of increasing the likelihood that smokers will successfully quit include hard-hitting media campaigns, 100 percent smoke-free policies and higher tobacco prices."

## 2012 Flu Season Expected to Peak Later in Year than Last Year's Flu Season




Flu season activity is expected to peak later in the coming year than it had in the January–February period of 2011. Injectible influenza vaccines, Fluzone, Fluzone High Dose and Fluzone Intradermal, are made up of the three flu strains most likely to cause you to be sick this year.

Fluzone High Dose vaccines contain four times the amount of antigen (the part of the vaccine that prompts the body to make antibodies) than contained in regular flu shots. The additional antigen is intended to create a stronger immune response (more antibodies) in the person getting the vaccine and is designed specifically for people 65 years and older.

Fluzone Intradermal was licensed by the FDA for use in the United States for the 2011–2012 flu season. The intradermal flu vaccine is a shot that is injected into the skin instead of the muscle. The intradermal shot uses a much smaller needle than the regular flu shot, and it requires less antigen to be as effective as the regular flu shot. It is recommended for adults 18 to 64 years of age.

On the horizon in the next five years is a vaccine that could end the need for annual winter flu injections by offering lifelong protection against all strains of the virus.

The new universal flu vaccine, which researchers say will only need to be administered once, has been found to be effective against a number of different types of influenza virus, including the deadly avian flu and pandemic swine flu strains. Small-scale clinical trials on the new vaccine, known as Flu-v, have shown that it can significantly reduce infection and also cut the severity of symptoms.

# Traveling News

## New POC Coming

We understand that Philips Respironics will be introducing a new version of the EverGo POC that will have the capability of giving you oxygen at a continuous flow at a setting of 2.

## EasyPulse POC Available

Precision Medical's EasyPulse POC is now available. The unit operates on pulse dose settings from 1 to 5 at a maximum breath rate of 35. The battery will last approximately three hours on a setting of 2 and can be used with a cannula of a maximum length of seven feet. Visit www.precisionmedical.com or call 1-800-272-7285.

EASYPULSE POC

## American Airlines Alone in Supplying Oxygen

Alice Canale was the first to let us know that United Airlines will no longer supply oxygen – bad news for those travelers who use more than 3LPM continuous flow.

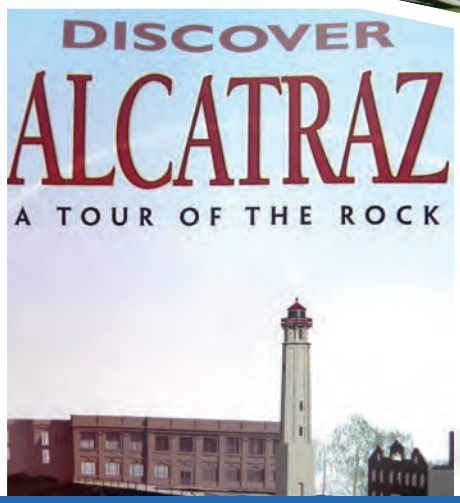
When she expressed her concern to the airline, she got a response that included, "I regret your disappointment with our new policy regarding therapeutic oxygen. This program is being discontinued due to advances in medical technology and the expansion of FAA-approved personal oxygen concentrators (POCs)."

Since the current POCs on the market do not deliver more than a setting of 3 continuous flow, the airlines' policy leaves high flow oxygen users grounded.

The charge for oxygen is $100/flight segment. When United Airline baggage handlers damaged a guitar with the owner watching it happen out the window of the plane, his group struck back with a video called "United Breaks Guitars" that has been seen on youtube.com over 11 million times. Maybe a resourceful Better Breathers support group could come up with a protest video of our own?

## Updated Reference Guide Available

The COPD Foundation has updated their *Big Fat Reference Guide,* a comprehensive source for those with COPD. You can access the information online at www.copdbfrg.org or order the guide on a CD. All materials from the Foundation are free of charge, you only pay for shipping on orders over 25 items.

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**March 7, 2012:** ***Emerald Princess***
***Meet Mark Mangus RRT on this 10-day Southern Caribbean cruise from Fort Lauderdale, FL!***

Special Guest Speaker

**May 4, 2012:** ***Holland America's Eurodam***
*Revel in this 7-day Mediterranean Glamour cruise from Civitavecchia, Italy. We will tour the amazing attractions of Roma for two days before our cruise!*

**August 4, 2012:** ***Holland America's Westerdam***
*See Alaska on this 7-day Alaskan Explorer cruise from Seattle, WA*

**October 13, 2012:** ***Holland America's Veendam***
*Marvel at Fall's beauty on a 7-day Canada & New England Discovery cruise from Montreal, Canada, returning to Boston, MA*

## Ask Chris …

*Christopher Smoak*
*Rx Stat Sales Manager*

***I'd like to talk to you about the importance of setting your Eclipse pressure sensitivity.***

Did you know you can change the pulse flow or "on-demand" pressure sensitivity level on your Eclipse? It is important you understand how to maximize the benefits of your Eclipse. Most units operating in pulse flow have set pressure sensitivity (PS). The Eclipse, on the other hand, is one of the only portable oxygen concentrators (POCs) that you can gear toward your individual therapy need. If you are having trouble triggering pulse flow on your Eclipse, the device will default to constant flow mode. If this is your problem, change the default PS setting on your Eclipse. This will give you longer battery time and less hassle in changing batteries. We can solve multiple problems with a few quick changes.

Locate the "non-smoking" symbol to the left and slightly lower of the "on" button. This is a hidden button to change the clinical menu or find error codes. ***Only use this as directed below or contact your supplier to help. You do not want to change other settings.***

- **Eclipse 1:** To change the PS, the unit must be running and in the pulse flow mode (wear your cannula while doing this step). Press down the non-smoking symbol and keep it held down. You will see the number "3" (manufacturer default). Press the "-" button to make the unit more sensitive or "+" button to make it less sensitive. The PS is 1 to 6 with "1" being the most and "6" being the least sensitive. Find the number that works best for your need.
- **Eclipse 2 and 3:** To change the PS, turn the unit on and leave in continuous flow mode. Press and release the "non-smoking" symbol until you see "PS =". You will see the number "3" (manufacturer default). Press the "-" button to make the unit more sensitive or "+" button to make it less sensitive. The PS is 1 to 3 with "1" being the most sensitive and "3" being the least sensitive.

Remember to check your oxygen saturation with your oximeter to ensure you are meeting your oxygen needs and discuss these with your physician.

If you are using continuous flow because your POC is not sensitive enough to recognize your shallow breathing, consider the Eclipse a new option! TransTracheal oxygen users may now be able to use pulse dose by changing the sensitivity settings.

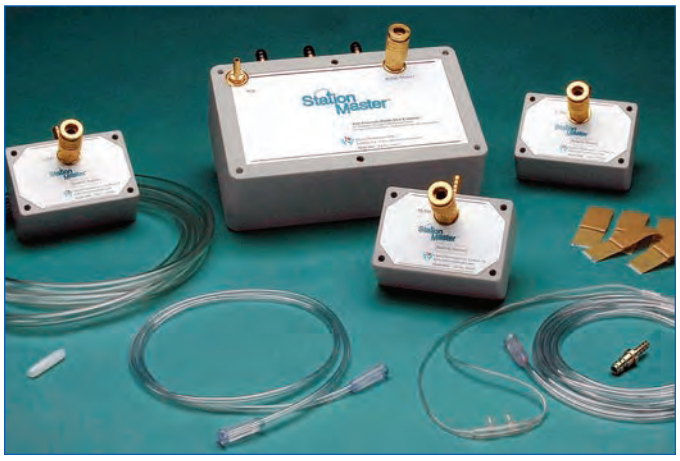
*We thank Christopher Smoak, Rx Stat Sales Manager, who will graciously answer your questions about your oxygen equipment. Write to Chris at The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 or email info@pulmonarypaper.org.*

# Product Corner

### Put an End to Tangled Oxygen Tubing!

The StationMaster™ eliminates the hazards of that long oxygen tube for the at-home oxygen user. It comes with up to four separate stations from which to draw oxygen from a single oxygen source (liquid or concentrator).

This is the first in a family of products addressing the problems many at-home oxygen users face with long runs of loose oxygen tubing. Suggested retail price is $469,

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## Respiratory News

Representatives from the American Association of Respiratory Care, the American Association for Cardiovascular and Pulmonary Rehabilitation, the American College of Chest Physicians, the American Thoracic Society, and the National Association for Medical Direction of Respiratory Care met with staff from the Centers for Medicare and Medicaid Services (CMS) to discuss concerns over CMS' proposal to reduce payment for pulmonary rehabilitation services in the hospital outpatient setting from $63 to $38, effective January 1, 2012. Their concerns were apparently not convincing enough as this drastic cut will take place as planned, which will undoubtedly have devastating results for programs across the country.

Aclidinium bromide, a new experimental drug, was effective on six indexes of symptoms as a treatment for COPD in a phase III clinical trial. Aclidinium is a long-acting muscarinic antagonist. The big advantage of the medication is you get a month's worth of doses in one inhaler.

Two randomized trials showed an inhaled corticosteroid/long-acting beta-agonist for asthma improves lung function in patients with moderate to very severe COPD. Two different doses of mometasone furoate/formoterol (Dulera) administered via a metered dose inhaler yielded benefits through 26 weeks of treatment compared with the individual components and placebo.

COPD spokesperson, Grace Anne Dorney Koppel, wife of newscaster Ted Koppel, talked to respiratory therapists at their national meeting on the unmet needs of COPD people. She was diagnosed ten years ago.

Mrs. Koppel said, "Like many Americans, her annual physical exam did not include spirometry screening and the diagnosis came as a complete shock."

She urged respiratory therapists to support early COPD screenings because patients are not routinely screened for COPD until they start exhibiting the symptoms of cough, wheezing and breathlessness.