



The Pulmonary Paper

September/October 2010

Dedicated to Respiratory Health Care

www.pulmonarypaper.org • Volume 21, Number 5



COPD has Many Hats!

Also inside:

Calling Dr. Bauer

Sharing the Health

The Pulmonary Paper

Dedicated to Respiratory Care

Volume 21, No. 5

September/October 2010

On the cover: Hilde Hanson of Lakeland, Florida, doesn't take COPD sitting down!

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

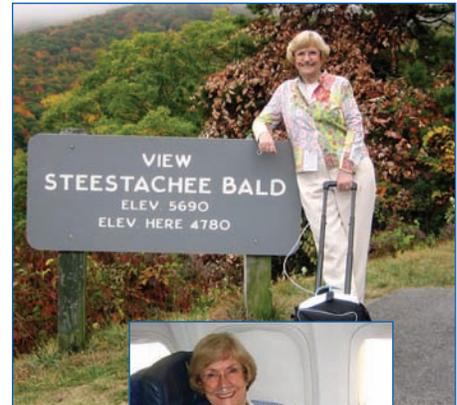
The Pulmonary Paper is a 501(c)(3) not-for-profit corporation supported by individual gifts. Your donation is tax deductible to the extent allowed by law.

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.

contents

- 3 **Flu Season Information**
Who should get a flu shot?
- 4 **Looking to the Future**
Participants needed in study
- 5 **Words of Inspiration**
From EFFORTS
Vice President, Ann Lornie
- 6 **Calling Dr. Bauer ...**
What is pseudomonas?
- 7 **Ask Mark ...**
Exercising and PAH & more!
- 8 **Fibrosis File**
STX-100 for IPF
gets Orphan Drug Status
- 10 **Sharing the Health**
- 12 **Traveling News**
New TSA Regulation!
- 13 **Get Up & Go₂ Cruises**
- 14 **Taking Aerosol Meds Correctly**
- 15 **Innovative Photo Project & COPD**
- 16 **Respiratory News**



Our cover girl, Hilde Hanson, is on the go! Somehow she makes time to run the web site she began on alternative treatments for COPD, <http://Living-with-COPD.org>.

“I look to the future because that’s where I’m going to spend the rest of my life.”
— George Burns

The Pulmonary Paper Staff

Editor
Celeste Belyea, RN, RRT, AE-C
Associate Editor
Dominic Coppola, RRT, AE-C
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

My son Julian has a key chain that says, “Has anyone seen my potential?” After graduating with a degree in film, he has struggled to find permanent employment in his field. So he is trying to adapt, bend, fit in, change, conform, reconcile and acclimate to his situation. We believe it is all in the attitude!

You may have to realistically change your goals about where you want to be throughout your life. There is no reason to think about what you no longer can do, and every reason to think about what you can do! The holidays will soon be here –

I know every one of you can make a difference to someone else!

A handwritten signature in blue ink that reads "Carole Stee".

The Centers for Disease Control and Prevention (CDC) has the facts on the 2010–2011 flu season.

Who Should Get a Flu Vaccine This Season?

It is now recommended for all people six months and older to receive an annual influenza vaccination. This is a new and expanded recommendation for this season. In February 2010, CDC's Advisory Committee on Immunization Practices voted in favor of "universal" influenza vaccination in the United States to protect as many people as possible against the flu. Manufacturers project that there will be ample supplies of vaccine and that most vaccine will be distributed by November 2010.

Will I have to get two flu vaccines this season?

No. Only one flu vaccine is being made this year and most people will only need to get vaccinated once. There is one exception to this: CDC recommends that children aged 6 months through 8 years of age who have never received a seasonal flu vaccine get two doses of vaccine spaced at least four weeks apart.

Which viruses does the vaccine protect against?

The flu vaccine is updated every year to combat the flu viruses that research indicates are most likely to cause illness during the upcoming season. The 2010–2011 flu vaccine is being made in the same way as seasonal vaccines have been made for decades. It will protect against the 2009 H1N1 virus that caused so much illness last season, and two other influenza viruses (an H3N2 virus and an influenza B virus). About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

Even people that got vaccinated with the 2009 H1N1 vaccine or last year's seasonal vaccine need to be vaccinated with the flu seasonal vaccine this year. This season's vaccine provides protection against other influenza strains that were not in either the seasonal or the 2009 H1N1 vaccine last season and besides, immunity from a vaccine gotten last year may decline over time.

Is there a new type of vaccine available for seniors who are 65 years or older?

Yes. Fluzone High-Dose, a new influenza vaccine manufactured by Sanofi Pasteur Inc., is designed specifically for people 65 years and older. Fluzone and Fluzone High-Dose are both injectable influenza vaccines to protect people from influenza – made up of the three flu



strains most likely to cause illness for that particular flu season. Fluzone High-Dose vaccines contain four times the amount of antigen (the part of the vaccine that prompts the body to make antibodies) contained in regular flu shots. The additional antigen is intended to create a stronger immune response (more antibodies) in the person getting the vaccine. The High-Dose vaccination will be covered under Medicare.

Why is a higher dose vaccine available for adults 65 and older?

Human immune defenses become weaker with age, which places older people at greater risk of severe illness from influenza. Also, aging decreases the body's ability to have a good immune response after getting influenza vaccine. A higher dose of antigen in the vaccine is supposed to give older people a better immune response and therefore better protection against flu. Data from clinical trials comparing Fluzone to Fluzone High-Dose among persons aged 65 years or older indicate that a stronger immune response occurs after vaccination with Fluzone High-Dose. Whether or not the improved immune response leads to greater protection against influenza disease after vaccination is not yet known. An ongoing study designed to determine the effectiveness of Fluzone High-Dose in preventing illness from influenza compared to Fluzone is expected to be completed in 2012.

Is Fluzone High-Dose safe?

The safety profile of Fluzone High-Dose vaccine is similar to that of regular flu vaccines, although adverse events (which are also reported after regular flu vaccines) were reported more frequently after vaccination with Fluzone High-Dose. The most common adverse events experienced during clinical studies were mild and temporary and included pain, redness and swelling at the injection site and headache, muscle aches, fever and malaise. Most people had minimal or no adverse events after receiving the Fluzone High-Dose vaccine.

Seeing into the Future

Researchers at the Wake Forest Institute for Regenerative Health in Winston-Salem, NC, have been using human cells to grow muscles, blood vessels, skin, and amazingly, a complete urinary bladder. A bladder is the first lab-generated human organ to be implanted in more than two dozen children and young adults. The scientists optimistically hope to inject healthy cells into diseased lungs, livers and hearts, prompting these to regenerate.



Dr. James Kiley serves as the Director of the Division of Lung Diseases at the National Heart, Lung and Blood Institute. In the future, he hopes to have the answer of why some smokers develop chronic lung disease while others do not. To date, the COPDGene® Study has enrolled over 8,500 participants – with enrollment increasing steadily each week. The study hopes to reach their recruitment goal of 10,000 by the end of 2010. For information on participating, visit www.copdgene.org or call the contact person of one of the 21 clinical study centers listed here:

University of Alabama, Birmingham, AL

Contact: Don Davis, 205-996-6601
drdbeat@uab.edu

Los Angeles Biomedical Research Institute, Torrance, CA

Contact: Carmen Lopez-Garcia, 310-222-8200
Clopez_garcia@labiomed.org

University of California at San Diego, CA

Contact: Amanda Alvarez, 619-471-0818
aja002@ucsd.edu

National Jewish Health, Denver, CO

Contact: Christina Schnell, 303-398-1772
schnellc@njc.org

Morehouse School of Medicine, Atlanta, GA

Contact: Jolita Wainwright, 404-752-1877
jwainwright@msm.edu

University of Iowa, Iowa City, IA

Contact: Kim Sprenger, 319-353-8862
kimberly-sprenger@uiowa.edu

Johns Hopkins University, Baltimore, MD

Contact: Teresa Concordia, 410-550-2449
tconcor1@jhmi.edu

Brigham and Women's Hospital, Boston, MA

Contact: Grace Brown, 1-866-328-9494
copdstudy@partners.org

Fallon Clinic, Worcester, MA

Contact: Diane Kirk, 508-368-3929
Diane.Kirk@fallonclinic.org

University of Michigan, Ann Arbor, MI

Contact: Candace Flaherty, 734-647-6399
cflah@med.umich.edu

Ann Arbor VA Medical Center, Ann Arbor, MI

Contact: Lisa McCloskey, 734-845-3533
lmcclosk@umich.edu

HealthPartners Research Foundation, Minneapolis, MN

Contact: Natalie Woodruff, 952-967-5493
natalie.k.woodruff@healthpartners.com

University of Minnesota, Minneapolis, MN

Contact: Cheryl Stibbe, 612-625-1435
Edinx004@umn.edu

Minneapolis VA Medical Center, Minneapolis, MN

Contact: Doris Stuber, 612-467-5203
doris.stuber@va.gov

Columbia University Medical Center, NY, NY

Contact: Adina Lemeshow, 212-305-9821
al2396@columbia.edu

Duke University, Durham, NC

Contact: Kim Hamilton, 919-684-9428
hamil005@mc.duke.edu

Temple University, Philadelphia, PA

Contact: Gretel Ortiz, 215-707-9844
margarete.larese-ortiz@tuhs.temple.edu

University of Pittsburgh Pittsburgh, PA

Contact: Patty Tomko, 412-623-5909
tomkopa@upmc.edu

Baylor College of Medicine, Houston, TX

Contact: Laura Bertrand, 713-798-2681
tyler@bcm.tmc.edu

Houston VA Medical Center, Houston, TX

Contact: Dorothy Williams, 713-794-7668
dorothyw@bcm.tmc.edu

University of Texas Health Sciences Center at San Antonio, San Antonio, TX

Contact: Nita Zaragoza, 210-949-3264
zaragozan@uthscsa.edu

Words of Inspiration

EFFORT's (Emphysema Foundation For Our Right To Survive – www.emphysema.net) Vice President, Ann Lornie, has rewritten the words to Johnny Nash's *I Can See Clearly Now* to support her fellow members!

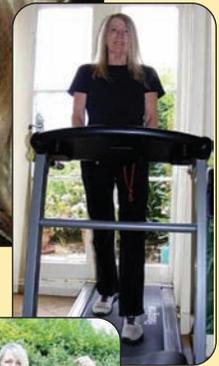
*I can breathe clearly now, the phlegm has gone
There are no blockages now in my way
Gone is the loneliness I dwelt upon
It's gonna be a bright (bright), bright (bright)
Sun shiny day!*

*I can breathe clearly now, my meds are right
I threw the ones that didn't work away
I'm sleeping better now, all through the night
It's gonna be a bright (bright), bright (bright)
Sun shiny day!*

*Ears to the ground, we hear no more sad sighs
And all around, nothin' but glad cries!*

*Now that I exercise, my life is good
I can move round and walk a good long way
The group is the rainbow I've been waiting for
It's gonna be a bright (bright), bright (bright)
Sun shiny day!*

*We can breathe freely now to our surprise
C O P D will be just history
For which all our thanks will go to EFFORTS guys
And we will have bright (bright), bright (bright)
Sun shiny days!*



Clockwise: Ann stair steppin' al fresco; happy walking because she can! and, showing off her muscles!

How to improve life with chronic lung disease:

- ✓ *Focus on yourself.* Take an hour out of every day to check off the things on the list below.
- ✓ Be your own Pulmonary Rehabber for 60 minutes!
- ✓ *Treat yourself with respect.*
- ✓ Are you *eating healthy* and working on achieving your optimum weight?
- ✓ Are you *working with your medical team* to ensure you are on the best medication for you?
- ✓ Are you *getting good quality sleep*? If you have problems in this area, do not ignore them. Seek information and help so that the situation can be improved.
- ✓ Are you *exercising daily* to improve your muscle tone and your heart rate? Don't just end your workout with a 'that will do' face, but with an endorphin-filled grin! The more you do, the more you can achieve.
- ✓ Don't forget *strength training*! Muscle tissue, strength and bone density decline over the years. Strength training is the most effective way to slow and possibly reverse much of this decline.

Calling Dr. Bauer ...



Dr. Michael Bauer

Dear Dr. Bauer,

My aunt is continually coming down with a pseudomonas infection. Could you explain what this is? Thank you.
Roberta from Maine

Pseudomonas is the name of a bacteria that can occasionally cause pneumonia but more often results in a low-grade infection or chronic inflammation in the lung. This common bacteria is an infrequent cause of pneumonia in healthy individuals.

Adults who have chronic scarring in their lungs may be more susceptible to pseudomonas infection. Bronchiectasis is a condition in the lung that results in chronic dilation and scarring of the larger bronchial airways. This is probably the most common setting where we see pseudomonas infection. In children and teens, pseudomonas infection is frequently seen in those with a diagnosis of cystic fibrosis. This microbe seems to like lung scars and once it gets a hold on these areas, it can be very difficult to eradicate. Patients often have to come to some kind of a balance with this bacteria, letting it grow very slowly in the lung but still resulting in a minimal amount of tolerated symptoms. Rotating a different antibiotic each month or sometimes taking antibiotics by inhaled nebulized solution can be very effective in controlling pseudomonas. Intravenous antibiotics are usually reserved for severe infections or true pneumonia.

Fortunately, pseudomonas is rarely transmitted from individual to individual by coughing. A diagnosis of pseudomonas usually requires a sample of mucus to culture in the laboratory.

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.

Pulse Oximetry at a low discount price!

Know your exact oxygen saturation and pulse rate in just seconds, using the same technology your doctor uses.

The NONIN ONYX pulse oximeter is accurate, durable and easy to use!

AEROMEDIXRx.COM Provides:

- >> Same day shipping
- >> 2 year warranty
- >> Physician on duty to write prescriptions
- >> Friendly, knowledgeable staff

Also available and in stock the
Nonin 9550 Onyx II



9500 ONYX Fingertip Pulse Oximeter

**Call for special pricing for
Pulmonary Paper members.**



AEROMEDIXRx.COM

call today to order **866.800.0422**

Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

Alex from Minneapolis, MN, asks Mark about exercising when you have pulmonary hypertension (PAH).

Mark explains, of paramount importance is to maintain adequate oxygenation while exercising. If not maintained relatively high, breathlessness and anxiety will rule, bringing those who suffer them to their knees. If you are not able to keep your saturation greater than 94% while exercising, this could be the reason you are struggling. If you don't have a pulse oximeter to measure your oxygen saturation, then you have no way of knowing what your saturation is running and that is likely the key problem.

Folks with significant PAH require very high amounts of oxygen to keep them adequately saturated, either in high enough flow at fixed concentrations (high-flow Venturi mask, like I use in my clinic) or high concentration masks with more than the usually recommended flow (as a non-rebreather mask). So if you find that you're not saturating well enough and find that your oxygen system resources can't get you there, you need to find a place where you can get the needed oxygen in the right amount.

To humidify or not to humidify? That is the question!

Mark advises, while evidence suggests that not a whole lot of humidity/moisture is added to oxygen as it passes through water in a humidifier, nevertheless "some" moisture is indeed added. On the downside, humidifiers are a site of contamination and potential proliferation of bacteria that can cause respiratory infections. They are also a site for leaks when not assembled properly and tightly.

Just because humidifiers can be a source of problems doesn't make it good practice to simply not use them. As my friend and colleague, John Goodman RRT advises, use of humidifiers is a must for Trans-Tracheal Oxygen users, regardless of how little moisture they may be construed to add. We know that not using them results in complications that are not seen when they are used. Regardless of how much they add, it is nevertheless a critical amount! Care in keeping humidifiers clean and changing them out at regular intervals is the solution to avoiding potential problems.

Humidity in the air has virtually nothing to do with whether or not the dryness of oxygen flowing across your mucus membranes will cause irritation, bleeding and potential infection. Use of a humidifier should never be tied to the question of atmospheric humidity.



Penny from EFFORTS asks what the difference is between Perforomist and Brovana and is one preferred?

Mark replies, Perforomist is Formoterol. Brovana is Arformoterol. They are similar except that Brovana is the Formoterol molecule that has been "split in half, lengthwise" and is only the active half. Formoterol has the two halves together, one of which does not cause the desired action. Some would argue that in theory, Brovana is better. Clinically, it varies among individuals. The only way to know is for an individual to use each for a period of time and see if they can tell a difference. For many, they won't notice a thing.

Linda was wondering if Daxas® will replace a steroid, is it in a class by itself? Do users overseas take a steroid inhaler in addition to Daxas®?

Mark tells us Daxas® roflumilast has been approved in the E.U. for the maintenance treatment of severe COPD in patients with chronic bronchitis and a history of frequent exacerbations. It will be used as an add-on to bronchodilator treatment. It is not intended to replace any component of the inhaled medications currently used. It is intended to serve as yet a fourth prong in the classes of drugs used to treat COPD, particularly chronic bronchitis. Phosphodiesterase inhibitors help reduce an irritant that is responsible for causing inflammation. Some folks may find that they can do just as well without their inhaled steroid if Daxas® is effective for them. Others may benefit from the action of Daxas®, but still need their steroid.

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

Orphan Drug Status Granted

In early September, the FDA granted orphan drug status to STX-100, an investigational, humanized monoclonal antibody used in the treatment of idiopathic pulmonary fibrosis (IPF).

STX-100 targets a key pathway in the initiation and progression of pulmonary fibrosis, according to manufacturer Stromedix Inc. There are currently no FDA-approved treatments for IPF.

The drug works by targeting integrin $\alpha 5\beta 1$. Stromedix, which has completed a phase 1 clinical trial of STX-100, is currently planning to initiate a phase 2 clinical trial for IPF and chronic allograft nephropathy patients in 2011.

IPF Pirfenidone Treatment One Step Closer

Intermune Inc., is hoping to make pirfenidone available to treat IPF. Steps are being taken after the FDA recommended further research be done on the drug before they give their approval. An additional phase 3 study to demonstrate the efficacy of pirfenidone in IPF prior to marketing approval has been requested.

Intermune reports, "On March 23, 2010, our application to the European Medicines Agency seeking approval of pirfenidone for the treatment of IPF in adults was validated. Validation indicates that the application is complete and that the review process has begun. We anticipate submitting our responses to their questions sometime during the fourth quarter of 2010 and stand by our previous guidance of a decision regarding approvability of pirfenidone in the European Union during the first half of 2011."

We Need Your Participation!

If you have been diagnosed with pulmonary fibrosis (PF), the Coalition for Pulmonary Fibrosis (CPF) urges you to consider being involved in clinical trials. Progress can only be made in PF by studying promising therapies and having ample patient participation in clinical trials. There is a full listing of trials on the CPF website at www.coalitionforpf.org/cpf_research_clinical.php. The National Institutes of Health (NIH) is conducting clinical trials as part of a multi-study protocol known as IPFnet (www.ipfnet.org). The new clinical trials are testing drugs that block pathways considered key for the development of tissue fibrosis yet have, until now, never been adequately tested for their effectiveness in PF.

The first trial, named PANTHER, will evaluate the effectiveness of anti-oxidants. An earlier study suggested a promising role for anti-oxidants in PF. PANTHER has been adequately designed to test whether steroids and related drugs are helpful. The PANTHER-IPF: Prednisone, Azathioprine, and N-Acetylcysteine is a study that evaluates the effectiveness of N-acetyl cysteine alone and in combination with prednisone and azathioprine at preventing the loss of lung function. This trial is available to all people with IPF diagnosed in the last 48 months between 35–85 years of age with moderate disease who meet study-specific enrollment criteria.

"Many PF patients are treated with these types of drugs, yet the usefulness of steroids remains in question. PANTHER will answer this question once and for all, but only if patient enrollment goals are met," said Jesse Roman, professor and chair of the Department of Medicine at University of Louisville and chair of the Education Committee in the IPFnet. "It is critical that PF patients participate in this study so that we begin to obtain answers that might lead to effective and safe treatments. Patients are crucial for the success of this research."

The second trial is called ACE. The ACE trial will explore the effectiveness of blood thinners in treating PF. The use of Coumadin and related drugs is common in patients with vascular disorders, but they have not been tested extensively in the setting of PF, even though animal studies and small clinical studies suggest it may

be beneficial. The ACE trial is available to all people with IPF between 35–80 years of age, regardless of time of diagnosis, who meet study-specific enrollment criteria.

To learn more information about the IPFnet trials, contact one of these clinical sites:

State	Investigator	Institution	Contact Information
Alabama	Joao de Andrade, MD	University of Alabama at Birmingham	Tonja Meadows 205-934-7630
California	Joseph Lynch, MD	University of California at Los Angeles	Eileen Callahan 310-794-8595
	Talmadge King, MD	University of California at San Francisco	Renee Jeffrey 415-476-5034
Colorado	Kevin Brown, MD	National Jewish Health	Todd Dubois 303-398-1621
Connecticut	Danielle Antin-Ozerkis, MD	Yale University School of Medicine	Jean Estrom 203-785-7324
Florida	Marilyn Glassberg, MD	University of Miami, Miller School of Medicine	Emmanuelle Simonet 305-243-3728
Illinois	Imre Noth, MD	University of Chicago	Cathy Brown 773-834-7085
Kentucky	Jesse Roman, MD	University of Louisville	Tamra Perez 502-852-1358
Louisiana	Joseph Lasky, MD	Tulane University	Sandy Ditta 504-988-4040
Michigan	Fernando Martinez, MD	University of Michigan	Debra Dahlgren 734-936-8917
Minnesota	Jay Ryu, MD	Mayo Clinic	Susan Walsh 507-293-0367
Missouri	Neil Ettinger, MD	Saint Luke's Hospital	Sue Merli 314-576-4501
New York	Michael Kallay, MD	Highland Hospital/University of Rochester Medical Center	Elizabeth Lyda 585-233-4358
	Robert Kaner, MD	Weill Cornell Medical Center of Cornell University	Vanessa Monroy 646-962-5568
North Carolina	Lake Morrison, MD	Duke University Medical Center	Terri Haram 919-668-4562
Ohio	Jeffrey Chapman, MD	Cleveland Clinic Foundation	Susan Lubell 216-445-5872
Pennsylvania	Milton Rossman, MD	University of Pennsylvania	Susan Metzger 215-662-3115
South Carolina	Steven Sahn, MD	Medical University of South Carolina	Kimberly Argabright 843-792-3168
Tennessee	James Loyd, MD	Vanderbilt University Medical Center	Wendi Mason 615-343-7068
Texas	John Fitzgerald, MD	University of Texas Southwestern Medical Center	Barbi Estes 214-648-6729
Utah	Mary Beth Scholand, MD	University of Utah Lung Health Research Center	Laurie Brewster 801-581-5811
Washington	Ganesh Raghu, MD	University of Washington	Carolyn Spada 206-598-4967

Sharing the Health

I found a great site on the Internet to get tips on how to live with COPD at the Breathe Easy Arizona Coalition's www.breatheeasyaz.org. They even have "How To" videos!
Dana Afshari, FL

I found a company that sells oxygen holders for your two-wheeled walker and/or wheelchair. It is called Comfort Solutions – their number is 1-315-472-8077 and can be found on the internet at www.to2te.com. The holders can store "E", "D", "M6/B" and "M9/C" cylinders as well as portable liquid oxygen units.

Karen Sherrier, FL

What do you say when you see people staring at your oxygen? Need a comeback when they make a comment about it? Oxygen users have used the following lines recently:

"I am Buzz Lightyear's mother!"

"It's one of the first iPods – when it was thought that sound was better delivered up the nostrils."

"I got this on eBay. It was hideously expensive, but apparently there are very few retro cell phones around."

"I'm a balloon."

"It has a wireless connection to my PC. Email is transmitted directly to my brain via the nostrils. I reply by thinking and send with a little snort."

Our favorite remains the child who amazingly told a lady using pulse dose, "I can hear your nose running!"

I use a concentrator at home with 50 feet of tubing. We recently brought home a kitten from the Humane Society. She is a real joy at home except when she is biting holes through my tubing. The bitters in a product called YUK did nothing to deter her and stayed on my hands forever! Finally, we found corrugated split black plastic tubing at Ace Hardware. It is used to cover electrical wires. Now the kitten may jump at the tubing as it moves through the house but she does not bite it!

Carole Beran, Elkhorn, NE

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.

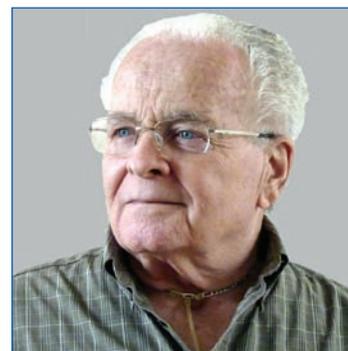
The American Lung Association's "My Fighting for Air Community" is a simple, immediate way for friends, family, colleagues and neighbors to assist loved ones in need at <http://lungusa.lotsahelpinghands.com>. It is an easy-to-use private group calendar, specifically designed for organizing helpers, where everyone can pitch in with meals delivery, rides and other tasks necessary for life to run smoothly during a crisis. Additionally, helpful resources are provided on symptoms, causes and treatment options for various lung diseases, as well as contact information to local American Lung Associations and the Lung HelpLine (1-800-548-8252).

Lori Palermo of Love Your Lungs, Breathe For Life, would like you to sign an online petition to help raise awareness of COPD through our very own stamp from the U.S. Post Office. Please visit www.thepetitionsite.com/takeaction/761/710/249/ to show your support!

Medicare had covered tobacco counseling only for those diagnosed with a tobacco-related disease or showing signs of such a disease. Medicare beneficiaries will now have expanded coverage of tobacco cessation counseling. Under the new coverage, any smoker covered by Medicare will be able to receive tobacco cessation counseling from a qualified physician or other practitioner.

Lyn Cole of Littleton, CO, and a network of other TransTracheal Oxygen (TTO₂) users, would like to offer their help to people who have recently received their catheters for this form of oxygen therapy. If you have questions, simply send them to roxlyngcd@comcast.net and she will forward your inquiries or comments to the group, which includes health professionals.

Since Nick Jones, right, of The Villages, FL, got his TTO₂ catheter, he now calls himself a "Necker"!



Paul Thompson began making his own cannulas years ago when he thought the ones his aunt was wearing were too uncomfortable for her. Oxygen users have enjoyed the soft hoses and other innovative products Paul and his wife Chris have produced, which are available at www.softthose.com.

Paul and Chris are now experimenting with different colored cannulas and tubing. Are you going to an affair and want to match your formal black dress or tuxedo? You may want a black cannula or a red one for the Christmas holidays. Someone recently requested flesh colored supplies. For more information, email pthomps2@san.rr.com or call the Thompsons in California at 1-858-748-5677.

With cooler weather approaching, smokers need to be careful of exposure to wood smoke, either from home heating, cooking or from the outside environment. A recent study in the *American Journal of Respiratory and Critical Care Medicine* found exposure to wood smoke puts smokers at a higher risk to develop COPD that includes DNA changes.



As the cold weather approaches, don't forget about Nancy Pearsall's Breath Warmers! They are made of soft, comfortable polar fleece with adjustable Velcro closures to

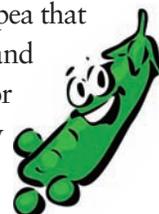
protect you against the cold air.

BreathWarmers™ are available for \$15.95 plus \$2.95 for shipping. For further information call 1-810-653-8006, visit www.breathwarmers.com, or write BreathWarmers™, P.O. Box 121, Davison, MI 48423.

Say What?

Ron Sveden, 75, of Brewster, MA, was astonished to discover that what he thought was a tumor growing in his lung was actually a plant that had sprouted from an inhaled pea. It was about half an inch long.

The doctors told him he must have eaten a pea that “went down the wrong way,” and the moist and warm conditions in the lung were just right for it to sprout and grow. He underwent surgery to remove the pea, and is now home.



Go where *you* want... When *you* want... And do it in style

“Ambulatory oxygen improves survival and overall quality of life.”

The EverGo™ +
Oxy-View™ eyewear +
Finger pulse oximetry =

The Confidence to Go

Call Today Toll Free
1-877-699-8439

Ask for a FREE DVD



EverGo



Oxy-View Oxygen Therapy Eyewear



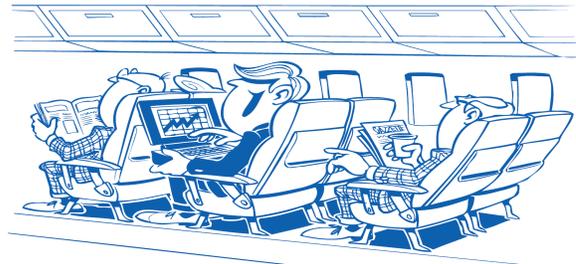
Pulse Oximeter



www.oxyview.com



Traveling News



When you make your airline or other travel reservations, make sure your name matches exactly what is on the government-issued ID that you are going to use for identification. The Transportation Security Administration (TSA) has announced that it will require full name (middle name too if on your passport or driver's license), date of birth and gender for all passengers traveling on or after November 1, 2010, *regardless of when the reservation was booked.*

Invacare's Solo2 portable oxygen concentrator has received FAA approval for use during flight. This means you now have 11 choices of portable oxygen available to you. As always, be sure to check your airline's specific rules and regulations well before your trip is scheduled. American and United Airlines are still supplying oxygen to their passengers in addition to allowing portable oxygen concentrators to be used onboard.

The AARP recommends quick exercises while traveling to keep your energy levels up. When in the car for many hours, make sure the driver's seat is at a 90 degree angle to prevent the head from tilting forward and that everyone has plenty of leg room. You should not sit on your wallet since it could irritate your sciatic nerve.

Take frequent breaks to stretch. While standing, raise your arms above your head, clapping your fingers together. Look up at your hands, holding this pose for 20 seconds, then relax.

Also try to place your right foot on a bench or step that is at knee height, as in a lunge position. Place both hands, palms down on your right knee, keeping your left leg straight. Lean in slightly and hold this position for 20 seconds and then repeat with the other leg.

Finally, sit near the edge of a bench and extend one leg in front of you, toes pointed up. Bend forward slightly at the hip, keeping your back straight, until you feel a slight stretch in your hamstrings. Try to hold your leg up for 20 seconds and then try it with your other leg.



The concept of altitude affecting your breathing when you travel by air is a difficult one to understand. The pressure in an airplane's cabin is the same as if you were at 5,000 to 8,000 feet above sea level. To give you some perspective, the people in Denver – the Mile High City – live at an altitude of 5,280 feet. The population of Winter Park, CO, is about 1,000 people when it is not ski season – they live at an altitude of about 9,000 feet.

When you go up in elevation – as on a flight – the pressure becomes less and less oxygen is available to supply energy to your body.

According to the Aerospace Medical Society, "Half the cabin air is fresh air drawn in via the engines with the other half recirculated from the cabin. The recirculated air is ducted through a HEPA air filter before being reintroduced into the cabin. There is a total air change (filtered/recirculated plus outside air) every 2 to 3 minutes.

Regain Your Quality of Life with Inogen One G2!

The next generation of portable oxygen concentrators –

No more cylinders, no more refills!

- Small in size – only 7 lbs.
- Virtually silent, discreet
- No refills needed
- A/C, D/C power
- 4-hour or 8-hour battery
- \$3,200 with 8-hour battery (Special sale price for *Pulmonary Paper* readers!)



Covered by Medicare*



The width of a coffee mug, the height of two stacked! Very discreet.

*If you qualify

Call today!

RxStat Respiratory

1-888-648-7250 • www.rxstat.net

Call to book your individual trip



or join us on our upcoming group cruises!

Get Up and Go₂ featuring Sea Puffers Cruises

7-Day Cruise: Roundtrip from Ft. Lauderdale

The Western Caribbean!

March 13, 2011

Aboard Holland America's *Nieuw Amsterdam*

Day	Port
March 13	Ft. Lauderdale
March 14	Half Moon Cay, Bahamas
March 15	Grand Turks, Turks and Caicos
March 16	Cruising at sea
March 17	Georgetown, Cayman Islands
March 18	Costa Maya, Mexico
March 19	Cruising at sea
March 20	Ft. Lauderdale

Price per person based on double occupancy. Inside Cabin from \$799; Ocean View Cabin from \$849; Balcony Cabin from \$1,099; Mini-Suite/Suite from \$1,699. Government taxes and fees are \$74.78/ person. Single and Third/Fourth Person Occupancy available. A deposit of \$350 is due within 5 days of making your reservation. Final payment is due Dec. 28, 2010. *A passport is required!*



Join the Airheads from
The Villages, FL!

10-Day Cruise: Roundtrip from Ft. Lauderdale

The Panama Canal!

April 4, 2011 Aboard the *Coral Princess*

Day	Port
April 4	Ft. Lauderdale
April 5	Cruising at sea
April 6	Cruising at sea
April 7	Aruba
April 8	Cartagena, Colombia
April 9	Panama Canal, Panama
April 10	Limon, Costa Rica
April 11	Cruising at sea
April 12	Ocho Rios, Jamaica
April 13	Cruising at sea
April 14	Ft. Lauderdale

Price per person based on double occupancy. Inside Cabin from \$1,299; Ocean View Cabin from \$1,499; Balcony Cabin from \$1,899; Mini-Suite/Suite from \$2,189. 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!*



You will always the lowest possible price available at time of booking with Get Up & Go₂! Each person will receive shipboard credit as well as other surprises!

We take the worry out of
traveling with oxygen!

11-Night Cruise: Roundtrip from Copenhagen, Denmark
Scandinavia & Russia!

June 4, 2011 Aboard the *Emerald Princess*

Day	Port
June 4	Copenhagen, Denmark
June 5	Oslo, Norway
June 6	Aarhus, Denmark
June 7	Berlin, Germany
June 8	Cruising at sea
June 9	Tallinn, Estonia
June 10	St. Petersburg, Russia
June 11	St. Petersburg, Russia
June 12	Helsinki, Finland
June 13	Stockholm, Sweden
June 14	Cruising at sea
June 15	Copenhagen, Denmark

Price per person based on double occupancy. Inside Cabin from \$1,590; Ocean View Cabin from \$2,190; Balcony Cabin from \$2,690; 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!*



8-Day Cruise: Roundtrip from Seattle, Washington

Alaska's Tracy Arm Fjord

July 1-8, 2011 Aboard *Celebrity's Infinity*

Day	Port
July 1	Seattle, Washington
July 2	Cruising at sea
July 3	Ketchikan, Alaska
July 4	Tracy Arm Fjord & Juneau, Alaska
July 5	Skagway & Inside Passage
July 6	Cruising at sea
July 7	Victoria, British Columbia
July 8	Seattle, Washington

Price per person based on double occupancy. Inside Cabin from \$935; Ocean View Cabin from \$1,135; Balcony Cabin from \$1,665; Mini-Suite/Suite from \$2,499. Government Taxes and Fees are \$159.38/ person. Single and Third Person Occupancy available. A deposit of 20% is due within 5 days of making your reservation. Final payment is due April 17, 2011.

Become a fan or 'Like' our
Get Up and Go₂ featuring
Sea Puffer Cruises Facebook
page! You'll be able to keep up
on our latest news, including
daily blogs during our trips!



Visit www.seapuffers.com or call 1-866-673-3019 to join the fun!

FST: ST36334

Taking Aerosol Medications Correctly

A recent article in the *Journal of Asthma and Allergy Educators* talked about common mistakes made when taking aerosol medications. Unfortunately, each device uses a different technique of inhaling. When used incorrectly, you could receive less than optimum medication delivery. It is all about the particle size when you take breathing treatments. Too large particles will deposit in your throat and never make it to your lungs; too small will stay suspended and be exhaled.

Nebulizers –

You should take your treatment with slow, regular breathing through your mouth. Frequently holding your breath at an end of an inspiration ensures the aerosol particles are deposited in your lung. Be especially careful of keeping the nebulizer clean. Any germs on the equipment may go directly into your lungs.



advance it or it may become clogged. With the Handihaler and Aerosolizer, you should puncture the capsule only once. If done multiple times, you may end with pieces of the capsule in your lungs. You should not breathe into a DPI as the moisture may collect and affect the medication. Remember to rinse your mouth afterwards to avoid any infections.



Valved-Holding Chambers –

With spacers used with your metered dose inhaler (MDI), remember to prime your inhaler according to the manufacturer's instructions. You should use only one puff of medication at a time. Many people depress the inhaler twice and then take two breaths. If you wait too long before taking the breath after you have activated the inhaler, you will get less medication to your lungs. Breathe in slowly and hold your breath for ten seconds.



Dry Powder Inhalers (DPIs) –

When using medications such as the Spiriva Handihaler, Advair Diskus or Foradil Aerosolizer, instead of breathing in slowly on the DPI, you should breathe in fast and deep to get the most benefit. Be sure to take the medication in the chamber of a discus before trying to

Please read the manufacturers cleaning and disinfecting directions on all the devices. It is critical that they be kept clean!

Rx Stat Respiratory will match or beat anyone's prices on oxygen equipment!



Sequal's Eclipse

Smallest continuous flow POC. 3LPM continuous and 6LPM pulse



Respironic's EverGo

Best battery life, 8 hours at 2LPM 6LPM pulse



Respironic's Everflo™ Quiet with Oxygen Purity Indicator
Small form, 30 lb. stationary unit (\$799 delivered). Great for after your Medicare rental!



Invacare® XP02™
Lightest POC at 6 lbs.! 5LPM pulse

See demos of POCs on YouTube.com, search "Rx Stat"

Rx Stat will beat anyone's price on a new portable concentrator.

We also rent POCs for travel: \$395 for first 10 days, \$295 for each additional 10 days—includes shipping!

And we buy and sell used portable concentrators. Call for availability!



1-888-648-7250
www.rxstat.net

Innovative Project Encourages Change to Stereotypes of COPD

Our Lives, Our Air is the COPD Foundation's innovative "phase two" of its Faces of COPD program. This civilian photography project encourages individuals with COPD to become involved in changing the stereotypes that come with a COPD diagnosis. *Our Lives, Our Air* will be a new form of a documentary designed to raise awareness of COPD and its prevention and treatment.

In order to represent the magnitude of the COPD epidemic, the project is planned to be large in scale, engaging approximately 200 citizen photographers. Each individual will use the camera to tell their story, photograph their life and share their unique experiences of living with COPD.

Our Lives, Our Air will result in a traveling photography exhibition, as well as a book and educational outreach programs, that will reach millions worldwide. Photographs produced through this project will be carefully edited by world renowned photographers, Taj Forer and Joel Sternfeld.

The final photographs will poignantly and respectfully

represent the realities of COPD in various geographic regions in the United States and the world with beauty and power. It is clear that powerful, visual educational programs and messages have an impact.

Our Lives, Our Air will provide a significant visual program that will re-define the face of COPD and share stories of the global epidemic. With increased awareness leading to increased testing and education, COPD will affect fewer people and those affected will have the most effective medical care possible to improve their overall quality of life. *Our Lives, Our Air* has the potential to impact generations of men, women and children across the globe.

For more information about *Our Lives, Our Air* and how to participate, visit www.ourlivesourair.org.

Faces of COPD is also a program of the COPD Foundation. The people who are sharing their stories are informed, educated and empowered and want to share their COPD story with you at www.shareyourcopd.com.



**LET THEM SEE
THE REAL YOU.**

**No more nasal cannula
when you are out and about.**

**Oxygen therapy eyeglasses allow
you to ditch the nasal cannula.**

Call today for your FREE DVD

877-699-8439

www.oxyview.com



Respiratory News

A clinical study comparing Sprivia in the Handihaler and in the Respimat is now recruiting participants. It is sponsored by Boehringer Ingelheim Pharmaceuticals – the clinicaltrials.gov identifier is NCT01126437.



Handihaler



Respimat

Because it requires control of breathing and posture, singing lessons can improve quality of life measures and decrease anxiety in COPD patients, according to a study in the August 2010 issue of *BMC Pulmonary Medicine*. After a 6-week course of twice weekly singing classes were added to usual care, 81% of attendees indicated a “marked physical difference” after their attending the sessions.

Budesonide and Formoterol (medications which make up Symbicort) resulted in a significant improvement in endurance time one hour after the last morning dose in a 1-week treatment period versus Formoterol and placebo. This study demonstrates, for the first time, the benefit of inhaled corticosteroids in addition to long-acting beta(2)-agonists on exercise tolerance in people with COPD.

Pulmonary arterial hypertension (PAH), high blood pressure in the lungs, currently has few treatment options. It is caused by excessive growth of cells in the wall of the lung blood vessels, which puts pressure on the right ventricle of the heart and may lead to heart failure. Researchers at the University of Alberta have found that this excessive cell growth can be reversed by targeting the mitochondria of the cell, which control cell metabolism. The use of dichloroacetate (DCA) or Trimetazidine (TMZ), mitochondria-targeted drugs, helped eliminate the excessive cells and reverse pulmonary hypertension in an animal model. Clinical trials are expected to be the next step.