

The Pulmonary Paper

Dedicated to Respiratory Health Care

September/October 2018 Vol. 29, No. 5



We Got Flu Shots, Have You?

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We are hiding The Pulmonary Paper logo on our front cover. Can you find it?

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Plan to have an adventure with the SeaPuffers in the Southern Caribbean, Alaska, or in New England and Canada next year!



Chris Peterson of Missouri is on the way to get her flu shot!



Mary Ruth received the royal treatment with the Sea Puffers!

The Art of Happiness

Psychology Today tells us philosophers, theologians, psychologists, and even economists have long sought to define happiness. More than simply being in a positive mood, happiness is a state of well-being that encompasses living a good life, that is, with a sense of meaning and deep satisfaction.

Research shows that happiness is not the result of bouncing from one joy to the next; achieving happiness typically involves times of considerable discomfort. Money is important to happiness, but only to a certain point. Money buys freedom from worry about the basics in life –

housing, food and clothing. Genetic makeup, life circumstances, achievements, marital status, social relationships, even your neighbors – all influence how happy you are or can be. So do individual ways of thinking and expressing feeling.

Researchers estimate that much of happiness is under personal control. Regularly indulging in small pleasures (such as warm baths), getting absorbed in challenging activities, setting and meeting goals, maintaining close social ties, and finding purpose beyond oneself are all actions that increase life satisfaction.



Editor's Note

On a beautiful day in Virginia recently, my youngest son Julian married Meredith, making our family a bit bigger and a lot happier. It was a wonderful celebration that made me very grateful that my son had found the love of his life and was surrounded by his friends who shared in his joy.



It was a time to reflect on how we will do anything possible to keep our loved ones safe and happy – including getting a flu shot! At different points in our lives, our priorities and the things that are important to us change. Living with a chronic lung disease is probably one of the biggest challenges you have faced. You may find that happiness can now take on different forms. I hope you find peace and happiness in your days.

"Promise Yourself

To be so strong that nothing
can disturb your peace of mind.

To talk health, happiness, and prosperity
to every person you meet.

To make all your friends feel
that there is something in them.

To look at the sunny side of everything
and make your optimism come true.

To think only the best, to work only for the best,
and to expect only the best.

To be just as enthusiastic about the success of others
as you are about your own.

To forget the mistakes of the past
and press on to the greater achievements of the future.

To wear a cheerful countenance at all times
and give every living creature you meet a smile.

To give so much time to the improvement of yourself
that you have no time to criticize others.

To be too large for worry, too noble for anger, too strong for fear,
and too happy to permit the presence of trouble.

To think well of yourself and to proclaim this fact to the world,
not in loud words but great deeds.

To live in faith that the whole world is on your side
so long as you are true to the best that is in you."

Christian D. Larson, Your Forces and How to Use Them

Paraske





Dr. Michael Bauer

Calling Dr. Bauer ...

Dear Dr. Bauer,

My oximeter registers 90 percent to 92 percent before I go to bed. Should I still use my oxygen at night?

Vivian M., Longmont, CO



To learn more about pulse oximeters and how they work, read Dr. Tom Petty's guide at the COPD Foundation's site, tinyurl.com/y97u7gdp

Your physician will prescribe oxygen therapy if your oxygen saturation level is 88 percent or less at rest, breathing room air. This must be measured in a doctor's office with a pulse oximeter with the result documented in the chart record. You may also have arterial blood drawn to check the Partial Pressure of Oxygen (PO₂). If it is at or below 55 mm Mercury, you will qualify for home oxygen therapy.

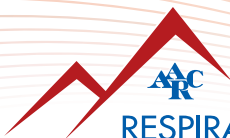
If you qualify for oxygen based on one of these findings, we almost always recommend that you use your oxygen at night while sleeping. Some people with lung disease may have acceptable oxygen levels above 88 percent during the day but may benefit from oxygen use only while they sleep.

The criteria for starting night time oxygen is documentation at home that oxygen levels drop below 88 percent for a cumulative time of at least 5 minutes during the night. Your doctor needs to order a test called nocturnal oximetry to verify this finding. This is a fancy pulse oximeter that you take home and put on your finger during sleep while a mini-computer records the data for download in the office.

Everybody's oxygen level drops while sleeping. Our breaths get shallower and our rate of breathing drops down as well. During deep REM sleep our muscles of breathing really lose their strength. Severe REM stage oxygen desaturations are common in people with COPD. Those with other conditions such as pulmonary hypertension, heart failure or sleep apnea may also benefit from oxygen therapy if they meet specific criteria.



Questions 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.



RESPIRATORY PATIENT ADVOCACY SUMMIT

JOIN THE PATIENT ADVOCACY MOVEMENT ATTEND AARC'S RESPIRATORY PATIENT ADVOCACY SUMMIT

December 3, 2018 • Las Vegas, Nevada • Mandalay Bay Convention Center • 11:45 a.m. – 5 p.m.

Help Enact Change for Quality Respiratory Patient Care

Patients with chronic respiratory conditions and caregivers know that it's essential for medical professionals and patients to communicate, share information, and join together to achieve the best in patient care and quality of life.

The AARC Respiratory Patient Advocacy Summit builds partnerships between chronic respiratory patients, caregivers, advocates, physicians, and respiratory therapists. It aligns these groups toward the goal of improving patient care, equipment, and services.

The Summit includes lectures and discussions with top physicians, inviting respiratory therapists and advocates to share their clinical insights and strategies to improve patient care. Guests will also participate in roundtable discussions and connect with influencers in the respiratory industry. **Registration is free. Sign up today!**

Lunch and refreshments will be provided

After registration, you will receive an email notification with additional meeting details. Parking vouchers will be provided. Registration deadline is Monday, November 19.

Who Should Attend the Summit?

- ✓ Patients who have chronic respiratory diseases
- ✓ Patient advocates
- ✓ Caregivers, family, friends of patients
- ✓ Respiratory therapists and physicians

Lectures & Discussions:

Patient Keynotes:

COPD Management: A Patient Perspective – Len Geiger

Pulmonary Hypertension: A Caregiver's Perspective – Steve Van Wormer

National Patient Advocacy Award Presentation – A collaboration between *FACES Foundation* and *AARC* - *Sharman Lamka, President & Co-Founder, The FACES Foundation*

Foundation Roundtable

ARDS Foundation – Ellen Rubin, JD, President

Physician-Patient Alliance for Health and Safety – Michael Wong, JD, Executive Director

Alliance for Patient Access – Susan Hepworth

Cystic Fibrosis Foundation – David Elin, MSW, Director, Policy & Advocacy

The Summit is held in conjunction with AARC's International Respiratory Congress Dec. 4-7

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Visit www.aarc.org/patient-summit or contact 972-243-2272

Diffuse Panbronchiolitis



Ram Mishra of TCS Healthcare Services recently published an article on a rare lung disease called Diffuse Panbronchiolitis (DPB) in *Respiratory Investigation*, the journal of the Japanese Respiratory Society. Ram's goal is to increase global recognition of this disease to decrease the rate of misdiagnosis

and to increase the adequacy of treatment.

Bronchi are the main airways into the lungs. The bronchi become smaller and are then considered bronchioles. The bronchioles then evolve into tiny air sacs called alveoli, which is where oxygen and carbon dioxide are exchanged. DPB is characterized by thickening and inflammation of the walls of the bronchioles, a disease that predominantly affects Asian populations. These changes produce nodules and are associated with production of large amounts of sputum.

The main treatment recommended for DPB is the use of antibiotics known as macrolides. Erythromycin is typically the first drug of choice. A different macrolide antibiotic as azithromycin may be used if erythromycin is not well-tolerated or if a person doesn't improve after several weeks of therapy.

Engineered Pig Lung Transplant 'A Success'

Researchers report lab-grown lungs have been successfully transplanted into pigs with no apparent medical complication for months after the procedure.

This line of research on bioengineered lungs could eventually lead to more options for people who need a lung transplant, according to the team at the University of Texas Medical Branch at Galveston. The number of people who need lung transplants has increased while the number of available transplantable organs has decreased.

Lungs suitable for transplant are in short supply and the study is a significant step forward in finding an alternative solution. The scientists thought it may be somewhere

around 5 to 10 years before you will see someone actually get a bioengineered lung.

The information came from *Science News*, to read the whole story visit tinyurl.com/ydacrpb3h



Empty Pill Bottles?

Rather than throw away your empty pill bottles, a group called Matthew 25: Ministries (Internet site: earth911.com/inspire/diy/reuse-pill-bottles) will donate them to people that don't have the luxury of the sturdy containers. More than half of Americans take two prescription drugs leaving our landfills with a lot of empty bottles.

The Matthew 25: Ministries, an international humanitarian aid and disaster relief organization, accepts donations of empty plastic pill bottles. The bottles are either sent to places where medical supplies are needed or are shredded and recycled. The Ministries fulfill the dual needs of improving medical care in developing countries and caring for our environment.

Empty bottles can be sent as is for recycling. However, for groups in need, the Ministries asks for your help in getting the bottles ready to donate before sending them.

- Remove the label, leaving no glue or residue.
- Wash the bottles in hot water and dish soap, rinse and dry thoroughly.
- All bottles must have a plastic lid.
- Sort bottles by color and type and place clean, recapped bottles in large Ziploc® bags marked "Clean Bottles".

When you're ready to ship your pill bottles, address your package to:

Matthew 25: Ministries, 11060 Kenwood Road, Cincinnati, OH 45242.



Beginning in the 1970s, Dr. Donald Tashkin of UCLA learned that “smoking marijuana actually dilated the airways rather than constricting them. It was a significant amount of bronchodilation,” he says, caused by the compound in marijuana that’s also responsible for causing the smoker to feel “high” – tetrahydrocannabinol, or THC. Experts agree more research needs to be done before anyone can conclusively say whether smoking marijuana is a safe activity from the perspective of lung health. Part of the problem in determining whether marijuana is helpful or harmful is because it is complicated by the fact that many marijuana smokers also smoke tobacco cigarettes. The trick is to distinguish the

effects of tobacco from the effects of marijuana smoking.

Inhaled vaporized cannabis did not ease shortness of breath during exertion in advanced COPD. The use of a single-dose inhalation of vaporized cannabis had no effect on exertional breathlessness, exercise endurance time, and airway function in adults with COPD, according to recent research. The CAN BREATHE in COPD study was conducted at the McConnell Centre for Innovative Medicine of the McGill University Health Centre in Montreal, Quebec, Canada. Results of the study were published in the *Annals of the American Thoracic Society*.



**Mark Mangus, RRT
EFFORTS Board**



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.

Ask Mark ...

Note: We would like to sincerely apologize for printing the wrong sequence of medication chart in our last issue! The outdated chart caused confusion and we regret the error. Hopefully, this will clear things up.

Mark Mangus and Dr. Noah Greenspan, Director of Ultimate Pulmonary Wellness in New York City, collaborated on these recommendations on the best order to take your daily medications.

Medications classified as Short Acting Beta Agonists (SABA), and those classified as Short Acting (Anticholinergic) Muscarinic Antagonists (SAMA), are in the white boxes without shading.

The shaded boxes in the chart are the Long Acting Beta Agonists (LABA), Long Acting (Anticholinergic) Muscarinic Antagonists (LAMA), and inhaled corticosteroids (ICS).

So that you understand how they work, the Short Acting Beta Agonists, as Albuterol, are your rescue inhalers. They open up your airways quickly and their effect lasts from two to four hours.

Short Acting Muscarinic Agents, as Atrovent, also open up your airways but a bit slower than the SABA – usually within 15 minutes of taking the medication and last for three to six hours.

The Long Acting Beta Agonists, as Salmeterol, are used to stabilize your airways as a maintenance drug. Inhaled corticosteroids, as Flovent, reduce inflammation in your airways. They do not provide fast relief but help to keep your airways stable. Depending on the drug, these are taken once or twice a day.

Long Acting AntiCholinergic Agents, as Spiriva, work by preventing the muscles in your airway from constricting. Taken once a day, their effect lasts for 24 hours.

Mark and Dr. Greenspan recommend:

If you use a SABA on a regular basis, always take it after the LABA.

If you have taken your short acting medication, wait at least two hours before the long acting drugs in the same class to avoid interference with the way the long acting drug works. Example, if you have taken Albuterol – a SABA – wait for two hours before taking Serevent – a LABA.

If you use a SAMA, as Atrovent, in addition to your LAMA, as Spiriva, always take the LAMA first. If you have taken the SAMA first, wait two hours before taking the LAMA.

These recommendations are based on the fact that if the long-acting AND short-acting medications are taken too closely together, they will be competing for the same receptor sites and the long-acting medications will not be as effective.

The technique of *airway priming* is using your SABA within a few minutes before using your LABA. For example: You inhale two puffs of Albuterol just before taking your Breo Ellipta, to ‘open’ up your airways to better receive the Breo. Mark and Dr. Greenspan advise against airway priming. While there are no formal studies to support either airway priming or LABA before SABA, the vast majority of COPD patients report reduced

need to use their rescue inhaler in between doses of their LABA, resulting in less medication use and significant cost savings over time, when following these recommendations.

For further information on sequence of medications, download the online edition of *Ultimate Pulmonary Wellness* at www.PulmonaryWellnessBook.com

Inhaled Medications Chart and Suggested Sequence of Administration

Bronchodilators				Inhaled Corticosteroids	
Anticholinergics		Beta-2 Agonists		GENERIC	BRAND
GENERIC	BRAND	GENERIC	BRAND	GENERIC	BRAND
ipratropium bromide	ATROVENT	albuterol sulfate	PROVENTIL, VENTOLIN, PROAIR	beclomethasone dipropionate	QVAR
tiotropium bromide	SPIRIVA	levalbuterol tartrate	XOPENEX	budesonide	PULMICORT
acclidinium bromide	TUDORZA	terbutaline	NONE	ciclesonide	ALVESCO
umeclidinium	INCRUSE ELLIPTA	salmeterol xinafoate	SEREVENT	flunisolide	AEROBID
		aformoterol tartrate	BROVANA	fluticasone	FLOVENT
		formoterol fumarate	FORADIL, PERFOROMIST	mometasone	ASMANEX
		indacaterol	ARCAPTA NEOHALER	triamcinolone acetoide	AZMACORT
		indacaterol maleate	ONBREZ BREEZHALER	fluticasone furoate	ARNUITY ELLIPTA
		oldaterol	STRIVERDI RESPIMAT		

Combination Medications

Brand Name	Bronchodilators		Inhaled Corticosteroids
	Anticholinergics	Beta-2 Agonists	
COMBIVENT, DUONEB	ipratropium bromide	albuterol	
ADVAIR		salmeterol	fluticasone propionate
SYMBICORT		formoterol fumarate dihydrate	budesonide
DULERA		formoterol fumarate dihydrate	mometasone furoate
BREO ELLIPTA		vilanterol	fluticasone furoate
ANORO ELLIPTA	umeclidinium	vilanterol	
ULTIBRO BREEZHALER	glycopyrronium bromide	indacaterol maleate	
STIOLTO RESPIMAT	tiotropium bromide	olodaterol	
BEVESPI AEROSPHERE	glycopyrrolate	formoterol fumarate	

Updated September 1, 2018. Noah Greenspan, DPT, CCS, EMT-B and Mark W. Mangus, Sr., BSRC, RRT, RPFT, FAARC



Time to Get Your Annual Flu Shot!

According to the Centers for Disease Control, last year's flu season was the worst since 2009. Activity began to increase in November, reaching an extended period of high activity during January and February and remained elevated through the end of March. The percentage of deaths attributed to pneumonia and influenza was at or above the epidemic threshold for 16 consecutive weeks.

Please get your vaccination!

Remember, the vaccine takes time to build antibodies, and you want to make sure you're protected when the flu hits your area. Flu vaccines take about two weeks to offer maximum protection and it's possible to contract influenza before or during that time period. There is no such thing as getting the flu vaccine too early although it can lose a little bit of its effectiveness after six months. Experts agree that you should

get the vaccination by the end of October, though it is never too late!

There are two different types of vaccine: Quadrivalent and a high dosage shot for seniors. The Quadrivalent includes four different strains of the flu and closely mirrors the type of rampant flu seen last season. Flu vaccine effectiveness typically fluctuates between 40 percent and 60 percent. The nasal spray that protects against the flu is only recommended for those ages 2 to 49 who are not pregnant. People with lung disease should not receive the spray flu vaccine.

Wash your hands every chance you get!

After you get your flu vaccine, keep washing your hands with soap every chance you get! Clean and disinfect surfaces you share with others like grocery carts with disinfectant wipes. If you do have flu symptoms, stay home and try not to interact with others.

Other tips to avoid getting the flu:

- Isolate toothbrushes to avoid contamination. After the person gets well, be sure to replace the toothbrush or toothbrush head with a new one.
- The best thing to do if someone is sick is to put them in a separate room to sleep. If this isn't possible, wash your sheets frequently in hot water or even just the pillowcases every few days along with the bath towels.
- Keep a container of antibacterial wipes close by so you can clean television remotes, light switches and doorknobs daily. Put a small wastebasket in the TV room with a plastic liner for all the wet tissues and used wipes and empty it once or twice a day. Steer clear of hankies at all cost. Viruses can survive in a handkerchief for about a day and spread, and the same presumably goes for a used tissue, which is why it's important to use it just once before tossing it into the trash.

On the horizon, researchers have successfully tested a universal flu vaccine made of nanoparticles (which are microscopic particles of matter) on mice. It is designed to protect against a wide variety of flu viruses but it will be a long time before it can be approved for use on humans. Several vaccine prototypes are now entering the first stages of human safety testing. One vaccine removes the “head” of a protein coating the virus, where mutations often occur. Another alters the protein so that it's alien to the immune system, triggering a response. Yet another combines four different proteins in hopes the immune system will mount defenses against multiple strains. Ideally, a

universal vaccine would be given to people when they are young to hopefully create a lifetime of protection.

Flu symptoms vary from person to person. In general, people who have the flu often feel some or all of these symptoms, according to the CDC:

- Fever or feeling feverish/chills (not everyone with flu will have fever)
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Vomiting and diarrhea, although this is more common in children than adults

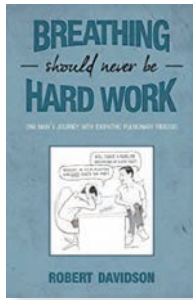
If you get the flu, ask your doctor about the antiviral drugs oseltamivir (Tamiflu), peramivir (Rapivab), and zanamivir (Relenza). Antiviral drugs may help decrease the severity of flu symptoms if taken within the first 48 hours. It is important to stay on your prescribed medications, such as bronchodilators or inhaled steroids.

Cough medicines are not generally recommended because they have not been shown to improve COPD symptoms. Cough suppressants should be avoided or used with caution, because they may reduce your ability to clear secretions from your lungs and may increase the risk of lung infection.



Fibrosis File

The paperback book, *Breathing Should Never Be Hard Work: One Man's Journey with Idiopathic Pulmonary Fibrosis*, is now available at www.amazon.com



Robert Davidson was diagnosed with IPF in October 2007 after having difficulties with the fitness test necessary to be a soccer referee. He tells his journey with the disease that led to a double lung transplant in January 2010.

Mr. Davidson is also the founder of the Canadian Pulmonary Fibrosis Foundation (<https://cpff.ca>) where you will find many resources as “One Breath at a Time” exercise video for PF along with many other educational and support offerings to help you cope with your daily struggles with pulmonary fibrosis.

Esbriet (pirfenidone) is an approved medication used to manage the symptoms of Idiopathic Pulmonary Fibrosis (IPF) and prevent it from getting worse. It works to reduce inflammation and tissue scarring. Analysis from clinical trials reveal that decreasing the dose of the drug can effectively reduce the number of side effects without affecting the benefits Esbriet brings. Side effects may include nausea, vomiting, loss of appetite; stomach pain, heartburn, upset stomach; diarrhea; headache, dizziness, tired feeling; weight loss; cold symptoms such as stuffy nose, sneezing, sore throat; joint pain; or sleep problems (insomnia). The results

were published in the journal *BMJ Open Respiratory Research*.

Updated international guidelines to help medical professionals diagnose IPF were recently published in the *American Journal of Respiratory and Critical Care Medicine*. Specialist Dr. Ganesh Raghu noted, “Diagnosing IPF is challenging because these symptoms are non-specific: they occur with all other interstitial lung diseases and with other respiratory problems. Because drugs may slow the progression of IPF, an early and accurate diagnosis is essential for prompt and appropriate treatment for this disease.” The guidelines were outlined in the article, *Diagnosis of Idiopathic Pulmonary Fibrosis: An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline*.

The Pulmonary Fibrosis Foundation (PFF) (www.pulmonaryfibrosis.org) has launched its Oxygen Information Line to provide information and resources to help people using supplemental oxygen and their caregivers. The organization set up the line to give advice about which oxygen delivery system to use, how to manage flow settings, and how to ensure safety.

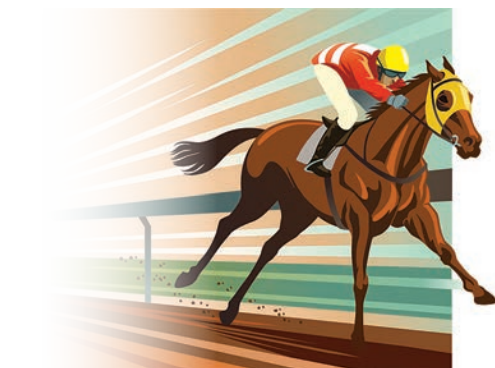
The Oxygen Information Line, 1-844-825-5733, is available Monday-Friday, 9 am to 5 pm CST. The PFF also provides a *Quick Start Guide for Supplemental Oxygen* and the *Traveling with Supplemental Oxygen Guide*, both available for download. A new video on how to use supplemental oxygen can be found on the PFF's YouTube channel.

An exacerbation of any illness is a sudden worsening of the disease or what most people think of as a “flare up.” Boehringer Ingelheim published a video available on YouTube to help you determine if you are having an exacerbation of your IPF. You can view it at <https://tinyurl.com/ybyzldcv>

Hope on the Horizon

Pliant Therapeutics announced its potential therapy PLN-74809 was designated an orphan drug by the FDA, an act that helps to advance its development as a possible treatment of IPF. Orphan designation provides companies exploring possible therapies for rare diseases with financial incentives to possibly speed their development. Pliant intends to move PLN-74809 into clinical trials early in 2019.

Also granted fast track designation is FibroGen’s investigational compound pamrevlumab. Recent study results showed that, over 48 weeks, intravenous delivery of 30 mg/kg pamrevlumab halted lung fibrosis (scarring) progression in people with mild-to-moderate IPF, in comparison to placebo. This correlated with improved lung function, as measured by forced vital capacity.



Types of Interstitial Lung Disease

- Idiopathic pulmonary fibrosis
- Cryptogenic organizing pneumonia (COP)
- Desquamative interstitial pneumonitis
- Nonspecific interstitial pneumonitis
- Hypersensitivity pneumonitis
- Acute interstitial pneumonitis
- Interstitial pneumonia
- Sarcoidosis
- Asbestosis

Common Symptoms of Pulmonary Fibrosis

Shortness of breath is the most commonly associated symptom of pulmonary fibrosis (PF). It begins with shortness of breath during physical exertion but as the disease progresses, people find they have difficulty breathing when doing simple tasks.

A **persistent cough** is often present, but because coughing is associated with many different lung diseases, it is not automatically linked to PF. People with PF experience a dry cough.

Fatigue is much more than just feeling tired and cannot usually be remedied by a good night’s sleep.

Weight loss in pulmonary fibrosis tends to occur as the disease progresses.

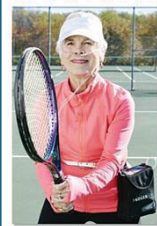
Shallow or fast breathing is a common symptom which may be due to low oxygen levels in the blood.

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Ryan Diesem



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Pulse Delivery Type:
Minute Vol. Delivery

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30 BPM: 35 mL

**Unit & Battery
(approx.): 5 lbs.**

**Approx. Battery Time
at Pulse Setting 2:**
4 hours

Maximum Altitude:
10,000 ft.

Ryan Diesem is Research Manager at Valley Inspired Products, Apple Valley, MN. Contact Ryan at rdiesem@inspiredrc.com with questions or comments.

The Ryan Report

Home Oxygen Guru – The HO₂G Pen

The fall season is again upon us. I hope you made it through these hot months healthy and happy. This issue we'll be covering a new Portable Oxygen Concentrator (POC) that is hitting the market, ideas for reducing tubing kink and coil, and a hopeful development regarding the availability of liquid oxygen and associated liquid oxygen systems.

New POC from CAIRE: The FreeStyle® Comfort

If you haven't already, you'll likely soon be seeing advertisements and information on CAIRE's newest POC, the FreeStyle® Comfort. As with any new POC on the market, oxygen users will probably be curious about what this new unit brings to the table.

In short, the FreeStyle Comfort is most like the Inogen® One G3 and Philips Respironics SimplyGo Mini POCs. Like those units, the FreeStyle® Comfort is a pulse only device featuring settings from 1 to 5 and can generate just over one liter of oxygen per minute (LPM). In fact, its published oxygen production and pulse delivery specifications are identical to that of the G3. The unit has removable battery packs, and can utilize either an 8 cell "single" or 16 cell "double" size battery. With a single battery, the unit weighs 5 pounds; with the double battery installed the weight increases to 6 pounds.

One of the advertised features of the FreeStyle® Comfort is its ergonomic design. Unlike the G3 and SimplyGo Mini, the shell of the POC is curved in such a way that it should rest comfortably against the natural curve of the hip when the device is worn over the shoulder. Effort was also made to balance the weight of the device so that it was more comfortable to lift and carry. In addition to a fitted carry bag that most wearable POCs now come with, the FreeStyle® Comfort also has strap clips on the shell of the device, making the choice to use the carry bag or not up to the user.

The FreeStyle® Comfort is already approved for airline travel by the FAA, and like all POCs comes with a DC power cable for use in motor vehicles. Device sensitivity is indicated to be comparable to the other POCs currently on the market and, in the event that the

Continued on page 16

device does not trigger due to shallow or absent breathing, it will auto-pulse at a rate of 20 breaths per minute. As with all pulse only POCs, despite various manufacturer claims that using a POC on pulse delivery at night/during sleep is OK, I cannot recommend using a pulse POC when you are sleeping because of the uncertainty that the device will trigger in a timely fashion (or at all) when breathing is shallow or the cannula has moved away from the nose during movement.

At the time of writing, the product page for the CAIRE FreeStyle Comfort is not published on the CAIRE website. However, the product manual is accessible and can be found at http://files.chartindustries.com/FreeStyle_Comfort_UM_MN232_C_web.pdf

How to reduce coil and kink in your oxygen tubing

With the recent and sudden closure of SoftHose, I received a couple emails asking about how to prevent kinking and twisting of oxygen tubing. SoftHose tubing tended to lay flat and was less prone to the usual annoyances of kinking and coiling that accompanies many types of oxygen tubing which helped make SoftHose a popular option among oxygen users. With SoftHose

tubing no longer available, some folks may be looking for reasonable solutions to the kinking/twisting problem.

The use of 25 and 50 foot extension tubes is very common in the home as they allow for a longer range of motion away from the oxygen concentrator or tank. However, these lengths of tubing are especially susceptible to kinking and/or twisting which can impede oxygen flow. One solution to can reduce the occurrences of kinking and twisting is using shorter lengths of extension tubing that are each connected with oxygen tubing swivels. 7 and 10 foot lengths of extension tubing, as well as oxygen tubing swivels, are commonly available, and can even be found on *amazon*.



com. Connecting 3 to 5 foot lengths of this shorter tubing using tubing swivels will give you both the length you want but with less incidence of twisting and/or kinking.

Another way of addressing kinking and twisting issues is to heat up the tubing and stretch it out to full length while the tubing is still warm. This can be done by placing the length of tubing you wish to straighten in a closable mesh or fabric bag and placing it in your dryer. Set the dryer to low heat and let



Caregivers are always getting tangled up in oxygen tubing!

the cycle run for about 10 minutes. Put some towels or other items in the dryer to help soften any noise the tumbling cannula can make. When the drying time is up, remove the tubing from the bag and stretch the tube to its full length. Because the tubing length is quite long, you may need to secure one end of the tubing or find another person to help when stretching it.

Centers for Medicare and Medicaid Services (CMS) recognizes impact competitive bid program has on liquid oxygen availability.

In a hopeful development, CMS has recently admitted there have been flaws in the competitive bidding program that home care providers have been tied to when providing home oxygen equipment to oxygen users on Medicare. If this is Greek to you, all you need to understand is that home care equipment providers are getting less money in reimbursement from Medicare for oxygen related equipment and services than they were ten years ago. This reimbursement is a large part of the operating budget of many home care equipment providers. This drop in reimbursement has led to a significant reduction in the availability of appropriate and therapeutic oxygen systems for oxygen users, especially for those with higher flow oxygen needs. As we have seen over the last 10+ years, these changes especially impacted those using liquid oxygen (LOX) equipment. Many oxygen users had their liquid systems taken from them, and replaced with less portable and less effective equipment.

This admission by CMS is significant. Up until now, it has felt like complaints to CMS

about the reduced availability of LOX and LOX equipment were falling on deaf ears. The admission prompted a quick response by a united coalition of 20 pulmonary health advocacy groups, including the American Lung Association and the COPD Foundation, that commended CMS for admitting there is an issue while also encouraging CMS to tailor its oxygen reimbursement rules so they ensure portable oxygen equipment is available to patients who need it most.

It is unlikely that anything will happen in the short term, but this development is a step in the right direction in achieving the goal of getting therapeutic, portable oxygens systems to any oxygen users that need this equipment. Activity and exercise are incredibly important in maintaining one's quality of life while using oxygen, and currently there are way too many oxygen users that have equipment that significantly limits their daily activity. If you are one of the many oxygen users that has had your oxygen equipment and services impacted by the implementation of competitive bidding/reduction in reimbursement to your home care provider, the American Lung Association has set up a survey to collect information that they can bring to CMS to demonstrate just how much the competitive bid program has affected oxygen users.

The more real-life scenarios they hear about, the more CMS will realize how poor reimbursement to oxygen suppliers negatively impact the estimated one and a half million oxygen users in the United States. Please take the time to complete the survey at this link, <https://tinyurl.com/y83s5hxe> and let the people in power know what you need.



Quiz: Can You Tell the Difference between a Cold and the Flu?

Brought to us by www.webmd.com

1. Cold symptoms tend to come on gradually where the flu starts suddenly.

True or False?



2. Feeling exhausted is a sign of

- a. A cold
- b. The flu
- c. Both

3. You can catch the flu from someone before they look sick.

True or False?



4. Drinking fluids help the flu but not a cold.

True or False?

5. When you have the flu, you can leave the house when your fever goes away.

True or False?



6. Chicken soup may help fight a cold.

True or False?



7. When you are most likely to get the flu?

- a. October
- b. December
- c. February

8. Which can soothe a sore throat?

- a. Gargling with warm salt water
- b. Sucking on a frozen ice pop
- c. Both

9. The average cold lasts for about

- a. Two days
- b. One week
- c. Two weeks

10. If you have a bad cold, you should take antibiotics.

True or False?

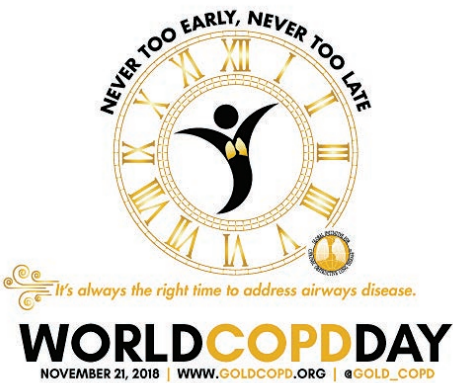


World COPD Day, November 21

The Global Initiative for Chronic Obstructive Lung Disease – otherwise known as GOLD – is an organization striving to improve the diagnosis, prevention and management of COPD around the world. Visit their web site at www.goldcopd.org to learn of their recommendations on how to treat your lung problems. Their annual conferences are attended by pulmonology, family medicine, and internal medicine physicians, nurses, nurse practitioners, physician assistants, respiratory therapists, and other health care professionals to pool their knowledge to improve your daily living.

GOLD is sponsoring World COPD Day on November 21, 2018. This day is a global effort to boost people’s understanding of COPD and advocate for better care for people. It is annually held the third Wednesday of November.

Get together with your Better Breather support group or friends at pulmonary



rehabilitation to organize an event to bring awareness of COPD to your community. Becoming your own advocate is the greatest asset you will have.

You could make a lip sync video about your life with lung disease or visit the office of your elected officials and tell them you would appreciate their support. Set up a display in a public place and encourage people to recognize the early symptoms they may be having.

You just might have some fun in the process!

Best Hospitals for Pulmonology according to US News Health

Rank	Hospital Name	Location
#1	National Jewish Health, Denver-University of Colorado Hospital	Denver, CO
#2	Mayo Clinic	Rochester, MN
#3	Cleveland Clinic	Cleveland, OH
#4	Massachusetts General Hospital	Boston, MA
#5	UPMC Presbyterian Shadyside	Pittsburgh, PA
#6	UCSF Medical Center	San Francisco, CA
#6	University of Michigan Hospitals and Health Centers	Ann Arbor, MI
#8	Barnes-Jewish Hospital	Saint Louis, MO
#9	Penn Presbyterian Medical Center	Philadelphia, PA
#10	UCLA Medical Center-Santa Monica	Santa Monica, CA

PATIENT EDUCATION | INFORMATION SERIES

Disposable Respirators

A disposable respirator fits over the nose and mouth. It removes very small particles from the air you breathe. These particles include germs (like viruses, bacteria, and mold) and other kinds of dust. A disposable respirator does not have replacement parts. It is meant to be thrown away after use.



Is a disposable respirator the same as a dust mask? No. Although some people confuse these two terms and call disposable respirators “dust masks,” a disposable respirator is different than a dust mask. A disposable respirator has been tested by the National Institute for Occupational Safety and Health (NIOSH) to make sure it can remove very small particles. A disposable respirator has the name “NIOSH” and a label like “N95” on it. Dust masks have not been tested by NIOSH and may not remove very small particles.

Is a disposable respirator the same as a surgical mask? No. A disposable respirator is different than a surgical mask. Surgical masks are not meant to protect the person wearing the mask from particles in the air. They are meant to protect other people (like a patient in an operating room) from germs that the person wearing the mask has. Surgical masks have not been tested by NIOSH and may not remove very small particles.

Is a disposable respirator the same as a gas mask? No. A disposable respirator is different than a gas mask. A disposable respirator does not remove gases, chemicals, or vapors from the air you breathe. A disposable respirator only removes particles. Some non-disposable respirators can protect against gases, chemicals, and vapors. If you need a respirator for gases, chemicals, or vapors, contact a respirator expert or manufacturer.

Where do I get a disposable respirator?

You may find disposable respirators:

- at hardware stores
- at home improvement stores
- at medical supply stores
- on the internet
- by contacting the manufacturer

When should I wear a disposable respirator?

A disposable respirator should be worn:

- when in a moldy building, such as after a flood
- when visiting or caring for someone in the hospital with tuberculosis
- if recommended during an outbreak of influenza (“flu”) or other infection
- if recommended by your doctor
- if required in your workplace

Some people may choose to wear a disposable respirator when doing dusty work in the yard or home.

Will a disposable respirator remove all particles in the air? A new disposable respirator that is worn correctly removes most (90% or more) particles in the air. Some particles (10% or less) will still be in the air you breathe. If a disposable respirator is not worn correctly or is damaged, it will not work as well. For very hazardous particles, even a disposable respirator that is worn correctly may not provide enough protection. If you have questions about whether a disposable respirator will provide enough protection, contact a respirator expert or manufacturer.

How do I put on a disposable respirator? Here are general steps for putting on a disposable respirator. Instructions for the model you are using may be different. For example, the order of putting the straps over your head may be different for your model, or your model may have only one strap. Therefore, you should always follow the manufacturer’s instructions for the model you are using. The manufacturer’s instructions are found in or on the disposable respirator’s packaging. Instructions for some disposable respirator models are also available on the NIOSH website. If you do not have the instructions that came with the disposable respirator, you should contact the manufacturer.

1. Choose the right size for your face.
2. If you have facial hair, shave your face first.

3. Put the respirator under your chin with the nose piece up.
4. Pull the top strap over your head.
5. Rest the top strap high at the top back (crown) of your head.
6. Pull the bottom strap over your head.
7. Rest the bottom strap around your neck, below your ears. If you have long hair, make sure the strap is under your hair, against your neck.
8. Make sure eyeglasses or other objects are not in the way of the straps or other parts of the respirator.
9. If there is a metal nose clip: Put your fingertips of both hands at the top of the nose clip. Then push inward while moving your fingertips down both sides of the nose clip. Do not pinch with one hand only.
10. Make sure there are no gaps between your skin and the respirator. If there are gaps, adjust the straps and nose clip again. If there are still gaps, you may need a different size or model.

How do I know when to change a disposable respirator? You should replace a disposable respirator with a new one when:

- it becomes soiled
- it may be contaminated with germs (like viruses, bacteria, and mold)
- it becomes damaged
- you find it is harder to breathe through than when you first put it on

Where should I keep a disposable respirator when I am not using it? You should keep new disposable respirators and disposable respirators that can be reused in a clean, dry place.

Can anyone wear a disposable respirator? People with some lung or heart diseases may have trouble breathing with a disposable respirator. If you have lung or heart disease, check with your doctor. Disposable respirators do not come in children's sizes, so they cannot be used by children.

Author: Kristin J. Cummings, MD, MPH; Reviewers: Suzanne C. Lareau, RN, MS; and Marianna Sockrider, MD, DrPH

This information is a public service of the American Thoracic Society. The content is for educational purposes only. It should not be used as a substitute for the medical advice of one's healthcare provider.



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Rx Action Steps

- ✓ The best protection from particles in the air is to avoid them.
- ✓ If you must be around particles in the air, find out if you should wear a disposable respirator. If you are not sure, ask your doctor or health department.
- ✓ Make sure a disposable respirator has the name "NIOSH" on it (or the equivalent certification, outside of the United States).
- ✓ Choose the right size disposable respirator for you. You may have to try several models until you find one that is right.
- ✓ Follow the manufacturer's instructions every time you put on a disposable respirator.
- ✓ Replace a disposable respirator when it becomes soiled, contaminated, damaged, or harder to breathe through.
- ✓ If you have lung or heart disease, check with your doctor before using a disposable respirator.
- ✓ If a disposable respirator is required in your workplace, make sure your employer offers a complete respiratory protection program. The program should include training, medical evaluation, and respirator fit testing.

Healthcare Provider's Contact Number

Additional Information

Centers for Disease Control (CDC)

<http://www.cdc.gov/niosh/topics/respirators/>

<http://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>

Food and Drug Administration (FDA)

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/PersonalProtectiveEquipment/ucm055977.htm>

National Institute for Occupational Safety and Health (NIOSH)

http://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/

Personal Hygiene and COPD

COPD.net is an Internet site sponsored by Health Union as a place to find information, support and friendship with others who cope with COPD. Recent posts offered tips on making our personal hygiene routines a bit easier.

- To save lots of energy, after a shower or bath, use a terry cloth robe with a hood to dry off.
- A handheld shower head with long hose will make things easier so you can con-



trol the temperature, water pressure and spray.

- A sturdy shower chair and handrails are a must.
- A long-handled brush to wash with helps.
- A caddy in the shower will hold your shampoo, conditioner and other needs, that way, you won't risk a fall if they are underfoot.
- If you use oxygen, drape the tubing over the top of the shower rod.
- Keep the temperature on the cooler side so as not to build up too much humidity. Leave the bathroom door open, leave a window slightly open or turn a fan on.
- Sometimes it may be easier for you to wash your hair in the sink rather than raising your arms in the shower.

Answers to our Weather Quiz in the July/August issue:

1. What happens when cold air meets warm air? <i>It forms a front.</i>	6. Which country has the highest recorded temperature record? <i>U.S.</i>	<i>exceed 40%</i>
2. A calm, cloudless day with little wind usually means the next day will have? <i>The same</i>	7. What instrument is used to measure the water vapor content of air? <i>Hygrometer</i>	c. <i>Outdoor temperature between 0°F and 10°F, indoor humidity levels shouldn't exceed 30%</i>
3. Several days with strong winds from the south usually mean what? <i>A storm is likely.</i>	8. What is the recommended relative humidity to maintain indoors?	d. <i>All of the above</i>
4. What are two weather clues that a storm is coming? <i>High humidity, cirrus clouds</i>	a. <i>Outdoor temperature over 50°F, indoor humidity levels shouldn't exceed 50%</i>	9. What is the minimum wind speed for a hurricane warning to be issued? <i>74 mph</i>
5. Which state has the most annual precipitation? <i>Hawaii</i>	b. <i>Outdoor temperature over 20°F, indoor humidity levels shouldn't</i>	10. Astrophobia is a fear of what weather phenomenon? <i>Thunder and lightning</i>

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Reference:

1. Svenningsen S, *et al.* COPD 2016;13(1):66-74.

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Sharing the Health!

The Food and Drug Administration (FDA) has declined to approve GlaxoSmithKline’s lung drug, Nucala. The drug would be used as a maintenance treatment for the reduction of exacerbations in those with COPD, but the FDA wanted more documentation.

However, the FDA has approved Teva Pharmaceuticals to market the first generic version of the EpiPen. It will rival the one from Mylan, which had come under intense criticism for raising the price of its EpiPen sixfold since buying it in 2007. The EpiPen is a device for injecting a measured dose of epinephrine by means of autoinjector technology. It is most often used for the treatment of anaphylaxis – a medical emergency of acute allergic reaction.

The July/August issue included a *Sharing the Health!* letter regarding rental cars without power outlets for oxygen concentrators. My wife and I ran into a different rental problem with a Chevrolet Impala last year. It had plenty of power outlets, but also was one of the newer “economical” models that shut off the engine at each stop and restarted it quickly when the accelerator was pressed to move on. Problem was that it did not restart power to the outlets without unplugging and re-plugging the connection. We discovered this about an hour or so later when the concentrator, parked in the back seat, went into low battery alarm. A bit disconcerting when in rush hour traffic in a strange city.

Thanks for a great publication! Ray H.

Look Not Upon That Mirror on the Wall

My Mother taught me a valuable lesson, while still quite young.

What matters most to God is not how beautiful you become; but how beautiful, inside, you are.

One focuses on self.

One turns the focus outside oneself.

Others may have seen the smile, given freely, as you entered into a room.

Or a kind word spoken, meant from the heart, and said in truth, without hesitation.

The true person you are is within you. God varies the appearance outside.

To focus on oneself brings much sadness. Others see, not what you see, in that mirror showing only the covering outside.

All those flaws, we all have, seen so prominently to ourselves, not so visible or important when touching other lives.

Your mirror, in life, hangs not on your wall. It lies in the reflection seen through other’s eyes.

Imperfect, as I am, on bended knee, God knows and sees the real, so loved, so imperfect, “Me”!

Trish Barron, *The Villages, FL*

Are you on continuous flow of 3 LPM or more and having trouble getting portable oxygen that fits your needs? Has your oxygen supplier told you they are unable to deliver you the oxygen equipment that you require? Liquid oxygen unavailable to you? Our friends at the COPD Foundation are collecting documentation from oxygen users to present to the Centers for Medicare and Medicaid Services – the group that pays your oxygen suppliers. The more real-life scenarios they hear about, the more they will realize how poor reimbursement to oxygen suppliers negatively impact the estimated 1.5 million oxygen users in the United States.

I usually use a 4-foot cannula but sometimes like to use a longer one if I put my portable oxygen down. In order to control the tubing, I use a “Cable Turtle” that I got at the Container Store but I believe you can also order them online. It resembles a yo-yo and comes in many colors. You wind or unwind the tubing around the flexible unit which comes in two capacity sizes – 27 inches for \$4.99 and 3 feet for \$6.99.

Thought I would share!

Vicky M., Naples, FL



If you are wondering if you qualify for Social Security Income (SSI) for your lung disease you might start at www.disabilitybenefitscenter.org to find basic answers. Social Security Disability is a U.S. government program that provides financial assistance to individuals who are unable to work due to a long-term disability. There are two different programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). SSDI is for people who have a strong work history and paid into the Social Security System for at least five out of the last ten years, while SSI is meant for disabled people who do not have a consistent work history.

“Disability” is defined as any injury or disease that prevents you from doing the work you did before or from adjusting to any other sort of work. Your disability should be expected to last at least 12 months and prevents you from earning a \$1,000 average monthly salary. You can file your initial claim for disability either online, over the phone, or in person at your local Social Security Field Office. Approximately 70 percent of all initial applications are denied. If your claim is denied, you may appeal for reconsideration.

Sharing the Health! continued

I read an article that I recognized myself in. It talked about being in a rut – feeling like every day was the same, I was feeling unmotivated but didn’t know how to change it. I then felt guilty as I have family and friends who care about me but felt like I needed something else in my life.

I want to share that I did try their suggestions. Try something new – I started water aerobics at the local YMCA and met some lovely ladies. Be spontaneous –

I looked in the mirror and thought I would like to color my hair – so I did! They said to make plans for a trip or event so you have something to look forward to – so I bought tickets for a football game this season (Go Jags!). It did change my perspective and hope others can get a lift from changing things up a bit!

Molly C., Orlando, FL



I found a fantastic product that I wanted to let everyone know about. I have been on oxygen for almost 20 years. I had two scary situations, once when my tubing

pulled away from the tank and once when the tubing got pinched off. I looked on the Internet for “oxygen tubes that won’t pinch or kink” and found Tidy Tube. Tidy Tube tubing is coiled and self-retracting which helps oxygen users from getting tangled up. The 15-foot option is available from www.directhomemedical.com or amazon.com for about \$34. I attach the 15-foot length on my home concentrator and a smaller 5-foot one for my portable tank. Tidy Tube cut down on my stress!

Donna W., Carroll, IA



Brianna C. of Ithaca, NY, writes, Horehound is an herb used for digestion problems including loss of appetite, indigestion, bloating, gas, diarrhea, constipation, and liver and gallbladder complaints. It is also used for lung and breathing problems including cough, whooping cough, asthma, tuberculosis, bronchitis and swollen breathing passages. I learned about Horehound candy many years ago in your newsletter and it has helped me calm my cough. You can now get it through the Internet or local stores. If you wanted to order the Horehound herb itself at *Amazon.com*, you might make a cup of tea or make the candy yourself. This recipe makes 100 pieces of the candy.



Ingredients:

2 cups horehound leaves (packed)

1-1/4 cups water

4 cups dark brown sugar

1/4 cup light corn syrup

1. Wash horehound leaves and put in saucepan. Add water and bring to boil. Reduce heat and simmer for 15 minutes, mashing occasionally with fork. Remove from heat; cover and let cool. (It needs to stand at least 30 minutes to infuse.)
2. While infusion is cooling, butter a 9x13 inch pan.
3. Drain horehound leaves into measuring cup. (I use a coffee filter to strain it.) Be sure to squeeze all the liquid from the leaves. Make sure you have at least 1 cup of liquid. Discard leaves.

4. Pour liquid into a 4-quart saucepan. Add brown sugar and syrup. Bring to a boil and cook to 300 degrees on a candy thermometer (hard crack stage).
5. Pour into prepared pan and let cool. Just before it sets up, score into squares with a knife to make it easier to break apart. When cool and set, break into pieces and store in airtight container.
6. Note: The infusion (liquid from the leaves) can be frozen to use later.

Boehringer Ingelheim Pharmaceuticals Inc. and HealthPrize Technologies have launched RespiPoints™, a free online program that educates, engages and rewards people who are treating their COPD with Spiriva Respimat. It is the latest in a series of efforts to empower people living with COPD to better manage their health with tools that are engaging and educational.

The RespiPoints program provides tools to help improve healthy behaviors, such as learning how to help manage COPD, encourage healthy habits, and track medication adherence. As with other chronic diseases, poor adherence to treatment plans is common among people with COPD and can result in increased rates of COPD symptoms, health care costs and hospitalizations.

People enrolled in the RespiPoints program earn points, which can be redeemed for e-gift cards, through a variety of activities, such as reporting they took their daily Spiriva Respimat dose, verifying their monthly refill, reading COPD educational information and fun facts, and completing weekly quizzes and surveys.

Learn more at www.RespiPoints.com



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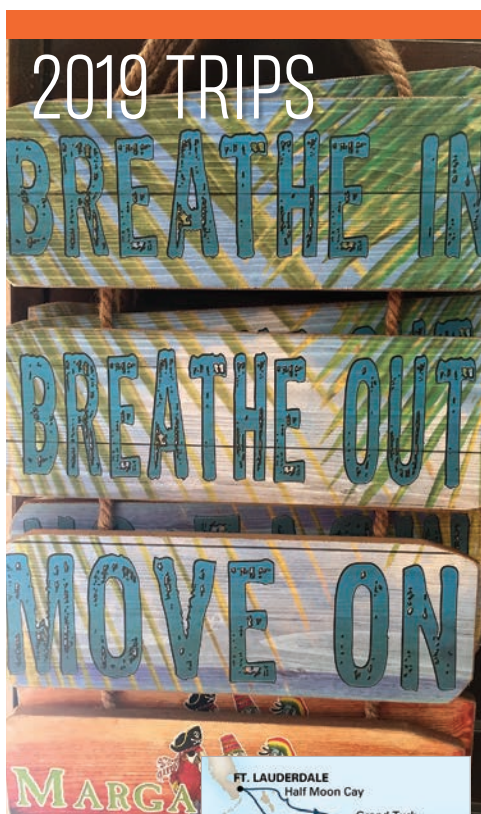
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Respiratory News

Nurses at the Salem, Virginia Veterans Affairs (VA) Medical Center began ensuring their patients brushed their teeth twice a day. This simple act dramatically reduced the number of cases of hospital-acquired pneumonia by 90 percent (people were not on a ventilator). Calling the program Project HAPPEN (Hospital-Acquired Pneumonia Prevention by Engaging Nurses), they have expanded the effort to eight VA hospitals so far and have to date prevented 117 cases of pneumonia – saving an estimated 21 lives and reducing costs by \$4.69 million.

New research now published in the journal *mSphere* examines the effects of poor dental hygiene on the respiratory health of elderly Japanese people. They found not only do the bacteria on our tongues, reach our guts, but seniors are also particularly likely to inhale some of these microorganisms. Problems such as difficulty swallowing and cough reflux may cause the elderly to accidentally inhale bacteria that could lead to pulmonary infections, such as pneumonia.

The CDC released its report, *Mortality in the United States*, moving COPD from the third to the fourth leading cause of death based on early findings of death data for 2016. This report showed that preventable and accidental deaths are now the third leading cause of death, having risen 10 percent in 2016. The increase in accidental deaths is due to a dramatic spike in motor vehicle accidents and drug overdoses. COPD death rates have not improved.

Researchers from the University of Texas Medical Branch at Galveston found testosterone replacement therapy can help slow the progression of COPD in men. Long-term steroid-based medications help treat pulmonary symptoms but they are also associated with testosterone dysfunction. Previous studies have shown that men with COPD have low testosterone levels, which could lead to a worsening of the condition.

An article in the *European Respiratory Journal* discusses the use of inhaled corticosteroids (ICS) to treat COPD by reducing inflammation in your airways. Examples include Pulmicort and Flovent; and combined with a long-acting bronchodilator in Symbicort and Advair. After reviewing the evidence, researchers found ICS should not be used as a single, stand-alone therapy in COPD. The people most likely to benefit from the addition of ICS to long-acting bronchodilators include those with history of multiple or severe exacerbations despite appropriate maintenance bronchodilator use. The risk of pneumonia may also be greater with ICS use in those who are older with lower body mass index.

A new product is expected to be approved as a treatment for severe asthma. Dupixent® (dupilumab), already approved for atopic dermatitis, has an FDA action date of October 20 for its asthma indication. The Phase 3 Liberty Asthma QUEST study of 1,902 subjects showed that Dupixent® reduces acute exacerbations by almost 50 percent compared with a placebo.

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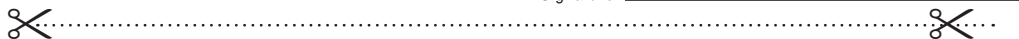
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