

Inspiration

Winter 2005

A newsletter for people with COPD and those who love them

 **AMERICAN LUNG ASSOCIATION®**
of Metropolitan Chicago

Eat, Drink and Breathe Easily

Sometimes, it's easy to forget that nutrition and weight play an important role in lung health. But being overweight makes your heart and lungs work harder than they should. And being underweight means you may have lost muscle mass, making any activity—including breathing—more difficult.

What's more, you need protein, vitamins and minerals to fuel your immune system, which is key to fighting illness and repairing damaged tissues.

That's why healthy habits and a healthy weight are so important to lung health. Your doctor can help you tailor your diet to meet your personal needs.



Eating well is easier if you keep these tips in mind...

1. **Eat less more often.** Try three small meals and three snacks a day. Chewing and digesting use oxygen, so you'll feel less short of breath with a smaller meal. Breathe evenly and eat slowly.
2. **Stay hydrated.** Drink eight caffeine-free beverages each day. Liquids keep your mucus thin and body hydrated, and help combat the drying effects of supplemental oxygen.
3. **Opt for protein.** Protein helps your body repair itself and build cells. You don't need much—around six ounces a day.
4. **Drink milk.** Dairy products provide additional protein plus bone-building calcium—essential for women and people on steroid medications.
5. **Stock the pantry.** Buy foods that require minimal preparation: cereals, canned fruit, sandwich fixings, liquid nutrition supplements, etc.
6. **Limit caffeine.** Soda and coffee can dehydrate.
7. **Eat a varied, fresh diet with plenty of whole grains, fruits, and vegetables.** Some vegetables are rich in carbohydrates and may produce gas, such as: asparagus, dried beans, broccoli, cabbage, cauliflower, onions, and peppers. Try steaming these vegetables to retain their flavor and reduce digestive discomfort.
8. **Cut calories carefully.** Even if you're trying to lose weight, you need calories to fuel your day. Ask your doctor about upper and lower limits.
9. **Turn it off.** Never use oxygen while cooking.

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Inspirations

FROM THE EDITOR

Checking Up on Early Diagnosis

Our lungs are amazing. Healthy lungs have a tremendous reserve that we rarely tap for everyday activity. That's why it's so easy for chronic bronchitis and emphysema—two components of COPD—to develop silently over time. The disease begins affecting only a portion of the lungs' capacity, without us realizing its steady progression.

COPD can develop over decades, long before a person has any indication that something is wrong. Without even realizing it, people with COPD often modify their activities to avoid discomfort. Generally, by the time a person notices a shortness of breath, about 50% of their lung capacity has been lost.

Yet, like many conditions, COPD is best treated early, before the lungs experience serious damage. So what can you do to help ensure an early diagnosis?

- Make sure your doctors know if you are—or have been—a smoker. Smoking is closely associated with COPD, lung cancer and other serious diseases. It's an important part of your medical history.



- Talk to your doctor about a spirometry screening to identify airflow problems, even in the early stages. Anyone 45 or older with a history of smoking should be screened. You simply blow into a tube, and a handheld monitor measures the air you exhale. It's a simple, painless office test.

- Watch for warning signs such as persistent coughing, mucus production or wheezing. If you experience these symptoms, take them seriously and consult with your doctor.

The Illinois Department of Public Health estimates that 430,000 people have COPD in Cook County—yet more than 200,000 don't even know it. Make sure you aren't in the dark about your lungs' health. Get checked and get help.

Yours in lung health,

Peter H.S. Sporn, MD

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Help Tell the Story of COPD

Many readers who suffer with COPD were once waitresses or bartenders in smoke-filled restaurants or other smoky environments—conditions that undoubtedly contributed to their disease. Other *Inspiration* readers have experienced smoky restaurants from the diner's perspective, and know that COPD patients cannot dine safely in smoky environments. We are asking you to join the fight against COPD by sharing your personal story with us. Your story will help educate others, including legislators, and may lead to a smoke-free Chicago.

Unfortunately, Chicago is the largest city in

the United States that still allows smoking in its restaurants and bars. Exposure to secondhand smoke, for workers and patrons, is dangerous to lung health as research shows it causes increased risk of lung and other cancers as well as COPD.

Please help us collect 500 letters from COPD patients and families to send to elected officials so that they understand there is widespread support for Chicago to go smoke-free.

Please send us your letter. Include your name and address on the bottom. We will compile all letters and send them to our elected officials.

Mail to: COPD Initiative, 1440 W. Washington Blvd., Chicago, IL 60607. Or e-mail: amartin@alamc.org.

Breathing Well: Demystifying Your Inhaler

You'd think it would be easy to use an inhaler. Yet, with all the metered dose and dry powder inhalers available, that isn't always the case. Proper technique is important, or you won't get the right amount of medicine each time.

All Systems

Keep your neck straight, so the medication can get straight through to your lungs (and not just the back of your throat). Review the manufacturer's insert periodically to be sure you're using your system properly. And talk to your pharmacist whenever you have questions.

Meter Dose Inhaler (MDI)



Stand up and remove cap from MDI. Shake inhaler and place it in a spacer/holding chamber. Take a deep breath in and exhale completely. Place the spacer in your mouth and close your lips tightly

around it. Activate inhaler and breathe in slowly. Remove spacer and hold your breath for 10 seconds. If no spacer is available you may hold your MDI two fingers width away from your lips and follow the above instructions for proper technique.

Dry Powder Inhaler / (DPI) Diskus

Activate your DPI according to manufacturer's instructions. Take a deep breath in and exhale completely. Place DPI in your mouth, seal your lips tightly around it and take a deep breath in. Remove DPI and hold your breath for 10 seconds before exhaling. Always keep your DPI clean and dry.



Tribute Cards

Introducing a special way to remember special occasions—and make a difference in the lives of others. Send birthday greetings, congratulations or words of support to loved ones while supporting the work of the American Lung Association.

Priced at only \$15.00, these 5" x 7" cards come in packs of five. Please call 312-243-2000 to order your cards. Proceeds go to local research, education and advocacy programs.



Cold Weather Tips for Your Lungs

Colder weather can keep COPD patients at home. There's no need to shy away from your regular activities just because the mercury falls. Staying active will keep your energy up, strengthen your muscles and help you sleep. Follow these tips for a safe and healthy winter season:

- Take your rescue inhaler with you when you go out.
- Wear a scarf over your nose and mouth to protect your lungs from the cold air.
- Plan your trips during the warmest part of the day.
- Don't rush. Allow plenty of time to get to your destination.
- Avoid carrying heavy packages. Heavy packages can make you breathless.
- Layer your clothing, as opposed to wearing heavy or bulky clothes.
- Avoid crowds.
- Park close to the entrance, or be dropped off at the door, if possible.
- Keep the humidity in your home around 40%.
- Be sure to call your doctor at the onset of cold or flu symptoms.

Don't stop exercising. Be creative with your choices: walk inside at a shopping mall, use a treadmill or ride an exercise bike, or work out to a yoga tape at home. Attend your pulmonary rehabilitation program regularly.

Patient's Perspective

Living Better with COPD

A COPD diagnosis often necessitates lifestyle changes—but the changes Bruce Jones has made may not be the ones you'd expect.

In April 2000, Bruce was hospitalized with pneumonia. Doctors discovered he also had emphysema and a potentially cancerous

nodule on his lung. It turns out Bruce didn't have lung cancer, but the scare was enough to make him stop smoking.

"I'd been smoking since I was 14 or 15," explains Bruce, "but

I quit right then—cold turkey. Then I learned everything I could about COPD. I realized that even though I couldn't reverse the lung damage, I could make things easier by improving my overall health."

Fortunately, Bruce's COPD was diagnosed early, and he retains 50% to 60% of his lung capacity. He works hard to keep it that way, avoiding secondhand smoke and lung irritants. "Last night, I went shopping for cleaners that use vinegar and plant-based products instead of chemicals. Scouring powders with chlorine are out of the question," he adds.

After he quit smoking, Bruce put on weight. But it wasn't long

before he decided to change that, too. In the past five years, he's lost 40 pounds, moved to a healthier, plant-based diet, and taken up hatha yoga, which helps his breathing and overall fitness. He's stopped taking medication for high blood pressure or cholesterol, as well.

"I can't really jog anymore, but I go to the gym and use the treadmill. Last year, I rode my bike 63 miles in the Lakeshore Century," which is an annual ride through Michigan's Harbor Country.

"I realized that even though I couldn't reverse the lung damage, I could make things easier by improving my overall health."

For anyone who wants to live better with COPD, Bruce offers these first-hand tips:

- Get informed about your illness and medications.
- Find a good pulmonologist.
- Switch to a low-fat, unprocessed diet.
- Stay away from cigarette smoke and irritants.
- Get your body moving and stay active.

Bruce sums up his experience this way, "My quality of life has actually improved thanks to the steps I've taken—and that probably wouldn't have happened if I hadn't been diagnosed with COPD."



Quit Smoking Today—Enjoy Better Health Tomorrow.

- Call the Illinois Tobacco QuitLine at 800-548-8252 for information, support and encouragement.
- Visit www.lungchicago.org to join the Freedom From Smoking® program.
- If you live in Cook County, call ALA of Metropolitan Chicago at 312-243-2000 for local cessation classes and resources.

Ask the Doctor

The Importance of Smoking Cessation

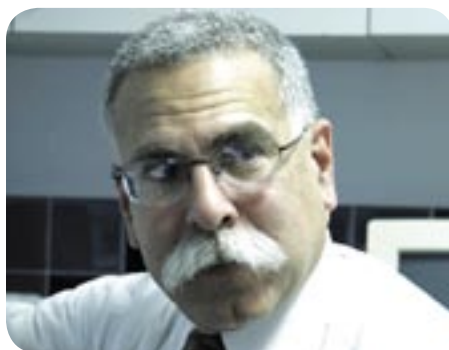
Dr. H. Ari Jaffe, MD, is an associate professor and pulmonologist at the University of Illinois at Chicago (UIC), as well as the Jesse Brown VA Medical Center on Chicago's west side. After a residency and fellowship at Johns Hopkins, he spent seven years studying lung disease at the Pulmonary Branch of the National Heart, Lung and Blood Institute of the National Institutes of Health. He spoke to us about advances in smoking cessation.

What's the most common misperception about smoking cessation?

I think there are two. First, most smokers are convinced they're not addicted—that they can quit any time. They underestimate how hard it really is. Second, smokers who have no COPD symptoms, no shortness of breath or cough, or have gotten so used to their symptoms that they do not notice them anymore, often believe their lungs are fine. That's all too often just not true.

How—and why—do you help your patients quit smoking?

As a pulmonologist, I usually see patients who have developed concerns about their lung health. That is they have usually already become symptomatic. If you smoke and have lung problems, the number one thing you can do to improve your health is to quit smoking. To be successful at quitting, the doctor-patient relationship must begin with



this understanding. To help my patients, I try to spend as much time with each one as possible—I can't answer all their questions but I try to get a start. I am lucky in that I have a great resource here at UIC, Dr. Lori Wilken. She is a Doctor of Pharmacy who leads an aggressive smoking cessation clinic at UIC. She often picks up where I leave off. But the truth is, you can't force someone to quit if they don't want to.

How has smoking cessation changed in the last decade?

Ten years ago, many physicians were not counseling their patients regarding smoking cessation. The simple advice to quit, coming from a physician, can make a big difference. Now, we have raised the consciousness in doctors of how important this simple interaction can be and physicians are doing a better job. Even so, 10 years ago advising quitting was about what we could do. Today, we offer written guides, support groups and counseling as well as pharmacologic therapies—patches, gums, and medications to help those trying to quit. The

Smoking Cessation Clinic at UIC was launched in 1997 to help participants identify triggers, learn about addiction and change their behavior. It's been a tremendous step forward.

Can family and friends do anything to help?

Quitting is difficult, and it's even harder if a significant other smokes. Smokers need a lot of support as they're going through the process, and smoking cessation is often more successful if people quit together. I encourage family and friends to participate in support groups, and provide encouragement by staying involved.

What inspired you to offer free spirometry screening with the American Lung Association of Metropolitan Chicago (ALAMC) this past year?

I've screened thousands of people in partnership with ALAMC. COPD is a deadly disease, and despite all our medical advances, there is little we can do for people with advanced disease. It's best treated early, and the only way to detect early lung damage is a spirometry reading. Spirometry is painless and quick. It usually takes less than 5 minutes. Moreover, for those still smoking, seeing their own spirometry in black and white often helps motivate them in their efforts to quit. I'm thankful ALAMC was so willing to help in this important effort. Early detection by spirometry, along with education, can really make a difference.

Highlights from COPD Awareness Month

COPD Kick off Breakfast, November 1st

The first of several COPD Awareness Month events was a breakfast at the Hotel Allegro. The weather was pure Chicago but that didn't stop 55 people from attending. Many representatives from diverse health organizations participated in the program and helped raise visibility of the COPD Initiative. Four keynote speakers, all of them members of the COPD Advisory Council, presented on "Roles in Best-Practice COPD Management." Presenters included Dr. Jaffe; Cynthia Gronkiewicz, RN; Lisa Zaenger, RRT; and Hal Lichterman.

The agenda also included the announcement of the four cities that passed a resolution designating November as COPD Awareness Month (Oak Lawn, Hickory Hills, Blue Island and the City of Chicago).

Spirometry Events on November 17th

ALAMC celebrated World COPD Day with two community events—at the Thompson Center and the Presbyterian Home in Evanston. At the Thompson Center Dr. Jaffe conducted 80 spirometries. Dr. Lori Wilken offered carbon monoxide testing and visitors were able to watch a slide show about COPD. At the Presbyterian Home, ALA of Metropolitan Chicago made a COPD presentation and performed 35 spirometries.



COPD Town Hall Luncheon at the Drake Hotel, November 30th

The perfect way to close November was with this free luncheon for COPD patients at the Drake Hotel. ALAMC provided free transportation from several pulmonary rehabilitation centers including those located at Sherman Hospital, Rush North Shore Medical Center, Stroger Hospital, and Rehabilitation Institute of Chicago among others.

183 COPD patients attended. Attendees heard three well known speakers discuss COPD: Dr. Nicholas Gross (Loyola University); Donna Frownfelter, DPT, MA, CCS, RRT (Rosalind Franklin University of Medicine and Science) and Pam DeNardo, a COPD patient and member of EFFORTS. Oxygen and wheelchairs were available for anyone who needed them. The luncheon was a great success. It was an educational event but also a way for COPD patients to have fun!

Around Town

February 10–11:00 a.m. - 3:00 p.m.
Free Spirometry – Public Welcome
Whole Foods Market
7245 W. Lake Street, River Forest

March 8–6:00 p.m.
Chicago Thoracic Society Lecture Series: COPD as a Systemic Disease
Francois Maltais, M.D. (Université Laval, Québec, Canada)
American Lung Association of Metropolitan Chicago
1440 W. Washington Blvd., Chicago
Registration required: Call Beverly Weaver at (312) 628-0216.

April 13–10:00 a.m. - 3:00 p.m.
COPD Lecture and Free Spirometry Public Welcome
Peace Memorial Church
10300 W. 131st Street, Palos Park



Get Involved

Help raise awareness of COPD and enhance lung health in Illinois. To join our advocacy network or request materials in English or Spanish, visit www.lungchicago.org.

Advances & Updates

Medicare Covers Smoking Cessation

December 23: New coverage will be available to Medicare beneficiaries who have illnesses caused or complicated by smoking, including COPD, heart disease and more. Medicare will now cover counseling services and smoking cessation programs, an important step forward in Medicare's policy on wellness.

Nebulizer Users Breathe a Sigh of Relief

November 8: Medicare has ruled that they will pay a reasonable "dispensing fee" to home care companies that provide nebulized medications, such as albuterol. Previously, patients had been concerned that the 89% payment cut for inhalation drugs would limit their availability. Approval of the dispensing fee will allow home care providers to continue to dispense these medications.

3,400-Mile Trek with Portable Oxygen

October 4: 61-year-old Mark Junge rode from San Francisco to New York, with the help of a HELiOS® personal oxygen system. Great news for oxygen therapy users, the new unit weighs only 5.6 pounds filled, and provides up to 20 hours of on-demand flow. A continuous flow setting makes this system an option for anyone who couldn't use personal oxygen systems in the past. For more information, call 888-443-5467.

Women & COPD

Many people think only older men get COPD. This is not true. Anyone can get COPD.

COPD is the 4th leading cause of death in both men and women. The prevalence and mortality of COPD in young women is increasing more significantly compared to men.

- In 1998, 89 out of 1,000 women between the ages of forty-five and sixty-four had chronic bronchitis, compared to only 37 men.
- 15 out of 1,000 women between the ages of forty-five and sixty-four had emphysema, compared to only 11 men.
- The CDC reports that in 2000, 119,054 adults 25 years and older died from COPD, and 50.3% were females.

Smoking is the primary cause of COPD

- Female smokers develop early stage COPD after smoking 37 pack-years, while it takes men an average of 46.5 pack-years to develop early stage COPD.
- 9 out of 10 women who use tobacco become addicted and 75% of women who smoke report being dependent on nicotine.

Young women and teenagers still report feeling social pressures to smoke. In order to have good lung health, women need to stop smoking. Lung function improves more significantly the earlier smoking cessation occurs. It is never too late to stop smoking; lung function improves regardless of how old a person is when they quit.

Women who have quit smoking report that it is important to set a specific quit date, identify and avoid situations that trigger the desire to smoke, and pay attention to relapses. In addition, quitting is more successful if women have social support.



Spotlight

Each issue, we'll spotlight four COPD-Emphysema support groups that can help you. For a list of programs and detailed descriptions in your area, visit www.lungchicago.org/copd.

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To receive future issues of Inspiration by mail, please call Mary Burns at (312) 628-0250. Please feel free to copy and distribute this newsletter widely.



COPD Initiative in Action

Part of the COPD Initiative includes free community Spirometry screenings and lung health counseling at various sites throughout Cook County. A research study was conducted to determine if people are more likely to report positive lifestyle behavioral changes after participation in Spirometry screening compared to receiving the influenza vaccination.

Subjects answered a questionnaire about lung health, risk factors, and behavioral change, prior to receiving Spirometry screening or the influenza vaccination. Spirometry results were interpreted and explained instantaneously. Participants received brief lung health counseling, as well as educational materials. One month after participating in screening or receiving the vaccination, a member of the research team called the subjects and asked them a post-test questionnaire.

Six hundred and sixty-four subjects have been enrolled in the study, and all data has been collected. Results are expected for publication in May 2005 and will be featured in a future issue of *Inspiration*.

Special thanks to Morgan Roth, intern at the American Lung Association of Metropolitan Chicago, and Diana L. Hackbarth, Ph.D., R.N., F.A.A.N., Professor, Community Health Nursing, Loyola University Chicago, School of Nursing, who led the study.

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Improving Life, One Breath at a Time