



Inspiration

A newsletter for people living with COPD, their families and caregivers

Cruising with COPD, Chicago Style

On June 22, 2010, more than 500 people living with COPD and their loved ones embarked on a cruise on Lake Michigan for the 7th annual *Cruising with COPD* event.

This unique social event brings people living with COPD together from all over Illinois to share coping strategies and enjoy each other's company. Respiratory Health Association arranges on-site supplemental oxygen (generously provided by Healthcare Solutions Group, Inc.), wheelchair accessibility and bus transportation to and from the event from a number of pulmonary rehab sites.

This year's cruise sold out in only three weeks, and demand was so high that a waitlist had to be started. Participants on the Spirit of Chicago and Odyssey ships enjoyed on-board entertainment, a buffet luncheon and chances to win raffle prizes. Another highlight of the day was the advocacy activity during which attendees wrote more than 150 letters to Illinois Congressman Mike Quigley (5th District) to thank him for joining the COPD Caucus and to encourage him to invite his Illinois colleagues to join as well. The day ended with an appearance from Dina Bair, news anchor and medical watch reporter for WGN Channel 9 Chicago.

When asked what their favorite part of the day was, participants mentioned that the food, company of other people with COPD and view of the skyline were excellent. One attendee wrote that s/he enjoyed "great entertainment, camaraderie, and upbeat tempo; being treated as an honored guest." Overall, the 2010 Cruising with COPD event was an enormous success!



SAVE THE DATE: NOVEMBER 16, 2010

Living Better Together COPD Conference, featuring educational sessions and a luncheon. Registration will open in mid-September. For details, visit www.lungchicago.org/living-better-together or call (312) 628-0227.



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INSPIRATIONS

from the Editor



FDA Phasing Out Inhalers with CFC Propellant

In April 2010, the United States Food and Drug Administration (FDA) announced that it was phasing out the production and sale of seven metered-dose inhalers used to treat asthma and COPD. These inhalers contain chlorofluorocarbons (CFCs), which act as a propellant to spray the medication out of the inhaler and into the lungs. Here are answers to some frequently-asked questions about the discontinuation of CFC-containing inhalers.

Why is the FDA phasing out inhalers using CFC propellant?

CFCs are known to contribute to the ongoing problem of depletion of the upper ozone layer, which protects us from harmful ultraviolet radiation from the sun, which can cause sun cancer and cataracts. In 1987, the U.S. and 180 other countries signed an international agreement to eliminate the production and use of substances that lead to loss of this ozone layer, including aerosol propellant hairsprays and deodorants, certain refrigerants and cleaning solvents. Discontinuing the use of CFC propellants in inhalers is the next step in the agreement.

Why are CFC inhalers among the last products to be phased out? The FDA has taken a number of years to reduce and eliminate inhalers that use CFC propellants to ensure that pharmaceutical manufacturers would have time to develop non-CFC inhalers for asthma and COPD. The FDA also wanted to give people using these medications adequate time to discuss alternatives with their health care professionals and to switch over to new inhaled medications as they became available.

What if I am using one of the inhalers listed below? There are many other inhalers that do not contain CFCs, but use the propellant hydrofluroalkane (HFA) instead. In addition, some medications now come in dry-powder inhalers, which do not use a propellant. If you are still taking one of the inhalers that will be discontinued, speak with your health care provider to discuss alternative inhalers that do not contain CFCs. For more information about inhalers that do not contain CFCs, visit www.lungchicago.org/inhalers

What can I do if I cannot afford the medication that is prescribed? Talk to your health care provider, pharmacist or pulmonary rehab staff if you cannot afford to take the prescribed medication. They may know of an assistance program to help cover the cost of the medication.

For more information about COPD, COPD medications or inhalers, please visit RHA's website www.lungchicago.org/copd.

Yours in lung health,

A handwritten signature in black ink, appearing to read 'Peter Sporn'.

Peter H.S. Sporn, MD

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Feinberg School of Medicine, Northwestern University*

BELOW IS A LIST OF DEVICE THAT WILL NO LONGER BE MANUFACTURED, SOLD OR DISPENSED IN THE U.S.:

LAST DATE	INHALER	MANUFACTURER
6/14/2010	Tilade Inhaler (nedocromil)	King Pharmaceuticals
6/14/2010	Alupent Inhalation Aerosol (metaproteranol)	Boehringer Ingelheim Pharmaceuticals
12/31/2010	Azmacort Inhalation Aerosol (triamcinolone)	Abbott Laboratories
12/31/2010	Intal Inhaler (cromolyn)	King Pharmaceuticals
6/30/2010	Aerobid Inhaler System (flunisolide)	Forest Laboratories
12/31/2013	Combivent Inhalation Aerosol (albuteral and ipratropium in combination)	Boehringer Ingelheim Pharmaceuticals
12/31/2013	Maxair Autohaler (pirbuteral)	Graceway Pharmaceuticals

Vitamin D and the Lungs



Vitamin D has long been known to play an important role in the body's immune system. Studies have shown that vitamin D may provide protection from certain types of cancer, high blood pressure and several types of autoimmune diseases. It also helps the body absorb calcium, which forms and maintains strong bones.

Now researchers are suggesting that vitamin D may play a role in improving lung function. The link between vitamin D and lung function is still in the early stages of research, but studies are showing that it may help slow the decline of lung function that is common for everyone, but more severe in people with asthma and COPD.

Enzymes called matrix metalloproteinases play a role in damaging the lungs of people who have COPD. Laboratory tests have shown that vitamin D can slow production of these enzymes, so researchers in New Zealand recently studied whether people who get plenty of vitamin D from sun exposure or supplements would be protected from COPD. They reported that getting large amounts of vitamin D does not prevent COPD, but that doing so can help people living with and without COPD breathe easier and more deeply.

While more research needs to be done to establish that vitamin D was the cause of the study participants' lung benefits, there are still plenty of reasons to be sure to get enough vitamin D. Other studies have shown that a lack of vitamin D can lead to osteoporosis and muscular weakness. Furthermore, there is much more research being conducted right now that seems to suggest that improved lung function and vitamin D are directly linked.

Vitamin D has been shown to play a beneficial role in the treatment of other respiratory illnesses including asthma, tuberculosis, cystic fibrosis, influenza and upper respiratory infections. Vitamin D appears to be able to stop lung inflammation (such as the response to cigarette smoke) while improving the body's ability to fight harmful substances, such as bacteria and viruses.

People most at risk of vitamin D deficiency include people who are elderly or people who are obese. The recommended daily amount of vitamin D, established by the Institute of Medicine, is 200 I.U. from birth to age 50; 400 I.U. for adults aged 50 to 70; and 600 I.U. for people older than 70. You can get the proper amount of vitamin D by taking supplements or by eating foods that are high in the vitamin, such as oily fish and milk.

Talk to your health care provider to learn more about the link between vitamin D and lung disease and how this topic may affect you.

COPD ADVOCACY IN ACTION



2010 *Cruising with COPD* participants wrote more than 150 letters to Illinois Congressman Mike Quigley to thank him for joining the COPD Caucus. The COPD Caucus is dedicated to increasing public awareness of COPD, and is made up of members of the U.S. House and Senate. The caucus partners, a coalition of physicians, patients and advocates, seek to promote public policies that will improve the lives of people living with COPD.

On August 3, COPD advocate Jessie Soper, who lives in Congressman Quigley's district, joined RHA staff to personally deliver the letters to the congressman at his Chicago office. Congressman Quigley enthusiastically accepted the letters and pledged his commitment to the COPD Caucus and to recruiting his fellow members of congress to join. The meeting was a success!

In addition to advocating for COPD policies, Jessie participates in pulmonary rehab at Our Lady of the Resurrection Hospital in Chicago, is a Korean War veteran, sings in a barbershop chorus, and coaches people on digital art and computers at a senior center.

If you are interested in thanking Congressman Quigley or in encouraging your congressperson to join the COPD Caucus, call the congressional switchboard at **1 (866) 220-0044**. By providing your zip code, you will be transferred to the congressperson who serves your district.

ASK THE DOCTOR

Eileen A. Kelly, MD is a Clinical Assistant Professor of Medicine at University of Chicago's Pritzker School of Medicine and Medical Director of the Women's Heart Program at Northshore University HealthSystem. Dr. Kelly has expertise in providing care for people living with or at risk for heart disease. Her clinical and research interests focus on women's heart disease awareness, risk reduction and treatment.



COPD AND HEART DISEASE

A recent study published in the New England Journal of Medicine found that COPD can have adverse effects on the heart. While researchers and physicians have known for a long time that severe cases of COPD can affect heart function, this marks the first time that research has shown a direct link between COPD and heart disease.

How do the heart and lungs work together? The heart and lungs work together to deliver oxygen to the body's organs and tissues and take away carbon dioxide. The lungs and other parts of the respiratory system take in oxygen from the air and put it into the bloodstream. The heart pumps the nutrient-rich and oxygen-rich blood to the body through the cardiovascular system. When the organs and tissues are done with the oxygen, they release carbon dioxide, which is put into the bloodstream and expelled through the lungs when we exhale.

When the heart becomes diseased or weakened, it cannot pump properly, so organs and tissues do not get the right amount of blood or nutrients that they need.

What is heart disease? Heart disease can include a number of conditions that affect the heart and blood vessels. Examples include heart attacks (when a blood clot or blockage cuts off blood flow to a part of the heart), atherosclerosis (a narrowing of the arteries due to a build-up of cholesterol or fat), angina (chest pains that mean the heart is not getting enough blood and oxygen), heart failure (a weakened heart muscle) and high blood pressure. A related condition, stroke, occurs when the brain does not get enough oxygen due to a blockage, blood clot or burst blood vessel.

Together, heart disease and stroke are referred to as cardiovascular disease (CVD), the number one killer of men and women in the United States.

What is the relationship between COPD and heart disease? COPD can make it hard for the lungs to absorb oxygen and deliver it to the bloodstream. With less oxygen in the blood, the heart and other organs have to work harder to get the oxygen they need. As the heart works harder, pressure builds and the heart walls can thicken, making it a less efficient pump. This can cause fluid to back up into the lungs and lower parts of the body, which is referred to as congestive heart failure (CHF). CHF that is caused by lung

disease and affects the right side of the heart is called cor pulmonale. What makes the recent study in the New England Journal of Medicine unique is that it shows that even a small reduction in lung function can have negative effects on your heart. Even mild cases of COPD, where the symptoms are either not severe or not apparent, can diminish the heart's ability to pump blood effectively through the body.

What can I do to reduce my risk for heart disease?

- **Stop smoking and limit your exposure to people who smoke.** The study showed that current smokers had the strongest link between lung disease and heart failure.
- **Exercise.** Exercising can help improve lung function and keep your heart healthy. Low impact activities such as walking, yoga, biking and swimming are great ways to engage in cardiovascular exercise.
- **Use supplemental oxygen as prescribed.** COPD can limit the amount of oxygen available for the heart to circulate. Oxygen may be prescribed for use at rest, with exercise or sleep, or at all times. Supplemental oxygen increases the amount of oxygen available to organs and tissues.
- **Maintain a healthy diet and weight.** Keep your cholesterol low and try eating a diet rich in "heart-smart" foods. Fruits, vegetables, salmon, almonds, oats, beans and olive oil are staples in a healthy diet. Remember to always consult your doctor or a registered dietician before starting a new food plan.

What are the implications for the future? The study results already have the medical community thinking about how the treatment of lung disease can aid the heart. This new evidence of a link between COPD and heart disease has led researchers to hope that one day treating lung disease will also lead to improving heart function.

Maintaining an open line of communication with your pulmonologist, cardiologist and primary care physician is a great way to stay informed about the latest treatment options for COPD and heart disease. For more information on COPD and heart disease, talk to your health care provider.

Utility Tips:

Many electric companies maintain a “Medical Registry,” or record of customers who require electrically-operated medical equipment such as CPAP machines and oxygen concentrators. By submitting a note from a health care provider that states a person’s health is dependent upon continued power service, customers can receive additional attention and consideration by their power company. Companies such as ComEd and Ameren Illinois provide additional outreach and advance notice about scheduled outages to customers on their registries.

The eligibility and application process vary by company. However, customers are usually required to have their physician send a letter to the electric company. The letter must be written on the physician’s or the medical facility’s letterhead and must include:

- The customer’s name, telephone number and address
- The make/model of the equipment being used
- Whether the equipment is required within a rolling 12-month period
- Whether the equipment requires a direct connection to their household electric current
- Whether the equipment is life-sustaining
- Whether the equipment has a battery back-up
- Anticipated date when the equipment will no longer be required

It can take anywhere from five to 10 business days for an application to be reviewed and processed, so it is best to submit an application as soon as possible. For more information about how you can be added to the Medical Registry, or for a list of qualified electrically-operated equipment, please contact your local power company.

Safety Tips:

Oxygen is an accelerant that causes fire to burn quicker, so it is important to take extra measures to stay safe when using home oxygen tanks. Local fire departments keep a list of residents who have supplemental oxygen tanks in their homes. For example, the village of Naperville maintains a voluntary Medical Emergency Disability Information on Computer (MEDIC) database of residents who are on 24-hour oxygen and other medical equipment. If a person from the MEDIC database contacts the fire department during an emergency, then the emergency response team is alerted to the presence of supplemental oxygen in the home. This also alerts the emergency response team to the resident’s health condition in advance of arriving at the home and allows them to take extra precautions to provide appropriate care.

For more information about how you can be added to the list in your community, dial your fire department’s non-emergency number.

COPD ADVOCACY IN ACTION



On August 13, COPD advocate Eileen Sweeney, who is a constituent of the Illinois 7th Senatorial District, joined RHA staff to present Senator Heather Steans with a Lung Health Champion Award for her work on lung health issues. Senator Steans sponsored the bill designating November as COPD Awareness Month in Illinois and has championed legislation to increase COPD programming at the Illinois Department of Public Health. Thank you Senator Steans!

A longtime volunteer for RHA, Eileen is a strong supporter of COPD programming and advocacy. She stays active by traveling the Chicago area on public transit and enjoys finding urban surprises, such as a Koi pond nestled in a front yard on a busy city street!



A FRESH LOOK ON THE WEB!

Our website is now more user-friendly and easier to navigate. To view the COPD pages, go to www.lungchicago.org/copd.

If you would like to view past issues of the Inspiration newsletter, please visit www.lungchicago.org/newsletter-copd-inspiration.

Don’t see what you’re looking for? Contact **Julie O’Brien** at **(312) 628-0251** or jobrien@lungchicago.org.

SPOTLIGHT

In each issue, we spotlight a few COPD support groups and/or pulmonary rehabilitation centers. For a detailed list of programs in your area, visit www.lungchicago.org/copd-pulmonary-rehab-and-support/ or call **Eileen Lowery at (312) 628-0217**.

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THANK YOU!

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If you would like to have upcoming issues of our free Inspiration newsletter delivered to your home, please call **Eileen Lowery at (312) 628-0217** or elowery@lungchicago.org.

Please feel free to copy and distribute this newsletter.

To make a donation to support RHA's outreach and educational programs for people living with COPD, please contact **Lysette Talavera at (312) 628-0226** or ltalavera@lungchicago.org.

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