When I started thinking about a front page article for this edition I was really drawing a bit of a blank! Then I talked to our President Jackie Whitaker, who suggested I just talk to you about what we have accomplished this year.

When I began to review the years events I realized that with all the health challenges our president and some of our Board Members have experienced this year, we have actually “come a long way”.

Initially at the start of the year we were able to provide another free DVD, this one on Exercise, for our members first and then opened to the public. These have been very well received by individuals and those in the health care field.

Next, of note is our massive mail campaign this year. Mailings from our members were sent to Health Ministers. When you go to our website you can see the results under “Letter Writing Campaign Results.”

Of particular mention was the recognition by five Provinces for World COPD Day, proclaiming that day Provincial COPD Day. These five were Nova Scotia, PEI, Quebec, Manitoba and Saskatchewan. It should be noted that Saskatchewan was the leader of the pack, thanks to Board Member Brian VanDurme who managed to get the recognition in 2009.

Our second campaign targeted Re- habis and the need of same. Approximately one half of the provinces responded. Mostly they indicated that this fell under the Health Authorities for each province.

We are also pleased to report that we are registered with the Ontario Ministry of Health as an Advocacy Patient Group and as such we have input in CADTH’s Common Drug Review process. “The CDR conducts rigorous, objective reviews of the clinical and cost effectiveness of drugs, and provides formulary listing recommendations to the publicly funded drug plans in Canada (except Quebec)” We polled patients and caregivers and submitted our findings for Daxas/ Roflumilast. This information will be compiled with other reports and recommendations, then ultimately submitted to the various provinces to assist in their decision making process. It will be interesting to see what kind of impact we can make.

Just recently, our members have received a mailing with an Emergency Information Card and a gold pin for you to wear with pride. We also included a COPD pamphlet and COPD books to members in very rural areas. We hope that the pin will spark interest and get people asking questions. Or perhaps you have someone that might benefit from the “It Could Be COPD” pamphlet. Knowledge about this disease is still woefully inadequate and recognition is “key” to getting public attention. Only then can we hope to make significant progress in gaining the ear of our politicians and Health Authorities.

We will no doubt be asking you to join us again next year to participate in mail campaigns. It must seem sometimes that this is like “drops of water on a stone!!” However, the more numbers or “drops” we can “flood” them with, the more likely we are to get their attention!

“In closing, on behalf of our Board, we wish you all a Happy Holiday Season and all the very best in the coming year.”

For those of you who have not joined our group yet, we encourage you to do so. Either by going on line to our website: www.copdcanada.ca

Or use the form on the back page of this newsletter and mail it in.
I am a researcher by nature, so initially I dove head-first into learning all I could about his disease and especially what I could do to help. As time wore on, I started looking for support groups for caregivers, mainly ones for COPD caregivers. What I discovered was that there were support groups for caregivers to every “prominent” disease, including hangnails, but absolutely nothing for COPD. I discussed this with the Lung Association, Doug’s doctor, the group he was an ambassador for (one of the first COPD groups in Ontario) and anyone else who would listen but the only advice I got was if I wanted one, to start it myself. But, at that time, I needed to be cared for; I had nothing left to give to others.

Losing Doug was the biggest loss I’ve ever experienced and I’ve taken a long while to resurface to the living but it never strayed far from my thoughts that others needed support in this venture. When Jackie Whitaker, our President, approached me about administrating this new forum, and although I had had a few other major setbacks in my life, I’ve always known that reaching out and helping others, as an individual, is a help to yourself.

Now, a little about me.....I was born and raised in Kentucky and lived there for 42 years until I met and married my husband. So yes, I’m what some might consider a “Southern Belle” since I sat on a front porch, sipped mint juleps, drank (and still love) sweet tea, as well as love biscuits and gravy. I have 2 sons, who live in Kentucky, a step-son and –daughter that live in Collingwood and 4 grandchildren, 3 boys and a girl and another on the way in May. I now live in St. Catherine's, ON and have lived here for 8 months but have lived in the Niagara region for 11 years. The terrain in this area is very similar to Kentucky and the weather is also similar, just a little colder and a longer winter. But, I digress away from why this forum is important to me.

I hope that each person who’s a member of the COPD Canada Patient Network will encourage their caregiver to check out the new forum; or if you’re a caregiver who’s joined the “COPD in Canada” forum, come over and check us out. We aim to keep the site strictly to caregivers so each person will feel free to express their true feelings without the threat of someone reading over their shoulders. We do have procedures in place to verify whether someone is a caregiver or not but we do depend on whether the person is honest. I would hope that no one would want to disrupt a safe place.

I would like to offer my phone number to anyone who would like to speak to me about the forum, whether you are a patient or a caregiver. I want to be able to offer an assurance to all that I want to provide a safe place for caregivers to share their hearts and be able to receive help from others who have walked in their shoes. I look forward to getting to know other caregivers who are walking this lonely road and just looking for some understanding and/or help.

Editor’s note: Once you have signed up as a member Mary would be happy to email you her phone number. If you would like to contact her, Mary’s e mail is: mcunningham@copdcanada.ca

To become a member, go to our main website: www.copdcanada.ca scroll down on the right until you get to “Message Board”. Click on the link to COPD Helpmates and Breathing Buddies. You will be prompted to login and supply your information. Mary will take care of you from there on.
Q. Too Much Oxygen?

I just discovered this site, so you may have already addressed this. When I told my general physician that I sometimes have to increase my oxygen intake from my usual 2L continuous flow to 3 and very rarely 4, he cautioned me not to increase my oxygen if I can help it and to be careful when I do. He said it could be very bad for me. My question is, if I'm exerting myself to the point at which 2L seems inadequate, isn't it more beneficial to pump up the oxygen rather than deprive my organs of oxygen? I always turn the oxygen back down to 2L when I recover my ability to be comfortable on that setting once again. Why does my doctor seem so concerned that I don't increase the amount of oxygen I'm using, and exactly what happens when you do use "too much" oxygen? How do you know when you're using "too much" oxygen short of actually checking oxygen sats, if your breathing is less of a struggle on a higher setting?

Deborah

A. Hi Deborah,

Your doctor is concerned with what many of us consider to be a myth that holds that those with COPD who retain CO2 can compromise their ability to breathe effectively by using enough oxygen to normalize their breathing. In more than 95% of the instances where health care professionals of all types and credentials impose the rationale associated with this notion, it is not only misapplied, but the person is NOT one of those considered to be at risk even by definition under the umbrella of the myth. Consequently, a LOT of folks are needlessly admonished AND deprived of necessary oxygen in the name of saving them from something that not only simply will not happen, but it CANNOT happen! As well, when one is using their oxygen as you describe - - - increasing it during activity and exertion - - - there is no way they risk inflicting harm upon themselves as those very activities force them to breathe at an increased rate and volume-per-minute. So the suggestion that using more oxygen flow during those conditions besides being quite silly, also betrays their lack of both consideration of the conditions and understanding of the very theory they are basing their admonitions upon.

In any case, the bottom line is that turning up your oxygen WON'T hurt you! Not turning it up CAN hurt you. So, my recommendation would be to continue to do as you have been, though you must understand that I cannot “officially” advise you to defy your doctor's instructions. So, you must continue to try to work with him/her until a satisfactory solution is arrived at. It may require that you spend the $50 - $100 to purchase an oximeter so that you can indeed measure your saturation and show your doctor that you are acting within the context of the measurements you obtain.

Best Regards, Mark

Q. Daxas Availability

Mark; Daxas should hit Canada and UK, how long do you guess, and how hard will it be for US Citizens to get? thanks

John

A. Hi John,

I'm afraid that my crystal ball was inadvertently knocked from its pedestal and shattered into a million pieces by a clumsy friend. So, I cannot tell you when Daxas will hit the market and be available. I CAN tell you that it will not have application to everyone with COPD. Only your doctor can determine if you will benefit from it. It will require a prescription from your doctor. So any measure of “difficulty” in “getting it” will rest with your doctor’s willingness to prescribe it for you.

So, your best bet will be to talk to your doctor about IF the drug holds promise of benefit for you and WILL ‘he/she’ prescribe it for you when it becomes available.

Best Regards Mark
Laughter The Best Medicine!!

My feet are just freezing! BLIMEY! You think you've got troubles!

May your holiday season be decorated... with love and happiness!

Hey—are you thinking what I'm thinking?

Look, I am really sorry, but with a wife and kids I need more than part time work.

IS THAT AN AIRBAG OR HAVE YOU BEEN SWALLOWING YOUR BUBBLE GUM AGAIN?

Christmas is just plain weird. What other time of year do you sit in front of a dead tree in the living room and eat candy out of your socks.

Gold, Frankincense and Myrrh and you couldn’t spring for a GPS?

You’re not going to drive this... are you Rudolph?

Nope, this is going straight to YouTube.

OH GREAT-A FLAT.
“Laughter Yoga began in 1995, as the brainchild of Indian physician, Dr. Madan Kataria. He started with five friends laughing in a park in Mumbai and, since then, its grown to over 6,000 clubs in countries around the world.”

“The reason is because it works, “ says Matti Anttila, 63, who trained in Finland with Kataria in 2009.

A recent article in Senior Living on Vancouver Island caught my attention with its title “Get the Giggles”. The article is a long one but some of the key points made me realize that the reason we so enjoy our “Funny Fridays” on the Pro-Boards is based on some good scientific fact.

Laughter Yoga is the unique concept that we can in fact laugh for no special reason. Group simulated laughter can become real laughter. But it doesn’t matter because the body does not know the difference. The same feel-good endorphins are released to the brain whether the laughter is faked or not.

Often our childlike nature gets buried in our very serious everyday world. Imagine a group of adults in a Laughter Yoga class being instructed to do the “Chicken Dance” accompanied by “Ho ho, ha ha ha sounds. Feeling silly, sure but I bet you are laughing, at yourself and “with others”.

The secret we are told is “You just can’t take yourself too seriously.” People never really lose their childlike nature but unfortunately we suppress it. “Wherever that inner child is, you need to find it.”

As a quote from one of the participants in the Vancouver Island Group.

“This is the way I used to be when I was a kid. It’s like rediscovering a part of myself that I’d lost!”

Laughter & Your Health

Laughter relaxes the body.

A good hearty laugh relieves physical tension and stress, leaving your muscles relaxed for up to 45 minutes after.

Laughter boosts the immune system.

Laughter decreases stress hormones and increases immune cells and infection fighting antibodies, thus improving your resistance to disease.

Laughter protects the heart.

Laughter improves the function of blood vessels and increases blood flow, which can help protect you against a heart attack and other cardiovascular problems.

Laughter triggers the release of endorphins, the body’s natural feel-good chemicals.

Endorphins promote an overall sense of well-being and can even temporarily...
New Daxas drug developed in Liverpool is a breath of fresh air by Anthony Harvison. Published Tue 27 Apr 2010 13:35, Last updated: 2010-04-27

A new wonder drug which eases emphysema and chronic bronchitis will be available from GPs within weeks after being developed by a Liverpool-based professor it has emerged.

Daxas was proven to reduce the frequency and severity of attacks by almost 40% per cent following clinical trials among 4,500 patients in ten countries. Chronic Obstructive Pulmonary Disease (COPD) - also known as smokers' cough - kills one person worldwide every 15 seconds.

The World Health Organization predicts that it will be the third leading cause of death by 2030.

Daxas will be available from a doctor or via a prescription as a once daily oral tablet. It is the first oral anti-inflammatory once-daily treatment for COPD patients and works by targeting cells and mediators in the body important in the COPD disease process. Acting on the underlying mechanism of the disease and related inflammatory diseases it is the first oral anti-inflammatory treatment for patients.

Current treatment includes the use of inhaled dilators and inhaled steroids.

Yesterday Peter Calverley, Professor of Respiratory Medicine at the University of Liverpool, and Honorary Consultant Physician at University Hospital Aintree, Liverpool, and lead investigator in the roflumilast clinical programme said: "This EU filing for Daxas is an important milestone in our response to the COPD epidemic. "The prospect of a new approach targeting the inflammatory processes in COPD is good news for doctors as it will bring a new dimension to the therapeutic armoury we have to tackle this disease, and for patients themselves, who will have the possibility of reducing the number of debilitating exacerbations that they experience."

Anders Ullman, Executive Vice President Research and Development at Nycomed, said: "Nycomed is excited about the positive opinion of the CHMP recommending approval of Daxas in the European Union. "Daxas is the first in a new class of oral agents to treat this life-threatening condition, offering clinicians and patients a much needed new treatment option alongside existing inhaled therapies."

The placebo-controlled trials demonstrated reductions in the number and severity of flare-ups of between 15 and 37 per cent. Patients also displayed significant improvements in their lung function and the drug also delayed the onset of coughing attacks.

In the six-month studies, Daxas treatment resulted in a reduction of up to 40% in the number of patients experiencing attacks compared with those using standard treatment. COPD is an under-diagnosed progressive lung disease that may lead to death. Current medications for COPD such as inhalers address the symptoms rather than the underlying mechanisms of the disease, by reducing chronic inflammation of lung tissue. Daxas's makers believe their tablet will work from the inside out by blocking an enzyme that helps to cause inflammation of lungs, meaning the patient coughs less frequently and is less prone to deadly chest infections.

COPD 'lung attacks' are sudden worsenings of the condition, when patients find it hard to breathe. Patients say it feels like they are suffocating and the attacks can have long-lasting effects on their health-related quality of life.

Its only side-effects were mild nausea, diarrhoea and weight-loss but usually disappeared after a few weeks of treatment. Current treatment for COPD patients includes the use of inhaled bronchodilators and inhaled corticosteroids.

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Editor's Note: Daxas/Roflumilast is now approved in Canada and should be available early 2011. Talk to your Dr as to whether this drug might be for you.

Address Changed ??

Please let us know. We have had some returns on recent mailings, which are costly for a non-profit organization with a very small budget!!

Please email new addresses to:

Membership@copdcanada.ca
or draymer@copdcanada.ca

Or mail to:

COPD Canada,
Att: Dave Raymer
3047 Old Sambro Road,
Williamswood, NS B3V 1E6 Canada
News & Views

From Fact Canada – check it out on our website www.copdcanada.ca

New!!!

Health Canada & FDA Licensed

MD300W1 Wrist Pulse Oximeter

"wrist-worn portable blood oxygen meter for measuring blood oxygen saturation level (SpO2) and pulse rate at home, sleep laboratories, and hospital"

Regularly $259

ONLY $219.00!!

FOR COPD Canada Patient Network Members....

"The digital wrist pulse oximeter is commonly used at home or sleep laboratories for diagnosing sleep apnea or hypopnea and for monitoring pulse rate and blood oxygen level during exercise, and for patients with heart or breathing problems"

Also; Check out their NEWLY reduced prices on Finger Pulse Oximeters!

Note: You WILL NEED your membership number when ordering any of these items. Please have it handy.


Healthy Eating

Triple-Chocolate Shortcakes

These divine lava cakes have intriguing chocolate pudding centres No one would ever guess they’re low in fat!

Bittersweet chocolate baking Squares [1 oz. Each] 2
Coarsely chopped
Low-cholesterol egg product 1/4 cup
Granulated sugar 1/2 cup
Unsweetened apple sauce 1/2 cup
Canola oil 1 1/2 tbsp
Vanilla extract 1 tsp
Cocoa, sifted if lumpy 1/2 cup
All-purpose flour 1/4 cup
Salt 1/8 tsp

Preheat oven to 400 F [205 C]. Put chocolate into medium microwave-safe bowl. Microwave, uncovered, on medium [50%] for about 90 seconds, stirring every 30 seconds, until almost melted. Do not overheat. Stir until smooth.

Combine next 5 ingredients in a small bowl. Slowly whisk egg mixture into melted chocolate until combined. Combine remaining 3 ingredients in a separate small bowl. Add to chocolate mixture. Whisk until combined. Spoon into 6 greased ramekins. Place ramekins on a baking sheet with sides. Bake for 12 to 14 minutes until sides and top are set but wooden pick inserted in centre comes out wet with batter. Serve immediately. Serves 6.

One Serving: 225 Calories; 10.0g Total Fat [4.0 g Mono, 1.2g Poly, 3.8g Sat]; 26 mg Cholesterol; 34 g Carbohydrate; 4g Fiber; 6g Protein; 95mg Sodium
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**REMEMBER**
Please identify yourself as a COPD Canada Patient Network Member and ensure you have your membership number on hand when you contact these companies. For add’l information on these and other items, visit our site at www.copdcanada.ca
Dear Friends,
Another year has gone by already. I can’t believe it!! So much has happened in all our lives during 2010. As we approach the Holiday Season, we at COPD Canada Patient Network send warmest wishes to you and your family. May 2011 bring new beginnings and improved breathing to you all as we learn new things about this disease and help one another solve problems, wherever we can. As always I welcome your suggestions and comments.

I especially want to thank all of our members for their love and support during a difficult year for my husband and I. Bless you all for your caring.

Sincerely,

Gwen

This is YOUR newsletter.

email all suggestions or comments to: gwen@copdcanada.ca
Become a Member of COPD Canada Patient Network:

**Why?** There's strength in numbers and, there's 1.5 million of us in Canada and probably that many again who have the disease but haven't been "diagnosed."

**Why?** Because we need to be united and unified; not always "bunched in" with other Lung Diseases, overlooked and ignored.

**Why?** We must make the general public, our legislators, our health care system, our families, our family Doctors, our friends, each other and the "at risk" people more aware of COPD.

**Why?** We have to insist and lobby for the availability of the latest and best "proven" medicines recommended by the Canadian Thoracic Society as front line treatment for those under the provincial PharmaCare plans and those patients who financially can't afford the best meds but don't qualify for assistance.

**Why?** We have to force an increase in Rehab availability. Currently only 1 in 80 of those in need are able to attend due to a lack of.... Everything.

**Why?** Because chances are you are a COPD'er yourself. Right now you belong to a large, caring family; you will meet many new people who share the same worries, concerns, fears etc. and who feel they need to make a difference or have an impact.

**Why?** Because we MUST find a way to reach and help the many COPDer's living in rural areas, quite often seniors, and those who are not familiar with, or don't have access "to" the internet where they can learn MORE about COPD and coping strategies/skills.

**Why?** To reach out and help those COPDer's who may have "given up"

**Why?** Because it's the right thing to do and YOU CAN make a difference in YOUR life and the lives of others.

**Why?** Membership is FREE; and no dues.

**Why?** Members receive **discounts on products.** We're always looking to "strike a deal" with companies that have products of benefit to our members.

*You've nothing to loose but a lot to gain!*

You're not a leper; you're not "dirty". Do NOT allow yourself to feel that way or be treated in such a fashion.

**TOGETHER we CAN Care, Advocate, Network**
COPD Canada Patient Network Membership Form

Please fill in and mail, or go to the web address below for the on line form.

COPD Canada Patient Network
Attn: Dave Raymer
3047 Old Sambro Rd
Williamswood, NS B3V 1E6 Canada

The “On-Line” Membership Form can be found at [http://www.copdcanada.ca/sign_up.htm](http://www.copdcanada.ca/sign_up.htm)

Contact Info: E Mail [Contact@copdcanada.ca](mailto:Contact@copdcanada.ca) or [Membership@copdcanada.ca](mailto:Membership@copdcanada.ca)

Our Main WebSite is [www.copdcanada.ca](http://www.copdcanada.ca)

There’s no Dues or Fees. Membership is FREE.

**Current Savings For Members**: On: Oxyview Eyeglass Frames, a Substantial Discount from GelFast (hand hygiene), Finger Pulse Oximeters, Medical Acoustics "Lung Flute," flow meters, Stairlifts, Acapellas, SoftHose Cannulas, Hose, Cold Weather Masks and more! [www.copdcanada.ca](http://www.copdcanada.ca)

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| Do You have any Comments or Suggestions? | As a member of the Network it is understood and agreed that if we undertake a mail campaign to legislators or other governing bodies of importance as it relates to COPD, that you will participate in this when the request to members goes out. Usually the Maximum is twice a year. (The above is applicable to Canadian members) |

Please Note: All information gathered/received will be held in the strictest of confidence and WILL NOT be shared with anyone at any time (with the exception of your name (only) in the event a supplier wants to verify your membership) Your personal information will NEVER be compromised.

Once we receive your application, a welcoming note will be sent to you with additional information along with your Membership Number, the most recent Monthly "AIRmail" and Newsletter.

"Together" We CAN !!! Care, Advocate, Network