



# News & Views

[www.copdcanada.ca](http://www.copdcanada.ca)

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## In and Around Our World

With "MariaSavelle"



Maria-

His physician sent him to see me (admitting there is just not the time required in a doctors office visit to address all that is needed!), and we are all happy to report that with the help of what he has learned, and use of his COPD Action Plan, he has not had an ER/hospital visit since!

His letter will provide insight in to what many of you often feel, and experience, and I hope the information I provide here in future issues may help you cope and manage your respiratory disease.

Yes, COPD is 'chronic', but there are still things that you *want* to do, and *need* to do on a daily basis – so I'm hoping I can provide some tips to make things seem more manageable.

Here is Paul's (and his favourite friend, pet poolle Polly!) letter:

### Greetings, everyone!

My name is Maria Savelle, I am a Registered Nurse and Certified Respiratory Educator at the Stratford Family Health Team. I run a Respiratory Clinic, and the group of 13 family physicians refer patients to me with breathing problems, to help try to figure out what is going on with their lungs by use of spirometry testing. I then follow patients to help provide proper treatment and most importantly provide the knowledge and education to teach them how to self-manage their lung conditions.

Since the "teaching/learning" part is something that is often not provided as much as it should be, I offered to provide a regular article here, for others to be able to learn.

If you have issues, questions, concerns or ideas for topics that I could provide some information on, feel free to forward them along!

For this issue, I thought I would start by including a letter from a dear patient of mine. He was diagnosed with COPD, but was having many, many physician office visits, and Emergency rooms visits leading to hospital stays for his COPD 'flares'.

### Good Morning Maria

*It is hard to think of what to say to thank you enough for the help I have received. Both from you and the "Family Health Team", what a well organized and dedicated group of professionals, that cover so many areas of health care all under one roof.*

*But this letter is about you Maria and the way you changed my life.*

*I am not very good at writing at the best of times, so please forgive my rambling. When you first started treating and educating me on COPD and asthma, there was so much I was in the dark about. When you don't know what is happening to our bodies it becomes terrifying. When you cannot breathe - panic, despair, anger and depression all rolled up in the moment. You see death for the first time so close and ready to take your hand. Not to sound like a drama queen, these feelings are very real.*

## *In And Around Our World with Maria cont'd*

*The first thing you taught me was what steps you can take to regain control of your breathing. Since then, when attacks have occurred the Action Plan decreases runaway panic and focuses on the breathing techniques you teach.*

*This has changed so much in my life, it has given me hope and allows a more normal life again - instead of waiting for my number to come up and to go through suffocating, in a bizarre dress rehearsal of dying. And this could happen at any time - even waking in the night,.. so close to death, not even able to call out or the 911 thing. As can be imagined, going to sleep was very hard when in your mind the only comfort is in conclusion, end of life, praying it will all be over soon. For changing this I thank you.*

*There are other reasons I need to thank you and for this, it will require another letter...coming soon to a monitor near you.*

*paul and polley*



**Paul on the treadmill**

## *COPD & Nutrition*

We should all eat well, but for people with COPD it's even more important. [Canada's Food Guide](#) is as important to those individuals living with a disease as it is for healthy people.

The need of good nutrition and this disease is simple.

If your body is well nourished it stands to reason that it will help you to fight infections. ***Remember; for the COPDe'er, avoiding infections should be a primary focus.***



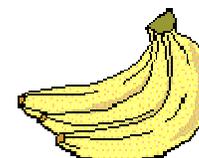
It can take up to 10 times the calories for your body to function vs a healthy person. You burn a tremendous amount just breathing! You use food for energy; even when you're sleeping. It also helps maintain the function of the lungs and other pulmonary muscles.

A substantial number of people with COPD tend to be on the thin side. There's a number of possible reasons; getting frustrated because you get short of breath (SOB) while eating thus taking the enjoyment away, depression, anxiety, certain medications, not enough energy to prepare "proper" meals, monetary restrictions etc.. But remember what you're trying to avoid.



If you're underweight you don't have a lot of energy; leaving you weak and tired because you've no "reserves" to call on. You must strive to reach your "ideal weight". *If you don't know what it is; ask your Dr.*

The Cleveland Clinic suggests you should weigh yourself once or twice a week. "If you have an unexplained weight gain or loss, 2 pounds in one day or 5 pounds in one week, contact your Dr. If you're taking diuretics, (water pills) or steroids (prednisone), you should weigh yourself daily since your weight might change."



## Caregiver's Corner - Mary Cunningham

### Cleaning Products

Do you give much thought to the products you use to clean? I always had to wonder what I was actually releasing into the air when I sprayed some of my cleaning products. If you use something that advises wearing rubber gloves when using, what does that product do to you when you touch it later? Have a gander at some of the ingredients in your cleaning products; can you even say all the names?

### Toxic Ingredients

This is something I started giving a lot of thought to when my husband was ill with a respiratory illness and I knew in my heart that he shouldn't be breathing in those toxic fumes. An ingredient in many products we use is **ammonia**. Here are just a few things that inhaling ammonia can cause – Irritation to eyes and mucous membranes, breathing difficulty, wheezing, chest pains, pulmonary edema, and skin burns. High exposure can lead to blindness, lung damage, heart attack or death.

Another product you often see listed is **2-butoxyethanol/ ethylene glycol butyl ether**. It can cause reduction in pulmonary function. It's found in space deodorizing products, such as room fresheners, urinal cakes, and toilet bowl fresheners and cleaning

products; it is also used as an insecticide for moth control.

One other toxic ingredient is **bleach (sodium hypochlorite)**. When it's mixed with **ammonia**, it can create chloramine gas, another toxic substance. In the environment, sodium hypochlorite is toxic to fish, are you surprised?

### A Simpler & Safer Way

There are lots of common household products we can use to clean with that will not only save us money but are safer to use. **Vinegar** (distilled) is effective for killing bacteria, mould, and germs because of its level of acidity. For the strongest effectiveness, you can use it straight, just put it in a spray bottle and use it in place of your regular cleaner. I use this for all my cleaning needs, especially in the kitchen. It's great for soaking the shower head when it gets clogged and you don't have to worry about the harsh ingredients in the expensive hard water/lime cleaners.

Another great product for cleaning is baking soda. I buy the biggest box I can find because I use so much of it and the large box is still cheaper than 1 bottle of regular cleaner. Mix the baking soda with a little water to make a paste and you have the best stainless sink cleaner made. My favourite use of vinegar and baking soda is using them together as a slow



drain cleaner. Add a couple spoonfuls of baking soda into the drain and pour a cup or so of vinegar into the drain. You'll hear a lot of bubbling going on and it might even bubble out of the drain but that's what it's supposed to do. After an hour or so, run the hottest water you can find into the drain and you'll usually have a clear running drain.

You can usually buy a bottle of vinegar for less than \$2.00 and a gallon one for not much more. A box of baking soda can usually be bought for around 50 cents and even here in Canada I bought the large, large box for less than \$3.50.

*As Always*



*Hugs Mary*

## "SING THE PRAISES OF YOUR CAREGIVER"

We'd like to give everyone who has a special caregiver an opportunity to share their appreciation and love for that caregiver.

We are launching a contest where you have the opportunity to express your appreciation in a short note. The contest will launch July 1<sup>st</sup> and we will need all entries to be submitted by August 15<sup>th</sup>, so there will be time to choose a winner. Yes, there will be a great prize for the winner and their piece will be featured in the next newsletter (if you're ok with that).

Here are the guidelines for the contest:

- Article should be no more than 500 words
- Must be submitted no later than **August 15<sup>th</sup>**
- Prize awarded to one winner
- Honourable mention to two others

We challenge you to participate in this venture and let everyone know what a special person you have in your life, who chooses to help you on your journey. We hope that all will participate and have some fun.

Please email your article to: [gwen@copdcanada.ca](mailto:gwen@copdcanada.ca)

**Ask The RT Mark W. Mangus, Sr., BSRC, RRT, RPFT, FAARC****Meds Sequence and Wheezing**

Hi; just returning my question. I take symbicort twice a day 2 puffs each time plus half tab. unihyl, spiriva once. Wheezing still there. What I was asking they should put something in the meds that we could taste and then we would know we are getting the dose. Do you agree? I was shown how to take them but I still have breathing problems and wheezing. Ventolin helps for a bit. My test showed I have 38 percent lung function. Oxygen on finger test is at 92-94. ventolin I take 2 puffs 4 times a day. TY for your time.

Doug

Hi Doug,

If your saturation "at rest" is running only 92 - 94 %, it is reasonably easy to predict that when you get up and move, it is dropping below 88 % and doing so fairly quickly. If you haven't had a 6 minute walk test, you should seek to have one done. You likely need oxygen for mobility and potentially, also for sleep.

If you are taking Ventolin that many times a day, you could be taking your meds in an order that thwarts the effects of the bronchodilator medicine in the Symbicort. Be sure you are taking the Symbicort BEFORE you take an Ventolin, in the morning. Then wait at least 30 minutes before taking any Ventolin - IF you still need help. When the evening dose of Symbicort is due, be sure that you have NOT taken any Ventolin within the previous two hours. Ventolin binds to the same receptor sites within the lungs as does the Ventolin. If the Ventolin is taken too soon before Symbicort, the receptors cannot bind to it and it is shed from your body before having exerted any beneficial action.

The spiriva should be taken within a few minutes after taking your morning Symbicort. I'm left wondering what your "post-bronchodilator" FEV-1 changes to on your PFT's. If a pre and post FEV-1 measurement hasn't been done, then, again, you should ask for at least one to be done - especially in view of the fact that you have wheezing.

There could be other things going on with your lungs. But, these are some obvious starting points for you to consider acting on.

Best Wishes,

Mark

**Treadmill Walking vs Outdoor Walking**

Mark,

Your explanation to Norma recently re difference between walking outdoors and treadmill is a good review. But I have a slightly different question. What value is it to only use a treadmill in PR when life requires many different grades? Decisions for supplemental O2 based on a treadmill seems inadequate - I understand about adding grades, but wouldn't that take many weeks to equal walking outside? I too experience the difference. With warmer Spring weather I have been walking outdoors rather than use my treadmill (45 in at 2.5., lowest sat 92) While I don't find any significant change in my breathing outdoors and it does have several long and short increases in grade. I have been tracking my starting HR, O2 sat, periodically during my walk, and when I finish. I've slowly increased my time and distance (now 38-40 min, 1.5-1.8 miles.) My heart rate has decreased from 106 to now 92-96. Good, right? Originally my lowest SaO2 was 91, but now it is 85-86 and lasting much longer during my walk. It comes up to 90 when I finish and then back up to 96 over 3-4 minutes. I would much rather walk outdoors as that is real life. So I guess my question is just how realistic is treadmill work in PH compare with real life activities? How would criteria for O2 in RH match outdoor work? Or am I splitting hairs?

Doris

Hi Doris,

You're not splitting hairs. But, some of what you tell me causes me concern.

First, when one works out in the gym, they chose things like the treadmill, cycles and elliptical/step gliders, etc AND they generally work out quite differently from how folks tend to work out in PR. While I've said that walking on the level treadmill doesn't exactly match the work of moving your body from point "a" to point "b" when walking outside, that doesn't mean that you can't achieve comparability.

You note that your heart rate has dropped from 106 to 92 - 93. But, you don't say if that is resting heart rate or during walking. But, to be clear, the objective of exercise is to raise your heart rate - 120 - even higher, if your symptoms will permit AND if you can maintain an adequate oxygen saturation while exercising at that higher heart rate. So, whatever mode and method of exercise you choose should have those objectives. So, the real question is not the value of treadmill versus walking outdoors on natural terrain. But, it is the 'manner' in which you walk, which ever means you choose.

Now with regard to saturation, it is NOT desirable to sustain your saturation at the 85 - 86 % you observe yours to be when walking outside. If you have supplemental oxygen available to use and are prescribed to use it, then you should use it. You should target keeping your saturation at or above 90 % during walking - whether it be indoors on a treadmill or outdoors on the natural terrain. That it comes up to 96 % when you stop (after 3 - 4 minutes) does not make sustaining 85 - 86 % during walking any healthier for you. Recovery time, contrary to what some will say, has NO bearing upon the adverse effect of sustaining saturations that are below an acceptable level of 88 % during exercise.

So, my recommendation for you would be to exercise as vigorously as you can to raise your heart rate AND sustain an adequate saturation so as not to put yourself at risk for organ function compromise (mainly, your heart) in the long run.

Best Wishes, Mark

## Healthy Eating

## “Marinated Chicken Breasts”



### Ingredients

- 1 to 2 tablespoons vinegar, like cider, balsamic, or red wine
- 2 to 3 teaspoons dried herbs, like thyme, [oregano](#), [rosemary](#), or crumbled [bay leaf](#)
- 1 to 2 tablespoons mustard, whole grain or Dijon
- 1 to 2 teaspoon garlic or [onion powder](#), optional
- 1/4 cup [extra-virgin olive oil](#)
- Kosher salt and freshly ground black pepper
- 4 boneless, skinless [chicken breast](#), each about 6 ounces

### Directions

Put the vinegar, herbs, [mustard](#), powders if using and oil in a large re-sealable plastic bag. Close the bag and shake to combine all the ingredients. Open the bag, drop in the chicken breast in the bag. Close and shake the bag to coat evenly. Freeze for up to 2 weeks.

Thaw in the refrigerator overnight, under cold, running water, or in the microwave at 30 percent power for 1 minute at a time.

Heat a grill or [grill pan](#). When the grill is hot, place the chicken on the grill and cook for about 4 minutes per side, or until cooked through. You can also bake the thawed chicken in a 375 degree F oven for 15 minutes, or until cooked through.

*Please Watch For this Coming soon to Our Website*

*[www.copdcanada.ca](http://www.copdcanada.ca)*

As many of you will remember we ask no financial support or dues from our members but we do ask for your participation in letter writing campaigns. We even provide the form letter for you to copy, personalize and send.

In a short while, a form letter will be posted on the website. Watch for notices and posts.

Will you please copy it and send it on to “**your provincial minister of health**”.

We are trying to get all the provinces on board to observe **World COPD Day**, five already do and only because they got letters. In some cases, **one** letter was all it took. **Target date for mailings Sept. 1st 2012**

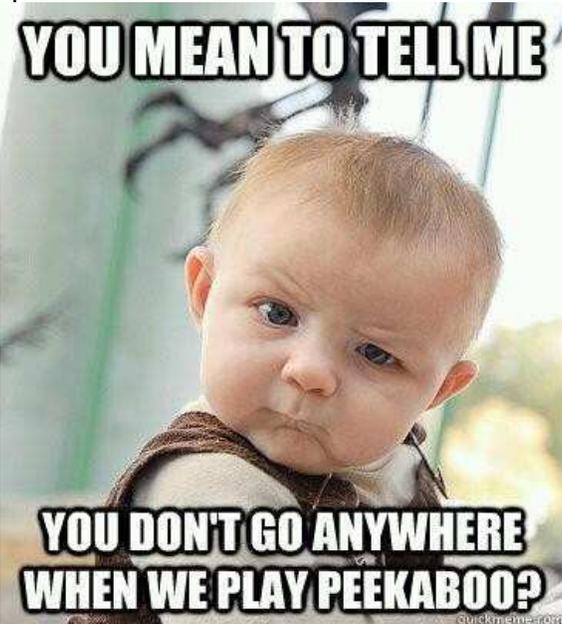
Please take a few moments from your day to help us raise awareness of our disease. It’s even free postage!

Thanking you in advance for your help and support.

**“Together” We CAN !!!**

# Laughter The Best "Medicine"

**YOU MEAN TO TELL ME**



**YOU DON'T GO ANYWHERE  
WHEN WE PLAY PEEKABOO?**



**What  
cracker?**

**Do I look like**



**the blue bird of happiness?**

He's making that  
face again...  
  
Isn't he?



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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](http://www.copdcanada.ca)*



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# Letter From The Editor



Dear Friends,  
I can't believe we are now into our Summer Edition. Where did the time go? As you probably gathered, my husband and I have been through another one of "life's experiences" and survived to tell the tale! We are still having our ups and downs but as my husband cheerfully tells all comers, he is still on the green side of the grass!! It is so good to be home again. Thank you for all your prayers and good wishes. A special thank you to Mary Cunningham for finishing the last newsletter for me while I was at the hospital with my husband.

Sincerely,  
*Gwen*

This is **YOUR** newsletter.  
email all suggestions or comments to: [gwen@copdcanada.ca](mailto:gwen@copdcanada.ca)

A black dog is peering over a blue, ribbed couch. The background is a blurred indoor setting. Overlaid on the image is the following text:

Every Snack You Make  
Every Meal You Bake  
Every Bite You Take  
I'll Be Watching You

## ***Finger Pulse Oximeters (Pulse Ox)***

- ***What They Are***
- 
- ***What They Do***
- 
- ***Why Have One (Or Not)***
- 
- ***Where to Purchase One***
- 

### **What They Are & What They Do:**

***Below is a very simplified explanation for a very complex piece of equipment. If you would like a more technical in-depth explanation visit [http://en.wikipedia.org/wiki/Pulse\\_oximetry](http://en.wikipedia.org/wiki/Pulse_oximetry)***

**There's 2 methods to check the oxygen in your blood:**

The first is a test called an "Arterial Blood Gas" or "ABG" for short. Blood is drawn from an artery (rather than a vein), usually in the wrist and "sometimes" can be painful. The ABG's measure more than just your oxygen saturation and although very accurate, your blood oxygenation can change quickly so one reading today may not be the same as tomorrow.

The second way is non-invasive and uses a small device that is quite often clipped on the finger. A pulse oximeter. It uses red and infrared light and measures/ monitors the amount of oxygen being carried in your blood. Blood that's well oxygenated is lighter and absorbs more infrared light; poorly oxygenated blood is much darker and absorbs more red light. The two amounts are read and calculated. The result is your blood oxygen percentage.

***Keep in mind there's also a few things which can effect the readings including;***

- Dark nail polish
- 
- Acrylic Nails
- 
- Movement
- 
- Anemia
- 
- Cold Temperatures & Cold Hands
- 
- Smoking
- 
- Not Leaving the Pulse Ox on long enough for an accurate reading

### Why Have One?

Many COPDer's, especially those on oxygen, like to keep a check on their saturation levels. Some of us use it when exercising or if we're not feeling up to par or fighting an infection. When used properly it can be very beneficial and add a bit of a comfort. It can also be used to let you know if/when it's time to slow down and relax and/or do your pursed lip breathing to help bring your sats back up. However; If a drop is more prolonged it can alert you that maybe there's more going on and you should see your Dr.

***Incidentally; people with COPD are not the only ones who use a portable Finger Pulse Ox. Many others use them in a non medical environment; including athletes and pilots.***

### Why "NOT" to Have One:

Sometimes people get too involved and see any deviation in their saturation levels as something to be concerned. In other words they read and watch it too much. Like your blood pressure, it will fluctuate. That's normal.

Some of our GP's think it's great, others Don't. *Only you can decide.*

### WHERE To Purchase One:

There's a number of companies you can **google** selling pulse oximeters on the Internet. or you can [check out FaCT Canada](#) which offers COPD Canada Patient Network Members a discount on a number of Finger (including Pediatric) and wrist Pulse Oximeters.



**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.**

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Full Mailing Address:	E Mail Address:
<p>Are You a <i>(Please Circle One)</i></p> <p>Patient, Caregiver, Family Member/Friend,          Medical/Professional, <i>Other (if other please specify)</i></p>	<p>How did you Hear about COPD Canada Patient Network? <i>(Please circle)</i></p> <p>Internet Search, Family/Friend, Pamphlet,          Newsletter, Referral</p> <p>Other <i>(If other or by referral, please specify)</i></p>
Do You have any Comments or Suggestions?	<p>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.</p> <p><i>(The above is applicable to Canadian members)</i></p>

**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**