

2015  
Winter  
Jun - Aug



# Breath of LIFE

Magazine of LIFE - Lung Information & Friendship for Everyone  
*The IRH self help group for people with chronic lung disease, family & carers*



## BRRHHH & IRH



Figure 1 Image PerthNow

Hope you have your thermals ready. It's not Perth's coldest yet, but by August you'll be glad of them. We have a story about recurring chest infections, a common feature of the lives of many of us with damaged lungs. The fear of infection infects our mental health. Our positive column addresses that. And a winter warmer recipe to warm the cockles of your heart. What

more can you want from the winter edition?

We have a wonderful article written for us by Kim Watkins about the many ways your local pharmacist can help you. There's a lot more to it than you might think.

Our Breath of LIFE banner has been slightly revamped. See the smart new logo representing the Institute for Respiratory Health (formerly known as LIWA, the Lung Institute of WA).

No, LIFE hasn't changed horses mid-stream. It's just that the Institute has changed its name to the [Institute for Respiratory Health](#). LIFE is still the community arm associated with the Institute. Now there should be less confusion between the former Lung Institute of WA (research and clinical trials, WA based) and the Lung Foundation of Australia (national lung health organisation, Brisbane based) providing patient information and support, health professional and community education, awareness and advocacy. And LIFE is still affiliated with the Lung Foundation of course.



*institute for*  
RESPIRATORY HEALTH

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## LIFE MEETINGS & EVENTS

### LIFE GOES TO LUNCH IN WINTER

Rod Evans Community Centre  
160 Hay Street, East Perth

**Wednesday 15 July at 12 noon**

Wear your Christmas gear and enjoy a traditional Christmas meal.

**More:** T Sal 9331 3651. Thanks to Sal for organising this event.

**Bookings - please let Mary or Raema know you're coming so we can arrange enough places. Contact details below.**

### Getting there

Located at the eastern end of the city (Red Cat No. 2 Stop No. 29), 160 Hay St, corner Plain St, opposite Queens Gardens. The Centre is run by the City of Perth.



### Future lunches in 2015 (subject to confirmation)

**Spring:** Somewhere floral? Where will it be? Please get your suggestions to Mary or Raema.

**Contact:** Mary T 9337 1286 E [mvfedele@bigpond.com](mailto:mvfedele@bigpond.com) Raema T 9349 0617



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## RECENT MEETINGS

Our **December** meeting, our annual Christmas party, was perversely held in November. The L I F E Party was held at the Institute for Respiratory Health (formerly known as LIWA) on Level 2 of the new Perkins Institute Building. Twenty members attended and some Institute staff popped in (Thank you Geoff Laurent, Meagan, Emily, Michelle, Sarah, Janet, Sian and Dorothy). The room and decorations were magnificent. Greg Browning was our special Santa. We welcomed leaders from other self help groups in Perth, Melissa and Brian from Pulmonary Hypertension WA, and Bernice and Greg from Heavy Breathers Midland.

A huge thank you Institute staff who helped organise the event, especially Dorothy Koh. And thank you to L I F E members Mary, June, Sal, Shirley, Raema and Sarah who rang members to check if they were coming. Thank you to Institute for subsidising our lunch and providing such a lovely venue.

**March** - A record 14 people attended our March meeting. Whether it was the prospect of Bernie Somers' show-and-tell on portable oxygen concentrators, or just that some had been away for various reasons and were now back – we'll probably never know. We discovered another shortcoming of our long term meeting room in the Department of Respiratory Medicine Library at Sir Charles Gairdner Hospital. There aren't enough chairs!

We are still researching a suitable room in the Perkins Institute - although the right place has not come to fruition at time of writing. So we'll continue for now in the library on the 1<sup>st</sup> floor of B block.

**April** – Jenni galloped off to the eastern States to visit family, while Sal ably managed L I F E's April meeting back in Perth when Bev Wilkin spoke about Red Cross community support services.



In April we also held our autumn community lunch, this time in Rockingham where we met up with Rockingham Respiratory Support group at Lulu's Café on the foreshore. Fabulous day, good venue and great conversations flowed. Thank you to Jan Thair of the Rockingham group who scouted round Rockingham for venues.

Sorry to those who were confused about the event details. We had to change venue from Sully's because after the last issue of Breath of L I F E was published, Sully's changed hands and the new management decided to close on Mondays.

Updated information was provided to those who rang Jenni and to the Facebook friends of L I F E.

One of L I F E's Facebook friends Julia came to the Rockingham lunch. She'd been in search of a support group after being diagnosed with lung disease. She actually lives in Rockingham, so we were able to introduce her to Rockingham group leader Jan and other group members. Good to be able to make that connection for her.

**May** – Jenni was off again, this time to Malaysia to see her grandies! Thank you Sal (again) and everyone for understanding and for doing what self help groups do best – carry on regardless! Promise no more meetings missed rest of the year. Gary Smallacombe spoke about his life journey with cystic fibrosis since he was born. A summary of Gary's informative and inspiring presentation will appear in the next issue.

On 14 May a number of L I F E members came along to the Lung Foundation Australia annual Lung Health Education Day where L I F E handed out issues of the Breath of L I F E and brochures about lung health from their display stand.

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## NEWS

**Warm welcome** to Collie McNab

**Get wells** Welcome back Helen Humphry and Rose Hawkins who have been away with illness. Mary and Johnny Fedele, too, have had a difficult time lately with a family death and illnesses. We're thinking of you both. And through it all Johnny turned 80. Congratulations Johnny!

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## FACEBOOK

While you're on Facebook check out and please "like" L I F E's Facebook page. It's called "Lung Information & Friendship for Everyone". If you receive an electronic copy of Breath of L I F E you can click on the Facebook image to take you to it. Or search for it using the search box at the top of your Facebook window. Better still, once you've liked our page, post a message!



Those who like L I F E's page were able to get updated information about the change in venue of the April lunch in Rockingham.

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## NEW GROUP IN GERALDTON

There's a new respiratory support group in Geraldton. It's called Yarraly which means *lungs* in the Wadjeri language spoken in the region. In March L I F E's Jenni Ibrahim spoke to Yarraly members about what self help groups can and do



do. Yarraly already has a coordinator, a treasurer and a Facebook page, called Yarraly - Midwest Lung and Respiratory Support Group Geraldton. Their regular meetings are listed on the [Everything Geraldton](#) webpage.

**Contact** Coordinator Michelle Lambkin M 0432 580 613.

## LAUNCH OF LIWA'S NEW NAME

On 28 April the Lung the Institute of Western Australia held its last Annual General Meeting as LIWA and officially launched its new name, the [Institute for Respiratory Health](#).



At this event five L I F E members were awarded the Institute's Hero Award for the volunteer work they've been doing over more than 12 months in assisting the Clinical Trials Unit with sorting medical kits and making up patient files. Congratulations Sal, Shirley, Raema, June and Tom! Tom and June were there to receive the award on behalf of the whole working group.



Check out the new logo which appears a number of times in this issue. How many images of the new logo can you find? Answers at the end of this issue.

## LUNG EDUCATION DAY

**Lung Foundation Australia's** annual education day for Western Australians with lung disease and their families occurred on 14 May at Floreat.

Speakers this year were

- Pharmacist Grant McGill of Kingsley Village Pharmacy, on medication use, interactions and medication reviews. A related article on the wide role of community pharmacists by Kim Watkins appears in this issue.
- Motivational speaker Peter Dhu, on his personal journey and how you too can unlock your hidden potential despite challenging conditions. His four strategies were: Take responsibility; Form good habits; Expand your



*"When you can't breathe...  
nothing else matters"™*

comfort zone; and Identify your team.

- Respiratory physician at Sir Charles Gairdner Hospital, Dr Fraser Brims, on asbestos, what it is, how it affects the lungs- pleural plaques, asbestosis, mesothelioma and asbestos-related cancer.



If you missed it this year make sure you are on the Lung Foundation mailing list (free) and you'll get advanced notice next year. T 1800 654 301

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### **MOBILITY SCOOTER AVAILABLE**

A mobility scooter ("gopher") is still available for loan. Use it while you need it. When no longer required, to be returned to Department of Respiratory Medicine, Sir Charles Gairdner Hospital, so others can benefit too.

Contact Jenni Ibrahim, L I F E coordinator E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au)  
T 9382 4678

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## LUNG LAUGHS

### WINTER EXERCISE PROGRAM

Take a Weetbix. Take an Aero chocolate bar.  
Crumble the Aero over the Weetbix. Voila!  
Aerobix!

### LET'S SWAP!

He said to me, "Shall we try swapping positions tonight dear?" I said, "That's a great idea - you stand by the stove and sink while I sit on the sofa and do nothing but fart."



### CHURCH ORGANIST

There was this small church that had a very big-busted organist. Her breasts were so huge that they bounced and jiggled while she played the organ. Unfortunately, she distracted the congregation considerably. The very proper church ladies were appalled. They said something had to be done about this or they would have to get another organist.

So, one of the ladies approached her very discreetly and told her to mash up some green persimmons and rub them on the nipples of her breasts and maybe they would shrink in size. But she warned her to not eat any of the green persimmons, because they are so sour they'll make your mouth pucker up and you won't be able to talk properly for a while.

She agreed to try it. The following Sunday morning the minister got up in the pulpit and said, "Dew to thircumsthanthis bewond my contwol, we will not hath a thermon tewday."

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## RESPIRATORY RECIPES

### SMOKED COD MORNAY

1 tablespoon instant potato  
750g smoked cod fillets  
30g butter  
2 T cornflour  
1¼ c milk  
½ c grated cheddar cheese

1 t English mustard  
dash Worcester sauce  
salt and pepper, to taste  
1 T Parmesan cheese  
1 T dried breadcrumbs  
1 T butter (for the top)

Preheat oven to 180°C. Lightly butter an ovenproof dish and sprinkle with instant potato. Divide cod into serving pieces and place into dish.

Melt butter into saucepan; add cornflour, stirring constantly for approximately 1 minute. Gradually stir in milk and bring to the boil, stirring constantly until smooth and thick.

Remove from heat and stir in cheddar cheese, mustard, Worcester sauce and salt and pepper, to taste.

Pour sauce over fish. Sprinkle with Parmesan cheese and breadcrumbs and dot with butter. Cook in moderate oven for approximately 20 minutes. Serve with salad.

*Notes: Serves 4. If there are only two in your household make this recipe for two winter warmers. Freeze half or have leftovers next day. T= Tablespoon (20ml), t=teaspoon (5ml). Oven temperatures are for conventional; if using fan-forced (convection), reduce the temperature by 20°C. 1c=250 ml.*

Source <http://www.sbs.com.au/food/recipes/cod-mornay>

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## INSPIRATIONS

*Thanks to L I F E member Harold Worth of Manjimup who suggested this poem. Harold discovered it in his mother's scrapbook and has found it very helpful during difficult times. He says he gets a lift from reading it and wanted to share it with other members through the Positive+ column. Thank you Harold!*

### The Man in the Glass

When you get what you want in your struggle for self  
And the world makes you king for a day  
Just go to the mirror and look at yourself  
And see what that man has to say.

For it isn't your father, or mother, or wife  
Whose judgment upon you must pass  
The fellow whose verdict counts most in your life  
Is the one staring back from the glass.

He's the fellow to please – never mind all the rest  
For he's with you, clear to the end  
And you've passed your most difficult, dangerous test  
If the man in the glass is your friend.

You may fool the whole world down the pathway of years  
And get pats on the back as you pass  
But your final reward will be heartache and tears  
If you've cheated the man in the glass.





*This poem was written by Peter Dale Wimbrow Senior. It was first published in 1934. Even though it is written in the masculine, I'm sure it holds true for women as well. I wish some of our politicians would take it to heart.*

## POSITIVE+

*Here you'll find inspiring words, tips and activities to help you stay positive, a vital part of keeping mentally healthy while living with chronic lung disease – especially in winter.*



Why is staying positive so important in winter?

People with lung disease are more likely to get respiratory infections and exacerbations (flare-ups) in winter. Getting outdoors to walk might be more of a challenge in winter and this affects mood and health.

Surely, finding the winter sun should really not be such a problem for Western Australians. People from the northern hemisphere are envious of our mild winters.

THE HAPPINESS OF YOUR LIFE DEPENDS  
UPON THE QUALITY OF YOUR THOUGHTS; SO  
GUARD THEM ACCORDINGLY.  
MARCUS AURELIUS

SURELY THERE IS SOMETHING IN THE  
UNRUFFLED CALM OF NATURE THAT  
OVERAWES OUR LITTLE ANXIETIES AND  
DOUBTS; THE SIGHT OF THE DEEP-BLUE SKY  
AND THE CLUSTERING STARS ABOVE SEEMS TO  
IMPART A QUIET TO THE MIND.

JONATHAN EDWARDS (1705-58) AMERICAN  
THEOLOGIAN

We need to get outdoors not only for our respiratory health, but for our bone health too. According to Sunsmart, people living in the southern parts of Australia, including Perth need only about 2-3 hours a week in the sun to get all the vitamin D their body needs. That's about 15-25 minutes a day.

By a wonderful coincidence that's exactly how long pulmonary physiotherapists say we should walk for each day!

What do you do to get some sun in winter? Where do you go?

In the last two Positive columns, we covered how we cannot see everything, only part of reality - the part we put our attention to. What draws your attention?

On a sheet of paper (or a page in your Positivity Exercises book) draw a vertical line down the centre. Mark it up like this and fill in some more points on either side of the centre line.

I choose to concentrate on:	Rather than concentrating on:
<ul style="list-style-type: none"> <li>- people's generosity</li> <li>- beauty of nature</li> <li>- improvement in people's living conditions</li> <li>- etc.</li> </ul>	<ul style="list-style-type: none"> <li>- people's selfishness</li> <li>- the bad state of the environment</li> <li>- economic downturn</li> <li>- etc</li> <li>-</li> </ul>

Now fold the page down the middle, folding back the negative points, and leaving just the positive ones showing. Appearances can sometimes be misleading, can't they?.

What helps your mood? Please share your tips or words with readers.

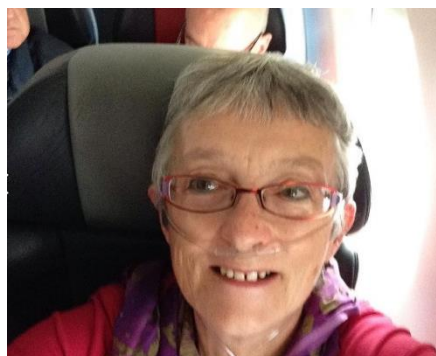
**Contact** E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) Jenni 9382 4678

*Based on Exercises for Being Positive: brain games for personal wellbeing, Yves-A Thalmann, Little Exercise Books series, Five Mile Press, 2010. Trans. P. Abott-Charles. And on [SunSmart](#)*

## SHORTS

### FLYING WITH OXYGEN

This 10 page guide developed by L I F E's Jenni Ibrahim will have a new home on the [Institute for Respiratory Health's new website](#) as the LIWA website becomes outdated. Look for it under L I F E publications. No, L I F E is not changing its name!



The guide was recently referred to in the travel pages of the Weekend Australian and the Weekend West Australian and will soon be relocated in the L I F E publications section of the Institute's new website. Or contact Jenni for an emailed or printed copy.

To get your Breath of L I F E electronically (and in full colour) just email [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au)

## FLU VACCINE 2015

Hope you all have had your flu shots by now! You may have found it was available a little later than previous years. The Australian Department of Health had to change TWO of the three strains to be used in the 2015 vaccine and the new vaccine for the government sponsored flu vaccination program was not ready till 20 April. The vaccination program covers free vaccine if you have a chronic condition (or meet other criteria).

Source: [Commonwealth Department of Health](#)

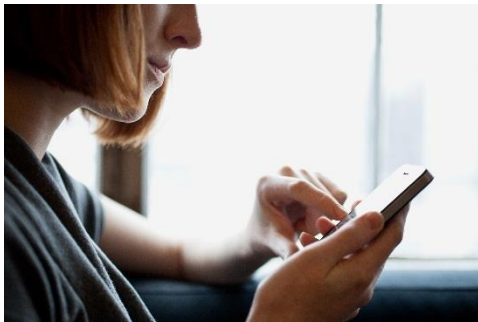
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## MORE VISITOR PARKING AT CHARLIE'S!

From Tuesday 28 April 2015, Level 1 of the multi-story car park became available for visitor parking only - in addition to the ground level. The remaining levels will continue to be reserved exclusively for staff parking. More T Parking Department 9346 1787

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## JUST COUGH INTO THIS PHONE PLEASE



Wondered if this might have been an April Fools' Day joke, but it appeared in the news a week before 1 April. From the "what will they think of next department" comes a story featured on the business pages of the Australian newspaper.

The company Narhex Life Sciences Ltd has bought up ResApp Diagnostics Pty Ltd, making it possible the further development of an app that would enable your smart phone to diagnose your respiratory condition based on your breathing sounds or cough.

This would help people at home managing a lung condition decide whether to get off to the doctor's pronto, and could motivate people living in the country to finally go and get their lungs checked, or aid diagnosis by telehealth in remote places and developing countries. Early development of this app came from the University of Queensland. It's already been tested on pneumonia and asthma.

Source [Australian Stock Exchange announcement](#) and the Australian Newspaper 24 March 2015

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## OXYGEN THERAPY IN PEOPLE WITH COPD ASSOCIATED WITH BURNS

Researchers have found that people with chronic obstructive pulmonary disease (COPD) receiving home oxygen have a higher risk of burn injury, according to a study published in March 2015.

Physicians prescribing oxygen to patients with COPD struggle to balance the benefits of oxygen therapy with the risk of fire hazard in people who continue to smoke. The number of active smokers prescribed oxygen is estimated to be 15% to 25%.

The study examined the risk of burn injury in patients with COPD receiving home oxygen and evaluated the factors associated with the risk of burn injury. The researchers used enrolment and claims data from (US) Medicare beneficiaries from 2001 to 2010. This nationally representative sample contained 2,055 patients with COPD that did not sustain a burn injury and 685 patients with COPD that sustained a burn injury.

The study found that patients with a burn injury were more likely to have been prescribed oxygen therapy within 90 days before the injury compared with people with COPD who were not prescribed oxygen. These burn injuries frequently involved the face, neck or hands.

In addition, people who had sustained a burn injury associated with home oxygen had a 10-fold greater mortality rate than those with COPD and no burn injury.

Risk factors associated with burn injury in people with COPD included being male, having 3 or more other medical conditions and low socioeconomic status. The findings also indicated that 1 out of 1,421 patients with COPD prescribed oxygen therapy sustained a burn injury each year.

“The benefits of oxygen in patients with COPD outweigh the modest risks of burn injury,” said senior author Alexander Duarte, MD, University of Texas Medical Branch at Galveston, Galveston, Texas. “However, healthcare professionals should educate and counsel patients and their families on the potential risk of burn injury and attempt to decrease this risk before prescribing home oxygen therapy.”



Figure 2 This grisly image comes from an emergency department <http://lifeinthefastlane.com/quiz-clinical-004/>



Source: [U. Texas Medical Branch at Galveston, March 30, 2015, Mayo Clinic Proceedings](#)

*Personal experience of L I F E member Ann Fulton can confirm these findings! Long ago, before she saw the light (a large explosion and fire, actually) she was smoking, using her home oxygen and (luckily) talking to a relative on the phone. Her relative saved her life. On her recovery Ann wisely decided never to resume smoking and is an avid convert to the safety of quitting. Also better for your lungs.*

Yes, here's another one for your [Institute for Respiratory Health](#) logo count. A propos of nothing in particular! You'll notice there's a tall version and a wide version. Both are correct.



*institute for*  
**RESPIRATORY HEALTH**

## WHAT CAN YOUR COMMUNITY PHARMACIST DO?

*Written for L I F E by Kim Watkins, B Pharm MPS, Proprietor, High Wycombe Pharmacy, Tutor and Lecturer for the Master of Pharmacy Program at University of Western Australia. Currently undertaking a PhD in asthma management by community pharmacists. Thank you Kim, for taking the time to write this interesting article for Breath of L I F E readers.*

Your community pharmacist is a valuable member of your healthcare team. Community pharmacy is rapidly evolving and you may not be aware of all the benefits they have to offer.



Pharmacists can be found in many locations including your local community pharmacy, at hospitals, and even in your own home. They are always available to answer any questions that you may have regarding your medications, including complementary medications.

They may be the first health professional you turn to when you have a health-related question. If they're not currently a resource you use, then take the time to speak to your pharmacist and see how they can help you. Usually if your pharmacist can't help, they can help you find the health services you need.

Pharmacies are open long hours and you don't need an appointment. It used to be that pharmacists were busy behind the computer, dispensing medications.

Now there's a shift for them to move out from behind the counter and be available for you to speak to.

Many people don't realise that they can ask to see the pharmacist. If you want to make sure your conversation is not overheard, ask the pharmacist to find a place more private within the pharmacy.

A community pharmacy usually has a range of different staff to provide you the best service. These include pharmacy assistants, intern pharmacists and students with different training, knowledge and abilities. If you have a question about your health or medication, staff members can help connect you with your pharmacist.

People can benefit from developing a relationship with their local pharmacist. As with other health professionals, the more information about you the pharmacist has, the better they can help you manage your health and medication.

At present in Australia the information held by doctors and individual pharmacies is not shared. Seeing the same doctor and the same pharmacist may help collaboration between the two professionals to help you better manage your health and avoid any confusion or miscommunication.



Having an up to date medication profile will help make managing your medications easier. It also allows pharmacists to check for drug interactions, make suggestions on improvements to drug therapy and avoid adverse reactions. It will also become a tool you can carry with you to take to medical appointments - so your health team knows exactly what medications you are taking. If you do not have an up to date medication list ask your pharmacist to help you with this.

Health is a very personal matter. Like doctors, all pharmacists are bound by a code of ethics and privacy legislation. However by developing a relationship with your community pharmacist, based on trust, you may feel more comfortable to confide in the pharmacist about health issues that worry you. It is amazing how many simple solutions come from patients sharing their concerns.

Many people also find that the relationships they have with staff at their community pharmacy can become part of their social support network, which can help them maintain their independence.

Many pharmacists are involved with their local communities. You may also find your pharmacist out and about in your community providing education at local schools, libraries, local government and support groups.

## **So what can the pharmacist do for you?**

### **1 Dispensing**

Dispensing involves much more than just “sticking a label on a bottle”. In fact there are many factors a pharmacist will check in preparing your medication. There are necessary legal and regulatory requirements around different medications and it is the pharmacist’s job to assess prescriptions not only for these but also to ensure that a prescribed medication is appropriate and safe for you. At each dispensing a prescription is screened in terms of:

- Medication suitability
- Medication safety
- Whether the dosage is correct (e.g. calculation of appropriate doses for children or people with decreased renal function)
- Whether the dose has changed and the reasoning behind the change
- Whether there are any possible interactions with other medications being taken (including complementary and over the counter medications)
- Whether the medication may exacerbate other diseases
- Any precautions or contraindications
- Any difficulties with following the recommended dose (i.e. over-use or under-use of medication)
- Any ongoing monitoring required while taking the medication

Pharmacists may need to ask you some questions to ensure safe use of medications or contact your doctor for further clarification.

At the dispensing stage details are recorded into the dispensing computer, the appropriate medication and strength needs to be selected from the shelf, the expiry date of the medication needs to be checked and the label needs to be fixed to the container leaving the name and strength on the proprietary bottle (drug manufacturer’s label) visible wherever possible.

You may have noticed colourful stickers in addition to the prescription label on your medication box once you have collected a prescription. These are known as **cautionary and advisory labels** (C&A labels) and provide you with extra advice to ensure medications are used safely. Some labels may advise the importance of taking it with food while others may advise of the possibility that the medication may make you drowsy. There are also certain medications

known as Schedule 8 medications, which require further documentation in accordance with legal requirements.

Precision and concentration is paramount during the supply of medications. The process of dispensing, labelling and checking requires a systematic approach to minimize the chance of dispensing errors. After all, pharmacists are trying to make sure medications are used safely. What seems like a simple process is really quite complicated!

If you have ever been in hospital and have had changes made to your medication you would appreciate the importance of making sure everything is up to date and accurate when you are back at home. Sometimes it can require some detective work to ascertain exactly what changes were made to your drug therapy after a stay in hospital. Your community pharmacist can ensure it is accurate by looking at:

- Your previous history
- Your hospital discharge summary
- Any medications that were supplied by the hospital on discharge
- Contacting doctors and pharmacists at the hospital

By collecting all this information they can ensure your therapy continues as intended and can help collate this information in a new list for your GP.

## **2 Primary healthcare**

As mentioned earlier pharmacists can be your first port of call when you have a health query. They can diagnose and treat a vast array of minor ailments such as coughs, colds, hay fever, skin rashes, eye irritations, thrush, head lice, diarrhoea, constipation, heartburn and many more. Pharmacists are trained in first aid and can treat minor wounds such as cuts and burns along with bites and stings.

When more advanced healthcare is necessary the pharmacist will refer you to a doctor or other appropriate allied health professional. In this way the pharmacist plays an important role in helping you to avoid unnecessary visits to the GP, which can save you time and money. There are many medications available without a prescription and a pharmacist can assist you to choose the most appropriate product and give advice on how best to use the product.

## **3 Medication experts**

On your healthcare team the pharmacist is the medication expert, ensuring medications are used safely and appropriately. Pharmacists are available to patients and other health professionals to answer questions about prescription, non-prescription and complementary medicines. This includes information about how medicines work, the best way to take them, what to expect, possible drug or disease interactions and side effects to watch out for.



Pharmacists can help you manage your medicines and solve any queries you may have. They can provide written information such as **consumer medication information** leaflets (CMIs) as well as oral advice.

As medication regimens have become more complicated the role of the pharmacist as medication expert has expanded. Your pharmacist can provide valuable services in the form of **Home Medicine Review (HMR)**, **MedsCheck** and **Diabetes MedsCheck**.

For an HMR your doctor collaborates with an accredited pharmacist who will conduct a thorough interview, to investigate medication issues, in your own home.

MedsCheck and Diabetes MedsChecks do not require a GP referral and are conducted on an appointment basis by pharmacists at your local community pharmacy. Your pharmacist can recommend the service or you can request a MedsCheck. A MedsCheck service usually takes between 45 and 60 minutes. They allow the pharmacist time to sit down with you in a private area and thoroughly discuss all your medications (including complementary medicines) and address any questions you may have.

Both services are fully funded by Medicare, at no charge to you. The focus is on education, supporting self-management and identifying any medication problems, miscommunications and other issues which may not have even been identified. Before you leave the appointment you will receive a printed list of your medications and current dosages as a take home record.

#### **4 Chronic Disease Management**

Pharmacy involves a university degree, a total of 5 years training. With their thorough training and expertise in medications there are greater opportunities for pharmacists to play a role in your health care team.

It makes sense for pharmacists to become involved in chronic disease management because of the significant role medications play in trying to reduce the impact of chronic disease. Many community pharmacies now offer chronic disease management services for people with conditions such as cardiovascular disease, diabetes, asthma, COPD, osteoporosis, dementia and obesity.

People can benefit with improved quality of life and reduced risk of medication misadventure by seeking the support of their community pharmacist. Not only can pharmacists help people to manage their diseases but also they are increasingly becoming involved in health screening programs. With a network of over 5,000 community pharmacies across Australia this provides the population with great accessibility to a highly trained health professional.

## 5 Professional Services

There are many other services being offered in community pharmacies; the list is expanding every day. Monitoring services for blood pressure, blood sugar, weight, warfarin (INR) and cholesterol testing are widely available in pharmacies. Pharmacists can even create charts and records for you to take to your GP.

Sealed weekly calendar packs such as Webster Paks® are a great option to help people manage their medications. Busy professionals and the elderly find it convenient to have a weekly pack with all their oral medications included for a specific dosage time. Dosing aids can help to maintain the independence of elderly people who may struggle with complex medication regimens.

Many people benefit from minor wound care services offered by pharmacists. Community pharmacies have an array of wound care options and the pharmacist can select and apply the appropriate dressing depending on the type of wound.

IT'S A GOOD IDEA FOR PEOPLE USING PUFFERS FOR THEIR LUNG DISEASE TO HAVE REGULAR RETRAINING IN CORRECT INHALER TECHNIQUE. RESEARCH SHOWS THAT YOUR TECHNIQUE DROPS OFF OVER TIME AND YOU NO LONGER GET MAXIMUM BENEFIT FROM YOUR MEDICATION.

For people with respiratory diseases who use inhaler devices it is appropriate to undergo frequent re-training. It has been shown that over time inhaler technique declines and people no longer obtain maximum benefit from their medication. Pharmacists can conduct inhaler training and re-training sessions. They can demonstrate with placebo devices, provide patients with step-by-step instruction leaflets and use video training modules. They can also provide people with advice on cleaning devices and spacers.

The list goes on to include medical equipment hire; sleep apnoea services, specialised compounding services (including veterinary products), medication disposal services, Quit smoking program, baby clinics, vaccinations, medication reminder systems and medication delivery services.

Pharmacists are also becoming active on the social media front. Many have websites and social media portals such as Facebook. Some allow for Internet shopping and many have health information articles. With the increasing use of smartphones and tablet devices there are many health Apps and pharmacists can advise you on how best to use them.

Community pharmacy is here to support you and your local community: to help you look after your health but most of all not let your health get in the way of enjoying life. **If you take the time to get to know your community pharmacist your health may be the big winner.**

## REPEATED CHEST INFECTIONS

*Each issue of Breath of L I F E features one long article and some snippets about relevant health news (Shorts). Until 2014 the long articles have covered a wide range of chronic lung diseases, both the more common ones and the rarer ones. During 2014 Breath of LIFE began a series of longer articles about the major signs of chronic lung disease, covering breathlessness, cough and mucus. In 2015 we're continuing with three more common signs: fatigue, repeated chest infections and cyanosis. Fatigue was covered in the autumn issue)*

An adult or a child who is otherwise healthy, but starts to get frequent chest infections, might be showing signs of a serious lung disease, like tuberculosis, cystic fibrosis, bronchiectasis or an immune system disorder. In a child they might be just viral infections, after the child starts school or child care. In an older person it could be the result of a grandparent spending time with young grandchildren. Perhaps better asthma management is needed.

It is important to see a doctor if infections come back too often. Many untreated infections can cause lung damage which can lead to further respiratory problems. If the underlying cause is more serious, it is also important to start treatment and learn about self-management as soon as possible.

At the same time it is essential not to over-treat infections by unnecessary antibiotics use, as this undermines the usefulness of antibiotics when they are really needed. What a challenge for our health professionals!

For those of us who already have a diagnosed respiratory condition, regular chest infections might be a dreaded feature of our lives, something we make strenuous efforts to prevent or, at least minimise. The thought of recurrent chest infections might take over our minds, turning reasonable thoughts into dramatic fears and anxieties which make us lonely and depressed, isolated from friends and family, particularly during the winter months.

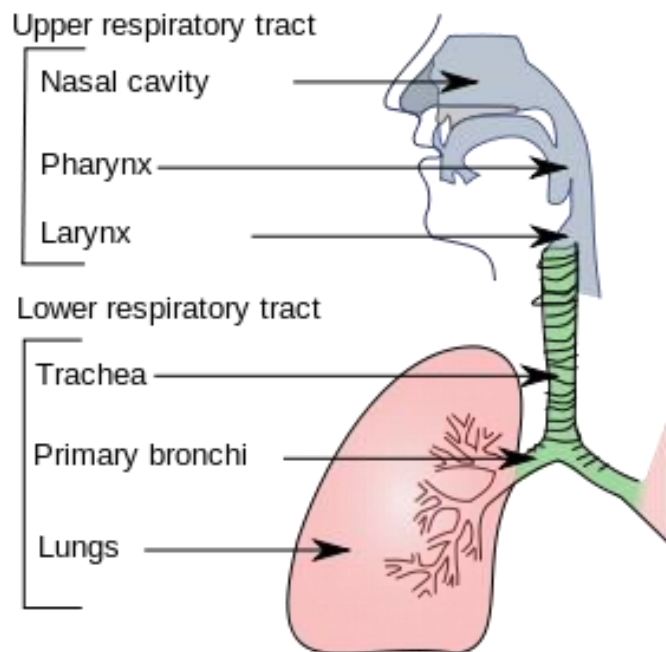
People often mix up various kinds of respiratory infections when actually they are not the same. Our **upper respiratory tract** is everything from the voice box upwards into the nose and sinuses. Infections in this area cause running nose (and eyes sometimes), hoarse voice, sore throat, sometimes a headache or heady feeling, when the sinuses are affected. Such infections are mostly viral and do not require antibiotics since they can only treat bacteria, not viruses.

The **lower respiratory tract** is roughly from the voice box downwards into the airways and the rest of the lungs. Infections in this region are mostly caused by bacteria and sometimes caused by viruses or fungi in people with impaired immune systems.

Finally there is influenza, "the flu" which affects your whole body, not just your respiratory tract.

In the lower respiratory tract possible causes of a chest infection are:

- **Acute Bronchitis.** This can be painful as air moves up and down the main airways (or bronchi), however, it is generally less severe than pneumonia (see below)
- **Infective exacerbations (flare-ups)** of underlying lung disease eg. asthma, COPD/emphysema, bronchiectasis
- **Pneumonia: Community Acquired** (i.e. not in hospital) or Hospital Acquired. Pneumonia is usually more severe. It affects more of the lung tissue, where bronchitis affects just the main airways (bronchi). The lung is also more likely to be host to antibiotic-resistant bacteria, particularly in some groups of people.



People most at risk are:

- The young and the elderly
- People with existing lung problems

They may have difficulty clearing mucus, bacteria, dust, other irritants;

They may be on immunosuppressive medications (like corticosteroids or anti-rejection drugs after a transplant). These medications are still important to take, because in the long run, their benefits outweigh the increased infection risk.

Their immune system might be impaired

They may have other medical conditions

- People who get recurrent respiratory infections are at higher risk of having another one. Each infection can lead to further damage to the lungs as well as changes in your immune response.

You cannot avoid infection entirely- but there are ways to prevent it. A stepwise approach to minimising infections is best, working down this list only as needed.

- Prevention for all
- Early intervention if you get an infection
  - Recognise early symptoms



- Put your action plan into action
- Get medical advice and home treatment
- Management in hospital if needed

## PREVENTION

There are heaps of things we can all do to minimise our risk of chest infections.

- **Quit smoking** – if you haven't already or you never started. Keep away from others' smoke too. Not smoking prevents a further drop in lung function, reduces your risk of infection especially in those with more severe lung diseases, improves general health, the effectiveness of your mucus and bacteria clearance system, so your immune response to infectious threats. Smokers have a higher risk of getting the flu and if they do, it's more severe than for non- or ex- smokers.
- **Flu and pneumonia vaccinations** - but not too early in the flu season or its effect will have run out by the time you really need it - in late winter when the flu season is at its peak. For yourself, as well as encouraging family and friends to do likewise to help you stay healthy. Government subsidies for vulnerable groups.
- **Whooping cough booster vaccination** is now recommended for older people who spend time with young children as the immunity we had as children is wanes with aging
- **"Preventer" inhalers**, usually inhaled corticosteroids like Alvesco, Flixotide, Pulmicort, Qvar, Ciclesonide, Singulair, Cromones or Leukotrine receptor antagonists, and some like Seretide or Symbicort, in combination with reliever medication. Also long acting bronchodilators like Oxis, Foradile, Serevent which keep your airways open as much as possible, and Spiriva. Get your puffer technique checked out by a respiratory nurse, doctor or pharmacist. It's so easy to slip into bad habits. These puffers optimise your lung function, reduce the frequency or severity of flare ups, improve exercise capacity, and improve your immune function.
- **Regular exercise / Pulmonary Physiotherapy**. This improves your overall immunity and general health. The deeper breathing brought about with regular exercise that makes you breathless also helps expel excess mucus from deep down in your lungs where it could get infected.
- **Infectious visitors** – keep away from friends and acquaintances when they are unwell. Not all the time, just if they are unwell. People with upper respiratory virus infections, e.g. a cold, can be infectious from the day before symptoms starts to up to 5 days after the start. Children are infectious for longer both before and after infection starts.
- **Living and working environment** – keep them free from excess dust, moulds (e.g. in the bathroom); avoid pollen, air pollution, smoke (tobacco, wood,

oil), avoid large crowds in winter or during peak flu season, change the filters in your heater or air conditioner, only swim in chlorinated pools.

Don't bother with a face mask. It prevents transmission when caring for the sick, but there's little evidence it makes any difference in the general community.

- **Diet / Water** - ensure you have a healthy balanced diet and a **slightly** higher Body Mass Index. Get a dietician's help if you need. Drink plenty of water.

Are any supplements helpful?

Vitamin D – some evidence a Vitamin D supplement can boost immune function, but only if your levels were low.

Vitamin C - short duration treatment may have some benefits in selected athletes and cold regions (controversial)

Zinc supplements - may reduce duration or severity of colds/flu in otherwise healthy adults if taken in first 24 hours of symptoms)

Take care with supplements. Ask your doctor or pharmacist whether there is a risk of potentially dangerous interaction when taken with other medications or supplements.

- **Equipment Care**

**Handwashing** – cannot stress often enough WASH YOUR HANDS OFTEN AND PROPERLY using soap or alcohol-based cleansers. Not just a quick whiz under the cold tap, left dripping. You know how to do it scrub well with soap, rinse and dry properly.

**Cover your mouth** when sneezing or coughing, cough mucus or phlegm into tissue and discard immediately or spit into basin.

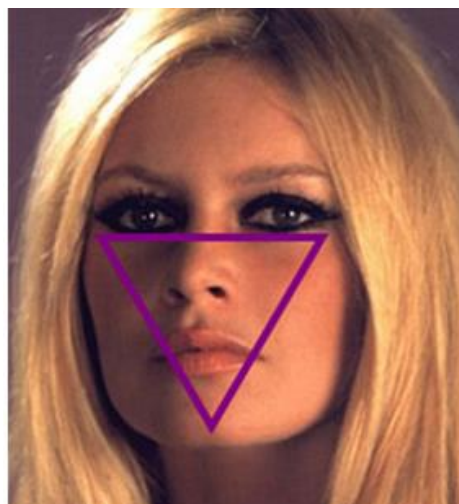
**Avoid touching in the triangle** of your eyes, nose or mouth as germs are easily spread that way.

#### **Equipment Care**

Avoid sharing CPAP masks, spacers, puffers etc

Use only sterile water for nebulisers and humidifiers

Clean equipment regularly in warm soapy water (check instructions)



**Rest and Sleep** – we all have a few sleepless nights, but try to get plenty of rest to give your immune system a chance to work at its best.

## EARLY INTERVENTION

Take steps early if you notice any signs of infection, such as

- Increasing breathing symptoms
- More phlegm / mucus
- Change in the volume, colour or consistency of your mucus
- Fever or chills
- Sore throat, pain when swallowing
- Nasal congestion, sinus discharge, headaches, muscle aches

Check your COPD or Asthma Action Plan. What should you do in this situation?

## HOSPITAL MANAGEMENT OF RESPIRATORY INFECTIONS

Hospital may provide treatment that can't be carried out at home, such as

- Oxygen therapy
- Intravenous antibiotics
- Ventilatory support (CPAP or ventilator)
- Intubation
- Close monitoring
- Physiotherapy – gentle exercise and chest clearance
- Rest and respite for the patient and their carers

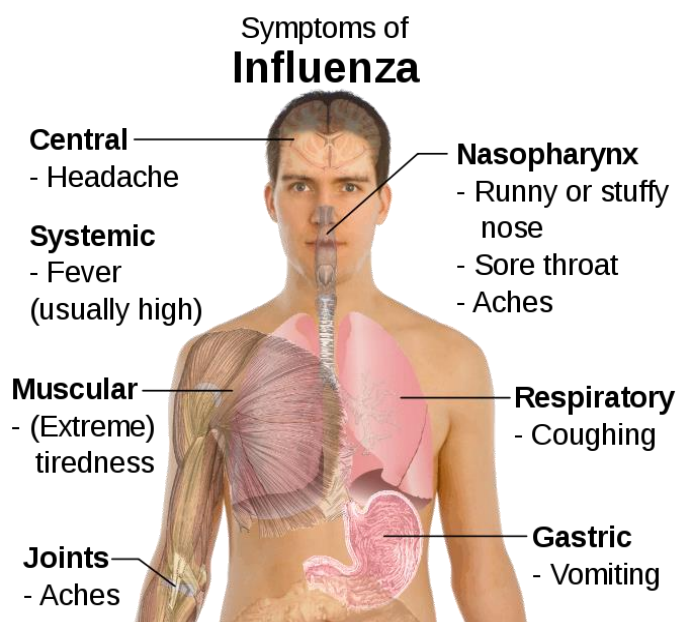
Increasingly Hospital at Home/ Hospital in the Home is available for some of this treatment, at the same time protecting you from picking up a hospital-acquired infection, which increases in likelihood, the longer you stay in hospital and are immobile. Ask your doctor if hospital in the home can be arranged for you.

Medical treatment itself carries additional risk of infections. For example, high dose steroids impair your immunity, intravenous cannula sites can get infected and being on a ventilator can increase the risk of pneumonia.

## IS IT REALLY THE FLU?

Use this easy diagram to help you work out whether your symptoms are the flu.

Some people claim that they had the flu vaccination and immediately afterwards got the flu. There are a number of reasonable explanations, none of which should stop you from getting the flu jab.



When more people have up the flu vaccine the better it is for everyone.

You cannot get the flu from the vaccination as NO LIVE VIRUS is used.

Your flu immunity may not have taken effect yet; it takes about a fortnight after the jab. You may have the flu but it could be from a less common strain that the vaccine is not designed to protect you from. (Only the three most likely are used each year and these change).

Well, it may not have been the flu at all. It could be bronchitis, a cold or a different virus. This table could help you work out what else it could be.

Symptoms	Allergy	Upper Respiratory Infection eg cold	Influenza (Flu)
<b>Itchy, watery eyes</b>	Common	Rare	Soreness behind eyes
<b>Nasal discharge</b>	Common	Common	Common
<b>Nasal congestion</b>	Common	Common	Sometimes
<b>Sneezing</b>	Very common	Very common	Sometimes
<b>Sore throat</b>	Sometimes	Very common	Sometimes
<b>Cough</b>	Sometimes	Common (mild-moderate)	Common (dry, can be severe)
<b>Headache</b>	Uncommon	Rare	Common
<b>Fever</b> [37.5°C - 38.2°C is a low-grade fever]	Never	Rare in adults	Very common, high fevers lasting 3-4 days
<b>Malaise</b>	Sometimes	Sometimes	Very common
<b>Fatigue, weakness</b>	Sometimes	Sometimes	Very common, can last for weeks
<b>Muscle pain</b>	Never	Slight	Very common, often severe

So the main things to look for are: headache, muscle pain and fever (raised temperature).



If you **do** have the flu here's the recommended way to manage it. Remember flu is caused by a virus, not bacteria, so antibiotics won't work at all - unless there is an additional bacterial infection.

- Get plenty of rest
- Drink plenty of liquids, especially water
- Avoid alcohol and tobacco
- Take paracetamol e.g. Panadol for fever and muscle aches. Avoid aspirin for children or teenagers, as this may cause Reye's syndrome in a small number.
- Antiviral therapy must be started within first 48 hours of symptoms. Usually only available for people who are at risk with the flu.


## SUMMARY

Recurrent chest infections **in otherwise healthy people** may be a sign or something more serious and should be checked out.

Recurrent chest infections **in people already diagnosed with chronic lung disease** are best prevented where possible and managed effectively and early if they do occur.

Not all infections are the same and effective treatment depends on knowing whether it's an allergy, upper respiratory viral infection, like a head cold, lower respiratory infection like bronchitis or pneumonia, or influenza, a whole of body viral infection.

- Quit smoking and being around smokers
- Regular "preventer puffers"
- Vaccination
- Environmental / hygiene measures
  - Avoid visitors and visits when others are unwell
  - Hand wash often and properly
- Act early if unwell using your action plan
- Hospital if you must – but get out when you can



DON'T PANIC AT THE FIRST  
SIGN OF A CHEST INFECTION!  
THERE ARE THINGS YOU CAN  
DO. GET BUSY.

*Sources: Dr Chung Li Ping, Prevention of Chest Infections – Everyone is Responsible, presentation to L I F E May 2011*

[Asthma Foundation of Australia; Breathing Matters Assessment of the child with recurrent chest infections](#)

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## OPPORTUNITIES FOR YOU TO MAKE A DIFFERENCE

*You can help in medical research and presenting the views of consumers*

### Take part in a clinical trial that might improve your respiratory health



*institute for*

**RESPIRATORY HEALTH**

IRH's Clinical Trials Unit is the largest respiratory trials centre in Australia and is respected internationally for the high quality of its work. Participants say that not only do they appreciate having the opportunity to get access to new treatments, they also feel like they're getting great care and assistance in managing their condition from friendly IRH staff.

If you are living with any of the following conditions and would like to know more about taking part in a trial please visit the [IRH website](#) or contact IRH on 9346 4964 for a confidential discussion.

IRH (formerly LIWA) Clinical Trials Unit is now targeting:

[Asthma](#) | [Bronchiectasis](#) | [Cystic Fibrosis](#) | [COPD](#) | [Pulmonary Fibrosis](#)

If you need help to get to Sir Charles Gairdner Hospital for the trials, mention this when you ring up.

### HEALTH CONSUMER REPRESENTATIVE OPPORTUNITY

If you live in the Lower Great Southern region of Western Australia you could help guide a new project for people living with chronic conditions so that they can better navigate the health system.

#### The Health Navigator Project

Support Group is looking for a health consumer representative. The

project aims to encourage people in Albany, Denmark, Mt Barker, Bremer Bay, Jerramungup and Ravensthorpe who have diabetes, long term lung conditions or heart disease to use the *Health Navigator Program*. The Health Navigator Program aims to improve people's health outcomes. It encourages them in self-management, keeping their health on track through the help of a trained health provider who'll discuss their needs and support them to manage their care over time. The local doctor and other health professionals are also important members of the Health Navigator team.



*The WA Country Health Service is looking for a consumer representative to:*

- *Give an experienced consumer view on issues about the Health Navigator Program*
- *Attend a monthly one hour meeting in Lower Great Southern - either face to face or via video or teleconference*

The consumer representative may be entitled to sitting fees for payment of any travel expenses as required and will receive support such as mentoring if needed.

Matters discussed at meetings private. You would be expected to respect other views and not discuss views of others with anyone outside the group.

The consumer representative is not expected to have a technical or clinical background, or to formally consult or advise consumers.

**Skills, knowledge, and experience of the consumer representative:**

- Have experience as a consumer, carer or family member using health services related to any of the three chronic conditions mentioned
- Be interested in the views and concerns of people with one or any of the chronic conditions
- Have respect for peoples' point of view and keep discussions confidential
- Have useful networks in the community

**Contact**

Stephanie Tchan, WA Country Health Service, Southern Inland Health Initiative  
T (08) 98427508 M 0400912108 E [Stephanie.Tchan@health.wa.gov.au](mailto:Stephanie.Tchan@health.wa.gov.au)

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**INSTITUTE FOR RESPIRATORY HEALTH LOGO COUNT**

You should have found 6 IRH logos

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**DISCLAIMER**

The information contained in Breath of LIFE is provided in good faith and believed to be reliable and accurate at the time of publication. However, the information is provided on the basis that a reader will be solely responsible for making their own assessment of the information and its accuracy and usefulness.

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IRH is the Institute for Respiratory Health and includes each employee or agent. Information includes information, data, representations, advice, statements and opinions, expressly or implied set out in this publication. Loss includes loss, damage, liability, cost, expense, illness and injury (including death).

## LIFE

**LIFE** (Lung Information & Friendship for Everyone) is a self help support group for people with chronic lung disease, family and carers. It is the community support group of the Institute for Respiratory Health (IRH). It's run by and for people with chronic lung conditions. Started in 1992 as LISA, it changed its name to **LIFE** in July 2009.

**LIFE** is also a member of [Lung Foundation Australia](#)'s network of respiratory support groups T 1800 654 301. **LIFE** is grateful for the continuing support of the Department of Respiratory Medicine at Sir Charles Gairdner Hospital.

### Breath of LIFE magazine

Our magazine is published 4 times a year - March, June, September & December. The editor is Jenni Ibrahim. Send contributions to E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) or 7 Ruislip St, W. Leederville, WA 6007. [Read online](#). Join LIFE to receive a posted or emailed copy.

### Institute for Respiratory Health

The Institute for Respiratory Health (formerly LIWA) is a collaborative respiratory research organisation. [Donations to the Institute](#) are tax deductible. Membership is open to interested community members, as well as researchers, health professionals and medical research students. Join LIFE through the Institute for Respiratory Health.

### LIFE Membership

Contact Dorothy at the Institute for LIFE membership enquiries. E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) or T 6151 0849. LIFE membership fees are due each 30 June - \$20 (incl. GST). Please advise us of any change of address. Members' help and ideas are always welcome - magazine, speakers, social events.

### Contacts

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**Postal:** LIFE c/- IRH, Ground Floor E Block, Sir Charles Gairdner Hospital, Hospital Ave, Nedlands WA 6009

**Email:** [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) **Web:** [LIFE on the Institute website](#) [LIFE on Facebook](#)



### Meetings

1st Wednesday of every month, 12 - 2.30pm, Feb-Nov. Speaker usually starts at 1.00pm. Respiratory Library, Department of Respiratory Medicine, 1<sup>st</sup> floor, B Block, Sir Charles Gairdner Hospital Nedlands. Wheelchair and gopher accessible. Light refreshments. If you can, please bring a plate to share.

### COMING UP

<b>Wed 3 Jun</b>	Wombats and why I write about them	Frances Mabey, writer and carer
<b>Tues 30 Jun</b>	Membership fees due.	You will receive a letter from IRH about this. Pay online, at a meeting, by phone or by post.
<b>Wed 1 Jul</b>	Advanced care planning workshop	Lead by Jenni Ibrahim. Handouts available
<b>Wed 15 Jul</b>	Christmas in July – Winter lunch	Rod Evans Centre, East Perth. <b>RSVP needed.</b> More inside.
<b>Wed 5 Aug</b>	Social meeting – no speaker	Come and have a chat with fellow members.



**Seeking information  
about your lung  
disease and how to  
cope with it?**

**Like to meet others in  
a similar situation?**

**Join LIFE!**