



Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Spring 2017

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SPRING

If you have a regular cough that gets worse in spring, could there be an allergic element to it? Do you sneeze a lot? Ask your GP, respiratory specialist or pharmacist about this.



Here's the right way to cover your mouth when coughing or sneezing to avoid sharing bugs with others.

CHANGES TO Breath of L I F E

Printing costs for Breath of L I F E have recently risen significantly. Now 64% of your annual membership fee is absorbed in printing and postage.

As we go to press we are finalising arrangements to keep publishing this magazine for people with chronic lung conditions - full of respiratory health news, services, health care tips, and the latest respiratory research findings, along with jokes, recipes and volunteering opportunities.

After discussion with L I F E members and staff from the Institute for Respiratory Health, we've decided we must

- Significantly reduce the number of complementary copies sent to respiratory specialists and hospital waiting areas. Private specialists will be able to obtain hard copies on a cost recovery basis for their waiting area.
- Consider reducing the number of pages in each issue
- Continue promoting electronic copies by email or download. See box at right
- Investigate the most economical print format
- Seek suitable sponsorship support for publishing the magazine (see breaking News inside)

E-COPY



Now more important than ever

Breath of L I F E can be emailed to you - or read online on the L I F E webpage

<http://tinyurl.com/kdtrqxc>

64% of your annual membership fee now gets swallowed up in printing & postage.

Switch to an e-copy - get a full colour magazine with clickable links, save trees, and let more of your membership fee support L I F E and the Institute for Respiratory Health.

life@resphealth.uwa.edu.au

Breath of L I F E Archives

A copy of every issue of Breath of L I F E is lodged with the State Library of WA and the National Library of Australia. Our digital record number (ISSN) now appears in the top right corner of the cover.

We started as LISA News about 1993 and became Breath of L I F E in 2009.

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L I F E EVENTS

Recent

Winter warming lunch

Ruocco's , South Fremantle, 19 July

Just a small gathering at Ruocco's on South Terrace Fremantle. The weather was dismal. But the pizzas were good and so was the conversation.

Meetings

Medication Reviews 7 June



At our June meeting Stefanie Johnston, WA Branch Director of the [Pharmaceutical Society of Australia](#), the professional body for the 600 pharmacists in WA, spoke about the role of pharmacists and how they can help us manage medications. There are dosage administration aids (like Webster packs), prescription reminder systems

for smartphones, delivery services, medication lists and medication reviews.

There's MedsCheck (and Diabetes MedsCheck), mini reviews you can have in your local pharmacy (ask your pharmacist), home medication reviews (GP referral) and medication reviews in age care facilities (also by doctor referral).

You could be eligible for a home medication review if you have a Medicare or DVA card, use 5 or more prescribed medication or have recently had a

significant medical event and have not had a review for at least 12 months.

Social meeting 5 July

On a cold wintery day only the hardiest of souls made it to our monthly L I F E meeting. And guess what? Anne and Jack Fulton were among them. We appreciated the difference in atmosphere when Anne chaired the meeting in her usual chipper way. Thank you for making it in, Anne and Jack. We do understand how hard it is for you to get out and about now, and how frustrating that is.

We caught up with everyone's news, played Take 5 (and learnt something new about everyone). We also discussed options for managing the production cost increases for Breath of L I F E.

Pulmonary rehabilitation – let's get physical 2 August



In response to questions from members we invited Nola Cecins, Senior Pulmonary Physiotherapist at Charlie's, and a long time supporter of L I F E, to tell us what pulmonary rehabilitation is, how it has been shown to help people with chronic lung conditions and how you can access it.

While most chronic lung conditions have no cure, there are things that we can do to breathe easier, keep out of hospital and improve our quality of life. One of the important ones is doing pulmonary rehabilitation. Although pulmonary rehabilitation was originally designed for people with moderate to severe COPD, those with other chronic lung conditions who get disabling breathlessness can also benefit.

Pulmonary rehabilitation is a comprehensive program of education and exercise - and research has shown that it is effective.

Evidence shows that it is one of the most effective interventions in COPD; it reduces symptoms and disability, reduces hospitalisation and improves function by:

- improving our peripheral muscle function (arms and legs), cardiovascular fitness, muscle function and exercise endurance
- enhancing our emotional function, self-confidence and coping strategies, and improving our adherence with medication
- improving our mood by controlling anxiety and panic, decreasing depression, and reducing social impediments

In Western Australia three phases of pulmonary rehabilitation are provided by the Community Physiotherapy Service of the WA Department of Health and delivered by specialised pulmonary physiotherapists:

Phase 1 - individualised exercise program in hospital for certain people

Phase 2 – two one-hour sessions of exercise and education a week for 8 weeks as an outpatient at hospital or in a community facility

Phase 3 – a one-hour maintenance session a week as an outpatient at hospital or in a community facility.

Your exercise program is tailored to your capacity and health. It comprises arm and leg strengthening exercises and a timed and measured walk. You are encouraged to do this at home on days when you are not attending a pulmonary rehabilitation session.

To take part in pulmonary rehabilitation you need a referral by your respiratory specialist (not your GP). Pulmonary rehabilitation is provided at a range of locations across the Perth metropolitan area, and at some country WA locations.

Source Nola Cecins and <http://lungfoundation.com.au>

Breath of L I F E has been saved!

On the front page you'll have read about the recent challenge we've had at the Breath of L I F E to find a new source of funding to meet the increased printing costs of our magazine. Well, the crisis is over. Thanks to the generosity of Sue Morey, O.A.M., Clinical



Nurse Specialist at Sir Charles Gairdner Hospital, the Department of Respiratory Medicine will take on the printing cost of the Breath of L I F E. Thank you Sue for being our saviour!

Letter to My Lungs Workshop

L I F E's Jenni Ibrahim and Melissa Dumitru from Pulmonary Hypertension Network Australia presented another **Letter to my Lungs** workshop, this time to leaders of other lung support groups, meeting as the Lung Leaders Network on 7 July. Perhaps some of those groups might like to hold a **Letter to my Lungs** workshop for their members? Melissa and Jenni are keen to help.

More Contact Jenni life@resphealth.org.au 9382 4678 or Melissa meli@westnet.com.au

Coming Events

Casual Spring Lunch

Lucky Café

Shop 28, Coolbellup Shopping Centre, 78 Coolbellup Avenue Coolbellup

Monday 19 September, 12 noon

This little lunch bar is very close to the home of L I F E members Anne and Jack and we are hoping they'll pop down to join us. Lucky Café serves a range of inexpensive dishes including Asian rice dishes, sandwiches, burgers, salad, pies and rolls.



Public transport Catch the 11.23am train from Perth Underground Station towards Mandurah. Get off at Murdoch station and catch the #512 bus (which goes to Spearwood). Get off at stop #11167 about 11.55am - right near the Coolbellup Shopping Centre. For other options contact Transperth Infoline 13 62 13.

Access The café is inside the shopping centre. Wheel chair and gopher accessible.

Please RSVP by **Friday 15 September** to Mary E mvfedele@bigpond.com
T 9337 1286

15 November World COPD Day

On Wednesday 15 November it is the day when – all around the world – health professionals and people living with chronic lung conditions raise community awareness about COPD and other chronic lung conditions.

Whether you have COPD or not, you can still play an important part by talking about lung health to friends and family, so they are better able to prevent it and to be alert to early signs:

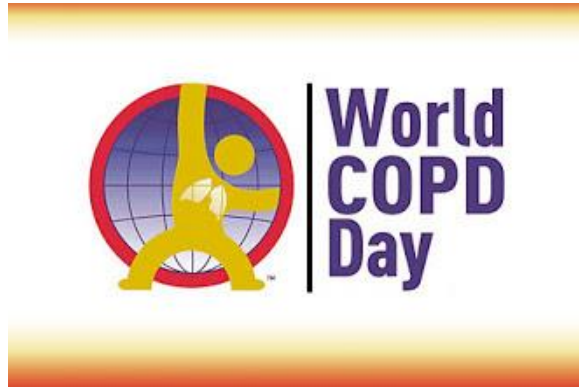
1. A new, persistent or changed cough
2. Cough up phlegm or blood
3. Get out of breath more easily than other people your age
4. Have a wheeze or feel tight in the chest
5. Get frequent chest infections
6. Experience chest pain, fatigue or sudden weight loss

If you answered **yes** to one or more of these - talk to your doctor, especially if you

- Smoke or previously smoked
- Worked in a job that exposed you to gas, dust or fumes

Chronic lung conditions are often missed because they are wrongly put down to ageing. Get a doctor to check it out.

Based on [Lung Foundation Australia's Lung Health Checklist](#)



RESPIRATORY NEWS

Membership

Your membership of L I F E (community membership of the Institute for Respiratory Health) was due on **1 July**. By now you should have received a membership renewal letter from the Institute. Renew at a meeting or by phone to Sarah Cermak at 6151 0815 or [online](#) . Still only \$20 a year.



Welcome new members of L I F E and the Institute for Respiratory Health. If

you are looking for information about any aspect of your lung health or services that can help, contact Jenni on E life@resphealth.uwa.edu.au T 9382 4678 or Sal on T 9331 3651 E salhyder1@gmail.com

Lung Leaders Network

L I F E has been convening regular gathering of leaders of WA respiratory support groups since July 2015. The fifth gathering of the WA Lung Leaders Network was held on 7 July 2017. Leaders provided updates on their group's activities. Maintaining a group when it is small was reported by most as a significant challenge.

Melissa from Pulmonary Hypertension Australia Network is considering developing a grant application to help leaders enhance skills in being an “accidental counsellor” or providing mental health first aid skills to members in distress. The group agreed to contribute ideas and become part of the project.

Connect Groups

Looking for a self help / support group? Contact Connect Groups on 9346 6909 or look up the online directory.

Connect Groups is the peak body in WA for self help / support groups, such as L I F E.

www.connectgroups.org.au

In 2016-7 L I F E's Lung Leaders Network project received a small Live It Forward Together (LiFT) Grant from [Connect Groups](http://www.connectgroups.org.au). This project was nominated as a finalist in the Live It Forward Together Grant section of the Connect Groups Support Groups Recognition and Good Practice Awards. Award winners are to be announced at a function on 8 September. More in the next issue or [our Facebook page](#).

L I F E's Guide to Flying with Oxygen (revised)

L I F E's revised guide to help you plan and manage using oxygen when flying is available under News and Events/ Publications tab on the Institute for Respiratory Health website [here](#) or <http://tinyurl.com/kb6rjko>

LUNG LAUGHS

Once a Day

A psychotherapist has a theory that couples who make love once a day are the happiest. So he tests it by asking participants in a seminar, “How many people here make love once a day?” Half the people raise their hands, each of them grinning widely.

“Once a week?” A third of the audience raise their hands, their grins a bit less vibrant. “Once a month?” A few hands tepidly go up.

Then he asks, “OK, how about once a year?” One man in the back jumps up and down, jubilantly waving his hands. The therapist is shocked—this disproves his theory. “If you make love only once a year,” he asks, “why are you so happy?”

The man yells, “Today’s the day!”

Vasectomy

After a check-up, my doctor asked, “Is there anything you’d like to discuss?”

“Well,” I said, “I was thinking about getting a vasectomy.”

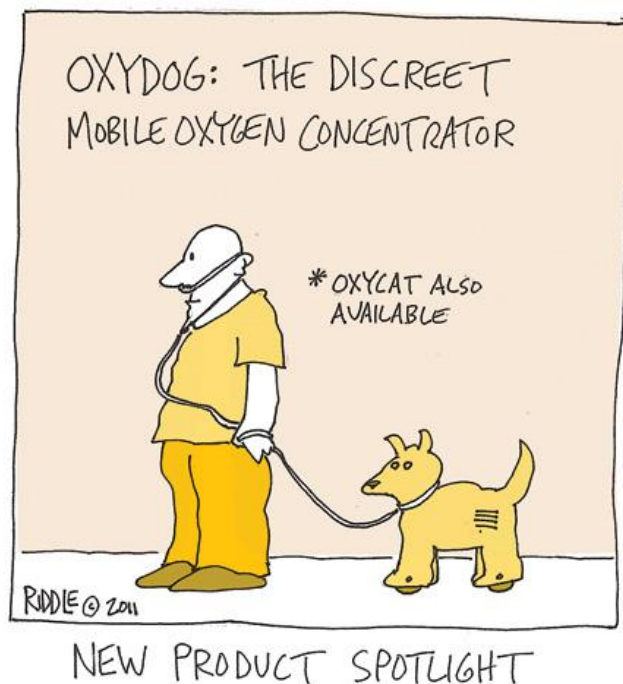
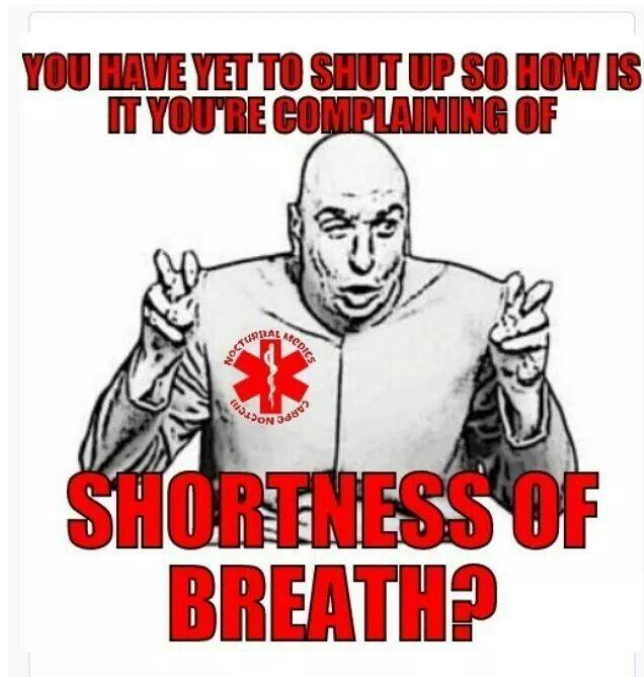
“That’s a big decision. Have you talked it over with your family?”

“Yes, we took a vote ... and they’re in favour of it 15 to 2.”

Exercise

My doctor took one look at my gut and refused to believe that I exercise regularly.

So I listed the exercises I do every day: jump to conclusions, climb the walls, drag my heels, push my luck, make mountains out of molehills, bend over backwards, run around in circles, put my foot in my mouth, go over the edge, and beat around the bush.



Source www.rd.com/jokes/doctor/

Nola's activity tip: *Sit less*

Improve your health by not sitting for more than 30 minutes at a time. Get up, change channels, go to the loo, get a cuppa,

RESPIRATORY RECIPES

Spring is the time to create meals that celebrate the lovely fruit and vegetables that come into season. Enjoy fresh asparagus and lemons with these recipes.

Asparagus soup (serves 2)

Prep: 10min Cook: 20min Ready in: 30min

225g (about a bunch) fresh asparagus
1 medium onion, diced
1/4c (60 ml) vegetable stock
10g butter
1 T plain flour
1/2 t salt

1 pinch ground black pepper
5/8 c (160 ml) vegetable stock
1/2 c (125 ml) milk
1/2 cup (125ml) yoghurt
1 t lemon juice
20g grated Parmesan cheese

Abbreviations

T = Tablespoon
t = teaspoon
c = cup 250ml
L = litre 1,000ml/
4 c

Put asparagus and onion in a saucepan with 1/2 c stock. Bring to a boil, reduce heat and let simmer until vegetables are tender.

Reserve a few asparagus tips for garnish. Blend remaining vegetable mixture until smooth.



Melt butter in the saucepan that was used for simmering the asparagus and onions. Stir while sprinkling flour, salt, and pepper into the butter. Do not let the flour brown. Allow the mixture to cook only 2 minutes. Stir in remaining stock and increase the heat. Continue stirring until the mixture comes to a boil.

Stir vegetable puree and milk into the saucepan. Whisk yoghurt into the mixture, followed by lemon juice. Stir

until heated through, then ladle into bowls. Garnish with reserved asparagus tips. Sprinkle with Parmesan cheese if desired.

Creamy Lemon Crumble Bars (6 serves)

Lemons are abundant now and this is quite healthy – except for the condensed milk ☺

Prep: 25min Cook: 40min Ready: 1hour 5min

1 ¼ c plain flour

1 ¼ c rolled oats

½ t salt

½ t bicarb soda

½ c raw sugar

½ c packed brown sugar

1 t vanilla extract

¾ c unsalted butter, melted

1 (395g) tin sweetened condensed milk

1 t finely grated lemon zest

1/3 c fresh lemon juice

2 large egg yolks

½ t lemon extract

Preheat oven to 170 C. In a large bowl, whisk together flour, rolled oats, salt and bicarb soda. Stir in the raw sugar and brown sugar and mix until smooth.

Stir vanilla into melted butter and pour mixture over dry ingredients. Stir mixture until well combined. Pop half of the crumb mixture into the bottom of a greased slice tin and press into an even layer. Bake in preheated oven for 15 minutes.

Remove from oven and put aside (leave the oven turned on). In a bowl, whisk together sweetened condensed milk, lemon zest, lemon juice, egg yolks and lemon extract until well blended.

Pour mixture over crumb crust in a baking dish and spread into an even layer. Sprinkle the remaining crumble mixture over the top of the lemon layer. Bake in oven for 23 - 26 minutes or until lightly golden.

Remove from oven and allow to cool. Cover and refrigerate for at least 1 hour, then cut into squares. Store in airtight container in refrigerator.



Source <http://allrecipes.com.au>

Sticky Date Pudding

Alison Harvie, a volunteer with the Institute for Respiratory Health, served some wonderful sticky date pudding when your Breath of L I F E Editor Jenni visited the Institute's office. She made hers in a Thermomix, but suggested this recipe should produce similar results, if you don't have one.

Pudding

250g pitted dates, chopped	1 c brown sugar
1 t bicarbonate of soda	1 t vanilla extract
1 ½ c boiling water	2 eggs
125g butter, softened	1 ¾ c self raising flour, sifted

Caramel sauce

1 c brown sugar	½ t vanilla extract
300ml thickened cream	60g butter

Preheat oven to 180°C. Grease and line the base of a 7cm deep, 22cm (base) cake pan. Place dates and bicarbonate of soda into a bowl. Pour over boiling water. Allow to stand for 20 minutes.

Using an electric mixer, beat butter, sugar and vanilla until pale and creamy. Add eggs, one at a time, beating well after each addition. Using a large metal spoon, fold through the date mixture and flour until well combined.

Spoon mixture into prepared cake pan. Bake for 35 to 40 minutes or until a skewer inserted into the centre comes out clean. Turn onto a plate.

Make sauce by combining all ingredients in a saucepan over medium heat. Cook, stirring often, until sauce comes to the boil. Reduce heat to medium-low. Simmer for 2 minutes.

Pierce pudding all over with a skewer. Pour ½ c of warm sauce over the warm pudding. Stand for 10 minutes. Cut into wedges. Serve with remaining sauce.

Source www.taste.com.au

Nola's activity tip: *Let's get physical!*

Breathlessness is distressing, but not harmful.

Find the time of day that suits you best for your 20-30 minute walk – every day. Make it a good habit.

Take a short rest when too breathless out walking - but keep going.

PULMONARY POETRY

Dust if you must...

Dust if you must, but wouldn't it be better
To paint a picture, or write a letter,
Bake a cake, or plant a seed;
Ponder the difference between want and need?

Dust if you must, but there's not much time,
With rivers to swim, and mountains to climb;
Music to hear, and books to read;
Friends to cherish, and life to lead.

Dust if you must, but the world's out there
With the sun in your eyes, and the wind in your hair;
A flutter of snow, a shower of rain,
This day will not come around again.

Dust if you must, but bear in mind,
Old age will come and it's not kind.
And when you go (and go you must)
You, yourself, will make more dust.



Written by Rose Milligan, of Lancaster, Lancashire, England. First published 15 September 1998 in the 21st edition of The Lady ("in continuous publication since 1885 and widely respected as England's longest running weekly magazine for women"). www.lady.co.uk. Sourced from the [Darvish blog](#) (and available at many other places on the internet).

SHORTS

AZITHROMYCIN AND ASTHMA

The Hunter Medical Research Institute in Newcastle NSW (HMRI) has found that the antibiotic *azithromycin* can help people with uncontrolled asthma by reducing inflammation. This antibiotic could be a lifesaver for adults with severe asthma, the ground-breaking Australian study has found.

Antibiotic azithromycin reduces asthma attacks in adults by over 40%. The drug appears to reduce inflammation in the small airways of the lungs. The team is now working on an inhaler form of the drug to prevent antibiotic resistance.

The research team gave the azithromycin to 200 people whose asthma could not be fully controlled with traditional medication. After taking it three times a week for nearly a year, the people reported a 40% reduction in moderate and severe asthma attacks.

Azithromycin is an antibiotic with anti-inflammatory properties that was hailed as a miracle cure in the 1980s for the lung disease diffuse pan-bronchiolitis¹ - although it had to be taken for a year.



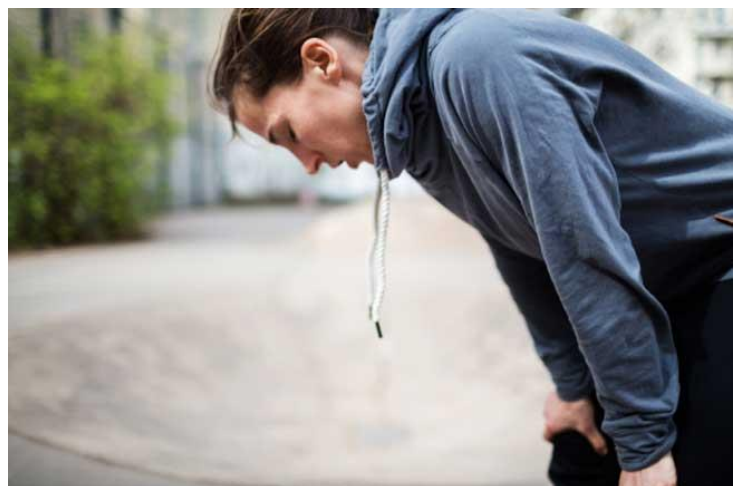
HMRI has found the drug also reduces swelling in the lungs of people with asthma.

"The main problem in asthma is narrowing of the airways, and that's caused by muscle spasms and inflammation. Azithromycin appears to work on the swelling and the mucus part of the problem," Professor Gibson said.

Source: [ABC News](#)

BREATHLESSNESS MEDICATION TRIAL (BEAMS)

Breathlessness can be frightening and overwhelming, and is hard to treat. Many people are still breathless after all the underlying causes have been addressed. People with chronic breathlessness feel breathless even at rest or while doing routine things like showering or



preparing meals. Every day chronic breathlessness affects tens of thousands of Australians, along with their family and carers, and can go on for years.

Some studies suggest that a small, regular dose of morphine can safely reduce

¹ https://en.wikipedia.org/wiki/Diffuse_panbronchiolitis Diffuse Panbronchiolitis is rare in Australia but common in Japan.

breathlessness. However, this morphine research has not defined the best way to adjust the dose, nor suggested which people are most likely to benefit, get no benefit or side effects.

The BEAMS study is to include people with both chronic obstructive pulmonary disease (COPD, also known as emphysema) and significant breathlessness. It will explore these questions:

- Are regular, low doses of morphine at four possible doses over 3 weeks more effective than placebo medication (containing no active ingredient) at improving breathlessness?
- Does increasing the dose in people who already are experiencing some benefit provide even greater reduction in the “worst breathlessness”?
- Does the medication have any effect on people’s daily activity and quality of life?
- What are the common or serious side effects of this?
- Does the benefit from the medication outweigh its side effects?
- Are there specific types of people who are more likely to benefit from extended release morphine?

During this study, participants will receive once daily extended-release morphine, or placebo, in addition to their usual medication for up to 3 weeks, at increasing doses.

Participants will also be given medication to help their bowels work normally if they are on morphine.

Those in the placebo group will take two similar-looking tablets.

To be eligible you need to be adult, with documented COPD and severe breathlessness, agree to take part in the study, and meet all the study criteria.

Participants will have a medical interview and physical examination, and complete questionnaires to assess daily activity, symptoms, and quality of life.

A small blood sample may be required to check eligibility. If you agree, additional blood samples may be taken at weeks 1 and 3 to test your response to opioids.



This study will explore a regular low dose of extended-release morphine - generally only approved for advanced disease - but now being assessed for people living at home with COPD and chronic breathlessness.

The outcome of this study may enable better management of symptoms and activity in people COPD with effective and safe medicines.

More

The study is being conducted by Dr Anu Krishnan, Clinical Research Fellow, Palliative Care, Sir Charles Gairdner, and Bethesda of the Palliative Care Clinical Studies Collaborative. To find out more contact Dr Krishnan M 0405 506 483
E anu.krishnan@health.wa.gov.au

(Ed.) Do not be put off by the term “palliative care” above. Palliative care is specialised medical care for people with serious illness. It’s focused on relieving the symptoms and stress of serious illness, improving the quality of life for both the patient and their family. Since there is no cure for most chronic lung conditions - only medication to manage symptoms - you could argue that all treatment of advanced lung conditions is palliative, i.e. aimed to reduce symptoms.

GENE TREATMENT FOR ALLERGIC ASTHMA

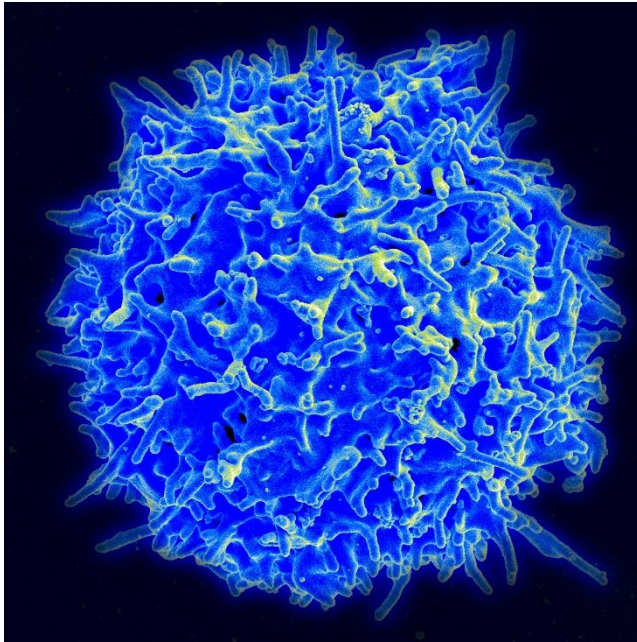
Good news for people who get severe allergic reactions, including asthma. Prof Ray Steptoe and his team at the Diamantina Institute, University of Queensland (UQDI) have discovered a way to give life-long protection against allergens using gene therapy to turn off the offending over-reacting cellular response. So far only shown in animals, but there is definitely promise in these findings.

Asthma, a chronic lung condition, affects more than 2 million Australians. During an asthma attack, inflammation of the airways causes chest tightness and shortness of breath. Depending on the individual and the trigger, these breathing difficulties can range from mild to life-threatening. Allergies to common environmental agents such as grass pollens or dust mites are a prominent cause of asthma.

While understanding of the immune system’s role in asthma has increased substantially in recent years, the underlying mechanisms are still not fully known. While there are many treatments for the *symptoms* of asthma, there is still no way to *cure or prevent* it.

UQDI’s Associate Professor Steptoe believes the key to stopping asthma at its source lies in a class of immune cells called memory T-cells. In allergic asthma, these cells are primed to react to normally benign triggers, such as small protein fragments found in pollen, dust or food. When memory T-cells encounter such allergens, they swiftly convert into active immune cells that

multiply rapidly and attempt to eliminate the perceived threat. Consequently, the airways become inflamed leading to the symptoms of asthma.



Once an allergy has developed, a specific population of memory T-cells becomes established in your body. They are always on the hunt for that allergen and they respond quickly to it. In the case of seasonal allergies, these triggers can come and go with levels of pollen in the environment. Other triggers can be more continuous, so there's little respite from flare-ups.

"These memory T cells must be 'turned off' to effectively treat allergic asthma," says Steptoe.

It was once thought that nothing could switch off memory T-cells, but research done by Steptoe and his team have shown that this is not the case. So it should be possible, for example, to stop an allergic immune reaction at its source. The trick now is to find a way to precisely turn off a *specific set* of memory T-cells (those associated with a particular allergen) while still leaving beneficial immune responses intact. Associate Professor Steptoe's team is currently addressing this issue.

Source [Diamantina Institute](#)

GETTING YOUR AFFAIRS IN ORDER

No, don't be frightened. You don't have to be on death's door. Do you sometimes worry about all the loose ends you might leave for family and friends if something suddenly happened to you?

One way to put your mind at rest is to prepare a Personal Record with all the important information in the one place. That way, if you are taken to hospital suddenly and cannot speak - or unexpectedly pass away, someone you trust can easily find the critical information.

Information like:

- Who should be contacted in an emergency?
- Do you have an enduring attorney or advanced health directive?
(needed if you lose capacity to make health care decisions)

- Where's your will?
- What are the names and contact details of your children and grandchildren?
- Who were your parents? (needed for the death certificate)
- Your bank details, insurances, assets and liabilities (for your executors to sort out)
- Your funeral preferences - burial or cremation?

L I F E has produced a Personal Record– a document you can fill out and leave in a safe place. It takes care of those “what if” concerns by keeping all that important information together. Easy for you and your family, when that time comes.



It is designed to be used on a computer, customising it for your particular circumstances and updating it whenever necessary. You delete unnecessary sections and add in extra sections to suit.

If you cannot get access to a computer, L I F E can print you a hard copy to fill in . A L I F E member could also help by typing up yours into a computerised document. All you have to do is collect all the information beforehand. Look over a printed copy at a L I F E meeting.

More

For your own copy contact Jenni life@resphealth.uwa.edu.au or ask at a L I F E meeting.

NEW OLD OCCUPATIONAL LUNG DISEASES

Relatively forgotten industrial diseases, including silicosis and black lung disease, have re-emerged in coal mines and this has alarmed Australian health professionals.

A NSW parliamentary inquiry has recently heard that people are now being diagnosed with potentially life-threatening silicosis, linked to newer engineered stone products increasingly used for kitchen and bathroom benchtops.

The Medical Journal of Australia last month published an article by Dr Anthony Johnson and five colleagues from Sydney hospitals on a serious silicosis case from workplace dust exposure.



Despite a global downward trend, the article said "new outbreaks of silicosis have recently been reported, with life-threatening silicosis occurring after exposure to a relatively new type of engineered stone product used for kitchen and bathroom

benchtops."

"In almost all reported cases, there was little adherence to basic protection measures, such as provision of appropriate ventilation systems and use of personal protective equipment," the article said.

"Our case reaffirms the need for vigorous enforcement of dust reduction regulations, particularly in the growing industry of engineered stone products.

"Benchtop stonemasonry is a potentially dangerous occupation, and medical practitioners should have a heightened awareness of this newly described occupational hazard."

When slabs of engineered stone are cut and finished with an angle grinder to fit a kitchen bench or bathroom, clouds of silica particles are released and if inhaled, can lead to silicosis.

NSW Greens MP David Shoebridge said the re-emergence of industrial dust diseases suggested a deterioration in Australia's work health and safety standards.

Theodora Ahilas from Maurice Blackburn Lawyers told media her firm has new clients with silicosis, including three in late June. She claimed that people exposed to silica dust or cement dust, who develop conditions including pulmonary fibrosis, auto immune conditions or renal failure from silica dust inhalation are not currently covered under dust diseases legislation for statutory compensation purposes.

A spokeswoman for icare, the NSW government's insurance and care services provider, said silicosis *is* covered by the Dust Diseases Scheme and is

compensated if the person's disease can be linked to workplace exposure in NSW. And the NSW workers compensation scheme would cover the other conditions if they do not lead to silicosis.

Source [WA Today](#) (Originally published in the [Sydney Morning Herald](#))

L I F E'S SPEAKER PROGRAM

Each year L I F E holds ten monthly meetings at the Perkins Building, QEII Medical Campus, from February to November and four community lunches in autumn, winter, spring and summer (our Christmas party).

At eight of our monthly meetings we invite a speaker to present on a topic of interest for the second half of our meeting. Topics covered range from respiratory health and research, to other health and health care services, as well as some general interest topics.



General topics over the past few years have included old remedies, adult literacy volunteer program, astronomy, wombats, sudden death in nineteenth century WA, and the Great Plague of London.

Among the respiratory topics we have learned about have been: inhaler (puffer) techniques, living with cystic fibrosis, portable oxygen concentrators, respiratory research including genetics and stem cell research, pulmonary rehabilitation, breathing well.

As we get older, other chronic conditions join our lung condition as another thing to manage. Our speakers have covered - improving balance, medication reviews, self management, self directed care, aged care, Red Cross community support services, carer support, bowel and bladder continence, hospital in the home, end of life care, laughter yoga, keeping out of hospital – to name a few.

We are grateful to all the speakers who have given their time (often their lunch time) to come to speak to us. They have told us things that were challenging to understand (genetics) or challenging to carry out (regular exercise). They have amazed and entertained us. Thank you to all our speakers.

If you know of a speaker you'd like to hear - or there's a topic on your mind, please let us know and we'll do our best to fit this in to the 2018 speaker program. We'll also be holding one or two workshops with no speaker, discussion groups focussed on a theme.

Contact Jenni life@resphealth.uwa.edu.au or 9382 4678

EXERCISE GUIDELINES FOR BETTER HEALTH

Apply to most of us with chronic lung disease too.

Something is **always** better than nothing

150-300 minutes a week of moderate intensity activity, spread over most days, e.g. 20-30 minute walk 5-6 days a week

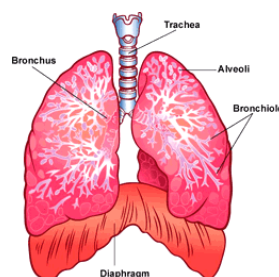
Strengthening exercises twice a week, e.g. arm and leg exercises

Take part in pulmonary rehabilitation classes and get an exercise program just right for you.

(From Nola Cecin's presentation 2 August)

RESPIRATORY A TO Z

In the last three issues we've been exploring the A to Z of respiratory terms. Next up, M-O. If there's a medical term you'd especially like to have covered, let us know.



M **Malignant** means cancerous

Mesothelioma a rare type of cancer. Malignant cells develop in the mesothelium, the protective sac that covers most of the body's internal organs. Mesothelioma generally starts in the outer membrane of the lungs (pleura), but can also occur in the lining of the abdominal cavity (peritoneum). Less commonly the heart or reproductive organs may be affected. Treatment depends on where the cancer is found and whether it has spread. Currently, there is no cure for mesothelioma (unless it is found early and can be removed through surgery). Unfortunately, symptoms of mesothelioma do not usually show up until it is in its late stages, when it is already advanced beyond the option of surgical removal. So treatment will aim to prolong life and keep the person as comfortable as possible. Mesothelioma is almost always caused by exposure to asbestos and can develop decades after the exposure.

Mucus the lubricating coating found in many parts of your body, including lungs, mouth, nose, vagina. *Phlegm* is the name given to the mucus found in

your lungs. *Sputum* is what you manage to spit up through airway clearance. It contains both phlegm as well as some saliva (on its way through your mouth). For more on this marvellously absorbing subject see Jenni's Little Blog of Phlegm <http://littleblogofphlegm.blogspot.com.au/>

(Nothing for N)

Oxygen is a colourless, odourless reactive gas, the chemical element of atomic number 8 and the life-supporting component of the air. At sea level oxygen forms about 21% of air. Our bodies extract the oxygen from the air through our lungs. In pressurised jet planes the oxygen drops to 13 - 14%. It is written in science as O₂. Oxygen also has an important role in plants, in fact, in almost every living thing. If you have been prescribed supplementary oxygen therapy, do not fear being addicted to it! We are all addicted to it.

Oxygen therapy is a treatment that delivers supplementary oxygen for you to breathe in addition to the oxygen in the air (21%) around you. You do not breathe just the pure oxygen from the bottle or machine. The supplementary oxygen simply enriches room air. You can get oxygen therapy from tubes resting in your nose (cannula), a face mask, or a tube placed in your windpipe. This treatment can increase the amount of oxygen your lungs receive and deliver to your blood. Oxygen therapy is not prescribed for breathlessness, but for low oxygen saturation in the blood. In Western Australia the home oxygen therapy program is paid for by the State Health Department, currently managed by Silver Chain (metro) or regional hospital (country) and delivered by Air Liquide Health Care (metro) or regional hospital (country).

(Pulse) **Oximetry** is a non-invasive method for monitoring a person's oxygen saturation (SO₂) using an **oximeter**. The oximeter's reading of SpO₂ (*peripheral* oxygen saturation²) is not always identical to the reading of SaO₂ (*arterial* oxygen saturation³) from arterial blood gas analysis, but the two are correlated well enough. Pulse oximetry is safe, convenient, non-invasive, and inexpensive.



² Taken with a finger, earlobe or toe probe

³ Taken from a blood sample from an artery in your wrist

Occupational lung diseases are acquired as a result of exposure in a work setting. This is usually exposure to a substance such as flock or silica, which can cause fibrosing lung disease, or to carcinogens like asbestos and beryllium, which can cause lung cancer. Infectious lung diseases can also be acquired through exposure at work.

There are many occupational lung diseases, and they are often misdiagnosed.

The list includes occupational asthma, black lung disease (coal worker's pneumoconiosis), chronic obstructive pulmonary disease (COPD), mesothelioma, and silicosis.



Obstructive lung diseases (vs restrictive

lung diseases) are one of the major divisions of lung diseases. Doctors classify lung conditions as *obstructive* lung disease or *restrictive* lung disease.

Obstructive lung diseases include conditions that make it hard to breathe *out* enough air, even though people experience a feeling of not being able to breathe in. Air becomes trapped in the lungs, leaving less space for fresh air. COPD and asthma are examples of obstructive lung diseases. Obstructive and restrictive lung disease share the same main symptom: shortness of breath with exertion.

People with restrictive lung disease have difficulty fully expanding their lungs with air, i.e. breathing in. Examples of restrictive lung disease are pulmonary fibrosis and sarcoidosis.

Lung function tests can determine which group your lung condition fits into.

If there's a particular medical term you'd like to have clearly explained, let us know! Contact Jenni at E life@resphealth.uwa.edu.au or T 9382 4678 or M 0413 499 701.

HOW CAN I GIVE BACK?

Doing something that helps make the world a better place, feels good too. There's always something you can do - no matter how advanced your condition.

1. **Volunteer** for L I F E - help our L I F E group. Or another community organisation near you. Help in the Breath of L I F E mailout or join the

L I F E working bee which helps the Institute for Respiratory Health's Clinical Trials Unit. Just speak to Sal at the next L I F E meeting or call her T 9331 3651 E salhyder1@gmail.com

2. **Spread the word** with family and friend. Tell them about L I F E, the Institute for Respiratory Health and respiratory conditions. Our business cards have L I F E contact details and a space for your name and phone number. Contact us for a bundle.
3. **Register with the Clinical Trials Unit** of the Institute for Respiratory Health to take part in the trial of a new respiratory medication. Call Sandy T 6457 3198 E sandy.burnett@uwa.edu.au
4. **Become a simulated patient** at the University of Western Australia's School of Medicine and help train doctors of the future. Call the Doctor of Medicine Team T 6488 7528 E mdpatients-fmdhs@uwa.edu.au
5. **Volunteer to be a research subject** in a medical research project described in Breath of L I F E or in your local paper. [This issue includes details of the BEAMS trial of a medication for severe breathlessness. See page 13.](#)
6. **Donate** to the work of the Institute for Respiratory Health. Call 6457 3198. Mention the Institute's important research into lung disease to friends and relatives who also might be interested to make a donation.



INSTITUTE FOR RESPIRATORY HEALTH

The [Institute for Respiratory Health](#) (formerly LIWA) is a collaborative research organisation. It aims to improve the life of Australians living with respiratory conditions by bringing together world class researchers and dedicated clinicians to investigate, diagnose, treat and prevent respiratory conditions.

The Institute conducts and fosters innovative basic and clinical research and translates their work into improved treatments for people with respiratory conditions in Australia.

The Institute includes a Clinical Trials Unit and the community support group – L I F E for people living with chronic respiratory conditions.

[Membership](#) is open to community members, researchers, health professionals and research students and is due each 1 July. [Your tax deductible donation to the Institute](#) or bequest supports respiratory research.



About Lung Information & Friendship for Everyone (L I F E)

L I F E - a group for anyone with a chronic lung condition, their family and carers. It's run by, and for, people with chronic lung conditions. Started in 1992 as LISA, our name changed to L I F E in 2009. L I F E is the community support group of [the Institute for Respiratory Health](#). More about the Institute on page 27.

L I F E is also a member of [Lung Foundation Australia](#)'s network of respiratory self help groups T 1800 654 301. L I F E is extremely thankful for the support of the Department of Respiratory Medicine at Sir Charles Gairdner Hospital.



institute for
RESPIRATORY HEALTH

Breath of L I F E magazine

Our magazine is published 4 times a year - March, June, September & December. It is distributed to all community members of the Institute, including L I F E members. Send your contributions to the editor, Jenni Ibrahim E life@resphealth.uwa.edu.au 7 Ruislip St, W. Leederville, WA 6007. [Read it online](#).

L I F E Membership

Join **L I F E** by becoming a community member of the Institute. Come to a meeting or contact Sarah at the Institute T **6151 0815** or E life@resphealth.uwa.edu.au. Membership fee of \$20 a year (incl. GST) is due each 1 July. Members' help and ideas are always welcome - magazine, speakers, social events. Please be sure to tell us if you change address.

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

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

Join L I F E!

Contacts

Phone Coordinator **Jenni Ibrahim** T 9382 4678 M 0413 499 701

Postal L I F E c/- Institute for Respiratory Health, Ground Floor E Block, S C G H
Hospital Ave, Nedlands WA 6009

Email life@resphealth.uwa.edu.au **Web** [L I F E on the Institute website](#) [L I F E also on Facebook](#)



Meetings

1st Wednesday of every month, February to November from 12 - 2.30pm. Speaker starts at 1.00pm.

Level 6 Meeting Room 612A, Perkins Institute Building, Queen Elizabeth II Medical Campus, Nedlands. Wheelchair and gopher accessible. Light refreshments. If you can, please bring a plate to share.

COMING UP

Wed 6 Sep	Gut bacteria and infection with cystic fibrosis	Dr Anna Tai, SCGH and Institute for Respiratory Health
Mon 18 Sep	Spring lunch	Lucky Café, Coolbellup Shopping Centre RSVP
Wed 4 Oct	Indoor air pollution	Dr Peter Franklin, Population & Public Health, University of Western Australia
Wed 1 Nov	Improving the mental health of people with COPD	Dr Tina Phan, Clinical Trials Unit, Institute for Respiratory Health
Wed 6 Dec	Christmas lunch	Level 2 Interaction area, Perkins Building (like last year)
Jan 2018	No meeting	