

Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Summer 2017-18

Dec-Feb

ISSN 2207-0028 Digital

SUMMER

With summer upon us, there are important things you can do when living with a chronic lung condition in hot and humid weather. We've covered this in previous issues. Which are the ones you need a prompt for? Pin a reminder on the fridge. More on page 12.

L I F E CHRISTMAS PARTY

Even if we haven't seen you at our monthly meetings much this year - do join us for our annual Christmas lunch.

Wednesday 6 December from 12 noon-2.30pm

612A, Level 6 Perkins Building, QEII Medical Campus (yes, it's our usual meeting room). Direction on page 11.



- Please bring a plate of party finger food to share. Some ideas inside. Some savoury dishes - as well as sweet ones.
- Dress yourself up like a Christmas tree, like our late Shirley used to do so well.
- As last year, no gifts. If you like, you can make a (tax deductible) donation to the Institute for Respiratory Health. A collection tin and envelopes will be available on the day, or you can donate using your card by phone T 6151 0815 or [online](https://life@resphealth.uwa.edu.au).
- Contact Jenni for directions if you need help to find the Perkins building. T 9382 4678 E life@resphealth.uwa.edu.au

E-COPY



Please consider...

We can email **Breath of L I F E** you - or you can read it online on the L I F E webpage

<http://tinyurl.com/kdtrqxc>

Two-thirds 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 in 1993 and became Breath of L I F E in 2009.

WHAT'S INSIDE

SUMMER	1	GETTING TO LIFE MEETINGS (Revised 2017).....	11
L I F E CHRISTMAS PARTY	1	SHORTS	13
WHAT'S INSIDE	2	RESPIRATORY A TO Z.....	19
L I F E EVENTS.....	2	HOW CAN I GIVE BACK?	26
RESPIRATORY NEWS	5	INSTITUTE FOR RESPIRATORY HEALTH.....	27
LUNG LAUGHS	8	COMING UP	28
RESPIRATORY RECIPES	9		

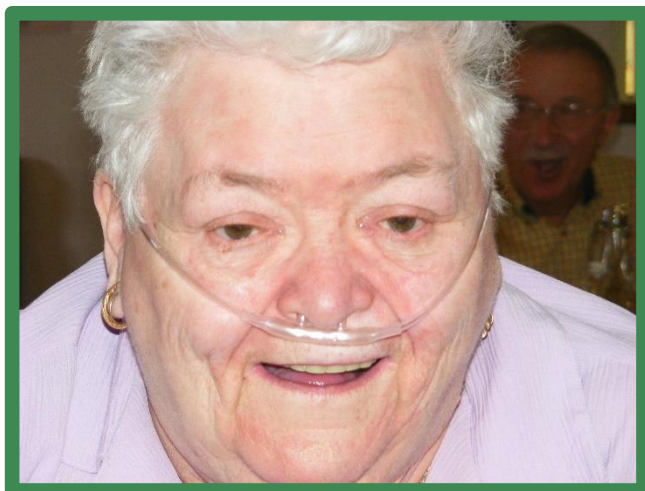
L I F E EVENTS

Recent

Spring lunch

We decided at the September meeting to cancel the spring lunch planned for the Lucky Café in Coolbellup, near Ann and Jack Fulton's home after our friend and long term member Ann died on 14 August.

Ann Fulton



A number of L I F E members attended Ann's funeral on 25 August.

Ann Fulton was a long term member of L I F E. When our founder Edna Brown was still leading LISA (as L I F E was then called) she spotted a woman outside the chemist's at Sir Charles Gairdner Hospital. She was sitting in a wheelchair and

using oxygen. Edna had no qualms about fronting up and telling her all about our support group, telling her she had to come along!

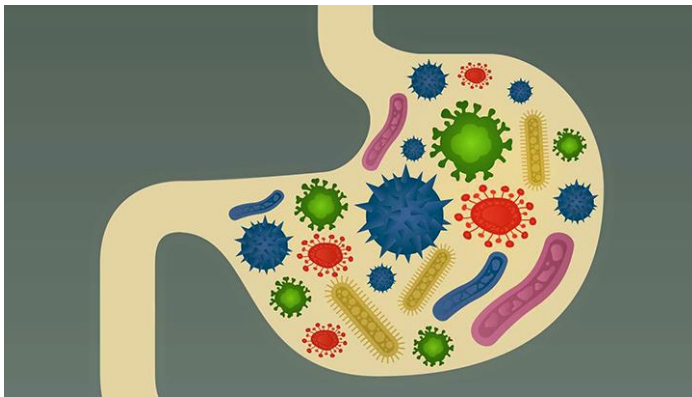
Ann was thrilled because she had been looking for such a group for ages. No one at Charlie's had told her that we meet there - even though she had attended the hospital many times. After that Ann and her husband Jack were regular fixtures at our meetings and community lunches. That is, until the last couple of years when her lung condition advanced to requiring palliative care. Then she was only able to come to a few meetings. It was hard on Jack too. His health deteriorated at the same time as Ann needed even more support. We were really thrilled that they were able to attend our 5 July

meeting after many months absence. She told us that she'd wake up each morning and notice that she was still here. However, on the 14 August she passed away.

Ann had a cheeky sense of humour that she shared with all of us. We notice her absence and miss that spice she brought to our gatherings. Our deepest condolences to her husband Jack, and their sons and grandchildren.

Meetings

September



Dr Anna Tai a respiratory physician at Sir Charles Gairdner Hospital, and an Institute for Respiratory Health researcher, discussed the inheritable condition cystic fibrosis (CF) and how research into better CF management can have flow-

on effects for people with other lung conditions, particularly non-CF bronchiectasis. She discussed the important role of gut bacteria in the functioning of the immune system. Her proposed research will study the respiratory health of people with CF who take a probiotic capsule compared with those who take a placebo. We look forward to hearing the results of Anna's study.

October

Dr Peter Franklin from the School of Population Health at the University of Western Australia spoke about indoor air pollution, in particular, the dangers of unflued gas heaters on the health of people with respiratory conditions. While an unflued heater is not likely on its own to cause a lung condition, it is likely to increase exacerbations (flare-ups). He has undertaken some preliminary research and is hoping to obtain funding for a retrospective study of people



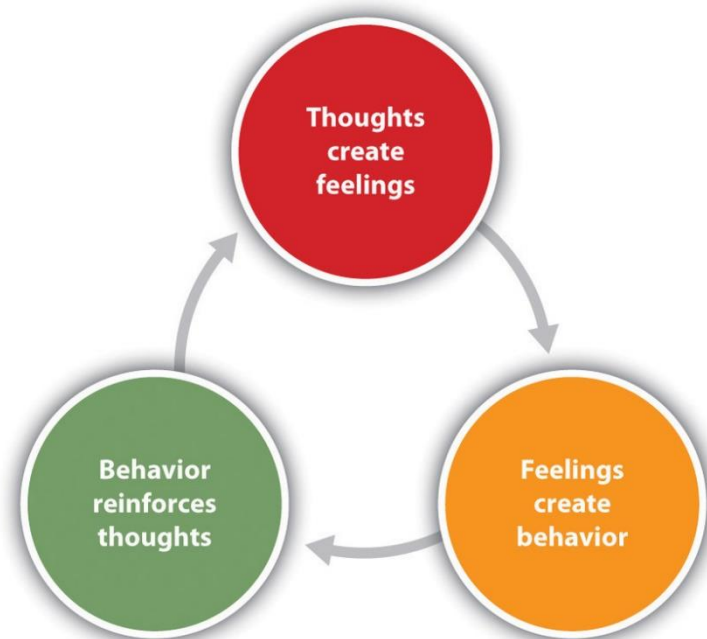
with COPD admitted to Perth public hospitals for a flare up. He will compare the health of those with un-flued gas heaters and those with flued gas heaters or no gas heater.

We hope Peter gets his funding approved. Meanwhile, Peter says the overseas research is strong enough to recommend that changing away from an unflued gas heater should reduce your risk of flare-ups.

November

Before **Tina Pang**, began working at the Clinical Trials Unit of the Institute for Respiratory Health she worked on her Ph. D. in public health at Edith Cowan University, Joondalup. In November she came to tell us about her Ph.D. project which a number of members and late members of L I F E contributed to. Her topic was a real life experiment to examine different therapeutic approaches to helping people with COPD and anxiety and/or depression. These conditions fairly commonly occur together and have a big impact on the lives of people with them - and on the health system too.

Her study compared three different groups of people, randomly allocated. All had COPD and anxiety and/or depression. One group received cognitive behaviour therapy (known as CBT) in face-to-face sessions with a telephone follow-up, while a second group received a DVD and a manual covering CBT, while a control group sought usual care from their GP.



A number of L I F E members and late members took part in the filming which lead to the creation of the DVD. The basic principle of CBT is shown in the attached diagram. By changing our thoughts about a situation, we can influence our feelings and this flows on to our behaviour.

Unfortunately her results were somewhat equivocal and further research is needed to demonstrate measurable benefits at a population level. That doesn't mean individual people with a lung condition, anxiety and depression

may not get a benefit from using the resource created in this important new work.

Thanks Tina!

L I F E has some copies of the DVD which needs the manual as well to be useful. We are working out just how members could best access this resource and will let you know here when we have a solution.

Coming Events

L I F E Christmas Party

Wednesday 6 December from 12 noon

612A, level 6, Perkins Building (our usual meeting room).

Directions are on page 11

Please RSVP by **Friday 1 Dec** to Mary
E mvfedele@bigpond.com
T 9337 1286

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 umbrella body in WA for self help / support groups, such as L I F E.

www.connectgroups.org.au

RESPIRATORY NEWS

L I F E's Lung Leaders Network wins award!

As reported in the last issue, L I F E's project to convene the Lung Leaders Network for leaders of WA lung support groups was nominated as a finalist in the Live It Forward Together Grant section of the Connect Groups Support Groups Recognition and Good Practice Awards 2017.



Award winners were announced at a gala event at the Parmelia Hilton held on 8 September and attended by Jenni Ibrahim and Sal Hyder on behalf of L I F E.

Guess what - we won our category!

Here's a picture of all the winners and finalists, and one of Jenni Ibrahim receiving the glass trophy from Pip Brennan, Executive Director of the Health Consumers Council of WA.



New security procedures at Perkins Building

If you attend our meetings at 612A in the Perkins Building you are now required to sign in and out at the front desk on the ground floor. You will be given a temporary visitor card which will enable you to use the lift to get to level 6. Simply touch the card on the red squiggle ~ above the lift buttons (on one inside wall of the lift), then press 6.

Don't forget to drop the card in the box on the front desk before you leave the building!

Charlie's Chariot – new contact number

The volunteer buggy at Sir Charles Gairdner Hospital can take you round the QEII Medical Campus. From your car or the bus stop to your appointment - or to a L I F E meeting in the Perkins Building.

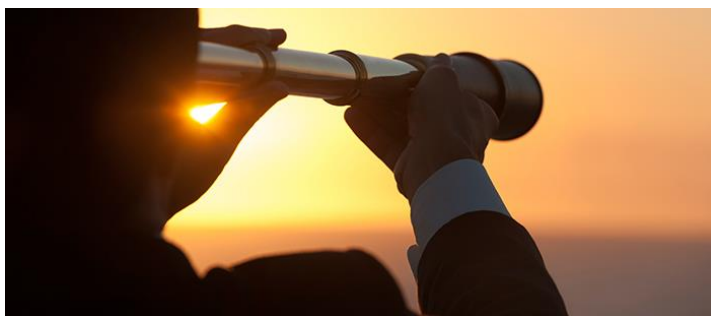
Just call **0481 438 731** when you are ready to be picked up. Or ask a Charlie's Auxiliary volunteer to call for you. They are located just inside the entry at E street (opposite the multi storey car park).



This number has recently been changed - so update your phone contacts.

Changes at L I F E ahead

L I F E's coordinator and Breath of L I F E editor Jenni is facing some serious health challenges in the coming months. We discussed this at the November meeting. How can we viably continue? How can we sustain the legacy that our



founder Edna Brown has left us?

We concluded that L I F E needs more members and other volunteers to take on some new roles so that Jenni can be freed to deal

with these health issues.

A group is strong through the strengths of its members. Everyone has strengths. Even with an advanced lung condition our late friend Ann Fulton added humour and energy to our meetings. And she simply came along to share where she was at.

Deputy coordinator Sal Hyder has taken on some additional roles and more will be needed from others. Gaye Cruikshank has kindly stepped forward to learn how to manage the L I F E Facebook page. Sarak Cermack from the Institute for Respiratory Health has offered to lay out the magazine – but the content depends on us! Only we can find interesting relevant content for readers. Because we are living with lung conditions ourselves.

Even if you are not a regular at our monthly meetings there still may be ways you can help. We are particularly looking for people who can use a computer, the internet, or research and write articles for the Breath of L I F E.

As you know we aim to offer

- friendship and fellowship to people living with any long term lung condition
- information about living with a lung condition to help people live the best that they can

Currently we do this by:

- Holding monthly meetings with a speaker program
- Holding community lunches four times a year, including a Christmas party
- Publishing the Breath of L I F E magazine which is distributed to members and is available online
- Responding to phone calls and emails to the coordinator from potential members seeking information about L I F E, lung health and relevant services
- Sending birthday, get well and condolence cards to members and their

families

- Representing L I F E at functions of the Institute for Respiratory Health

We also host biannual-quarterly meetings of leaders of other lung support groups in WA, the Lung Leaders Network.

We will be reviewing all these activities to work out the best way forward. Sal has called a meeting for 17 January at 12 noon to discuss this further. It will be held in the usual meeting room, 612A Perkins Building. Please come along and share your ideas.

It is possible that our meeting day might be changed from a Wednesday. Keep in touch with us. No changes will occur until you read it here in the Breath of L I F E. And the Breath of L I F E may also change with a change of editor.

If you, a family member or a friend could offer some help, you can reach Sal on 9331 3651 or salhyder1@gmail.com.

LUNG LAUGHS

Jack's Brother

Jack: "My brother was sick and went to the doctor."

John: "Is he feeling better now?"

Jack: "No, he has a broken arm."

John: "How did he break it?"

Jack: "Well, the doctor gave him a prescription and told him no matter what happened, to follow that prescription. And the prescription blew out of the window."

John: "How did he break his arm?"

Jack: "He fell out of the window trying to follow the prescription."



Blood pressure

The patient: Tell me, is it true that alcohol decreases blood pressure?

Doctor: Yes, that is true.

P: And, is it true that coffee increases blood pressure?

D: Yes, that's also true.

P: So, on average, I live normally.



Contributed by Janelle Griffiths, leader of SWILS, (South West Impaired Lung Support) the Bunbury based respiratory support group

Rudolf

Did you know that according to the song, "Rudolph the Red-Nosed Reindeer", Santa has **twelve** reindeer?

Sure, in the introduction it goes "There's Dasher and Dancer and Prancer and Vixen, Comet and Cupid and Donner and Blitzen..."

That makes eight reindeer. Then there's Rudolph, of course, so that makes nine.

Then there's Olive. You know, "Olive the other reindeer used to laugh..." That makes ten.

The eleventh is Howe. You know, "Then Howe the reindeer loved him..." Eleven reindeer. Oh, and number 12? That's Andy! "Andy shouted out with glee."



Source <http://xmasfun.com/jokes.aspx>

The 4 stages of life

1. You believe in Santa Claus
2. You don't believe in Santa Claus
3. You dress up as Santa Claus
4. You look like Santa Claus



Source <http://jokes4us.com/holidayjokes/christmasjokes>

RESPIRATORY RECIPES

Instead of recipes we've brought you a great range of ideas for easy platters to take to a Christmas function - such as the L I F E Christmas party on 6 December! Since we are generally very good at bringing plenty of yummy cakes to our monthly meetings, these ideas are all savoury dishes, to balance things out.



Hardboiled eggs - cut in half, decorated with red and green toppings – chives, paprika, grilled red capsicum, dill, smoked salmon, spring onion.

Bruschetta – who doesn't love tomato

on toast? Rub a garlic clove all over one side of your bread (e.g. slices of baguette). Don't miss this step. It adds the fragrance of garlic without the pungent bite. Toast the bread on both sides under your griller or in a toaster. Top with fresh ripe tomato, basil, and good quality olive oil. Sprinkle with salt and pepper to bring out the flavour of the tomato.

Alternative bruschetta – top with flaked hot smoked salmon, cream cheese or crème fraiche, dill and thin cucumber slices.

Vol au vents – buy ready-made and add your own filling such as cream cheese, smoked salmon with dill, mushroom in white sauce, chicken, corn kernels, spring onion, tomato and herbs. Or use ready-made savoury mini tart shells.

Caprese – crackers or baguette slices topped with a slice of bocconcini (mini mozzarella balls), a basil leaf and half a mini or grape tomato.

Sandwich fingers – your favourite filling, crusts trimmed, cut into fingers.

Antipasto platter – spread out on a plate olives, pickled baby cucumbers, cold meats, bread sticks (grissini), cheeses.

Prawn cocktail bites – biscuits, pumpernickel bites or roast squares of Lebanese bread, topped with hummus or avocado and lemon juice, radish slices, a cold cooked prawn, herb sprig.

Easiest, best-looking hard boiled eggs

Put your eggs in a pot and cover with cold water by 2.5cm. Bring to a boil over medium-high heat, then cover, remove from the heat and set aside 8 - 10 minutes (set the timer). Drain, cool in ice water and peel. Perfect!



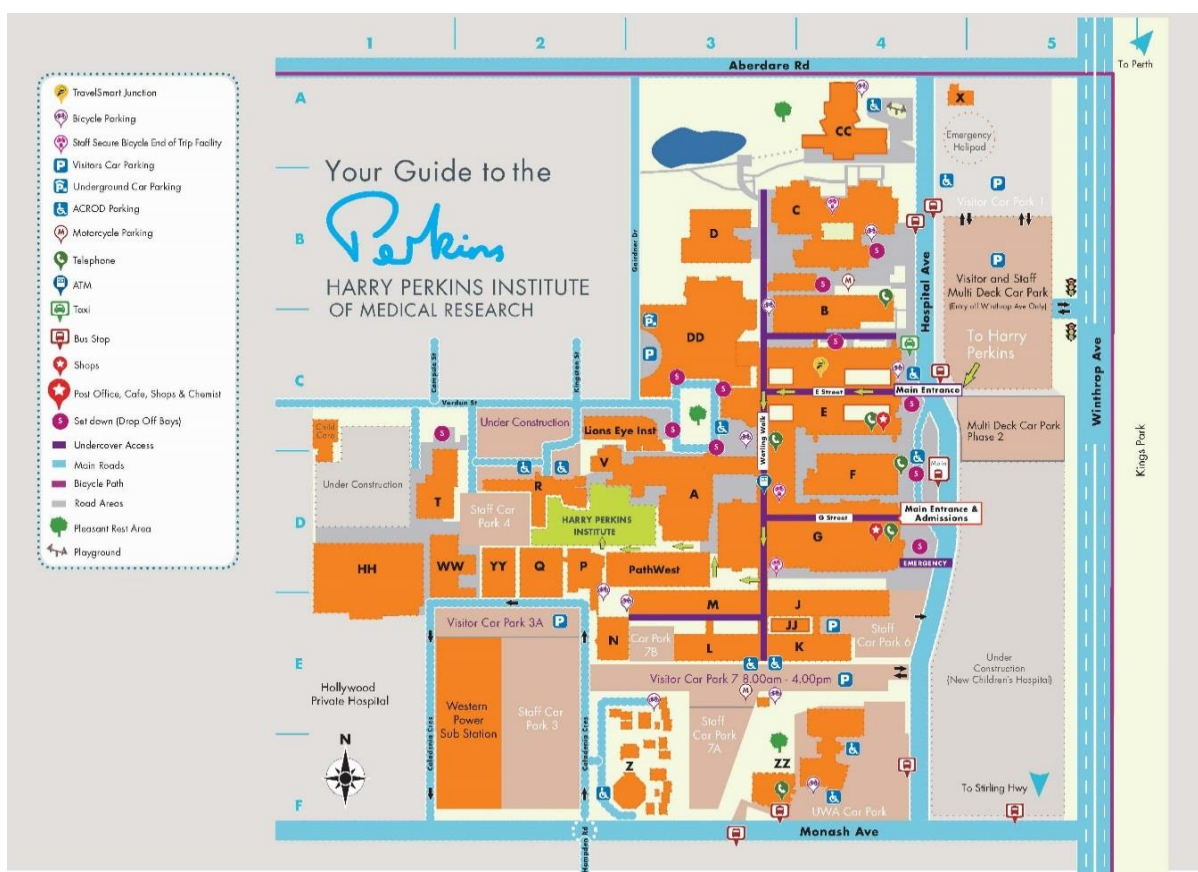
Grilled asparagus spears wrapped in prosciutto or smoked salmon, garnished with dill.

Home made or shop bought dip with fresh vegie sticks and crackers. Try some roast cauliflower, tahini, lemon juice water, garlic and cumin.

GETTING TO LIFE MEETINGS (Revised 2017)

As a result of long term building work, there has been a change to the way you get to LIFE meetings at 612A on Level 6 of the (Harry) Perkins Building at the Queen Elizabeth II medical campus. This is also where Sir Charles Gairdner Hospital and the New Children's Hospital are also located.

The Perkins Building is in the centre of the map below (Ref 2D). One of the newest buildings on site, it stands next to the new red PathWest building



(covered with images of red blood cells). It is also near the Lions Eye Institute (Ref 2C).

Drop-off point is right in front of the Harry Perkins Building, near Café Anatomy. Your driver can then go and park elsewhere (see below).

By car

From the north access the Perkins Building via Aberdare Road, Gairdner Drive and Verdun Street. There is some paid visitor parking nearby (including a few ACROD bays) and a drop-off point in front of the building.

From the south access the Perkins Building via Monash Avenue and Caladenia Crescent (opposite Hamden Road). There is a row of angle-parking paid visitor bays (Carpark 3A - Ref 2E). No ACROD bays but you can see the Perkins building is close by. The path from there is accessible via ramps.

Multi-deck carpark, access from traffic lights on Winthrop Avenue. Many bays, including lots of ACROD, on ground floor (inside and outside) and level 1.

Cancer Centre basement car park in building DD (Ref 3C) has many bays. Follow signs on Gairdner Drive to the **underground** carpark (not the time-limited above-ground bays right in front of the building).

Courtesy buggy can pick you up. Call Charlie's Chariot **M 0481 438 731** (Mon-Fri 9am-4pm) or ask at the Gairdner Voluntary Group Enquiries Desk just inside the main entrance in E block.

Perkins Building Security Desk Tell the concierge on the ground floor that you are attending the L I F E lung support group meeting in room 612A on Level 6. You must sign in and out, and you'll be given a temporary visitor card to use in the lift. Tap the card on the red squiggle (~~~~) before pressing 6. The meeting room is in front of you as you exit the lift. Don't forget to return the card when you sign out.

Walking route from multi-deck carpark or bus stop

Find your way towards the blue lifts on Watling Walk, the long wide corridor linking together all the main hospital buildings at Charlie's (see centre of map). You will pass the red post box (your left) and the entrance to A block (Physiotherapy, your right). Walk past the blue lift lobby (on your right). Pass through the automatic doors and you'll reach the coffee cart and bright green chairs (on your right).



Turn right through the middle of the green chairs and go outside through the automatic doors. Straight ahead of you is the new red PathWest building, covered in red blood cells like the picture. Follow the crowd, and the temporary signs to the Harry Perkins Institute, turning left and walking around PathWest so it is on your right. Keep following the signs. This route is a little indirect, but it's all flat, no stairs or ramps.

SHORTS

DEALING WITH SUMMER

Drink plenty of water to keep mucus thinner and more coughable

Remember to keep taking your medication regularly, including rescue medication (e.g. Ventolin or Bricanyl) in the early stages of any flare-up.

If you are prone to respiratory infections make sure you have your puffer repeats and an antibiotic script on hand to cover the holiday period when chemists are harder to find open.

If humidity makes breathing much harder, investigate a dehumidifier. Website [Sensitive Choice](#) has some suggestions.

Call your GP or respiratory specialist's clinic if shortness of breath increases, and don't delay getting to urgent care or an emergency department if it worsens and doesn't respond to medication. Try an after-hours GP service if needed.

Stay active - maintain your exercise program, especially your daily 20-30 minute walk.

Plan your outdoor activities in the cooler times of day or walk at an air-conditioned shopping centre.

Keep indoors if bushfire smoke is around and use air conditioning.

DUST MITES CAN TRIGGER ASTHMA AND ALLERGIES

Dust mites are microscopic creatures that feed off human skin scales. They are one of the most common allergen triggers for asthma, especially in humid and coastal parts of Australia.



They live in soft furnishings such as beds, bedding, carpets, upholstered furniture, soft toys and clothing, and are mostly found in people's homes rather than public places.

Dust mites are not usually in the air and only become airborne during and after dust-raising activities such as vacuuming and dusting.

Reducing your exposure

If you have a proven allergy to house dust mites, you may be advised to take measures to try to reduce your exposure. This involves killing house dust mites, removing the allergen they produce and reducing areas where they can live and breed.

In the bedroom

Steps to reduce exposure should focus on your bedroom, as the greatest exposure to house dust mites is from your bed.

Some useful measures are:

- Open the curtains and air your bedding in the sunshine
- Wash sheets and pillow cases weekly in water hotter than 55°C
- Cover your mattress, quilt and pillows with mite-resistant cases, and wash these regularly
- Remove untreated underlays
- Remove soft toys from the bedroom, or wash them weekly in water hotter than 55°C – note freezing soft toys overnight kills the mites but doesn't remove the allergen

Why a hot wash?

Washing bedding in water hotter than 55°C will kill mites and wash away the allergen they produce.

If you can't wash in hot water, use a commercial product containing essential oils such as tea tree or eucalyptus, formulated to kill dust mites in cold water. Hot tumble drying of washed items for 10 minutes after they are dry will also kill mites.

Dry cleaning is not as effective as it will kill house dust mites but won't remove the allergen.

Around the house

- Use a damp or electrostatic cloth to dust hard surfaces, including hard floors

- Vacuum carpets and soft furnishings weekly, using a high efficiency particulate air (HEPA) filter vacuum cleaner if possible
- Ask someone else to do the vacuuming while you leave the room, as vacuuming (even with a HEPA filter vacuum) increases the amount of dust mite allergen in the air for up to 20 minutes
- Reduce indoor humidity by having a dry and well ventilated home with floor and wall insulation and no evaporative coolers or unflued gas heaters
- Remember to clean window coverings (blinds and curtains) regularly
- Consider house dust mite avoidance measures when building or renovating your home

Source www.nationalasthma.org.au

SENSITIVE CHOICE



Sensitive Choice is a community service program, created by the National Asthma Council Australia for all of us in Australia and New Zealand who want to breathe purer, cleaner, fresher air and reduce allergic reactions.

To help identify asthma and allergy-aware products, community-conscious companies use the Sensitive Choice symbol on their packaging. They allow businesses to use a blue butterfly on hundreds of products – from

bedding to building products, from cleaning agents to carpets, from air purifiers and vacuum cleaners to wall paint.

While the Sensitive Choice program and the products they approve do not claim to offer cures or treatment for such conditions, they hope to help people cleanse and purify their personal environments they live in.

Sensitive Choice offers information about products services that are especially good for people who have allergic reactions that trigger breathing problems. They cover vacuum cleaners, bedding and furniture, cleaning products and services, indoor air control (air conditioning, dehumidifiers, heating, and ventilation), building and renovation, flooring, pool and spa care, health and personal care.

Source www.sensitivechoice.com

SMOKING “CLEARS THE WAY” FOR LUNG CANCER

The link between smoking and lung cancer is well-established, but that doesn't mean that research into how the connection works should slow down. Recent research looked at the effects of smoking on lung cells before cancer even develops.

Most people know someone who has been affected by cancer. In Australia, it's the leading cause of death. By the time you reach 85, you will have a 1 in 2 chance of being diagnosed with some form of cancer. Every year, researchers make new strides in cancer research diagnoses in the hopes that a cure will eventually be found. One area of research is *oncogenomics*, which aims to identify tumour suppression genes so that more accurate methods of cancer diagnosis and targeted therapies can be found.



The latest US research from the Johns Hopkins School of Medicine shows that cigarette smoking switches off the genes in healthy lung cells that protect them from becoming cancerous. They have shown that by smoking, you're effectively priming your lung cells to develop cancer. The good news is that it's reversible. This “switching mechanism” may shed light on how genetic and epigenetic factors work in parallel to produce the complex process of cancer formation and give the hope that certain types of cancers can be reversed within a certain time frame.

First author Michelle Vaz points out that there is scope for future research in potentially reversing lung cancer in patients. “This work suggests the possibility that unlike mutations, which are harder to reverse, if you stop smoking at a certain time and duration, then you have a chance to decrease your mathematics that might be due to the build-up of epigenetic changes.”

Senior author Stephen Baylin and his team are now looking into developing new treatment therapies which target the epigenetic abnormalities occurring in the lungs of smokers.

Source www.australiascience.tv/smoking-clears-the-path-for-lung-cancer/

NEED HELP TO QUIT?

There has never been a better time to quit smoking! And there is lots of help out there.

National Quitline 13 7848 (Australia-wide)

Australian Government quit page www.quitnow.gov.au/

Get help from the Cancer Council of WA – a Quit Coach, a Quit booklet, Quit apps for your smartphone. 13 7848 or download resources and information at <https://makesmokinghistory.org.au/>

NEW TREATMENT FOR BRONCHIECTASIS

Inhaled Ciprofloxacin has recently been approved by the US Food and Drug Administration for use by people who have chronic lung infections with *Pseudomonas aeruginosa* - but do not have cystic fibrosis. As we learned from Dr Anna Tai our speaker in September, *Pseudomonas* is a particularly nasty bacterium that is hard to treat.

A new drug application (NDA) submitted by Aradigm for Linhaliq (inhaled ciprofloxacin) was recently accepted for filing with priority review status by the US Food and Drug Administration (FDA).

The NDA requested approval of Linhaliq as a treatment for **non-cystic fibrosis bronchiectasis** (NCFBE) in patients with chronic *Pseudomonas aeruginosa* infections.



Previous clinical trials showed that inhaled Linhaliq could delay a first flare-up and that the treatment significantly reduced the density of *P. aeruginosa* bacteria by the end of the first on-treatment period, or the first 28-day cycle. This anti-bacterial effect was maintained throughout the remaining cycles.

The studies also demonstrated that Linhaliq was safe and well tolerated by patients, with no changes in lung function or airway irritation reported, compared with the placebo group.

Acceptance of the NDA with priority review means the timing of the FDA assessment is accelerated compared to a standard review. As a result, the FDA's goal date for completion of the review is 26 January, 2018.

"We are pleased with the FDA's acceptance of our NDA filing with Priority Review," Igor Gonda, Aradigm's CEO said. "We look forward to working with the FDA during the review process to support approval of Linhaliq and provide a much-needed treatment for NCFBE patients with chronic lung infection with *P. aeruginosa*."

Additionally, Linhaliq received qualified infectious disease product (QIDP) designation for the treatment of NCFBE patients with chronic lung infections with *P. aeruginosa*, as well as fast-track status.

The FDA has also granted inhaled Linhaliq orphan drug status for liposomal ciprofloxacin for inhalation for the management of bronchiectasis, meaning Aradigm will receive certain incentives and assistance with Linhaliq's regulatory development.

NCFBE is characterised by the abnormal dilatation of the bronchi and bronchioles, frequently associated with chronic lung infections. It is often a consequence of a vicious cycle of inflammation, chronic lung infections, and bronchial wall damage.

Non-cystic fibrosis bronchiectasis patients with chronic *P. aeruginosa*-associated lung infections have a 6.5-times increased rate of hospitalisation, three times higher mortality rate, and a worse quality of life compared to those who don't have the bacteria-related infection.

We should keep an eye out for what happens now in Australia.

Source [Bronchiectasis News Today](#)

TOP 10 UNNECESSARY MEDICAL TREATMENTS (IN US)

Although early diagnosis is usually a good thing, a recent study in the US identified 10 medical treatments and tests that are being over-used. Researchers examined over 1,000 research reports covering over-use of tests and treatments. Quite a number are respiratory health related.

1. **Transesophageal echocardiography** - takes pictures of your heart using ultrasound via a tube inserted into your oesophagus.
2. **Computed tomography pulmonary angiography** is a diagnostic test that images the pulmonary arteries in patients with respiratory symptoms using a CT scan.
3. **Computed tomography in any patients with respiratory symptoms** – according to the study any CT scan on a patient with non-life threatening respiratory symptoms does little to improve the patient's outcome.
4. **Carotid artery ultrasonography and stenting** – this tests the width of arteries at the neck, which could help indicate risk of stroke.
5. **Aggressive management of prostate cancer** – this cancer can be treated easily if found early. A PSA blood test for markers called prostate antigens can do that, but it's hard to tell if they're produced by

an aggressive tumour that needs to be dealt with or a slow growing one that the patient can take to their grave in years to come.

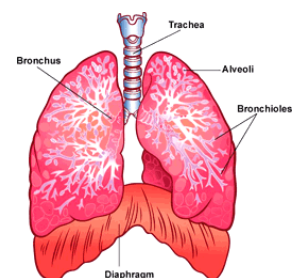
6. **Supplemental oxygen for people with chronic obstructive pulmonary disease** Giving more oxygen to people with COPD didn't help their lungs work better or improve their wellbeing. *(Ed. This is more routine in US than Australia - which has more evidenced- based guidelines, on the whole)*
7. **Surgery for tears in the meniscus cartilage of the knee** - ripping the C-shaped shock-absorbing discs of cartilage inside your knee is no laughing matter. But going to the trouble of repairing it surgically was found to have few benefits that couldn't be achieved through conservative management and rehabilitation.
8. **Nutritional support** - overall, malnutrition doesn't do a patient much good. On the other hand, giving nutritional support to critically ill patients made no difference in terms of hospital stay or mortality, even if it helped them put on weight.
9. **Use of antibiotics** – a 2016 study estimated 506 prescriptions were written between 2010 and 2011 for every 1,000 people. Only 353/1,000 could be considered appropriate.
10. **Use of cardiac imaging for patients with chest pain** – this has tripled over the past decade, while doing nothing for low-risk patients. This risks leading to unnecessary hospital stays and interventions.

We wonder whether the same 10 would appear in Australia's top 10?

Source [Science Alert](#)

RESPIRATORY A TO Z

In the last four issues we've been exploring the A to Z of respiratory terms. Next up, P-Q. So mind yours. If there's a medical term you'd especially like to have covered, let us know



Pandemic Flu - an influenza pandemic is an epidemic of an influenza virus that spreads on a worldwide scale and infects a large proportion of the world population. In contrast to the regular seasonal epidemics of influenza, these pandemics occur irregularly—there have been about 9 influenza pandemics during the last 300 years. The World Health Organization has produced a six-stage

classification that describes the process by which a new influenza virus moves from the first few infections in humans through to a pandemic. This starts with the virus mostly infecting animals, with a few cases where animals infect people, then moves through the stage where the virus begins to spread directly between people, and ends with a pandemic when infections from the new virus have spread worldwide. The 1918 flu pandemic¹ killed 50 million people worldwide, many more than the 18 million who died in World War 1. (Wikipedia)

Percussion- you first would think of the drums section of an orchestra or band and involves rhythmical beating or tapping. In the field of physiotherapy, “percussion” is short for manual chest percussion. They have been a very important infection prevention strategy for people with cystic fibrosis and bronchiectasis. A physiotherapist lightly claps the patient's chest, back, and area under the arms, to assist the removal of mucus from the lungs. While effective in the treatment of infants and children, is no longer much used in Australia in adults due to the ability of adults and young people to more regularly carry out more effective and self-management focused treatments for themselves.

These include the use of "flutter" or oscillating positive pressure devices, PEP masks or devices (positive expiratory pressure) as well as specific exercise regimes. The exercises prescribed can include specific respiratory exercises e.g. autogenic drainage, as well as general cardiovascular exercises that assist the body to remove sputum and improve the efficiency of oxygen uptake in muscles. (Wikipedia)

Pertussis is whooping cough, is a highly contagious respiratory disease. It is caused by the bacterium *Bordetella pertussis*. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. After cough fits, someone with pertussis often needs to take deep breaths, which result in a “whooping” sound. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old. The best way to protect against pertussis is by getting vaccinated. [US Centers for Disease Control](#)

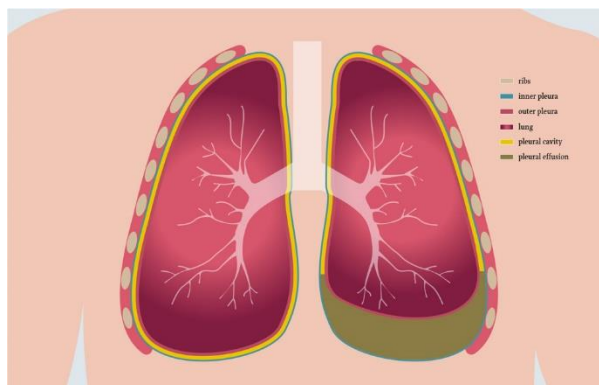
Phlegm is the mucus produced by the respiratory system, (excluding that from the nasal passages). (Mucus is a liquid secreted by the mucous membranes of mammals). When phlegm is expelled outside the body through coughing it is called sputum. (Wikipedia)

¹ also called the “Spanish flu” pandemic, although it was believed to have started in China

Physiotherapy is the treatment of a disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise rather than by drugs or surgery. In the US it is called physical therapy. Pulmonary physiotherapy is a speciality dealing with physical treatments for lung diseases. (Oxford dictionary)

Pleura (singular) is a large, thin sheet of tissue that wraps around the outside of your lungs and lines the inside of your chest cavity. Between the layers of the pleura is a very thin space. Normally it's filled with a small amount of fluid. The fluid helps the two layers of the pleura glide smoothly past each other as your lungs breathe air in and out. [Medline Plus](#)

Pleural disorders or diseases include pleurisy, pleural effusion, pneumothorax and haemothorax (also hemeothorax). Many different conditions can cause pleural problems. Viral infection is the most common cause of pleurisy. The most common cause of pleural effusion is congestive heart failure. Lung diseases, like COPD, tuberculosis, and acute lung injury, cause pneumothorax. Injury to the chest is the most common cause of haemothorax. Treatment focuses on removing fluid, air, or blood from the pleural space, relieving symptoms, and treating the underlying condition.



[Medline Plus](#)

Pleurisy is the inflammation of the pleura that causes sharp pain with breathing. Not all sharp pain when you breathe is caused by pleurisy though. [Medline Plus](#)

Pleural effusion – build-up of fluid in the pleural space, often a feature of pneumonia,

tuberculosis, and other lung infections, heart failure, lung cancer and mesothelioma. [Medline Plus](#)

Pollution - the presence in or introduction into the environment of a substance which has harmful or poisonous effects. In relation to lung disease, air-borne pollution is of particular concern as this can worsen, and in some cases cause lung disease. We may breathe in damaging particles outdoors or in workplaces. Particles may be very small - invisible to the naked eye. As they are also lighter they can travel further into the lungs than heavier particles. Air pollution can occur inside our homes, through cigarette smoking and the use of un-flued gas heaters and open wood fires and, in developing countries, by indoor cooking fires. Preventing exposure to pollution is a major worldwide health strategy. Oxford dictionary et al.

Pneumonia – infection in one or both lungs, or even just a part of a lung. It can be caused by bacteria, viruses, or fungi. Bacterial pneumonia is the most common type in adults. Pneumonia causes inflammation in the air sacs in your lungs or alveoli. The alveoli fill with fluid or pus, making it difficult to breathe. [Healthline](#)

Pneumococcus –a bacterium (*Streptococcus pneumoniae*) that causes an acute pneumonia involving one or more lobes of the lung. Your Pneumococcal vaccine is designed to protect you from getting this common form of pneumonia. [Merriam-Webster](#)

Pneumoconiosis – an occupational lung disease and a restrictive lung disease caused by the inhalation of dust, often in mines and from agriculture. Wikipedia

Pneumonectomy – surgical removal of an entire lung, or of one or more lobes of a lung. www.merriam-webster.com

Pneumonitis – (also called pulmonitis) is an inflammation of lung tissue due to an allergic reaction, not micro-organic infection from bacteria or viruses. It can be an allergic reaction to mould or bacteria and is treatable if caught early. Wikipedia and [Healthline](#)

Pneumothorax – build- up of air or gas in the pleural space [Medline Plus](#)

Pseudomonas aruginosa – a nasty little bacteria that is the cause of many long term respiratory infections, especially when (see Anna Tai's notes)



© Healthwise, Incorporated

Postural Drainage – is a technique used in pulmonary physiotherapy to help remove mucus by lying in a position that makes it easier for the mucus to drain from your lungs. More see [Little Blog of Phlegm](#)

Pulmonary just means relating to the lungs. Understandably

there are quite a few terms to deal with here.

Pulmonary arterial hypertension - (PAH) is a progressive disease caused by narrowing or tightening of the pulmonary arteries that connect the right side of the heart to the lungs. PAH is a serious condition that affects the blood vessels (pulmonary arteries) that carry blood from the heart to the lungs.

Although pulmonary arterial hypertension is uncommon, it can affect males and females of all ages and ethnic backgrounds. Very rarely, PAH occurs in childhood. PAH gradually restricts the flow of blood through the lungs. As a

result, the pressure in the pulmonary arteries increases. The heart must pump against this increased pressure to maintain blood flow in the lungs and to the rest of the body. Over time, this can affect the heart's ability to work effectively and may eventually lead to heart failure. [Lung Foundation Australia](#)

Pulmonary embolism – (PE) is a blockage (embolism) of an artery in the lungs by a substance that has travelled from elsewhere in the body through the bloodstream. Symptoms include shortness of breath, chest pain particularly upon breathing in, and coughing up blood. Symptoms of a blood clot in the leg may also be present such as a red, warm, swollen, and painful leg. Signs of a PE include low blood oxygen levels, rapid breathing, rapid heart rate, and sometimes a mild fever. Severe cases can lead to passing out, abnormally low blood pressure, and sudden death.

PE usually results from a blood clot in the leg that travels to the lung. The risk of blood clots is increased by cancer, prolonged bed rest, smoking, stroke, certain genetic conditions, estrogen-based medication, pregnancy, obesity, and after some types of surgery. A small proportion of cases are due to the embolisation of air, fat, or amniotic fluid. Wikipedia

Pulmonary fibrosis – fibrosis means scarring and this can occur anywhere in the body. Pulmonary fibrosis (PF) is one of a family of related diseases called interstitial lung diseases that can result in lung scarring. As the lung tissue becomes scarred, it interferes with a person's ability to breathe.

Tissue deep in the lungs and between the air sacs, becomes thick, stiff and scarred. The scarring is called fibrosis. As the lung tissue becomes scarred, it interferes with a person's ability to breathe. The stiff and thicker tissue makes it harder for oxygen to pass through the walls of the air sac into the bloodstream. Once the lung tissue becomes scarred, the damage cannot be reversed.

Sometimes the cause of pulmonary fibrosis can be found. But usually there is no known cause; this is called **idiopathic pulmonary fibrosis** (IPF). IPF progressively gets worse over time and is irreversible.

The risk of IPF increases with age and is uncommon below the age of 50 years. Men are slightly more commonly affected than women. Researchers now believe that the body creates excessive scarring in response to some initial damage to the lung. This damage might come from viruses, environmental factors, smoking or genetics.

[Lung Foundation Australia](#) manages a registry of people living with IPF to assist researchers to locate people with this condition who are willing to take part in research, including clinical trials of new drugs for IPF.

Lung Information and Friendship for Everyone began in 1992 as a self help group for people living with pulmonary fibrosis. Our founder, the late Edna Brown, had pulmonary fibrosis associated with rheumatoid arthritis. L I F E later welcomed people with any kind lung condition.

Researchers at L I F E's parent body, the [Institute for Respiratory Health](#), have been conducting research into the biochemistry and genetics of fibrosis for some years in the hope of better understanding it and finding effective treatments.

Pulmonary hypertension – hypertension means high blood pressure, so pulmonary hypertension means raised blood pressure in the arteries running through the lungs. The pulmonary arteries carry blood from the heart to the lungs. As they become narrowed it becomes difficult for blood to flow through the vessels. This abnormally high pressure strains the right ventricle of the heart, causing it to expand in size. Overworked and enlarged, the right ventricle gradually becomes weaker and loses its ability to pump enough blood to the lungs. This can lead to the development of right heart failure. This type of hypertension is quite different from the high blood pressure your GP measures on your arm. This is the pressure in the blood vessels throughout your body.

There is a difference between **pulmonary hypertension** (as above) and **[pulmonary arterial hypertension](#) (PAH)**. **Pulmonary hypertension** is the general term used for high blood pressure in the lung. The high blood pressure can be caused by many conditions such as diseases of the left heart, chronic lung diseases, such as COPD and pulmonary fibrosis, sleep apnoea, lupus, rheumatoid arthritis, scleroderma and blood clots in the lungs.

The term **pulmonary arterial hypertension** refers to a specific cause of pulmonary hypertension where the arteries of the lungs are directly diseased and become narrowed. The exact reason this happens is not fully understood. It is vital that the type of PH is determined accurately since treatment must be directed at the underlying condition. Based on <http://www.phna.info/> <https://lungfoundation.com.au/> <https://my.clevelandclinic.org>

Pulmonary oedema (also called “wet lung”) – oedema (=edema) means an excess of watery fluid collecting in the cavities or tissues of the body. So in pulmonary oedema there's an abnormal build-up of fluid in the lungs. This build-up of fluid leads to shortness of breath and is often caused by congestive heart failure. When the heart is not able to pump efficiently, blood can back up into the veins that take blood through the lungs.

As the pressure in these blood vessels increases, fluid is pushed into the air spaces in the lungs (alveoli). This fluid reduces normal oxygen movement through the lungs. These two factors combine to cause shortness of breath.

Other causes include certain medicines, being at high altitude, kidney failure, narrowed arteries that bring blood to the kidneys, lung damage caused by poisonous gas or severe infection. <https://medlineplus.gov>

Pulmonary physiology – means the study of how lungs work. In practice large hospitals usually have a pulmonary physiology department where tests of various aspects of breathing and lungs are carried out to help diagnose and monitor your respiratory health. At Sir Charles Gairdner Hospital you undergo breathing tests in the Pulmonary Physiology Department on the 5th floor of G block.

Some of the tests carried out include lung volumes, maximum expiratory flow, gas distribution, gas transfer, spirometry (how effectively air can be moved in and out of the lungs), arterial blood gases, bronchial provocation testing (testing for allergic reactions to certain substances, cardio-pulmonary exercise testing, six-minute walk test, simulated altitude testing (before going by plane), nasal resistance, control of breathing, lung mechanics, maximum mouth pressures and respiratory muscle function. www.scgh.health.wa.gov.au

Pulmonary physician – is the same as a respiratory physician. This is a specially trained doctor who specialises in disorders of the lungs and breathing. In the US this is known as a pulmonologist.

Pulmonary rehabilitation - is a comprehensive program for people with a chronic lung condition who get breathless and find it difficult to do activities of daily life (such as walking, gardening, cleaning, even dressing and showering).



Pulmonary rehabilitation programs are provided in a group setting but are individually designed to improve your physical and social wellbeing. They've have been shown to help people breathe easier, improve their quality of life and mood, and stay out of hospital. That's why they get our star.

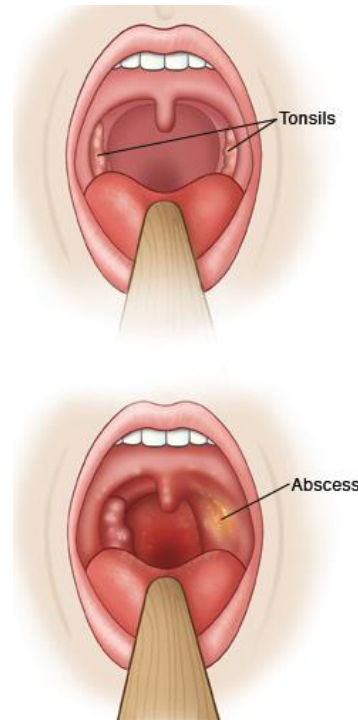
After completing pulmonary rehabilitation many people find that they can do things that they had previously given up. Research has shown that Pulmonary Rehabilitation is one of the most effective interventions for COPD and other chronic lung conditions. <https://lungfoundation.com.au>

Pulmonology a US term referring to respiratory medicine. (see Respiratory Medicine in the next issue)

Pus - a thick whitish-yellow, yellow, or brown-yellow opaque liquid produced in infected tissue, consisting of dead white blood cells and bacteria with tissue debris and serum. It is a protein-rich fluid ...that accumulates at the site of an infection and consists of a build-up of dead, white blood cells that form when the body's immune system responds to the infection. [Medical News Today](#) and the online [dictionary](#)

Quinsy is an inflammation of the throat, especially an abscess in the region of the tonsils. It is also called Peri-tonsillar Abscess (another P), pus-filled swelling in the throat that develops infrequently as a complication of acute tonsillitis. It extends through the tonsillar capsule into the loose connective tissue of the neck and displaces the involved tonsil toward the midline of the throat.

Extreme pain accompanying the condition interferes with swallowing and talking. Often there is high fever and general prostration. Although acute tonsillitis is usually caused by streptococci, these organisms are not always present in the quinsy pus. Surgical incision and draining are sometimes needed if antibiotics are not given promptly. www.britannica.com www.britannica.com/



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 T 6457 3198
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
6. **Donate** to the work of the Institute for Respiratory Health. Call 6151 0815. 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
Deputy Coordinator **Sal Hyder** T9331 3651 salhyder1@gmail.com
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 Dec 2017	Christmas lunch	Room 612A, level 6, Perkins Building, usual meeting room. Directions on page 11
Wed 17 Jan 2018	Special planning meeting	Room 612A, level 6, Perkins Building, usual meeting room. Directions on page 11
Wed 7 Feb 2018	Social Meeting - no speaker	Catch up over a cuppa and a bite to eat
Mar 2018	Meeting with speaker - TBA	Date to be advised in next issue of Breath of L I F E
Date TBA	Autumn lunch	Quinlans - Beaconsfield TAFE - TBC