



Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Winter 2018

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WINTER

Hope you've had your flu jab by now. More on this inside.

We have plenty of news. Lots of jokes! Thanks to Tom Murnane. A brief report on the Lung Foundation education seminar in May and news about the L I F E winter lunch.



Don't let the winter blues get to you.

Make sure you keep up your regular exercise program, especially walking.

If it's too cold or wet, try using an indoor venue such

as a shopping centre, community hall or sports centre. There are walking groups that meet regularly in shopping centres to do just that (and finish off with a coffee). Depending on your condition, you may find they walk a bit too quickly for you.

Stay connected to you family, friends and community - one of the best ways to beat the blues and even prolong your life.

1 July marks the date your subscription is due. Still only \$20 a year. Renew at the next meeting or by phone to Sarah T 6151 0815 or [online](#).

Your community membership of the Institute for Respiratory Health brings you into L I F E, its community support arm. You'll get invited to all L I F E and Institute events and you'll get our little magazine, Breath of L I F E posted to you. And you'll be supporting the Institute's work into researching lung conditions. All for \$20 a year.

E-COPY



Please consider...

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<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.

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L I F E EVENTS

Recent

Welcome to new faces: Janelle, John, Carol and Paul.

March

Instead of a speaker, **Associate Professor Stephen Mutsaers** and **Dr Cecilia Prele**, researchers at the Institute for Respiratory Health, took us on an interesting tour of their laboratories in the Perkins Building. We had to gown up first.



April

Speaker Speech pathologist **Kate Baumwol** at Charlie's explained how we should try protect our vocal cords from getting inflamed and sore by minimising those dry irritating coughs. She showed us a clever technique. When you feel a cough coming, tip your head towards your chest and make a very strong hard swallow.

April's lunch at Belmont Tavern was attended by Gaye, Elaine, Ina, Sal, and her neighbour, Rosemary, Johnny, Mary & June (L to R).



May



The May meeting was the first of our facilitated focused discussion sessions. After discussing and agreeing to some discussion ground rules, we focused on the topic of **eating well with a lung condition**.

For those who are overweight, members' tips for reducing how much you eat appears elsewhere in this issue.

For those seeking to gain a bit of weight, we'll have tips in a future issue.

The next focused discussion will be at the 5 September meeting when we'll share experiences about managing the good days and the bad days, living with chronic lung conditions.



Coming Events

L I F E Winter Lunch at the Hyde Park Hotel



331 Bulwer Street, North Perth (corner of Fitzgerald St).

Monday 20 August at 12 noon.

Here's the entry from the car park off Fitzgerald Street (next to Dan Murphy's). As you can see, extensively refurbished. They have a \$15 lunch special and an a la carte menu.

Getting there: Depart Perth Busport on bus #19 (from stands 9-12) at 11.49am, get off at stop 22026 just after Bulwer Street at 11.56am, then a 2 min. walk (130m) back to the hotel. Or phone the InfoLine on 13 62 13 for more options.

Please RSVP by **Thursday 16 August** to Mary E mvfedele@bigpond.com
T 9337 1286

RESPIRATORY NEWS

May was Lung Health Awareness Month

Events held around Australia recognised Lung Health Awareness Month.

Better Living With Your Lung Disease Education Seminars



[Lung Foundation Australia's](#)

annual pilgrimage from Queensland to WA took place on 10 May in Bunbury and 11 May with seminars for people with lung conditions in Inglewood, Perth. A new

venue we'd not been in before, but worked well. Good acoustics with a carpeted floor and lower ceilings made it easier for all to see and hear.

Three great speakers:

Louise Hesketh, senior dietician at Fiona Stanley Hospital, speaking about lung conditions and nutrition. She covered under and over nutrition, how symptoms of lung conditions affect how you eat, bone health, and getting other important nutrients. Right on topic for us after our focused discussion at the May meeting the previous week. Louise recommended three websites for good online information:

- [Australian Guide to Healthy Eating](#) website
- [Live Lighter](#) (if you are overweight) and the
- Queensland Health [NEMO](#) website (though there's no special section on lung conditions).

Dr Sarah Pickstock, palliative care physician with Silver Chain who gave an overview of palliative care and discussed some of the myths about palliative care. You don't have to have cancer. People with advanced lung disease are eligible too. [Palliative Care WA](#) is a non government organisation promoting the awareness and practice of palliative care. [Silver Chain's](#) website includes resources about palliative care.

Good friend of L I F E the lovely **Melissa Dumitru**, leader of Pulmonary Hypertension Network Australia (PHNA), one of our sister groups,

She is also an active member of Lung Leaders Network, the network of leaders of lung support groups in Western Australia.



Melissa outlined the two main types of pulmonary hypertension and how they affect people like her, and how PHNA hopes to reach out across Australia to anyone living with pulmonary hypertension. An animated and very personal account.

PHNA website is <http://www.phna.info/>

L I F E was well-represented at this event and boldly took a table right up front. Maybe it was available - because Australians don't like sitting in the front row of anything!

We'll bring you some more highlights from these presentations in the next issue. Just waiting on speaker presentations to become available.



L TO R LIFE MEMBERS ELAINE, INA, GAYE, JUNE & IRENE AT THE LUNG FOUNDATION AUSTRALIA SEMINAR ON 11 MAY

Pulmonary Fibrosis Peer Connect

Are you living with pulmonary fibrosis? Idiopathic or otherwise. Interstitial lung disease. Lung Foundation Australia has launched a service to match and connect people living with pulmonary fibrosis (or a carer) with someone in a similar situation. Someone who'll understand what you are going through.

You'll contact your peer support buddy by phone, email or face to face. If you live in the country or are pretty housebound, and cannot get to a face to face group, this is a great idea.

Call the Lung Foundation to find out more. 1800 654 301 (It's in Brisbane so take account of the time zone when you call).



Breathing Space

Lung Foundation has also launched Breathing Space, an online forum for discussions between people living with lung conditions, on sharing experiences, ideas, advice and support. Ask a question, let people know what's worked for you. Get encouragement to approach a difficult challenge. Find out more www.lungfoundation.com.au/breathing-space or 1800 654 301

LUNG LAUGHS

Lots of jokes courtesy of Tom Murnane. Thanks Tom!

Public transport

Last night I was out with me mates and had way too much beer. Knowing I was drunk I did something I'd never done before. I took a bus home. I arrived home safely and was really pleased 'cause I'd never driven a bus before.

Men over the ages

Men 1845 – I just killed a deer

Men 1952 - I just fixed the roof

Men 2018 - I just shaved my legs

Speech training

A New Zealander walked into a Sydney fish and chip shop and asked for some fush 'n chups. "You're a Kiwi," said the owner. The New Zealander was sick of being picked on for his accent, so he took some speech training lessons.

Six months later he went back to the same shop. Feeling extremely confident he asked in perfect Oxford English, "Fish and chips, please".



"You're a Kiwi," announced the owner. "How the hell could you tell that?" he asked. "Because this has been a hardware shop for the past four months."

Where does the wind come from?

Little Johnny asks his father:
"Where does the wind come from?"

"I don't know."

"Why do dogs bark?"

"I don't know."

"Why is the earth round?"

"I don't know."

"Does it disturb you that I ask so much?"

"No son. Please ask. Otherwise, you will never learn anything."



One to ask young children

Can a kangaroo jump higher than a house? Of course it can. A house can't jump at all.

Passion

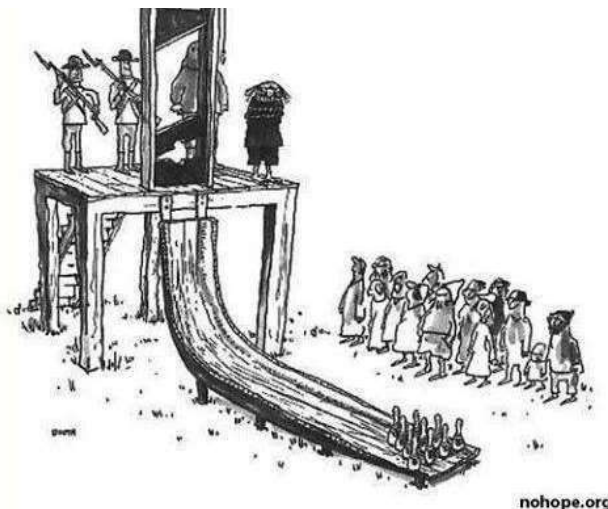
Oh darling, since you've started dieting you've become such a passionate kisser. What do you mean, passionate? I'm just looking for food scraps.



More humour

As well as giving Breath of L I F E a collection

FIGURE 1 NO MATTER WHAT YOUR JOB, YOU SHOULD ALWAYS TRY TO MAKE IT INTERESTING



of his favourite jokes and cartoons from magazines, Tom also donated a book to L I F E titled **Mousewives & Muffintops: buzz words and euphemisms, what they really mean** by S J Hartland. Expect to read plenty from there over coming issues. Here's a taster:

Mousewife: a housewife spending her free time on the internet.

Muffintop” the roll of fat that bulges over the top of tight trousers.

More from the book in the next issue

Oldies

Terms that refer to those of us in the older generation: chronologically gifted, white tops, coffin dodgers, wrinklies, crinklies, crumblies, no longer in the first flush of youth, well preserved, no spring chicken, salt and pepper generation, blue rinse brigade,

Silver surfers (older people on the internet)

WOOPS – well off older people.

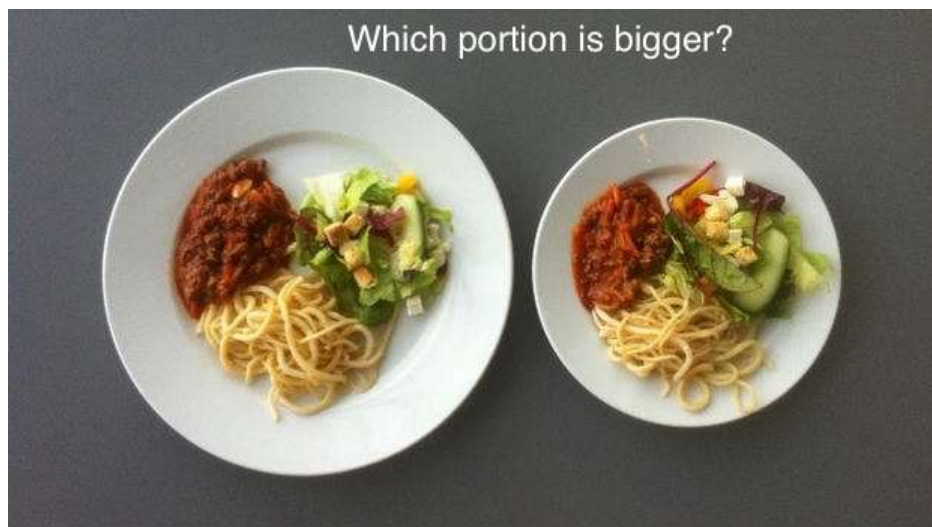


MEMBERS' TIPS FOR EATING LESS

Drink a glass of water before each meal. Besides being good for you, it advances a sense of fullness.

Serve yourself a smaller sized serve on a smaller plate (tricks your eyes so it doesn't look such a small serve!)

Put away any leftovers



before you start to eat, to remove the temptation to just finish it off. Use the leftovers for tomorrow's lunch or dinner.

Always leave something on your plate. In Japan this is a sign of politeness.

Slow down your eating speed by putting down your cutlery between mouthfuls. Chew well and swallow before taking up the eating irons again.

More tips at [Live Lighter](#)

HEALTHY EATING

In coming issues we will cover important information about what nutrients, such as proteins, fats, vitamins and minerals, do for our bodies and what foods you find them in good supply.

Vitamin A

In this issue we'll cover **vitamin A**, a group of fat-soluble retinoids, including retinol, retinal, and retinyl esters. Vitamin A is involved in immune function, vision, reproduction, and cellular communication. It is also critical for vision as an essential component of rhodopsin, a protein that absorbs light in the retinal receptors, and because it supports the normal differentiation and functioning of the conjunctival membranes and cornea.

That's why carrots help you see in the dark! What your grandmother told you was right. Vitamin A also supports cell growth and differentiation, playing a critical role in the normal formation and maintenance of the heart, lungs, kidneys, and other organs.

Two forms of vitamin A are available in the human diet: pre-formed vitamin A (retinol and its esterified form, retinyl ester) and pro-vitamin A carotenoids. Preformed vitamin A is found in foods from animal sources, including dairy products, fish, and meat (especially liver). By far the most important provitamin A carotenoid is beta-carotene; other provitamin A carotenoids are alpha-carotene and beta-cryptoxanthin. The body converts these plant pigments into vitamin A. Both provitamin A and preformed vitamin A must be metabolised to retinal and retinoic acid within our cells, to



produce these active forms of vitamin A, to support the vitamin's important biological functions. Other carotenoids found in food, such as lycopene, lutein, and zeaxanthin, are not converted into vitamin A.

Good sources of vitamin A

Concentrations of preformed vitamin A are highest in liver and fish oils. Other sources of preformed vitamin A are milk and eggs, which also include some provitamin A. Most dietary provitamin A comes from leafy green vegetables, orange and yellow vegetables, tomato products, fruits, and some vegetable oils.

The top food sources of vitamin A in a (usual Australian) diet include dairy products, liver, fish, and fortified cereals; the top sources of provitamin A include carrots, broccoli, rockmelon, and (pumpkin). Let the orange, red or yellow colour be your guide.

*Source US National Institutes of Health, Office of Dietary Supplements
<https://ods.od.nih.gov/factsheets/VitaminA-HealthProfessional/>*

SHORTS

Now, even shorter! Do you like it this way?

NEW DISABILITY SERVICES

As part of the new National Disability Insurance Scheme, there are new services available through providers you might not have expected. For example, say you have brain injury from a stroke, Rocky Bay Therapy Services may be able to help. To find out contact Rocky Bay Customer Engagement Team T 9383 6113 E Customer.Engagement@rockybay.org.au

SENIORS EXERCISE CLASSES

Lords Recreation Centre in Subiaco holds exercise classes specifically for seniors to help improve health and wellbeing. The timetable for these classes is available on the Lords website or by phoning Lords (details below)

The City of Subiaco offers a variety of age friendly exercise classes at community centres around the city. These sessions are fun, social and easy to follow. There is no need to book, just pay \$5 at the door.

Exercise instructor Maree Friebe said the (Gold Dance to Music) class was easy to follow and encouraged seniors to keep fit and be social.

“Research shows that participating in dance-based exercise in a social environment can help seniors greatly improve physical wellbeing as well as cognitive function,” she said.



“The class is a light hearted, achievable mix of a number of dance styles such as waltz, cha cha, tap, reel, jazz, tango and maybe even a touch of ballet.”

The editor knows a number of people with chronic lung disease who attend some of these

sessions, so they are not incompatible with lung conditions.

Thursdays 9.30am **Gold Dance to Music**, The Palms Community Centre

Wednesdays 10.00am **Gold Fitness** Shenton Park Community Centre

Mondays 10.30am **Chair yoga** Shenton Park Community Centre

Mondays 10.30am **Gold Energiser** Lords Recreation Centre

Tuesdays 10.30am **Zumba Gold** Shenton Park Community Centre

Tuesdays 10.30am **Gold Circuit** Lords Recreation Centre

Thursdays 10.30am **Gold Pilates** The Palms Community Centre

More

[Lords Recreation Centre](#) is at 5 Wembley Court, Subiaco, just off Hay Street. Ask for the brochure. T 6229 6600 W

The Palms Community Centre is at the corner of Nicholson and Rokeby Roads Subiaco 6229 6600

Shenton Park Community Centre is at 240 Onslow Road Shenton Park 6229 6600

City of Subiaco 9237 9222

If these locations do not suit you, ask at your local government offices or your local fitness centre about exercise classes specifically for seniors, mentioning your lung and other health conditions.

VIRUS AND AUTO-IMMUNE DISEASE

Exposure to the Epstein-Barr virus (EBV), best known for causing mononucleosis, appears to boost the risk of developing seven other auto-

immune diseases¹ in people who inherited predisposing gene variants. Those autoimmune diseases are lupus, multiple sclerosis, rheumatoid arthritis, juvenile idiopathic arthritis, inflammatory bowel disease, celiac disease, and type 1 diabetes.

[More](#)

PNEUMONIA AND SOME REFLUX MEDICINES

Do you take a proton pump inhibitor (PPI) type of medication for reflux? Doctors are starting to see a higher rate of pneumonia in older people who do, and are recommending different drugs for reflux.

Such PPI drugs include: omeprazole (Prilosec, Prilosec OTC), aspirin and omeprazole (Yosprala), lansoprazole (Prevacid, Prevacid IV, Prevacid 24-Hour). Ask your GP if your reflux medicine is a PPI.

[More](#)

SOME COMMON CANCERS PICKED UP TOO LATE

Lung cancer is one of the commonest cancers, yet it's so often only picked up at a late stage, according to recent research published by Cancer Australia. People with lung or bowel cancer are more likely to be diagnosed in the later stages, whereas 92 per cent of melanoma is diagnosed at an early stage, and 82 per cent of prostate cancer.

[More](#)

STOPPING INHALED CORTICOSTEROIDS FOR SOME WITH COPD?

Current guidelines for chronic obstructive pulmonary disease (COPD) say that inhaled corticosteroids² (ICS) are recommended in addition to long-acting preventers³ for people with moderate-to-severe COPD and an increased risk of exacerbations. However, a Spanish study argues that ICS are overprescribed, and most people are unlikely to benefit from long-term ICS use.



Recent randomised-controlled trials showed that ICS can be safely and effectively discontinued in people with stable COPD who probably do not

¹ An autoimmune disease is where the body produces antibodies that attack its own tissues, leading to the deterioration and, in some cases, to the destruction of the tissue.

² Such as Flixotide, Pulmicort or Alvesco puffers

³ Like Spiriva, OnBrez or Seebri

need them, without detrimental effects on lung function, health status, or risk of exacerbations.

[More](#)

NEW MEDICAL IMAGING “SEES” BACTERIA!

Innovative technology developed by British researchers allows doctors to see bacteria deep inside your lungs — an unprecedented achievement that may enable detection of harmful bacteria in less than 60 seconds.

In lung conditions like [bronchiectasis](#) and COPD a fast bacteria diagnosis could allow doctors to quickly administer the right medicine to critically ill patients, avoiding unnecessary use of the wrong [antibiotics](#). Currently doctors rely on X-rays or fluid samples to diagnose infection, which can lead to inaccurate results, misdiagnosis, or a long wait for results.

[More](#)

HAY FEVER AND ALLERGIC ASTHMA – CLOSE CONNECTION

Interesting research was recently published into the connection between hay fever and allergic asthma, based on measuring the gas nitrous oxide in the breath. Results suggest the conditions are more closely connected than previously thought.

[More](#)

STEM CELL TRANSPLANTS REPAIR DAMAGED LUNG TISSUE

In a promising development Chinese medical scientists used stem cell transplants to rejuvenate the damaged lungs of two people with bronchiectasis.

[More](#)

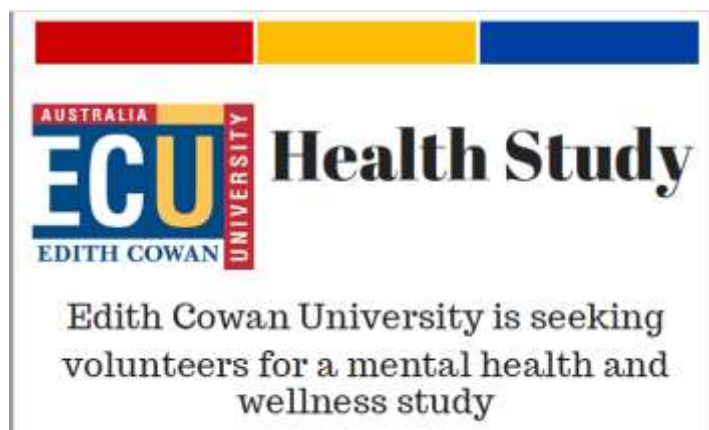
POLLUTION AND CHRONIC LUNG DISEASE

Pollution causes and worsens a number of chronic respiratory diseases. The World Health Organisation considers air pollution the world’s largest environmental health risk factor. There’s been publicity about diet and anti-oxidants in reducing the effects of pollution. A recent review assessed the evidence for changing your diet, including supplements, to override the effects of pollution on chronic respiratory diseases. It mentions carotenoids (found in red, yellow and orange foods), vitamin D and vitamin E, vitamin C,

curcumin (in turmeric), choline⁴ and omega-3 fatty acids and the Mediterranean diet.

[More](#)

MENTAL HEALTH AND CHRONIC CONDITIONS – VOLUNTEERS NEEDED



Claire Adams is looking for people to take part in her PhD research into mental health, wellness and chronic conditions at Edith Cowan University. You need to be 65+, have one or more of the following chronic conditions: Coronary heart disease, Heart failure,

Stroke, Respiratory disease (COPD, asthma), Type 2 Diabetes. If you agree to take part she will arrange a telephone interview or a home visit where she'll ask you some questions on your mental and physical health, lasting approximately an hour. Ethics approval received.

If you're interested please contact Ms Claire Adams on 0416 570 016 or claire.adams@ecu.edu.au

FLU JABS

Turns out timing really is everything, even when it comes to getting the flu shot. The Royal Australian College of General Practitioners (RACGP) says the timing of influenza vaccination is critical to ensuring people have the highest level of protection when the flu season arrives.

This year health authorities are urging people not to have their flu shot too early, otherwise your immunity may not last till July-August, the peak of the flu season. Try to arrange yours no sooner than late April-May.

[More](#)

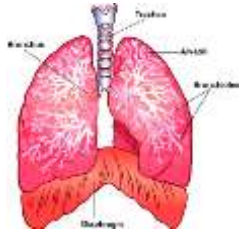
Have you had your flu jab?

There are two new vaccines targeting people 65+. Ask your GP which is better for you.



⁴ Choline is a basic compound that is found in various foods such as egg yolks and legumes (peas and beans) or is synthesised in the liver.

RESPIRATORY A TO Z



For the past year or so we've been exploring the A to Z of respiratory terms. Next up, T-V.

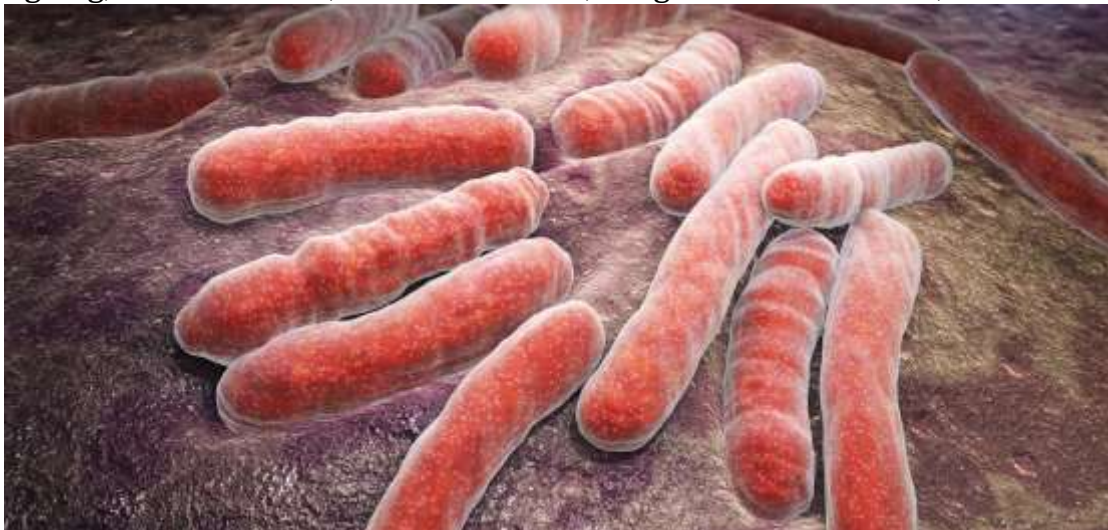
Is there a medical term you'd especially like to know more about? Do let us know

Tuberculosis is caused by infection with the bacteria *Mycobacterium tuberculosis*. Tuberculosis can damage a person's lungs or other parts of the body and cause serious illness. The disease can be treated with antibiotics.

TB is spread through the air when a person with TB in the lungs or throat coughs, sneezes or speaks, sending germs into the air. When other people breathe in these germs they can become infected. Most people get TB germs from someone they spend a lot of time with, like a family member or friend. TB is **not** spread by household items (for example by cutlery, crockery, drinking glasses, sheets, clothes or telephone) so it is not necessary to use separate household items.

Someone with a *TB infection* has "inactive" TB germs in their body. The body's defences usually control them. While inactive, the TB germs cannot do any damage, or be spread to other people. The person is "infected", but not sick. For 90 per cent of people the germs will always be inactive. Infection can be detected by a positive result to a Tuberculin Skin Test.

TB disease develops when, after many years of inactivity, TB germs become active, especially when the body's defences are weakened. This may be due to ageing, serious illness, a stressful event, drug or alcohol misuse, HIV infection

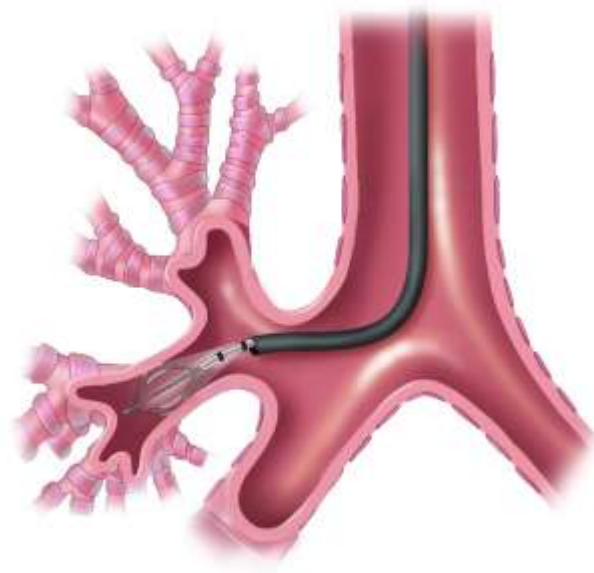


or other conditions. Only about 10 per cent of people who are infected with TB germs will get TB disease. People with TB of the lungs or throat can be infectious to others.

In most cases, after two weeks of medication, people with TB disease will no longer spread TB germs. People with TB in other parts of the body are not infectious. Source [NSW Health](#)

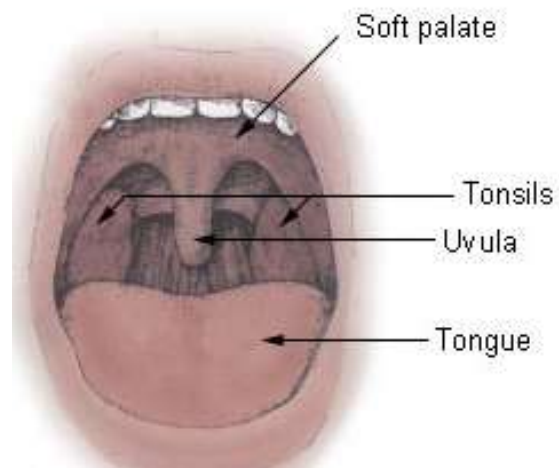
Thorax (chest) - the part of the body of a mammal between the neck and the abdomen, including the cavity enclosed by the ribs, breastbone, and dorsal vertebrae. The thorax contains the chief organs of circulation and respiration. A corresponding definition applies to insects, reptiles, and birds. Source [Oxford Dictionary](#)

Thermoplasty usually *bronchial thermoplasty*. - a treatment for severe asthma approved by the US FDA and the Australian TGA in 2010 involving the delivery of controlled, therapeutic radiofrequency energy to the airway wall, heating the tissue and reducing the amount of smooth muscle present in the airway wall. As medicines do not work well in people with severe persistent asthma, doctors suggested this novel, safe therapy. BT is a procedure and not an asthma medicine.



Through a standard bronchoscopy procedure, a small flexible tube is gradually eased into the airway, via the mouth or nose, to mildly heat the airway walls. This heating reduces some of the extra muscles present in the airways. This may allow the airways to stay more open and help people to breathe better. This treatment has been shown to result in acute epithelial destruction with regeneration observed in the epithelium, blood vessels, mucosa and nerves. However, airway smooth muscle has demonstrated almost no capacity for regeneration, instead being replaced by connective tissue. Source [Wikipedia](#)

Tonsillitis - inflammation of the tonsils, two oval-shaped pads of tissue at the back of the throat — one tonsil on each side (see diagram). Signs and symptoms of tonsillitis include swollen tonsils, sore throat, difficulty swallowing and tender lymph nodes on the sides of the neck.



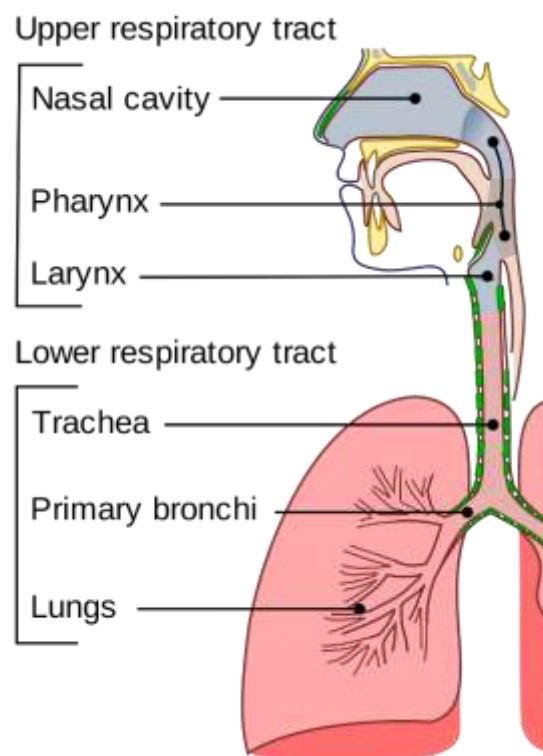
Tonsillitis is usually caused by infection with a common virus, but bacterial infections also may cause tonsillitis.

Because appropriate treatment for tonsillitis depends on the cause, it's important to get a prompt and accurate diagnosis. Surgery to remove tonsils, once a common procedure to treat tonsillitis, is usually performed only when bacterial tonsillitis occurs frequently, doesn't respond to other treatments or causes serious complications. Source [Mayo Clinic](#)

Transfer factor - is a measure of how well oxygen passes from the air sacs of the lungs into the blood. Commonly, it refers to the test used to determine this parameter. It was introduced as long ago as 1909.

On the results of your lung function test you will see it shown as DLCO or TLCO (diffusing capacity or transfer factor of the lung for carbon monoxide (CO). It is especially important test in interstitial lung diseases, such as pulmonary fibrosis. Source [Wikipedia](#)

Trachea (=windpipe) - the tube-like portion of the respiratory tract that connects the larynx (voicebox) with the bronchial parts of the lungs. (See diagram) Source [MedicineNet](#) and [Wikipedia](#)



Total lung capacity - the volume in the lungs when they are fully inflated, calculated by adding together the vital capacity and the residual volume.

Sources [Open Learning Initiative of Carnegie Mellon University](#) and [Wikipedia](#)

Uvula (“you-vyou-la”) – a fleshy extension at the back of the soft palate which hangs down the middle, above your throat. See diagram above under **Tonsillitis**. It has muscles that enable you to make it wider and shorter or longer and more slender.

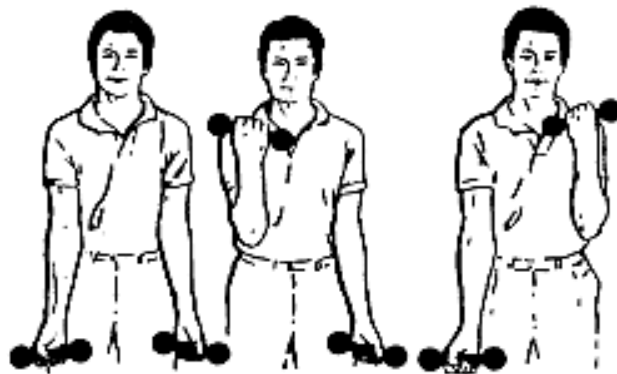
When you swallow, the soft palate and the uvula move together to prevent food from entering the nasal cavity. It is also thought to produce large amounts of thin saliva to keep the throat well lubricated.

In many languages, the uvula is used to articulate a range of consonant sounds, known as uvular consonants, in French, Arabic and Hebrew, for example. Stimulating the uvula triggers the gag reflex. Source [Wikipedia](#)

Upper limbs are just what you’d think - your arms! Why don’t they say so then?

Pulmonary rehabilitation, a specialised exercise program for people with chronic lung conditions, generally includes three types of activity: a timed walk, leg strengthening exercises and arm

strengthening exercises. Although much research has focussed on leg exercise training, the arms shouldn’t be left out as they’re important for everyday tasks.



A review of arm strength training in people with COPD has shown that ... arm exercises had a large effect on ... arm endurance capacity. They conclude that a pulmonary rehabilitation program should include (unsupported) arm exercises with or without added weights (depending on the person’s degree of disability). Source [Lung Foundation Australia](#)

Upper respiratory tract starts at your voicebox or larynx and goes up to your nasal sinuses. Yes, that is part of the respiratory system; it’s not just your lungs. Diagram - see above under **Trachea**. Source [Wikipedia](#)

V **Vaping** is a new word. It means inhaling and exhaling the vapour produced by an electronic cigarette or similar device. It is claimed that it is safer way to take in nicotine than smoking cigarettes because no

tobacco is used, but research is at an early stage. While often used by smokers who want to quit, some health authorities fear that vaping by young people may lead them to take up smoking. Source [The Guardian](#)



Ventilation - (in the healthcare setting) usually means *mechanical ventilation*, in which a machine called a ventilator helps you breathe. It assists the intake of oxygen into the lungs and the expulsion of carbon dioxide. Depending on your condition, mechanical ventilation can help support or even completely control your breathing.

VPAP - the proprietary name for respiratory machine similar to CPAP. It stands for *variable positive airway pressure*, and is the (ResMed) brand name for a specialised form of positive airway pressure (PAP) that produced two continuous levels of pressure - one for breathing out, and one for breathing in. Like a CPAP machine it is used in conjunction with a mask. Because of this double-level approach, VPAP is also commonly known as “bilevel” PAP or BiPAP. It’s often used for people who find it hard to adjust to a CPAP machine treatment. Source [ResMed](#)

Vaccination (=immunisation) – the injection of a killed microbe in order to stimulate the immune system against the microbe, preventing the disease. Vaccinations work by activating the immune system, the natural disease-fighting system of the body. The healthy immune system is able to recognise invading bacteria and viruses and produce substances (antibodies) to destroy or disable them. Immunisations prepare the immune system to ward off a disease.



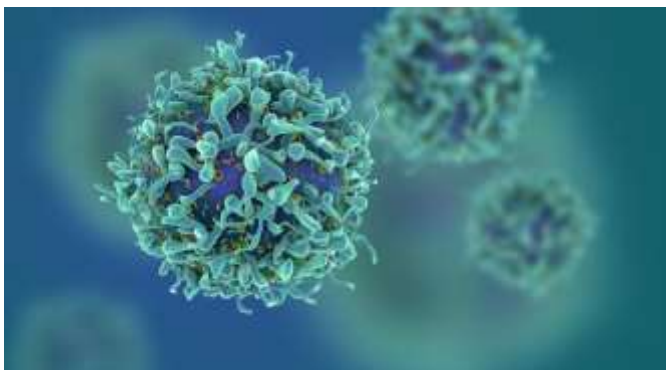
To immunise against *viral* diseases, the virus used in the vaccine has been weakened or killed. To only immunise against *bacterial* diseases, it is

generally possible to use just a small portion of the dead bacteria to stimulate the formation of antibodies against the whole bacteria.

In addition to the initial immunisation, it has been found that the effectiveness of immunisations can be improved by periodic repeat injections or "boosters."

The word vaccination originated in the late 18th century and came from the Latin *vaccinus*, from *vacca* meaning cow because of the early use of the cowpox virus against smallpox. Sources [MedicineNet](#) and [Science Friday](#)

Viruses –are much smaller than bacteria. The largest virus is still smaller than the smallest bacterium. Unlike bacteria, viruses need living hosts — such as people, plants or animals — to multiply. Otherwise, they can't survive.



When a virus enters your body, it invades some of your cells and takes over the cell machinery, redirecting it to produce the virus. Diseases caused by viruses include chickenpox, AIDS, most sore throats, coughs, colds and

runny noses, acute sinusitis, acute bronchitis some eye or ear infections, flu (influenza).

Sometimes it's hard to tell whether bacteria or viruses are causing your symptoms. Many ailments — such as pneumonia, meningitis and diarrhoea — can be caused by either bacteria or viruses.

Antibiotics cannot kill viruses because they have different structures and replicate in a different way from bacteria. Antibiotics work by targeting the growth machinery in bacteria (not viruses) to kill or inhibit those particular bacteria. When you think about it, it makes sense that an antibiotic could not work to kill a virus with a completely different set of replicating "machinery". Sources [Mayo Clinic](#) and [drugs.com](#).
[Graphics credit](#)

Vital capacity is a measure of your respiratory function and is



defined as the greatest volume of air that you can expel from your lungs after taking the deepest possible breath. It is measured using a [spirometer](#). Source [Wikipedia](#)

In the next issue we'll finish off the alphabet with W-Z. 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](mailto:life@resphealth.uwa.edu.au) or T 9382 4678 or M 0413 499 701.

SURVEY RESULTS

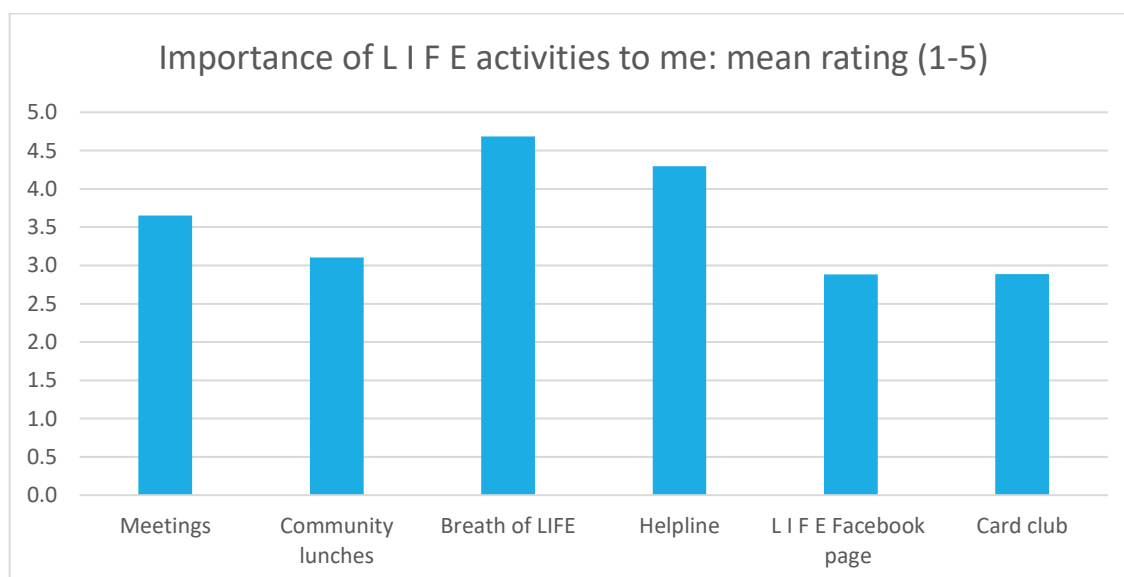
We recently surveyed members and readers of the Breath of L I F E to help our future planning. Our final tally of completed surveys reached 23. There were then 86 community members of the Institute for Respiratory Health / L I F E so this is a 27% response rate, a reasonable rate for this type of survey.

Thank you to all who responded. You have helped us a lot. Here are some of the highlights. 70% of responses were made on paper copies of the survey and 30% online.

74% of respondents regularly read the Breath of L I F E, 26% attended our monthly meetings and 22% attended our community lunches.

When asked what stopped them from attending more lunches or meetings the most common reasons were transport or distance, and their own health condition.

The most popular sections in the Breath of L I F E magazine were: Short articles about services and research (96%), News & events (91%), reports on recent speakers (87%), Lung Laughs (65%), longer articles (65%), and Respiratory A to Z (57%).



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. Both people with stable medical conditions and healthy volunteers are required. 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 or donate [online](#). Mention the Institute's important research into lung disease to friends and relatives who also might be interested to make a donation. Or make a bequest in your will.

SOME USEFUL CONTACTS

Council on the Aging (COTA) voice of older Australians 9472 0104

www.cotawa.org.au

[National Seniors](http://www.national-seniors.org.au) 1300 76 50 50

Connect Groups – peak body for support groups in WA 9364 6909

www.connectgroups.org.au/

Lung Foundation Australia 1800 654 301 (Queensland time zone)

www.lungfoundation.com.au

[Pulmonary Rehabilitation](#) programs (scroll down to WA) or T 1800 654 301
- you'll need a respiratory specialist referral.

[Health Direct](#) speak to a registered nurse 1800 022 222

[MyAgedCare](#) aged care services you may be eligible for. Speak to your GP

[Better Health Channel](#) Victorian Government's health information website

[Seniors Services](#) guide

[TED Talks](#) – watch a video of a great speaker on a topic that interests you

[Health Report](#) with Norman Swan ABC Radio National (810 AM) – listen to
past programs on your computer or smartphone

If you know of other organisations you would like to suggest to list here,
please let us know.

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.



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 Ruisslip 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** T 0409 336 639 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 is 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 Jun | Respiratory Q & A | Final details TBC |
| Wed 4 Jul | Social meeting | Come and have a chat over a cuppa. No speaker |
| Mon 20 Aug | Winter Lunch 12 noon Hyde Park Hotel 331 Bulwer St Perth (cnr Fitzgerald) | Transport details inside on page 3. RSVP please |
| Wed 1 Aug | General interest topic | Speaker TBA |
| Wed 5 Sep | Theme: Living with chronic lung disease: good days and bad days | Focussed discussion |
| Wed 3 Oct | Staying mentally healthy | Speaker TBA |