



# Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Winter 2019

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## WINTER



Cold weather, and particularly cold air, can play havoc with your lungs and your health. Although Perth winters are much milder than in many other places, we can learn useful lessons from our far away cousins.

Here are some tips to help you through the winter weather without putting your lungs at risk.

Cold air is often dry air, and for many with lung conditions, that can spell trouble. Dry air can irritate the airways of people with asthma, COPD or bronchitis, causing wheezing, coughing and shortness of breath. Generally interfering with life! To help protect yourself from cold, dry air:

- Take all medications as prescribed. If you use a reliever puffer (e.g. Ventolin), take it out with you.
- Loosely cover your nose and mouth with a scarf when going out in the cold. This warms the air before you breathe it.
- Avoid exercising outdoors when it's really cold.

With cold weather comes the cold and flu season. Take some common precautions to avoid getting and spreading a cold, the flu, and even the more serious pneumonia.

Get your flu shot. Immunisation is your best protection.

Wash your hands. How long? The answer's hidden in **Lung Laughs** inside this issue.

Avoid people with colds and flu. Try to avoid wood fire smoke which can be irritating for people with allergies or lung disease. Use a different heater and a warm blanket to beat the chill.

## E-COPY



### Please consider...

We can email **Breath of L I F E** to 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 gets absorbed by 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. Contact us [life@resphhealth.uwa.edu.au](mailto:life@resphhealth.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) appears in the top right corner of the cover.

Started as LISA News in 1993, we became the Breath of L I F E in 2009.

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## L I F E EVENTS

### Recently

#### March

As in 2018, we spent one meeting workshopping how L I F E runs, what we offer people, how we provide it and how to make it better. Bearing in mind the uncertain cancer prognosis of our coordinator, Jenni Ibrahim, we are continuing to look at ways to ensure the longer term future of our group which has been running since 1992. A number of members volunteered to contribute their time and energy to helping run L I F E.

With a lot of help from Institute for Respiratory Health's Business Services Manager, Sarah Cermak, L I F E applied for a small Give It Forward grant from Connect Groups, the peak body for self help groups in Western Australia.



The aim of the grant was to expand community awareness of our group among people with chronic lung conditions through a campaign of free and some paid advertising in Little Aussie Directories, on community radio stations, at Have A Go Day in October and on Facebook. We are thrilled to announce that we were successful and look forward to promoting our group and lung support groups in the coming months.

### L I F E Current Activities

- Meetings – 10 a year- speaker. topics
- Breath of L I F E Magazine – 4 issues a year
- Lunches – 4 times a year (incl. Christmas party)
- Respond to phone calls and email enquiries from potential members
- Greeting cards service for birthdays. get well. condolences
- Assist the Clinical Trials Unit through volunteering at working bees
- Promote lung health awareness & L I F E to potential members

## April

At our April meeting funeral celebrant Di Inglese spoke about the importance of sharing your life story with your family and friends, and recording it too.

The **Your Life Story** cards can help you get going. The pack includes 50 questions, such as:

*What are your most cherished possessions? Who was your first boy/girl friend? Is there a significant event that drew your family closer or further apart?*

We found that by picking a card we recalled memories of events in our lives and when people shared their answer with the group we were able to learn so much more about the person.

A complementary pack of cards, titled **Your Life Wishes** are conversation starters for talking to others about your end of life wishes, from where your will is, to what do you want at your funeral.

The card sets are \$22.95 each. Each comes with a complementary downloadable booklets to record your story and your wishes. The cards are available to purchase [online](#) and further information is available from T 1300 966 110 (Queensland time) E [info@yourlifetalks.com](mailto:info@yourlifetalks.com).

Our Autumn Lunch was held on 15 April at Belmont Tavern, attended by a small group. We enjoyed a light lunch and a long chat. Remember you can bring a friend who may not have lung disease to any of our functions. Sal brought her friend Jean.



## May

Bernie Somers, a former physiotherapist, from Respiratory Supplies, explained the whys and wherefores of flying with oxygen and showed several of the portable oxygen concentrator models he sells and rents. He also supplies sleep apnoea machines and accessories.



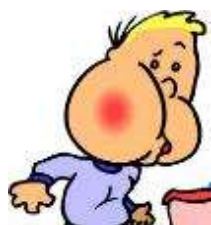
Contact Bernie T 1300 738 003 P 192A Flinders Street Yokine (phone first as he is sometimes out) W [www.respiratorysupplies.com.au](http://www.respiratorysupplies.com.au)

**Lung Foundation Education Day 2019** on Friday 17 May had not taken place at the time of going to press. At the May meeting a number of members indicated their intentions to attend.

## Coming up

*Details of meetings in the second quarter of 2019 are listed on the back cover. The whole year's program was distributed at the February meeting and can be found on [our Facebook page](#), posted on 6 February.*

## Membership due 1 July



Your membership of L I F E through community membership of the Institute for Respiratory Health is due on Monday 1 July. Renew by putting your \$20 payment into an envelope with your name on it at a L I F E meeting, by phone with a credit card to Sarah on 6151 0815 or online at

[www.resphealth.org.au/Get-involved/Membership](http://www.resphealth.org.au/Get-involved/Membership)

## Talking Research

During 2018 key researchers at the Institute for Respiratory Health, Associate Professors Cecilia Prele and Steve Mutsaers spoke to us about how they would like to have our health consumer input into their research planning. But fear not, we don't need to be scientists, just have a perspective on what's important when you are living with a chronic lung condition.

This 2 hour session, **Talking Research**, will be held on

**Thurs 26 September 10am-12noon**

in our usual meeting room 612A at the Perkins Institute Building, near the Lions Eye Institute on the QEII Medical Campus.

Three or four researchers will give a 5 minute consumer-friendly overview of their proposed projects and then there will be a Q&A discussion.

This is the part where you can really help the researchers.



Even if you don't usually attend our monthly meetings, you might like to come to this. We'll be able to meet researchers, and hear about and comment on their research ideas.

**Consumer and community involvement** is about working with researchers and other stakeholders to make decisions about research priorities, policy and practice. It is not about participating in a research project. Consumer and community members bring the consumer or community perspective to a research team based on their own experiences or affiliations to particular organisations. .



### More

W [www.involvingpeopleinresearch.org.au/about-us/frequently-asked-questions/](http://www.involvingpeopleinresearch.org.au/about-us/frequently-asked-questions/)  
E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) T 9382 4678

### L I F E Winter Lunch

This winter we are off to the [Vic Park](#) hotel. We enjoyed our lunch there a year or two back and have decided to go again. They have cosy fire places and a [good menu](#) with lots of pub favourites.

### Victoria Park Hotel

605 Albany Highway (parking behind, off State Street), Victoria Park.



### Mon 19 Aug from 12 noon

**Getting there:** The 960 and 220 buses stop right over the road. There's one at 11.30, and another at 11.38 from the busport (stands 5-8). Alight at stop number 11714. Or phone the Transperth InfoLine on 13 62 13 for more options.

**Please RSVP** by **Thursday 15 Aug** to Mary E [mvfedele@bigpond.com](mailto:mvfedele@bigpond.com)  
T 9337 1286

**There are some new resources listed in the Useful Contacts section on pages 25-27. Can you spot them?**



## RESPIRATORY NEWS

### Meeting Mugs Please

At our May meeting all our coffee mugs had disappeared - probably to the desks of Perkins building researchers on level 6. (Not pointing any fingers ☺).



If there is a mug you can spare, please bring it in to the next L I F E meeting you attend. We will hide these ones at a location known only to us!

**Have A Go Day** will be held on Wed 13 Nov at Burswood Park. L I F E has applied with the Institute for Respiratory Health's Clinical Trials Unit to jointly host a booth. Your contribution of an hour or two on the booth would be great.



Chat to the people about L I F E and living with a lung condition, give away information and encourage people to join us or sign up for a clinical trial. If you would like to volunteer to help on the booth please let us know: Jenni [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) 9382 4678 or Sal 0409 336 639.

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## INSPIRATIONS



Don't look, you might see.  
 Don't listen, you might hear.  
 Don't think, you might learn.  
 Don't make a decision, you might be wrong.  
 Don't walk, you might stumble.  
 Don't run, you might fall.  
**Don't live, you might die.**

*(Author unknown, cited by John C Maxwell,  
 Developing the Leader Within You, 2005)*

### **You don't have to attend every argument you're invited to:**

Someone asked me, "Hey, how do you manage to be cool all the time?"

"I don't get into arguments with people. I just cut it short and say, 'You are right.'"

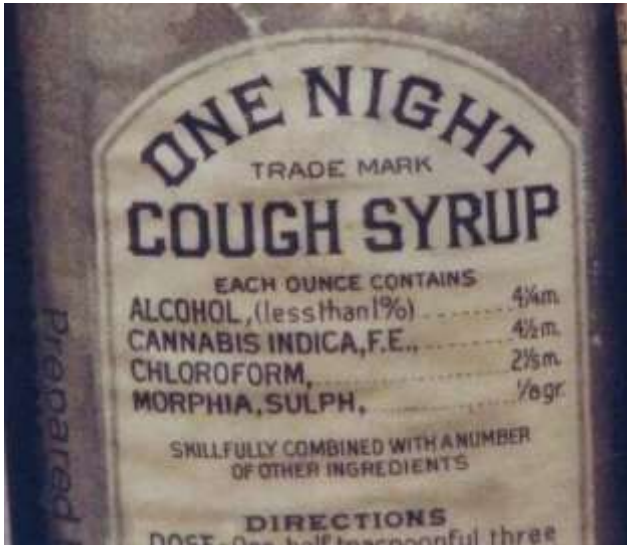
"But that's completely irrational and wrong!" He said.

"You are right," I replied

*(Source: Buddhist Boot Camp, Facebook)*



## LUNG LAUGHS



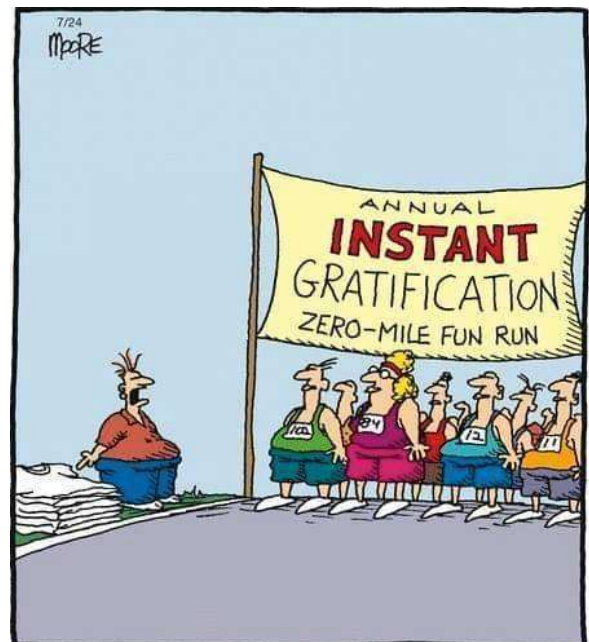
This is a real bottle label from about 1888, from a cough mixture promising to cure your cough in just one dose. Well, you would certainly sleep well

## HOW LONG SHOULD I WASH MY HANDS FOR?



Get rid of germs by scrubbing your hands under warm, soapy water for **about 30 seconds** - or long enough to sing the "Happy Birthday" song twice.

To avoid attracting attention in public facilities, sing the Happy Birthday song in your head!



"Runners to your mark. Get set. Go! ... OK, come get your T-shirts."



## L I F E BIRTHDAY CLUB



Did you know that L I F E member Jan Mairorana looks after our birthday club? If you would enjoy receiving a card from us on your birthday, please let Jan know - at a meeting, T 9339 3617 or E [janjohn1968@bigpond.com](mailto:janjohn1968@bigpond.com).

(It's up to you whether to include your birth year, but we do like to help you celebrate the milestones.).

We also send a card if we know someone is going through a tough time with a bereavement or illness. Let us know about

other members.

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## SHORTS

*Links to source articles are available [online](#) at the L I F E webpage or in the electronic edition.*

## CONNECT GROUPS COURSES FOR SELF HELP GROUP MEMBERS



Connect Groups, the peak body for self help / support groups like L I F E runs some great courses. Contact them direct if you are interested. Open to anyone involved in

a support group. Small fee payable for most. Here are some of them

Grant writing

Facilitating a support group

Starting a support group

Compassionate disengagement 13 June (how to stay supportive of members without getting burned out)

Cash management for support groups 20 June

### More

For information or to book a place contact Connect Groups

T (08) 9364 6909 E [info@connectgroups.org.au](mailto:info@connectgroups.org.au)

W [ConnectGroups/Services/ Training Workshops](http://ConnectGroups/Services/TrainingWorkshops)

## HAVE YOU LIVED WITH CHRONIC PAIN? CAN YOU HELP IN THE TRAINING OF HEALTH PROFESSIONALS?



Arthritis WA is looking for people with lived experience of chronic pain to attend Day 2 of their "Making Sense of Pain" Inter-Professional workshop as a *Pain Champion*. The session will run from 1.00 – 4.30pm on Fri 26 Jul 2019. If you'd like to participate please contact Clara

as soon as possible E [ClaraC@arthritiswa.org.au](mailto:ClaraC@arthritiswa.org.au) T 9388 2199

## USE YOUR MOBILE PHONE AS A PEDOMETER



My friend George from my pulmonary rehabilitation class uses his mobile phone as a pedometer by downloading one of the many free pedometer apps. Then he carries his phone in his pocket and it measures his steps and calculates the distance he's walked on his

daily walk, walking the dog, shopping, over the golf course (yes, George is pretty fit). He tries to reach a total of 10,000 daily steps and uses the Pacer app.

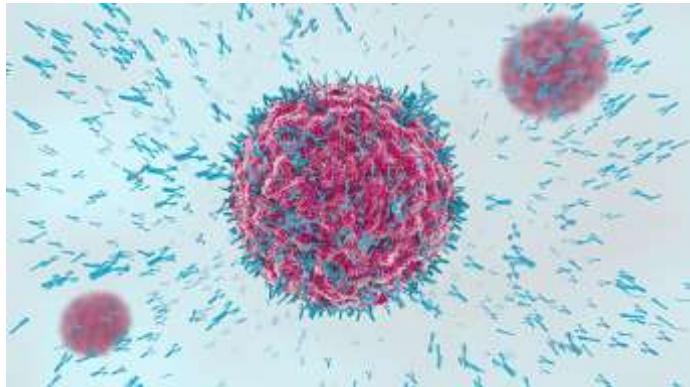
There are some others reviewed [here](#). Do a search of the Android Play Store or Apple App Store on your smart phone. There are many free versions.

## IMMUNOTHERAPY

Immunotherapy - modifying our immune system to treat disease - has been with us for a long time - ever since Edward Jenner vaccinated the first patient against smallpox at the end of the 1700s.

Today, immunotherapy has an increasing role in treating cancer. In that war, our own immune system is our first defence, identifying the abnormal cells and removing them. Checkpoint inhibitors are a component of our immune

system that helps to distinguish “us” from “them”. However sometimes, cancer cells have found ways to disguise themselves, fooling the body’s checkpoint inhibitors and covering their tracks.



Modulating checkpoint inhibitors is part of the new wave of oncology drugs making significant therapeutic inroads for some cancers. You hear about them in the media every day. Opdivo (nivolumab) and Keytruda (pembrolizumab) are two that some members of the Institute for Respiratory Health have had direct experience of, Breath of L I F E editor Jenni Ibrahim, among them. Producing and selling immunotherapy drugs is big business for the pharmaceutical companies. Read more about this side of immunotherapy cancer treatment [here](#):



*Institute for Respiratory Health researcher Associate Professor Steve Mutsaers is coming to our 7 August meeting to explain immunotherapy - both from a scientific perspective, as well as a personal one.*

## LUNG CANCER IN PEOPLE WHO NEVER SMOKED

Lung cancer among never-smokers is “more common than most people think”, experts warn.

An estimated 6,000 never-smokers –who have had less than 100 cigarettes in their lifetime – die from the disease every year in the UK, higher than deaths from other cancer types, according to a paper in the Journal of the Royal Society of Medicine.



If considered separately, lung cancer among this group alone would be the eighth most common cause of cancer-related death in the country, the authors said.

They suggest stigma surrounding smoking has led to a lack of research into the disease, and have called for more work to tackle other causes of lung cancer, besides smoking.

## LUNG MICROBIOME

You've heard of the gut microbiome, now read about the "lung microbiome". An interesting new study looks at the lung microbiome – the microbes - bacteria, viruses and fungi - that live in our lungs. Those of us with chronic lung conditions are particularly interested in this, and how our lung biome interacts with our immune system, affecting the course of our lung disease.

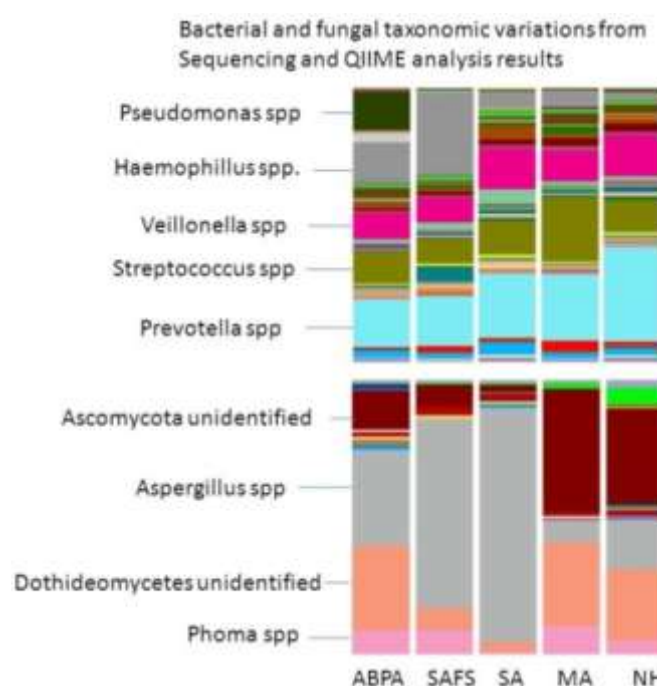
The composition of the lung microbiome is becoming better described and understood with studies of the changes in microbial diversity or

abundance seen in association with several chronic respiratory diseases such as asthma, cystic fibrosis, bronchiectasis, and chronic obstructive pulmonary disease.

However, the precise effects of the microbiome on lung health and the ways it regulates immunity are only now beginning to be made clear.

In this report there's a review of recent advances in understanding the composition of the lung microbiome, the mechanisms by which these microbes interact with your immunity, and their functional effects on the pathogenesis, exacerbations<sup>1</sup>, and co-morbidities<sup>2</sup> of chronic respiratory diseases. It also describes the present understanding of how respiratory microbiota can influence the efficacy of common therapies for chronic respiratory disease, and what potential there is to manipulate the microbiome as a therapeutic strategy.

[Source](#)



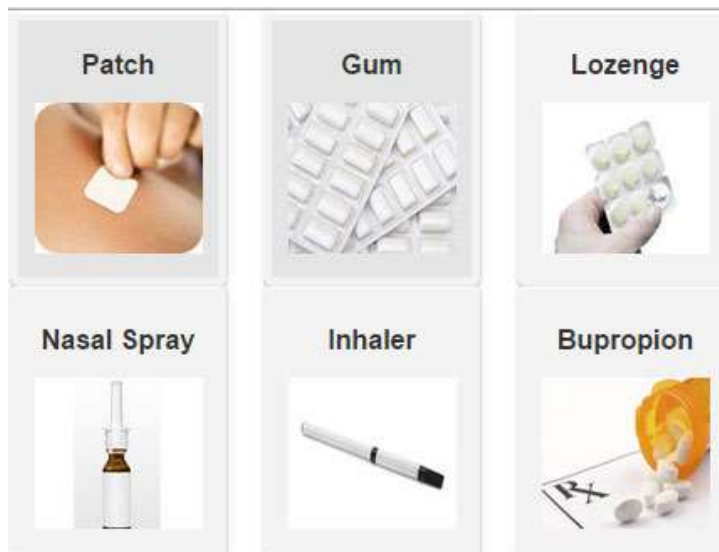
1 IMAGE SHOWS DIFFERENT PATTERNS OF COMMON MICROBES FOUND IN LUNGS

<sup>1</sup> Exacerbations are flare-ups, when your condition gets worse, often only temporarily.

<sup>2</sup> A co-morbidity is an additional chronic condition that you have in addition to your main chronic condition



## MOST EFFECTIVE WAY TO USE NICOTINE REPLACEMENTS TO STOP SMOKING



New evidence published recently in the Cochrane Library<sup>3</sup> provides high quality evidence that people who use a combination of two nicotine replacement therapies (NRTs) are more likely to quit smoking successfully than people who use a single form of the medicine.

The review looked at the different ways to use NRT to quit smoking, and which of these work best to quit smoking for 6 months or longer. The review included 63 trials comprising 41,509 participants. All studies were conducted in people who wanted to quit smoking, and most were conducted in adults. People enrolled in the studies typically smoked at least 15 cigarettes a day at the start of the studies.

Using a nicotine patch and another type of NRT (such as gum or a lozenge) at the same time, made it more likely that a person would successfully stop smoking than if they used only 1 type of NRT alone.

Just over 17% of people who combined a patch with another type of NRT were able to quit compared with about 14% of people who used a single type of NRT.

[\*Source\*](#)

## ANTIBIOTIC EFFECTIVENESS SCREENING TEST

A screening test that quickly confirms effectiveness of particular antibiotics has been developed by a team of scientists from the University of Western Australia. Their method will help ensure the most potent antibiotics are prescribed sooner and could ultimately save lives.

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<sup>3</sup> The [Cochrane](#) Library is a collection of databases that contain different types of high-quality, independent evidence to inform healthcare decision-making.

The time-saving solution known as FAST (Flow cytometer-assisted Antimicrobial Susceptibility Testing) gives a reliable reading on how resistant bacteria will be in just 30 minutes – 21 hours faster than the international standard.

Microbial resistance is a matter of global concern as it increases the risk of treatment failure in a wide range of common infectious diseases.



Dr Tim Inglis (pictured) said it was becoming more difficult to treat patients with severe infections.

“Resistant bacteria are chipping away at the 20 years antibiotics add to our life expectancy,” Dr Inglis said. “Unfortunately, standard methods of antibiotic susceptibility testing take 48 to 72 hours and delay decisions on antibiotic treatment.

“Physicians are forced to rely on educated guesswork, which can further promote antimicrobial resistance and also increase the risk of treatment failure.

“This is a huge step forward in providing quicker methods of antimicrobial susceptibility testing.”

Scientists from internationally recognised reference laboratories are now travelling to Perth to learn how to run FAST methods and are equipping their labs to offer the testing locally.

[Source](#)

## CHILDREN’S PUFFER USE



A study of puffer use in children with asthma in hospital found that a significant proportion missed a critical step. If children in your family use an inhaler, consider getting a health professional to check their technique. While you're at it, get your own puffer use checked out. It's ever so easy to fall into bad habits.

[Source](#)

## EXACERBATIONS IN PEOPLE WITH COPD

Recently the Institute for Respiratory Health hosted a lunchtime seminar from visiting speaker Professor Mona Bafadhel (pictured)<sup>4</sup> from Oxford University, UK. Breath of L I F E reporter and editor Jenni dropped in to hear her.



Prof Bafadhel is a respiratory physician and researcher at Oxford Universities Hospitals Trust and is interested in flare-ups of COPD, a subject close to the heart of many L I F E members living with COPD. Her presentation covered a number of reviews of research in the field and her own contributions to it.

Her current research is addressing these questions: What causes exacerbations, how should they be managed, how can we predict which treatment is going to be effective for which sub-group of people with a COPD flare-up, are there biomarkers that are appropriate to aid decision-making? Clearly all flare-ups are not the same for all people.

Surprisingly, the definition of COPD exacerbation has not changed in 200 years, despite the development of new names for COPD and many new treatments for it. The current standard clinical care for COPD flare-ups usually features corticosteroids (such as prednisolone) and/ or antibiotics, yet the evidence supporting this clinical practice is not reliable. In particular are antibiotics being given to people who have no bacterial infection, adding to the over-use of antibiotics and increasing antibiotic resistance? Similarly, are others being exposed to the risks of unnecessary corticosteroid use?

One of the most interesting studies she described clustered people with COPD flare-ups into 4 groups: a group marked by blood indicators of bacterial infection and change in sputum, a second group with biomarkers of viral infection, a third group with blood markers of inflammation (eosinophil count), and a fourth less well defined group.

She has been particularly interested in the third group (inflammation, raised eosinophils), who are unlikely to benefit from antibiotics, although they are often prescribed these.

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<sup>4</sup> MBChB, FRCP, PhD, Respiratory Medicine, University of Oxford, National Institute for Health Research, London, Medical Sciences Lincoln College, University of Oxford, Oxford Centre for Respiratory Medicine, Oxford

The results of most of the blood tests referred to take hours or days, which can delay the start of effective treatment. However new tests are being piloted using pin pricks, much like a diabetic's glucose monitoring test. Perhaps one day people with COPD will be able to keep track of their own eosinophil count and begin suitable treatment immediately.

*Sources: notes taken at the event, [PubMed report at US National Centre for Biotechnology Information](#), [National Library of Medicine](#), [Lancet article](#), and [Nuffield Department of Medicine, Oxford, England](#)*

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## FEELING S.A.D.?



When the weather gets colder, the nights seem longer and your motivation to get out and about can seem to constantly evade you. Feeling less than enthused about the colder nights is common, but feeling very, very bleak during winter might be something more.

### What could it be?

SAD, or Seasonal Affective Disorder, has a seasonal pattern – you're fine during the warmer months, but as the cold closes in, life feels too hard and all you want is hot buttered toast in bed with a Netflix marathon.

### What are the symptoms?

Just like depression – feeling hopeless, lacking energy, changes in sleeping or eating patterns and a loss of pleasure in things you might enjoy are all symptoms of SAD. With SAD, you may also feel heavy in your limbs, you might want to sleep all the time, including through your alarm, and carbohydrates are becoming your one true love. Speaking of love, intimacy might also be very unappealing.

### What causes SAD?

Although more research is needed into the cause, medical professionals think that it's related to lack of sunlight during the shorter autumn and winter days. According to Grant Blashki, *beyondblue's* Lead Clinical Adviser, the main theory is that a lack of sunlight might stop a part of the brain called the hypothalamus working properly.





Sunlight affects our hormones, but some people are more susceptible than others. Lack of sunlight can mean our bodies produce less melatonin, the hormone that tells your body it's time for sleep. Less sun could also mean less

serotonin, a hormone that affects mood, appetite and sleep. Finally, sunlight affects our body's internal clock (circadian rhythm) – so lower sunlight levels during the winter can throw off your body clock.

### **I think I have SAD, what do I do?**

First port of call is your trusted GP or other health professional, who may diagnose SAD if you have had the same symptoms during winter for a couple



of years. (SAD is very rare in Australia and more likely to be found in countries with shorter days and longer periods of darkness, such as in the cold climate areas of the northern hemisphere.

There are also changes you can make to your routine which may

help improve symptoms:

- Try going outside more often – ask a friend or family member to rug up with you and go for a walk.
- If you see the sun, pop outside and get some of it on your skin (if you can and it's not too cold).
- Try not to go over the top with the red wine (or any other alcohol) – long term it will disturb your sleep and make you feel worse.
- There are lots of relaxation exercises you can try – guided meditation, yoga (check out [YouTube](#) for some free yoga and meditation videos), try some breathing exercises or take a nice warm bath.
- Talk to someone about how you're feeling – text a friend or jump online to the [BeyondBlue forums](#) if you're not up to doing it person.

## What if the feelings of hopelessness won't go away in the warmer weather?

You might have depression. Depression is common throughout the Australian population, and older people are more likely to experience contributing factors such as physical illness or personal loss.

It is thought that between 10-15% of older people experience depression and about 10 per cent experience anxiety. Rates of depression among people living in residential aged-care are believed to be much higher, at around 35%.

Unfortunately, many people over 65 still seem to feel there is a stigma attached to depression and anxiety, viewing them as weaknesses or character flaws rather than a genuine health condition.

Older people are also more hesitant to share their experiences of anxiety and depression with others, often ignoring symptoms over long periods of time and only seeking professional help when things reach a crisis point.

The good news is that help is available, effective treatments exist for older people and with the right treatment most older people recover. Speak to your GP, psychologist or call the Beyond Blue help-line.

### **SIGNS & SYMPTOMS OF DEPRESSION IN OLDER PEOPLE**

An older person may be said to be depressed if - for more than two weeks - they have felt sad, down or miserable most of the time or have lost interest or pleasure in most of their usual activities.

They would have experienced several of the signs and symptoms in at least three of these categories: Behaviours, Thoughts, Feelings, Physical Symptoms ([full list available on BeyondBlue website](#)).

Note that we all experience some of these symptoms from time to time and it may not necessarily mean that you are depressed.

Equally, not every person who is experiencing depression will have all of these symptoms.

Older people with depression tend to present with more symptoms from the physical category compared with the other categories. So an older person is more likely to go to their GP with various physical complaints and difficulty sleeping rather than complaining of sadness or low mood.

Different language may also be used when older people refer to their depression. Instead of describing 'sadness', for example, they may talk about 'their nerves'.

Source [Beyond Blue](#)

**More** T 1300 224 636 W [www.beyondblue.org.au](http://www.beyondblue.org.au)

W [Link to online forums](#) where you talk speak to others experiencing low mood

W [Link to online chat](#) to have a web chat with a Beyond Blue counsellor

## HEALTHY EATING

And now for vitamin E. It's often singled out as the potential fountain of youth. However, there's **no evidence that taking large doses of any vitamin can either stall or reverse the effects of ageing**. Neither can any one vitamin restore a flagging sex drive or cure infertility..



### PLEASE READ THIS



We should, advises the federal government's [Australian Guide to Healthy Eating](#). Foods contain vitamins, minerals, dietary fibre, and other substances that benefit health. In some cases, fortified foods and dietary supplements may provide nutrients that otherwise may be consumed in less-than-recommended amounts.

*If you are thinking of taking a vitamin supplement consider whether you can get adequate amounts of it in your diet, whether you have any need for extra, the dangers of taking an excess of that vitamin, and whether the vitamin interacts with other medications you are taking.*

*Your pharmacist, your GP or a nutritionist can help you decide.*

Many people use vitamin E supplements in the hopes that the vitamin's antioxidant properties will prevent or treat disease. But studies of vitamin E for preventing cancer, heart disease, diabetes, Alzheimer's disease, cataracts, and many other conditions have been disappointing.

Or perhaps you've heard that Vitamin E is good for your skin. It's an ingredient in many skincare products; especially those that claim to have anti-aging benefits.

Vitamin E supplements may prevent coronary heart disease, support immune function, prevent inflammation, promote eye health, and lower the risk of cancer.

### What is Vitamin E?

Vitamin E is a fat-soluble nutrient found in many foods. In the body, it acts as an antioxidant, helping to protect cells from the damage caused by free radicals. (Free radicals are compounds formed when our bodies convert the food we

eat into energy. People are also exposed to free radicals in the environment from cigarette smoke, air pollution, and ultraviolet light from the sun.)

Our body also needs vitamin E to boost our immune system so that it can fight off invading bacteria and viruses. It helps to widen blood vessels and keep blood from clotting within them. In addition, cells use vitamin E to interact with each other and to carry out many important functions.

The amount of vitamin E you need each day depends on your age. Average daily recommended intakes are listed below in milligrams (mg) and in International Units (IU). Package labels list the amount of vitamin E in foods and dietary supplements in IU.

Life Stage	Recommended Amount
Birth to 6 months	4 mg (6 IU)
Infants 7-12 months	5 mg (7.5 IU)
Children 1-3 years	6 mg (9 IU)
Children 4-8 years	7 mg (10.4 IU)
Children 9-13 years	11 mg (16.4 IU)
Teens 14-18 years	15 mg (22.4 IU)
<b>Adults</b>	<b>15 mg (22.4 IU)</b>
Pregnant teens and women	15 mg (22.4 IU)
Breastfeeding teens and women	19 mg (28.4 IU)

### What foods provide vitamin E?

Vitamin E is found naturally in foods and is added to some fortified foods. You can get recommended amounts of vitamin E by eating a variety of foods including the following:

- **Vegetable oils** like wheat germ, sunflower, and safflower oils are among the best sources of vitamin E. Corn and soybean oils also provide some vitamin E.
- **Nuts** (such as peanuts, hazelnuts, and, especially, almonds) and seeds (like sunflower seeds) are also among the best sources of vitamin E.
- **Green vegetables**, such as spinach and broccoli, provide some vitamin E.
- **Foods fortified with vitamin E.** Food companies add vitamin E to some breakfast cereals, fruit juices, margarines and spreads, and other foods. To find out which ones have vitamin E, check the product labels.





### **What kinds of vitamin E dietary supplements are available?**

Vitamin E supplements come in different amounts and forms. Two main things to consider when choosing a vitamin E supplement are:

1. *The amount of vitamin E:* Most once-daily multivitamin-mineral supplements provide about 30 IU of vitamin E, whereas vitamin E-only supplements usually contain 100 to 1,000 IU per pill. The doses in vitamin E-only supplements are much higher than the recommended amounts. Some people take large doses because they believe or hope that doing so will keep them healthy or lower their risk of certain diseases.
2. *The form of vitamin E:* Although vitamin E sounds like a single substance, it is actually the name of eight related compounds in food, including alpha-tocopherol. Each form has a different potency, or level of activity in the body.

Vitamin E from natural (food) sources is commonly listed as "d-alpha-tocopherol" on food packaging and supplement labels. Synthetic (laboratory-made) vitamin E is commonly listed as "dl-alpha-tocopherol." The natural form is more potent. For example, 100 IU of natural vitamin E is equal to about 150 IU of the synthetic form.

Some vitamin E supplements provide other forms of the vitamin, such as gamma-tocopherol, tocotrienols, and mixed tocopherols. Scientists do not know if any of these forms are superior to alpha-tocopherol in supplements.

### **Health effects of low vitamin E**

Vitamin E deficiency is very rare in healthy people. It is almost always linked to certain diseases in which fat is not properly digested or absorbed.

Examples include Crohn's disease, cystic fibrosis, and certain rare genetic diseases. Vitamin E needs some fat for the digestive system to absorb it.

Vitamin E deficiency can cause nerve and muscle damage that results in loss of feeling in the arms and legs, loss of body movement control, muscle weakness, and vision problems. Another sign of deficiency is a weakened immune system.

Scientists are studying vitamin E to understand how it affects health. Here are several examples of what this research has shown.

### **Heart disease**

Some studies link higher intakes of vitamin E from supplements to lower chances of developing heart disease. But the best research finds no benefit. People in these studies are randomly assigned to take vitamin E or a placebo (dummy pill with no vitamin E or active ingredients) and they don't know which they are taking. Vitamin



E supplements do not seem to prevent heart disease, reduce its severity, or affect the risk of death from this disease. Scientists do not know whether high intakes of vitamin E might protect the heart in younger, healthier people who do not have a high risk of heart disease.

### **Cancer**

Most research indicates that vitamin E does not help prevent cancer and may be harmful in some cases. Large doses of vitamin E have not consistently reduced the risk of colon and breast cancer in studies, for example. A large study found that taking vitamin E supplements (400 IU/day) for several years increased the risk of developing prostate cancer in men.

Two studies that followed middle-aged men and women for 7 or more years found that extra vitamin E (300-400 IU/day, on average) did not protect them from any form of cancer. However, one study found a link between the use of

vitamin E supplements for 10 years or more and a lower risk of death from bladder cancer.

Vitamin E dietary supplements and other antioxidants might interact with chemotherapy and radiation therapy. People undergoing these treatments should talk with their doctor or oncologist before taking vitamin E or other antioxidant supplements, especially in high doses.

### Eye disorders



Age-related macular degeneration (AMD), or the loss of central vision in older people, and cataracts are among the most common causes of vision loss in older people. The results of research on whether vitamin E can help prevent these conditions are inconsistent.

Among people with AMD who were at high risk of developing advanced AMD, a supplement containing large doses of vitamin E combined with other antioxidants, zinc, and copper showed promise for slowing down the rate of vision loss.

### Mental function

Several studies have investigated whether vitamin E supplements might help older adults remain mentally alert and active as well as prevent or slow the decline of mental function and Alzheimer's disease. So far, the research provides little evidence that taking vitamin E supplements can help healthy people or people with mild mental functioning problems to maintain brain health.

### Can vitamin E be harmful?

Eating vitamin E **in foods** is not risky or harmful.

**In supplement form**, however, high doses of vitamin E might increase the risk of bleeding (by reducing the blood's ability to form clots after a cut or injury) and of serious bleeding in the brain (known as hemorrhagic stroke). Because of this risk, the upper limit for adults is 1,500 IU/day for supplements made from the natural form of vitamin E and 1,100 IU/day for supplements made from synthetic vitamin E.

The upper limits for children are lower than those for adults. Some research suggests that taking vitamin E supplements even below these upper limits might cause harm. In one study, for example, men who took 400 IU of vitamin E each day for several years had an increased risk of prostate cancer.

## Are there any interactions with vitamin E that I should know about?

Vitamin E dietary supplements can interact or interfere with certain medicines that you take. Here are some examples:

- Vitamin E can increase the risk of bleeding in people taking anticoagulant or antiplatelet medicines, such as warfarin (Coumadin®).
- In one study, vitamin E plus other antioxidants (such as vitamin C, selenium, and beta-carotene) reduced the heart-protective effects of two drugs taken in combination (a statin and niacin) to affect blood-cholesterol levels.
- Taking antioxidant supplements while undergoing chemotherapy or radiation therapy for cancer could alter the effectiveness of these treatments.

Always tell your doctor, pharmacist, and other healthcare providers about any dietary supplements and medicines you take. They can tell you if those dietary supplements might interact or interfere with your prescription or over-the-counter medicines, or if the medicines might interfere with how your body absorbs, uses, or breaks down nutrients.

*Source*

[US National Institutes of Health: Office of Dietary Supplements](#)

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## 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 mail out 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](mailto:salhyder1@gmail.com)
2. **Spread the word** with family and friends. 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. **Volunteer to be a research subject** in a medical research project described in Breath of L I F E or in your local paper
5. **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.

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## SOME USEFUL CONTACTS

NOW, MUCH  
BETTER  
ORGANISED!

### Respiratory

[Flying with Oxygen](#) - L I F E's own practical guide endorsed by Prof P J Thompson, Respiratory Physician, Lung Health Clinic.

[Lung Foundation Australia](#) T 1800 654 301 (Queensland time zone)

[Pulmonary Rehabilitation](#) programs (scroll down to WA) or T 1800 654 301  
Need referral from a respiratory specialist who has admitting rights to a WA public hospital (even if you see them privately).

[Pulmonary Hypertension Network Australia](#) – a sister support group to L I F E

[Asthma Foundation](#) WA  
T 1800 278 462

[Bronchiectasis Toolbox](#) for health professionals

[Active Cycle of Breathing Technique](#) (video) helps you clear your airways of phlegm

[Asbestos Diseases Society of Australia](#) (WA) T 1800 646 690 (08) 9344 4077

[National Quit line](#) – help to quit smoking T 13 78 48



### Mental Health

[Connect Groups](#) – peak body for support groups in WA T (08) 9364 6909

[Act Belong Commit](#)- activities to promote your mental health T (08) 9266 3788

[Beyond Blue](#) mental health support service T 1300 22 4636

[Australian Mens Shed Association](#) – find a men’s shed near you T 1300 550 009

[Lifeline](#) 24 hour personal crisis support and suicide prevention association T 13 11 14

## General Health

[Health Direct](#) look up reliable health information or speak to a registered nurse T 1800 022 222

[Cancer Council WA](#) T 13 11 20

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

[ABC Health Online](#) find reliable health news and information

[Stay On Your Feet](#) information and resources to prevent falls and keep Western Australians active, because falls are preventable no matter what age T 6166 7688 or Country callers 1300 30 35 40. Level 2, 297 Vincent Street, Leederville, WA

[Independent Living Centre](#) (08) 9382 0600 Country callers 1300 885 886 choose and access equipment, technology and services for independence and wellbeing of people with disability and older people throughout WA. Centres at Nedlands, Westminster and Busselton.

## Seniors

[Council on the Aging](#) (COTA) voice of older Australians T (08) 9472 0104

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

[National Seniors](#) voice of older Australians T 1300 76 50 50

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

[Seniors Services](#) guide database of services and activities for older Australians

[Seniors Recreation Council](#) WA T (08) 9492 9773. Runs Have A Go Day each year.

[The Move Into Aged Care](#) tools and resources supporting you and your family. Advocare is the WA contact.

[Advocare](#) advocating for Western Australians receiving aged care services at home or in an aged care facility T 9479 7566 Country callers 1800 655 566

[WA Elder Abuse Helpline](#) (operated by Advocare) 1300 724 679

[CentreLink](#) 13 24 68

[HaveAGoNews](#) read seniors' news online

[Computer basics guide](#) for seniors (free)

## **Health Consumer and Carer Rights**

[Carers WA](#) supporting friends and family who care for others T 1300 227 377

[Health Consumers Council](#) an independent voice advocating for patients in WA T (08) 9221 3422 and 1800 620 780

[Patient Opinion Australia](#) share your experience as a patient and ensure the message gets passed on to the right people T 1300 662 996

## **Other**

[TED Talks](#) watch videos of great speakers on a topic that interests you. Free

[Do Not Call Register](#) – stop unwanted marketing calls to your home phone or mobile, renew every 2 years, market research, charitable organisations and political organisations excepted T 1300 792 958

[The Australian Bereavement Register](#) stop unwanted mail to a family member who has passed away T 1300 887 914

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## **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](mailto: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](mailto: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](mailto: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](mailto: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 the month from February to November from 12 - 2.30pm. Speaker 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. Buggy pick-up from the car park or bus stop call M 0481 438 731 (Mon-Fri 9am-4pm) or ask at Gairdner Voluntary Group Enquiries Desk just inside the main entrance in E block.

### COMING UP

<b>Wed 5 Jun</b>	Talking to people about my lung condition	Focussed discussion
<b>Mon 1 Jul</b>	Your subscription is due	Details inside
<b>Wed 3 Jul</b>	Social meeting (no speaker)	Come for a cuppa and a chat.
<b>Wed 7 Aug</b>	Immunotherapy – scientific & personal	Assoc Prof Steve Mutsaers
<b>Mon 19 Aug</b>	L I F E Winter Lunch at Albany Hotel	Details inside
<b>Wed 4 Sep</b>	Role of the community nurse	Louise Papps, Silver Chain
<b>Thur 26 Sep</b>	Talking Research - special meeting 10.00	Meet Respiratory Health researchers.