



Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Spring 2019

Sep-Oct-Nov

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SPRING

Western Australian spring is usually something we all look forward to, unless you have **allergic or extrinsic asthma** (more on this inside). In fact people from overseas and the eastern states come to Western Australia at this time just for the wildflowers.

Some of the places to see wildflowers around Perth include Kings Park (of course), Wireless Hill (Ardross), Bold Park (City Beach), John Forrest National Park (Perth Hills), Ellis Brook Valley Reserve (Martin, near Gosnells), Bungendore Park (Bedfordale), Kensington Bushland, Star Swamp (near North Beach), Hepburn Heights (Padbury), Brixton Street Wetlands (Kenwick) and the Zig Zag (Kalamunda – very steep)



E-COPY



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<http://tinyurl.com/kdtrqxc>

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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) 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

May

About six members of L I F E attended the **Lung Foundation Education Day 2019** on Friday 17 May. Unfortunately L I F E coordinator Jenni Ibrahim was down with the flu and a chest infection missed out. Those who attended said that the presentation on devices and aids from an occupational therapist at the Independent Living Centre was very interesting, as was the overview of lung conditions.

June

Jenni Ibrahim facilitated a focussed discussion on the topic of Talking to People About My Lung Condition. We addressed the topics listed here. Tips from members who attended are summarised elsewhere in this issue.

July

July's meeting was a social one without a scheduled speaker or focussed discussion.

A small group gathered together to share a coffee, tea or cup of soup, get to know each other better and strengthen friendships.

August

The August meeting was well attended, including one new member, welcome **Evelyn**! Assoc. Prof Steve Mutsaers, a lung disease researcher at

Talking to People about My Lung Condition

- Who understands your lung condition well. who doesn't?
- What seems to be hardest for them to understand?
- Explaining in a group situation
- Do you ever hear people who "over share"?
- Explaining to strangers and acquaintances
- What tips would you give someone newly diagnosed about explaining to others? (see inside)

the Institute for Respiratory Health came to explain how immunotherapy works as well as share some of his personal experience with it and how he has stayed positive despite having cancer. Huge thank you Steve!

Our winter lunch was held in the cosy surrounds of the Victoria Park Hotel on Albany Highway (NOT the Albany Hotel as given on the back cover of the last issue. Albany would be a bit far for many! The hotel name and address given inside the last issue were correct though.)

Coming up

Details of meetings in the next 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.

Talking Research

During 2018 researchers at the Institute for Respiratory Health, Associate Professors Cecilia Prele and Steve Mutsaers told us how they would like to have our health consumer input into their research planning. 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.

Some 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.



More

W www.involvingpeopleinresearch.org.au/about-us/frequently-asked-questions/

E life@resphealth.uwa.edu.au T 9382 4678

Membership fees now overdue



Your membership of L I F E was due on Monday 1 July. Many members renewed at the June meeting by popping \$20 into an envelope with their name on it. If you haven't got round to it yet, you can phone Sarah with your credit card details on T (08)6151 0815 or do it online at

www.resphealth.org.au/Get-involved/Membership

L I F E Spring Lunch

Welcome spring at our lunch in the community. This is an interesting café located in East Perth, not far from the Health Department. As well as the modern café with delicious food, there's a community garden opposite which helps disadvantaged people.



City Farm Café

1 City Farm Place, East Perth

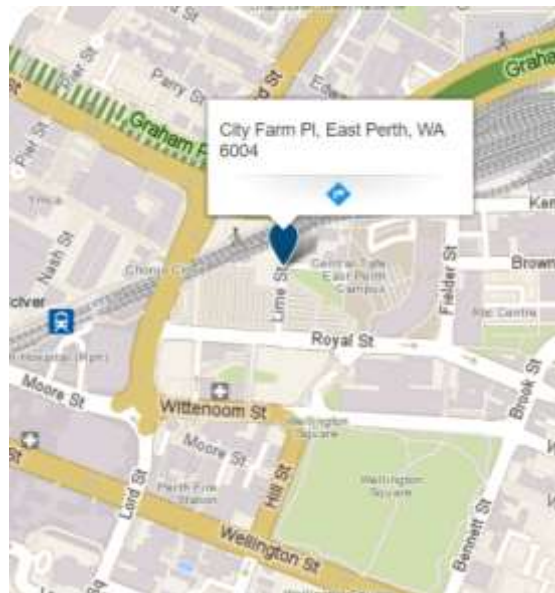
Mon 14 Oct 12 noon

Parking out front including ACROD bay.

Getting there: Catch a Thornlie Line train to Claisebrook Train Station. Walk 330m to the corner of City Farm Place and Lime Street (off Royal Street)

Or catch the free Yellow CAT bus and get off just before the terminus at Claisebrook Train Station. [Link to CAT routes](#)

Or phone the Transperth InfoLine on 13 62 13 for more options.



Please RSVP by **Thursday 10 October** to Mary E mvfedele@bigpond.com
T 9337 1286

Save the Date!

Our L I F E Christmas Party will be on Wednesday 4 December from 12. . Look up your Christmas finery. Nothing wrong with a bit of head tinsel. More details in the next issue.

RESPIRATORY NEWS

Chatting to New Members

Recently L I F E has introduced the new role of **liaison**. We are looking for members willing to have a chat with prospective new members, telling them about L I F E, and collecting a few details from them. Guide notes and forms will be provided. Would you be willing to be a liaison person for



L I F E? It's not envisaged you'd be called very often, especially if we have plenty of volunteers. If, on a particular day you were not able to call the person promptly, you could get another of L I F E's liaison people to call. We will try to refer people who live in your area of Perth.

More

If you might give it a go, let Sal or Jenni know. T Sal 0409 336 639 Jenni 0413 499 701

Meeting Mugs

Huge thank you to all those who brought mugs to replace ours that went missing from level 6 this year. We are storing the replacements in a secret location, so please wash your mug after use and return it there. There are still plenty of sachets of soup for the cooler months.



Special thank you **Tom Murnane** who brought in a box of mugs and also brought new member **Jo Foster** from Pinjarra, who travelled with Tom by train to QEII Medical Campus from Mandurah.

Have A Go Day Volunteers needed!

Have A Go Day 2019 will be held on Wed 13 November at Burswood Park, near the casino. It's the major event of the Seniors Recreation Council. 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.



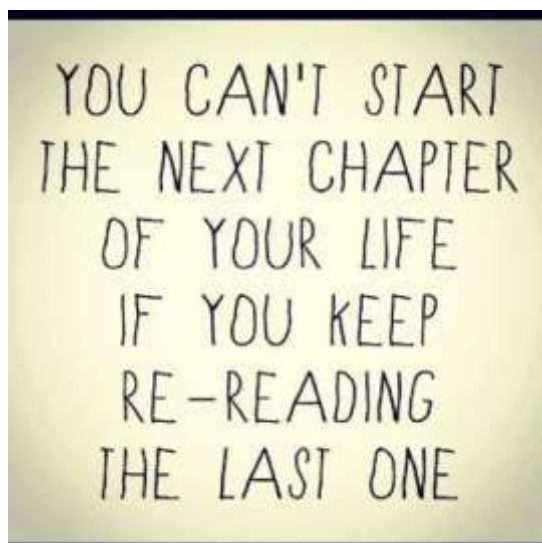
Chat to people about L I F E and living with a lung condition, give away information and encourage people to join us or sign up for a clinical trial. Then you can have a wander round and see what else Have A Go Day has to offer this year.

If you would like to help on the booth please let us know as soon

as possible.

Jenni life@resphealth.uwa.edu.au 0413 499 701 or Sal 0409 336 639.

INSPIRATIONS



LUNG LAUGHS

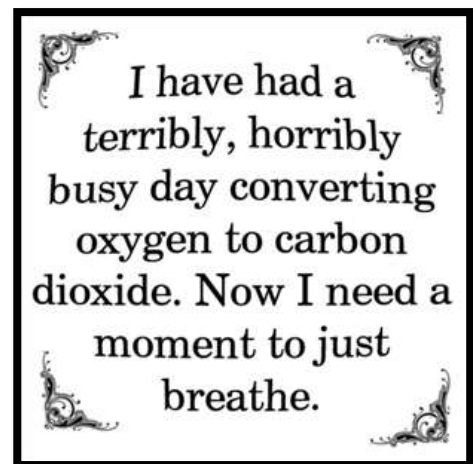
First, a riddle or two:

What did the lungs say to the cigarette?

You take my breath away.

What did the green grape say to the purple grape?

Breathe! Breathe!



Next a doctor joke:

At a medical convention, a male doctor and a female doctor start eyeing each other. The male doctor asks her to dinner and she accepts. As they sit down at the restaurant, she excuses herself to go and wash her hands.

After dinner, one thing leads to another and they end up in her hotel bedroom. Just as things get hot, the female doctor interrupts and says she has to go and wash her hands. Once she comes back they go for it. Once they finish, she gets up and says she is going to wash her hands.

As she comes back the male doctor says, "I bet you are a surgeon".

She confirms and asks how he knew. "Easy, you're always washing your hands."

She then says, "I bet you're an anaesthesiologist."

Male doctor: "Wow, how did you guess?" Female doctor: "I didn't feel a thing."



"I can't promise miracles, but the lung-enhancement surgery should cut, oh, I'd say two or three minutes off your time in the mile."

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.

(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.



SHORTS

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

GOOD BYE GUIDE

Having all of your paperwork up to date and in one place and informing someone of its location, will make it easier if a family member or trusted friend has to help you with financial and legal matters. This is a short checklist covering identity, legal documents, confidential financial, vehicle, digital and pet information. It is similar to the Personal Affairs Record Booklet which L I F E had produced (on request).

[Downloadable](#) copy here at COTA's website

TIPS FOR TALKING TO OTHERS ABOUT YOUR LUNG CONDITION

(Summary of members' discussion at the June meeting)

Just a short explanation is needed. No need to go into too much detail, unless they ask questions. Direct people to reliable websites for more information, such as those listed below.

There was general agreement that members explained more to family and close friends than to acquaintances and strangers, e.g. in a shop.

Don't take on responsibility for other people's feelings. If someone is really disappointed you don't want to attend an event because you are unwell,



there will be smokers, or it will be too cold, their feelings are their responsibility, not yours.

Explain your coughing. It's sometimes the only obvious sign you have something wrong with your lungs. Explain that it's not a medical

emergency, just an everyday thing for you.

On the other hand one member said her friends judged how well she was based on whether she was coughing as much as usual. She said that did not always correlate with how well she was feeling.

Explain what you need help with, e.g. attending medical appointments together, carrying heavy items, housework and gardening, managing medications. And also what you don't need help with, such as cooking.

Many members felt that few people in their lives understood much about their lung condition.

Many recommended finding a support group. It can help you feel you are not alone. Your significant other is usually welcome too and might better understand about your condition when they have a chance to meet others with similar health problems.

Explain your self care routines, e. g. daily mucus clearing activities, walk, puffers, need for rest.

If they raise the link between smoking and lung disease, explain that not all lung conditions are related to smoking, and that the causes of many conditions are still not understood. The Quit campaign notwithstanding,

Chronic lung conditions are often invisible to others

Unless we are coughing, wearing a nasal cannula for oxygen or huffing and puffing, others have no way of knowing that we have a lung condition that impacts our quality of life. Fatigue is a less visible but common feature of chronic lung conditions.

not all smokers get a lung condition. Not everyone with a lung condition was a smoker. (This summary is based on our group discussion on 5 June.)

More [Lung Foundation Australia](#) T 1800 654 301 (Queensland time zone)
[Victorian Health Department's Better Health Channel](#) on COPD
[British Lung Foundation](#)

Lung disease and smoking

Smoking is still the single biggest risk factor for lung disease. But many lung conditions are totally unrelated to smoking, even if smoking might worsen them. Genetics, occupational environments and as yet unknown factors play significant roles.

Smokers and ex-smokers are still entitled to good health care (though as a community we'd hope that smokers would do everything in their means to follow medical advice closely and to quit smoking).

We do not see the same stigma attached to people whose eating patterns and exercise levels are putting them at risk of a range of lifestyle related conditions, such as obesity, diabetes, heart disease, stroke, plaque build up in the arteries. Nor even towards smokers who have a heart attack or stroke.

SLEEP APNOEA SERVICES IN WESTERN AUSTRALIA

Have you recently been diagnosed with sleep apnoea, a breathing disorder that happens when you are asleep? Sleep apnoea is potentially serious as your breathing repeatedly stops and starts. You may have sleep apnoea if you snore loudly and you feel tired even after a full night's sleep.

A common treatment for sleep apnoea is a CPAP machine with mask, which blows low pressure air into your airways, preventing them from collapsing when you breathe out.

Have you wondered how to get access to diagnosis and treatment?

If you believe you may have sleep apnoea L I F E recommends you ask your GP to refer you to a respiratory sleep physician first. Not all sleep apnoea is the same. A proper diagnosis is always the first step to successful treatment.

A "sleep study" is usually part of the diagnostic process and may involve an overnight hospital stay or using borrowed equipment in your own home.

Large public hospitals provide a respiratory sleep service, including helping you decide on the best treatment for you. The respiratory sleep medicine service is usually associated with the Department of Respiratory Medicine or Pulmonary Physiology (where you go for lung function tests).

To qualify for a Medicare rebate for the sleep study you would usually need a referral from your GP.

There are also private services:

Private respiratory physicians often provide both diagnosis and treatment.

Respiratory Supplies, run by former physiotherapist Bernie Somers in Yokine W www.respiratorysupplies.com.au T 1300 783 003

Healthy Sleep Solutions, is a network of sleep clinics in all States and Territories of Australia (except for Northern Territory). There are eight in Western Australia, seven in metro Perth (Wanneroo, Midland, Maddington, Claremont, Murdoch, Baldivis and) and Mandurah and Kalgoorlie. They are staffed by sleep technicians who have a range of qualifications.

www.healthysleep.net.au ... T (02) 9252 0266



Friendly's Sleep Apnoea Services at 27 Friendly's Pharmacies across WA, including Busselton, Bunbury, Australind, Mandurah, Falcon, many in metro Perth. They offer a free 15 minute consultation with a pharmacist and a home sleep study using equipment you borrow from the pharmacy.

Pharmacy 777 offers a similar service at 14 pharmacies across Western Australia, including four in the country.

Wizard Pharmacy provides a similar service at five Western Australian locations.

HUMIDIFIER

Some people with chronic lung conditions find warm humid air easier to breathe in than the reverse (cold, dry). A humidifier such as Fisher & Paykel's MyAirvo2, is designed to be used at home, with or without oxygen. The company website claims that the humidifier can help with

- Shortness of breath
- Dry irritable cough
- Inability to clear secretions

- clear explanations and information
- ask questions about the service, any proposed procedures, and its risks, benefits and alternative treatments
- be given time to understand the information provided
- be informed about the costs of treatment(s)
- be informed if the procedure is experimental or part of research
- ask for a second opinion
- choose a health care establishment
- give informed consent about treatment and withdraw consent at any time
- appoint someone to make decisions on your behalf if you cannot make those decisions yourself



- leave the hospital at any time – except in the case of some infectious diseases or psychiatric conditions
- confidentiality of personal records
- complain if you are not happy
- redress in the event of injury
- have access to your medical records
- have the right to an interpreter

These rights flow from your two basic legal rights as a health consumer

1. the right to give or withhold your informed consent to treatment.
2. the right to receive competent care from health service providers.

Source: [Australian Healthcare Rights, Health Consumers Council](#)

PSEUDOMONAS

Pseudomonas aeruginosa, the most common bacterial infection found in the lungs of people with bronchiectasis, can adapt in the lungs and acquire

a mucoid state that makes sputum harder to clear, new research shows. Bacteria that mutate in this way are also linked to more severe disease.

Mucus that lubricates the bronchi — the conducting airways — is produced and expelled continuously, but in people with bronchiectasis an excessive production and changes in the mucus' mechanical properties make it harder to clear. This creates the perfect conditions for infections, of which the bacteria *Pseudomonas aeruginosa* is one of the most common.



This Spanish study reported the trend that might explain why patients with mucoid bacteria had more exacerbations or flares, and more pus (purulence) in their sputum than patients without infection.

Patients with chronic colonisation with mucoid bacteria also had worse lung function, a higher level of dyspnea (shortness of breath), and more severe disease.

Read [Article](#)

COUGH

Dry, moist, productive, hacking, chesty, whooping, barking, throaty. Just some of the terms people use to describe their cough.



While we've been deep into cold and flu season, it's one of the most common reasons people see their family doctor.

But what is a cough anyway? And what's the best way to get rid of it? A recent ABC report covers types of cough, causes, what's too much, mucus colour and treatments.

Read more [ABC Health News](#)

HEALTH INSURERS DENYING CLAIMS

The nation's biggest health insurers illegally rejected the claims of thousands of sick or injured Australians over seven years, leaked documents show.

A government whistleblower who investigated their conduct has also revealed how his efforts were frustrated by years of inaction, failures to fully alert the public, intervention from his superiors, and suspicions that the insurers were falsifying or withholding evidence.

Private health insurers routinely refuse to pay hospital bills by linking their customers' illnesses to a pre-existing health condition. But, before doing so, they are legally required to appoint a doctor to review the medical evidence and consider advice from the customer's treating physician.



Source [The Guardian](#)

HOW MUCH PROTEIN DO WE NEED FOR OUR MUSCLES AS WE AGE?

Protein is an important macronutrient that does a lot more than just fuel your muscles — it's essential for many aspects of your health.

It's for building and maintaining muscle mass, but also for producing hormones, and even sometimes as a source of energy. Every part of us is made from protein. As we age we need a bit more, about 1 gram per kilo of body weight each day. So for an older person weighing 70kg, this is 70g protein, or the equivalent of 5 XL eggs, plus 110 g beef, and two slices of cheese. That's way more than you thought, isn't it?

Protein can come from a wide range of sources, not just meat, but also fish, seafood, eggs, and legumes like beans and lentils.

Read more [ABC Health News](#)

NON SMOKERS GET LUNG CANCER TOO

A dry cough maybe the only sign something is wrong. Non smokers get lung cancer too and endure the stigma of people thinking they must have secretly smoked. One in three women and one in ten men getting lung cancer have **never** smoked. Lung cancer has a much lower 5-year survival rate than breast cancer and ovarian cancer.

Read [Carolyn Riordan's story](#) as reported by 9News.

HIGH DOSE FLU VIRUS AND OLDER PEOPLE?



Studies have found that the high-dose influenza vaccine has higher **relative vaccine effectiveness** (RVE) compared to standard-dose vaccines in some seasons. A US study evaluated the effect of age on the high-dose versus standard-dose RVE among Medicare¹ beneficiaries.

A large retrospective study of six flu seasons from 2012 to 2018 among Medicare beneficiaries aged over 65.

The study included over 19 million vaccinated beneficiaries in a community pharmacy setting. The statistical analysis indicated a slightly increasing trend in RVE with age in all seasons.

The high-dose vaccine was more effective than standard-dose vaccines in preventing influenza hospital encounters (influenza inpatient stays and emergency department visits) in four of the flu seasons studied and was at least as effective in all other seasons.

They also found that the high-dose vaccine was consistently more effective than standard-dose vaccines for people aged 85 and over across all seasons. Similar trends were observed for influenza inpatient hospital.

The high-dose versus standard-dose influenza vaccine RVE increases with age.

Source [article](#)

TWO TYPES OF ASTHMA

Intrinsic and **extrinsic asthma** are two subtypes of asthma, which people more commonly refer to as allergic and non-allergic asthma.

Both types cause the same symptoms. The difference between the two subtypes is what causes and triggers asthma



¹ . In the US Medicare is available only to certain aged, disadvantaged and disabled groups. It's not the universal health insurance scheme we have in Australia.

symptoms. The treatments are similar for each type, although the prevention strategies differ.

In people with **extrinsic asthma** (in US about 40% asthma), allergens trigger the respiratory symptoms. Common triggers for extrinsic asthma include:

- pollen
- mold
- dust mites
- pet dander
- cockroaches
- rodents

In some cases, a person is allergic to more than one substance, and several allergens trigger asthma symptoms.

In people with **intrinsic asthma**, allergies are not responsible for the symptoms. Instead, the following triggers cause symptoms:

- cold
- humidity
- stress
- exercise
- pollution
- irritants in the air, such as smoke
- respiratory infections, such as colds, the flu, and sinus infections

In some cases, intrinsic asthma can occur with no known cause. It's more often found in females than males, and typically develops later in life than extrinsic asthma.

Read more [Medical News Today](#)

IMMUNOTHERAPY AND SKIN CANCER

Nivolumab treatment is associated with long-term survival in heavily pre-treated patients with advanced melanoma, **renal cell carcinoma** (RCC), or **non-small cell lung cancer** (NSCLC), according to a recent study.

The study provides much-needed data on long-term clinical outcomes associated with nivolumab.

For the study, researchers followed 270 men and women with advanced melanoma (39.6%), RCC (12.6%), or NSCLC (47.8%) who received nivolumab and were enrolled between October 30, 2008, and December 28, 2011. People received different doses of the drug (between 0.1 to 10.0 mg/kg) intravenously in an outpatient clinic every 2 weeks in 8-week cycles for up to

96 weeks, unless they developed progressive disease, achieved a complete response, experienced unacceptable toxic effects, or withdrew consent.

All of the patients were previously treated for their advanced cancers, with 40.4% entering the trial having undergone 3 or more prior systemic (drug) therapies.

The researchers found that 5-year survival rates were higher than expected: 34.2% for melanoma, 27.7% for RCC, and 15.6% for NSCLC.

In a multivariable analysis, the presence of liver or bone metastases was independently associated with reduced likelihood of survival at 5 years, whereas an Eastern Cooperative Oncology Group performance status of 0 was independently associated with an increased likelihood of 5-year survival.

A notable feature uncovered in the study was that overall survival was significantly longer among patients with treatment-related adverse events of any grade compared with those without treatment-related adverse events.

A notable feature uncovered in the study was that overall survival was significantly longer among patients with treatment-related adverse events (side effects) of any degree of severity.

The researchers will continue to explore the specific reasons why adverse events appear to be markers of long-term survival in patients taking nivolumab.

Source: [Full text article](#) [Summary](#)

DRUG TREATMENT IN MILD COPD

There is increasing focus on understanding the nature of chronic obstructive pulmonary disease (COPD) during the earlier stages. Mild COPD (Global Initiative for Chronic Obstructive Lung Disease [GOLD] stage 1 or the now-withdrawn GOLD stage 0) represents an early stage of COPD that may progress to more severe disease. This review summarises the disease burden of patients with mild COPD and discusses the evidence for treatment intervention in this subgroup.

Overall, patients with mild COPD suffer a substantial disease burden that includes persistent or potentially debilitating symptoms, increased risk of exacerbations, increased healthcare utilisation, reduced exercise tolerance and physical activity, and a higher rate of lung function decline versus controls. However, the evidence for treatment efficacy in these patients is limited due to their frequent exclusion from clinical trials. Careful assessment of disease burden and the rate of disease progression in individual patients,

rather than a reliance on spirometry data, may identify patients who could benefit from earlier treatment intervention.

Interstitial lung disease – treat the disease or the underlying pattern?

[*Source*](#)

JOIN A CLINICAL TRIAL AT THE INSTITUTE FOR RESPIRATORY HEALTH

The Clinical Trials Unit (CTU) at the Institute for Respiratory Health is currently recruiting for health volunteers (testing a flu vaccine), people with alpha 1 anti trypsin deficiency, asthma, bronchiectasis, and interstitial pulmonary fibrosis. Contact Alana at the CTU if you are interested.

W www.resphealth.org.au/join-a-clinical-trial/T (08) 6457 4183

E alana.perchard@resphealth.uwa.edu.au

TRICKS OF THE TRADE



Here are some ideas for avoiding buying expensive supermarket and hardware store products containing chemicals you don't recognise. Many of these are chemicals too - but much simpler, cheaper, and things you'll probably have on hand anyway.

Borax	Mix 1:1 with sugar sprinkle it where you are bothered by cockroaches and ants. Also called sodium borate, sodium tetraborate, or disodium tetraborate.
Methylated spirits (meths)	Destroys moss on brick paving (paint it on). Soak a cotton ball in it and wipe on leaves affected by mealy bug, aphids and scale, including indoor plants. Meths with a lemon or lavender fragrance is available.

Ordinary flour – plain or S.R.	For roses: after splashing on small amount of washing-up liquid in water, dust the roses with flour using a fine shaker.
Salt	Stops weeds germinating in paving brickwork. Sprinkle between pavers.
Egg shells	Provide plants with calcium and magnesium. Crush and add to potting mix, the vegie patch or hanging baskets. Anywhere really.
Moth balls	Prevents leaf curl. Put 4 in a small nylon mesh gift bag for jewellery (or a bag made from cut up pantyhose) and hang in fruit trees, ficus etc
Epsom salts	Sprinkle around ferns or plants going yellow. Or mix into watering can to give your plants a boost. Not a salt but magnesium sulfate

More in the next issue. If you have some tips too please let us know.

These contributed by member David Payne

HEALTHY EATING

We've covered vitamins A, B, C, D and E over past issues. But have you ever heard of vitamin K?

What is vitamin K and what does it do?

Vitamin K is a nutrient that the body needs to stay healthy. It's important for blood clotting and healthy bones and also has other functions in the body. If you are taking a blood thinner such as warfarin (Coumadin®), it's very important to get about the same amount of vitamin K each day.

How much vitamin K do I need?

The amount of vitamin K you need depends on your age and sex. Average daily recommended amounts are listed below in micrograms² (mcg).

Life Stage	Recommended Amount
Birth to 6 months	2.0 mcg

² A microgram is one millionth of a gram. Common items that weigh 1 gram include a paperclip, the cap of a ballpoint pen, a quarter of a teaspoon of sugar, a raisin and a drawing pin. A microgram would be 1/1,000,000th of that!

Life Stage	Recommended Amount
7-12 months	2.5 mcg
1-3 years	30 mcg
4-8 years	55 mcg
9-13 years	60 mcg
14-18 years	75 mcg
Adult men 19 years and older	120 mcg
Adult women 19 years and older	90 mcg
Pregnant or breastfeeding teens	75 mcg
Pregnant or breastfeeding women	90 mcg

What foods provide vitamin K?

Vitamin K is found naturally in many foods. You can get recommended amounts of vitamin K by eating a variety of foods, including the following:

- Green leafy vegetables, such as spinach, kale, broccoli, and lettuce
- Vegetable oils
- Some fruits, such as blueberries and figs
- Meat, cheese, eggs, and soybeans

What kinds of vitamin K dietary supplements are available?

Vitamin K is found in multivitamin/multimineral supplements. Vitamin K is also available in supplements of vitamin K alone or of vitamin K with a few other nutrients such as calcium, magnesium, and/or vitamin D. Common forms of vitamin K in dietary supplements are phylloquinone and phytonadione (also called vitamin K1), menaquinone-4, and menaquinone-7 (also called vitamin K2).



Am I getting enough vitamin K?

Vitamin K deficiency is **very rare**. Most people in the United States get enough vitamin K from the foods they eat. Also, bacteria in the colon make some vitamin K that the body can absorb. However, certain groups of people may have trouble getting enough vitamin K:

- Newborns who don't receive an injection of vitamin K at birth
- People with conditions (such as cystic fibrosis, celiac disease, ulcerative colitis, and short bowel syndrome) that decrease the amount of vitamin K their body absorbs.
- People who have had bariatric (weight loss) surgery

What happens if I don't get enough vitamin K?

Severe vitamin K deficiency can cause bruising and bleeding problems because the blood will take longer to clot. Vitamin K deficiency might reduce bone strength and increase the risk of getting osteoporosis because the body needs vitamin K for healthy bones.

What are some effects of vitamin K on health?

Scientists are studying vitamin K to understand how it affects our health. Here are some examples of their findings so far.

Osteoporosis

Vitamin K is important for healthy bones. Some research shows that people who eat more vitamin K-rich foods have stronger bones and are less likely to break a hip than those who eat less of these foods. A few studies have found that taking vitamin K supplements improves bone strength and the chances of breaking a bone, but other studies have not. More research is needed to better understand if vitamin K supplements can help improve bone health and reduce osteoporosis risk.

Coronary heart disease

Scientists are studying whether low blood levels of vitamin K increase the risk of heart disease, perhaps by making blood vessels that feed the heart stiffer and narrower. More research is needed to understand whether vitamin K supplements might help prevent heart disease.

Can vitamin K be harmful?

Vitamin K has not been shown to cause any harm. However, it can interact with some medications, particularly the blood thinner warfarin (Coumadin®)—see below.

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

Yes, some medications may interact with vitamin K. Here are a few examples:

Warfarin

Vitamin K can have a serious interaction with the blood thinner warfarin³. If you take warfarin, make sure that the amount of vitamin K you consume from food and supplements is about the same every day. A sudden change in the amount of vitamin K you get can cause dangerous bleeding (if you consume less) or blood clots (if you consume more).

Antibiotics

Antibiotics can destroy the good bacteria in your gut. Some of these bacteria make vitamin K. Using antibiotics for more than a few weeks may reduce the amount of vitamin K made in your gut and therefore, the amount available for your body to use.

Bile acid sequestrants

Some people take bile acid sequestrants (such as cholestyramine and colestipol) to lower blood cholesterol levels. These medications can reduce the amount of vitamin K your body absorbs, especially if you take them for many years.

Orlistat

Orlistat is a weight-loss drug. It reduces the amount of fat your body absorbs and can decrease the absorption of vitamin K.

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

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

In supplement form, however, high doses of vitamin K may cause problems if you are taking certain medications. Check with your doctor or pharmacist.

That concludes our series on vitamins. Next issue we'll address the important range of minerals we all need.

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

³ Warfarin is commonly called a blood thinner though it is actually an anti-coagulant, which reduces your blood's clotting ability

PLEASE READ THIS TOO

We should get most of our nutrients from food, 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.

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
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.

SOME USEFUL CONTACTS

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

[Alpha-1 Association of Australia](#) for people with Alpha-1 Anti-Trypsin Deficiency – has an online forum, and on Twitter, Facebook, M 0410 108 104 T 07 3103 3363 (Brisbane)



[HealthyWA](#) - lung condition information from the WA Health Department

[BetterHealth](#) – lung condition information from the Victorian Health Department

[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 mental health T (08) 9266 3788

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

[Australian Men's 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

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

[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

[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

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 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** 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 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

Wed 4 Sep	Role of the community nurse	Louise Papps, Silver Chain
Thur 26 Sep	Talking Research - special meeting 10.00	Meet Respiratory Health researchers
Wed 2 Oct	Focussed discussion	Getting Exercise in My Life
Mon 14 Oct	Spring lunch	City Farm Café, East Perth. Please RSVP
Wed 6 Nov	Focused discussion	Getting the Most out of a Doctor's Visit
Wed 13 Nov	Have A Go Day at Burswood Park	Can you volunteer?
Wed 4 Dec	L I F E Christmas Lunch	Perkins Building. More in next issue.