

Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Autumn 2020

Mar-Apr-May

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AUTUMN

Walking in the weather



Perth's summer might be officially over but there are still plenty of hot days in early autumn. How do you manage to fit in your daily walk?

Go early (before breakfast - but have your puffers first) or late (still plenty of daylight left)

Use the air-conditioned comfort of a shopping centre, such as upstairs at Claremont Quarter or Karrinyup, for example. Go early before most shoppers have arrived. Afterwards reward yourself with a coffee.

Priorities according to Senior Pulmonary Physiotherapists

1. Walk 20-30 mins 4-5 times a week
2. Leg strengthening exercises
3. Arm strengthening exercises

If you have taken part in a pulmonary rehabilitation program you will have a home program which tells you what arm and leg exercises, and how many repetitions of each. They shouldn't take much more than 15 minutes.

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

<https://tinyurl.com/IRH-Breath-of-LIFE>

Two-thirds of your annual membership fee gets absorbed by printing & postage.

An e-copy - gives you a full colour magazine with clickable links, saves trees, and lets more of your membership fee support L I F E and the Institute for Respiratory Health. Contact us life@resphealth.uwa.edu.au



Breath of L I F E Archives

A copy of each issue of Breath of L I F E is lodged with the State Library of WA and the National Library of Australia, via their E-Deposit Scheme. 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.

WHAT'S INSIDE

AUTUMN	1	ABPA – A LUNG CONDITION YOU MAY NOT HAVE HEARD OF	16
WHAT'S INSIDE	2	STAY ON YOUR FEET.....	18
L I F E EVENTS.....	2	40 CAUSES OF COUGH	19
RESPIRATORY NEWS	7	HEALTHY EATING	22
L I F E CARD CLUB	7	HOW CAN I GIVE BACK?.....	23
LUNG LAUGHS	8	SOME USEFUL CONTACTS.....	23
SHORTS	9	INSTITUTE FOR RESPIRATORY HEALTH.....	26
BOOK FOR REVIEW	15	ANSWERS.....	27
HQ	15	COMING UP	28

L I F E EVENTS

Recently

December



Christmas party! Yeah! (above) Deputy coordinator Sal Hyder sets out some yummy treats at our December 2019 Christmas party. (right) Gaye Cruickshank sets out some gluten free sushi. From these images you'd think a party was all about the food! We all had a great time. Thanks to Institute for Respiratory Health staff for popping in too.

January

Our planning meeting at Rejuven8 café on level 8 G block was very productive. You will see the results of our discussion appearing throughout the year. Thank you all for coming along and contributing some really great

ideas. David Payne (right) agreed to becoming a second Deputy Coordinator of L I F E . In view of all our health problems it's good to have several people in leadership roles who can take over if needed.



February

There were 13 at our first regular meeting of the year, including new member **Dave Wood**. Welcome Dave! This was a social gathering with much conversation around the table.

Coming up

Details of meetings in the first quarter of 2020 are listed on the back cover. We held a Planning 2020 meeting in January and the year's program will be distributed shortly at a meeting and posted on our [Facebook page](#).

March

Lots happening in March.

4 March Exercise in My Life

The cover page suggests a few ideas about getting in your walk during the hotter times of the year. Do you have other ideas about fitting exercise into your life? Come and join in our focused discussion on Wednesday 4 March at 1pm. Cuppa and a bite to eat start at 12. Details on the back cover.

15 February - 3 March Sculpture at Bathers

At our L I F E planning session in January there was a suggestion that some people might like to go to Sculpture at Bathers, a smaller scale sculpture exhibition at Bathers Beach, Fremantle, near Kidogo Art House. This free event runs from Sat 15 February until Tue 3 March.

Getting there

Near WA Shipwreck Museum 10 min walk from Fremantle Station. Find the footpath winding south along beside the train tracks and follow until you reach Bathers Beach with the Kidogo sandstone gallery building.

The closest public car park is located at the roundabout on the corner of Marine Terrace and Cliff Street. Alternate parking at Little High Street and Mews Road.

More

M 0401 333 309 E info@kidogo.com.au

www.kidogo.com.au/sculpturebathers-2017-exhibition/

www.facebook.com/sculptureatbathers/

12 March Movie Day with L I F E



At our January planning session three wonderful members put up their hands to host social activities during the year. There'll be a winter pub lunch in Fremantle hosted by Jan Maiorana, a spring day trip to Mandurah by train hosted by Tom Murnane and for autumn, a movie session preceded by a light bite in Willetton, hosted by Brenda Tye. Thank you to these great members for researching and organising their events.

The first event host is our very own movie star, [Brenda Tye](#). Watch Brenda's video [here](#)



AUTUMN MOVIE DAY WITH BRENDA

Thursday 12 March 2020

at 12noon

**Meet at Hoyts Southlands Cinema Foyer (up the escalator or lift)
Southlands Boulevard, corner Burrendah Boulevard & Pinetree Gully
Road, Willetton**

We'll sort out our Hoyts' Reward Cards in the Cinema Foyer, then buy our movie tickets. There'll be time for a brief stop for a cuppa and a bite to eat at 'Cookies Donuts' (down the escalator, opposite Coles). There's usually a

'special' cake and coffee offer for \$5.50, also other cakes and light meals. Then back up to the movie.

RSVP to Brenda by Wed 11 Mar

T 9310 7959 or M 0406 578 198 or

E brendafty@gmail.com

Discount tickets at Hoyts

There's NO Tuesday special at Hoyts any more. However there is an \$8 concession for people with a Hoyts Rewards 60+ member card.

You need to prove you are over 60 years (seniors card) or a pensioner (pensioner card) and theatre staff will help you sign up. You'll need this information: name, phone numbers, email: (if you have it, date of birth, password: (You make it up ☺)

You can use this Hoyts card again - for tickets as well as discounted chock tops etc.

This process will take a few minutes for each person, **so please get there early**. You can get the 'concession' cards at any Hoyts theatre beforehand if you prefer. If you already have a Hoyts rewards card, don't forget to bring it!

What will we watch?

We will discuss this in the foyer when we are sorting out our rewards cards. At Hoyts Southlands there are 8 cinemas so there should be plenty to choose from. They've recently been refurbished with more comfortable seating and assistance for people with hearing problems. We have selected the session starting around 1pm. You can check what movies are showing then by ringing or googling a few days beforehand. T 9466 4940 or google Hoyts Southlands. The screening rosters change every Tuesday.

Getting there

Many ways. One way is to take a train to Bull Creek station. Then take # 507 bus to Southlands Shopping Centre from stop #23704 just outside the station. (There's one leaving at 11.39am, arriving at Southlands at 11.49am).

After a 10 minute ride alight at stop #11200 and cross the road to the Southlands Boulevard shopping centre. Take the lift or escalator to the Hoyts complex on the first floor.



It's on the Circle route too (#998, #999).

There's plenty of parking at Southlands, including ACROD bays. For other public transport options phone Transperth Infoline 13 62 13.

April

April's monthly meeting falls on April Fools' Day. You all remember what happened at school? We'll not be pinning notes on your back - just celebrating the role of humour in our lives by bringing a joke or some riddles to share. Wear a silly hat or costume. (Tough luck if you're coming on the bus.)



May

Our 6 May speaker has not been confirmed at the time of going to press. Rest assured we will have a speaker, hopefully on a respiratory theme, since May is Lung Health Awareness month.

Lung Foundation Australia is reviewing its education seminar program for people living with lung conditions, in view of the Foundation's decreasing revenue and declining seminar attendance right across Australia, including Perth. This education seminar has usually been held in April or May and was often well attended by L I F E members. If LFA does hold one in Perth in 2020 it is likely to be later in the year.

L I F E and the Institute for Respiratory Health are investigating what else could be done to bring people living with a lung condition together for a consumer focused seminar.

Talking Research

Researchers at the Institute for Respiratory Health, Associate Professors Cecilia Prele and Steve Mutsaers told us they would like to have our health consumer input into their research planning. A two-hour session, **Talking Research**, was held on 26 September 2019. Researchers presented some short consumer-friendly overviews of their proposed projects followed by a lively discussion. It was so successful that another is proposed for 2020, date to be advised.

Associate Professor Cecilia Prele has left the Institute for Respiratory Health to join the Ear Science



Institute Australia. Their laboratories also located at the QEII medical campus, not far from the Harry Perkins Building. L I F E wishes her well in her new role and hope she will continue to pop in and join us whenever possible.

RESPIRATORY NEWS

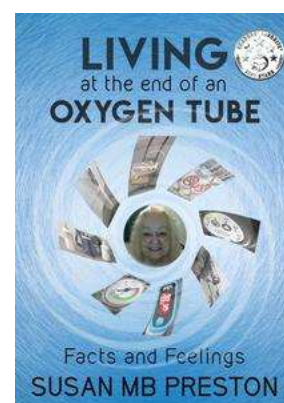


Have A Go Day 2019 was on Wed 13 November at Burswood Park, near the casino. It's the major event of the Seniors Recreation Council. L I F E jointly hosted a booth with the Institute for Respiratory Health's Clinical Trials Unit. On an extremely hot day we sweated away in a plastic tent. During the morning the clinical trials staff tested the lung function of a number of Have A Go visitors. The afternoon was much quieter. We'll review the situation for 2020 with the Clinical Trials

Unit staff.

New L I F E contact Susan Preston has written a book called **Living on the End of an Oxygen Tube**.

Only available as an E-book through digital E-book stores: \$5.98 from Amazon Kindle; also available at Apple Store, Barnes & Noble, ScribD, Kobo, 24 Symbols, Indigo, Angus & Robertson, Mondadori.



www.susanprestonauthor.com/living-at-the-end-of-an-oxygen-tube/

VALE ALEX

In December L I F E was advised of the death of member **Alex Murray**, a relatively new member who passed away in November 2019. He had pulmonary fibrosis. We send our condolences to his widow, Viv and their family.



L I F E CARD CLUB

L I F E member **Jan Maiorana** looks after our card club. We send a card for birthdays or if we know someone is going



through a tough time with a bereavement or illness. Let us know about other members. (Here she is at Christmas 2018)

If you'd enjoy receiving a birthday card, please let Jan know - T 9339 3617 or E janjohn1968@bigpond.com. (It's up to you whether to add your birth year, but we do like to help you celebrate the milestones.).

LUNG LAUGHS

From a Christmas cracker at our 4 December Christmas lunch (yes, a real groaner, but the best of them). Answer on page 27.

What do you call a chicken in a shell suit?



Our Strange Lingo

When the English tongue we speak.
Why is break not rhymed with
freak?

Will you tell me why it's true
We say sew but likewise few?
And the maker of the verse,
Cannot rhyme his horse with
worse?

Beard is not the same as heard
Cord is different from word.



Cow is cow but low is low
Shoe is never rhymed with foe.
Think of hose, dose, and lose
And think of goose and yet with
choose
Think of comb, tomb and bomb,
Doll and roll or home and some.
Since pay is rhymed with say

Why not paid with said I pray?
Think of blood, food and good.
Mould is not pronounced like could.
Wherefore done, but gone and lone -
Is there any reason known?
To sum up all, it seems to me
Sound and letters don't agree.

*Written by Lord Cromer, a British statesman, diplomat and colonial administrator.
This piece was published in the Spectator 9 August 1902, 118 years ago!*

SHORTS

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

FAT IN THE LUNGS OF OVERWEIGHT PEOPLE



Fatty tissue has been found in the lungs of overweight and obese people for the first time.

Australian researchers analysed lung samples from 52 people and

found the amount of fat increased in line with body mass index.

They said their findings could explain why being overweight or obese increased your asthma risk.

Lung experts said it would be interesting to see if the effect could be reversed by weight loss.

Dr Peter Noble, an associate professor at the University of Western Australia worked on the study (and spoke at the Institute for Respiratory Health's 20th anniversary research seminar in November 2019). He said: "Being overweight or obese has already been linked to having asthma or having worse asthma symptoms.

"Researchers have suggested that the link might be explained by the direct pressure of excess weight on the lungs or by a general increase in inflammation created by excess weight."

But, he said, their study suggested "another mechanism is also at play".

Source

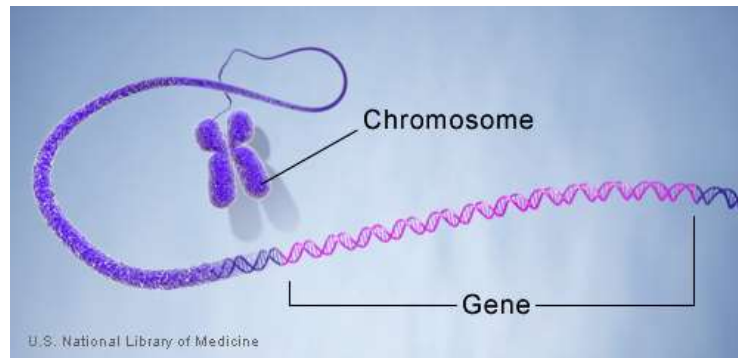
<https://www.bbc.com/news/health-50081456>

Suggested by L I F E member E J Sharpe

GENETIC CLUE TO A POOR RESPONSE TO ASTHMA TREATMENT

An American study has discovered a genetic link which can explain why some people with asthma do not respond to glucocorticoids, such as prednisolone,

commonly used to treat severe asthma. Their study found that the HSD3B1(1245A) variant is associated with poor lung function and glucocorticoid treatment resistance.



Source

www.pnas.org/content/early/2020/01/07/1918819117

MEASURING CLINICALLY IMPORTANT DETERIORATION IN COPD

An international group of researchers, including Australian Christine Jenkins from the University of NSW, and Mona Bafadhel from the University of Oxford (who has visited Perth in recent years), have come up with a novel clinical tool to assess treatment effect in chronic obstructive pulmonary disease (COPD). It's called Clinically Important Deterioration (CID).

They tested out the usefulness of the CID in assessing the effect of inhaled corticosteroids (ICS) in over 3500 people with moderate to severe COPD with a tendency to have exacerbations. The analysis was carried out on four pooled studies.

Their findings suggest that budesonide/formoterol (Symbicort) offers protective effects for CID events compared with formoterol alone (Pulmicort). The size of the effect depended on patients' eosinophil levels¹. CID may be an important in testing out the effect of various treatments in a multifaceted, progressive disease like COPD, and in early drug development trials.

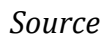
Sources

<https://respiratory-research.biomedcentral.com/articles/10.1186/s12931-020-1280-y>

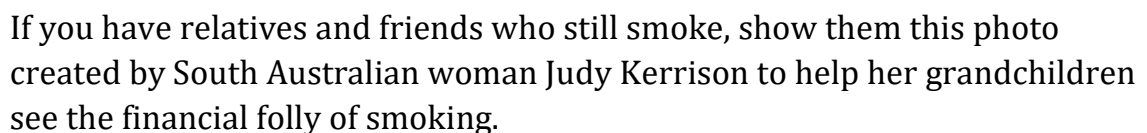
Respiratory Research, v 21, Article number: 17 (2020)

¹ A type of white blood cell that is a sign of inflammation and/or infection when elevated

If you are taking a systemic corticoid, such as prednisolone tablets, they can decrease the effectiveness of immunotherapy for melanoma, non small-cell lung cancer or urothelial cancer. A Californian study of over 800 patients found that the immunosuppressive properties of the glucocorticoid interfered with the immune system activation of the immunotherapy treatment.



COST OF SMOKING VS EATING



Breath of L I F E

“We made a challenge... smoking v eating challenge,” Ms Kerrison posted on social media. “...grandkids and I tried to purchase the most value for money ‘basic’ food items and the most popular cigarette brand ... they were surprised at the amount of food you can buy for the same monetary value.”

Thanks to Mix102.3 in South Australia for this story.

Source

<https://tinyurl.com/mix102-3>

ENERGY STORES AND COPD

Did you know that even just resting, a healthy person uses 4% of their body’s energy stores² just to breathe?

A person with COPD uses 15% of their energy stores to breathe because their lungs are less efficient and they have to work harder to breathe.

Likewise during exercise or activity a healthy person uses 10-15% of their energy to breathe, whereas someone with COPD uses almost three times that.

No wonder you are tired! Just breathing uses up energy!

Better fitness levels improve the body’s ability to use these energy stores more efficiently. So the fitter you are the less tired you feel.



Sources

Better Living with COPD Lung Foundation Australia, 2016, p52

<https://tinyurl.com/LFA-COPD-guide>

Available from <https://shop.lungfoundation.com.au/product/better-living-with-copd/>
(at \$10 +postage)

Cecins, Nola, senior physiotherapist, SCGH, personal communication 2019

² Energy is stored in your body fat, in your liver and in muscle cells and readily available as glycogen. We know this as carbohydrate energy. When carbohydrate energy is needed, glycogen is converted into glucose for use by the muscle cells. Another source of fuel for the body is protein, but is rarely a significant source of fuel. Protein only becomes a significant source of fuel during starvation...

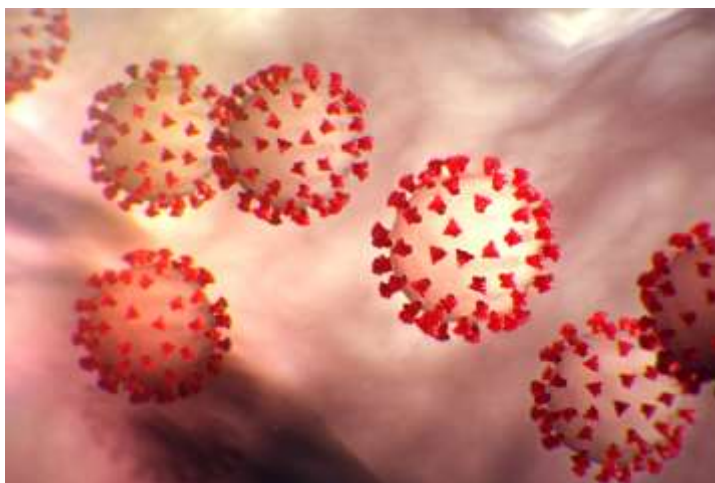
<https://www.sharecare.com/health/exercise-weight-loss/besides-fat-store-energy>

CORONAVIRUS

Official Australian Government message:

“Australia is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, Hubei Province, China. Novel coronavirus (also called 2019-nCoV) is a new strain of coronavirus affecting humans.

Coronaviruses can make humans and animals sick. Some coronaviruses can cause illness similar to the common cold and others can cause more serious diseases, including Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome (MERS). This particular virus was first detected in Wuhan, China. It is called a ‘novel’ virus because it’s new, and hasn’t been detected before this outbreak.”



Because this is such an important and rapidly changing situation it is best to get your updates from a reliable source.

Get Australian Government updates at the first link below. Download an information sheet for people with a suspected case from the second link.

Source

<https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>

<https://tinyurl.com/suspected-cv>

CORONAVIRUS BREAKTHROUGH IN AUSTRALIA



Australian scientists have managed to replicate the coronavirus in a laboratory in a breakthrough that will speed up development of a vaccine to combat the deadly virus.

Researchers at Melbourne's Peter Doherty Institute for Infection and Immunity have become the first to recreate the virus outside China.

The lab-grown virus – which was developed from an infected patient – will be shared with the World Health Organisation before being given to labs across the globe.

The Royal Melbourne Hospital's Dr Julian Druce, Virus Identification Laboratory Head at the Doherty Institute, said this was a significant breakthrough as it will allow accurate investigation and diagnosis of the virus globally.

News dated 29 January 2020

Source

<https://tinyurl.com/r9lrw9h>

VACCINATION

Reminder to check with your GP when is the best time for you to get your influenza vaccine - and whether any other vaccinations are recommended.

Check what you might possibly need on the Australian Government Vaccination Schedule, looking under your age group. Here's the relevant section from the HealthyWA website:



Over 65s	Influenza	65 years and over
	Pneumococcal	65 years and over
70 – 79	Shingles (herpes zoster)	70-79 years
Medically at risk	People with certain medical conditions or who are undergoing some medical treatments may have special vaccine requirements. Speak to your doctor or health provider to learn about which vaccines are recommended for you.	

Sources

<https://tinyurl.com/vax-schedule>

https://healthywa.wa.gov.au/Articles/A_E/Adult-immunisation-schedule

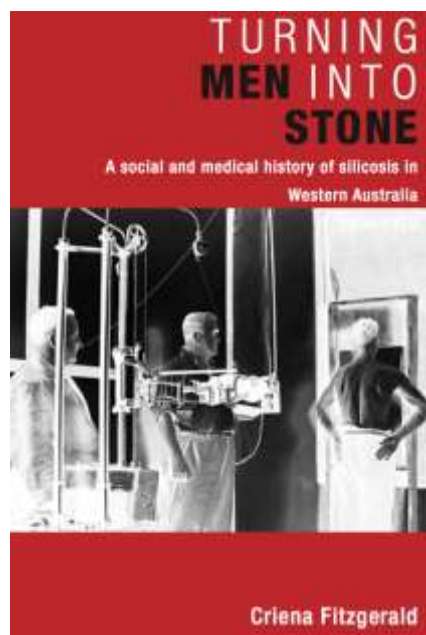
BOOK FOR REVIEW

Would you like to read and review a lungs related book for Breath of L I F E? Here's a suggestion. Perhaps you can borrow it from your local library who can borrow the State Library copy. It was published in 2016 by WA publisher Hesperian Press. Let the Breath of L I F E editor Jenni know if you are planning to read and review.

Fitzgerald, Crieda, Turning Men into Stone, a Social and Medical History of Silicosis in Western Australia 1890-1970, Carlisle, WA, 2016

Read a very short review by Moya for the WA Virtual Miners Memorial <https://www.wavmm.com/2019/02/05/turning-men-into-stone-book-review/>

Other books by this author <https://research-repository.uwa.edu.au/en/persons/crieda-fitzgerald>



HQ

HQ stands for Health Quiz. A new section in Breath of L I F E from 2020. Answers to the quiz questions will be found in this and recent issues of Breath of L I F E. Answers given on page 27.

1. What has been found recently in the lungs of certain people with asthma?
2. What micro-organism plays a major role in ABPA, a lung condition
3. If you have a chronic cough is it always related to a lung or throat disorder? What else could be involved?
4. Corona virus infects humans and animals – or just humans?
5. A healthy person uses 5%, 15% or 50% of their energy to breathe?



ABPA – A LUNG CONDITION YOU MAY NOT HAVE HEARD OF

Not quite ABBA, ABPA stands for Allergic Broncho-Pulmonary Aspergillosis, a respiratory condition in which the person develops an allergy to the spores of *Aspergillus* moulds. ABPA can lead to asthma symptoms and also affects people with cystic fibrosis and bronchiectasis.



There is as yet no complete cure for ABPA, so it is managed using steroids and anti-fungals in order to avoid any lung damage occurring. The fungus takes up residence in the lungs and grows in the air spaces deep within. The fungus is non-invasive; it does not invade the lung tissue itself but is the stimulus for inflammation and allergic reaction³.

People living with ABPA find any place with increased levels of airborne mould spores can trigger severe asthmatic reactions – e.g. compost heaps, damp buildings and even the outside air in some places at particular times of the year. Avoiding over-exposure – staying indoors or using an N95/FFP2 facemask may be advisable when this is a problem.

There are eight criteria suggestive of ABPA.

- Episodic wheezing (asthma)
- Eosinophilia (increase in the number of certain white blood cells which fight disease)
- Immediate skin test reactivity to *Aspergillus* antigens
- Precipitating (IgG) antibodies to *Aspergillus*
- Elevated total IgE
- Elevated *Aspergillus*-specific IgE
- Central bronchiectasis (widening of the airways)
- History of pulmonary infiltrates (seen on X-ray)

If a person has all eight of the above, diagnosis is certain. Diagnosis of ABPA is highly likely if they meet seven criteria.

³ *Aspergillus* can be invasive i.e. angio-invasive aspergillus. This is a separate condition

If they have asthma, eosinophilia and a history of infiltrates then ABPA should be considered as possible and the other tests can be done to try to confirm.

If they meet less than seven of these criteria, diagnosis becomes less sure. If a quick answer is needed or preferred and if the person's health allows, a biopsy can provide a very good aid to decision making.

Treatment consists of longer term courses of steroids (e.g. prednisolone) to reduce inflammation and lung damage. There are several potential difficulties with the use of steroid drugs for long periods but their use is vital to prevent the disease progressing.

The amount of steroids taken by ABPA patients can be reduced by giving the person an antifungal medication such as itraconazole (e.g. Sporanox, but there are now several brand names). This seems to keep the fungus under control; some people can even stop taking steroids completely for periods of time.

Another way to reduce the need for steroids is to reduce the inflammation. This is still experimental treatment but a new drug called Omalizumab (anti-IgE) has been shown to be effective in a single patient study. This drug works by directly inhibiting a component of the immune system known as IgE. One of the functions of IgE is to promote inflammation. It is permanently switched on by the aspergillosis infection, so the inflammation is permanently present and causes scarring (IgE would normally be switched off after a few days). Inhibiting IgE with omalizumab reduces inflammation and thus reduces the need for steroids.

It is known that many asthmatics have fungal allergy problems, a high proportion of these having ABPA, some possibly undiagnosed. The number of those diagnosed with asthma is growing constantly.

Young people with Cystic Fibrosis sometimes also suffer from ABPA, imposing further complications in their treatment.

People with the genetic disorder Chronic Granulomatous Disorder (CGD) may also be prone to developing Aspergillus infections.

Management of the inflammation and scarring using itraconazole and steroids usually succeeds in stabilising the symptoms for many years.

Very rarely ABPA progresses to Chronic Pulmonary Aspergillosis.

This is a relatively 'young' illness (first reported in 1952) and it can take time for the long term results of improvements in care to become apparent.

Identification of a fungal precipitant in cases of uncontrolled asthma suggests ABPA may well be much more common than was thought. ABPA is starting to

lose its image of a rare and unusual infection and hopefully that will lead to increased awareness and improved management of the disease.

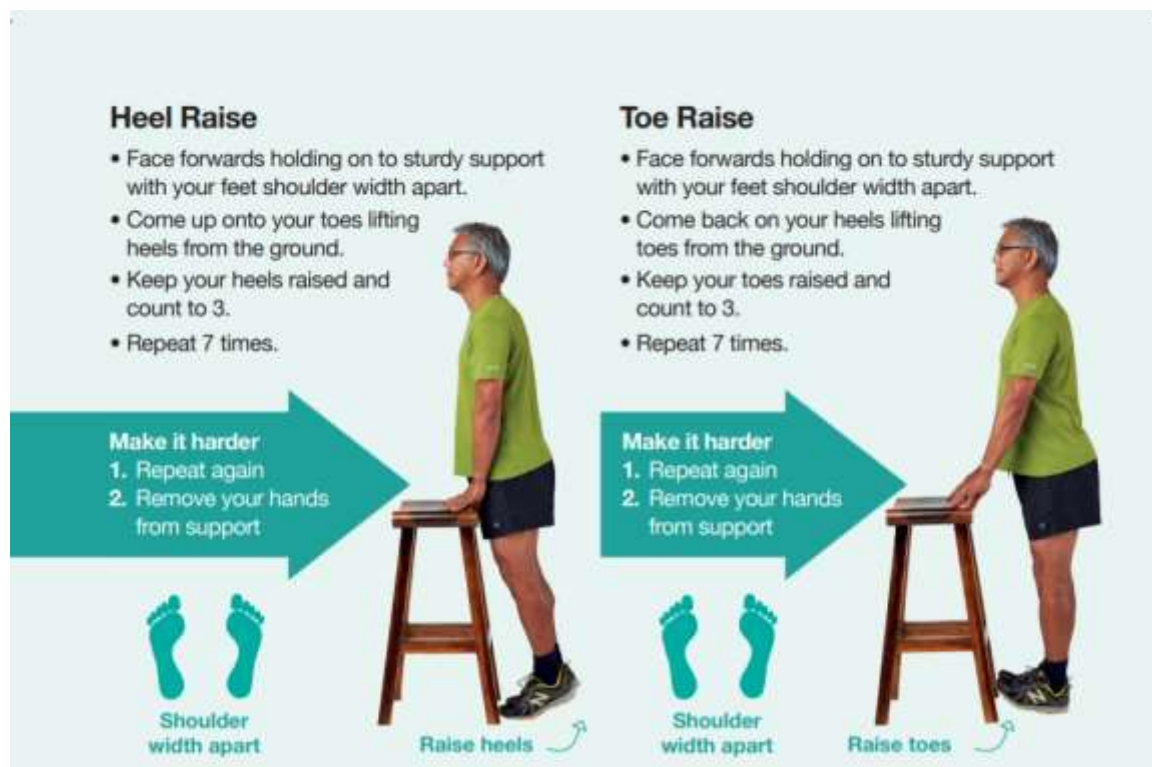
Sources

[UK Aspergillosis Patients and Carers site](#)

[UK Aspergillosis Patients and Carers consumer friendly information sheet](#)

STAY ON YOUR FEET

To prevent trips and falls it's really important to strengthen your legs. The less you do, the weaker your legs become and the higher your risk of falling. Here are three simple exercises you can do at home which are recommended by the Stay On Your Feet WA program. They can be found on the Strengthen Your Legs Flyer. Lots more resources available.



Sit To Stand

- Use a sturdy chair that is not too low and lean it against a wall.
- Sit on the chair and place your arms across your chest.
- Place feet flat on the floor, behind the line of your knees.
- Lean forward and stand up slowly without using your hands.
- Sit down slowly.
- Repeat 7 times.

Make it easier

1. Use two hands to help you stand up
2. Progress to single arm support when able



More

W www.stayonyourfeet.com.au

www.injurymattersquickmail.com.au

E info@stayonyourfeet.com.au

T 1300 30 35 40

Watch videos here www.stayonyourfeet.com.au/over60/moveyourbody/videos/

Find an exercise class here www.stayonyourfeet.com.au/edirectory/

Suggested by Tom Murnane

40 CAUSES OF COUGH



True story. "I have a terrible cough, doctor. How can I stop it? It's driving me nuts!"

"Hard to say. There are 40 causes of cough."

Coughing is not a disease or condition, but a symptom of any of a number of different conditions. It

may surprise you to learn they are not all directly related to your throat or lungs.

Without knowing the cause of your cough it would be impossible for your doctor to suggest a way to manage. Reaching for a cough suppressant should

not be your first go-to. Coughs are there for a reason (usually). Some causes are relatively benign. Others can be a sign of something more serious.

Here are some of the many different conditions that are associated with coughing.

Firstly, there are main groups, **acute** (short term) and **chronic** (longer term). Add in **subacute**, in between acute and chronic. When we talk about cough, mostly of us with lung conditions are talking about chronic cough. That is a cough which persists for weeks. Then there's a group of very rare conditions associated with cough. Clearly your doctor is going to look for other signs of the more common conditions, before checking you out for round worm (unless you've recently travelled to the Caribbean).

Another classification commonly made is between a **productive** and an **unproductive** cough. A productive cough produces phlegm in your mouth to swallow or spit out (discreetly, of course). In truth even the driest of coughs may appear to be "productive" in that it may produce a little naturally-occurring mucus from the lining of your airways mixed with a bit of saliva, making it look more important than it really is. Take note of the colour (usually white or clear) and the transparency (usually clear)

We'll include some in-depth discussion of some of these cough causing conditions in later issues this year.

Acute

1. Acute bronchitis
2. Acute exacerbations of chronic obstructive pulmonary disease (COPD)
3. Acute rhinosinusitis (sinus infection)
4. Acute viral upper respiratory infection (e.g. the common cold)
5. Allergic rhinitis (hay fever)
6. Asthma (narrowing of the airways through inflammation and/ or muscular contraction)
7. Aspiration syndromes (where foreign substances are inhaled into the lungs. Most commonly involving oral or gastric contents associated with gastroesophageal reflux (GER), swallowing dysfunction, neurological disorders, and structural abnormalities).
8. Congestive heart failure (or "heart failure", a chronic progressive condition that affects the pumping power of your heart muscles. Specifically refers to the stage in which fluid builds up around the heart and causes it to pump inefficiently.)

9. Pertussis (whooping cough)
10. Pneumonia (infection of the air sacs, alveoli, in one or both lungs)
11. Pulmonary embolism (blockage of an artery in the lungs caused by a blood clot that usually has moved from elsewhere in the body)

Subacute

12. Post-infectious secondary to continued irritation of cough receptors via ongoing or resolving bronchial or sinus inflammation from a preceding viral upper respiratory infection

Chronic

13. Chronic bronchitis
14. Chronic sinusitis
15. Gastroesophageal reflux disease (GERD)
16. Interstitial lung diseases, such as pulmonary fibrosis, sarcoidosis, cryptogenic fibrosing alveolitis
17. Intolerance to angiotensin-converting enzyme inhibitor medication (a particular group of blood pressure drugs, ACE inhibitors), e.g. Ramipril
18. Malignancy (cancer)
19. *Non-asthmatic eosinophilic bronchitis*, an allergic related type of bronchitis
20. Obstructive sleep apnoea
21. *Post-infectious cough*
22. *Psychosomatic cough*
23. *Upper airway cough syndrome* - cough associated with allergic and non-allergic rhinitis (AR and NAR) or chronic rhinosinusitis

Very Rare

24. *Cerumen impaction*- vagal nerve stimulation of the afferent branch to the ear, known as Arnold's Nerve.
25. *Esophageal achalasia*
26. *Tracheoesophageal fistula*
27. *Oesophageal tracheobronchial reflex*
28. *Ortner syndrome*: Intermittent left vocal fold paralysis as a result of cardiac ptosis straining the ipsilateral recurrent laryngeal nerve.

29. *Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS)*: cough in children where prior *Streptococcus* infections can trigger motor tics including a chronic cough
30. *Peritoneal dialysis* for kidney disease
31. *Pneumonitis* – inflammation of the lung tissue. Technically, pneumonia is also a type of pneumonitis because the infection causes inflammation. Pneumonitis, however, is usually used by doctors to refer to non-infectious causes of lung inflammation (such as your editor Jenni encountered in the second half of 2019, due to a delayed immune related drug side effect.)
32. *Syngamus laryngeus*: A small, round-worm indigenous to the Caribbean, *Syngamus laryngeus* is acquired by ingesting a contaminated fruit or vegetable. A male and female pair of worms take up residence in the subglottic larynx, below the voice box. There they remain sticking tenaciously to the mucosa, except when mating. The pair may be coughed up together; otherwise, they can be endoscopically removed, leading to the resolution of the cough.
33. *Tracheo-bronchial collapse*
34. *Vitamin B12 deficiency*
35. *Zenker's or distal esophageal diverticulum*

Source: <https://www.ncbi.nlm.nih.gov/books/NBK493221/>

HEALTHY EATING

Over past issues we've covered vitamins A, B, C, D, E and K. Then we moved on to cover some of the important minerals we need in our diet. Last issue we covered the mineral calcium. The next issue will feature iron. There was no room for it in this issue.



Meanwhile, if you are searching for reliable information about healthy eating with a chronic lung condition, the Lung Foundation provides a brief summary of healthy eating with COPD on page 13 of its guide, [COPD- The Basics](#), available from Lung Foundation Australia T 1800 654 301 (Queensland time zone). Or watch this video online <https://lungfoundation.com.au/patients-carers/get-support/health-and-emotional-wellbeing/>

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 0409 336 639 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. We have brochures, old issues of Breath of L I F E and business cards which have a space for your name and phone number. Contact us for some.
 3. **Register with the Clinical Trials Unit** of the Institute for Respiratory Health to take part in the trial of a new respiratory medication. T 6151 0838
 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

Please let us know of any others you have found helpful.

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)

NEW [Aged Care Navigator](#) trials across Australia, incl. WA T 1300 025 298

NEW [Seniors Housing Advisory Centre](#) free Government service T 1300 367 057 (cost of a local call)

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

NEW [Voluntary Assisted Dying](#) – new WA laws explained by WA Health. Proposed to come into effect from mid 2021. Ask your GP for more information.

Other

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

NEW [Recycling](#) in WA - tips from South Metro Regional Council T 9329 2700

[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](#) 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 – [LIFE](#) for people living with chronic respiratory conditions.

[Membership](#) is open to community members, researchers, health professionals and research students and subscriptions fall due each 1 July.

[Your tax deductible donation to the Institute](#) or bequest supports respiratory research.



ANSWERS

ANSWER TO LUNG LAUGHS RIDDLE

What do you call a chicken in a shell suit? Yes, an egg.

ANSWERS TO HQ

1. What has been found recently in the lungs of certain people with asthma? Fat has been found recently in lungs of obese or overweight people with asthma.
2. What micro-organism plays a major role in ABPA, a lung condition? Aspergillus fungus plays a major role in ABPA
3. If you have a chronic cough is it always related to a lung or throat disorder? No, can be caused by a problem in the oesophagus, sinuses, or heart. It can also be caused by drugs or dialysis.
4. Corona virus infects humans and animals – or just humans? Corona virus infects humans **and** animals
5. A healthy person uses 5%, 15% or 50% of their energy to breathe? A healthy person uses 5% of their energy to breathe.



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 life@resphealth.uwa.edu.au
Deputy Coordinators **Sal Hyder** T 0409 336 639 salhyder1@gmail.com
NEW and **David Payne** T 0439 048 897 perthmillwall!@yahoo.com

Postal L I F E c/- Institute for Respiratory Health, Harry Perkins Institute for Medical Research, 6 Verdun Street, Nedlands WA 6009 **(NEW POSTAL ADDRESS)**

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, Harry Perkins Institute Building, Queen Elizabeth II Medical Campus, Nedlands. Directions [here](#). Wheelchair and gopher accessible. Light refreshments. If you can, please bring a small 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 Mar	Fitting exercise into my life	Share your tips in this group discussion.
Thu 12 Mar	Movie Day with L I F E	Hoyts Southlands. RSVP to Brenda. Details inside.
Wed 1 Apr	April Fool's Day Meeting	Please bring a funny story, a joke to share. Dress up!
Wed 6 May	Respiratory theme, in Lung Health Awareness month	Speaker TBA. (Keep up to date with our Facebook page)
Wed 3 Jun	What are clinical trials?	Felicite Kendall, CTU, Institute for Respiratory Health
Wed 1 Jul	Seniors' Housing Options	Seniors Housing Advisory Centre speaker

