

# Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Spring 2018

Sept – Oct- Nov

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## SPRING



Spring can be a time for sneezing. What exactly is the purpose of a sneeze? Are you under the mistaken belief that milk products make more mucus? Find out inside why this is incorrect. Check out the Shorts section of this issue.

Two new sections appear in the issue: the return of Pulmonary Poetry with original poetry and a book review from new member Heather Windsor.

New member David Payne contributed an article he wrote about Alpha-1 Anti Trypsin Deficiency, a rare inherited lung condition which he has. And new member Alex Murray told us about Microscopic Polyangiitis. Read about the rare lung condition he has.

**1 July marked the date your subscription was due.** Only \$20 a year. Renew at the next meeting, by phone to Sarah T 6151 0815 or [online](#).

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

## E-COPY



### Please consider...

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<http://tinyurl.com/kdtrqxc>

Two-thirds of your annual membership fee now gets swallowed up in printing & postage.

Switch to an e-copy - get a full colour magazine with clickable links, save trees, and let more of your membership fee support L I F E and the Institute for Respiratory Health.

[life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au)

## Breath of L I F E Archives

A copy of every issue of Breath of L I F E is lodged with the State Library of WA and the National Library of Australia. Our digital record number (ISSN) now appears in the top right corner of the cover.

We started as LISA News in 1993 and became Breath of L I F E in 2009.

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## L I F E EVENTS

### Recent

Welcome to new members: David Payne, Alex Murray, and Heather Windsor (like the Queen, she says)

### June

Respiratory Q & A: **Dr Ed Harris**, respiratory physician in the Department of Respiratory Medicine, Sir Charles Gairdner Hospital, responded to members' questions relating to lung conditions and shared something of his research into mesothelioma, explaining the difference between it and asbestosis. Read more about [Lung Screen](#)

### July

The July meeting was a social meeting, with no featured speaker, but more extended time to chat with other members and get to know each other. This was aided by a round of Take 5, where one at a time, a member spoke for up to five minutes about a topic chosen from a pack of question cards. We all learned much more about each other.

### August

The weather forecast for Wednesday 1 August, our meeting day, was bleak - wild storms with rain, maybe hail! It was really cold too! By 12.30pm only three brave souls had arrived: Jenni, Sal and Heather. Shortly afterwards Jan and Alex arrived and joined the focussed discussion on Good Days & Bad Days. Members' tips for managing the good days and bad days appear elsewhere in this issue. Clearly some members decided that the forecast made it a bad day and stayed in the warm and dry of their homes. One of our

recommendations was to changes plans when needed. So many did just that. Except for Gaye who had phoned in sick and David who had another commitment.

The winter lunch at Hyde Park Hotel had not quite been held when this issue went to print.

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## Coming Events

Details of events for the remainder of 2018 are listed on the back cover.

### L I F E Spring Lunch at Windsor Hotel



**112 Mill Point Road (corner Mends Street), South Perth**

**Monday 15 October at 12 noon.** Onsite parking.

[www.windsorhotelsouthperth.com](http://www.windsorhotelsouthperth.com)

**Getting there:** Bus #34 leaves Perth Busport (stands 5-8) at 11.38am and stops right outside on Mill Point Road. Or catch the ferry from Elizabeth Quay (Betty's Jetty) and walk 300m up Mends Street to Betty's Pub (The Windsor) ☺ Or phone the InfoLine on 13 62 13 for more options.

**Please RSVP** by **Thursday 11 October** to Mary E [mvfedele@bigpond.com](mailto:mvfedele@bigpond.com)

T 9337 1286

## RESPIRATORY NEWS

**September** - Pulmonary Fibrosis Awareness Month

**November** Pulmonary Hypertension Awareness Month & International Lung Cancer Awareness Month

**11-18 November** Seniors Week

**14 November** Have A Go Day at Burswood. Will L I F E have a go at Have A Go? Read more inside. [www.srcwa.asn.au/have-a-go-day.html](http://www.srcwa.asn.au/have-a-go-day.html)

**21 November** World COPD Day  
<https://worldcopdday.lungfoundation.com.au/>

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## LUNG LAUGHS



Marriage is a wonderful invention: then again so is a bicycle repair kit  
(Scottish comedian Billy Connolly)

Diarrhoea waits for no man (Unknown author)

Humans are the only animals that have children on purpose with the exception of guppies, who like to eat theirs (US satirist P J O'Rourke)

Sweater, noun: garment worn by a child when its mother is feeling chilly (US writer Ambrose Bierce 1842-1914)

"Where would I like my ashes scattered?" I don't know. Surprise me. (Bob Hope)



Just like a pair of children's scissors – bright and colourful, but not too sharp.  
(Unknown author)

I couldn't wait for success, so I went ahead without it (US comedian, author and artist Jonathan Winters)



“Male, 38, still living with his parents. They asked us to keep him overnight, so they could change the locks.”

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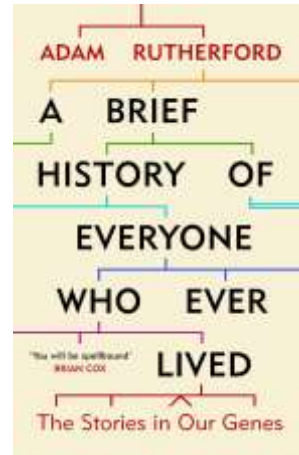
## BOOK REVIEW

*A Brief History of Everyone Who Has Ever Lived: The Stories in our Genes.* Adam Rutherford, Weidenfeld & Nicholson, 2016. Huge thank you to Heather for starting up a new section for *Breath of LIFE* readers and contributing this review.

I enjoy reading science stories for they are a story complete with a beginning, middle and end. This story is the story of genes, by a public speaker, a public broadcaster and university lecturer, who attempts to deconstruct the story from the cultural distortions, the human detritus of mythology, it has picked up, or tried to live by interspersed with and illustrated by the author's

autobiography, humour, and scientific exactitude that parallels the subplot of 'what it is not'.

Written for the educated layman, or the new student, Rutherford takes us on The Grand Tour of the unfolding of the human genome - so far- as science sees it. A work in progress. For who knows what new discovery will change the story abruptly in the not so distant future, in the new uncharted waters of the new frontiers of science. Not having followed this particular story of the gene, some of his deconstructions were a bit difficult, but not impossible, to follow but did not detract from the whole. A good, amusing and challenging read.



Heather Windsor

*Have you recently enjoyed a book that others may also like to read? Write a brief review to let members know what you've discovered. Email it to [jenniib@inet.net.au](mailto:jenniib@inet.net.au)*

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## PULMONARY POETRY

### A Txt 4 2dae

The Psych of the H'way said

"When u smile ☺

u jigger up some darn ↑

feel goods - whether

u mean it or not."

Given away, often →

returned with favour ↔

neither weighs

nor measures Ω

the receivers worth.£

Forgiveness - ≥

a smile in the ☺

kingdom of eternity - ∞

makes you feel divine Δ

and is the samef

and is the same.↑

*This poem may not have a respiratory theme, but it was written by a poet with COPD. So it qualifies as Pulmonary Poetry. Think of it as a poem written by SMS.*

Heather Windsor, July 2018

## SHORTS

### MILK, MUCUS & COUGH

Some people complain that when they drink milk or other dairy products, their throat feels coated and mucus is thicker and harder to swallow. Recent research has shown that these feelings are due to the texture of the fluid, occur with similar liquids of the same thickness, and are not due to increased production of mucus. Symptoms of cow's milk allergy are very different.



Dairy products are an important source of calcium and other minerals needed for strong teeth and healthy bones. Cutting out milk unnecessarily can limit choices, reduce enjoyment of food and may adversely affect nutrition. In most people, dietary restriction is of little benefit in asthma or allergic rhinitis (nasal discharge), and distracts your attention away from more effective areas such as avoiding real allergens.

More [Australasian Society of Clinical Immunology & Allergy](#)

### WHAT ARE SNEEZES FOR?



The purpose of a sneeze is to keep your lungs safe from foreign particles. Scientists define it as “a semi-autonomous, convulsive expulsion of air from the lungs through the nose and mouth, usually

caused by foreign particles irritating the lining of the nasal passages”. It expels air forcibly from the mouth and nose in an explosive, spasmodic involuntary action resulting chiefly from irritation of the nasal mucous membrane. Sneezing can also possibly be linked to sudden exposure to bright light (e.g. walking from shade to bright outdoors), sudden fall in temperature,

a shot of cold air, a particularly full stomach, or a viral infection, and it can therefore lead to the spread of any infection.

Sneezing cannot occur during sleep. Sufficient external stimulants, however, may cause a person to wake from sleep in order to sneeze, but any sneezing then would occur when the person was at least partially awake. [More](#)

### **CANNABIS DOESN'T HELP BREATHLESSNESS**

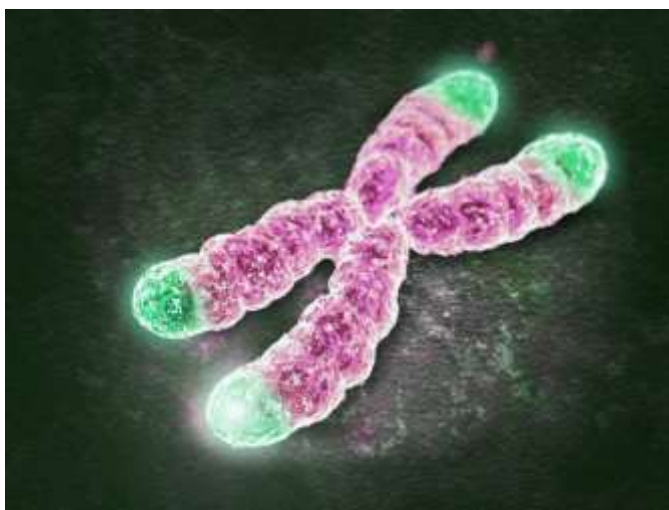
Researchers in Quebec, Canada decided to investigate whether cannabis helps breathlessness after discovering that some of their patients were reporting relief. Their small study found that inhaling vaporised cannabis did not improve or worsen exercise performance or activity-related breathlessness in people with advanced chronic obstructive pulmonary disease. Just in case you were thinking of trying it. [More](#)

### **E-CIGARETTES INCREASE CARDIOVASCULAR RISK AS MUCH AS REGULAR CIGARETTES**

The use of e-cigarettes containing nicotine (vaping) has a significant impact on vascular functions, according to a German study published recently. E-cigarette smokers experienced the same, if not higher level of cardiovascular elevation for prolonged periods after smoking the e-cigarette. The findings have significant implications for understanding the impact of e-cigarettes on long-term cardiovascular risk. [More](#)

### **CHROMOSOME CHANGES AND PULMONARY FIBROSIS**

Researchers in Belgium analysed the chromosomes in 10 lungs affected by Interstitial Pulmonary Fibrosis and removed from patients during lung



transplant surgery. They compared them with the chromosomes in healthy donor lungs (which were not used in transplants). They found that lungs with IPF had shorter telomeres than healthy lungs, indicating IPF is associated with genetic changes. Telomeres are the caps on the ends of our 23 pairs of chromosomes (which contain our DNA). [More](#)



## REM SLEEP & SLEEP APNOEA

Sleep apnoea is a respiratory condition marked by disordered breathing during sleep, with people either repeatedly stopping breathing for short periods (apnoea), or their breathing becoming severely restricted (hypopnoea). It is often managed using a CPAP machine which keeps the airways open during all parts of the breathing cycle.

REM or Rapid Eye Movement sleep is a type of sleep that occurs at intervals during the night and is characterised by rapid eye movements, more dreaming and bodily movement, and faster pulse and breathing.

Swiss researchers investigated whether there was a connection between the two and if so, was it related to increased blood pressure, metabolic syndrome<sup>1</sup>, diabetes or depression. They found sleep disordered breathing with REM sleep was very common in middle-to-older age people and was independently linked with metabolic syndrome and diabetes. These findings suggest that an increase in sleep disordered breathing during REM sleep could be clinically relevant. [More](#)

## QUALITY OF LIFE WITH LONG TERM CONDITIONS

A review of 6 scientific studies of the impact of psychological interventions to improve the quality of life in people with long term conditions, including lung disease, found that these can really be effective. They improved both physical and mental wellbeing. [More](#)

## SPIOLTO RESPIMAT

At a recent meeting a member raised the name of this puffer. It is a combination of two types of bronchodilator drugs some people with COPD might take separately and reduces the number of puffers they would need to use. It combines Spiriva (Tiotropium bromide, an anticholinergic bronchodilator) and Striverdi Respimat (Olodaterol, a long-acting beta agonist). Bronchodilators are aimed at opening the airways, making it easier to breathe.



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<sup>1</sup> Metabolic syndrome is a collection of conditions that often occur together and increase the risk of diabetes, stroke and heart disease. The main parts include obesity, high blood pressure, high blood triglycerides, low levels of HDL cholesterol and insulin resistance.

## **LONG ACTING BRONCHODILATORS IMPROVE EXERCISE CAPACITY**

COPD is a complex condition with many effects, not only on the respiratory system but on the muscles as well. Many people with COPD use long acting bronchodilators<sup>2</sup>. This review found they definitely improved exercise capacity, dynamic hyperinflation<sup>3</sup>, and breathlessness during exercise.

[Source](#)

## **HAVE A GO AT HAVE-A-GO?**



L I F E is considering hosting a booth at Have A Go Day on Wednesday 14 November, the seniors expo held annually at Burswood Park by the WA Seniors Recreation Council. Our objective would be to increase awareness of lung conditions and of the availability of support/ self help groups for people with chronic lung conditions. This is the major seniors' event in Perth and is attended by thousands. There are great displays and activities you could take a look at, before or after your shift on our booth.

There is no cost to rent a booth. All we need to do is put up a display, have some handouts, and staff the booth with L I F E members who could spend an hour or two at a time chatting to people who come up to the booth. We are investigating whether the Institute for Respiratory Health might want to run

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<sup>2</sup> Such as Onbrez, Seebri or Spiriva

<sup>3</sup> Dynamic hyperinflation is when a person starts the next in-breath before they've exhaled fully. This leads to air trapping. It's a common problem with COPD.

breathing tests or attend also to invite people to take part in clinical trials. What do you think? Shall we have a go? Would you be willing to volunteer for a few hours?

Tell us at the next meeting (September), via our Facebook page, by email [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au), or by phone (Jenni) 9382 4678. [More](#)

## DO NOT CALL REGISTER



Stop unwanted calls to your home phone or mobile. Register your numbers with the Do Not Call Register. Phone 1300 792 958 from Monday to Friday, between 8.30 am and 5.00 pm (possibly only AEST) or register online at [www.donotcall.gov.au](http://www.donotcall.gov.au). The law applies to telemarketers, even to Australian businesses using overseas call centres. Clearly it cannot stop scammers from calling you. Charitable organisations are exempt (and can call you). It should start to kick in after 30 days. The website also includes details of the latest phone scams.

## STOP MAIL AND EMAIL GOING TO YOUR DECEASED RELATIVE



The Australian  
**Bereavement  
Register**

Australian Bereavement Register takes registration of recently deceased loved ones and 'cleans' customer

mailing lists to reduce unnecessary mail being sent to the deceased.

The service is free to anyone who has lost a loved one and for organisations providing bereavement services wanting to ease the burden on clients.

Go to The Australian Bereavement Register <http://tabr.com.au/>

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## ALPHA1- ANTI TRYPSIN DEFICIENCY

*Contributed by new member David Payne attended L I F E since our June meeting. He has a rare lung condition which looks like emphysema but occurs in non-smokers because it's inherited, not caused by smoking.*

Alpha-1 anti-trypsin (AAT) or (A1AT) deficiency is an inherited condition. A mutation in the AAT gene gives rise to absent, abnormal or decreased levels

of the AAT protein. Without functional AAT protein, the small air sacs of the lungs (alveoli) become damaged, causing shortness of breath, wheezing and lung disease.

The accumulation of abnormal AAT protein in the liver contributes to liver damage, causing cirrhosis. This has led some to describe AAT as the only condition where you can get emphysema without smoking and cirrhosis without drinking.

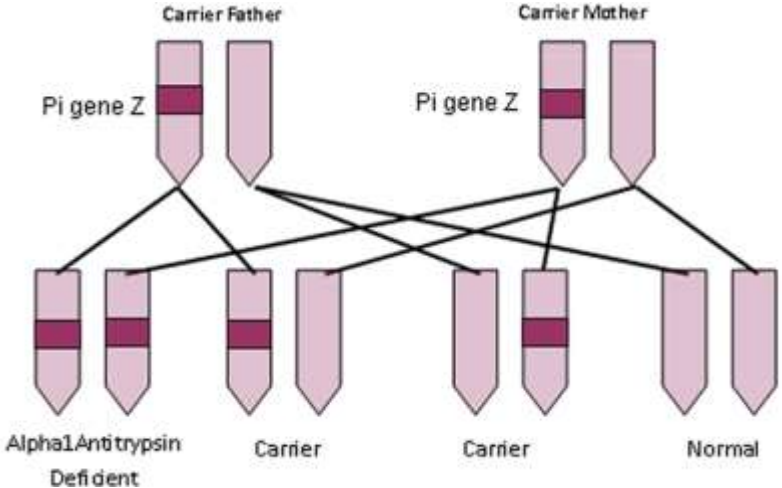
When a person is deficient in anti-trypsin there is a risk of serious harm to the lungs. Because of this, patients with known anti-trypsin deficiency must always consider their life style decisions such as employment and the environment they are in.

AAT is extremely rare: around 1 in 2,500 Australians are affected in some way.

I was diagnosed late only in 1990 and that was when we lived in New Zealand. Having been born in London and brought up in a passive smoking flat, my childhood was full of drama, especially as our heating was a paraffin heater in a damp environment.

However, I survived and managed a wonderful work career which allowed me to work in UK, Singapore and South East Asia before moving to New Zealand in 1988.

Throughout my life I had been misdiagnosed with suspected tuberculosis (TB). A suggestion to move to Switzerland for a cure of course was impossible due my parent's income. So I was virtually left to my own devices. Goodness knows how I survived, but I was young and



invincible as we all were, playing soccer and athletics (but only short sprints). Boy, I thought it was normal to struggle for breath!

However, following a CT scan in New Zealand a blood test revealed my condition, with a notable AAT level of 65% with a phenotype of MZ. At last I had an answer to my condition, which allowed me, my wife and doctor to take action that would assist me to look after myself, although damage had already been done to my lungs, due to previous bleeding episodes.



I manage to clear my lungs of excess mucus at least twice a day, take QVAR and Ultibro at present with self-administered anti-biotics, as and when I need them.

I lead an active life. I play table tennis once a week, belong to the Wanneroo Seniors Citizens Club as a committee member, play indoor bowls, exercise daily, play cards at Regents Gardens retirement village and volunteer at the Wanneroo Library.

Having been married since 1971 I am managing my life the best I can with massive support from my wife. Without her I would be in a sorry state. By practicing meditation I also keep a positive attitude and just get on with life, being aware of what I can do and achieve. I have learnt that it is OK to stop awhile and rest. I don't have to keep up with everyone else, a message that is repeated to me by my beautiful wife.

Joining L I F E has brought me into a fold of similar people and it is nice to have a conversation, albeit puffing, out of breath, and coughing. The group understands and take no notice. The stigma of lung disease is put to bed.

As a telecommunications specialist I was constantly asked, "Have you been running?" when I talk on the phone, I used to just say yes and get on with the conversation.

My respiratory consultant is Prof. Bruce Robinson and my GP support is Dr Greg Dawson, both of whom I rely on for medical support. Thank you for reading and I hope you found it interesting and useful.

David Payne

## **More**

[Alpha-1 Association of Australia](#)

[Lung Foundation Australia Fact Sheet](#)

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## **MICROSCOPIC POLYANGIITIS**

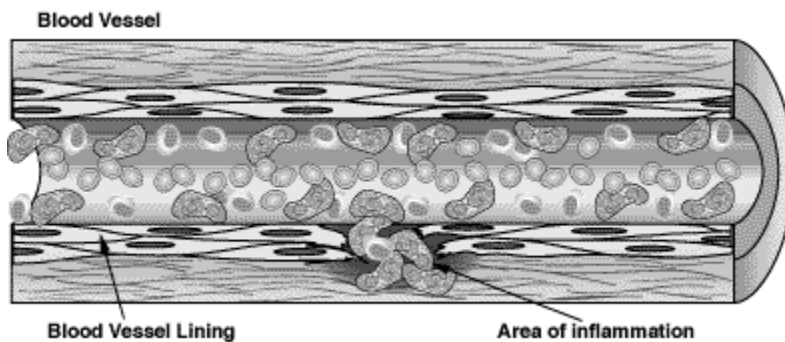
*New member Alex Murray has been diagnosed with this uncommon condition that affects the lungs and other organs as well.*

**Microscopic polyangiitis** (MPA) is an uncommon disease. It is the result of blood vessel inflammation (vasculitis), which can damage organ systems. The areas most commonly affected by MPA include the kidneys, lung, nerves, skin, and joints. MPA shares many common features with another form of vasculitis called granulomatosis with polyangiitis (GPA, formerly called

Wegener's Granulomatosis), and treatment approaches for these illnesses are similar.

### What is vasculitis?

Vasculitis is a general term that refers to inflammation of the blood vessels.



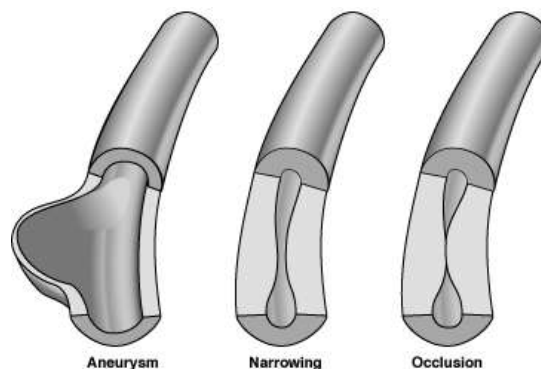
When inflamed, the blood vessel may become weakened and stretch forming an aneurysm, or become so thin that it ruptures resulting in bleeding into the tissue.

Vasculitis can also cause blood vessel narrowing to the point of closing off the vessel entirely. This can cause organs to become damaged from loss of oxygen and nutrients that were being supplied by the blood.

MPA affects small to medium-sized blood vessels, which directly reflects on the type of tissue injury that is seen in this disease.

### Who is affected by microscopic polyangiitis (MPA)?

MPA can occur in people of all ages, from children to the elderly, and appears to affect men and women equally.



### What causes microscopic polyangiitis (MPA)?

The cause of MPA is unknown. MPA is not a form of cancer, it is not contagious, and it does not usually occur within families. Evidence from research laboratories strongly supports the idea that the immune system plays a critical role in MPA such that the immune system causes blood vessel and tissue inflammation and damage.

### What are the features of microscopic polyangiitis (MPA)?

Because many different organ systems may be involved, a wide range of symptoms and signs are possible in MPA. Patients who have MPA may feel generally ill and fatigued, have fever, or have loss of appetite and weight. They usually also have symptoms related to areas of involvement such as rashes, muscle and/or joint pain. When MPA affects the lungs they may have shortness of breath or coughing up of blood. MPA affecting the nerves may

cause an abnormal sensation followed by numbness or loss of strength. Any combination of these symptoms may be present.

Kidney disease caused by MPA often does not produce symptoms. Inflammation of the kidney may not be apparent to the patient until the kidneys begin to stop working. Therefore, it is very important for the doctor, in dealing with any form of vasculitis, to always examine the urine.

Source [Cleveland Clinic, USA](#)

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## HEALTHY EATING

Vitamins are micronutrients that occur naturally in food and are needed in very small amounts for various bodily functions such as energy production and making red blood cells. There are 13 vitamins that our body needs. Eight of these form the B-group (or B-complex) vitamins.



### PLEASE READ THIS

*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 and your GP can help you decide. A nutritionist may also be able to help.*

### Vitamin B group

The B-group vitamins do not provide the body with fuel for energy, even though supplement advertisements often claim they do. It is true though that without B-group vitamins the body lacks energy. The body uses energy-yielding nutrients such as carbohydrates, fat and protein for fuel. The B-group vitamins help the body to use that fuel. Other B-group vitamins play necessary roles such as helping cells to multiply by making new DNA.

The eight types of vitamin B are:

- thiamin (B1)
- riboflavin (B2)
- niacin (B3)
- pantothenic acid (B5)
- vitamin B6 (pyridoxine)
- vitamin B12 (cyanocobalamin)
- folate (called folic acid when included in supplements)
- biotin

In case you're wondering about the missing Bs (B4, B7-11)- these were previously considered to be vitamins, but now are not.

### **Vitamin B in food**

Even though the B-group vitamins are found in many foods, they are water soluble and delicate. They are easily destroyed, particularly by alcohol and cooking. Food processing can also reduce the amount of B-group vitamins in foods, making white flours, breads and rice less nutritious than their wholegrain counterparts.

The body has a limited capacity to store most of the B-group vitamins (except B12 and folate, which are stored in the liver). A person who has a poor diet for a few months may end up with B-group vitamins deficiency. For this reason, it is important that adequate amounts of these vitamins be eaten regularly as part of a well-balanced, nutritious diet.

Here's some information about the eight B-group vitamins. You'll see that many have common sources in our food, so if you manage to get enough of these food types you will probably get



enough of all the B-group vitamins. They work together too, much like the players in an orchestra. So don't focus on getting enough of one or two, focus on the whole team.

**Thiamin** (also called vitamin B1) helps turn the food you eat into the energy you need. Thiamin is important for the growth, development, and function of the cells in your body. It's found naturally in many foods and is added to some fortified foods. You can get recommended amounts of thiamin by eating a variety of foods, including the following:

- Whole grains and fortified bread, cereal, pasta, and rice



- Meat (especially pork) and fish
- Legumes (such as black beans and soybeans), seeds, and nuts

**Riboflavin** (also called **vitamin B2**) is important for the growth, development, and function of the cells in your body. It also helps turn the food you eat into the energy you need

You can get recommended amounts of riboflavin by eating a variety of foods, including these:

- Eggs, organ meats (such as kidneys and liver), lean meats, and low-fat milk
- Green vegetables (such as asparagus, broccoli, and spinach)
- Fortified cereals, bread, and grain products

**Niacin** (also known as vitamin B3) helps the digestive system, skin, and nerves to function. It is also important for converting food to energy. It's found in:

- |                               |              |
|-------------------------------|--------------|
| • Milk                        | • Lean meats |
| • Eggs                        | • Legumes    |
| • Enriched breads and cereals | • Peanuts    |
| • Rice                        | • Poultry    |
| • Fish                        |              |

**Pantothenic acid** (also called **vitamin B5**) helps turn the food you eat into the energy you need. It's important for many functions in the body, especially making and breaking down fats.

It's naturally present in almost all foods. It is also added to some foods, including some breakfast cereals and beverages (such as energy drinks). You can get recommended amounts of pantothenic acid by eating a variety of foods, including these:

- Beef, poultry, seafood, and organ meats
- Eggs and milk
- Vegetables such as mushrooms (especially shiitakes), avocados, potatoes, and broccoli
- Whole grains, such as whole wheat, brown rice, and oats
- Peanuts, sunflower seeds, and chickpeas

**Vitamin B6 (pyroxidine)** is naturally present in many foods and is added to other foods (fortifying them). The body needs vitamin B6 for more than 100

enzyme reactions involved in metabolism. It's also involved in brain development during pregnancy and infancy as well as immune function.

You can get recommended amounts of vitamin B6 by eating a variety of foods, including the following:

- Poultry, fish, and organ meats, all rich in vitamin B6.
- Potatoes and other starchy vegetables, which are some of the major sources of vitamin B6.

Fruit (other than citrus), which are also among the major sources of vitamin B6.

**Vitamin B12** (also called **cyanocobalamin**) helps keep the body's nerve and blood cells healthy and helps make DNA, the genetic material in all cells. Vitamin B12 also helps prevent a type of anaemia called megaloblastic anaemia that makes people tired and weak.

Two steps are required for the body to absorb vitamin B12 from food. First, hydrochloric acid in the stomach separates vitamin B12 from the protein to which vitamin B12 is attached in food. After this, vitamin B12 combines with a protein made by the stomach called intrinsic factor and is absorbed by the body. Some people have pernicious anaemia, a condition in which they cannot make intrinsic factor. As a result, they have trouble absorbing vitamin B12 from all foods and dietary supplements.



Vitamin B12 is found naturally in a wide variety of animal foods and is added to some fortified foods. Plant foods have no vitamin B12 unless they are fortified. You can get recommended amounts of vitamin B12 by eating a variety of foods including the following:

- Fish, meat (especially liver), poultry, eggs, milk, cheese and other dairy products, - almost anything of animal origin

- Some breakfast cereals, nutritional yeasts and other food products that are fortified with vitamin B12. To find out if vitamin B12 has been added to a food product, check the product labels.

**Folate** is a B-vitamin naturally present in many foods. A form of folate, called folic acid, is used in dietary supplements and fortified foods.

Our bodies need folate to make DNA and other genetic material. Folate is also needed for the body's cells to divide. It's naturally present in many foods and food companies add folic acid to other foods, including bread, cereal, and pasta. You can get recommended amounts by eating a variety of foods, including:

- Vegetables (especially asparagus, Brussels sprouts, and dark green leafy vegetables such as spinach and mustard greens).
- Fruits and fruit juices (especially oranges and orange juice).
- Nuts, beans, and peas (such as peanuts, black-eyed peas, and kidney beans).
- Grains (including whole grains; fortified cold cereals; enriched flour products such as bread, bagels, cornmeal, and pasta; and rice).

Folic acid is added to many grain-based products and corn masa flour (used to make corn tortillas, for example). To find out whether folic acid has been added to a food, check the product label.

Beef liver is high in folate - but is also high in cholesterol, so limit the amount you eat. Only small amounts of folate are found in other animal foods like meats, poultry, seafood, eggs, and dairy products.

**Biotin** is a B-vitamin found in many foods. It helps turn the carbohydrates, fats, and proteins in the food you eat into the energy you need. Only a very small amount is needed daily (in the order of micrograms, thousandths of a milligram).

Many foods contain some biotin. You can get recommended amounts of biotin by eating a variety of foods, including the following:

- Meat, fish, eggs, and organ meats (such as liver)
- Seeds and nuts
- Certain vegetables (such as sweet potatoes, spinach, and broccoli)

### **More**

[Better Health Victoria](#)

[MedlinePlus US](#)

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

## VITAMANIA

Almost one billion of us take a regular dietary supplement, mainly vitamin tablets. Vitamins are enthusiastically endorsed by celebrities, and vitamin-fortified foods line our supermarket shelves.

But how safe are these products? Is it true that vitamins are “natural” and therefore can’t do you any harm? How are they regulated, and how can parents make the right choices for their children’s health.



These surprisingly urgent questions are investigated by scientist Dr Derek Muller in Vitamania, the latest documentary made by Emmy Award-winning Australian filmmakers, Genepool Productions.

Screened on SBS on Sunday 12 August 2018 and also available from iTunes and Google Play. [More](#)

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## THE GOOD DAYS & BAD DAYS

The focussed discussion in August centred on the theme of dealing with both the Good Days and the Bad Days. We asked ourselves, what makes a day either good or bad, what we did to optimise the good days, and manage the bad days, do we change plans when you wake up feeling under the weather, or do you just soldier on? Here are some of the ideas raised by members on 1 August.

### What are good days?

A good day is: when I wake up and I’m still here! Have had a good sleep, feel well and energetic, achieve something, do something enjoyable. Some people plan for more physical tasks like housework on days when they feel better. Local councils often have a program of interesting activities for seniors to join in. Some people enjoy shopping so do that when they are having a good day.



## What are bad days?

On a bad day people try not to fit in too much, get too busy. They make sure there is time for a few rests between activities too, pacing themselves to make the most of their energy. Alex said he could turn a bad day into a good one by doing something he enjoyed, like sharing kitchen tasks with his grandchildren.

It may be better to cancel or postpone activities if you wake up feeling unwell. But if you just feel a bit down or off colour, getting out and about, meeting a friend, have a walk often lead to a change of mood. Make a list of things that need doing including some enjoyable activities, not all duties.

Heather has a Desperation Bag with ideas, puzzles, meditations, CDs, books for the bad times and a God Box for really challenging problems (leaving them for God to consider).

Sometimes people stayed away from others on a bad day, staying home in their PJs.

Jenni said she did not really have out and out bad days or good days. She had some bad times or experiences, but that for her the whole day did not have to be coloured by one bad thing that happened.

The **Act Belong Commit** campaign encourages everyone to:

**Act** – do something (don't just sit in your chair feeling sorry for yourself);

**Belong** – do something with others (don't spend too much time alone); and

**Commit** – do something that is meaningful or worthwhile for you, that you value. That might include helping others or religious observance.

## Members' Tips

- Talk to people, that can lift you out of the doldrums



every day may not be good,



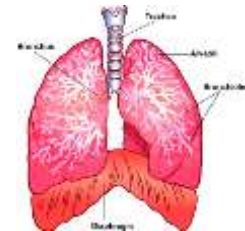
but there's something good  
in every day.

- Have something to look forward to (coming to L I F E events?)
- Achieve a balance in your life, e.g. mixing with people of both genders
- Get interested in the lives of others (it's not just about you, is it?)
- Make appointments with yourself to do some enjoyable things, get some necessary tasks achieved. Prioritise your activities. Give yourself permission to do enjoyable things, like reading a book or watching TV or a movie. All work and no play... as they say.
- Keep a diary or a personal journal to reflect on the day's activities. Or write letters to close friends and family.

*The next focussed discussion is about Sleep on Wed 5 October. Do you wish you had more sleep? Or do you worry that you aren't getting enough sleep? Do you think you sleep too much? What tricks and tips do you use when you wake in the night? Do you have particular rituals that help you get to sleep?*

## RESPIRATORY A TO Z

*For the past two years we've been exploring the A to Z of respiratory terms. Finally we've reached the end - W to -Z.*



**W** **Walking regularly** is one of the best things you can do if you have a chronic lung condition. Yes, it seems ironic that we should do the very thing that makes us get puffed out. But just 20-30 minutes' walking 4-5 times a week can make a huge difference in your experience of breathlessness and your risk of hospitalisation. Before starting on a regular exercise program check with your GP to make sure there is no other condition which might affect your safety to exercise. If you need help to get moving see a pulmonary physiotherapist or ask your respiratory physician to refer you to a pulmonary rehabilitation program. It's a free program provided by the Community Physiotherapy Service of the WA Health Department.

**X** **X rays** use a special type of radiation to take pictures of bones and some parts inside the body, including the lungs. You are asked to lie on a bed or sit down between the X-ray tube and a receiving plate which makes the picture.

A “plain” X-ray is used to look at bones for fractures, dislocated joints, fluid around bones and joints, infection, bone growths, bone diseases. X-rays are painless, fast and easy. No radiation is left in your body after the X-ray is finished. There is a very small chance you could develop cancer in the long term from the radiation from an X-ray. X-rays have possible risks for pregnant women and should only be performed in urgent situations. Your doctor understands the risks of having an X-ray and will consider the risks before recommending you to have one.



Chest X-rays produce images of your heart, lungs, blood vessels, airways, and the bones of your chest and spine. Chest X-rays can also reveal fluid in or around your lungs or air surrounding a lung.

Computed tomography (CT) of the chest uses special x-ray equipment to examine abnormalities found in other imaging tests and to help diagnose the cause of unexplained cough, shortness of breath, chest pain, fever and other chest symptoms. [Mayo Clinic](#) and [RadiologyInfo](#)

**Y****ersina pestis** is a bacterium that can infect humans via the oriental rat flea. It causes the disease **plague**, which takes three main forms: pneumonic, septicaemic, and bubonic plagues. All three forms were responsible for a number of high-mortality epidemics throughout human history, including: the sixth century's Plague of Justinian, the Black Death, which accounted for the death of at least one-third of the European population between 1347 and 1353, and the Third Pandemic, sometimes referred to as the Modern Plague, which began in the late 19th century in China and spread by rats on steamboats claiming close to 10 million lives. These plagues probably originated in China and were transmitted west via trade routes.

*Yersina pestis* is named after the first person to identify the plague bacteria in 1894, Alexandre Yersin, a Swiss/French physician and bacteriologist from the Pasteur Institute, during an epidemic of the plague in Hong Kong. Yersin was a member of the Pasteur school of thought. Kitasato Shibasaburō, a German-trained Japanese bacteriologist who practised Koch's methodology, was also engaged at the time in finding the causative agent of the plague. However,

Yersin actually linked plague with *Y. pestis*. Named *Pasteurella pestis* in the past, the organism was renamed *Yersinia pestis* in 1944.

Every year, thousands of cases of the plague are still reported to the World Health Organization, although with proper treatment, the prognosis for victims is now much better. A five- to six-fold increase in cases occurred in Asia during the time of the Vietnam War, possibly due to the disruption of ecosystems and closer proximity between people and animals.



The plague is now commonly found in sub-Saharan Africa and Madagascar, areas which now account for over 95% of reported cases. The plague also has a detrimental effect on nonhuman mammals. [Wikipedia](#)

**Zika virus:** a virus related to dengue fever, West Nile, yellow fever, and Japanese encephalitis viruses (Flaviviridae). The Zika virus is transmitted to humans by Aedes mosquito bites and leads to an illness that lasts a few days to a week. Typical signs and symptoms of Zika virus infection include fever, rash, joint pain, and conjunctivitis (redness of the eyes). The illness is usually mild, and people may not be aware they have become infected. The infection also can be spread by sexual contact with an infected man, and the virus can be passed from a pregnant woman to her foetus. When pregnant women become infected, the viral infection has been linked to birth defects (microcephaly, or a small head and small brain) in newborns. There is no vaccine available against Zika virus. [MedicineNet](#)



*In future issues we'll be moving onto a new fertile ground for respiratory learning.*

## HOW CAN I GIVE BACK?

Doing something that helps make the world a better place, feels good too. There's always something you can do - no matter how advanced your condition.

- 1. Volunteer for L I F E**  
- help our L I F E group. Or another community organisation near you. Help in the Breath of L I F E mailout or join the L I F E working bee which helps the Institute for Respiratory Health's Clinical Trials Unit. Just speak to Sal at the next L I F E meeting or call her T 9331 3651 E [salhyder1@gmail.com](mailto:salhyder1@gmail.com)
- 2. Spread the word** with family and friend. Tell them about L I F E, the Institute for Respiratory Health and respiratory conditions. Our business cards have L I F E contact details and a space for your name and phone number. Contact us for a bundle.
- 3. Register with the Clinical Trials Unit** of the Institute for Respiratory Health to take part in the trial of a new respiratory medication. Call T 6457 3198
- 4. Become a simulated patient** at the University of Western Australia's School of Medicine and help train doctors of the future. Both people with stable medical conditions and healthy volunteers are required. Call the Doctor of Medicine Team T 6488 7528 E [mdpatients-fmdhs@uwa.edu.au](mailto:mdpatients-fmdhs@uwa.edu.au)
- 5. Volunteer to be a research subject** in a medical research project described in Breath of L I F E or in your local paper
- 6. Donate** to the work of the Institute for Respiratory Health. Call 6151 0815 or donate [online](#). Mention the Institute's important research into lung disease to friends and relatives who also might be interested to make a donation. Or make a bequest in your will.





## SOME USEFUL CONTACTS

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

[National Seniors](#) T 1300 76 50 50

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

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

[Pulmonary Rehabilitation](#) programs (scroll down to WA) or T 1800 654 301 - You'll need a referral from a respiratory specialist who has admitting rights to a WA public hospital (even if you see them privately).

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

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

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

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

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

[Seniors Services](#) guide

[Seniors Recreation Council](#) WA T (08) 9492 9773

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

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

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

[Do Not Call Register](#) – stop unwanted marketing calls to your home phone or mobile T 1300 792 958

[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



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

[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](#) a video to help you clear your airways of phlegm

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

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

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

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

*If you know of other organisations or services you would like to suggest to list here, please let us know. Meanwhile, this list might find a space on your fridge?*

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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.

### 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.

### COMING UP

<b>Wed 5 Sep</b>	Theme: Sleep	Focused discussion
<b>Wed 3 Oct</b>	Your life talks: recording your own story for your family	Di Ingelse, celebrant
<b>Mon 15 Oct</b>	Spring Lunch 12 noon, Windsor Hotel	112 Mill Point Rd, South Perth. Details inside on page 3. RSVP please
<b>Wed 7 Nov</b>	Travelling the Canning Stock Route	Phil Bianchi, WA bush historian, 4WD expert and author
<b>Wed 5 Dec</b> Save the date!	L I F E Christmas Party	Institute for Respiratory Health, Perkins Building. More details next issue.



*institute for*  
**RESPIRATORY HEALTH**

**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!**

