

SAIL Home Oxygen Program

Tester's Newsletter



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This newsletter is produced by the Lung Association of Saskatchewan through a contract with Saskatchewan Health.

Any questions or comments may be directed to Marion Laroque at 667-3016 marion.laroque@sk.lung.ca



Spotlight on Lung Disease

COPD Exacerbation: The Lung Attack

SAIL home oxygen criteria for exertional and nocturnal funding depend partially on whether or not the client has had an exacerbation of cardiorespiratory disease within the past 30 days. For most patients this means an exacerbation of chronic obstructive pulmonary disease (COPD). Respirologists are now calling an exacerbation of COPD a lung attack to emphasize the devastating impact this can have on the patient.

What is a lung attack?

A lung attack is defined as a sustained (longer than 48 hours) worsening of dyspnea, cough or sputum. During a lung attack sputum may change in volume, colour or tenacity.

These symptoms lead to an increased use of maintenance medication or the addition of other medications. A lung attack can also cause other symptoms such as fatigue, insomnia, sleepiness or confusion. Dyspnea at rest or impairing the patient's ability to complete a sentence is an indication of a severe attack. Patients who are confused, have a change in alertness or chest pain require immediate medical attention.

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Home Oxygen Workshop Telehealth Conference

Tuesday, September 28, 2010
1 pm - 4 pm

Interested? Sign on with your local Telehealth coordinator

Sign up deadline is September 24, 2010

Lung Attacks

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Facts about lung attacks

- Lung attacks are to COPD what heart attacks are to coronary heart disease – hospitalized patients have similar mortality: 8% die in the hospital and 25% die within one year.
- Lung attacks lower the patient's quality of life
- Lung attacks cause a decline in lung function
- About 50% of lung attacks are caused by infections

COPD has the highest rate of hospitalization among the major chronic illnesses in Canada. COPD also has a much higher readmission rate than other chronic illnesses. In a recent report by the Canadian Institute for Medical Information (CIHI) 18% of COPD patients were readmitted once within a year of the first attack and 14% twice within the year. This is far greater than the numbers for angina, heart failure, diabetes or hypertension. Hospital admissions for COPD lung attacks average a 10 day length of stay. This is conservatively estimated to cost the healthcare system about \$1.5 billion per year.

Can lung attacks be prevented?

Early diagnosis is the key to treating COPD and slowing its progression. Diagnosis requires a simple lung function test called spirometry. The Canadian Thoracic Society recommends that anyone over 40 who smokes or used to smoke and has one symptom of breathlessness, wheezing, cough or persistent phlegm should have a spirometry test.

Specific treatments for COPD include:

- Inhalers: short-acting bronchodilators for mild disease, with the addition of long acting bronchodilators and inhaled corticosteroids as the disease progresses and lung attacks become a problem.
- Smoking cessation: anyone with a diagnosis of COPD should immediately stop smoking.
- Patient education: including proper use of inhalers, recognition and prevention of lung attacks, and coping skills.
- Regular flu shots
- Pulmonary rehabilitation to maximize function
- Home oxygen if hypoxic
- Action plan: it is recommended that all COPD patients have an action plan to empower them to recognize and quickly respond to a lung attack.

The message for home oxygen testers:

For a COPD patient on continuous oxygen testing is usually only required for the initial funding and once more at the end of the first 4 month period. If, however, the patient has had an exacerbation (lung attack) in the 30 days prior to the 4 month renewal, funding will only be approved for another 4 month period. Statistics show that patients suffering from lung attacks are often admitted to the hospital more than once in a year. For some patients this may mean several sets of testing before they are on long term oxygen coverage and no longer require testing. Unstable patients are also not eligible for exertional or nocturnal testing. The best advice for your clients with COPD is to learn to avoid lung attacks by taking their medication properly, avoiding lung infections and quickly treating changes in their condition.

Pulmonary Rehabilitation in Saskatchewan

Pulmonary rehabilitation has been proven to improve dyspnea, exercise tolerance and quality of life for people suffering from lung disease. Programs usually include both exercise training and patient education. The group interaction can also improve mood and reverse the anxiety and depression associated with lung disease. This is particularly true of patients with COPD.

Exercise training is the key component in pulmonary rehabilitation. This usually involves cardiopulmonary endurance training, strength training and flexibility training. People who participate in exercise training can have increased energy, use oxygen more efficiently, and have enhanced ability to perform activities of daily living. Overall pulmonary rehabilitation results in fewer exacerbations (lung attacks), which in turn improves mortality.

One of the first pulmonary rehabilitation programs in Saskatchewan began in Saskatoon over 10 years ago. It has now expanded to two sites: the Field House and the newly built Shaw Centre. There are also several communities in Saskatchewan with pulmonary rehabilitation programs. Some offer programs in a group setting while others are home based. Referral from a physician may or may not be required. To check the current list of programs in Saskatchewan go to www.lung.ca. Programs are listed under lung disease/COPD.

Home oxygen clients who are participating in a pulmonary rehabilitation program may be able to apply to SAIL for extra funding for portable tanks to facilitate the exercise portion of the program.

SAIL Stats - August 1, 2010	Lung Association Stats – July 31, 2010
Continuous.....1877	Nocturnal tests completed.....225
Exertional431	Waiting list71
Nocturnal222	Waiting time.....2.5 months
Infants21	% positive for sleep apnea.....50%
Total.....2551	

Thank you

A big thank you to all the home oxygen testers who provide overnight oximeter testing to the people of our province. This testing provides a valuable service for people who require nocturnal oxygen coverage as well as people who may be suffering from sleep apnea.

The prompt return of Lung Association of Saskatchewan equipment keeps the waiting list down to a reasonable number.

Pulse Oximeters

If you need repairs or maintenance on your N-20P oximeter, please call:

Covidien

1-877-664-8926 and press #5 to speak with a representative

For reordering printer paper you can call:

Schaan Healthcare Products, Saskatoon

664-1188 or

1-800-667-3786

Current price for a box of 12 rolls is \$59.80 plus tax

Part # is 901624

New Research in Saskatchewan

A study by Donna Goodridge, College of Nursing, University of Saskatchewan, J. Lowan and Donna Rennie, University of Saskatchewan and Dr. Darcy Marciniuk, College of Medicine, University of Saskatchewan titled *Rural/Urban differences in health care utilization and place of death for persons with respiratory illness in the last year of life* was published in April 2010. The retrospective study of 1098 patients who died in 2004 compared the type of care available in rural, small urban and urban areas of Saskatchewan.

The researchers found that while there were similarities in care there were also some significant differences. Rural patients made significantly fewer physician visits. As well, the type of home care services differed, with rural patients receiving lower amounts of home care, particularly professional, palliative and physiotherapy services. Rural patients were more likely to be admitted to long term care facilities. Rural patients were more likely to receive home supportive services and home meal preparation.

The option to die at home is viewed as the best choice by the majority of terminally ill patients, caregivers, health professionals and the general public. Unfortunately, the Saskatchewan data shows that only 14-16% of the patients in this study were able to pass away at home. In rural areas this may cause an extra hardship for families who must travel or relocate to be with their loved one during their last days.

Phone Number Change

Marion Laroque can now be reached at **667-3016**.

The Lung Association of Saskatchewan **fax number** remains: **343-7007**.

Laws to Protect Children

On July 15, 2010, Manitoba joined the growing list of provinces that ban smoking in cars with children as passengers. Saskatchewan has similar legislation written, but not yet proclaimed. This will leave only Alberta, Quebec, Newfoundland and the north without this prohibition. Historically, the first municipality to create a bylaw regarding smoking in cars with children was Wolfville, Nova Scotia in November, 2007. The province of Nova Scotia quickly followed suit becoming the first province to move in this direction. Parts of Australia and the USA have similar laws.

Children are the innocent victims of second hand smoke and often have no way to leave the smoky environment, especially a smoky car. Babies and children are especially vulnerable to second hand smoke because they have faster breathing rates, meaning they breathe in more air relative to their body weight. As a result, they absorb more smoke.

New Research Funding for Saskatchewan

Three new research awards have been announced by the Lung Association of Saskatchewan in partnership with the Canadian Institutes of Health Research (CIHR). The first is a New Investigator Salary Award in Pediatric Respiriology worth \$60,000 per year for 5 years. This money will hopefully help with recruiting a pediatric respirologist to our province. We currently do not have any pediatric respirologists, although a report last year recommended that the province with our population should have at least three. Other research money available includes a \$165,000 research fellowship in lung health and a one year \$17,500 Master's program in COPD award.

“There’s no question that research is our greatest defence against lung disease, as well as our greatest tool to save lives. The innovative, cutting-edge research that takes place right here in Saskatchewan has been a mainstay of the Lung Association’s mission,” stated Dr. Brian Graham, CEO of the Lung Association of Saskatchewan.

Please recertify on-line every two years

It only takes 15 minutes.

Go to www.sk.lung.ca

Choose ‘health professionals’, then ‘oxygen testers’.

Forgot your password or tester number?

Send an email to Marion Laroque: marion.laroque@sk.lung.ca

No Sympathy for Lung Cancer Patients

A large survey has found that Canadian have little sympathy for lung cancer patients. We tend to take the attitude that these people 'brought it on themselves'. The Global Lung Cancer Coalition survey was conducted in 16 countries and polled over 16,000 people. It found that 1 in 5 Canadians doesn't have any sympathy for someone with lung cancer. Dr. James Gowing, co-chair of the Cancer Advocacy Coalition of Canada describes this attitude as 'appalling'. He would like people to remember that 15% of lung cancer victims never smoked.

Lung cancer is the leading cause of cancer death in Canada, with more people dying from lung cancer than breast, colorectal and prostate cancers combined. About 20,000 Canadians die from lung cancer each year. Unfortunately, the stigma attached to lung cancer also affects the research funding for this disease. Research dollars for lung cancer are about one third of the amount spent on breast cancer.

Lung cancer patients feel stigmatized even if they never smoked or quit years ago. Often the first question they hear is: "Did you smoke?" A better way to approach a lung cancer patient would be with empathy: "I'm sorry to hear that" is much less judgemental.

New Nellcor Oximeter

The old reliable Nellcor N-20 oximeter is no longer available. The new Nellcor N-65 has been chosen by SAHO as the replacement oximeter.

Here are some hints for those of you who may have received this new version:

1. Do not shut off the oximeter before printing the results. The machine does not store results in memory.
2. To record an event, such as a desaturation during testing press the data button. This will store the event as a snapshot.
3. To print both a summary and snapshots, leave the oximeter attached to the patient until the recording has printed.
4. To print: position the oximeter 6 inches or more in front of the printer.



If you have questions or concerns about the oximeter you may call Marion Laroque at 667-3016.

Mark your calendar!

Saskatchewan Thoracic Society

2010 Professional Education Day

Saturday, November 20, 2010

Saskatoon Inn, Ballroom B

Saskatoon

Featured Speaker:

Dr. Peter Butt

Topic:

Indigenous People & Tobacco:

A Dance of Cultural Cohesion & Substance Dependence



For more information or questions, please contact the **Lung Association** at **343-9511**(Saskatoon) or **1-888-566-LUNG**

Did you know?

- A cough can reach the speed of 60mph.
- The surface area of the lungs is roughly the same size as a tennis court.
- A sneeze can exceed the speed of 100mph.
- The capillaries in the lungs would extend 1,600 kilometres if placed end to end.
- The lungs are the only organ in the body that can float on water.
- The lungs are the only internal organ exposed to the external environment.
- A single cigarette contains over 4,000 chemicals, including 200 known poisons and more than 60 carcinogens.
- We lose half a litre of water a day through breathing. This is the water vapour we see when we breathe onto glass.
- 51.6% of Canadians are overweight or obese.
- Current life expectancy of Canadian men is 78.3 years.
- Current life expectancy of Canadian women is 83.0 years.
- 19.7% (1 in 5) Canadian youth are overweight or obese.
- An estimated 36,000 people in Saskatchewan have undiagnosed sleep apnea.

Phone Numbers

Saskatchewan Aids to Independent Living (SAIL)

3475 Albert Street
Regina, SK S4S 6X6
Phone: 787-7121 Fax: 787-8679

Oxygen Supply Companies

Airgas Puritan Medical

Prince Albert: 922-9040 or 1-800-677-0220
Regina: 522-0220 or 1-888-469-9436
Saskatoon: 933-0202 or 1-800-677-0220

Medigas A Praxair Company

Regina: 721-2380 or 1-866-446-6302
Saskatoon: 242-3325 or 1-866-446-6302
Swift Current: 773-8064 or 1-866-446-6302

Prairie Oxygen Ltd.

Regina: 545-8883 or 1-877-738-8702
Saskatoon: 384-5255 or 1-877-738-8702

Provincial Home Oxygen Inc.

Regina: 790-8491 or 1-877-352-5025
Saskatoon: 651-1243 or 1-877-352-5025

VitalAire Healthcare

Lloydminster: 1-780-875-9777
Regina: 721-0071 or 1-800-567-0071
Saskatoon: 931-3334 or 1-800-461-0096

THE  LUNG ASSOCIATION™
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