

SAIL Home Oxygen Program

Tester's Newsletter



Published by the Lung Association of Saskatchewan

Fall 2012

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

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Cough – Sinister or just annoying?

A complaint of an unexplained cough is very common and often there can be more than one cause. Respiriologists have divided cough into three categories based on duration: acute, sub-acute and chronic in order to systematically treat the condition. Diagnosis of the cause of the cough is usually made when the patient responds to a specific treatment. In other words: “Try this - if it helps, we’re on the right track.”

Acute cough: < 3 weeks duration

Physicians treating acute cough should first identify and treat any life-threatening conditions such as pulmonary embolism, congestive heart failure, or pneumonia. If none of those conditions exist, non-life-threatening conditions such as the common cold, a flare-up of existing asthma or COPD or upper airway cough syndrome (postnasal drip syndrome) may be the cause of the cough. Acute cough from a common cold will respond to a first generation antihistamine plus decongestant (e.g. Benadryl Allergy, Vicks Nyquil). One study also showed that naproxen (Aleve) also improves cough due to a cold. Inhaled corticosteroids will improve a cough due to asthma.

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Home Oxygen Tester's Workshops Via Telehealth Conference

Two Telehealth workshops have been scheduled this fall:

Wednesday, October 10 at 1 pm

and

Thursday, December 13 at 1 pm

Want to attend? Sign up with your local Telehealth coordinator 48 hours before the broadcast time.

Cough: Sinister or just annoying?

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Sub-acute cough: 3-8 weeks duration

If a cough lingers after a respiratory infection, then pneumonia, pertussis or bronchitis should be either ruled out or treated with antibiotics. Irritants such as tobacco smoke and known allergens should be eliminated or avoided. Persistent postnasal drip, upper airway irritation or asthma may be the cause and should be treated.

Chronic cough: >8 weeks duration

A chronic cough is never normal. Lung cancer should be considered in anyone with long term exposure to tobacco smoke.

Other possible common causes of chronic cough include:

- Side effects of medication such as ACE inhibitors, methotrexate, and possibly beta-blockers
- Undiagnosed or poorly managed asthma or COPD
- Gastroesophageal reflux disease (GERD)
- Upper airway cough syndrome (postnasal drip syndrome)
- Irritants such as tobacco smoke

Treating possible underlying causes often eliminates the cough. Discontinuing medication that may cause the cough is also usually effective.

The Canadian Thoracic Society has developed a chronic cough toolkit that includes algorithms for the assessment and treatment of cough. It can be accessed at: http://www.respiratoryguidelines.ca/sites/all/files/cough_toolkit.pdf . Other respiratory treatment guidelines can also be found at this web site: www.respiratoryguidelines.ca

Hypoxia and Cancer

Two studies published in July have found a link between hypoxia and cancer tumour growth. The first study used information from the Wisconsin Sleep Cohort Study. This longitudinal study has followed a large group of people with diagnosed sleep apnea since 1988 and has provided valuable information linking sleep apnea to increased mortality, metabolic syndrome and cardiovascular disease. The authors have now looked at sleep apnea and cancer mortality.

The study showed an increased risk of cancer in people with sleep apnea. The risk increased with the severity of sleep apnea. People with severe sleep apnea had an almost four fold increase in the incidence of cancer death.

The second study found that poorly oxygenated areas of lung stimulate signals that promote tumour growth. This is significant for patients with COPD who have areas of lung that are affected by the disease. Researchers at the University of Colorado Cancer Center hope that this information may lead to treatment that can slow tumour growth.

Karen Magnussen, former Olympic skater suffers from exposure to ammonia gas

Karen Magnussen, the last Canadian woman to win the World Figure Skating Championship, is now unable to coach figure skating, or even perform simple physical tasks due to an ammonia gas leak that occurred at the North Shore Winter Club where she coached figure skating. She was exposed as a result of a malfunction in the cooling plant. WorkSafeBC has sited the club for 12 health and safety violations. Ms. Magnussen suffers from severe shortness of breath, coughing, vision problems and chronic fatigue. She will probably never be able to go into a rink again.



Ammonia is one of the most commonly produced chemicals. About 80% of the ammonia produced by industry is used in agriculture as fertilizer. It is also used as a refrigerant gas, in water purification, and in many manufacturing processes. It is found in many household and industrial cleaning solutions.

Most exposure to ammonia is by inhalation of the gas or vapours. Ammonia reacts immediately with moisture in the skin, eyes, mouth, and especially the mucous membrane of the respiratory tract. Severe poisoning leads to alkali chemical burns to the skin, eyes, trachea and bronchioles. Death may occur. Treatment includes immediate flushing of skin and eyes with water. Humidified oxygen and bronchodilators are the first line of treatment for ammonia inhalation.

Karen Magnussen spoke about her health issues at a press conference in May. She has been battling not only the physical symptoms of her condition, but also the Workers Compensation Board of BC. "I've never been one to curl into a ball and just lie there; I'm a fighter," she said. "I didn't win a world championship and get to the Olympics twice from nothing. I feel so bad for other people, and maybe I can be a voice for those people." *Postmedia News; republished from the Winnipeg Free Press print edition May 5, 2012.*

SAIL CPAP Equipment Depot has moved

Effective August 13, 2012 the SAIL CPAP equipment depot will be located at Saskatoon City Hospital, Room 6134. The phone number remains 655-2505.

CPAP machines dispensed to clients are the property of the SAIL CPAP program. If a client no longer needs the machine, or if the machine requires servicing, it should be returned to the SAIL equipment depot.

The address for shipping is: Saskatoon City Hospital
701 Queen St.
Saskatoon, SK S7K 0M7

Health Quality Council COPD Collaborative

The Saskatchewan Health Quality Council is an independent agency that measures and reports on quality of care in the province, promotes improvement, and engages its partners in building a better, safer, health system for patients. This organization sponsored a chronic disease management collaborative focussing on COPD and depression.

A total of 49 family practises as well as health region staff were involved in the large scale improvement initiative. The collaborative ran from October 2009 to March 2011. Education in disease management, measurement of outcomes and spirometry testing was provided to all practises.

Improvements in COPD care included:

- ✓ A 35% increase in the percentage of people who had their COPD diagnoses confirmed with a spirometry test.
- ✓ Eight out of the ten health regions involved in the collaborative created at least one new pulmonary rehabilitation program.
- ✓ 67% of patients diagnosed with COPD created an action plan to help them better self-manage their condition at home - potentially resulting in fewer hospital visits.
- ✓ A 24% increase in the percentage of people with COPD offered counselling to help them quit smoking.

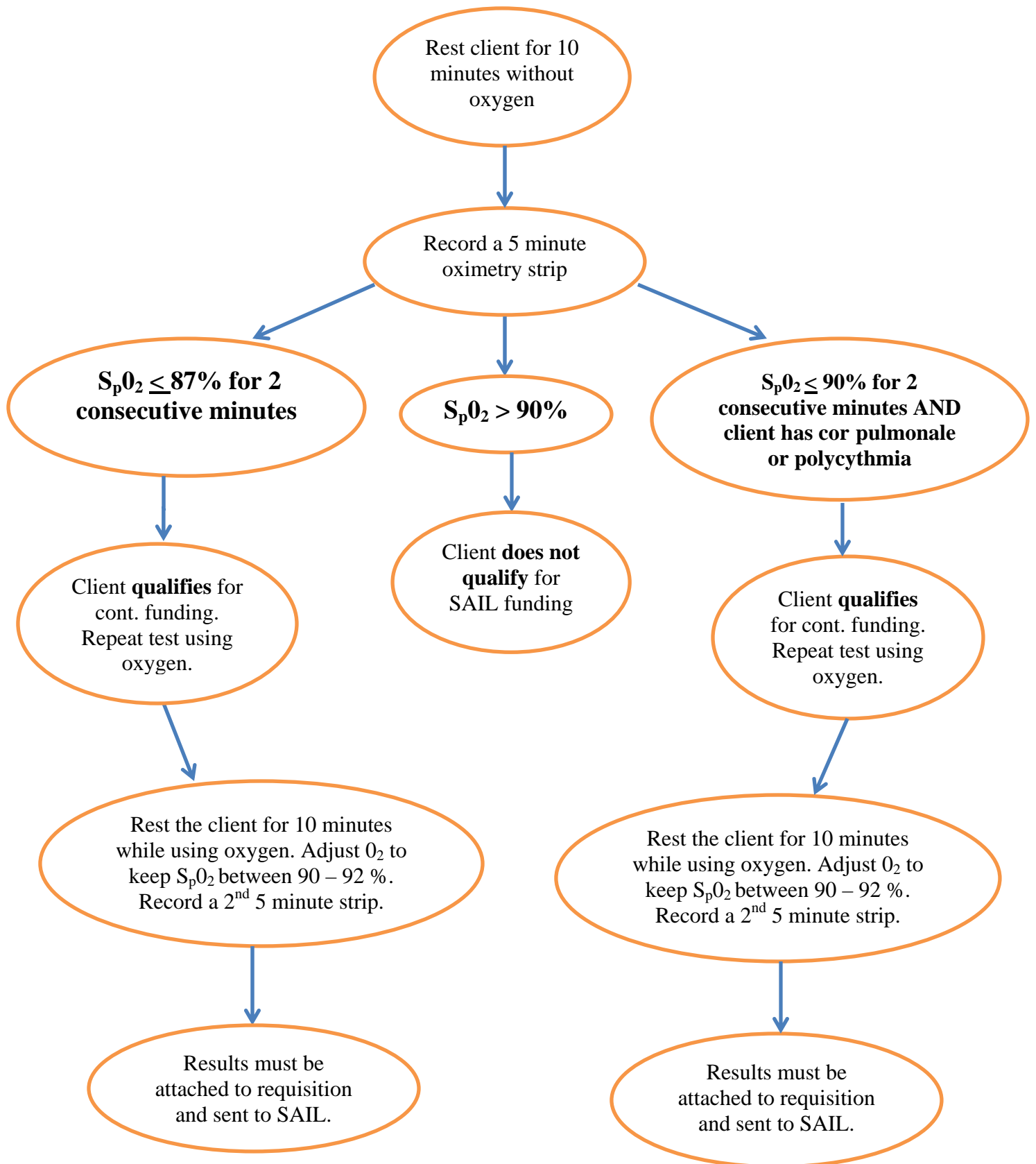
Overall the program focused not only on the immediate care of the patient with a chronic condition, but also on what needs to be done to help the patient cope with their future medical needs.

Case study: Adult Lungs can Sprout New Growth

After a pneumonectomy, the remaining lung has been known to enlarge. In adults, this expansion has been thought to be caused by hyper-expansion and alveolar dilation, not new growth.

Researchers at the Brigham and Women's Hospital in Boston followed a woman who had her right lung removed at age 33 for 15 years following her surgery. They found that not only had the size of the remaining lung increased, but also that new alveoli had developed. She had a 64% increase in alveoli during that time. After 15 years she had a forced vital capacity (amount of air blown out) of 73% of her predicted value, up from 49% immediately after surgery and chemotherapy. She is now able to exercise daily with a regimen of walking, cycling, and yoga.

Pathway for Testing for Continuous Oxygen Funding with Oximetry



Saskatchewan Thoracic Society

2012 Professional Education Day

Saturday, November 17, 2012

Saskatoon Inn, Saskatoon

Registration: 08:00

Adjournment: 13:30

Topic:

Aboriginal Lung Health



To register please contact

The Lung Association of Saskatchewan: 343-9511 or info@sk.lung.ca

Did you know?

- ✓ Exposure to second-hand smoke can create symptoms of nicotine dependence in non-smoking preteens, according to a new study from Concordia University and the University of Montreal. The study also found that tweens who repeatedly observe a parent, sibling, friend or neighbour consuming cigarettes are more likely to light up themselves.
- ✓ The current smoking rate for Canada is 16%. Saskatchewan has the second highest smoking rate of all the provinces at 21%. The 20-24 year old age group accounts for 28% of the smokers in our province.
- ✓ Among people who never smoked and have developed lung cancer, women outnumber men two-to-one.
- ✓ The COPD prevalence in Saskatchewan is 4.7% of adults.
- ✓ Lung disease affects 6 million Canadians and costs over 15 billion dollars in direct and indirect costs.
- ✓ One Canadian dies every 20 minutes from lung disease.
- ✓ Canadian Inuit have the highest lung cancer rates in the world.

New Inhalers Approved for Asthma Treatment

Two new inhalers have been approved for use in Canada. Both are indicated for the control of asthma symptoms.

1. **Asmanex Twisthaler™** contains mometasone, a corticosteroid. The usual recommended dose is 400mcg (2 inhalations) once daily in the morning. This dose can be tapered down as symptoms become controlled. As always, the patient with asthma should have a reliever inhaler such as Ventolin available for treatment of asthma symptoms.



2. **Zenhale™** inhaler is a combination medication containing mometasone (corticosteroid) and formoterol (long-acting bronchodilator). It is recommended for patients with asthma whose symptoms are not adequately controlled with an



inhaled corticosteroid alone. This inhaler is used for control and not for fast relief of symptoms. This is important to remember since the inhaler colour is blue, similar to salbutamol (Ventolin or Airomir) which is used for fast relief.

It's Never too Late to Quit Smoking

A meta-analysis of 17 cohort studies on smoking and mortality in people 60 years and older, published in the Archives of Internal Medicine, found that regardless of age, people who give up smoking benefit. This benefit extended even to people in their 80's who succeeded in quitting. The difference between the relative mortality rates for former and current smokers amounted to a risk reduction of 28% for those who quit. Even elderly people over the age of 80 had a 24% reduction in the risk of death compared with current smokers of that age.

Unfortunately, the absolute risk of tobacco death remains high at one in every two smokers. The positive message from this scary statistic is that if you have helped two people to quit smoking, you have saved at least one life.

Phone Numbers

Saskatchewan Aids to Independent Living (SAIL)

3475 Albert Street

Regina, SK S4S 6X6

Phone: 1-888-787-8996 Fax: 787-8679

Oxygen Supply Companies

Airgas Puritan Medical

Note: Airgas has now amalgamated with Medigas

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

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