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# Lungevity

A bi-monthly publication by the Department of Pulmonary Rehabilitation



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## EDITOR'S COLUMN

Seton Pulmonary Rehabilitation recently presented a eight year research study at the American Thoracic Society Meeting in New Orleans that showed a 48% lower rate of all causes of hospitalizations in persons with chronic lung disease after Pulmonary Rehabilitation in addition to significant increase in function. The study included 115 Seton Pulmonary Rehabilitation patients. For more information, contact Chris Garvey at 650-991-6776 or [chrigarvey@dochs.org](mailto:chrigarvey@dochs.org)

## Vita Breath Dietary Supplement Alert

FDA advises the public not to consume Vita Breath, a dietary supplement manufactured by American Herbal Lab and marketed at health fairs and on the Internet. The product may contain hazardous levels of lead – up to 10,000 times higher than FDA's maximum recommended level for lead in candy.

## FDA Declines Approval of Pirfenidone for Treatment of Idiopathic Pulmonary Fibrosis

The Food and Drug Administration declined to approve the first treatment for Idiopathic Pulmonary Fibrosis (IPF), a disorder that afflicts about 100,000 Americans. The FDA has requested another clinical trial to prove that the pirfenidone is effective against IPF. InterMune, the drug's manufacturer said it would meet with the FDA to discuss the drug which it had plans to sell under the brand name Esbriet. Of the two studies InterMune submitted to the FDA, one showed a statistically significant 4.4 percent increase in lung strength, while another failed to prove the drug was substantially more effective than a placebo. According to Bloomberg News, the FDA did not follow the direction of an outside advisory panel that urged approval of the drug.

LUNGEVITY is published bi-monthly by the Department of Pulmonary Rehabilitation, sponsored by Seton Medical Center. Please note the advice in this newsletter does not replace your physician's recommendations.

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## Got Mucus?

Do you struggle with getting mucus out of the lungs? This may be due to excess sputum and / or mucus that is thick. Two leaders in device technology will be here to discuss ways to move the mucus out more easily. Presenters will include Kari Larsen from Hill-Rom Respiratory Care, manufacturer of The VEST, and Joe Testa, from Tri-anim, distributor of the Acapella valve. The class will be at Seton Pulmonary Rehabilitation on Thursday, July 8 from 3:30-5pm. The class is free. For more information, call 650-991-6776.



## Updated on COPD 2009

A review of important research on COPD was published in a recent American Journal of Respiratory and Critical Care Medicine by Borja Cosio and Alvar Agusti. The authors note that the most common measure of COPD is forced vital capacity in one second or FEV1, a maneuver performed during a pulmonary function test. Although a measure used to describe the severity of COPD, it may lack information on the relationship that COPD has with muscle function, body weight, breathlessness and age.

The authors report a high risk of osteoporosis in persons with COPD. Vitamin D 700-800 units per day with calcium 1000 mg daily are considered one of the best strategies to prevent bone fractures associated with osteoporosis. Vitamin D may also reduce inflammatory immune response in the airways, boost immune defenses against different microorganisms and possibly interfere with other disorders such as skeletal muscle weakness, cardiovascular disease and cancer.

The authors discuss the UPLIFT trial that found using tiotropium or Spiriva was associated with significant improvements in lung function and quality of life and reduced risk of exacerbation, respiratory failure and COPD-related hospitalization compared to placebo. Use of Spiriva was associated with improved survival over the four years of the study. A recent study has shown that combining budesonide / formoterol (Symbicort) with Spiriva is associated with improved lung function, symptoms and reduced exacerbation compared to Spiriva alone. Another study of low dose macrolides (antibiotics such as clarithromycin and erythromycin) may reduce exacerbations in COPD.

## Outpatient Management of Severe COPD

Dennis Niewoher MD reviewed this important area in the April 15, 2010 edition of the New England journal of Medicine. The article gives important visibility to COPD as a major disorder worldwide. The article identifies that exacerbations or acute, severe flairs in symptoms requiring antibiotics or oral steroids are common in severe COPD. Inhaled steroids such as fluticasone (combined with salmeterol in Advair) and budesonide (combined with formoterol in Symbicort) may reduce the

frequency of exacerbations in severe COPD. Severe exacerbations can worsen health status and may lead to loss in lung function. Antibiotics may be beneficial, particularly when a cough and purulent (think, yellow-green) sputum is present. Oral steroids such as prednisone may also be beneficial but should be tapered over a few weeks to avoid side effects. If the exacerbation is accompanied by worsening of breathlessness, inhaled albuterol and / or ipratropium may be helpful. There is growing concern regarding the impact of sedentary lifestyle in severe COPD that can lead to worsening of muscle function, cardiovascular health, depression and other disorders. Pulmonary Rehabilitation works to reverse these limitations and trains patients to manage symptoms and partner effectively with their physician to stay healthy and manage flairs.

## Management of COPD

**Exacerbations** was published by Ann Evensen in the March 1, 2010 edition of American Family Practice. The article recommends working with your physician to identify and manage these events. Typical symptoms include cough, breathlessness and increased sputum. Most exacerbations are due to infection of the upper airway, as well as exposure to pollution, smoke, irritants and ozone. However, the exact cause may never be identified. Other medical disorders such as congestive heart failure, infections outside the lungs, and pulmonary embolism (blood clotting the circulation in the lungs) can also be associated with a COPD exacerbation. Quitting smoking, vaccination against flu and pneumonia and Pulmonary Rehabilitation improve symptoms and may reduce exacerbations.

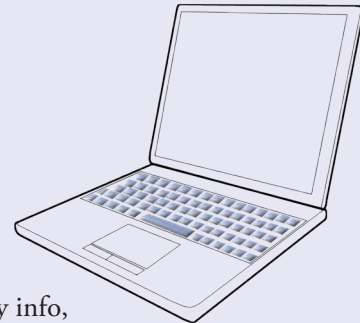
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## Keep Personal Health Data On Your Computer

HeyDoc! Provides an easy way to store and use all kinds of health information as well as provide it to your doctor. With HeyDoc! all your personal medical information stays on your own computer. Nothing is stored on a server. HeyDoc! includes:

- Name, address, phone, photograph
- Emergency contact information
- Insurance or self-pay information
- Medical history
- Contact for multiple doctors/specialists
- Medications including doctor's name, pharmacy info, prescription number, dosages, directions, and notes for any side effects



You can print a full report, add scanned documents, backup and restore data and get free e-mail technical support. See <http://www.komando.com/downloads/category.aspx?id=8663> or download: <http://www.sdssoftware.org>

## Understanding Respiratory Medications

This resource by the editors of Consumer Guide provides basic information on respiratory medication. <http://health.howstuffworks.com/health-illness/treatment/medicine/medications/understanding-respiratory-medications-ga.htm>

### Inhaler Costs and Medication Use in Seniors with Chronic Pulmonary Disease

A recent article by Peter J. Castaldi and colleagues published in CHEST used data from 16,072 Medicare recipients 65 years and older to evaluate the relationship between inhaled medications, costs, and use of inhaled medications in persons with chronic pulmonary disease. Not using prescribed inhalers because of cost occurred in 31% of those sampled. Person paying over \$20 per month for inhalers were at significantly higher risk for non-use due to cost compared to those who had no out-of-pocket inhaler costs. Physicians should be aware that costs associated with inhalers can pose a particularly high-risk of medication non-adherence.

### Debate about Tapering Prednisone

According to the Prescriber's Letter May 2010, there is debate about tapering prednisone, an oral steroids used to fight inflammation. Prednisone may be used to treat severe flairs or exacerbations of COPD or asthma as well as pneumonias. The article describes the process and decision making as *more art than science* and recommends that tapering or gradually decreasing the dose over several days or weeks may not be necessary if the medication is used for less than two to three weeks. For those taking prednisone longer than three weeks, a taper is recommended to prevent serious side effects. If you experience fatigue, weakness, or worsening of breathing when stopping or tapering prednisone, let your doctor know.

## Pulmonary Rehabilitation in Interstitial Lung Disease Registry

Seton is part of an international registry evaluating the impact of Pulmonary Rehabilitation on Interstitial Lung Disease. If you have pulmonary fibrosis, sarcoidosis, scleroderma or interstitial lung disease and have not participated in Pulmonary Rehabilitation in the past, contact Chris Garvey at 650-991-6776 or [chrisgarvey@dochs.org](mailto:chrisgarvey@dochs.org)



### Prepared For Emergencies?

We rarely can predict natural or man-made emergencies. Don't be caught unprepared if you need to evacuate your home on short notice. Keep important papers and a supply of fresh medication and inhalers in a lightweight, waterproof container in a safe part of your house. Prepare personal essentials, water, non-perishable food and clothing to use in case of emergency. Discuss with your oxygen supplier what to do if you lose power or need to leave your home.

### Vitamin D and Lung Function

A study on vitamin D levels, lung function and steroids response in adults with asthma was recently published in the American Journal of Respiratory and Critical Care Medicine. The study identified that reduced vitamin D blood levels are associated with impaired lung function, airway hyperresponsiveness and decreased response to steroids. Higher vitamin D levels are associated with greater lung function.

## Portable Oxygen Concentrator Update

When considering purchasing a portable oxygen concentrator or POC, be cautious about whether the device will meet your oxygen needs now and in the future. Smaller and lighter POCs often provide lower flow rates (oxygen liters per minute) using intermittent versus constant flow and may not last as long as larger, heavier models. Consider whether the POC will work for you when resting, active, during sleep and at higher altitudes including during air travel where your oxygen needs may increase. Recognize that the battery life will decrease as the amount of oxygen used increases. Ten POCs have been approved by the Federal Aviation Administration for air travel. Five common models are listed below. For a complete list, see the [PulmonaryPaper.org](http://PulmonaryPaper.org) volume 21, no 2.

	AirSep Freestyle	Inogen One	Invacare XPO2	Respironics Evergo	SeQual Eclipse
MODEL					
Weight (accessories)	4 lb (up to 5 lbs.)	4 lb (up to 5 lbs.)	6 lb (2-5 lbs.)	9 lb (2-5 lbs.)	17 lb (5-10 lbs.)
Pulse vs. Continuous Setting	Pulse only 1-5	Pulse only 1-5	Pulse only 1-5	Pulse only 1-6	Pulse 1-6 Cont. to 3
Maximum dose O2	27 ml	25-50 ml	33-66 ml	36-67 ml	96 ml
Battery time @ pulse '2' / charge time	2.5 hrs / 3.5 hrs	3 hrs / 3 hrs	2.5 hrs / 4 hrs	4 hrs / 3 hrs	5 hrs / 3 hrs

### Free Medication Reminder Service

FreeRxReminder.com is a free medication reminder and schedule organizer for daily medication needs. Users can save their schedule online and have reminders emailed or texted to their mobile phone to remind them to take their medications and get their prescriptions refilled.



### Got Fiber?

According to a study published in the American Journal of Epidemiology, dietary fiber by be associated with lowering the risk of lung disease. This may be due to antioxidant and anti-inflammatory properties. Sources of fiber include whole grains in cereals and breads, legumes, fruits and vegetables.



### Struggling to Quit?

If you know someone who is struggling with trying to quit smoking, see Dr. David Sachs website. Dr. Sachs has an important expertise in helping those who have tried and failed to quit smoking. He is an international leader in research in quitting smoking and offers a very high quality service to those who are ready to take the next step <http://drlung.com/>