



A bi-monthly publication by the Department of Pulmonary Rehabilitation



Physical Activity and Getting Older

Regular physical activity reduces the risk of all causes of death including cardiovascular disease and helps to prevent diabetes, colon and breast cancer, osteoporosis and obesity. Because we become more vulnerable to chronic diseases and disability as we get older, physical activity is particularly important to maintain or improve quality of life and independence. Even lower levels of activity have some benefits. Exercise can also slow and reverse age-related loss of strength, endurance and flexibility. It helps prevent decline in cognitive or mental function including Alzheimer's, falls and associated injuries, management of some types of chronic

pain and improves depression. The benefits are clear in persons with COPD particularly in a Pulmonary Rehabilitation setting where exercise works to improve function, breathlessness, quality of life and reduce hospitalization. Talk with your doctor before beginning an exercise program. Begin slowly and be consistent. Gradually work up to 30 minutes of walking or other activity most or all days of the week. The exercise should be at a moderate level of intensity or breathlessness, e.g., you should be able to talk in short sentences. Talk to your Pulmonary Rehabilitation staff about exercise options, guidelines and safety.

Physical Activity, Health Status and Risk of Hospitalization in Severe COPD

A recent article by Roberto Benzo MD and colleagues published online in the March 16, 2010 issue of Respiration evaluated physical activity and risk of hospitalization in persons with COPD. The investigators looked at self-reported daily physical activity and health status as possible predictors of a hospitalization in 597 patients with severe emphysema. Predictors of hospitalization during a 12 month period were both physical activity and health status. Over two hours of physical activity per week had a protective effect and self-reported health status as fair or poor was associated with an increase in the risk of hospitalization.



A Research Study for Persons with COPD Who Use Oxygen

Seton Pulmonary Rehabilitation is participating in a study of a device for oxygen users with COPD to determine if a new device can improve breathing at rest and during exercise. The treatment is fully supervised by the rehabilitation team. Participants should use oxygen 2 lpm or more at rest and /or with activity. Your participation will last approximately 3-4 hours. The study will be explained to you in detail if you are interested. Risks associated with the treatment are minimal and there is no

pain associated with the treatment. The primary objectives are to assess your response while using the device by measuring your ability to breathe comfortably during mild exertion and to see if there is an increase in the total amount of air you are able to inhale and exhale with each breath. You will be paid for your participation and the cost of transportation. For more information about the study please contact Chris Garvey FNP at 650-991-6776 or chrisgarvey@dochs.org

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Caution With Air Purifiers



Concerns regarding the safety of ozone-generating air cleaners have included worries about their impact on the health of persons with lung disease. A study of four different ozone-generating models by the California Air Resources Board found that these devices emitted ozone at unhealthy levels, posing a serious risk to lung health. One model produced ozone room concentrations that were more than 4.5 times that for a stage 1 smog alert. California adopted the first law in the nation to regulate ozone emitted in devices. All air cleaners must meet the regulation requirements by 10/18/10. For more information on air cleaners, see the following websites:

lungusa.org

arb.ca.gov

consumerreports.org

Exercise and Anxiety

A recent Archives of Internal Medicine review article evaluated the impact of exercise on anxiety. A review of 40 studies demonstrated strong evidence that exercise can reduce or control anxiety in patients dealing with a chronic illness. Anxiety is common in COPD and can cause considerable impairment. Matthew Herring and his team analyzed data from 40 studies on how exercise affects anxiety, involving a total of 3,000 study volunteers. All of the participants were sedentary, had chronic illnesses, but were still able to exercise in sessions of at least 30 minutes. The study looks at the following disorders: heart disease, fibromyalgia, multiple sclerosis, psychological disorders, cancer, COPD and chronic pain such as knee osteoarthritis and back pain. They found that compared with people with similar conditions who didn't exercise; those that exercised had a 20% reduction in anxiety symptoms. The participants all



reported they felt less worried, apprehensive and nervous, and that exercise seems to work with just about everybody under most situations. Exercise sessions that lasted longer than 30 minutes were better at reducing anxiety than shorter sessions, the researchers found.

Depression in COPD Patients

A large population based study published recently in CHEST reporting that COPD patients may be at increased risk for depression. The study analyzed the General Practice Research Database from the UK, with almost 36,000 patients with COPD and about another 36,000 without COPD. There were nearly equal numbers of men and women. Patients with more severe COPD requiring oxygen therapy had the highest risk for depression, while those patients with mild COPD were at lower risk. In women there was an increased risk for depression with increasing duration of COPD, which was not seen in men. Few medications have been evaluated for management of depression in COPD patients, persons with COPD are often not screened for depression. According to the

National Institute of Mental Health, symptoms of depression may include difficulty concentrating, fatigue, feelings of guilt, worthlessness, helplessness, hopelessness, pessimism, sleep disorders, irritability, restlessness, loss of interest in activities or hobbies once pleasurable, appetite changes, physical aches or pains, digestive problems, feeling sad, anxious, or "empty", and or thoughts of suicide or suicide attempts. Pulmonary Rehabilitation has been found to help depression and anxiety in persons with COPD. Other treatment strategies include use of medication and counseling. Contact your physician if you have persistent symptoms of depression.

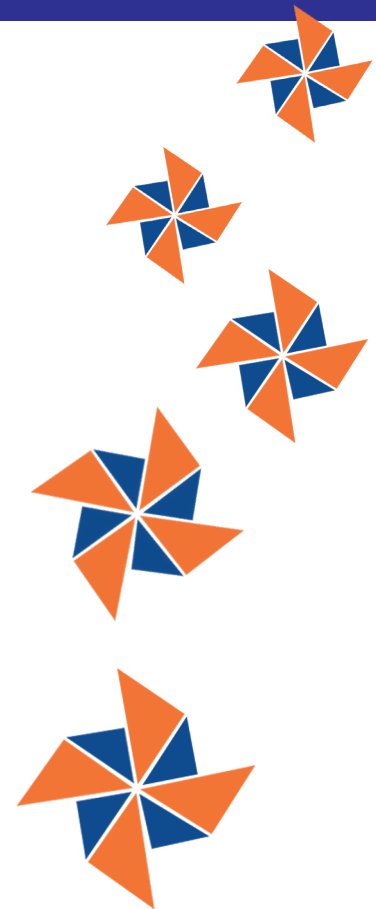
chestjournal.chestpubs.org/content/137/2/341.full

COPD Foundation Update and Operation 435

The mission of the COPD Foundation is to develop and support programs which improve the quality of life of persons with COPD through research, education, early diagnosis, and enhanced therapy. The COPD Foundation also offers a new blog with information about COPD. The blog offers interaction with other readers, access to resources, and community involvement. See blog.copdfoundation.org or copdfoundation.org



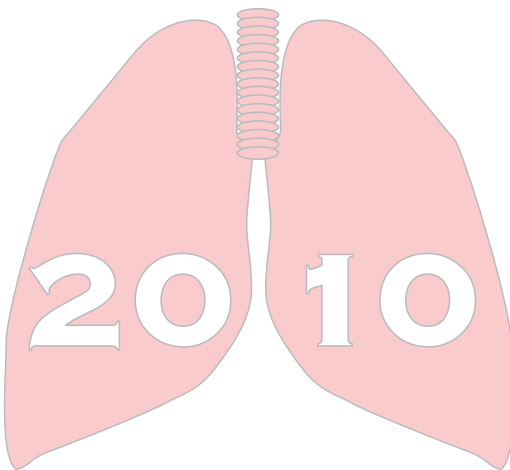
The Operation 435 Program is a campaign supported by the COPD Coalition to contact congressional representatives regarding COPD-related issues. Current focus is the Behavioral Risk Factor Surveillance System (BRFSS). This is a statewide system of health surveys that collects information on health risk behaviors, preventative health practices and health care access related to chronic disease and injury. A set of COPD questions is needed on the survey to better understand how many persons actually have COPD, hospitalizations, and the impact of COPD on quality of life. For more information, see [. copdfoundation.org](http://copdfoundation.org)



DRIVE4COPD

DRIVE4COPD

An exciting new campaign to improve COPD awareness and screening is the DRIVE4COPD campaign. The campaign includes race car driver Danica Patrick and other celebrities who have a personal connection to COPD. The community campaign founded by the COPD Foundation, Boehringer Ingelheim, NASCAR and the American Lung Association designed to spread awareness of COPD and find the millions who may be at risk for the disease and don't know it. The goal is to screen 1,000,000 individuals in 2010. The campaign will hit 14 local cities to raise awareness and have screen teams to administer a 5 question screener. To find out more about the DRIVE4COPD campaign, see DRIVE4COPD.com or copdfoundation.org.



2010 is The Year of the Lung

Several large national and international patient and medical organizations worldwide have identified 2010 as year of the lung. The focus is improved understanding and awareness of lung diseases, prevention, and effective treatment on a worldwide basis. For more information, see 2010yearofthelung.org.

Oral Vaccine May Help People With COPD

An experimental vaccine for COPD may reduce flare-ups in those with severe COPD. The vaccine does not prevent COPD but may reduce severity, duration and frequency of flare-ups. The vaccine is made from inactivated *Haemophilus influenzae*, a bacteria that is responsible for some respiratory infections. In the studies on the vaccine, overall COPD exacerba-

tions were reduced by 16% and moderate-to-severe exacerbations requiring corticosteroids were reduced by 63%. The average length of an exacerbation decreased by 37%, while antibiotics prescriptions dropped 56%. Hospitalizations were reduced by 90%. The findings were published in the April 2010 issue of the journal *Chest*.



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What is New for Pulmonary Fibrosis and Interstitial Lung Disease?

Those impacted by pulmonary fibrosis and interstitial lung diseases have few effective options for treatment. Seton is participating in a new international registry that will look at the impact of Pulmonary Rehabilitation on these disorders.

To qualify, you should not have participated in Pulmonary Rehabilitation previously. For more information, contact Chris Garvey FNP at 650-991-6776 or chrisgarvey@dochs.org

When to Contact the Doctor?

Having regular follow-up with your physician including your lung specialist will help to manage your health and breathing problems. Many with COPD get aggressive medical care during severe flairs such as pneumonia but this is not enough. You need ongoing follow-up and management to keep you stable and detect and manage worsening. It's also important to know when to contact your doctor for an exacerbation or severe flair or worsening of your symptoms. Symptoms to look for that are worse than your baseline include:

Worsening shortness of breath

Decline in ability to walk your usual distance

Changes in mucus production (color, thickness or odor; or contains blood)

Worsening cough

Increase in wheezing

Frequent morning headaches

Fever, especially if accompanied by cold or flu symptoms

Increase in restlessness, confusion, irritability, forgetfulness, or slurred speech

Increasing fatigue or weakness

Don't wait for your COPD symptoms to become life-threatening or very severe to seek medical advice. Go online to: copd.about.com/od/copdbasics/f/whentocalldoctoraboutcopd.htm

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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