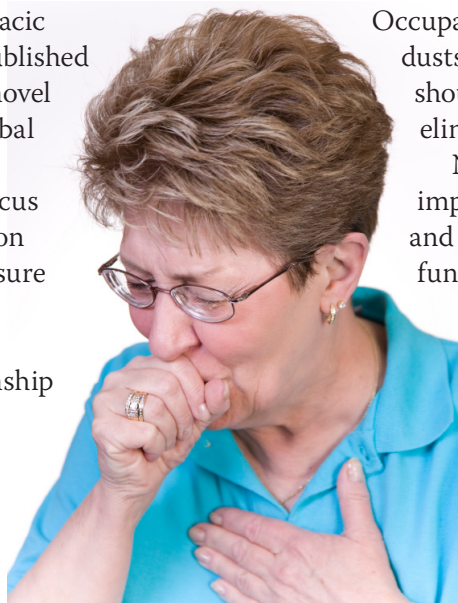




A bi-monthly publication by the Department of Pulmonary Rehabilitation

Risk Factors for COPD

The American Thoracic Society recently published a policy statement on novel risk factors and the global burden of COPD. The statement includes a focus on genetic predisposition and occupational exposure in the development of COPD. There is strong evidence of the relationship between smoking and COPD, although evidence of other risk factors influencing COPD is growing. Areas that may influence COPD



include exposure to traffic and other outdoor pollution, secondhand smoke, biomass smoke and dietary factors.

To reduce risk and improve lung function, quitting smoking is essential as well as avoiding exposure to environmental or second hand smoke and air pollution. When a "Spare the Air" day is announced, spend the majority of time indoors, particularly for exercise. When cooking indoors, be sure to adequately ventilate the cooking area. Cooking over open fire stoves using solid fuels are particularly risky.

Occupational exposure to dusts, gases and fumes should be reduced or eliminated.

Nutrition may impact development and maintenance of lung function and possibly be a factor in development of COPD. The balance between oxidants and antioxidants appears to be important given the impact of oxidative stress in COPD.

A diet high in antioxidants may have protective value. The strongest evidence for antioxidant benefit is from vitamin C. In cross-sectional studies, those consuming high levels of vitamin C have greater lung function. Foods rich in antioxidants include fruits and vegetables. In a 25-year study, the intake of fruit, particularly solid fruits such as apples and pears were related to lower rates of COPD and asthma. Higher vitamin D levels may also be associated with improved lung function.

Foods found to negatively influence lung function include cured meats that contain preservatives such as nitrites that are associated with increased lung inflammation. These include bacon, hot dogs, processed meats such as sausage, salami and cured ham.

For more information, see *American Journal of Respiratory and Critical Care Medicine*, Vol. 182, pp. 693-718, 2010.

Do you or someone you know have COPD and use oxygen?

Seton Medical Center is conducting a study of persons with COPD who use oxygen. The sponsor of the study offers reimbursement for your participation.

For more information or questions, please contact Chris Garvey at 650-991-6776 or chrisgarvey@dochs.org.

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Celebrate the 20th Annual Holiday Party

*Thursday, December 16
Basque Cultural Center*

An invitation flyer will be sent out in early November.

Advanced Medical Care Decisions

Advanced Medical Care Decisions adapted from “Letting Go” by Atul Gawande, M.D., from the *Annals of Medicine/New Yorker Magazine*, August 2, 2010

This important article effectively addresses some of the most complex issues of our lives — decision making about advanced health care. The article describes the complexities of modern medicine and the processes used by doctors, patients and loved ones to make choices about medical care once one’s condition becomes seriously advanced. This contrasts with our traditions and experience of end of life that may now be obsolete. Much of the focus of our medical system and its costs is on aggressive treatment for very advanced disease. The critical point is that no one, including most doctors, patients and family members are good at knowing when to stop this phase of medical care.

Although most terminally ill patients are aware that they have a terminal condition, they are commonly unprepared for the final stages of life. Research of terminally ill patients has found that those treated with intensive care have the worst quality of life

in their last week of life compared to those who do not have these interventions. Six months after their death, their caregivers are at three times greater risk for major depression. Persons with terminal illnesses identify the things that matter most to them as avoiding suffering, being with family, having the touch of others, being mentally aware and not being a burden to others. These priorities may be overlooked when intensive, aggressive care is used.

Hospice is an alternative to aggressive care that offers ways to cope with the difficulties of getting sicker within a supportive structure.

Hospice changes priorities from extending life (performing surgery, chemotherapy, intensive care to increase the length of life) to living life to the fullest in

the present time. Goals in hospice care might be reducing pain, being mentally aware or spending time with family. Selecting critical care over hospice doesn’t always prolong survival. A study of 4,493 patients with terminal cancer or heart failure had no difference in survival when comparing hospice to non-hospice care, with some living longer in hospice care. Accepting death as a requirement for hospice entry is not necessary. Most hospice

patients still want to beat their disease and hope they will not die.

The majority of persons in the “Coping with Cancer” study reported having no end-of-life discussions with their doctor. Those that had these discussions suffered less, were physically better off, and were more able to interact. Their family also had much less depression after they died.

The author describes nearly all serious illnesses as having at least a very narrow scope of hopeful treatment. Much of our medical system has evolved into a system built around the small scope of hopeful treatments. It is critical to keep this in the context of the likely outcomes. Shortening or worsening the time remaining often is not considered. The concern is that many wait until the doctor says there is nothing left to do, which rarely happens. Although we don’t want our choices limited, unlimited choices are not always associated with the most favorable outcomes.

The author emphasizes that instead of making a list of choices, having an open discussion with your doctor about what you find acceptable and not acceptable is a good place to start. An example the author gives is a patient who was willing to undergo risky invasive surgery if he could still eat chocolate ice cream and watch football afterward. Many need help navigating the anxiety about these tough decisions and assistance in decision making from our doctors. This article is recommended to all involved in these important decision-making areas. Thanks to Tom Fahey, who forwarded this article.

For more information, see http://www.newyorker.com/reporting/2010/08/02/100802fa_fact_gawande.



Medical News You Can Use

Competitive Bidding for Oxygen

We are hearing more about competitive bidding, a national process to control the cost that Medicare pays for oxygen.

Under competitive bidding, Medicare contracts with medical equipment providers to supply medical equipment including oxygen for Medicare beneficiaries in a defined geographic area. Medicare solicits bids from medical equipment providers establishing a reimbursement level for specific items that is below the price established under the existing medical equipment reimbursement schedule.

The process is done with a focus on cost savings. One of the greatest concerns and criticisms is the potential for reduced access to portable, lightweight oxygen systems, which may limit independence in persons with low oxygen levels and potentially impact health outcomes. One way to take action is to visit the COPD Action Center: <http://capwiz.com/copdfoundation/home>. For further information, see http://www.emphysema.net/Documents/Full_Oxygen_CB_Guide_7_9_10.pdf.

Oxygen and the "36 Month Rule"

Many oxygen users remain uninformed about key aspects of decision making regarding oxygen. Medicare pays oxygen, companies for 36 months of rental fees for a client's oxygen including a portable



system and oxygen refills. Following this 36-month period, the medical equipment company must continue to provide services to the patient including equipment, a portable



system and any needed refills and repairs. A result of the "36 month rule" is that

a patient may have difficulty changing medical equipment companies once a significant amount of this rental fee has been paid by Medicare. For more information about this, ask your rehabilitation staff.

Looking for an Oximeter?

One of the most accurate and reliable finger oximeters is the Nonin 9500 Onyx. It is available at discount pricing from aeromedixrx.com or 866-800-0422.



Tom Petty, MD

Although we mourn the passing of Tom Petty, MD, who was an icon in the understanding, treatment and advocacy of chronic lung diseases, fortunately his contributions live on in his writings. Visit www.drTomPetty.org to find links to monthly letters from Tom Petty and his books *Both Ends of the Stethoscope*, *Adventures of an Oxy-Phyle* and the recent *Adventures of an Oxy-Phyle 2*. The latest publication is available for \$19.99 from Snowdrift

Pulmonary Conference Inc., 1305 Krameria St., #H, PMB 115, Denver CO, 80220.

Exercise and COPD

The COPD Canada Patient Network offers a free DVD covering exercise for endurance, strength, flexibility and better breathing. Request yours at www.copdcanada.ca or write to: COPD Canada Patient Network, 3047 Old Sambro Rd., Williamswood, NS B3V 1E6, Canada.



Can Gargling Salt Water Help a Cold?

An article from the science section of the *New York Times* (Sept. 27, 2010) notes that gargling salt water eases cold symptoms and may have a role in keeping a person healthier during cold and flu season. In a randomized trial published in the *American Journal of Preventive Medicine* in 2005, approximately 400 volunteers were evaluated to understand the impact of gargling salt water three times daily. The group that gargled regularly had nearly 40 percent fewer upper respiratory tract inflammations compared to the control group and fewer bronchial symptoms when they did become ill. Thanks to Harris Dubrow for providing this article.



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EDITORS COLUMN

Join us for our **20th annual holiday party at the Basque Center on Thursday, December 16**. We'll have our raffle with prizes donated from our generous supporters, a terrific lunch and entertainment. For more information, call 650-991-6776.

Don't forget your flu vaccine. Now is the time to call your doctor or get vaccinated at your local drugstore.

On behalf of Julia Rigler, Mike Doyle, Richard Constantino, Richard Escobar, Joe Yearly and Dr. Tom Hazlehurst, we wish you a happy and healthy holiday season and a great New Year.

— Chris

Spiriva as an Alternative for Adult Asthmatics?

Spiriva or tiotropium is commonly used in COPD to reduce shortness of breath and exacerbations or severe flairs of symptoms. A study presented at the European Respiratory Society conference and published online in the *New England Journal of Medicine* suggests Spiriva may provide significant relief of symptoms for adult asthmatics when used with other asthma treatments. This is of interest to many, given that some asthma medications such as long-acting beta-agonists found in Serevent, Advair, Foradil and Symbicort may be occasionally associated with worsening of asthma symptoms, leading to hospitalization and even death. Persistent asthma is commonly treated with low to moderate doses of inhaled steroids. When symptoms persist, inhaled steroids are usually increased or a long-acting beta-agonist is added.

In the study, Dr. Stephen Peters and colleagues of Wake Forest University Baptist Medical Center

enrolled 210 adults whose asthma was poorly controlled by low doses of inhaled steroids. Patients received each of the following three treatments for 14 weeks: doubling of the low-dose steroids, low-dose steroids with long-acting beta-agonist salmeterol or Serevent, and inhaled steroids with tiotropium or Spiriva.

Tiotropium was shown to be effective in reducing the number of symptom-free days and use of albuterol rescue inhaler. There have been concerns about a potential for increased risk of heart attacks, stroke and death associated with tiotropium. The *New England Journal of Medicine* reported that the Food and Drug Administration has concluded that those risks had not been confirmed. The asthma clinical research network is now gearing up for longer trials of the drug to ensure that there are no unforeseen side effects.

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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