



A bi-monthly publication by the Department of Pulmonary Rehabilitation

## 2010 was a Very Important Year for Persons with Chronic Lung Diseases

We have many exciting advances from 2010 and many challenges ahead to improve prevention, awareness and treatment of chronic lung diseases. Our top picks for the five important advances for lung disease in 2010 include:

### 1. Year of the Lung

<http://yearofthelung.org> is an important international campaign to improve awareness and treatment options for persons with lung diseases.

2. Medicare Coverage for Pulmonary Rehabilitation became effective 1/2/2010, making this important and effective therapy a reality for those with disabling chronic lung disease.

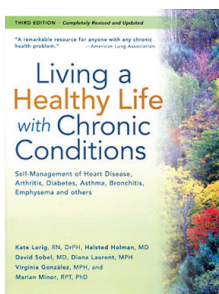
3. COPD national research networks at [www.copdcnrn.org](http://www.copdcnrn.org) is leading the way to coordinate studies to improve understanding of COPD causes and treatments.

4. Adventure of an Oxyphile, is the last and one of the most important publications from Dr. Tom Petty, the father of home oxygen and one of the greatest lung specialists of our lifetime. See [www.drtompetty.org](http://www.drtompetty.org).

5. Drive4COPD is a campaign in association with NASCAR, Hollywood and pharmaceutical firms, to improve awareness and screening for COPD. See [drive4COPD.com](http://drive4COPD.com).

## 'Living a Healthy Life with Chronic Conditions'

Thanks to Harris Dubrow for sharing his recommendation of this self management guide by Kate Lorig and colleagues. The guide targets COPD, asthma, and other conditions and contains suggestions, strategies, and practical medical solutions in



clear language. Available on Amazon and Barnes and Noble or call Stanford Patient Education Research Center at (650) 723-7935.

The NCI study can be read at [www.cancer.gov/newscenter/pressreleases/NLSTFastFacts](http://www.cancer.gov/newscenter/pressreleases/NLSTFastFacts).

## Need a Resolution for 2011?

### How about Getting Involved to Improve Care for COPD?

Get involved in COPD advocacy by calling 1-866-316-COPD (2673) or [www.copdfoundation.org](http://www.copdfoundation.org). The COPD Foundation also offers the COPD Information line as a resource for the COPD community at the same number.

## Better Breathers Class Update on Oxygen Systems and Travel With Oxygen

by Joseph Blum from Invacare

The class will be held Thursday, January 27 from 3:30 to 4:30 p.m. at Seton Pulmonary Rehabilitation. Class is free. For more information, call (650) 991-6776 or e-mail [chrisgarvey@dochs.org](mailto:chrisgarvey@dochs.org).

## Low Dose Chest Cat Scans (CT) May Cut Lung Cancer Deaths

The National Cancer Institute (NCI) has released the initial results of their large-scale study of screening for lung cancer. The study evaluated 53,000 current and former heavy smokers, comparing standard chest X-ray with low-dose chest CT scan. Those who got the CT scans had 20 percent fewer lung cancer deaths. CT scans screening for lung cancer had the added benefit of identifying other life-threatening conditions.

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# Osteoporosis

Adapted from Murray Favus, MD, *New England Journal of Medicine*, November 18, 2010

Osteoporosis is a disorder of bone loss known to significantly increase the risk of fractures. Osteoporosis is often a 'silent' disorder that doesn't cause symptoms until fractures occur. The leading cause of osteoporosis is estrogen deficiency after menopause; however other causes such as use of prednisone and sedentary lifestyle may trigger bone loss. Osteoporosis is the most common cause of fractures in older adults, causing over two million fractures annually.

Dual-energy X-ray absorptiometry or DXA scan is the diagnostic tool of choice for osteoporosis. Persons targeted for screening include those with risk factors, including women after menopause. Other risk factors include long-term use of steroids such as prednisone, low body weight, family history of osteoporosis, fracture, loss of height, smoking, sedentary

lifestyle and excessive alcohol intake. Persons with World Health Organization criteria T score of less than -2.5 should receive long-term therapy with medication that reduces fractures. Biphosphonates including Alendronate (Fosomax), ibandronate (Boniva), risedronate (Actonel) and zoledronate (Zometa) reduce fractures by suppressing bone reabsorption and are associated with significant reduction in fractures, particularly those of the vertebrae. Treatment recommendations for osteopenia (T score -1.0-1.5) are less clear. Oral biphosphonates must be taken after overnight fast with 6-8 oz. of tap water followed by sitting upright for at least 30 minutes. Food, medications and liquids should be avoided for at least 30 minutes after taking the medication. The optimal duration of biphosphonate therapy is unclear.

The approximate monthly costs of biphosphonates are: \$4-40 for generic alendronate, \$60-120 for risendronate, and \$90-130 for oral ibandronate. Infusion of zoledronic acid and

ibandronate costs \$1,300 per year. Heartburn, chest pain, hoarseness and vocal cord irritation may occur with oral biphosphonates. Osteonecrosis of the jaw is a rare but serious complication of long-term biphosphonate therapy with 95 percent of cases occurring in persons receiving zoledronic acid or pamidronate for myeloma, breast cancer or bone cancers.

Biphosphonates require normal calcium and vitamin D blood levels. Calcium intake is very important and should be maximized from dietary sources. A calcium intake of 1200 mg daily is generally recommended. Serum 25-hydroxyvitamin D levels should be checked with appropriate vitamin D intake recommendations based on this level. Regular weight-bearing exercises are also recommended. For persons with osteoporosis, a DXA screening scan is normally repeated at one year. For more information about prevention, diagnosis and treatment, talk to your doctor. A good resource is the National Osteoporosis Foundation at [www.nof.org](http://www.nof.org).

# COPD and Nutrition

Lung disease may be associated with changes in body weight and nutritional factors associated with worsening breathlessness and poor outcomes. Being at a low weight can contribute to loss of muscle tissue, including respiratory muscles, and potentially impact survival. Factors thought to contribute to weight loss include excess energy expenditure, particularly during physical activity. Persons with lung disease may also reduce food intake due to breathlessness and/or loss of appetite. Although some find that oral steroids increase appetite, this class of drugs may increase muscle breakdown. Strategies to avoid excess weight loss include taking in additional fat and protein. Specific dietary recommendations should come from your physician, a registered dietitian or your rehab staff. High-calorie, nutritious snacks that can help add extra calories include ice cream, pudding, granola bars, custard, nachos with cheese, eggs, peanut butter, cream cheese, half and half, and high-calorie nutritional supplements such as Ensure.

# Maintaining Weight Loss

Adapted from T Larsen, et al from the *New England Journal of Medicine*, November 25, 2010

A study of 1,200 adults who had lost at least 8 percent of their body weight was conducted to determine which diets were more successful at maintaining weight loss. A modest increase in protein and reduction in high-glycemic index foods were associated with successful maintenance of weight loss compared to other dietary strategies. High protein foods include lean meats and dairy products. Glycemic index relates to how foods increase blood sugar and insulin levels. Low-glycemic index foods include whole grain bread and pasta. High glycemic index foods include white bread and sweets. After six months, people who followed the high-protein, low glycemic index diet were more likely to maintain the weight loss. Significantly fewer of those eating the high-protein, low glycemic index group dropped out of the study compared those eating the low-protein, high-glycemic index diet.

# Medical News You Can Use

## A Patient's Guide to Aerosol Drug Delivery from AARC

The American Association of Respiratory Care (AARC) has a comprehensive, well-illustrated guide to aerosol drug delivery for patients. This guide covers all types of delivery systems of inhaled medications, including metered dose inhalers, nebulizers, and dry-powder inhalers as well as a chapter on maintenance and problem solving. The guide can be found at [www.YourLungHealth.org](http://www.YourLungHealth.org).

## Laughter Really is Good Medicine

A review article in *Alternative Therapies* (Nov./Dec. 2010) outlined the positive benefits of laughter.

Physiological improvements associated with laughter include relaxation and exercise of muscles, improvement in respiration, stimulation of circulation, reduced level



of stress hormones, improved immune defenses, better pain tolerance and improved mental function. Psychological benefits include reduced stress, anxiety, tension and depression, improved mood and self esteem, hope, energy, vigor, memory, creative thinking, problem solving, physiological well being, and quality of life. Laughter is also contagious. Both spontaneous and self-induced laughter seem to have benefits.

## Patients with COPD May Be Eligible for the STATCOPE or SPIROMICS Clinical Trials

UCSF Airway Clinical Research Center is conducting two national medical research studies. The STATCOPE trial will evaluate if cholesterol-lowering drugs (statins) have a role in the treatment of patients with chronic obstructive pulmonary disease (COPD, Emphysema, Chronic Bronchitis). Eligible patients must have COPD, be at least 40 years old, and have a smoking history. Participants will be compensated for their time in the clinic and their parking will be validated. If you are interested, please call (415) 476-5418 or Rie Sakurai at (415) 476-3259, or e-mail [rie.sakurai@ucsf.edu](mailto:rie.sakurai@ucsf.edu) or refer to [www.copdcrn.org](http://www.copdcrn.org) for more information.

Dr. Prescott G. Woodruff and Dr. Stephen C. Lazarus are conducting the SPIROMICS study funded by the National Heart Lung and Blood Institute (NHLBI) to better understand subpopulations in COPD. Participation in research is voluntary. If you are interested or have questions, please call Denise Lao at (415) 476-3370.

## Partnership for Prescription Assistance

This service can help uninsured or underinsured persons obtain medications. Those without prescription coverage can gain access to prescription assistance programs

offering low-cost or free medication. The service is free, confidential and easy to use. It includes 475 patient assistance programs with nearly 200 pharmaceutical companies representing over 2,500 medications. Go to [www.pparx.org](http://www.pparx.org) or call 1-888-4PPA-NOW to speak with a trained specialist in English and 150 other languages.

## Looking for Drug Interactions

[www.nlm.nih.gov/medlineplus/drugsafety.html](http://www.nlm.nih.gov/medlineplus/drugsafety.html)

One of the more popular websites for checking drug interactions allows you to enter the names of your medications to determine if any of them adversely interact with any other medication you use. In addition to pharmaceutical medications, over-the-counter and herbal medications can also be checked. Once your drug information is entered, save your medication list for future updates.

## Aerobic Training and Asthma

Aerobic exercise may reduce asthma symptom frequency and improve quality of life based on a recent randomized trial published in *Chest*. The study looked at the impact of exercise training in 101 adults with moderate to severe persistent asthma. The aerobic training included twice weekly 30-minute exercise sessions as well as a four-hour educational program and yoga breathing training. Aerobic training was also found to improve symptom-free days and reduce anxiety and depression.



# Seton Medical Center

Department of Pulmonary Rehabilitation  
1900 Sullivan Avenue  
Daly City, CA 94015

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## COPD is Now Ranked the Third Leading Cause of Death in the U.S.

According to the Centers for Disease Control (CDC), COPD is now rated as the third leading cause of death in the U.S. Their findings are based on a review of the causes of deaths in 2008. Previously, COPD was ranked in fourth place. A leading COPD advocate is Vlady Rosenbaum Ph.D. See his website at [www.copd-alert.com](http://www.copd-alert.com) for important information about the rise in COPD and what needs to be done to change the direction of this important increase.

## Message from the Editor

Thanks to all who joined us for our 20<sup>th</sup> holiday party and those who very generously contributed raffle prizes, including a very generous donation from Noel Pinto. Thanks to all the following as well for their generous donations: Jo Jesse, Margie Gomes, Bennett Fonsworth, Ted Jack, Bob Halsey, Irene Cole, Miguel Paltao, Evelyne Michaud, Joe Blum, Breathe California and Jeannette from Dr. Bowstead's office. Thanks also to our generous medical equipment companies for their support, including California Home Medical Equipment (CHME) for donating wonderful raffle prizes and bringing oxygen for our patients and Lincare for generously donating raffle gifts. And finally, thanks to Ray Hernandez, Brian Daniels and the senior Skyline College respiratory therapy students for their terrific help!

Last year was a good year for our Pulmonary Rehabilitation department, with a significant increase in the number of our participants. We are grateful that our patients are working with us to get stronger and feel better. You are all our heroes!

We also participated in several important research studies including determining the impact of pulmonary rehabilitation on reducing hospitalizations, a study of a novel, one pound ventilator for walking, and an international registry for interstitial lung disease.

We also authored several important publications on lung disease.

On behalf of our hospital leadership, Julia Rigler, Mike Doyle, Richard Constantino, Jennifer Zierke, Richard Escobar, Joe Yearly, and Dr. Tom Hazlehurst, best wishes to all our friends for a happy and healthy 2011!

— Chris

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.

**Lorraine P. Auerbach**, FACHE, President and CEO

**Michael Glasberg**, MBA, COO

**Stephanie Mearns**, MN, RN, Executive Vice President, Chief Nurse Executive

**Thomas Hazlehurst**, MD, Medical Director

**GeneAnn LaMoria**, Director, Respiratory, Rehabilitation and Diagnostic Services

**Chris Garvey**, FNP, MSN, MPA, AE-C, FAACVPR, Clinical Manager, Pulmonary and Cardiac Rehabilitation

**Lungevity Newsletter Editor:** (650) 991-6776, [chrishgarvey@dochs.org](mailto:chrishgarvey@dochs.org), 1900 Sullivan Ave., Daly City, CA 94015