

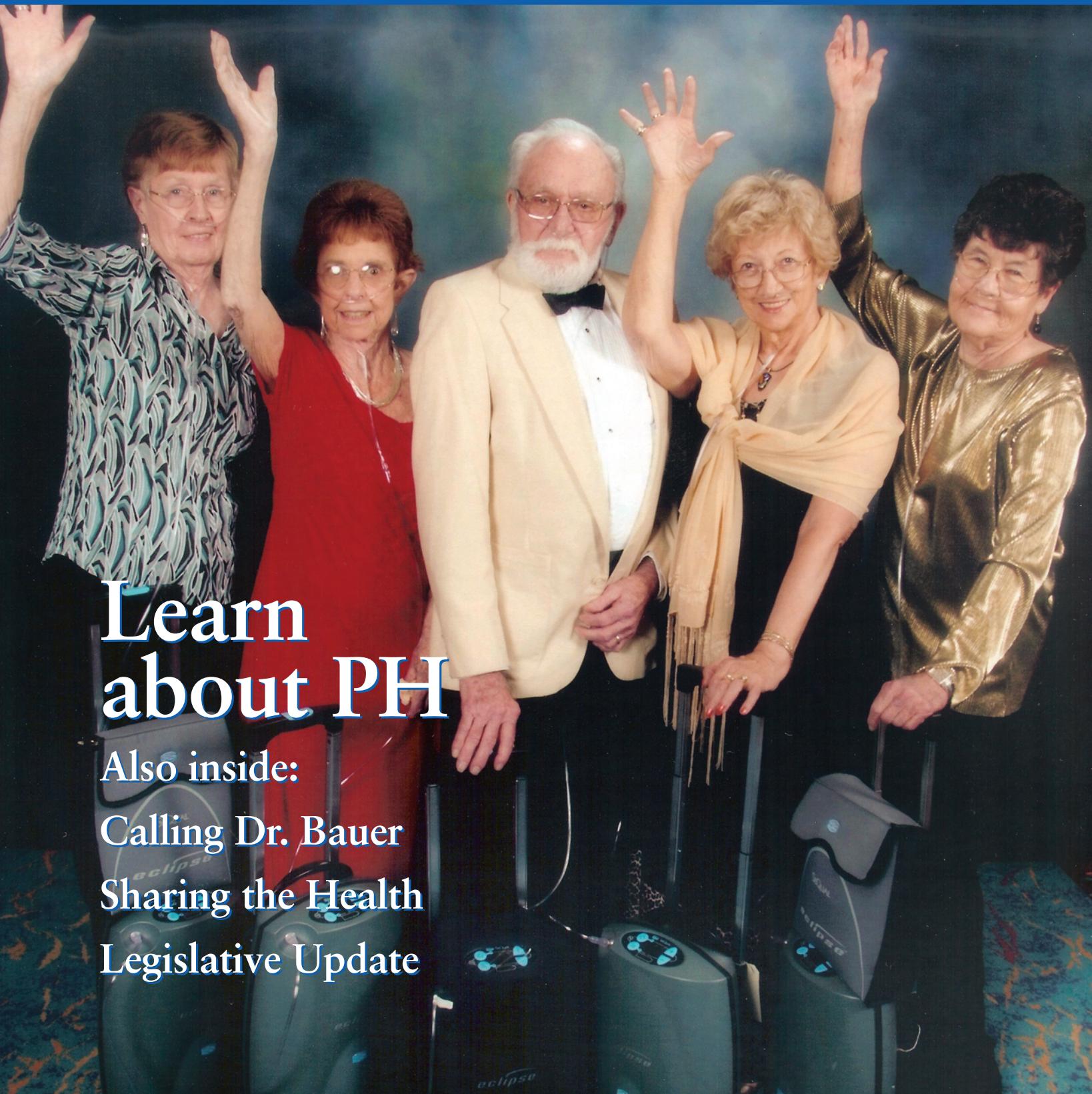


The Pulmonary Paper

March/April 2008

Dedicated to Respiratory Health Care

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Learn about PH

Also inside:

Calling Dr. Bauer

Sharing the Health

Legislative Update

The Pulmonary Paper

News Magazine

Volume 19, No. 2

March/April 2008

On the cover: BJ Garnjost, Helen Hammond, Ben Fowler, Carole Beran, and Wanda Wright celebrate being able to travel with oxygen-using friends!

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As we cannot assume responsibility, please contact your physician before changing your treatment schedule.

A journey is best measured in friends rather than miles.

— Tim Cahill

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The Pulmonary Paper is a membership publication. It is published six times a year for those with breathing problems and health professionals. The editor encourages readers to submit information about programs, equipment, tips, or services.

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Karen Buck, RRT, Pulmonary Rehab Program Coordinator at Cheyenne Regional Medical Center in Wyoming encourages her members to practice their pursed lip breathing – by blowing bubbles!

Have you ever looked at a picture, watched a movie or had a conversation with someone that left you feeling inspired to be a better person? Sources of inspiration may pop up at unexpected times but may motivate you to take a somewhat different path than you usually do. I continue to be amazed by the tenacity of people that I meet who are coping with chronic lung disease. You are my inspiration to keep going after 20 years of writing *The Pulmonary Paper*!

I hope you see the first robin of Spring soon!

Learning about Pulmonary Hypertension

Pulmonary Arterial Hypertension (PAH) is continuous high blood pressure in the pulmonary artery, a major blood vessel that leaves the heart to bring blood to the small pulmonary arteries of the lungs. It is here the blood picks up a fresh supply of oxygen. Normally, the average blood pressure in the pulmonary artery is about 14 mmHg. In PAH, the average pressure is usually greater than 25 mmHg.

Less Room for Blood to Flow

The National Heart Lung and Blood Institute tells us, in PAH, three types of changes may occur in the pulmonary arteries. The muscles within the walls of the arteries may tighten up; the walls of the pulmonary arteries may thicken and form scar tissue and the arteries become increasingly narrow. Tiny blood clots may also form, causing blockages.

There is less room for the blood to flow through these narrower arteries. The narrowing of the pulmonary arteries causes the right side of heart to work harder to pump blood through the lungs. Over time, the heart muscle weakens and loses its ability to pump enough blood for the body's needs.

Classifying Pulmonary Hypertension

The World Health Organization has classified pulmonary hypertension in five different groups depending on the cause of the disease.

Group 1 PAH: Primary Pulmonary Arterial Hypertension can be inherited or happen due to an unknown cause. Group 1 also includes pulmonary hypertension associated with collagen vascular disease, congenital defects, HIV infections or drugs and other causes.

Group 2 PH: Pulmonary Hypertension due to left heart disease.

Group 3 PH: Pulmonary Hypertension associated with COPD, interstitial lung disease, sleep apnea and chronic exposure to high altitudes.

Group 4 PH: Pulmonary Hypertension caused by pulmonary artery obstruction due to blood clots, tumors, parasites or other foreign material.

Group 5 PH: Pulmonary Hypertension due to

miscellaneous causes as sarcoidosis or compression of pulmonary arteries.

Symptoms and Treatments

Shortness of breath, especially on exertion, is the main symptom of PH. Other signs and symptoms include fatigue, dizziness, fainting spells, swelling in the ankles or legs, bluish lips and skin, chest pain, racing pulse and palpitations (a strong feeling of a fast heartbeat).

You will be diagnosed by chest x-ray, pulmonary function testing, heart catheterization, echocardiography, CT and/or MRI scans.

The goal of PH treatment is to treat the underlying cause. If you have PH, you may be on:

- Anticoagulants to prevent the formation of blood clots.
- Calcium Channel Blockers that will relax blood vessels and increase the supply of blood and oxygen to the heart. This will reduce its workload.
- Epoprostenol (trade name Flolan®) will widen your lung's arteries and also prevents blood clots. It is a type of medicine called prostacyclin. Another prostacyclin that is used is Treprostinil (trade name Remodulin®).
- Bosentan (trade name Tracleer®) will widen the arteries and reduce blood pressure. You are usually monitored for liver complications when taking this medicine until physicians know more about its long-term effects.
- Nitric Oxide Inhalation may be prescribed to widen the arteries.
- Sildenafil (trade name Viagra®) is taken for the same reason.
- Diuretics (commonly known as water or fluid pills) work to improve your heart's performance.
- Supplemental oxygen if needed.

Therapy costs can be very expensive. The cost of continuous infusion of Epoprostenol averages \$60,000 per year while Nitric Oxide Inhalation could be as high as \$3,000 per day!

Lung transplantation may be a possibility for some people. The future may bring relief in the form of stem cell transplantation and gene therapy.

You can find out more about pulmonary hypertension by contacting the Pulmonary Hypertension Association at 1-301-565-3004 or by visiting www.phassociation.org on the Internet.

Calling Dr. Bauer ...



Dr. Michael Bauer

Dear Dr Bauer:

I have emphysema, but by following my doctor's instructions to a "T," I do well. I have heard that people with emphysema should receive a pneumonia shot more often than every five years. Is this true?

F.G., Trinidad, TX

The pneumonia vaccine is currently recommended for all patients 65 years of age or older. Anyone over two years of age with a long-term health problem including lung conditions such as COPD, difficult to manage asthma, lung cancer, and interstitial lung disease should consider getting a pneumonia shot. If you have lung disease and are over 65, one vaccine dose is usually all that's needed. A second dose is recommended if you are older than 65, only if you received your first dose when you were under 65, and if more than five years have passed since that first dose. Sometimes patients with lung cancer or patients taking medicines that lower immunity (such as chemotherapy or long-term steroids) should get a second dose.

It's important to remember that the pneumonia vaccine doesn't protect against all types of pneumonia. This vaccine is very specific against only one type of common bacterial pneumonia caused by the bacteria *pneumococcus*.

Other bacteria as well as viruses can also cause serious pneumonia. The current vaccine protects against 23 types of pneumococcal bacteria. The shot is effective within two to three weeks after getting the shot. Fortunately the pneumonia vaccine is very safe. Less than 1% of patients experience fever or muscle aches after the vaccine. If you want to know more, a good web site to visit is www.cdc.gov/nip.

I hope all our readers are enjoying the arrival of Spring!

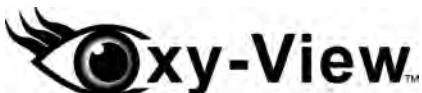
Question for Dr Bauer? You may write to him at The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 or by email at cbelyea@pulmonarypaper.org.

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Fibrosis File

Our members with pulmonary fibrosis often ask us how they may enroll in a clinical trial being conducted for potentially safe, new medications and treatments. For those with access to the Internet, you may go to www.clinicaltrials.gov and find over 50,000 ongoing clinical trials; searching for those having to do with pulmonary fibrosis will give you over 300 results.

You should know a clinical trial is carried out in three phases.

- Phase I is usually done with a small number of volunteers. The researchers are trying to determine how much of the medication can safely be given
- Phase II will monitor the effects of the medication on the participants.
- Phase III involves many more test subjects. The investigators want to compare how their new medication compares to medication currently on the market. They are also looking for any side effects that may appear while taking the drug.

When you enroll in the study, there is no guarantee that you will be given the new medication or treatment. You may be randomly chosen to receive a placebo, a harmless substance that will have no effect on your pulmonary fibrosis.

Be prepared to return to the clinical center for follow up examinations after the trial has ended. Important long-term information can be gathered from these visits.

In our last issue, we asked people with pulmonary fibrosis to let us know what exercise gives them the most benefit.



I have recently been diagnosed with IPF and am controlled in a pulmonary rehabilitation program. I get the most benefit from the NuStep cross trainer, arm machine and free weights.

EJ Corcoran, Allison Park, PA

Ben Wall from California has found taking Viagra has increased his exercise tolerance.

I think doing arm exercises has helped me tremendously. I also walk my dog daily but I find lifting canned food as weights to work out my arms gives me more strength in my daily activities. Unfortunately, I have no way to get to a gym or pulmonary rehab program.

Floyd Marino, Florida

Mary V. from New York finds exercise in the pool helps her the most.

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Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

Gary M. from EFFORTS asks, *What are the benefits of a smoker quitting when he/she has emphysema? My guess is that shortness of breath may improve but not lung function. Are we just dragging things out?*

Mark answers: It has been my observation and experience with thousands of folks over decades, that quitting, simply does not have a down side!

While the mechanics of the lungs remain impaired, I have seen many patients improve their breathing and function remarkably over the years. I have seen patients, who came in a wheelchair, get back to independent mobility and function. How much they improve is through sheer commitment and ‘intestinal fortitude’. No one can ‘make you want to live’, or get back to doing all that you possibly can. It must come from you! Folks find an array of excuses and reasons why they can’t get any better. For them, those excuses may hold validity. But what they truly represent is a compromise on commitment. It’s simply too hard for some to fight hard enough and to put themselves through the discomfort

and difficulties of the necessary process to reach their full potential within those limits that cannot be changed.

I wholeheartedly encourage you to quit to maximize your potential. To simply reason that since you can’t completely heal yourself, there’s just no reason to try is unacceptable. (That’s my opinion!)

Rose Ann from Missouri writes, *I started taking N-Acetyl-Cysteine (NAC), an over the counter supplement for my mucus problem. Since that time, I have had very sore and burning feelings in my thighs. Is this related to the NAC or the fact that I had not done my daily exercises being we were traveling?"*

Mark replies: NAC shouldn’t be the cause of any kind of muscle aches. If you take any statin drugs for cholesterol control, they would be much more likely the cause. Diuretics can deplete potassium, also leading to aches and cramping. Resuming exercise after a period of no exercise can be responsible for onset of sore muscles. If you hadn’t achieved a significant degree of conditioning and you then have a break in your exercise pattern, you lose what little you gained very quickly. It takes a lot of work to get it back!

Maxine asks, *Do you think we need to change meds after a few years? Some make me shake, especially Albuterol.*

Mark writes, There is no evidence to suggest that medication loses its effectiveness over time. The matter of increasing shakiness with taking medications like Albuterol does warrant some observation and

evaluation.

The most common reason for shakiness after Albuterol, Foradil or Serevent is as an indication that receptor sites outside the lungs are taking up the drug. That could be because receptor sites in the lungs don’t need it or are saturated with it. You might consider other medications too. Prednisone will make you shaky most all the time and may get worse with inhaled medications.

Sheila from Seattle tells Mark, *I have been told that the University of Washington, who does all transplants in our area, will accept no one over age 65 with no exceptions. I can't believe they don't accept Medicare!*

Mark advises, You might want to check with them again. I’ve been told that Medicare was contacted by a person who asked them about this policy. They told him they made no such policy and that he couldn’t be denied candidacy for transplant based solely upon age. A message was conveyed to all Medicare-reimbursed programs that they couldn’t discriminate based upon age alone or risk losing their funding. I know many folks well over 65 who have been transplanted without complications this past year. Studies comparing survival of people 65 years and younger receiving lungs transplants with those older than 65 show virtually the same survival and complication rate.

Mark Mangus RRT, BSRC, is a member of the Medical Board of EFFORTS (the online support group, Emphysema Foundation For Our Right To Survive, www.emphysema.net) who generously donates his time to answer members' questions.

Feelings

It always helps to vent! If you or your caregiver would like to write about how you really feel about any aspect of chronic lung disease, we will credit you with a year's membership. Please send to: The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175.

I was diagnosed with COPD in 1991. Because of a wonderful Pulmonary Rehabilitation Program in Chesapeake, Virginia, I am able to live a much better life than before. I love the program and go faithfully four times a week. I meet great people and with 16 years of wonderful experiences, I am an inspiration for the new patients. I still have bad days but I have learned to recognize the symptoms and call my doctor to get help as soon as possible. I exercise, watch what I eat, take my medications as prescribed and stay away from triggers that will cause problems!

IW, Chesapeake, VA

I cope with COPD by walking as much as possible. Most of all, I don't give in to it. I just have to rest more often when walking or doing chores. I live differently than before I had it. A good outlook on life helps!

PB, Taylor, MI

I wanted to share the fact that I was first diagnosed with COPD in 2001 and began using oxygen in 2004. I kept thinking that I am too young for this – how can this be happening to me? It's hard to accept the fact that many of my previous activities just can't be done anymore. So I move on and start new activities – less strenuous but still rewarding – and I make the best of every day! Even the little things can be so wonderful!

AS, Brookeville, MD

I have been diagnosed with COPD for about six years. Last year I was in the hospital for three months. When I enrolled in Pulmonary Rehab at the Veteran's Hospital in Loma Linda, CA, I was in a wheelchair. I walked out of the last session on my own without a walker or cane and drove myself home. I continue to exercise a minimum of three days per week and walk 2 to 3 miles a day. I am truly indebted to the pulmonary rehab staff!

JO, Chino Hills, CA

Shirley Schultz, RRT, AE-C, gives us the good news that two members of the Lively Lungs program at Memorial Hospital in Belleville, IL, received double lung transplants within a week of one another. Both surgeries were performed in St Louis. Congratulations to Deborah Busch and Ronald Bates.

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Sharing the Health

To avoid some of those nasty bluish red bruises to the forearm that a lot of us with COPD experience, I buy the elasticized wrist bands (extra-long) that are available in any sports department. If I can't find the extra-long, I use the regular size and double them up on my arm to protect the area from my wrist to my elbow. This keeps the bruising to a minimum while doing the smallest task around the house.

Shiela Bolan, Sebring, FL

A meeting of caregivers on a recent trip gave us these suggestions on how to live with someone with chronic lung disease, which at times can be a little difficult:

- *State your feelings and discuss them, don't hold them inside.*
- *Get help when needed, from family, friends, neighbors, church members or hire someone if no one is available.*
- *Join a support group to be able to talk to other caregivers. (Visit www.nfcacares.org or www.caregiver.org among many sites.)*
- *Take a time out—just for you—every day!*
- *Take one crisis at a time—don't let things get overwhelming.*
- *Plan ahead to avoid problems.*
- *Keep a positive attitude!*

I too saw the warning on the Spiriva package insert about "urinary difficulties" and wondered what that meant. I've been taking Spiriva for quite a while and it works great for me. But I have developed a urinary condition that's hard to describe. My bladder gives me no warning until I'm ready to explode. I have to press on the left side of my abdomen to get it completely empty. My doctor calls it "lazy bladder." Since Spiriva works so well for me, I hate to try changing medications.

Lorraine Oleaga, Boise, ID

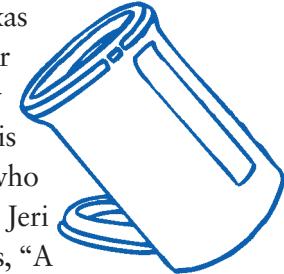
Roxlyn Cole recommends watching a lecture on COPD by Dr. Bart Celli, a renowned pulmonary physician through your computer at <http://tinyurl.com/29j5w4>

We asked in our last issue if anyone had suggestions on what to do with empty prescription medicine bottles.

Receive a Free One Year Membership

Contribute a picture or tip on how you COPE with COPD! Send to The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175. Include your name and address.

Many crafty people told us they use them to put supplies in, such as beads for jewelry making or needlepoint yarn. Annie from Texas uses them to sort similar color pieces while she is doing a jigsaw puzzle. Jerry Jones from Illinois saves them for her veterinarian who gladly uses them in his practice. Jeri Mondloch from Minnesota writes, "A gal at our church collects brown medicine bottles. She removes the labels, washes them and saves the bottles for the medical teams that go on mission trips. They dispense medicines while there. I have been saving mine for her for a couple years!"



Dr. Francis Adams, author of The Asthma Sourcebook, will be hosting Dr. Radio from 6 am to 8 am on Tuesday mornings on Sirius Satellite Radio, Channel 114 or you can listen online at www.sirius.com. The program is sponsored by New York University Medical Center. The show welcomes questions—you can call 1-877-698-3627 or email docs@sirius-radio.com . If you miss hearing the show live, you can listen to a repeat on Tuesday evenings from 6 pm to 8 pm.

Being on oxygen 24/7 and having severe osteoporosis, I sometimes have to use a walker to get around the house. I was having a hard time getting my dinner plate and glass to the table. I found if I use a cookie sheet across the top of the walker, I have a built in tray. Sometime we just have to adapt!

Susan Lucier, E. Taunton, MA

Anna McCartney from Fresno, CA, has had pulmonary fibrosis for nine years. She carries this poem with her, author unknown, to give herself a chuckle.

*Awakening each morning, I check the air within me
Knowing I am a balloon, whistling away
Losing the air, needing to remain airborne.
Deflation my fate, inflation, my compulsion,
I rise, curious to see which will win.*

Legislative Update

Washington, DC has had hundreds of visits, letters and calls from oxygen users, respiratory therapists, home care companies and others concerned with Medicare coverage of oxygen.



As you know, in December 2005, a ruling was passed as part of the Deficient Reduction Act, that transfers ownership of your oxygen concentrator from your home care company, to you, after three years of rental payments. You will not pay for it, the concentrator will be your property and you will be responsible to maintain it. If you were on oxygen on January 1, 2006, on January 1, 2009, you will own the equipment. Whatever concentrator is in your home on the three year anniversary date is yours.

Medicare would then cover reasonable visits to service your oxygen equipment, answer emergency calls, supply tubing and cannulas, make travel arrangements and provide back-up cylinders. With January 1, 2009 now less than one year away, there are still no procedures codes in place for these concerns.

HR621 and S1484 are the proposed House of Representatives and Senate bills known as the Home Oxygen Patient Protection Act. If passed, these bills will restore Medicare payment and ownership of oxygen equipment as we now have it. According to Wayne Knewasser of Premier Home Care of Kentucky, most legislators do not understand the whole service concept that is involved in oxygen delivery. Wayne suggests Medicare should have a tiered payment system. The company would get reimbursed more for the oxygen user that is on the go and requires more company involvement. There is the oxygen user who rarely goes outside of the home and uses the concentrator as their main oxygen supply source. But another user may go out several times a week and another may travel frequently. These people would need a much greater portable oxygen supply, both at home and on the road.

We are hoping this will be all be settled by the end of June before the House and Congress break. Get involved now and let your Senator and House Representative know that you do not intend to stay at home just because you use oxygen and that you appreciate the portability and travel options you have now!

Drug Warnings

The FDA found a relationship between people with COPD who take Spiriva and an increased rate of strokes. The preliminary estimate of risk was eight strokes per 1,000 patients treated for one year with Spiriva versus six strokes per 1,000 patients treated with a placebo. The study involved about 13,500 COPD patients. The FDA is not advising physicians to stop ordering Spiriva but wants them to be aware of this emerging safety issue.

Surprisingly, there also have been reports of people swallowing the Spiriva and Foradil capsules instead of inhaling them with the Handihaler and Aerolizer. They are not intended to be taken this way!

The FDA also warned of the possible association between the use of Singulair and behavior changes and suicide. The drug is used to treat asthma and allergies. You should not stop taking Singulair or Spiriva before talking to your doctor.



Is Emphysema Taking Your Breath Away?

If you are suffering from emphysema you may qualify to participate in this research trial.

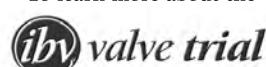


A physician near you is evaluating a new investigational device designed to improve the quality of life and overall health status in patients with emphysema.

To participate you must:

- Have been diagnosed with emphysema of the upper lobes of the lung
- Are able to participate in standard exercise testing
- Have stopped smoking for at least 4 months and will not smoke while in the study
- Be able to commit to 4 visits for health assessment testing

To learn more about the



Call Toll-Free 1-877-547-8839
and see if you pre-qualify, or visit us online at:
www.emphysematrial.com

Traveling Tales

Sequal and the SeaPuffers

The SeaPuffers are people who happen to use supplemental oxygen and share a desire to travel with their families and friends. Sequal Technologies Inc. is a company who makes the Eclipse, the portable oxygen concentrator (POC) that is capable of continuous flow. The two got together on a trip to the Mexican Riviera when Sequal generously provided each traveler with an Eclipse with extra batteries, case and cart. They tried out the new battery charger, the wheelchair and scooter carriers and even the new Eclipse raincoats for use in wet weather! And the good news is, Pam Jackson from Sequal, has promised the same benefit for the SeaPuffers July cruise to Alaska and the October cruise to Bermuda! Call Pam Mackenzie at SeaPuffer Cruises at 1-877-473-2726 for information on these upcoming trips!



Remember when traveling with any POC (Eclipse, AirSep's Lifestyle or Freestyle; Respiromics "Evergo", or the Inogen One) to bring an outlet adapter that enables you to share electricity with the many laptop computer users in the airport. A new POC from Invacare, the XPO2, is not yet approved for use by the FAA. Other POC travel tips:

- Check with the airline when you are making reservations to be sure they allow portable oxygen concentrators onboard. (With the glaring exception of United Airlines, most will.) You may be medically screened before they will allow you to use the units during flight.
- Copy the airline regulations concerning POCs from their website and carry them with you along with your oxygen prescription. Frequent travelers laminate both of these.
- A member asked about bringing a POC on board without using it during flight. We have checked a POC through security many times and placed them in the overhead bin or underneath the seat. (We have also packed them in suitcases and never had a problem.) The security attendant will ask about the POC while

it is scanned and normally swab it to ensure its safety. When they ask you what it is for, smile and say, "It is for my breathing." They usually ask if it is a CPAP machine—equipment used at night to keep airways open. We say, "It is similar!" Not exactly a fib, but avoiding the word oxygen all together. That word tends to make airline people nervous. We have said simply, "It's respiratory" and they wave us on. Trying to explain the principle of how a concentrator draws in room air and takes out the nitrogen, leaving a high percentage of oxygen will not convince airline people that a POC does not contain an oxygen supply.

- A POC will not be counted as one of your carry-on bags. Due to rising fuel costs, some airlines are starting to limit the amount of luggage you may bring on.
- As of now, you will not be able to plug into the electrical system of the plane. We have heard newer planes will have this option so the worry about having enough batteries will no longer be a problem. You will be able to plug in at your seat.

Pennsylvanians Cruise to Alaska

If you live in the Pennsylvania area, the American Respiratory Alliance of Pennsylvania is sponsoring a cruise to Alaska that leaves on September 13, 2008. Travelers will depart together from either the Newark or Cleveland airport for the flight to Seattle. These cruisers will have the opportunity to try out the Evergo, the POC from Respiromics. Call 1-800-200-1990 for further details.

Convenient Mask Protects in Cold Temps

The Alliance also wants to protect people with breathing difficulties from the cold. They have developed a washable, green foam mask that loops over the ears and covers the nose and mouth to create an air-warming pocket that provides an extra layer of protection from the cold. To receive two masks, send \$5 to cover shipping and handling, with your name and address to the American Respiratory Alliance, 201 Smith Dr., Suite E, Cranberry Township, PA 16066. You may also call 1-800-220-1990 to put the fee on your Visa, MasterCard or Discover card.



For more information on the excellent organization, you may also visit www.healthylungs.org.

Product Corner

Humidifiers and Purifiers: Know the Facts

The February 2008 issue of *Consumer Reports* contained an article that discussed the Venta-Airwasher which claims to be a humidifier and purifier in one unit. The manufacturer says their product would trap "even the very finest particles, as small as 10 microns." In reality, a 10 micron particle is pretty big and would not stay floating in the air for long. (Fine dust and cigarette smoke are in the 0.1 micron-3 micron range.)



Consumer Reports investigators found the Venta-Airwasher did not remove any dust or smoke from their test room. The product starts at \$200 for their smallest model and costs \$90 a year for water additive and cleaning solutions. Buyer beware!

The December 2007 *Consumer Reports* found portable or whole house air purifiers that draw air through fabric filters are among the most effective at removing dust and smoke. They do not produce any irritating ozone.

Whirlpool's Whispure AP45030S, at \$230, is *Consumer Reports'* top choice, followed by the Kenmore Progressive 83202, at \$270.

Ozone in the upper atmosphere protects you from the sun's ultraviolet rays. Ground-level ozone is an irritant that can aggravate lung disease. Ozone may react with household products such as scented cleaners and air fresheners

and form formaldehyde, a carcinogen; and acrolein, a toxic irritant found in cigarette smoke.

Electrostatic precipitators are a type of air purifier that creates some ozone as a by-product. They are heavily advertised and account for about half of the models sold. These purifiers are designed to trap particles by applying an electrical charge to them as they pass through the unit and depositing them on plates or filters. Air purifiers promoted as ozone generators should not be used for home use. They are used by professionals after fires or floods.

The magazine recommends taking some basic steps such as keeping pets out of bedrooms, using outdoor-venting fans in the bathroom and kitchen, and removing carpeting can be very effective in improving indoor air quality. Banning indoor smoking, opening windows whenever possible and maintaining heating systems, chimneys and vents can also make a difference. Test your home for radon. There is little definitive medical evidence that using an air cleaner will help asthma and allergy sufferers.

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Respiratory News

The American College of Physicians now recommends a shingles vaccine for all adults 60 or older. Zostavax from Merck has been available for two years. Studies have shown it can significantly reduce the occurrence and pain of the disease. This is a live virus vaccine so be sure to ask your physician if it is appropriate for you.

The *American Journal of Respiratory and Critical Care Medicine* reports British researchers find an infusion of dichloroacetate (DCA) can improve maximal exercise performance in people with COPD. Both peak exercise workload and oxygen consumption improved significantly with the DCA infusion.

Other research has shown breathing a mixture of helium and oxygen increased the distance people with COPD could walk, compared to using oxygen only.

Luminex's xTAG™ Respiratory Viral Panel has been approved as a diagnostic test for the detection of multiple viral strains and subtypes. The test was designed to allow better decision-making in patient management

and to limit the spread of infection. The FDA has also cleared a test that detects four common respiratory viruses, including the flu, in a patient's respiratory secretions. Prodesse, Inc. of Milwaukee says the ProFlu+ test provides results in as few as three hours.

Doctors are hopeful a new treatment will keep many patients from having to take anti-rejection drugs for the rest of their lives after receiving a transplant. It involves weakening the patient's immune system, then giving bone marrow from the person who donated the organ. In one experiment, four of five kidney recipients were off immune-suppressing medicines up to five years later.

Do you know what your FEV-1 is? Has your physician tested your Forced Expiratory Volume in one second lately? A study in *Chest* found only one-third of people recently diagnosed with COPD have had pulmonary function testing done to confirm or manage their condition.