

• The Benefits of Pulmonary Rehabilitation

Sally Watts, Physiotherapist, Royal Rehabilitation Centre, Sydney, NSW

What is pulmonary rehabilitation?

Pulmonary rehabilitation is a comprehensive program for people living with chronic lung disease who have symptoms of breathlessness and often have a decreased ability to perform the activities of daily life. Programs are individually tailored and designed to optimise physical and social wellbeing. The structure and delivery of each program is different and depends upon local resources.



What are the aims?

The aims of pulmonary rehabilitation are to:

- Encourage physical fitness
- Improve quality of life
- Increase participant's ability to cope with the acute and chronic phases of long-term lung disease
- Reduce hospital admissions and length of stay in hospital

Who attends pulmonary rehabilitation?

In general, pulmonary rehabilitation programs are suitable for people who have chronic lung disease and who are limited by breathlessness. Partners or caregivers are also encouraged to attend.

What does the program consist of?

The program consists of an individual assessment followed by exercise training and education. Normally, you will attend twice a week for about eight weeks. At the end of the program, there is normally a re-assessment and by this point, there will be an agreed plan in place of how you will be able to maintain the benefits gained during the program.

What's involved in the assessment?

The assessment is done by a health professional, usually a physiotherapist or a specialist nurse. You will be asked about your general health and specifically about how your breathing problems affect you. Measurements such as your blood pressure, heart rate and oxygen levels will be taken and you may complete a walking test. This is a self-paced test which normally takes place in a gym or corridor. You are supervised at all times and will not be asked to do anything you don't feel comfortable with.

I find exercise really hard, why will doing more help me?

Exercise is something many people with chronic lung disease find really difficult and often, people who are short of breath find activity harder and harder to do over time. Exercise training is an essential part of the program, helping to reverse this "cycle of inactivity". Clinical trials have consistently shown that an improvement in exercise tolerance is one of the main benefits following completion of pulmonary rehabilitation.

What's involved in the exercise?

Your exercise program will be prescribed based on your results from the initial assessment and your goals. The physiotherapist will recommend the type, intensity, length and frequency of exercise you should do. Normally, each exercise session will consist of a warm-up followed by some aerobic exercise, some strengthening exercises for your arms and legs and a cool down.

The aerobic exercise may include some walking, cycling or stepping. Walking is a really important element, as many aspects of daily life involve walking. Your exercise may be continuous or in an interval format. Intervals mean that you will stop and rest to recover during the exercise.

Over the weeks, your exercises will be progressed as you get stronger. You will not do anything that you are not comfortable with. Most participants are surprised and pleased at how much more they are able to do over the weeks. Once you are confident to exercise, you will be given a home exercise program to do on other days of the week.

What topics are there in addition to exercise?

The education component of each pulmonary rehabilitation program is different; some of the topics may include:

1. Medications used to treat chronic lung disease
2. Breathing techniques/managing breathlessness
3. Sputum clearance
4. Benefits of physical exercise
5. Oxygen therapy
6. Energy conservation techniques
7. Nutrition/healthy eating
8. Information on how the lungs work
9. Coping with chronic lung disease and management of depression, anxiety and panic attacks

continued on page 3...



I would like to begin by wishing all our LungNet News readers a happy and healthy 2009!

I am sure that by now, the new-look LungNet News will have caught your eye, and I hope you will find the new design appealing. As the newsletter has remained

unchanged for five years, we decided that the time was right to refresh the look, go "green" and bring it into line with the colours in our logo.

Membership Drive

With this edition of LungNet News, you will find enclosed, a membership application/renewal form for 2009/10. Please also see the enclosed flyer, which outlines a fabulous new membership benefit. As you may be aware, the Lung Foundation receives no direct government funding for its core operations, relying on memberships, project funding, donations and bequests, so please do support us and consider joining, or renewing your membership.

TSANZ Annual Scientific Meeting

The Thoracic Society of Australia & New Zealand (TSANZ) will hold its Annual Scientific Meeting in Darwin this year. The focus of the meeting will be on indigenous health and other related issues. Once again, the Lung Foundation will have a presence at the meeting and we will be organising a Healthy Activities Afternoon for delegates.

Indigenous Lung Health Summit

The Lung Foundation has partnered with the Asthma Foundations of Australia, the National Asthma Council and the Australian Respiratory Council to stage an Indigenous Lung Health Summit in Sydney in 2009. Planning is in progress and further information will be available shortly.

Tour Down Under

In January, Lance Armstrong visited Australia to launch his comeback into competitive cycling in the Tour Down Under in Adelaide. New relationships with The Lance Armstrong Foundation (LiveStrong) were developed, with the aim of working collaboratively in the future.

Do you have lung problems related to the inhalation of "dust", i.e. asbestosis or asbestos related pleural disease?

The University of Sydney is conducting a study of exercise for people with dust-related lung disease, funded by the Dust Diseases Board of NSW.

If you live in NSW and would like to know more about this study or are interested in participating, please contact Marita Dale on 02 9515 5234.

COPDX Guidelines

I am pleased to report that a new version of COPDX (The COPDX Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease) was uploaded to the website www.copdx.org.au in November 2008. The update is the result of the dedicated work carried out by the COPD Evaluation Committee each year under the Chairmanship of Professor Michael Abramson. Each quarter, the Committee evaluates the literature published on COPD and makes recommendations for updating COPDX. Since it was first published in 2003, the Committee has reviewed over 400 papers.



Members of the COPD Evaluation Committee at their December meeting

Christmas Cards and Seals Appeal 2008

Very many sincere thanks to all those readers who supported the Lung Foundation by purchasing the 2008 Christmas cards and donating to the Christmas Seals Appeal. Donations to the Appeal are in the region of \$11,000 and your generosity is much appreciated.

Yours Aye

William Darbishire

The Australian Lung Foundation has moved!

After seven years in the Brisbane suburb of Lutwyche, The Australian Lung Foundation has moved offices. We are now located at: 44 Brookes St, BOWEN HILLS QLD 4006.

We have retained our Post Office Box: PO Box 847, LUTWYCHE QLD 4030 and the toll-free number remains 1800 654 301, but the main office number has changed to 07 3251 3600 and the fax number to 07 3852 5487.

Another change is to our website address, which now becomes www.lungfoundation.com.au

The general enquiries email has also changed to enquiries@lungfoundation.com.au

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What are the expected benefits?

Following pulmonary rehabilitation, most people feel they are able to do more and feel less breathless.

Some of the benefits of pulmonary rehabilitation include:

- Increased exercise tolerance and improved physical function
- Reduced breathlessness
- Improved quality of life
- Improved mood and motivation
- Improved knowledge of condition and management
- Increased participation in everyday activities

What about oxygen?

All pulmonary rehabilitation programs will have oxygen available for exercise. During the assessment, it will be decided if you will need to use oxygen during the exercise. This will be discussed and explained in detail at that time.

Will it be safe for me to attend?

Yes. Pulmonary rehabilitation is very safe.

How do I find my local program?

Contact The Australian Lung Foundation on 1800 654 301 to find a program close to you.

• COPD Patient Task Force Update

Bill Scowcroft, Patient Task Force Co-Chair, Canberra

The COPD Patient Taskforce (PTF) will continue to meet regularly in 2009 by teleconference under the Co-Chairmanship of Bill Scowcroft and Bryan Clift. The first meeting of the year took place on 2nd February when it was agreed that one of the objectives of the PTF would be to gain detailed feedback via the State representatives about the operations and needs in their respective States. The PTF is also exploring options to work on the philosophy and findings of the recent *Economic Impact of COPD and Cost Effective Solutions* report.

• Plant a Tree for Lung Cancer

Glenda Colburn, Lung Cancer Consultative Group, The Australian Lung Foundation

During Lung Cancer Awareness Month in November, the Lung Foundation commemorated Australians who die from lung cancer each year, by hosting memorial tree plantings.



The largest event was held in River Hills, Brisbane on Sunday 16th November and, with the support of Brisbane City Council, we aimed to plant 7000 trees to become a living

memorial to those in Australia who lose their lives to lung cancer each year. An overwhelming number of patients, family, friends and carers turned out to assist and all 7000 trees were planted by lunchtime, with each person planting trees to remember those lost to this unforgiving disease. The day was made even more emotional with the news that lung cancer patient, Matt Pusey, one of our most active supporters, had passed away earlier that morning. The formal ceremony saw the unveiling of a commemorative plaque by Councillor Matthew Burke and Nick Johnston, (husband of Kylie Johnston who died of lung cancer in November 2007).

• Through My Eyes – A Patient’s View on Pulmonary Rehabilitation

Noel Hack, LungNet Member, Wangaratta, Vic



My name is Noel and I am 64 years of age. I am a quiet sort of a man and I like to live a simple life. Work-wise, I feel I’ve covered myself fairly well. I’ve worked in car parts, singing, been a pay master, sold meat, been a truck driver, dozer

and scraper driver, a cleaner and a labourer. I thought I was covered in all parts of my life, but I forgot one area – my health. A very silent partner has been walking with me for a while now, but at first I didn’t see it. It was only after the doctor sent me for tests that I was diagnosed with COPD, or Chronic Obstructive Pulmonary Disease.

I used to smoke and drink beer but I gave up the beer when I got married, though I kept on smoking. I smoked for about 50 years. After years of my doctor telling me to quit, she finally talked me into giving up the fags, but 50 years of smoking and working in jobs without the safety gear they now have, had already done the damage and I had COPD. My doctor explained it to me and organised for me to go to pulmonary rehabilitation.

Me, being me, I thought this rehab thing was a waste of time but decided I would go and have a look anyway. I knew I would get into trouble from the “doc” if I didn’t. After about two weeks of rehab, talking to the staff and some of the people there living with COPD, I thought I might be learning a bit about this disease. By listening to the other people and talking to the staff, you soon find out you are not on your own and someone really does care about you – someone gets what it’s all about. When the program was finished, it wasn’t very long before the staff had a maintenance group going. This is great as a regular thing to do and you get a lot out of it. You still have good days and bad days – as we all do.

We all know that the rehab team is not going to fix our lungs, but it is good to have the support there, to talk about it with people in a similar situation. It helps make life easier going forward.

To all the staff in our rehab unit – keep up the good work.

A Gold Coast event was held on Sunday 30th November, and with the support of the Gold Coast City Council, we gave away 1600 trees, a figure that denotes the number of Queenslanders who die from lung cancer each year. Each tree was marked with a “Plant a Tree for Lung Cancer” sticker, and the Foundation hopes that this message will assist in raising the profile and awareness of the disease. A commemorative tree was also planted in the Botanic Gardens by Mayor, Ron Clarke, William Darbishire, CEO, Lung Foundation and Dr Peter Cole, thoracic surgeon at the Gold Coast Hospital.

In NSW, the Liverpool Plains Shire Council donated 63 tree seedlings in remembrance of lung cancer sufferers, which were given away to the public. The Quirindi community also hosted a tree planting ceremony on 11th December in the grounds of the Quirindi District Health Service, in remembrance of people who have lost their lives to lung cancer.



In 2009, the Lung Foundation plans to host a tree planting ceremony in each Australian State/Territory.

• Managing Breathlessness

Nola Cecins and Associate Professor Sue Jenkins, Pulmonary rehabilitation physiotherapists, Sir Charles Gairdner Hospital, Perth

One of the most common symptoms of lung disease is breathlessness. This can range from being more breathless than usual when walking up a slope, to being breathless when showering or even talking. There are a number of reasons that people feel breathless or short of breath:

1. Air Trapping

For people with Chronic Obstructive Pulmonary Disease (COPD), there is an increase in the size of the lungs due to **air trapping**. The air sacs (alveoli) are floppy and less elastic and this makes it difficult to get air out, so it becomes trapped in the lungs. The air tubes or airways may be narrowed due to swelling and mucus and this also makes it difficult to get air out. **Air trapping** makes it harder work to breathe and breathing can feel uncomfortable.

2. Stiff Lungs

For people with pulmonary **fibrosis**, the lungs are **stiff** and this makes it difficult to get air in and out. The breathing muscles have to work extra hard to move air in and out of the lungs. Breathing is shallower and faster, particularly when exercising. **Stiff lungs** increase the effort involved with breathing and it can be uncomfortable.

3. Weak and out of condition arm and leg muscles

When the arm and leg muscles are out of condition and weak they produce more waste product (lactic acid). This causes aching in the muscles. The body converts this waste product to carbon dioxide and gets rid of it by breathing harder. **Weak and out of condition arm and leg muscles** cause harder breathing and more breathlessness on activity.

4. Weak breathing muscles

In patients with COPD, the diaphragm is weaker and flatter (it should be dome shaped). The diaphragm doesn't have much room to move, so the muscles of the neck and shoulders have to help with breathing, making it uncomfortable. **A flattened, weak diaphragm** makes breathing difficult.

All of the above factors contribute to breathlessness. Anxiety or panic and feeling low (depressed) can make the feeling of breathlessness worse. When you become anxious, your breathing becomes faster and shallower. This allows less time for the air to get out and thus, contributes to air trapping and further breathlessness.

A number of factors can help you manage your breathlessness:

1. **Medication** – regular and correct use of your medication helps to keep airways open and allows air out.
2. **Exercise** – regular exercise, such as walking, helps to improve muscle conditioning and fitness. Fitter, more efficient muscles produce less waste product and thus, activity causes less breathlessness. Pulmonary rehabilitation programs run by physiotherapists include exercises specifically designed for people with lung disease. These programs have been shown to reduce breathlessness and make people feel better.
3. **Breathing techniques** – simple, relaxed breathing – slower and deeper – during stressful situations may help alleviate the feeling of breathlessness. Pursed-lip breathing (pursing the lips together on the breath out) helps to keep “floppy” airways open and may help to relieve breathlessness.
4. **Positioning** – leaning forward and bracing your shoulder girdle can help your breathing as the breathing muscles are in a better position to pull up the ribs. These positions may be helpful for you to recover your breathing after doing some physical activity. Some people find that leaning forward and supporting their arms (like when pushing a shopping trolley) causes less breathlessness and they can walk further. A four-wheeled seated walker may help people who experience this.
5. **Breathing muscle training** – there is a special device that can train the muscles that help us to breathe in. However, to be beneficial, this needs to be supervised by a health professional.
6. **Other strategies** – relaxation can help stop the cycle of anxiety and breathlessness. Some people report that air movement on their face, for example, from a fan, helps to reduce breathlessness. Sometimes thinking of something else – something pleasant and safe – takes the focus off breathlessness and can relieve the sensation.

Whatever you do, don't give up and stop doing things as this will contribute to the cycle of inactivity and further breathlessness.

• News from the World of Interstitial and Orphan Lung Disease

Juliet Brown, Executive Officer of The Australian Lung Foundation's PIVOT Group



Pulmonary Interstitial Vascular Organisational Taskforce

In November, the Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT) Group convened for its final teleconference of

2008. Once again, the main item on the agenda was the development of ARNOLD (Australasian Registry Network for Orphan Lung Diseases). The project is making good progress and it is anticipated that data collection will start shortly. It has been agreed that The Australian Lung Foundation will work jointly on the Registry with the Thoracic Society of Australia and New Zealand (TSANZ), who will assist with the promotion and collection of data. An abstract will be submitted at the Annual Scientific Meeting of TSANZ in April 2009 to promote the work amongst the leading thoracic physicians in Australia and New Zealand.

Interstitial and Orphan Lung Disease Day took place on 24th November and was an integral part of The Australian Lung Foundation's Lung Health Awareness Month activities. On this day, the Foundation issued a Press Release to draw attention to the development of ARNOLD and to raise awareness of the lack of recognition of interstitial and orphan lung diseases in Australia. The Press Release was issued to media, both locally and nationally and successfully achieved coverage in The Sydney Morning Herald. In addition, with the assistance of a number of local LungNet members, the story was covered by the Burnie Advocate (Tasmania) and the Manningham Leader (Victoria). We were also delighted to receive interest from ABC Radio and interviews were conducted with two members of the PIVOT Group on ABC Radio Melbourne.

If you would like any further information about PIVOT, please call Juliet on 1800 654 301.

The Kylie Johnston Lung Cancer Network (KJLCN) Update

Kerrie Callaghan, Projects/Communications Coordinator,
The Australian Lung Foundation

Matt Pusey Art Exhibition

Many in our community will have had their lives touched by Matt Pusey who passed away on 16th November 2008 after a courageous battle with non small cell lung cancer. Whilst battling this disease, Matt provided support and understanding to lung cancer patients and their carers throughout Australia via an online patient forum. As a determined patient advocate, Matt conducted media interviews during his final days in hospital to raise public awareness of the urgent need for more funding for lung cancer nurses and patient care and support.



Cheryl Low, Sue and Peter Pusey and family at the Matt Pusey Photographic Exhibition opening

A passionate traveller and gifted photographer, Matt had explored 23 countries over the last three years, compiling a stunning photographic portfolio. Despite his deteriorating health, he organised his first photographic exhibition at the Untitled Gallery in Melbourne on 20th November 2008 and pledged that the funds raised would be donated to the KJLCN. Sadly, Matt passed away four days before the opening. However, Matt's partner, Cheryl Low and his parents, Sue and Peter Pusey, supported his wish for the exhibition to go ahead. The opening was attended by a dedicated and lively crowd of family, friends, lung cancer

patients and nurses and staff from the Peter MacCallum Cancer Centre (Peter Mac). Special thanks go to Peter Mac for the support and assistance they provided with the exhibition. To date, the Matt Pusey Photographic Exhibition has raised just over \$6000 for the KJLCN, with further funds expected.

Matt was an extraordinary young man who lived his life to the full. He will be sorely missed.

Lunch for Lung Cancer

Following the success of the inaugural Lunch for Lung Cancer in 2007, the KJLCN once again promoted this initiative during Lung Health Awareness Month in November 2008. More than 50 lunches were registered, but many more were hosted during November and funds raised are still rolling in. To date, around \$14,000 has been received.

Don't forget, you can host a Lunch for Lung Cancer at any time of the year, so if your family, friends, hospital or cancer centre would like to host a fundraising lunch for the KJLCN, we invite you to go to our website www.kjlcn.org.au, and register online

Online Patient Forum

Would you like to connect with other Australians who live with lung cancer via the convenience of your computer? If your answer is yes, simply register on the Lung Foundation website, www.lungfoundation.com.au with a current email address. Once you receive email confirmation of your registration, go to *Online Forum* and select *Lung Cancer* where you can post a message or ask a question.

Our online Patient Forum was launched in August 2008 to enable those affected by lung cancer to share practical information, support and understanding. This year, we plan to promote the Forum to all State Cancer Councils, major hospitals that specialise in lung cancer treatment, respiratory nurses, community health nurses and lung cancer specialists.

Nurses' Workshop presentations on KJLCN Website

Speaker presentations from the Nurses' Workshop held at the Australian Lung Cancer Conference in August 2008 are now available on the KJLCN website. The presentations by leading lung cancer specialists and health care professionals are aimed at nurses who are currently working with, or are interested in working with lung cancer patients. A further development of the Workshop is the proposal to establish a lung cancer nurses group with the aim of sharing information on patient/carer resources, forthcoming education seminars, and fundraising events. Please advise me of any lung cancer seminars at your organisation, so that the information can be posted on the online patient Forum and website.

If you would like further information about any of these initiatives, please email kerrie@lungfoundation.com.au

COPD Patient Handbook

The new patient guide for people affected by COPD (Chronic Obstructive Pulmonary Disease) is now available online at www.lungfoundation.com.au

Entitled, *Better Living with COPD: A Patient Guide*, the resource is the result of a collaboration between Queensland Health and The Australian Lung Foundation.

Hard copies are available for \$7.50 a copy plus \$2.75 postage and handling. Please call 1800 654 301 to request an order form, or go to www.lungfoundation.com.au to download it. If you wish to order multiple copies, discounts on postage/handling will apply. Please contact Karen Wright on 07 3251 3637 or projects@lungfoundation.com.au to determine total costs.



New Brochures

We are delighted to announce that we have recently reviewed and revised the educational brochures, *Bronchiectasis* and *Corticosteroid Therapy in Respiratory Disorders*.

If you would like to receive a copy of either brochure, please contact us on 1800 654 301. We would like to thank Dr Paul King, Respiratory Specialist at Monash Medical Centre for his assistance with reviewing the content of *Bronchiectasis*, and Ms Karin-Nyfort Hansen, Pharmacist at The Repatriation General Hospital in Adelaide for her assistance with the *Corticosteroid* brochure.



• Patient Support around Australia (and New Zealand)

ACT

Bill Scowcroft reports that the "Canberra Lung Life Support Group" wrapped up 2008 with a Christmas party at a regular venue and an auction, which raised a tidy sum. A memorial fund was started to commemorate the life of their youngest member who sadly did not survive a lung transplant in 2008. The group has planned an informative and event-filled first quarter of 2009, with speakers from the Healthcare Consumers Association of the ACT and a speaker on the lung transplant journey. Planned activities include visits to the Darwin exhibition at the National Museum and a working session with University of Canberra physiotherapy students. For more information about the group, please contact Bill or Caroline on 02 6282 6408, or email billscowcroft@bigpond.com or cscowcroft@bigpond.com

NSW

News from Armidale is that a new pulmonary rehabilitation program started in early February. Sessions are held at the Rehab Gym, Armidale Hospital and the program runs twice a week for eight weeks. For further information, please contact Natalie Schmude on 02 6776 9804. Natalie is also looking at the possibility of starting a Patient Support Group, so watch this space for further details.

NT

Thelma Nicholson from the "NT Breatheasy S.T.A.A.R.S." reports that more resources for respiratory health have become available in Darwin with the appointment of a respiratory physician and a second respiratory nurse. Both will be based at the Royal Darwin Hospital. A second pulmonary rehabilitation program started in January at Palmerston. For further details on the program or the Support Group, contact Thelma on 08 8988 9235.

QLD

We are delighted to report that Beryl Braddock, Group Leader of "Logan Breathe Ezy" has been recognised for her hard work with the group she co-founded in 1996, with an Australia Day Honour. Beryl was awarded the Frank Lenz Memorial Award for Volunteer of the Year at an Awards dinner and ceremony held by Logan City Council on Wednesday 21st January. Congratulations, Beryl on a fantastic achievement.

Planning is already underway for the 2009 LungNet Education Day. The date to mark on your calendars is Wednesday 9th September 2009. Further details will follow in later issues of LungNet News.

SA

In December, the "Air Club" Patient Support Group was the beneficiary of a fundraiser by the Nash family who participated in the 12 kilometre City to Bay Fun Run from Adelaide to Glenelg. The run was in honour of Don Nash who had COPD and passed away in June 2007. As well as being



Members of the Nash family with "Air Club" President Trevor Creber and inaugural President, Bob Fothergill after the presentation of the cheque

a loving husband, father, father-in-law, grandfather and great grandfather, Don was a LungNet and "Air Club" member. The idea of taking part in the run was instigated by his daughter, Janine Beaumont who ran the 12 kilometres in 1 hour 17 minutes. Ten members of Don's family took part and



Beryl Braddock (right) with her Australia Day Award (Photo courtesy of Logan West Leader newspaper)

all wore the green Australian Lung Foundation "What is COPD?" t-shirts. Donations were collected in honour of Don for the "Air Club" which had been incredibly supportive of Don and his wife, Beryl, throughout his illness. The cheque was presented to "Air Club" President, Trevor Creber at the group's Christmas dinner on 11th December 2008.

TAS

The Kingston group, "Two Heads, Two Lungs" held its Christmas break-up lunch at Mount Nelson Tavern, Mount Nelson in December. Following a well-earned rest, it commenced its regular monthly meetings (on the first Thursday of each month) on 5th February, to plan activities for the year. For more information about the group, call Faye Booth on 03 6227 2933.

The "Lungs Under Stress and Trauma" (LUST) group from Launceston reconvened for its meetings in February. One of the aims for 2009 is to attract new members and boost group numbers. If you are interested in finding out more about the group, please contact Marlene Dunstan on 03 6344 4862.

VIC

We are delighted to welcome a new Patient Support Group into the LungNet fold. The "Murray CODgers" from Swan Hill held its first meeting on 30th January 2009 and will meet in the Rehabilitation Room at Swan Hill District Hospital on the last Friday of the month. For further information, please contact Lindsay Polkinghorne on 03 5036 4567.

WA

Planning is underway for the WA LungNet Education Day 2009 to be held on Friday 3rd July 2009 at The Boulevard Centre in Floreat.

NZ

Our friends at "GASP" (Greenlane Airways Support People) in Auckland, New Zealand have written in with an update on the group's activities. A small group of members and friends, they continue to meet on a monthly basis for morning coffee and a catch-up chat. They keep in regular telephone contact with those who are unable to get to meetings. One of their more "senior ladies" was lucky enough to spend four months travelling overseas and the group was delighted to welcome her back in November to hear of her adventures.



Members of "GASP" at their Christmas get-together

Diary Dates 2009

| | |
|---|-------------|
| TSANZ Annual Scientific Meeting, Darwin | 3-8 April |
| LungNet Education Day WA | 3 July |
| LungNet Education Day Qld | 9 September |
| LungNet Education Day NSW | tba |
| LungNet Education Day TAS | tba |
| LungNet Education Day SA | tba |
| LungNet Education Day Vic | tba |
| Lung Health Awareness Month | November |
| Lunch for Lung Cancer | tba |
| Australian Lung Cancer Day | tba |
| Plant a Tree for Lung Cancer | tba |
| World COPD Day | 18 November |

• The Cost of Breathing Uneasy: \$100 billion

Heather Allan, Executive Director, COPD National Program, The Australian Lung Foundation

In November, The Australian Lung Foundation launched a new Access Economics report detailing the growing problem of Chronic Obstructive Pulmonary Disease (COPD), including its economic impact upon Australians and cost effective solutions to reduce the burden of this disease.

The *Economic Impact of COPD and Cost Effective Solutions* report estimated that COPD, a disease which is more common in any year than most types of cancer, heart disease and diabetes, would cost Australians and the economy nearly \$100 billion in 2008.

"COPD is one of the biggest health problems currently facing our nation. It carries with it an enormous cost to government, the taxpayer, and to people with COPD, their families and carers. Alarming, if nothing is done now to acknowledge and address this chronic disease, around 4.5 million Australians may have COPD by 2050 (up from just over 2 million today). Of these Australians with COPD, 2.6 million would have moderate to severe COPD where the impact and associated costs are highest," said Professor Peter Frith, Head of Respiratory Services at Southern Adelaide Health Service.



The report found that currently in Australia, 876,000 people have early stage COPD and, if left unrecognised, many of these will go on to develop moderate or severe COPD. Under-diagnosis is a significant concern. Evidence shows that between 40%-80% of those with moderate COPD were not aware they had the disease, which means they are not taking the important steps to manage the condition.

Within the report, cost-effective solutions were identified, including diagnosis and early intervention and improved access to treatment, which will help cost-effectively manage COPD in Australia. Furthermore, there is strong medical evidence which shows that diagnosis, combined with disease management programs at the early stage could reduce COPD's burden, improving quality of life, slowing disease deterioration, reducing mortality and importantly keeping people out of hospital.

"Early diagnosis, such as a simple lung function test combined with proven treatment options, like pulmonary rehabilitation...are critical, as they offer patients the best chance to reduce the overall impact of COPD and slow disease progression," said Professor Frith.

For further information, please contact Heather Allan, heather@lungnet.com.au

• World COPD Day 2008

Karen Wright, Project Officer – COPD National Program, The Australian Lung Foundation



World COPD Day 2008 proved to be a huge success for all concerned. Preparations commenced in June, with registration forms and information being sent out.

Within hours, the first group registration was received – from Yvonne Bedson of "LARF" in Queensland and the last group registered just days prior to the event. In all, 100 groups participated in a World COPD Day activity and of those, 49 groups coordinated a "Catch your breath...walk for COPD" which is now our signature COPD event. The national walk tally currently stands at **1864 kilometres**, which is a fantastic achievement by all involved. Many groups had to cope with inclement weather on the day, but soldiered on regardless. Once again this year, group coordinators and members worked tirelessly to raise public awareness about Chronic Obstructive Pulmonary Disease (COPD), highlighting its prevalence, symptoms and the importance of early diagnosis and treatment. In total, COPD was the topic of conversation in 102 newspaper, radio or television reports around the country. Many coordinators advised us that they received numerous referrals to both pulmonary rehabilitation programs and support groups, and over 200 new names were added to the LungNet News mailing list as a result of the feedback forms we received.

Several groups chose to "shake the can" and raised much needed funds to assist the COPD campaign. Our thanks to you all for your efforts! Leading up to 19th November, we provided pharmaceutical representatives with lapel badges, posters and flyers to raise awareness

at the GP level. Over 200 of our industry partners assisted by distributing resources nationally.

In all, 1087 green COPD t-shirts were distributed around the country, along with 23,314 educational brochures, 785 posters and 2720 balloons. The launch

of the COPD Patient Handbook – *Better Living with COPD: A Patient Guide* took place during the World COPD Day event in Brisbane. The Honourable Stephen Robertson – Queensland Minister for Health, launched this valuable new patient resource and then officially opened the event and led participants on a walk around the Southbank Parklands.

Many groups provided photos of their event however, due to space restrictions in the newsletter, we cannot publish them all and we invite you to take a look and visit the "Event Photo Gallery" on the website. Please use the following link:

www.lungfoundation.com.au/content/view/282/306/

Thank you to everyone involved in making World COPD Day 2008 such a success. Your efforts are greatly appreciated and without your enthusiasm, support and hard work, we would not be able to continue to raise awareness and improve services and support for COPD.



The Hon. Stephen Robertson at the official launch of the World COPD Day event in Brisbane