

## • Carbon Dioxide Retention in Patients with Chronic Obstructive Pulmonary Disease

**Dr Khoa Tran, Respiratory Physician, Logan Hospital, Queensland**

### What is carbon dioxide?

Carbon dioxide (CO<sub>2</sub>) is possibly best known as a "greenhouse gas" and is produced by the burning of fossil fuels. It has been implicated in climate change and global warming. CO<sub>2</sub> makes up about 0.03% of the earth's atmosphere.

CO<sub>2</sub> is also a "waste gas" and a by-product of the body's metabolism (biochemical processes occurring in cells and which are required to sustain life). During metabolism, oxygen is used and CO<sub>2</sub> is produced. CO<sub>2</sub> is chiefly removed from the body through the lungs when you breathe out.

### Effects of hypercapnia

The presence of high CO<sub>2</sub> levels in the blood is known as **hypercapnia** and can cause headaches, lethargy, drowsiness, confusion and, if severe, can lead to coma and death. People with hypercapnia are usually flushed and warm to touch, and they may also show the classic "flapping tremor" of the hands. When asked to hold their arms out in front and bend their wrists back, they are unable to maintain the position of the hands, and as a result, the hands will "flap".

### How does oxygen cause hypercapnia?

**Too much** oxygen can cause hypercapnia by a number of different mechanisms including:

1. Reducing the "drive to breathe". People with healthy lungs rely on high CO<sub>2</sub> levels to stimulate the brain to breathe. People with chronic obstructive pulmonary disease (COPD) can sometimes have higher CO<sub>2</sub> levels than people with healthy lungs and therefore become less sensitive to CO<sub>2</sub>. The person then relies more on low oxygen levels to stimulate their breathing. Giving too much oxygen removes this stimulus to breathe, and thus reduces the removal of CO<sub>2</sub> from the lungs.
2. Both oxygen and CO<sub>2</sub> bind to the haemoglobin in the red blood cells. Giving too much oxygen can push the CO<sub>2</sub> from the haemoglobin into the bloodstream, causing CO<sub>2</sub> levels to rise in the blood.
3. By dramatically changing the relationship between air exchange within the lungs and blood flow within the lungs, resulting in reduced removal of CO<sub>2</sub>.

Uncontrolled oxygen therapy, or receiving too much oxygen, can make people who usually have higher CO<sub>2</sub> levels retain more until it reaches dangerous levels.

### How to decrease the risk of hypercapnia with oxygen therapy

The critical oxygen level is an oxygen saturation of approximately 90% (this is measured by a finger pulse oximeter), equivalent to a blood oxygen level of

55-60 mmHg (this is measured from a blood sample taken from an artery, commonly in the wrist). This blood test is known as an arterial blood gas or ABG. At the discretion of the physician, 55-60 mmHg is the level at which a person qualifies for government subsidised home oxygen in Queensland. Other States and Territories may differ. Therefore, controlled oxygen therapy to maintain oxygen saturation at around 90% (88-92% is an acceptable range) will minimise the risk of hypercapnia.

It is important that oxygen therapy is used to maintain blood levels within this acceptable range and not in an effort to reduce perceived breathlessness which it will not necessarily relieve. You should never increase the oxygen flow that has been prescribed by your treating physician, but rather seek the advice of your treating doctor if you are experiencing increased breathlessness.

## NSW Respiratory Program wins Award



*Excellence in Aboriginal Health Awards night*

The Bugl Booyay (Good Breathing) respiratory service improvement project at Dharah Gibinj Aboriginal Medical Service (DGAMS) in Casino, NSW was awarded the Director General Award for Outstanding Program in NSW at the Excellence in Aboriginal Health Awards in July. The program consisted of the incorporation of a community lung awareness program; multidisciplinary respiratory assessment clinics; Aboriginal smoking cessation education and coal face health worker resource kits; and pulmonary rehabilitation education and service implementation. In addition, DGAMS holds the distinction of being the national pilot site for evaluation of The Australian Lung Foundation's *Breathe Easy, Walk Easy* resources package which aims to increase access to pulmonary rehabilitation services for Aboriginal and rural and remote people in Australia. Congratulations to all the members of the team on this outstanding achievement.



Dear Readers

Welcome to another edition of LungNet News. It is hard to believe that we are once again coming to the end of another year. The Australian Lung Foundation has had an extraordinarily busy 2009, with 2010 shaping up to be even bigger.

### 2010 – Year of the Lung

At the recent scientific meeting of the American Thoracic Society, it was announced that 2010 has been designated, "Year of the Lung". The Lung Foundation is planning to leverage the publicity that this will create.

### Lung Health Awareness Month

Lung Health Awareness Month is again scheduled for November and will include activities aligned with World COPD Day and Lung Cancer Awareness Month, as well as the launch of the *Lung Health Checklist*. You will read more about these events elsewhere in LungNet News. In addition, Sydney will play host to Maggie Minassian's Lung Cancer Fundraising Lunch on 23rd November and, in Brisbane, the Corporate RiverRun 2009 is scheduled for 26th November.

### 2010 Financial Membership

As indicated in the August edition of LungNet News, the Lung Foundation's membership year is changing. The current membership year runs from 1st April to 31st March, but from 2010, this will change to 1st January to 31st December, which reflects the Lung Foundation's financial year. In 2009/10, fantastic support resulted in Lung Foundation financial membership numbers increasing by 30%. We would like to say a very big thank you to all our members and we look forward to your continuing support. A membership renewal advice will be posted to current financial members and, if you are not already a member, you will find an application brochure enclosed for your consideration. Current members who are financial until March 2010 will receive a three month credit on their membership renewal notice.

### Christmas Catalogue

For the first time, we have put together a Christmas Catalogue where you might find that special gift for the person you know who has everything!

### Christmas Cards and Christmas Seals Appeal

This year's suite of Christmas cards was designed by Australian artist, Caroline Slack, especially for The Australian Lung Foundation and, in this edition of

LungNet News, you will find enclosed an accompanying sheet of Christmas Seals. I am sure your friends and family will appreciate receiving one of these unique cards with a matching seal on the gift or envelope. I hope that you will support us by purchasing cards and donating to our 2009 Christmas Seals Appeal. Please remember that all donations over \$2 are tax deductible.

### Fancy an Amaryllis Red Volkswagen Golf?

As a recipient of the 2009/2010 ASX Thomson Reuters Charity Foundation program, The Australian Lung Foundation is once again selling tickets in the Art Union. 1st prize is a Volkswagen Golf; 2nd prize is a beautiful strand of Autore Gold South Sea Pearls; 3rd prize is a pair of Autore Diamond and Pearl Earrings; and 4th prize is a 3 Night Luxury Hayman Island Holiday. Please purchase your tickets now by phoning Margaret Goody on 07 3251 3632 or 1800 654 301, or emailing [margaret@lungfoundation.com.au](mailto:margaret@lungfoundation.com.au)

Your support in making a donation, participating in an event during Lung Health Awareness Month, and/or purchasing merchandise or Art Union tickets is very important to The Australian Lung Foundation. The Foundation receives no ongoing government funding to deliver the core activities that underpin our mission to promote lung health; raise awareness of the symptoms and impact of lung disease; sponsor and encourage research into lung disease; and provide information and support services to Australians impacted by lung disease.

### Seasons Greetings

The National Council and staff of The Australian Lung Foundation extend our best wishes to LungNet News readers and their families for the 2009 festive season. Thanks to all volunteers and members of the Foundation who have contributed significantly to the success of our 2009 programs.

We look forward to working with you again next year!

Yours Aye

### Diary Dates 2009

Lung Health Awareness Month	November
Lunch for Lung Cancer	13 November
International Lung Cancer Awareness Day	17 November
World COPD Day	18 November

### About the LungNet News

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## News from the World of Interstitial and Orphan Lung Disease

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

PIVOT is delighted to report that the first response from physicians contributing to ARNOLD (Australasian Registry



Network for Orphan Lung Diseases) has been extremely positive. On 1st July, an email was sent to Australian-based physicians of the Thoracic Society of Australia and New Zealand (TSANZ), members of the Orphan Lung Disease/Lung Transplantation/Interstitial Lung Disease/Pulmonary Vascular Disease (OLIV) Special Interest Group and Advanced Trainees inviting them to contribute to the Registry. As a result of this contact, we received 68 responses (either positive or negative) from 50 different clinicians, with positive cases recorded as follows:

- 1 x Cystic lung lesions
- 1 x Lobar emphysema
- 2 x Lymphangiomyomatosis
- 1 x Goodpasture syndrome
- 1 x Wegener's granulomatosis
- 1 x Churg-Strauss vasculitis

- 2 x Obliterative bronchiolitis (not transplant related)
- 5 x Cryptogenic organising pneumonia
- 1 x Drug reactions with eosinophilia
- 2 x Extrinsic allergic alveolitis
- 1 x Pulmonary alveolar proteinosis
- 2 x Pulmonary papillomatosis
- 1 x Primary ciliary dyskinesia

Physicians who have patients with an Orphan Lung Disease are encouraged to lodge their interest in the Registry by visiting the website and clicking on the *Contacts* tab, [www.arnold.org.au/contact.php](http://www.arnold.org.au/contact.php)

The PIVOT Group expresses sincere thanks to Mr Aidan Laverty of the Great Ormond Street Hospital for Children in London for his expertise in developing the ARNOLD website.

PIVOT is convening for a face-to-face meeting in November. This will present a great opportunity for members of the group to come together to discuss its future strategic direction.

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

## World COPD Day 2009



This year, World COPD Day will be acknowledged on Wednesday 18th November and we are inviting our readers to mark their calendar and get involved

in their local areas. Once again, we will be promoting our signature event, the *Catch Your Breath...Walk for COPD* and this year, The Australian Lung Foundation will also promote the importance of being aware of lung health. A new *Lung Health Checklist* will be launched and will be

an easy-to-use guide to recognising symptoms that could indicate a need to see a doctor about your lung health. This important initiative will be promoted throughout next year as the world acknowledges 2010 as the *Year of the Lung*. The objective of this campaign is to promote the message that it is important to catch lung disease before it catches up with you.

Your participation in World COPD Day activities is as important as ever this year. If you would like to be involved, please contact Karen Wright on 07 3251 3637 or email [projects@lungfoundation.com.au](mailto:projects@lungfoundation.com.au) for the necessary registration forms, or information about an event in your area.

## Sydney Adventist Hospital's 'Jacaranda Lodge' Lung Cancer Support Group

Nora Bakoss, Beecroft, NSW

Sydney Adventist Hospital's 'Jacaranda Lodge' Lung Cancer Support Group meets every second Thursday of the month. As the Group meets at the hospital, we have many connections with medical staff and services to help with the myriad of questions which arise in the Group. Normally, we hear of the initially differing reactions on hearing a diagnosis of this disease, sometimes the anger or despair, and then go on to examine the medical details and of course the treatments available. Over the five years that the Group has been meeting, this has emerged as one of its greatest strengths. Confidentiality is confirmed at each meeting before everyone is given a chance to ask questions and express concerns.

We have invited oncologists, physiotherapists, social workers, palliative care professionals, psychologists and many more health professionals to join us and give us their thoughts and expertise in this area. All in all, we have become very knowledgeable in understanding lung cancer. The 'Lung Cancer Forum' we hold each year has added to this in bringing together leading oncologists who have garnered the most recent developments at international conferences and who share this with us. We are greatly interested in what these advances are as often they are the only avenues open to many of our patients.

One of our main concerns is the ignorance of many people in understanding the nature of lung cancer. We know that many of us have NOT smoked and therefore should not have to suffer the odium attached to it. Breast and prostate cancer have been addressed and huge gains made in these areas – now we need attention to be focused on lung cancer, which according to statistics is looming as the present and all too close enemy. We need funding for early screening and research into lung cancer.

If, however, we concentrated only on these concerns, we would probably be a most serious and probably a dull Group. This is far from the truth. The 'cuppa' comes first before we even begin and the odd biscuit now and then helps to keep things going. At our next meeting, we are all breaking off for a spot of Qi Gong. Most surprisingly, this Group has a very real love story running through it like a strong thread which is keeping us knit together. Mostly, our members come in couples. The disease affects both and crystallises feelings which are normally taken for granted. The changing and strengthening nature of this love is the blossoming of a flower which leaves traces of its perfume long after it has died.

Our Group can be contacted at 'Jacaranda Lodge', 185 Fox Valley Road, Wahroonga NSW 2076. Phone 02 9487 9061 or email [support@sah.org.au](mailto:support@sah.org.au)

## • COPD Flare-ups

The following information was adapted from the John Hopkins Health Alerts [www.johnshopkinshealthalerts.com](http://www.johnshopkinshealthalerts.com) by A/Prof Ian Yang, Thoracic Physician at The Prince Charles Hospital in Brisbane. John Hopkins specialists provide bottom line advice to help recognise a COPD problem before it turns dangerous.

If you have COPD, how do you know when you're not merely in discomfort, but in danger? Here are some danger signs that you should not ignore.

- **COPD flare-ups and infections.** If you feel increasing shortness of breath, more mucus in your throat, and greater wheezing and coughing than usual, you may be experiencing a COPD flare-up – something you need to share with your doctor. You should also call if the material you cough up changes colour or if you have a fever lasting more than 24 hours. COPD flare-ups often result from a bronchial infection, which may be treatable with antibiotics, or from breathing fumes, dust, or pollution.
- **COPD and heart failure.** Swelling of the legs, ankles, and feet is a warning that someone with COPD may have developed a type of heart failure called cor pulmonale, or right heart failure. Because COPD makes the heart work harder (particularly the right side, which pumps blood into the lungs), that side of the heart may enlarge. As the blood pressure in the lungs rises, the right ventricle contracts less efficiently. Cor pulmonale increases the risk that a blood clot will develop in a leg vein.
- **COPD and pneumothorax.** A hole that develops in the lung, allowing air to escape into the space between the lung and the chest wall, pneumothorax causes the lung to collapse, leading to severe shortness of breath. People with COPD have an increased risk of pneumothorax, because changes in their lungs cause air to be emptied unevenly from the lungs. Symptoms of pneumothorax include: sudden shortness of breath; painful breathing; sharp chest pain, often on one side; chest tightness; dry, hacking cough; rapid heart rate.

### COPD Patient Taskforce Member Profile – Reg Hunt, Victoria



Reg Hunt was born at Belgrave, Victoria in 1927. He was active in sport, swimming and football. After his Navy service, he enjoyed working in the building trade as a carpenter. In his 40s, Reg experienced difficulties with his breathing due to damage caused to his lungs in the smoky environment of his Navy service. At that time, there was very little help for chronic lung disease.

In 1996, he was diagnosed with severe emphysema and through the good advice of his respiratory physician, his GP and specialist physiotherapist, he learnt skills to manage his COPD. With this experience, Reg was able to pass on information to members of the Better Breathers Respiratory Support Group that he convened in May 1997. As a member of The Australian Lung Foundation's COPD Patient Taskforce, Reg is keen to continue working towards raising awareness of COPD in the community. Should you wish to contact Reg, please email him on [chreg11@bigpond.com](mailto:chreg11@bigpond.com)

The COPD Patient Taskforce is actively seeking new members. If you are interested in becoming a member, please call 1800 654 301 and ask for Karen Wright, or email [projects@lungfoundation.com.au](mailto:projects@lungfoundation.com.au)

- **COPD and too many red blood cells.** Weakness, headaches, fatigue, and light-headedness may indicate the presence of an uncommon condition known as secondary polycythemia, which arises when there isn't enough oxygen in the blood. Someone who develops polycythemia may have visual disturbances such as blind spots, distorted vision, and flashes of light. Gums and small cuts may bleed, and there may be a burning sensation in the hands and the feet.

**Bottom line advice on COPD:** If the problem is a flare-up of COPD, quick treatment can prevent serious breathing problems that might send you to the hospital. Follow your COPD Action Plan, and call your doctor immediately if:

- You have COPD and you have shortness of breath or wheezing that is rapidly worsening
- You have COPD and are coughing more deeply or more frequently, especially if you have an increase in mucus or a change in the colour of the mucus you cough up
- You have COPD and cough up blood
- You have COPD and have increased swelling in your legs or abdomen
- You have COPD and have a fever
- You have COPD and have severe chest pain
- You have COPD and develop flu-like symptoms
- You have COPD and feel that your medication is not working as well as usual



### Better Living with COPD – A Patient Guide

Orders continue to roll in for *Better Living with COPD – A Patient Guide*. Should you wish to view the Guide online, please visit The Australian Lung Foundation website

[www.lungfoundation.com.au/content/view/252/275/](http://www.lungfoundation.com.au/content/view/252/275/) where the resource is available to download and print by chapter. If you would like to order a printed copy, please use the link to the *Order Payment Form* on the website and complete and return it with your payment. Alternatively, you can order a copy by calling us on 1800 654 301. The resource is currently priced at \$7.50 per copy plus postage and handling, but will increase to \$10.00 per copy plus postage and handling from 1st January 2010. If you have any queries, please contact Lisa Morris on 07 3251 3600 or email [lisa@lungfoundation.com.au](mailto:lisa@lungfoundation.com.au)

## • COPD Patient Taskforce Report Bryan Clift, Taskforce Chair

2009 has been a year of change and creating solidarity. Our path of progress was interrupted early when our esteemed co-Chair Bill Scowcroft passed away in March, which meant we had to regroup and settle into a revised pattern. At times it seemed like we were starting all over again, but we at least had the advantage of having a little prior knowledge and I am very proud of the progress we have achieved to date. In early September, we met to make firm plans for the Taskforce in 2010. Many events will take place to interest and involve, COPD'ers, The Lung Foundation and Taskforce members during the important year ahead. For now, the COPD Patient Taskforce wishes you the best possible health.

## • The Kylie Johnston Lung Cancer Network (KJLCN) Update

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



### Charity Golf Day

More than 124 players participated in the KJLCN's Inaugural Corporate Charity Golf Day on the Gold Coast on 21st August, an event held in memory of Fernando Alvarez, who passed away from lung cancer in December 2006.



*Lung Foundation staff,  
Chris Emery and Margaret Goody  
about to tee off at the Golf Day*

We were treated to magnificent Queensland weather and all the teams thoroughly enjoyed the day and the presence of highly skilled elite golfers from Robina State High School. The Rotary Club of Robina helped deliver a well organised event and they plan to make the fundraiser an annual event for the KJLCN and other local charities.



*Duncan Plastow of the  
Rotary Club of Robina presents  
Kerrie Callaghan with a cheque  
for \$11,000*

We express special thanks to Fernando's widow, Gail and her family for the tremendous support and generosity they contributed to the event. Funds raised from the event were in the region of \$11,000 and will go towards employing a lung care nurse on our 1800 number.

### Gala KJLCN Lunch for Lung Cancer in Brisbane

Come and join the fun and laugh through lunch with Australia's funniest working mum, Fiona O'Loughlin at our Inaugural KJLCN Gala Lunch for Lung Cancer:

*Friday 13 November 2009  
11.30am - 2.00pm  
Sebel and Citigate,  
King George Square, Brisbane*

#### Ticket Prices

Single ticket \$100  
Table of 10 \$950

The lunch includes two courses and a glass of bubbly on arrival.

Book now by visiting [www.lungfoundation.com.au](http://www.lungfoundation.com.au) or [www.kjlcn.org.au](http://www.kjlcn.org.au) or for more information, please contact Kerrie on 07 3251 3641 or email [kerrie@lungfoundation.com.au](mailto:kerrie@lungfoundation.com.au)



*Fiona O'Loughlin*

The KJLCN would like to gratefully acknowledge our major lunch sponsor, Turner Freeman Lawyers for their generosity and support, together with sponsors, Flight Centre, Sebel and Citigate, TopDog Advertising and Air Liquide.

### Register your own Lunch for Lung Cancer now

Your lunch can be as simple as a sausage sizzle or a picnic in the park. Catch up with old friends or family by organising a Lunch for Lung Cancer in November before the rush of the silly season. Funds raised from the event will go towards employing a lung care nurse on our 1800 number. To register for a lunch kit, please go to [www.kjlcn.org.au](http://www.kjlcn.org.au), call Kerrie on 07 3251 3641 or 1800 654 301 or email [kerrie@lungfoundation.com.au](mailto:kerrie@lungfoundation.com.au)

## • How Allergens Promote the Wrong Type of Immune Response in Asthma

**Dr Simon Phipps, Winner of the 2006 The Australian Lung Foundation/Boehringer Ingelheim COPD Research Fellowship**



The activation and generation of appropriate immune responses is vital to ensure our protection from infectious pathogens and the development of tumours. However, the immune response can also cause disease when it malfunctions. For example, in rheumatoid arthritis, the immune response targets our own cells, while in allergic asthma an overzealous immune response is generated to harmless proteins or allergens. The type of inflammatory

response within the diseased tissue is often classified according to the type of CD4+ T cell that is present. This is because these T cells control the type of inflammatory response that is mounted through the secretion of cytokines, which act like local hormones. Indeed, immunologists have characterised different subpopulations of CD4+ T cells according to the cytokine(s) that they secrete and it is now well established that there are 'Th1' T cells, 'Th2' T cells, and 'Th17' T cells. In asthmatic patients, the Th2-type of T cells predominate and promote many of the physiologic symptoms and underlying pathologic features of allergic asthma. These include the excessive production of mucus, the infiltration of inflammatory cells such as eosinophils and the hyper-responsiveness of the airways to biochemicals such as histamine. However, why this Th2-type T cell response is generated in response to common allergens such as house dust mite, is poorly understood. In recent times, a group of innate molecules that we are born with,

called pattern recognition receptors, have been identified. These receptors are critical to the detection and recognition of infectious agents, and indeed may provide the host (us) with the first clue as to what type (for example, bacteria or virus) of micro-organism is invading so that the appropriate immune response is generated. Thus, pattern recognition receptors sense danger and serve as both an alarm to the immune response and as a guide, to tailor the immune response to the type of foreign invader. We theorised that the development of an allergic response may occur when allergens are inadvertently sensed as 'danger' molecules by pattern recognition receptors and the immune response elicits an inappropriate Th2-type inflammatory response to eliminate the allergen. To test our theory, we obtained various strains of mice that lacked one or more of the known pattern recognition receptors. After establishing an experimental mouse model of asthma by administering house dust mite allergen to the nose of anaesthetised mice, we demonstrated that whereas control mice developed all the symptoms of asthma, mice deficient in a specific pattern recognition receptor called toll-like receptor 4 were protected. In addition, we observed that the absence of this receptor altered the immune response from the typical allergic Th2-type toward a Th17-type response, which may underlie a different subtype of asthma described as neutrophilic asthma. Our data were amongst the first to show that pattern recognition receptors are important in the recognition of a common allergen and suggest that alterations in pattern recognition receptor expression or function may affect the nature of the immune response that is generated.

## • Patient Support around Australia

### WA

We are sorry to report the resignation of our two WA LungNet State Coordinators, Louise Ganderton and Sarah Jones. Louise had been State Coordinator since 2006 and was instrumental in the launch of the inaugural WA LungNet Education Day in the same year. She was joined by Sarah in 2007. Over recent times, both Louise and Sarah have become increasingly busy with their work and studies. We thank them for all their help over the last few years and wish them all the best for their future careers.

We would like to pass on our best wishes to Bentley Bronchiatrix Support Group Leader, Mike Watteau who has been unwell and had a spell in hospital. He is now home and hopefully will be fighting fit again soon.

### NSW

The NSW LungNet Education Day was held on 17th September at Burwood RSL. Interest in the event was phenomenal and resulted in the largest ever LungNet Education Day attendance of over 260 people. We were



*Participants get active at the NSW LungNet Education Day 2009*

delighted to welcome Dr Matthew Bayfield from the Royal Prince Alfred Hospital to the stage as the first presenter of the day to give an insight into the endoscopic valve procedure and other surgical options for COPD patients. Sally Watts, physiotherapist at Northern Sydney Central Coast Health gave an interactive presentation on physical activity and got everyone up on their feet and moving around before lunch. Leigh Seccombe, a Senior Respiratory Scientist at Concord Hospital provided valuable information about what people with lung disease should consider to ensure their fitness to fly. Greg Tye from Inspiration Healthcare followed on from Leigh by discussing flying with portable oxygen concentrators and the importance of planning your trip well in advance. Veronica Kemp, the NSW member of the COPD Patient Taskforce provided a brief overview of the role of the Taskforce and emphasised its importance in contributing to the work of The Australian Lung Foundation. We would like to thank all our superb speakers for giving up their time so freely, the Trade Stands who set up information displays and donated prizes to the raffle, the Support Groups who attended and donated prizes to the raffle, and all those who attended and helped out on the day, with particular mention of Sally, Trish, Chris, Luke and Amy (Northern Sydney), Yuna and Emma (Canterbury Hospital), Renae (Prince of Wales Hospital) and Bill and Wendy (RPA).

We are saddened to report the news that Mary Atkinson from the Blue Mountain Airs recently passed away. Mary was the founding President and had been an active leader of the Support Group for a number of years and had also assisted The Australian Lung Foundation in many campaigns to raise awareness of COPD. Our sympathies go to all her family and friends and fellow Support Group members.

Broken Hill's Respiratory Support Group is looking for new members. If you are interested in being part of this Group, please call Ethel Kennedy on 08 8087 7955.

LungNet Southern Highlands has been awarded a grant of \$995 from the NSW Clubs Community Development and Expenditure Scheme. The funds will be used for a publicity campaign at the end of this year, which aims to create greater awareness amongst local residents and the medical profession of the support offered by The Australian Lung Foundation and LungNet. LungNet Southern Highlands offers an 'email' membership to remotely located people with lung disease and their carers who cannot easily reach a Support Group of their own. Such members currently come from Broken Hill in NSW and Blackwater, Queensland. They receive a monthly newsletter and can obtain any of the handouts provided by speakers at monthly meetings.

### QLD

The Qld LungNet Education Day took place on 9th September, once again hosted by Kedron-Wavell Services Club in Brisbane. The day was a great success, with presentations

given by the ever-popular A/Prof Ian Yang from The Prince Charles Hospital who gave an update on his COPD research project and provided a question and answer session; Ms Bronwen Cox from GP Partners who discussed how people with chronic disease can obtain Medicare rebates for allied health and dental care; and Dr Tom Konstantinos, Director of the Queensland Tuberculosis Control Centre who presented an overview of common lung infections. We would like to thank our speakers for giving up their time so freely (special thanks to the girls from Queenslanders Donate who gave an impromptu presentation on the importance of registering if you want to be an organ donor), the Trade Stands who set up information displays and donated prizes to the raffle, the Support Groups who attended and donated prizes to the raffle, our superb Emcees, Ms Myrna Wakeling and Mrs Margaret Moran, and all those who attended and helped out on the day.



*Emcees, Myrna Wakeling and Margaret Moran at the Qld LungNet Education Day 2009*

### VIC

Chris Hunt reports that Rosebud Better Breathers celebrated their 12th birthday in August at Rosebud Library.

"We started the day with our usual half hour of exercise under the supervision of an Exercise Physiologist, which is not only good for us, but fun as we are all at different levels and we feel comfortable, so there is lots of laughter. This was followed by our guest speaker, the Community Health physiotherapist who always gives good advice. Then the big event, "the birthday cake" which was delicious and finished off a great afternoon!"

Congratulations to the Better Breathers on a wonderful achievement and here's to many more birthday celebrations.

### TAS

The Tas LungNet Education Day is about to take place in Campbell Town as LungNet News goes to print. A full report will be included in the February 2010 issue of LungNet News.

### SA

As LungNet News goes to print, planning for the SA LungNet Education Day is almost complete and bookings are coming thick and fast. A full report will be included in the February 2010 issue of LungNet News.

### NT

NT Breatheasy S.T.A.A.R.S. has confirmed arrangements for World COPD Day at Casuarina Square on 18th November. The group organised a barbeque at Water Gardens in Rapid Creek in October and will be having their Christmas party at Crocosaurus Cove. Thelma reports that the pulmonary rehabilitation program is still going well and is very busy.

The Lung Foundation was delighted to welcome NT LungNet State Coordinator, Jenni Hibble to the office in September.

### ACT

The Canberra Lung Life Support Group holds two meetings each month – one a formal meeting with a guest speaker, and the other a social activity. The Group has also become involved in the training of the next generation of medicos and physios. In August, nine members attended the University of Canberra Physiotherapy Department to give the first year students hands-on experience of using their new stethoscopes and taking case histories. They look forward to meeting the same group of students next year, when the focus will be on assessing physical capabilities aimed at designing individualised pulmonary rehabilitation programs. In September, medical students from the Australian National University School of Medicine welcomed the opportunity to examine real patients with COPD. Nine members took part in the Clinical Skills Program with graduate medical students. As with the physiotherapists, it is anticipated that this involvement with the medical school will become a regular occurrence. Members also volunteer as 'patients' for other aspects of students' studies, and as 'subjects' for students' final year examinations. They are encouraged to take part in clinical trials of new treatments and to volunteer to speak to service groups about living with a chronic lung condition.

## • The Lighter Side

by Larry Emdur

Hello everyone,

The world's officially gone techno-crazy – my office sends emails to my phone, my son has got 2,000 songs and watches full-length feature films on a gadget the size of a wallet, my daughter does her schoolwork on a laptop computer (very few books at all), and I have a gadget in the car that tells me where to go. Ironically, it's in a female voice, so now I have two women in the car telling me where to go!

I was trying to explain to my 10 year old daughter, Tia what it used to be like. My stories were difficult to understand, but Grandpa Dave's early life would've been impossible to grasp. I received this lovely poem from Albert Richards from Page in the ACT, I shared it with my daughter and I'd love to share it with you.

### Memories of Youth

Remember as children, we all slept so sound,  
Christmas and birthdays took years to come round,  
Playing such games as cowboys and dragons,  
Watching wild Indians circling the wagons.

Trudging to school through wind, rain, and snow,  
No vehicles to take us, yet still we would show.  
Learning in class how to speak, read and write,  
While looking at comics kept well out of sight.

Cooking for girls and woodwork for boys,  
Playtime and holidays the principal joys.  
Fag cards and marbles to keep us amused,  
Winner takes all, 'twas never confused.

Rolling a tyre and whipping a top,  
Showing the girls how to skip and to hop.  
Making scooters from second hand parts,  
Creating more noise than horse driven carts.

Shooting a pellet or paper dart,  
Waiting for Saturday movies to start.  
Following a horse with bucket and pail,  
Helping father's rhubarb prevail.

Annual exams to sort out the grades,  
Bode college for some and others the trades.  
Those unable to solve questions posed,  
Would slyly copy from pages exposed.

Spending a penny for a large bag of sweets,  
To take home to mother bereft of such treats.  
Wet kisses from Grandma, "So glad that you came."  
Year after year it was always the same.

Church every Sunday, sharp at eleven,  
To sing songs of praise and give thanks to heaven.  
Sunday school followed I couldn't abide,  
Attendance secured a trip to seaside.

Cubs and Boy Scouts for badges and woggle,  
Camping at sites to make the eyes boggle.  
Singing a ditty around a camp fire,  
Not one with a voice to tenor aspire.

Then came the war with tragedy filled,  
Scoutmaster, aunt and cousin all killed.  
Gawking at prisoners restrained in a camp,  
Walking through streets devoid of a lamp.

Two ounces of butter and four of meat,  
Home bred chooks to give us a treat.  
Digging for victory, growing more food.  
Music at work like, 'In the Mood'.

Joyfully wearing long trousers with pride,  
Schoolboy shorts being cast to one side.  
No longer sustained by others giving,  
'Twas time to start work and earn my own living.

A youth club I joined to meet all my peers,  
Allowed to play games with subs in arrears.  
Hiking all day in countryside green,  
Quenching our thirst in every pub seen.

Studying at college for year after year,  
Meeting a girl I'd forever hold dear.  
Four happy years then blissfully flew,  
'Till sadly was time to bid her adieu.

Thanks very much Albert for another terrific contribution  
and helping me explain to Tia that there always is, always  
was and always will be a lighter side.

*Larry*



We look forward to receiving more of your stories for the next issue of LungNet News – without them we wouldn't be able to have a column. Please share them with us and send to:

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The Australian Lung Foundation  
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Lutwyche QLD 4030

Fax: 07 3852 5487

Email: [enquiries@lungfoundation.com.au](mailto:enquiries@lungfoundation.com.au)



The Pharmacy Guild of Australia has developed the website [www.findapharmacy.com.au](http://www.findapharmacy.com.au) which allows people to find their nearest pharmacy and locate the specific pharmacy services they need. People can search on: pharmacy opening hours; languages spoken within the pharmacy; whether they offer a home delivery service; and which health specialties are provided, such as assistance with diabetes, asthma, cholesterol testing, baby clinics, blood pressure testing, Home Medicines Reviews and Dose Administration Aids (blister packs).

Using technology by GoogleMaps, [www.findapharmacy.com.au](http://www.findapharmacy.com.au) provides a map of the pharmacy location, and directions on how to get there.



As many of you will know, The Australian Lung Foundation undertook an office move to the Brisbane suburb of Bowen Hills in December 2008. Building signage has now been added to enable visitors to easily locate us.

## Triumph For Breath

After months of preparation, Jack Evans and his daughter, Alison spent most of October travelling from Perth back to their home town of Armidale to raise awareness of COPD. They travelled in the Triumph Super Seven that Jack had laboriously hand restored and have shared their adventure via The Australian Lung Foundation website. Please go to [www.lungfoundation.com.au](http://www.lungfoundation.com.au) and click on the *Triumph for Breath* link to view their diary blogs and trek photos. We would like to again thank and acknowledge our generous sponsors – Shannons Insurance, Great Southern Rail, TopDog Advertising and our industry partners, Boehringer Ingelheim and Pfizer Australia. Thanks also to everyone else who was involved in making this event such a success.



Living Years™ recently launched an online memorial website allowing you to celebrate the life of your loved ones. Lifebooks™ allow family and friends to remember and celebrate the life of a loved one in a way that has not been possible until now. A Lifebook™ is an online space where photos, thoughtful comments, stories, eulogies, videos and more, can be shared on a dedicated memorial homepage. As more people visit and share, the story becomes a rewarding, multi-faceted tribute. In acknowledgement of the work of The Australian Lung Foundation, Living Years™ is donating \$10 for every paid (for a minimum of 1 year) Lifebook™ created through [www.livingyears.com/lung](http://www.livingyears.com/lung)

Visit the website now – it is simple and easy to do and will give you a lifetime of memories to share and cherish.

## Defender 4000® room air cleaner

The Defender is a medical recirculating air cleaner designed to filter out 99.98% of airborne particles down to 0.1 micron which includes air pollution, dust, smoke, mould, and dust mites.

This is better than the industry-standard for HEPA filtration of 0.3 micron. Certified by the FDA as a Class II medical device.



### For more information

Call Stewart Mead on:

0408 476 292 or 1300 946 674

Email: [stewart.mead@filterqueen.com.au](mailto:stewart.mead@filterqueen.com.au)

Website: [www.filterqueen.com.au](http://www.filterqueen.com.au)



The Australian Lung Foundation makes no specific recommendation of this product.

## Pulmonary Fibrosis Support

Gina Francis from the Northern Rivers area of NSW has pulmonary fibrosis and is interested in setting up a Support Group for patients and carers affected by pulmonary fibrosis. If you would like to be involved and live in South East Queensland or Northern New South Wales, please call Gina on 02 6621 2057 or email [gina.francis3@bigpond.com](mailto:gina.francis3@bigpond.com)

## Lungs in Action Classes Piloted on the Gold Coast and in Cairns

Liz Harper, Project Coordinator - Lungs in Action, The Australian Lung Foundation

*Lungs in Action* is a community-based exercise maintenance program designed for people with stable chronic lung conditions who have completed a pulmonary rehabilitation program. People who complete pulmonary rehabilitation report significant physical and emotional gains and an improved quality of life, but without the ongoing support from a structured program or leader, they sometimes find it difficult to comply with recommendations to continue to exercise. This is where *Lungs in Action* provides the missing link. The classes provide a structure that is safe and fun while enabling clients to maintain an exercise routine critical to keeping them well, socially connected and out of hospital. The classes are situated in the community and are low cost – not exceeding \$8 per session.

*Lungs in Action* is available to anyone who has completed pulmonary rehabilitation within the last six months, and/or who has clearance from their physiotherapist. Classes are flexible, with an approved format and are held in facilities available to exercise leaders who are trained to work with people with respiratory disease.



Participants of the Royal Brisbane Hospital pulmonary rehabilitation program in action

Classes have already begun on the Gold Coast and in Cairns. The Gold Coast classes are being conducted every Monday at 11:30am in the Marj Shipman Community Hall, Hansford Rd, Coombabah. The Cairns classes are being conducted every Tuesday afternoon at Rydges Hotel, Kirwin St, Cairns.

The pilot phase of *Lungs in Action* will be complete by the end of this year. Results so far look positive and

The Australian Lung Foundation is already planning how to make the program available across the country. For more information, please call The Australian Lung Foundation on 1800 654 301. Alternatively visit the website, [www.lungfoundation.com.au](http://www.lungfoundation.com.au) and click on the *Pulmonary Rehabilitation* menu to access the *Lungs in Action* menu.