Maintaining Healthy Airways
Ruth Dentice, Senior Physiotherapist in Respiratory Medicine, Royal Prince Alfred Hospital, Sydney

Just as cleaning our teeth becomes a part of our daily routine, for people with respiratory conditions, the strategies undertaken to optimise lung health are just as important. This article will examine the essentials of maintaining healthy airways - the Why, What, How and When.

Why maintain healthy airways?

We all have a mucus layer that lines our lungs from the smallest airways up to our mouth. This layer acts like an escalator - trapping dust and bacteria and moving mucus out of our lungs to keep them clear of infection. The main problem in people with respiratory conditions is that the rate at which this escalator moves has slowed, increasing the potential for inflammation and infection to occur in the airways. For some people, e.g. those with asthma, this impairment in clearance is more temporary because bronchodilator medications like Ventolin can relax the muscles that line the airways and reverse the reduction in airflow. For many people with conditions like COPD or bronchiectasis, Ventolin has little impact on airflow because the changes to the airway are more structural. Ultimately, to try and limit the impact of these conditions and the breathlessness and cough they induce, a daily airway clearance program will aim to restore the movement of the mucus layer back towards normal and thus maintain lung health.

What is involved in an airway clearance program?

Airway clearance programs are devised and monitored by respiratory physiotherapists who are usually based at large teaching hospitals. They typically contain some airway clearance techniques, inhalation therapy and exercise. Three key strategies are involved:

1. **Speed up the movement of the mucus layer.** Traditionally, body positions are used in postural drainage. Just like tomato sauce is tapped out of a bottle, percussion or cupping techniques are used to speed the movement of mucus. The use of head down positions does bring with it the risk of reflux, so modified head up positions are often substituted. Many techniques utilise high expiratory airflow to move secretions. Coughing, laughing, huffing, breathing techniques (like the Active Cycle of Breathing Technique), Autogenic Drainage, use of mucus clearance devices such as the Flutter and potentially, exercise, all aim to speed up expiratory airflow relative to inspiratory flow and thus assist sputum movement.

2. **Prevent airway collapse or blockage.** For many, the problem that stops mucus moving well is the tendency for the airway to close when we try to breathe out forcefully. Your physiotherapist will often use a ‘spirometry’ lung function measurement to determine if this is a limiting factor. In this situation, positive expiratory pressure or PEP therapy is helpful to hold the airways open when you breathe out, to enable the airways to be cleared.

3. **The third strategy is making the mucus less thick.** Oscillatory techniques incorporate the benefits of expiratory pressure, to prevent early airway closure in unstable airways. They also maximise vibration of the bronchial walls and decrease sputum thickness by mechanically rupturing the mucus gel. We choose oscillating techniques particularly when mucus is thick and stuck in the central airways rather than when cough is hard to control. These may include the use of devices such as Acapella or Flutter (or the Vest if you live in the US) or percussion by an assistant. You should discuss the suitability of these products with your treating health professional.

   Sometimes we use an inhaled osmotic agent like the inhalation of a salty mist (hypertonic saline) to make mucus less thick (this is well established in cystic fibrosis and is now being investigated in bronchiectasis). This inhalation restores the hydration of the airway lining to assist the mucus escalator. It also stimulates cough to assist clearance. Inhaled sugar in crushable tablets (Mannitol) will also soon be available to help in a similar way.

   Inhaled antibiotics that are deposited in the airways with a nebuliser are also an effective way to reduce the bacterial load and make mucus less thick.

   Exercise can also make sputum easier to clear through a combination of a reduction in thickness, increased airflow and cough stimulation. Given the added potential for bone health, muscle strength and fitness, an exercise program is a great option to work on with your physiotherapist.

How and When to apply the strategies listed above.

This is best discussed individually with your respiratory physiotherapist. A good program for lung health should include inhalation therapy that may involve bronchodilators, hypertonic saline and inhaled antibiotics in this order with the right nebuliser equipment. Ensure all equipment is cleaned according to the manufacturer’s instructions and stored only when completely dry.

*continued page 2...*
Airway clearance techniques should take at least 20 minutes daily so you are confident the airways are clear. Monitor your cough-free time (partners are good at providing this feedback) to determine if a second session or more time is required. If you are producing more than a third of a cup of mucus in a day, a second session is worthwhile particularly if you need to clear your airways prior to an inhaled antibiotic that should be taken twice daily.

Pulmonary rehabilitation is an excellent place to meet with physiotherapists and other health professionals to refine a daily program of exercise, inhalation and airway clearance that is suitable for you and meets your personal goals.

The art of maintaining healthy airways really is like the routine of cleaning your teeth. The immediate benefit is indeed like fresh breath. Over time, we maintain the health of our lungs just like our teeth. Occasionally, it is good to seek professional guidance (certainly a trip to a respiratory physiotherapist is less daunting than a trip to the dentist).

I wish you good lung health both now and in the future!

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**Lungs in Action**

Elizabeth Harper, Lungs in Action Project Coordinator, The Australian Lung Foundation

*Lungs in Action*, the community based exercise maintenance program for people with stable chronic lung conditions who have completed pulmonary rehabilitation, has now been expanded to include heart failure patients who have completed rehabilitation. The option to include heart failure patients was made at the request of many physiotherapists who were looking for suitable maintenance programs for their NYHA Class III and frailer NYHA Class II heart failure patients. Lungs in Action was felt to be suitable for heart failure patients as they experience similar symptoms of breathlessness. In some areas, heart failure patients undergo rehabilitation within pulmonary rehabilitation programs and this now enables pulmonary rehabilitation physiotherapists to refer both their respiratory patients and their heart failure patients to the same program.

Existing Lungs in Action instructors are in the process of upgrading their training to allow them to include heart failure patients. As part of this process, we will be seeking heart failure rehabilitation physiotherapists and exercise physiologists to act as mentors. Due to the inclusion of heart failure patients, all referral forms have now been updated and can be found on the Lungs in Action pages of our website.

In Sydney’s northern suburbs, the Healthy Lifestyle Program has rebranded their COPD maintenance programs as Healthy Lifestyle Lungs in Action. Each of their instructors is undertaking Lungs in Action training that involves online theory and practical placement at the rehabilitation program. Feedback from instructors nationally, has been very positive and both the mentors and the instructors were pleased that the training filled in some knowledge gaps despite the fact that some Lungs in Action instructors had already been working with this client group for some time.

The feedback from mentors has also expressed how pleased they are to see their patients continuing with a regular, structured exercise program and enjoying social interaction while maintaining the benefits of rehabilitation. The Healthy Lifestyle Lungs in Action programs are run at Hornsby and Ryde and will also start at Manly and North Shore in 2012. These are in addition to the existing Sydney Lungs in Action programs at Castle Hill, Warriewood, Lilyfield and Waverley.

Nationally, there are now 44 Lungs in Action programs established, with another eight due to open early in 2012. New programs that have opened or are due to open in early 2012 are Colac in Victoria and Hervey Bay and the Sunshine Coast (near Kawana) in Queensland. Details of each of the programs can be found on the Lungs in Action pages of our website, or by calling our Information and Support Centre on 800 654 30.

**Megan Rushton shares her birthday cheer**

Sincere best wishes and thanks to COPD Patient Taskforce member, Megan Rushton who celebrated her 60th birthday on 30 November 2011. Megan threw herself a party and invited her friends and family to donate to the Lung Foundation instead of giving her a gift. Megan had a fabulous night and generously donated $1220 to the Lung Foundation. Thanks Megan!
An Update on Lung Volume Reduction Surgery (LVRS)
A/Prof Greg Snell, Department of Allergy, Immunology & Respiratory Medicine, The Alfred Hospital, Melbourne

What is LVRS?
LVRS stands for Lung Volume Reduction Surgery, which is a surgical treatment for the relief of symptoms related to severe emphysema. LVRS works best where there are “target” areas of particularly poor lung function that can be removed, or blocked off, to improve the function of the remaining part of the lung. By effectively reducing the size of the lungs, the airways open up and the diaphragm muscle (the main muscle of breathing) can work better. Ultimately, this will translate to less breathlessness and exercise restriction.

What are the risks and benefits of the surgery compared to that of good medical therapy alone?
Good medical therapy, including pulmonary rehabilitation, can improve breathlessness and exercise capacity. LVRS can potentially improve symptoms on top of the benefits of medical treatments. However, there are risks and complications (even death) of any surgical treatment in people with severe emphysema. Surgery can also take some time to recover from, and depending on the technique used, the improvement may take some weeks to months to kick in.

Who would be a good candidate for this treatment?
The best results are seen in people with severe emphysema who are otherwise fit. You would need medical tests to prove this and determine if your lungs had a target area that could be safely and appropriately removed or excluded. These tests would need to be interpreted by a lung specialist. The majority of patients suitable for the procedure will see a benefit from it, but the degree and exactly who responds best are still the subject of studies.

How is LVRS performed?
There are a number of LVRS techniques now. However, in reality, access to any procedure will depend on local interest and expertise, with relatively few centres in Australia actively working in this area at present. The most widespread technique practiced involves an actual surgical wound across the chest wall, but keyhole surgery using telescopes inserted through the chest wall is also used in some hospitals. Both approaches would require a general anaesthetic and hospital stay. Additionally, a number of studies are now being undertaken using valves or blocking devices inserted through the airways (i.e. no cuts or tubes), to block off the area of affected lung, rather than surgically removing them. In theory, this should be a simpler and less complicated approach but this has not yet been proven.

What difference will it make and how long will it last?
You can hope for up to a 50% improvement in lung function and exercise capacity beyond three months from the standard LVRS surgery, lasting an average of three years. Despite studies, it is still unclear why some patients do better and some do worse than these average figures. Ultimately, because the lungs are not replaced or repaired, the emphysema will slowly progress in the remaining lung and the patient will return to their pre-operative state. The experimental valve and blocking devices seem to produce less of a benefit in terms of extent and duration of improvement.

How do I find out more?
Not everyone is suitable for these surgical treatments. The actual operations are almost all done in major hospitals in a few capital cities in Australia and it is advisable to discuss the availability and your suitability for this treatment with your lung specialist.

Cough in Children and Adults: Diagnosis and Assessment (CICADA) Group Update
Nigel McPaul, Group Projects Officer, The Australian Lung Foundation

In Australia, cough is one of the five most common symptoms presented at a medical consultation. The Cough in Children and Adults: Diagnosis and Assessment (CICADA) Group is an Australian Lung Foundation initiative developed to improve prevention, management and community awareness of chronic cough. In March 2010, the CICADA Group published the Australian Cough Guidelines, a clinical guideline for the assessment and management of persistent cough in both children and adults. The Guidelines include definitions of cough, alarm symptoms and findings in chronic cough, probability-based diagnosis of chronic cough and recommendations for children and adults with cough. In 2012, the CICADA group will be undertaking activities to promote and increase the implementation of the Australian Cough Guidelines throughout Australian medical practice. You can access a copy of the Guidelines via The Australian Lung Foundation website: http://www.lungfoundation.com.au/professional-resources/guidelines/cough-guidelines

Farewell to Lung Foundation Friends
The Lung Foundation pays tribute to David Bone, past President of Breath Savers in Coffs Harbour and Pat Milthorpe, past President of Magic Dragons in Castlemaine, Victoria who have both recently passed away.

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Dear Readers,

Greetings from the CEO’s desk, and welcome to the first edition of LungNet News for 2012. I wish all our readers a prosperous and healthy 2012 and take this opportunity to provide you with an update on the latest activities from The Australian Lung Foundation.

Advocacy Work
We have been pleased by some major positive outcomes from our advocacy work, firstly, in the Pharmaceutical Benefits Scheme Deferrals Decision campaign. In February 2011, the Federal Government made the decision to delay the listing of new medicines which had been through the rigorous process of evaluation by the Pharmaceutical Benefits Advisory Committee onto the Pharmaceutical Benefits Scheme (PBS). The Lung Foundation welcomed the 30 September 2011 announcement by the Prime Minister, the Hon. Julia Gillard MP and the then Minister for Health and Ageing, the Hon. Nicola Roxon MP that the Federal Government had agreed to the listing on the PBS of all medicines deferred by Cabinet in February.

The second major advocacy “win” for The Australian Lung Foundation was the successful passage of the Federal Government’s plain packaging laws for cigarettes through both Houses of Parliament in late November. The legislation means cigarettes will have to be sold in generic dark green packets from December 2012. It was not unexpected news that, after the legislation had passed, tobacco giant, Philip Morris announced it had started legal action against the decision. The battle continues.

Out and About
Since the last newsletter, I have been both busy and privileged to accept invitations to attend a number of CEO Round Table strategic meetings including the Pharmacy Guild of Australia, the Consumers Health Forum, and the Global Lung Patient Advocacy Advisory Board.

Personally Controlled Electronic Health Records
In October, I represented the Lung Foundation at the Department of Health and Ageing’s Consumer Forum on the draft Personally Controlled Electronic Health Records (PCEHR) legislation. The PCEHR, which you can read more about elsewhere in LungNet News, is designed to be a secure, electronic record of a consumer’s medical history. The Lung Foundation, together with the Consumers Health Forum, is advocating for changes to a number of areas in the draft legislation.

Yours Aye

William Darbishire

The Australian Lung Foundation National Council
At its meeting on 15 December, the National Council was strengthened by the addition of a new councillor, Peter Stapleton. Peter has wide experience including in the health and finance sector and we look forward to working with him.

Annual General Meeting
The Australian Lung Foundation will hold its 2012 Annual General Meeting in Canberra on Friday 30 March and the National Council invites all its financial members to attend the meeting. At the conclusion of the meeting, members and the Lung Foundation staff and councillors will have the opportunity to socialise over refreshments.

Breath of Life Music Festival
The Breath of Life Music Festival, the brainchild of the Lizzotte family, will be held at Inveresk Park in Launceston, Tasmania on 10 and 11 March 2012. An exciting line-up of national and local performers has been finalised and further information is available on the website, www.breathoflifefestival.com

Lung Health Alliance
Our strategic plan, to bring together the key non-government organisations in the respiratory sector, is taking shape. The Lung Health Alliance was formed in late 2011 and participating members of this coalition are: The Australian Lung Foundation, Asthma Australia, Cystic Fibrosis Australia, the Australian Respiratory Council and the National Asthma Council Australia, together with the Thoracic Society of Australia and New Zealand. This will make advocating on matters of mutual interest much easier for all parties concerned. One voice, one message!

Diary Dates 2012

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<td>LungNet Education Day ACT</td>
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<td>Australian Lung Cancer Conference, Adelaide</td>
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Many people may have heard the myth “milk causes mucus” and this is generally given as the reason to withhold dairy products from their diet, if they have a respiratory illness. However, this is not true and there has been a number of studies that disprove this myth. Often people will feel a thickening on their tongue or at the back of their mouth after drinking milk. This is not mucus, it is just the result of the creamy texture of milk. If you are producing mucus, it will generally be related to your lung disease and often increases at times of infection, or with dry air or dehydration. (Think of the athletes who spit out phlegm during exercise.)

Dairy products are an important part of a balanced diet and provide:

- **Protein**
- **Carbohydrates**
- **Vitamins (A, B12 and riboflavin)**
- **Minerals (calcium, phosphorus, magnesium, potassium and zinc)**

Milk is a balanced food and generally needs no additives to achieve the daily intake of calcium for most people.

Many people use a milk substitute under the belief it is better for them than dairy; here are a number of comparisons in the dietary components of some common substitutes:

- Rice milk has approximately 1g protein, more than 30g carbohydrates, and no added calcium unless fortified.
- Rice milk enriched with chick-pea protein has: 3-4g protein, more than 30g carbohydrates (sugar), and no calcium unless added/fortified.
- Almond milk has approximately 1g protein, 15-25g carbohydrates (sugar), and no calcium unless fortified.
- Oat milk has 4-6g protein, 20-25g carbohydrates (sugar), and no added calcium unless fortified.

Cows’ milk/dairy milk has approximately 8-10g protein, 12-16g carbohydrates (lactose, low GI sugar), 300mg calcium and natural vitamin D (up to 450mg calcium, also with added vitamin D if fortified).

There are often good dairy choices available for those with minor intolerances (e.g. lactose or certain fats). So, dairy foods are really very nutritious foods, and anyone avoiding them is advised to see a dietitian to ensure they are not missing out on valuable nutrients.

I’ve just been prescribed home oxygen and I wonder if I should purchase an oximeter.

There is no need to purchase an oximeter to monitor your oxygen levels when you have been prescribed home oxygen.

Oxygen will have been prescribed to you, usually by a respiratory specialist. To qualify for home oxygen, you would have had an arterial blood gas test and sometimes a six minute walk test - this is when you have your oxygen levels monitored whilst walking. The doctor would then determine how much oxygen you need and for how long you should use it. Once determined, you would be given this information and it is extremely important that you use the oxygen as prescribed.

It is important to remember that your body is more likely to tell you there is a problem before an oximeter does. Listen to your body if you are more breathless than normal. Consider, have you been coughing up more sputum than normal? Have you become less fit than normal? Do you have another medical condition that could be influencing your breathlessness?

Remember, the oxygen level doesn’t tell you what you don’t already know! You need to ask yourself what you are monitoring the levels for and what you will do with this information.

People who have oximeters often become obsessed about their readings and although originally monitoring them daily, find themselves monitoring them every five minutes. Remember, it is normal to have an increase in breathlessness after exercise and this should settle once you rest. Know what is normal for you.

Although you will often see health professionals use an oximeter, this is more to monitor your condition over a long period of time or whilst you are acutely ill in hospital.

It is important to remember that breathlessness is not always caused from low blood oxygen; it can also be from:

- Increased work of breathing when:
  - Lungs are too full
  - Lungs are stiff (hard to inflate)
  - Airways are partly blocked
  - Breathing muscles are weak

- Low blood count (anaemia)
- Heart failure or angina
- Being unfit or overweight

Changes to your level of breathlessness need to be discussed with your doctor, as it may be a sign of a deterioration in your condition or the presence of an infection.

**Note:** Although the Lung Foundation may advertise oxygen and oximeters, please be aware that health professionals also read the newsletter and some advertisements may be more appropriate to them.

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**Q&A**

**Ask the Health Professional**

In response to your feedback (yes, we do listen to you), we are introducing a new feature to LungNet News. The Ask the Health Professional section will give you the opportunity to post a question to our expert panel. We have identified a panel of willing health professionals to help us and we will publish two or three of your questions and the answers from the relevant panel member in each issue. We invite you to submit your question to us, preferably by emailing newsletter@lungfoundation.com.au or post it to LungNet News Editor, The Australian Lung Foundation, PO Box 847, Lutwyche, Qld, 4030 and we will do our best to include it. To start us off, we deal with the subjects of dairy products for COPD and the use of pulse oximeters. These responses have been provided by a dietitian/nutritionist and a respiratory nurse practitioner.

I have been told not to have dairy products as it will make my COPD worse, is this true?

There are often good dairy choices available for those with minor intolerances (e.g. lactose or certain fats). So, dairy foods are really very nutritious foods, and anyone avoiding them is advised to see a dietitian to ensure they are not missing out on valuable nutrients.

**Tickets Still Available for ASX Thomson Reuters Raffle**

Tickets are still available for the ASX Thomson Reuters Charity Foundation Art Union. This year, the first prize is a new Volkswagen 155RSI 6 Speed DSG. The other prizes are a 3 night luxury Hayman holiday and an LG 50” Plasma TV. Tickets are $20 each or 6 for $00. Please call the Lung Foundation on 07 3251 3600 before 5 March if you would like to enter. The draw will take place on 15 March, with results published in The Australian on 21 March.
In this issue, we shine the spotlight on Reg Hunt who, together with his wife, Christine, coordinates the Better Breathers Support Groups in Rosebud and Mornington, Victoria. We also acknowledge the work of Laurelle Ellis, a long-term member of the Lung Life Support Group in Canberra.

Reg Hunt

Reg is 84 and has COPD. He has been happily married to Christine for over 54 years and she is his carer. He served in the Royal Australian Navy and led an active life until he contracted emphysema. He recounts his difficulties and his enthusiastic involvement in the local Better Breathers Patient Support Groups.

In my younger years, I was active in sport, despite having asthma. I served in the Royal Australian Navy and then enjoyed working in the building trade as a carpenter, but in my 40s, I started to experience difficulties with breathing, shortness of breath and coughing. This encouraged me to quit smoking, but at that time there was little help available for lung disease and limited medication. Christine and I had little understanding of what was going on, the doctor had no answers and did not think a specialist could do anything more for me. I decided to change my occupation to retail which was less energetic, but as the years passed, I continued to experience sudden, severe attacks of breathlessness and numerous chest infections. Then, in my early 60s, I was diagnosed with severe COPD, but there was still no explanation or advice about how to handle it.

It was not until I was almost 70 that I found a respiratory specialist who carried out extensive tests and told me about the poor condition of my lungs, but said she could help me. There are no words to describe the relief that came over us after years of struggling alone. The specialist reviewed my medication and referred me to a specialist physiotherapist who taught me breathing techniques and other strategies to cope with the shortness of breath. Christine and I attended a short but useful course run by the physiotherapist. We were also invited to attend a Support Group and saw how this could benefit respiratory patients. We learnt about pulmonary rehabilitation and, although we lived in Rosebud, I was happy to travel to Melbourne to finally have some help and encouragement on living with COPD. As there was no pulmonary rehabilitation available on the Mornington Peninsula, I began to advocate for a program. That was 13 years ago and there are now four sites providing this service for patients. With the help of The Australian Lung Foundation, Christine and I decided to start a Better Breathers Support Group in Rosebud. This brought us into contact with other patients and carers in similar circumstances and by sharing experiences, we help one another. We have made good friends, laughed together and had fun.

It has been important over the years to maintain an exercise routine. I enjoyed walking and even now I realise how vital it is to keep up with the daily exercises prescribed by an Exercise Physiologist. There are restrictions on my life but we have kept up our interests in the family, the church, our home and garden, community activities and meeting with friends.

My advice: As patients we have an important role in our treatment and management. Be involved; learn all you can; build a good relationship with a GP whom you can trust and respect; have an Action Plan; attend a pulmonary rehabilitation program; join a Patient Support Group and The Australian Lung Foundation and keep smiling.

Laurelle Ellis

Laurelle Ellis, along with her late husband Clive, was one of the founding members of the Lung Life Support Group in Canberra. The Group was formed at the start of 1998 and Clive was instrumental in organising the Weston Club as the venue for their monthly meetings; the Group continues to meet here on the second Thursday of the month. Laurelle took over as coordinator in 2005, a position she held for three years. During this time, she also organised Seniors Expos and facilitated visits to the local University where members regularly spoke with the physiotherapy and medical students to give them a better understanding of the challenges faced by people with lung conditions. Following the passing of Clive in 2011, Laurelle decided to move on from the Group and pursue other interests. In 2012, The Australian Lung Foundation established a Better Breathers Support Group in Rosebud. This brought us into contact with other patients and carers in similar circumstances and by sharing experiences, we help one another. We have made friends, we learn from each other and relatives in other parts of Australia. At a lunch held in her honour last year, Laurelle was thanked for her important contribution and wished well for the future.

If you are interested in contributing a story that you believe would be of interest to LungNet News readers, please call 1800 654 301, email newsletter@lungfoundation.com.au or post to The Australian Lung Foundation, PO Box 847, Lutwyche, Qld 4030.

New Groups

We are delighted to announce the formation of the following new Patient Support Groups:

**Barwon Lung Support Group**, North Geelong, Victoria

**Lungs Limited**, Mount Barker, South Australia

**Rockingham Respiratory Support Group**, Rockingham, Western Australia

A new pulmonary rehabilitation program has been established by the Adelaide Hills Community Health Service with sessions taking place at Aldgate and Strathalbyn.

Contact the Lung Foundation on 1800 654 301 for contact details and further information.

**Personally Controlled Electronic Health Records (PCEHR)**

Recently, The Australian Lung Foundation was represented in a Consumer Health Forum submission to the Senate Community Affairs Committee Inquiry into the Personally Controlled Electronic Health Records (PCEHR) Bill 2011. The PCEHR will be available from 1 July 2012 and is a secure, electronic record of your medical history, stored and shared in a network of connected systems. For those who opt in, the PCEHR will bring key health information from a number of different systems together and present it in a single view. You will be able to access your PCEHR information and if you choose, you can elect for your authorised health care provider to also access your PCEHR information. With this information available to them, health care providers will be able to make more informed decisions about your health and treatment advice. Over time, you will be able to contribute your own information stored in your PCEHR. It is hoped that in the future you will be able to access your own health information anytime and anywhere you need it in Australia. For further information on the PCEHR, visit the National E-Health Transition Authority website at www.nehta.gov.au and to read the Consumer Health Forum submission, visit the Consumer Health Forum website at www.chf.org.au
The Kylie Johnston Lung Cancer Network (KJLCN) Update

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

Hundred help shine a light on LUNG CANCER in November – Lung Cancer Awareness Month

In November, the Lung Foundation hosted three shine a light on LUNG CANCER vigils to raise public awareness about the inequities that exist in health care for lung cancer patients and their families and the need to stamp out the stigma around a lung cancer diagnosis. This was the first time that the vigils had been held outside the United States and they proved to be a great success. The Sydney and Perth vigils were blessed with spectacular spring evenings and more than 160 patients and supporters participated in the torch-lit walks.

Lung cancer fundraiser with a difference!

One of the KJLCN’s loyal supporters, Gail Alvarez, with the help of her sons, Lucas and Marcus, hosted the inaugural “Charity Breed and Hack Show” in Mudgeebarra on the Gold Coast in November in memory of their loving husband and father, Fernando Alvarez, who died from lung cancer. Fernando was an internationally respected horse trainer who pioneered equine theatre in Australia and it was fitting that the Alvarez family launched this unique equestrian event with a lucrative $1,000 prize offered to the Supreme Hack of the Show. The event attracted riders from around the area and $2,300 was raised through event sponsorship and silent auctions.

Participate in a major lung cancer patient experience project

Cancer Council Queensland in collaboration with Cancer Council New South Wales and Griffith University is looking for lung cancer patients to participate in a major project called “Understanding the Experiences of Lung Cancer.” This project asks Queensland and New South Wales-based patients about their experiences of being diagnosed with lung cancer and will provide an insight into how this diagnosis impacts on their lives. If you would like to know more about this project, please telephone Alison Dowling on 07 3634 5324 or email alisondowling@cancerqld.org.au

Online patient resource list now available on KJLCN website

A new list of patient resources is now available on the KJLCN website. The list is divided into resource topics such as Diagnosis, Living with Cancer, Surgery, Chemotherapy, Palliative Treatments etc. Visual symbols are provided to indicate if the resource is a booklet, brochure, fact sheet or webpage/s and direct links to the resources are provided below each item. To view this list, simply go to http://www.kjlcn.org.au/patient-resources-and-support/online-resources

World COPD Day 2011

The Lung Foundation’s key focus during Lung Health Awareness month in November 2011 was to make lung function screening more readily accessible to members of the general public and to continue to raise awareness about the symptoms, prevalence and treatment of COPD. On World COPD Day (16 November), FREE lung function screening events were held at Federation Square in Melbourne and at Wynyard Park in Sydney. Testing was made available from 7am until 6pm in an attempt to engage as many pedestrians as possible. The days were a great success, with 506 tests undertaken in Melbourne and 975 in Sydney. The Lung Foundation acknowledges the participation of all the allied health professionals, consumer volunteers and helpers who assisted on the day. We particularly thank Niche Medical Pty Ltd, who supported our events again this year, by donating 4000 disposable mouthpieces for use with the screening devices at the major events and for distribution at the regional testing events. In addition, our Industry partner, Pfizer Australia hosted an in-house fundraising lunch for their staff to mark the day. $1000 was raised which was matched by the company and we were pleased to receive their donation of $2000. In total, approximately $3900 was donated which will assist with ongoing projects in 2012.

Many smaller World COPD Day events were also coordinated around the country with a total of 86 different events taking place. These included walks, information stands, picnics and educational sessions and a treadmill challenge. Participants included support group and pulmonary rehabilitation members, pharmacy and hospital staff and several local government council members. We thank all coordinators and participants for their involvement and ongoing enthusiasm. The Catch your Breath...Walk for COPD national total stands at 1122 kilometres this year which is a fantastic achievement. If you would like to view the World COPD Day Event Photo Gallery, please visit http://www.lungfoundation.com.au/get-involved/events/about-world-copd-day/2011-world-copd-day-event-photo-galleries
I take this opportunity to wish you all a happy and peaceful New Year and the best possible health for the year ahead. The COPD Patient Taskforce activities during 2011 were many and varied, but with one main purpose - to raise the awareness of COPD in the community. Taskforce members went out and about in their local areas, talking with their community and civic leaders and Members of Parliament and distributing Lung Foundation resources such as the Lung Health Checklist and the “Show Us Your Lungs” promotional material. During 2011, the Taskforce also established new contacts, such as the Australian Men’s Shed Association and National Seniors Australia.

The important matter of the administration of ambulatory oxygen for COPD patients (oxygen given during ambulance transportation) was discussed at length amongst the Taskforce, before being taken to the Lung Foundation’s COPD Coordinating Committee who agreed that this was an issue which warranted further investigation.

Membership of the COPD Patient Taskforce continues to expand, however, we are still looking for more interested people to join us, enjoy the experience and assist us in raising the awareness of COPD in your local area. We are particularly looking for representation in Northern Tasmania, the Adelaide and Melbourne Metropolitan areas and in Darwin. If you are interested, please call Karen Wright at the Lung Foundation on 02 9515 3996 or email sacha@lungfoundation.com.au

More updates next issue,
Bryan Clift

Inspired Adventures Fundraiser for the Lung Foundation

Would you like to participate in a simply breathtaking trip to the Great Wall of China?

In October this year, the Lung Foundation is running a once-in-a-lifetime trip to walk the Great Wall of China. We are currently seeking people to take part in this incredible nine days which will include:

- The magic and majesty of one of the world’s greatest wonders
- Sightseeing, shopping and eating in Beijing as you become engulfed by the magnetic chaos of the city
- The opportunity to fund medical research, influence public policy, and promote prevention and diagnosis of lung disease

What’s more, if you register before 1 March 2012, you will receive $200 off your registration fee.

For more information, please call Helen on 1300 905 188 or email: helen@inspiredadventures.com.au

Plans are already underway for World Spirometry Day 2012. This event will be celebrated on Wednesday 27 June with a FREE spirometry testing event being coordinated in every capital city around the country. As in 2010, the event will be re-branded and promoted as Test your Lungs Day in Australia, in an attempt to engage as many members of the general public as possible. If you are able to assist with event promotion in your area or would like to volunteer in some way on the day, please contact Karen Wright on 07 3251 3637 or email projects@lungfoundation.com.au.

World Spirometry Day 2012

We are delighted to announce that Invacare, provider of home, health care, medical and mobility products, has come on board as a Silver Sponsor of the LungNet Education Days in 2012. We thank Invacare for its support of the Education Days and The Australian Lung Foundation.

Plans are rapidly coming together for the 2012 LungNet Education Days and those of you in the ACT and Western Australia will find your invitations enclosed. Please call us on 1800 654 301 to book your place.