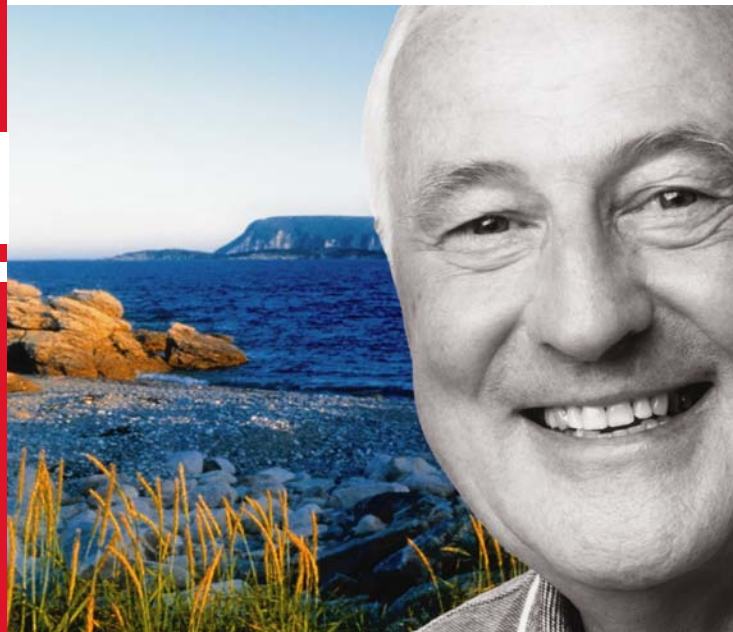


BREATHWORKS

COPD NEWSLETTER



Winter 2010

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Depression & COPD

Jill Frigon, Registered Nurse

Jaimie Peters, Registered Nurse & Certified Respiratory Educator



As many as
3 million
Canadians may
have COPD.

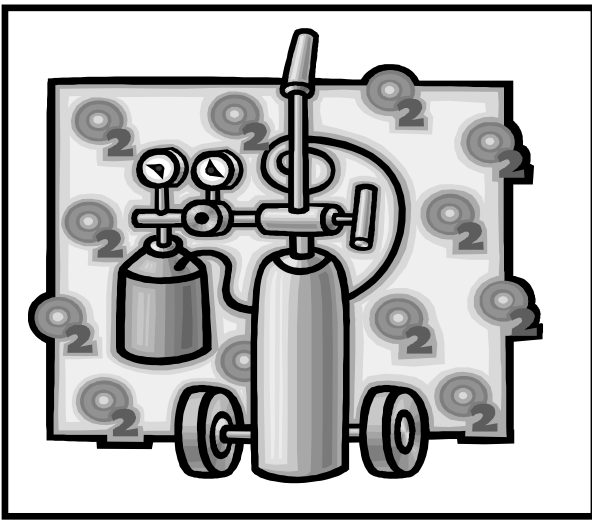
Patients with COPD are thought to have a higher risk for developing depression compared to those without COPD. Depression is not a weakness and is not something to be ignored. Rather, it is an important medical illness that should be addressed. Depression affects how one thinks and behaves, and can cause a range of emotional and physical problems.

The link between COPD and depression is not completely understood. Having COPD poses many risk factors. Studies show that chronic disease increases the risk of depression. In addition, a person's lack of control over their disease is linked with symptoms of depression. According to Dr. Jean Bourbeau, from McGill University in Quebec, depression is particularly common in patients with severe COPD who have oxygen at home. People who suffer extreme shortness of breath and receive oxygen are more likely to feel alone and ultimately, depressed.

It is normal to feel sad occasionally or unhappy with certain situations in your life. However, if you experience depressive symptoms for weeks or months, make an appointment with your doctor today. Should you experience suicidal thoughts, talk to someone now. Call a family member, a friend, your doctor, or 911.

It is essential for all individuals to know that there is treatment for depression. In order to diagnose depression it is important to recognize the most common symptoms:

- Feeling sad or hopeless
- Loss of interest in normal activities
- Crying spells for no apparent reason
- Unexplained physical problems such as back pain or headaches
- Feeling tired or irritable
- Loss of interest in sex
- Suicidal thoughts
- Unintentional weight loss or gain
- Problems sleeping or concentrating



Tidbit:

Home oxygen will improve your blood oxygen levels but may or may not improve your shortness of breath.

Not everyone who has COPD needs to be on oxygen.

Home Oxygen in Saskatchewan

Marion Laroque
Respiratory Therapist &
Certified Respiratory Educator

Oxygen therapy is delivered as a gas from a cylinder or concentrator. You breathe in the oxygen through small nasal "prongs" that fit into your nostrils, or through a mask that covers your mouth and nose. Breathing in this extra oxygen raises low blood-oxygen levels, easing the strain on your body.

It is possible to have oxygen supplied to you in your own home. Home oxygen therapy is funded by Saskatchewan Health for those people who meet the testing criteria. This program is administered by the Saskatchewan Aids to Independent Living (SAIL) program.

To qualify for home oxygen you must have oxygen levels in your blood tested by a health care professional who is trained to be a home oxygen tester.

The testing is either a blood gas test or a pulse oximeter test. To qualify for continuous oxygen (for use at all times), the blood test must show an oxygen level (pO₂) of 55 or less. If the testing is done with a pulse oximeter, the reading must be 87% or less for two consecutive minutes. It is also possible to have funding for oxygen to use only when walking (exertional coverage) or at night only (nocturnal coverage).

Home oxygen is not necessarily forever. For example, if you have a lung infection, you may need home oxygen only until you recover.

If you would like more information about home oxygen, you may call the Lung Association of Saskatchewan's Breathworks COPD helpline and request the following brochures:

- Home Oxygen Therapy in Saskatchewan
- BreathWorks Fact Sheet - Do I need oxygen for my COPD?

Benefits of Oxygen

- it may prolong life by preventing heart strain from low levels of oxygen
- it may improve the way you feel and think
- it may decrease shortness of breath
- it might enable you to tolerate exercise better
- it may result in fewer hospitalization days

Symptoms of low oxygen levels

- feeling more tired and breathless
- difficulty getting through daily activities
- feeling forgetful or 'muddled'
- feeling light-headed
- having a blue tint to your fingers or lips

Planning Ahead: Talking about Your Goals for Medical Care

Donna Goodridge, RN, Ph.D.
Associate Professor – College of
Nursing, University of SK

Over the course of a lifetime, we all make many important decisions about things that matter to us. Some of these decisions are about our families, our homes or our jobs. When you are living with a chronic illness, you also make decisions about the kind of medical care you would like to have. Because we are all individuals with different things that are important to us, we have our own preferences about what is acceptable to us and what is not.

You have probably had the experience of making decisions about whether you wanted certain medical treatments or not. What would happen, though, if you became sick and weren't able to let your doctor or nurses know the kind of care you wanted? Who would speak for you? And would they know what you want and don't want?

It's never too early to take some time to talk to your loved ones and your doctor about your wishes. Here are some questions to consider:

- Do you have spiritual, cultural or religious beliefs that are important when deciding on treatment?
- What are the things that make your life enjoyable?
- What medical treatment would you want or not want if you had a medical emergency?
- Who do you want to make care decisions for you if you aren't able to do this for yourself?
- What do you want your loved ones to know?

Some people write their wishes down in a document called a "living will" or an advance care plan. If you choose to do this, your health region has forms that can help you. Even if you choose not to complete a written plan, talking with those close to you about what you would like for treatment can help to ensure you are treated the way that you would like.

Do you have a living will?

Living wills give directions about medical treatment to treatment providers. It comes into effect when you are no longer able to make and communicate your own health care decisions.

Who can make a living will?

Any person over the age of 16 who is able to make his/her own health care decisions can write a living will. They are especially useful to terminally ill and elderly individuals who have specific directions about treatment that they would like honoured as death approaches.

What happens if I am not able to make a decision and do not have a living will?

If you become unable to make your own health care decisions and you have not named a proxy or have not provided a written living will, the decision will be made by:

- your nearest adult relative; or, if no relative can be located,
- a treatment provider.

Can I cancel my living will?

Yes. The best way to cancel your living will is to destroy it or write on the document that you are cancelling it. In an emergency, you can also tell another person that you no longer want to follow the living will.

You may also simply write a new living will, which will automatically replace your old one. Let those who have copies of the earlier version know that it has been cancelled or replaced.

Can I change my living will?

Yes. Written changes must be signed and dated by you, and can be changed at any time.

Upcoming Support Group Meetings

Saskatoon Respiratos

Every 1st & 3rd Wednesday of the month – 1:30 pm
Mayfair United Church – 902 33rd St. W.
Call Debbie @ 664-4992 for more info.

Saskatoon - NEW

Date: March 24 - 7:30 pm
Topic: COPD Town Hall
Presenter: Dr. Darcy Marciniuk, Respirologist
For more information call 1-866-717-2673.

Regina

Date: February 17 - 1:30-3:00 pm
Topic: COPD Medications
Presenter: Christine Jalbert, Pharmacist &
Certified Respiratory Educator
For more information call 1-866-717-2673

Call for LUNG Stories!

On February 17th, 2011, The Lung Association is celebrating 100 years of lung health in Saskatchewan.

We are inviting the residents of our great province to help us immortalize our history by sharing their story.

How has The Lung Association made a difference in your life, or a family member, in the area of COPD, asthma, TB, sleep apnea or tobacco cessation?

Send your submission to:

Lung Association of SK
ATTN: Sharon Kremeniuk
1231 8th Street East
Saskatoon, SK, S7H 0S5
info@sk.lung.ca

B R E A T H W O R K S™

Get help with COPD!

Call the BreathWorks Helpline at
1-866-717-COPD (2673)

The BreathWorks Helpline is a free, confidential COPD information service provided by The Lung Association.

The helpline is staffed by Saskatchewan health care professionals with special COPD training.

Call for free BreathWorks materials!

Ask An Educator

Ola Britton & Tamara Lange

Pharmacists and Certified Respiratory Educators, Saskatoon

I am the most short of breath first thing in the morning. Is there anything I can do to feel better when I first get up?

Patients with COPD often do have a lot of shortness of breath first thing in the morning and there are a few things you can do to help yourself feel better. It is important to keep your puffers at your bedside, instead of downstairs on the coffee table, so that you can take your first dose before you get out of bed. It is very helpful to use your short-acting inhaler first thing in the morning, followed by your long acting inhaler. You can check with your health care professional to determine which of your medications are short and long-acting. If you would like to keep your inhalers at various places around your house, talk to your pharmacist to get extra medication.

Another important point is to pace yourself in the morning. Set your alarm a bit earlier to allow yourself time for your medicine to work before trying to get out of bed. You can also try to move some of your morning routine to the evening. For example, you can shower before bed and set your clothes out the night before.

Lastly, keep your morning routine as simple as possible. Enjoy a nutritious, easy to make breakfast with your morning paper. Relax and ease into the day.