What is COPD?

- COPD stands for Chronic Obstructive Pulmonary Disease.
- COPD is a slowly progressive, chronic (i.e. unrelenting and incurable) respiratory disorder that causes the airways of the lungs to be inflamed and become obstructed (i.e. blocked).
- The main symptoms of COPD are shortness of breath and exercise limitation. Cough and phlegm may also be present. COPD used to be diagnosed as emphysema and/or chronic bronchitis.
- There is no cure for COPD but it is treatable and preventable.
- In 80% to 90% of cases, COPD is caused by cigarette smoke, but only appears 30 to 50 years after the onset of smoking.

What is the scope of the COPD problem in Saskatchewan?

- COPD is the fourth most common cause of death in Canada.
- In 2007 COPD killed more Canadian women (5600) than breast cancer (5300).
- COPD rates are 3 to 5 times higher in First Nations and the aboriginal community.
- Within the next 10 to 14 years, COPD will be the third leading cause of death.
- COPD is the only one of the top five causes of death that has increased over the last 30 years.
- An estimated 25,000 Saskatchewan people were diagnosed with COPD in 2007 and a further 10,000 to 20,000 people have COPD that has not yet been diagnosed. They spent a total of 23,380 days in hospital, visited the Emergency Department 4,656 times and cost Saskatchewan health care an estimated $47 million.
- Even if everyone stopped smoking today, COPD rates would continue to rise for the next several years because it is dependent on smoking rates 30 to 50 years ago.
What is the Lung Association of Saskatchewan doing about COPD?

- We provide the BreathWorks help line for COPD, we have extensive information on our website and in print format, and we raise public awareness about COPD.
- We developed a training program to train health care professionals to deliver patient education on COPD called RESP'Trec©.
- We have funded pilot projects to establish COPD rehab programs in partnership with health regions and are working with health regions to expand this service.
- We provide training and testing services to health regions for determining whether people with COPD would benefit from home oxygen therapy.
- We work on primary prevention of COPD by advocating for reduced tobacco use and clean air in the environment and the workplace.
- We provide training and testing services to health regions for determining whether people with COPD would benefit from home oxygen therapy.
- We fund the COPD Professorship at the University of Saskatchewan and have put over $300,000 in COPD research at the U of S in the past 5 years.

What needs to be done about COPD in Saskatchewan?

- We need provincial coordination of COPD management to make the most efficient use of limited resources and to ensure that programs follow best practices and national clinical guidelines.
- All persons need access to early diagnosis (spirometry), Certified Respiratory Educators and COPD rehab programs.
- All respiratory patients in Saskatchewan must have open and unrestricted access to appropriate first and second line pharmacologic therapies consistent with the evidence-based Canadian Thoracic Society guidelines.
- We need an integrated chronic disease management strategy that includes COPD.
- We need to further reduce tobacco smoke exposure and tobacco use by making all workplaces in the province smoke-free, eliminating tobacco sales from pharmacies and engaging First Nations to participate in tobacco use reduction strategies.
Sleep Apnea Fact Sheet

What is Sleep Apnea?

- Sleep Apnea is the intermittent absence of breathing during sleep. The apneas, or pauses in breathing, can happen many times during sleep and in severe sleep apnea some people may have as many as 500 apneas per night.

- Sleep apnea is often called the snoring disease because snoring is a common symptom. Snoring followed by silent pauses and daytime sleepiness often occur in sleep apnea.

- Sleep apnea is a chronic disease but there is an effective treatment using a small pump which provides Continuous Positive Airway Pressure or CPAP.

What is the scope of the Sleep Apnea problem in Saskatchewan?

- Research has shown that that one in every five adults (20%) has at least mild sleep apnea and that one in every fifteen adults (6.6%) has at least moderate sleep apnea.

- 3% of children have sleep apnea.

- An estimated 36,000 people in Saskatchewan have moderate to severe sleep apnea that has yet to be diagnosed.

- There were 3423 people on the waiting list for testing for sleep apnea (2006 data). 787 people had been on the waiting list for 3 years or more. The waiting list had been growing by 38 people per month prior to the SleepWell pilot project which began in the fall of 2006.

- Research has shown that people with untreated sleep apnea are 2½ times more likely to die in their sleep and 8 to 10 times more likely to have a heart attack or stroke. A study found that 59% of pacemaker patients had undiagnosed sleep apnea

- People with untreated sleep apnea have a 3 fold increased risk of traffic and work-related crashes. For Saskatchewan, this translates to a cost of 4 deaths and $ 30 million per year due to sleep apnea-related traffic crashes.
What is the Lung Association of Saskatchewan doing about Sleep Apnea?

- We provide consultation services for callers and visitors, we have extensive information on our website and in print format, and we raise public awareness about sleep apnea. We have support groups for people living with sleep apnea in Regina and Saskatoon and publish a newsletter on sleep apnea.

- We conducted a pilot study to evaluate the usefulness of home-based screening programs to diagnose sleep apnea and to assist in the management of the Sleep Centre waiting list and CPAP treatment. In cooperation with the Saskatoon Sleep Centre, we conducted a pilot project called SleepWell using home testing for diagnosis and treatment of sleep apnea. The results showed that home testing was useful in 70% of cases.

- We fund Professorships at the University of Saskatchewan and in the Regina Qu’Appelle Health Region to support sleep specialists. We have contributed over $300,000 in sleep apnea research in Saskatchewan in the past 5 years.

What needs to be done about Sleep Apnea in Saskatchewan?

- We need more resources to increase the rate of diagnosis in order to reduce the waiting list to reasonable times and to address the huge number of undiagnosed cases.

- We need provincial coordination of sleep apnea screening to make most efficient use of limited resources and to ensure that programs follow best practices and national clinical guidelines.

- We need appropriate standards and guidelines for provincial implementation of home testing for sleep apnea (Level III) in the province to avoid inappropriate diagnosis and treatment and inequalities in care.

- We need a provincial education program to increase public awareness of sleep apnea.

- We need an integrated chronic disease management strategy that includes sleep apnea and provides education services to people with sleep apnea.
Children’s Lung Health Fact Sheet

What is Asthma?

- Asthma is a chronic lung condition characterized by one or a combination of the following breathing problems: cough, wheeze, shortness of breath, or chest tightness.
- People with asthma have extra sensitive or hyperresponsive airways. The airways react by narrowing or obstructing when they become irritated, making breathing difficult.
- Asthma is often intermittent. Each person with asthma reacts to a different set of triggers such as: pollen, moulds, animal secretions, dust mites, respiratory infections (colds) and exercise.
- There is no cure for asthma. It does not go away when the symptoms go away. However, with proper management, asthma can be well controlled.

What is the scope of the children’s lung health problem in Saskatchewan?

- Asthma is the most common chronic disease of children and the most common cause of absenteeism from school.
- Saskatchewan research has shown that 16% to 22% of children in grades 1 to 6 have asthma which is higher than the Canadian rate. This translates to 31,000 Saskatchewan children with current asthma.
- Respiratory disease is the number one cause of hospitalisation for Saskatchewan babies and children.
- Among the aboriginal community, respiratory disease accounts for 85% of hospital admissions of babies and children.
- 3% of children have sleep apnea but there is no Sleep Laboratory diagnostic service for sleep apnea in children available in the province.
What is the Lung Association of Saskatchewan doing about children’s lung health?

- We provide the Asthma help line staffed by certified asthma educators, we have extensive information on our website and in print format, and we raise public awareness about asthma.
- We developed a training program to train health care professionals to deliver patient education on asthma called AsthmaTrec. We have over 100 trained educators active in communities around the province.
- We have supported a summer camp for children with asthma and are developing new programs for children and teens with asthma.
- We are conducting a pilot project to get asthma educators working in family physician offices.
- We work on primary prevention of childhood lung diseases by advocating for reduced tobacco use and clean air in the environment and the home.
- We fund the Pediatric Respirologist Professorship at the University of Saskatchewan and have put over $450,000 in pediatric respiratory health research and development at the U of S in the past 9 years.

What needs to be done about children’s lung health in Saskatchewan?

- Saskatchewan is woefully under-resourced in pediatric respirologists. In spite of the fact that respiratory disease is the leading cause of hospitalization in our babies, toddlers and children, we have only one pediatric respirologist in the province and he spends most of his time working in critical care. We urgently need to recruit and retain more pediatric respirologists.
- We need provincial coordination of children’s lung health to make most efficient use of limited resources and to ensure that programs follow best practices and national clinical guidelines.
- All children need access to diagnosis (spirometry) and certified asthma educators.
- All respiratory patients in Saskatchewan must have open and unrestricted access to appropriate first and second line pharmacologic therapies consistent with the evidence-based Canadian Thoracic Society guidelines.
- We need an integrated chronic disease management strategy that includes childhood asthma.
- We need to further reduce tobacco smoke exposure and tobacco use by making all workplaces in the province smoke-free, eliminating tobacco sales from pharmacies and engaging First Nations to participate in tobacco use reduction strategies.