

Breathe

THE  LUNG ASSOCIATION™
Saskatchewan



Our mission: **To improve lung health one breath at a time.**

September 2013

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We can be reached at 1-888-566-LUNG or www.sk.lung.ca.



Laff Lines...

A police officer asked me "Where were you between 4 and 6?"

I guess kindergarten wasn't a good answer.

Sleep Apnea and Heart Disease

Sleep apnea is a very common condition. The Public Health Agency of Canada estimates that just over 25% of adults in Canada may be at risk of developing or having sleep apnea. The most common symptoms of sleep apnea are daytime sleepiness and snoring. If sleep apnea is not treated, other serious health problems can develop. Your heart and blood vessels can become affected. People with sleep apnea often have high blood pressure and your high blood pressure may be hard to control with medication. Irregular heart rhythms such as atrial fibrillation or bradycardia (slow heart rate) can also occur. Coronary artery disease (hardening of the arteries) is also linked to untreated sleep apnea. This can lead to heart attacks. The stress on your heart caused by pauses in breathing (apnea) may also cause the heart to enlarge and possibly fail.

If you, or your bed partner think you may have sleep apnea, please discuss this with your doctor.

If you have been diagnosed with sleep apnea and have a CPAP machine to treat it, please use it every night. It will do your heart good.

We're Going Green

The Breathe Newsletter will be distributed by email only beginning in 2014. We will no longer be mailing a paper copy.

We don't want you to miss out. Please subscribe at www.sk.lung.ca or email info@sk.lung.ca.

We look forward to keeping you on the list.



Carbon Monoxide Poisoning

The tragic death of a 29 year-old man in a home near Asquith, November 13, 2012 has served as a reminder about the dangers of carbon monoxide (CO) poisoning. CO poisoning is one of the leading causes of poisoning death. In fact, Saskatchewan has seen several deaths related to CO poisoning in recent years. In October 2011, two people died in Saskatoon and in December, 2010 a CO buildup at St. Mary's Villa in Humboldt contributed to the death of three seniors.

Carbon monoxide poisoning lowers the body's oxygen level when CO combines with hemoglobin in place of the usual oxygen.

Symptoms of CO poisoning

There is no one symptom that points to CO poisoning, however, the most common symptoms are:

- headache
- dizziness
- nausea/vomiting
- confusion
- fatigue
- chest pain
- shortness of breath
- loss of consciousness

Prevention

SaskEnergy recommends yearly inspection of furnaces, boilers and water heaters, and people should take caution using natural gas space heaters. Vents on high efficiency furnaces should be checked for blockages from snow or ice. **All homes should have carbon monoxide detectors.** Do not depend on flu-like symptoms to warn you of a potential problem.

Is Ginger Good for Asthma?

Ginger has long been touted as a relief for nausea, stomach problems and sore joints. A recent study presented at the American Thoracic Society Meeting in May 2013 showed that ginger may also help asthma. Ginger is also known to treat inflammation so it is understandable that it may be helpful in asthma.

According to the study, several active ingredients in ginger appear to relax and open up the airway, otherwise known as bronchodilation. These active ingredients may provide additional relief of asthma symptoms when used in combination with bronchodilator medications like salbutamol. The researchers of the study hope future research will determine whether aerosol delivery of these purified constituents of ginger may have therapeutic benefit in asthma.

So, don't stop taking your steroid and rescue inhalers but adding ginger to your diet might help you breathe a little better!

Dr. Darcy Marciniuk receives the Canadian Lung Association's highest honor – the prestigious Founders Award

The Canadian Lung Association Founders Award honors individuals who have devoted themselves to the affairs of The Lung Association and to the cause of respiratory health. The award recognizes exemplary innovation or commitment towards lung health and this year Saskatchewan's own Dr. Darcy Marciniuk received this acclaimed honor.

Dr. Marciniuk was raised in Hafford, SK and obtained his MD from the University of Saskatchewan. He completed internal medicine training at the University of Western Ontario and respiratory training at the University of Manitoba. In 1990, Dr. Marciniuk was first recruited to Saskatchewan through a Lung Association Professorship and he joined the Respiratory Division at that time.

Dr. Marciniuk volunteers his time generously. He is the past president of the Canadian Thoracic Society and the Saskatchewan Thoracic Society, was on the Canadian Lung Association Board of Directors, and the Lung Association of Saskatchewan Board of Directors (2006 – 2013) as Chair of its Medical Advisory Committee.



Pat Smith, Vice Chair of the volunteer Board of the Lung Association of Saskatchewan presents the 2013 Canadian Lung Association Founders Award to Dr. Darcy Marciniuk at the Respiriologry State of the Art Conference, Saskatoon, June 1, 2013.

Another Successful Door to Door Campaign



Many thanks to all our volunteers who helped with the annual Door-to-Door campaign held again this year from June 1 to June 7.

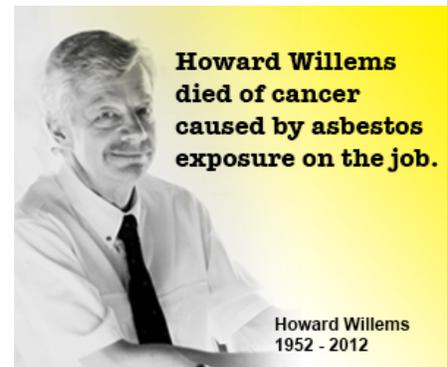
We are grateful also to everyone who answered the door and gave generously to support our work right here in Saskatchewan.

Howard's Law

On April 18, 2013, the Saskatchewan legislature passed a public health amendment act called Howard's Law establishing a mandatory registry of all public buildings that contain asbestos.

The law is named after Howard Willems, a food inspector who unknowingly was exposed to asbestos when he entered buildings during renovations that disturbed the deadly fibers. He died in November 2012 from mesothelioma. Saskatchewan is the first province to make a public registry of buildings mandatory.

Over 60 countries have banned the use of all forms of asbestos. Canada has not banned asbestos, and in fact, has exported it around the world up until the fall of 2012 when the last 2 mines in Quebec closed. Due to the long time between exposure to asbestos and the development of disease from it, the health consequences of asbestos use are expected to continue for most of the 21st century.



The Rise of COPD in Women

Chronic Obstructive Pulmonary Disease (COPD) is mostly a disease of people who smoke. In the past, since the smoking rate among men was higher than that of women, so too was the diagnosis rate for COPD. This is no longer true. In fact, according to the American Thoracic Society, the number of deaths among women with COPD has more than quadrupled since 1980. Since 2000, the disease has claimed the lives of more women than men. In fact, COPD kills more women in our province than breast cancer.

We are now seeing the effects of tobacco advertising that targeted women. In 1968, Phillip Morris introduced Virginia Slims, the first cigarette created specifically for women. By 1973, less than six years after the introduction of Virginia Slims, the rate of 12 year old girls smoking increased by 110 percent. The surge in women smoking during the 60's and 70's is now translating into an increased burden of lung disease and death.

Women have smaller lungs, narrower airways, and less respiratory muscle power than men. These biological facts mean that women are more susceptible to COPD and have more severe disease. Estrogen also plays a role in worsening lung damage from smoking. The workplace can be a source of lung damage for women – jobs in healthcare, food and textile manufacturing, and cleaning expose women to biological dusts, mineral dust and gas fumes.

Early, accurate diagnosis, self-management, education, along with smoking cessation are the most important steps to treat this chronic, progressive illness. Exercise programs, and support to combat the very common depression are also useful.

Thank you for supporting our Share the Air Raffle

This is the 12th year that SaskEnergy has been our corporate sponsor for the Share the Air Raffle. Both SaskEnergy and the Lung Association are striving towards a healthier environment. We share the air with everything from microscopic, single-celled organisms to plants, animals, and humans.

Therefore, air quality affects everything. Please take a moment to visit our website at www.sk.lung.ca to learn about environmental threats to the lungs and some things that you can do to improve the air quality where you live, work, and play.

We would like to thank SaskEnergy and all ticket purchasers for supporting this fund raising initiative. Raffle proceeds stay right here in Saskatchewan to support the programs and services that the residents of Saskatchewan rely on.

The draw event took place at the Radisson Plaza Hotel Saskatchewan in Regina on June 7. Congratulations to Biggar resident, Dianne Yaroshko, the winner of the grand prize of \$60,570 cash. When asked why she supports the *Share the Air Raffle*, Dianne stated that she buys tickets from organizations that she feels are good causes. "I never expect to win – I look at it as a contribution."



Saskatchewan Research

Sleep Disordered Breathing and Pregnancy: A Follow-up Study

A group of researchers from the University of Saskatchewan and Stanford University led by Dr. John Reid first published a study in 2011 of pregnant women with the complication of high blood pressure (gestational hypertension). In that study, they discovered that sleep disordered breathing was common among these women.

In a follow-up to that study published in May 2013, the researchers found that the sleep disordered breathing improved once the baby was born. This is important since other studies have shown that women with gestational hypertension have cardiovascular problems later on in life. This research was funded by the Lung Association of Saskatchewan.

Reid J, Glew RA, Skomro R, Fenton M, Cotton D, Olatunbosun F, Gjevre J, Guilleminault C, Sleep Disordered breathing and Gestational Hypertension: Postpartum Follow-up Study: *SLEEP* 2013, Vol 36, No. 5: 717-721.

Sleep Apnea in People Age 65 & Older

Poor sleep is NOT a consequence of aging. Sleep disorders go untreated because not enough doctors ask about sleep and people figure it's because they are 'getting old'. According to a StatsCan 2008 Canadian Survey of Experiences with Primary Health Care among people age 65 and older, 73% live with a chronic disease: 32% of those have one chronic disease, 24% have two and 17% have three or more. Unfortunately, this survey did not include questions about sleep or sleep apnea. If sleep apnea had been included, the number of people with chronic diseases would have been higher, but the number of people with multiple chronic diseases would still have been underestimated. Sleep apnea is the most underdiagnosed chronic disease in Canada – especially in seniors.

Screening questionnaires that work well in younger adults don't always work as well in seniors because the questions aren't as relevant to their lifestyle. It is estimated that about 50% of seniors have sleep apnea and 80% of these cases are undiagnosed. While men generally have almost twice the rate of sleep apnea as women, post-menopausal women have the same rates as men which is perhaps why it is more often missed in older women. All health care professionals need to be more vigilant in suspecting sleep apnea in people over age 65.

Be aware of these signs from the C-A-N-T-Sleep test which should alert you to sleep apnea:

C previous Cardiovascular disease: high blood pressure, chronic heart failure

A Alzheimers: cognitive dysfunction, depression

N Nocturia: getting up 3 or more time per night to urinate is itself a strong predictor of sleep apnea when the frequency of urinating during the day is normal

T Tired, fatigued, un-refreshing sleep or insomnia

S a previous Stroke or TIA



From a presentation by Dr. David Cotton, Professor of Medicine at the University of Saskatchewan and the former Director of the Saskatoon Sleep Disorders Centre.

The Lung Association of Saskatchewan is pleased to offer you this newsletter. It is only through the generous donations of the public that we are able to provide this newsletter and other resources.

If you wish to make a donation to support our services, please call 1-888-566-LUNG (5864) or you can donate online at www.sk.lung.ca.

E-Cigarettes

The Virginia based tobacco giant Altria, maker of Marlboro, announced in June 2013 that it will be introducing an electronic cigarette called the MarkTen. This device will join more than 250 brands on the markets with sales approaching \$1 billion.

An electronic cigarette (e-cigarette) is a cylindrical device that mimics a real cigarette. It has a battery, heating element, cartridges with or without nicotine, water and other unknown ingredients. E-cigarettes electronically vaporize a solution creating a mist that is then breathed into the lungs. These devices are not regulated. In Canada, it is illegal to sell e-cigarettes that contain nicotine. E-cigarettes sold in the United States however, often do contain nicotine and the level of nicotine varies dramatically.

In 2009 Health Canada issued an advisory warning Canadians **not** to use e-cigarettes. The United Kingdom has also warned against the use of e-cigarettes and plans to regulate all products containing nicotine as medications by the year 2016. The World Health Organization has issued their own warning, strongly advising **against** the use of these products.

The Canadian Lung Association states:

1. Users of e-cigarettes inhale unknown, unregulated and potentially harmful substances.
2. There is a misconception that the e-cigarette is an effective tool to quit smoking. E-cigarettes sold legally in Canada do **not** contain nicotine; therefore, they cannot be considered a harm-reduction tool, as they do not assist with nicotine withdrawal symptoms.
3. We encourage people who smoke and who want to quit to use quit methods approved by Health Canada.
4. In the future, if e-cigarettes did receive approval from Health Canada as a quit aid, then we would consider changing our position. Currently, we do **not** recommend e-cigarettes.

The Canadian Lung Association is calling for:

- More research into the potential health effects of e-cigarettes.
- A ban of e-cigarettes until they are properly researched and receive Health Canada approval.
- All laws related to smoke-free areas should include e-cigarettes.

Did You Know?

- It is estimated that up to 82% of males and 93% of females with obstructive sleep apnea remain undiagnosed.
- Each day the lungs breathe in about 8,000 to 9,000 liters (about 2,100 to 2,400 gallons) of air.
- The lungs are the largest organ in the body and the only organ inside the body that is exposed to the outside.
- Tobacco kills about 37,000 Canadians a year.
- Men who smoke one pack a day increase their risk of developing lung cancer 10 times compared with non-smokers.

Classified Ads

- ResMed H4i humidifier that will fit an S8 CPAP machine for sale. Call Ervin in Saskatoon at 306-382-1511.
- ResMed S8 CPAP machine along with H4i humidifier for sale. This might make a great 'back-up' machine. Call Charleen in Saskatoon at 306-979-6310.
- Companion 49 Puritan Bennet oxygen concentrator for sale. This was used only occasionally for over 1 year. If you have need for your own oxygen equipment, please call Joan in Regina at 306-586-3602.

The Lung Association of Saskatchewan is not responsible for any product purchased through ads in the Breathe Newsletter.

Pertussis (Whooping Cough)

Pertussis – commonly called whooping cough is a highly contagious infection of the nose, throat and lungs. People with whooping cough have severe coughing spells that often end with a whooping sound. This coughing can last for six to twelve weeks.

Babies and young children suffer the most from this bacterial infection. More than half of babies less than one year old are hospitalized. Some of these cases are life-threatening. One to three deaths from whooping cough occur each year in Canada. Immunization against pertussis is part of the regular regime for children in Canada. It is also recommended that adults in regular contact with children should be immunized for pertussis.

Last year severe outbreaks of whooping cough occurred in the Fraser Valley of BC, southern Alberta, southwestern Ontario and New Brunswick. New Brunswick recorded the largest outbreak ever with 1421 known cases. The USA also had the worst year in five decades with over 18,000 cases.

The Lung Association of Saskatchewan Facts

- † The Saskatchewan Anti-Tuberculosis League was formed in 1911. In 1987 the name of the organization was changed to the Saskatchewan Lung Association to reflect the broader concern for the respiratory health of the people of Saskatchewan.
- † The Fort Qu'Appelle Sanatorium (known as Fort San) was opened in 1917.
- † In 1925 the Saskatoon Sanatorium was opened with 125 beds.
- † On June 26, 1978, the last patient was discharged from the Saskatoon Sanatorium. Provincially over 10.5 million treatment days were provided for tuberculosis patients.
- † In 1988 the first asthma camp for children was held in Saskatchewan. Summer fun for children with asthma continued until 2007.