



SHOULD I GET THE FLU SHOT?:

THE SIMPLE ANSWER IS YES..... 1



BREATHING TECHNIQUES:

PURSED-LIP BREATHING DOES THE TRICK..... 1



COPD PEOPLE:

JEANNIE MACLEAN—YEARNING TO GET BACK ON THE NATURE TRAILS..... 7



How to: Pursed-Lip Breathing

For most people breathing is as easy as inhaling and exhaling, without consciously giving any thought to the process. For most people with COPD, breathing can sometimes be a challenge and for some, it can be a major struggle.

Caregivers can begin to understand the difficulty of breathing by trying this exercise. Take in a deep breath but don't exhale. Take in another and another. You're now hyperinflated. Hold your breath. Now run upstairs. You can now appreciate what it feels like to have COPD or asthma. Here are some simple techniques to help COPD'ers cope with breathing.

Pursed-Lip Breathing. Pursed-Lip Breathing (PLB) is the first line of defense used by most people with COPD when trying to recover from shortness of breath. It involves breathing in through the nose and exhaling with the lips pursed as if you were going to whistle. How hard do you blow out? One guide is to use the same force that you would use to cool hot soup on a spoon. Blow hard enough to cool it, but not hard enough to blow it off the spoon.

When you pursed-lip breathe properly, you create back pressure in the mouth and throat and this back pressure blows the airways open. Now that you can breathe in easier, you have to concentrate and breathe out for at least two to four seconds if possible. This helps expel CO₂ and trapped air and you begin to breathe even more easily. After exhaling for two to four seconds or more, pause momentarily and then let the body inhale naturally. **Continued on Page 6**

Chronic Obstructive Pulmonary Disease
www.copdcanada.info

It's flu season

Should people with COPD get an annual flu shot? The simple answer is yes. With widespread availability of the high-dose flu vaccine for seniors, there is no reason why a person with COPD should not get vaccinated. As a matter of fact, it should be a priority.

The impact of influenza on Canada and adults 65 years of age and older
Older Canadians suffer disproportionately from flu-related morbidity and mortality. Adults 65+ represent 15% of the Canadian population. However, during influenza season they account for 70% of the hospitalizations. Complications of influenza often result in COPD exacerbations which can then trigger heart attacks and stroke.

Influenza-attributed death is 12 times greater among those 65+ who also have a chronic lung disease. The National Advisory Committee on Immunization (NACI) recommends that those aged 65+ receive a flu vaccine each year. New high-

Continued on Page 4

Ask Dr. Bourbeau

Dr. Jean Bourbeau is a respirologist and full professor in the Department of Medicine and Epidemiology and Biostatistics, McGill University, Montreal



Q In the last several days the colour of my mucus has changed from light yellow to white. I know change in colour is significant in some cases. What about this one? Could it be a good sign? Perhaps my lungs are healthier today than they've been? I had light yellow mucus for four years now, and that was my "normal," so I was surprised to see white mucus.

A You are perfectly right. Without having seen you, or knowing your lung condition and not having done a

Continued on Page 2

Ask Dr. Bourbeau

Continued from Page 1

proper evaluation, I cannot say how healthy your lungs are, but the colour of your sputum going from a light yellow to white is a good sign.

Q How concerned should people with lung issues be about the coronavirus? Will the regular flu vaccine or high-dose flu vaccine help protect me against this new virus?

A There is still a lot we don't know about Covid-19. However, to the best of our knowledge patients with a lung condition are not at higher risk of catching the infection, but they may be at higher risk of complications if they have Covid-19. Everyone should follow the recommended public health precautions such as physical distancing, wearing a mask, avoiding crowds, cleaning your hands and coughing into a bent elbow or tissue. Also, check local advice where you live or work. Do it all! Regarding the flu vaccine, it is more important than ever that patients with a lung condition receive the vaccine to prevent the flu. However, this vaccine has nothing to do with Covid-19 and will not protect you against this virus.

Q What's the difference between bronchiectasis and COPD?

A These are two different chronic lung conditions. The two diseases can sometimes be present in the same individual. Bronchiectasis is characterized by damage of the airways with dilatation, decreased capacity to clear the mucus and increased risk of infection. There are many causes such as following a respiratory infection, but there are also some genetic diseases, like cystic fibrosis, where the bronchiectasis is diffused through the entire lungs. COPD is characterized by obstructed airflow secondary to airway and lung damage (chronic bronchitis and emphysema) with acute episodes of flare-ups called exacerbations. Patients progressively have breathlessness and reduced exercise capacity over a lifetime. The causes are related to exposure to irritating gases or particulate matter, most often from cigarette smoke.

<https://tinyurl.com/y7fvuoe>

Q Are essential oils, like peppermint or eucalyptus, of any benefit in helping with breathing?

A Both peppermint leaves and the essential oil from peppermint have been used for health purposes from ancient Greece, Rome and Egypt. Research has been conducted on peppermint oil, primarily focusing on irritable bowel syndrome with some results suggesting it may improve symptoms. There is no research with respect to respiratory conditions. We, therefore, cannot

recommend essential oils like peppermint.

Eucalyptus essential oil has been used as an expectorant for upper respiratory tract infections or inflammation, as well as a decongestant and for various other inflammatory diseases. Findings in animal studies showed that it may inhibit the inflammatory process induced by infections from bacteria, but it cannot be recommended as a treatment since we don't have evidence of its efficacy in human studies.

Other essential oils such as Myrtol have been reported to protect against COPD exacerbations. It is believed that its benefit is related to its mucolytic ability. The prescription of this essential oil is not usually part of the current practice considering it has not been compared to existing preventive recognized treatment in COPD.

Q Some people think that salt therapy is of use in clearing the lungs of mucus. Is there any truth to using salt therapy or using "salt" lamps to help clear one's lungs?

A Halotherapy is the inhalation of micronized dry salt within a chamber that mimics a salt cave environment. Media reports have suggested this therapy may help with the symptoms of COPD. However, media is one of the last resources a patient should consult considering the primary aim is to make "news" without necessarily ensuring the high scientific quality of their source. From a review in scientific literature, recommendations for inclusion of halotherapy as a therapy for COPD cannot be made at this time and there is still need for high quality studies to determine the effectiveness of this therapy.

Halotherapy review

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3937102/>
2. <https://www.lung.org/blog/promising-placebo-salt-halotherapy>
3. https://erj.ersjournals.com/content/54/suppl_63/PA2498

Dr. Jean Bourbeau is director of the Center for Innovative Medicine (CIM) of the Research Institute of the McGill University Health Centre (MUHC) and director of the Pulmonary Rehabilitation Unit. He is the past president of the Canadian Thoracic Society (CTS) and is a member of the scientific committee of GOLD.

*We invite your questions. Please mail questions to: Ask Dr. Bourbeau 555 Burnhamthorpe Rd., Suite 306, Toronto, Ont. M9C 2Y3—or you can e-mail questions to: AskCOPDCanada@gmail.com.
General inquiries: COPD Canada Tel: 416-465-6995 E-mail: exec.copdcanada@gmail.com*

Editor's note: For more information on Dr. Bourbeau's Living Well with COPD program, visit www.livingwellwithcopd.com


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Link between influenza and acute heart issues confirmed by CDC study

■ **Atlanta**/A recent study confirms yet another reason to get the flu shot early. The goal of this study was to determine whether acute cardiovascular events were an important contributor to the morbidity and mortality associated with influenza. It looked at the spectrum of acute cardiovascular events among adults hospitalized in the U.S. with laboratory-confirmed influenza from 2010 to 2018, and the risk factors for acute heart failure and acute ischemic heart disease in adults with influenza. The researchers reported that influenza epidemics result in 140,000 to 810,000 hospitalizations and 12,000 to 61,000 deaths each year in the U.S. Like other types of viral infections, influenza can affect the heart and circulatory system. A healthy heart may be able to handle breathing difficulties, increased blood pressure, increased heartbeat and inflammation symptomatic of an infection, but the same might not hold true for a weakened heart. Among more than 80,000 adults hospitalized with laboratory-confirmed influenza, nearly 12% had an acute cardiovascular event, most commonly acute heart failure and acute ischemic heart disease, according to the cross-sectional study from CDC researchers.

 <https://tinyurl.com/yyp5u2re>

New guidelines issued on medical cannabis for chronic pain

■ **Toronto**/Chronic pain patients can be treated with medical cannabis following one of three protocols based on patient characteristics, according to an international task force at the recent virtual PAINWEEK meeting. Citing limited clinician knowledge about medical cannabis treatment and the opioid crisis, one task force member said the recommendations are timely. "We as a task force believe it's extremely important to bring [medical cannabis] to patients," Alan Bell, MD, of the University of Toronto, told *MedPage Today*. "Our main focus was to provide directions to clinicians." Medical cannabis has been suggested to treat chronic pain, the task force noted, but too many providers still do not utilize it because there are no accepted guidelines about dosing and administration. Others prescribe medical cannabis without knowing how patients can properly dose. "There's a huge knowledge gap and no way clinicians can fall back on a specified dosing regimen," Dr. Bell said.

 <https://tinyurl.com/y2dsx46j>

Myths about the flu

Continued from page 1

dose trivalent influenza vaccines, specifically for the elderly, are available in Canada. The high-dose vaccine is free-of-charge for people over 65 years of age and this year the high-dose vaccine is available for the first time in pharmacies.

A new service to assist in the booking of appointments to get your flu shot has been introduced. You can now book an appointment online by logging into MyFluShot.ca. A recent study² concluded that the new high-dose influenza vaccine significantly reduced hospital visits for the elderly.

Epidemiology of influenza

In Canada, influenza generally occurs every year in the late fall and winter months. It is estimated that between 10 to 20% of the population becomes infected with influenza each year and that adults over the age of 65, with underlying medical conditions, are most vulnerable to serious disease that often results in hospitalization.

Immunosenescence in people 65+

Immunosenescence is a heightened susceptibility to influenza-related complications in older adults due to the natural and progressive weakening of the immune system over time. Immunosenescence is characterized by lower immune responses and can result in an increased incidence and severity of infectious diseases as well as a reduction in the strength and persistence of antibody responses to vaccine. In the elderly, vaccine effectiveness is roughly half of that in healthy adults.³

Following are some myths about the flu:

“What’s the difference between the flu and influenza?”

There is no difference. Flu is a short form used to describe influenza. The ‘flu’ is often mistaken for the common cold as many of the symptoms are the same. However, the flu is significantly more serious than a cold. The symptoms of flu can include fever or feeling feverish with chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches and fatigue. Cold symptoms are usually milder than the symptoms of the flu. People with colds are more likely to just have a runny or stuffy nose.

The ‘flu’ (or influenza) can result in serious associated complications¹ such as pneumonia and bacterial infections sometimes resulting in hospitalization and death.

“I didn’t get a flu shot last year and I didn’t get sick”

Even though you may have avoided getting the flu so far, it does not mean that you will not get sick this year. Different strains of the flu virus circulate every year.

“Flu shots aren’t worth getting because they are not very effective”

On average, the seasonal flu shot is 50 to 60% effective in preventing the flu in healthy adults. Although some people who get the flu shot may still get sick, the flu tends to be milder than if they did not get the flu shot. Every year the flu shot reduces the risk of serious flu complications,

eliminates thousands of visits to hospital emergency departments and prevents hundreds of deaths.

“I’m over 65 years of age and healthy. I don’t need a flu shot”

Serious illness and death due to influenza is highest in people over 65. COPD patients are at an increased risk of death due to the flu. As well, people in nursing homes are particularly vulnerable.

“I got the flu shot last year so I don’t need to get it this year”

Immunity does not last for more than one year. The viruses that cause the flu may change slightly each year so the vaccine must also change each year to match them.

“Getting the flu shot will give me the flu”

The vaccine does not contain live virus and cannot give you the flu. If you develop influenza within two weeks of receiving the flu vaccine, it is possible that you had already contracted the virus and were developing the flu at the time you were vaccinated.

The National Advisory Committee on Immunization (NACI)

In Canada, publicly funded flu vaccines may vary from province to province. The National Advisory Committee on Immunization (NACI) provides a list of recommended vaccines according to age. Talk to your healthcare provider about the flu vaccine best suited for you. For more information on seasonal influenza vaccines, visit www.immunize.ca.

Vaccination may not protect 100% of individuals. Even when there is a less than ideal match or lower effectiveness against one virus, it is important to be aware that those who get the flu vaccine are still more likely to be protected from the flu compared to those who are unvaccinated. Those who are vaccinated may have a milder illness even if they do get the flu. And, those who are vaccinated are less likely to pass the flu along to those who can’t fight it. Even if this year’s vaccine is less than 100% effective, it will still be a lot better than if you don’t get the vaccine.

The National Advisory Committee on Immunization recommends flu vaccination for everyone six months of age and older, especially those at high risk, people 65 years and older, and those with pre-existing lung conditions such as chronic obstructive pulmonary disease.

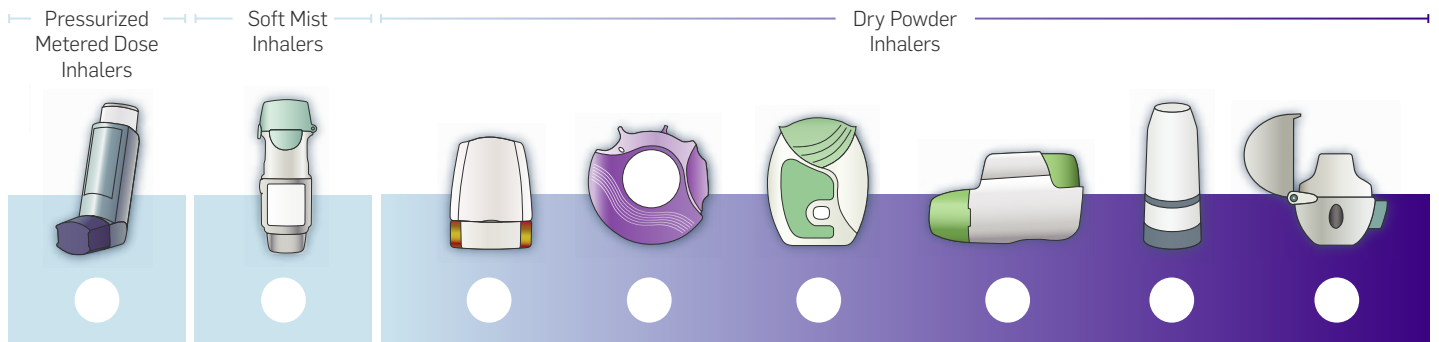
References

- [1. \[https://www.cdc.gov/flu/symptoms/symptoms.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fabout%2Fdisease%2Fcomplications.html\]\(https://www.cdc.gov/flu/symptoms/symptoms.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fabout%2Fdisease%2Fcomplications.html\)](https://www.cdc.gov/flu/symptoms/symptoms.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fabout%2Fdisease%2Fcomplications.html)
- [2. \[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\\(17\\)30235-7/fulltext\]\(https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(17\)30235-7/fulltext\)](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(17)30235-7/fulltext)
- [3. <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html>](https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html)

Using your COPD inhaler shouldn't be your hardest breath of the day

For you, some inhalers may be easier to inhale through than others

What type of inhaler are you using?



Do you find it challenging to inhale through your COPD inhaler?

No Yes, there is low resistance medium resistance high resistance

Do you feel that you have enough hand-breath coordination to properly use your inhaler?

No Not sure Yes

How do you inhale through your inhaler?

Slow and steady inhalations Hard and fast inhalations

Are you confident that you have completely inhaled your medication?

Not confident Unsure Somewhat confident Very confident

How long does it take you to completely inhale your medication?

1-2 seconds 3-4 seconds >4 seconds Depends on the day

Other factors that may affect your ability to effectively inhale from your COPD inhaler include:

- How easy it is for you to use your inhaler
- Your personal preference
- The number of steps needed to use your inhaler
- The amount of training you received

Talk to your healthcare provider about which inhaler is best suited for you, and make sure to have your inhalation technique checked.

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To download a copy of this page go to: <http://www.copdcanada.info/64.html>

Breathing techniques

Replace continued from page 1

The reason for the pause is two-fold. First, it lets you know that you are regaining control of your breathing and it allows you to relax more easily. Secondly, you may find that if you consciously try to inhale right away, you may gasp.

When inhaling make sure you do not try to “top off” the air already in your lungs. “Topping-off” is when you inhale once and then inhale again before exhaling. This will cause you to use your auxiliary breathing muscles in your shoulders and neck and will also cause “air-stacking” in your lungs. This will in turn cause you to expend more energy and use up more oxygen. Also, by pausing after exhaling, the lungs have a little more time to exchange gases, (CO and CO₂).

Diaphragm Breathing. Your diaphragm is the large muscle separating your lungs from your abdomen. Your diaphragm can work hard and never get tired. Some people breathe using their chest muscles instead of their diaphragm. This takes extra effort and can cause fatigue and tension.

Test yourself to see whether you breathe correctly

“ When you pursed-lip breathe properly, you create back pressure in the mouth and throat and this back pressure blows the airways open”

through your diaphragm:

- Sit upright and relax your shoulders
- Rest one hand on your chest and the other on your stomach

Breathe in deeply through your nose and pay attention to the movement of your hands

If you use your diaphragm to breathe, the hand on your stomach will move. If you use your chest muscles to breathe, the hand on your chest will

move. Try both ways of breathing and feel the difference. If you are a chest breather, practice diaphragmatic breathing for a few moments several times a day, and soon it will become automatic. If your neck and shoulder muscles are constantly sore after being short of breath, then you are a chest breather and you have to learn to diaphragm breathe.

Most of the pulmonary rehab programs available provide exceptionally good instruction about how to breathe. They also have excellent exercise programs. Exercising regularly and pulmonary rehab can help all people living with the burden of COPD.



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COPD people

Jeannie Maclean

Jeannie was born in the Annapolis Valley, Nova Scotia on CFB Greenwood, where her father, a member of the Royal Canadian Air Force, was stationed. The family moved to Quebec when her father was transferred to CFB Bagotville, north of Quebec City. When her dad retired from the air force they moved to Toronto, and Jeannie attended Newtonbrook Secondary School in Toronto. After she graduated from business college, she started her first job as a medical secretary for a general practitioner. Several years later she got married and then moved to the country. She and her husband bought a 25-acre parcel of land in Uxbridge, Ont. They planned to build a new home on their land. Jeannie designed the house, and her husband was going to build it. She was working as an administrator at the Alcan aluminum company in Aurora, Ont. at the time.

Unfortunately, the marriage didn't work out, so she moved back to Nova Scotia where she still had family and friends. After a few years down east, Jeannie returned to Toronto and landed a job with an architectural engineering company. It was while she was at the architectural firm that she was diagnosed with COPD.

How did your life change after you were diagnosed with COPD?

I was placed on long term disability in 2016. I'm now going through the screening process as a candidate for lung transplantation.

Where is that taking place?

Toronto General Hospital.

How are the people at TGH?

Great. They are deeply knowledgeable and friendly. The services and facility are of the highest quality.

How did you end up there?

My lungs are in bad shape. Oxygen saturation is at 25 per cent. My respirologist Dr. Balter, who is at Mount Sinai in Toronto, recommended that I meet with the TGH people to investigate the possibility of lung transplantation.

Are you having challenges living with your COPD?

I've experienced a couple of exacerbations recently. Last March was particularly bad. At least I didn't have to call 911 and end up in the hospital. My pulmonary rehab training helped me get control of my breathing. The training helps you manage the panic attacks.

Were you a smoker?

No, not really. I did smoke a little for a few years but quit completely at 30 years of age. My COPD evolved from asthma, which was diagnosed in 2002 while in Kemptville, N.S. Several members of my family have had asthma. My mother lived with serious bronchitis. We think our lung issues are genetic.

How has it been for you, now that the pulmonary rehabilitation program is shut down because of Covid-19?

We all really miss it. Without the rehab program

we're not doing the exercising. We're getting lazy.

Were you able to get out much before the shut down?

I have a best friend who I would go hiking with before I became ill with asthma then COPD. I'm hoping after a lung transplant I can get back onto the nature trails. Before shutdown itself I would join friends at live theater and movie cinemas and socialize over dinner. We keep in touch over social media and phone calls.

Any other family living in Toronto?

I have a couple of brothers here. My dad is still with us. He turned 98 last June. He's in a retirement home in Oakville, Ont., so it's a bit of a trip for me. I speak to him every day though—at 6:30 pm.

How do you get around now?

I have a walker so I can get around a bit near home, to the Manulife Centre and the Yorkville area. Any further away and I'll use WheelTrans.

Do you have any hobbies?

I used to scuba dive. That's over now. I'd have to get recertified at this point. I miss it. I loved scuba diving.

Is there anywhere you still want to visit?

My friend and I were ready to go on a tour of Scotland for my 65th birthday when the pandemic hit. Everything was planned out and booked. It was going to be a heritage trip for me. We were going to visit Edinburgh, the Duarte castle, home of the Maclean clan. They make their own whisky in that area. We planned to enjoy the whiskey tasting tours.

So, you were going to have a nip or two of scotch?

Absolutely. Hope to still.

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