



RETRAIN YOUR BREATHING THROUGH YOGA: WITH A FOCUS ON BREATHING YOGA WORKS THE DIAPHRAGM WITH POSITIVE RESULTS.1



CO-MORBIDITIES CAN BE A CONCERN: COPD SELDOM EXISTS IN A VACUUM6



SLEEP DISORDERS: DEALING WITH THE HIGH PREVALENCE OF INSOMNIA.1

Living with COPD

Retrain your breathing through yoga

Ten years ago, a 63-year-old male patient diagnosed with emphysema learned yoga.

Today, he is pleased to say that his lung function has essentially remained unchanged from the day he was first tested. He believes that the credit is primarily due to his nine years of daily practice of yoga. Yoga has been contributing to the science of breathing from time immemorial.

People with COPD should consider a yoga program with breathing retraining. These exercises can strengthen your respiratory muscles, which will provide control over breathlessness. Yoga can also increase your tolerance to all forms of exercise.

COPD is known to increase stress, emotional vulnerability, inactivity and muscle wasting. Yoga techniques are particularly suited for promoting relaxation, emotional stability and exercise tolerance. A correct Yoga program can have a positive effect on general health and the respiratory system thereby increasing a person's ability to perform the activities of daily living.

For COPD patients the most important facet of yoga is the teaching of "belly breathing". When breathing in, one allows the abdomen to expand. When breathing out, one presses the belly in. While breathing, your focus should be on the descending diaphragm and expanding lower ribs and abdomen. When we exhale attention should be on the diaphragm

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Chronic Obstructive Pulmonary Disease Sleep and Sleep Disorders

There has been little study on how sleep quality of COPD patients could be improved, despite the fact that numerous studies show poor sleep quality and a high prevalence of insomnia in people with COPD.

Sleep disorders are sleep problems that, if untreated, can affect a person's physical health, daily activities, and mental health. More than the once-in-a-while tossing and turning or waking up early, sleep disorders are medical conditions that can potentially be serious. But, there is treatment for many of the common sleep disorders.

Talk with your health care provider if you think you may have a sleep problem. Common sleep disorders include:

Sleep apnea—People with sleep apnea stop breathing for a very short time many times during the night. Its main symptoms are loud snoring and feeling sleepy during the day. People with this disorder don't get enough restful sleep at night, making it

hard for them to function during the day. Sleep apnea can lead to high blood pressure, heart failure, heart attack, and stroke.

Narcolepsy—When a person has narcolepsy, brain messages about when to sleep and when to be awake get mixed up. This can make a person fall asleep when they don't want to, often without any warning like feeling drowsy. If not controlled with medication, this disorder can cause serious problems in

Ask Dr. Chapman

by Kenneth R. Chapman, MD, MSc, FRCPC, FACP

Director of the Asthma and Airway Centre of the University Health Network, Toronto



Should I take vitamin D for my COPD?

Our understanding of vitamins has been evolving over the past several years. When biochemists and physicians first recognized the need for vitamins they developed their understanding based upon the lowest daily intake of vitamins that would prevent deficiency diseases. We now understand that the smallest amount of

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Ask Dr. Chapman

Continued from Page 1 vitamin D necessary to prevent a deficiency disease such as rickets is not necessarily the ideal amount of vitamin needed to ensure good health.

Vitamin D has been receiving considerable attention as a vitamin necessary to achieve optimal health and perhaps as a vitamin that could help to treat some diseases. Everyone knows that vitamin D plays an important role in calcium metabolism and the growth of strong bones. Children who are deficient in vitamin D intake can develop rickets, a disease rarely seen in the developed world since milk and other foods are supplemented with vitamin D. However, this vitamin has many other roles with significant impact on the body's immune system. It has been suggested as a useful immune-modulating treatment in multiple sclerosis and studies are being considered to evaluate a role in asthma care.

Vitamin D is unusual amongst the vitamins because it is available not only from food intake but is produced by the body in the presence of sunlight. Those of us who live in the northern hemisphere are conscious that we are exposed to much less sunlight during the winter months when days are short and we cover ourselves to stay warm. Vitamin D levels may be particularly low in North Americans and boosting these levels with supplements may be helpful not only in the prevention of disease but in the treatment of some inflammatory conditions.

Should patients with COPD have a particular interest in vitamin D? The answer is yes. We know that patients with COPD, whether men or women, are much more likely than the general public to suffer from osteoporosis. Vitamin D levels have been measured in patients with COPD and they are generally lower than vitamin D levels seen in the population. Could increased levels of vitamin D reduce the chronic airway inflammation that plagues COPD sufferers? For now, that's speculation.

What's the bottom line? There are no large scale clinical trials showing that COPD patients benefit from extra vitamin D. However, there is growing awareness that vitamin D supplements may be useful to the aging population living in climates where winter prevents substantial sunlight exposure for large parts of the year. Patients with COPD may be particularly prone to suffer vitamin D deficiency so that an inexpensive vitamin D supplement of 1,000 or 2,000 units per day may offer some benefit. Definitive scientific trials remain to be done.

I would like to get a nebulizer to inhale my treatments at home but my doctor says it wouldn't be helpful to me. Why is that?

For many years, patients with respiratory illnesses such as asthma or COPD received nebulizer or mask treatments

in the emergency room if they were particularly ill and breathless. These gas or jet nebulizers generated a fine mist of medication dissolved in saline that patients would inhale gradually over a 20 or 30 minute period. For many patients, these nebulizer treatments became synonymous with relief from breathlessness. Many patients assume that the nebulizer is a highly effective treatment and are puzzled that such treatment is not encouraged for home use.

Many patients will be surprised to learn that the nebulizers used in many hospital environments are very ineffective ways to deliver medicine to the lungs. It's been estimated that less than 5 per cent of the nebulized medication ends up in the lung while the rest of it is dispersed in aerosol droplets that condense in the oxygen tubing, on the patient's face and are dispersed throughout the room. The only reason that the nebulizers provide any relief at all is that they are loaded with relatively large amounts of medicine. The current handheld inhalers that are prescribed for home use are generally more effective at delivering medicine to the lung where it's needed. This is especially true for the familiar metered dose inhalers (MDI's or pressurized aerosol inhalers) when the medication is inhaled through a spacing chamber. These devices may deposit between 15 and 50 per cent of the medication into the lower airway. Moreover, it takes just one or two puffs to accomplish this and not the 20 or 30 minutes of quiet breathing that are necessary for a nebulizer treatment.

Hospitals are moving away from routine nebulizer use. This is partly because nebulizer treatments are time consuming and may be costly in terms of staff time. It is also because of infectious disease concerns. The SARS outbreak in Toronto and fears of influenza pandemic have alerted us to the possibility that patients with respiratory symptoms in the emergency room may be suffering from highly contagious viral illnesses. The use of aerosolized nebulizers to treat such patients can distribute an infectious virus widely through the hospital environment. Many hospitals have moved routinely to the use of spray inhalers delivered via spacing devices.

Bottom line, if you learn to use your inhaler correctly (and this should be verified by your physician or the physician's staff) you should be able to achieve results that are just as good with a handheld device as with a nebulizer.

Dr. Chapman is Director of the Asthma and Airway Centre of the University Health Network, President of the Canadian Network for Asthma Care and Director of the Canadian Registry for Alpha1 Antitrypsin Deficiency. A graduate of the University of Toronto and a former member of the faculty at Case Western Reserve University, he is now a Professor of Medicine at the University of Toronto

We invite your questions. Please mail questions to: Ask Dr. Chapman, c/o COPD Canada, 555 Burnhamthorpe Road, Suite 306; Toronto, Ont. M9C 2Y3. Or you can e-mail questions to: copd.canada@gmail.com

COPD Canada is an independently registered non-profit organization whose primary mandate is to assist Canadians who suffer from chronic obstructive pulmonary disease.

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Pulse: News about COPD

Poor diet may make COPD worse

■ **Vancouver** / A new study has found that antioxidant deficiency is tied to lower lung function, especially for men with COPD. For the study, 20 COPD patients (13 women, seven men) completed a questionnaire to assess their dietary intake of vitamins A, C, D, E and selenium, all of which contain cell-protecting antioxidants. A diet low in antioxidants, as compared to national dietary intake requirements, was common among the patients. The percentages of deficiencies were: 25 per cent (selenium), 45 per cent (vitamin C), 90 per cent (vitamin E), 55 per cent (vitamin A), and 70 per cent (vitamin D). The researchers then measured the maximum amount of air the patients could exhale with force. All the patients with a selenium-deficient diet had decreased lung function. They concluded that the role of antioxidant nutrients may indeed play an important role in the preservation of lung function.

 <http://tinyurl.com/1050copd>

Air pollution increases risk of chronic lung disease

■ **Copenhagen, Denmark** / A new study released here says that long-term exposure to low levels of air pollution could increase the risk of developing severe chronic obstructive pulmonary disease. Previous research has found a link between high levels of air pollution and exacerbation of COPD, but this study connects long-term air pollution exposure to the development or progression of the lung disease, according to the researchers. "Our findings have significance on a number of levels—patients, primary care physicians, pulmonologists and public health officials should take note", lead researcher Zorana Andersen, a post-doctoral fellow at the Institute of Cancer Epidemiology of the Danish Cancer Society in Copenhagen, said in an American Thoracic Society news release. "These results are in agreement with those of other cross-sectional studies on COPD and air pollution and longitudinal studies of air pollution and lung function. They strengthen the conclusion that air pollution is a causal agent in development of COPD."

 <http://tinyurl.com/10464>

Wood smoke risky in COPD

■ **Albuquerque, N.M.** / Exposure to wood smoke may increase the risk of chronic obstructive pulmonary disease, particularly among current smokers, researchers have found. Breathing in wood smoke, either through home heating, cooking, or ambient outdoor pollution, was associated with a two-fold increased risk of airflow obstruction, according to Yohannes Tesfaigzi, PhD, of Lovelace Respiratory Research Institute in Albuquerque, N.M., and colleagues. Because exposure to wood smoke appears to increase the risk of reducing lung function, cigarette smokers should try to avoid heating their homes or cooking with wood stoves and try to avoid environments where wood smoke is likely, for example, neighborhoods where wood smoke is common, they reported.

 <http://tinyurl.com/copd212>

Pulse: News about COPD

Earlier diagnosis and treatment in primary care

■ **Aberdeen, Scotland** / According to researchers here, chronic obstructive pulmonary disease is a progressive disease that usually begins many years before a diagnosis is made. The need for an early and confirmed diagnosis of COPD is increasingly appreciated by primary care physicians in whose hands the ability to make improvements in early diagnosis largely rests. Case-findings of patients with symptoms of lifestyle limitation is probably the most practical way to achieve early diagnosis. Evidence suggests a burden of early COPD on afflicted people and their families. Early encouragement of smoking cessation, in conjunction with management of symptoms and treating activity limitation and exacerbations by appropriate non-pharmacologic and pharmacologic management at the earliest possible stage, could positively affect the impact and progression of the disease.

 <http://tinyurl.com/copd208>

Medicare in USA to cover smoking cessation

■ **Washington, D.C.** / Good news for seniors in the United States who want to quit smoking. Medicare will now cover tobacco cessation counselling, the Department of Health and Human Services announced. The new coverage was mandated by the Affordable Care Act (ACA), which contains a number of measures that focus on preventing diseases before they occur, such as paying for cancer screenings, and annual no-cost wellness checkups. "For too long, many tobacco users with Medicare coverage were denied access to evidence-based tobacco cessation counselling," HHS Secretary Kathleen Sebelius said in a statement announcing the new benefit. "Most Medicare beneficiaries want to quit their tobacco use". HHS will also issue guidance on a Medicaid provision in the ACA that requires states to help pregnant women quit smoking.

 <http://tinyurl.com/copd219>

New data shows gain in COPD awareness

■ **Bethesda, M.D.** / The number of Americans who report being aware of chronic obstructive pulmonary disease increased by four percentage points between 2008 and 2010, but many people at risk are still unaware of the disease, according to a survey released by the National Heart, Lung, and Blood Institute (NHLBI). Sixty-nine per cent of adults said they are aware of COPD. However, up to 30 per cent of Americans reported that they were unaware of the condition. Awareness increased steadily among current and former smokers as well as nonsmokers. "People go undiagnosed and untreated because they don't recognize the symptoms," said James P. Kiley, PhD, director of the NHLBI's Division of Lung Diseases. "For those who may be experiencing a recurrent cough or shortness of breath, particularly those who may have a history of smoking, awareness of the symptoms is not enough. They need to have their lungs tested," said Kiley.

 <http://tinyurl.com/copdaware>

Oxygen/Helium Mix Worth a Look

A recent research study published in the International CHEST magazine found that COPD patients who breathed a mix of 60 per cent helium and 40 per cent oxygen during a pulmonary rehab program were able to exercise longer and harder than those who breathed normal air. This is excellent news ... especially for me and every other COPD patient who is on oxygen.

This innovative therapy is significant because research has shown that COPD patients who perform more exercise see greater improvements in general fitness resulting in an improvement in their symptoms and over-all quality of life.

This specific gas mixture was used because helium is less dense and should allow patients suffering with COPD to empty their damaged lungs better and oxygen slows breathing and helps to reduce the shortness of breath these patients commonly suffer from. Standard air is generally made up of 78 per cent nitrogen and 21 per cent oxygen with just a trace of helium.

The study found exercise improvements in individuals with COPD who breathed either the helium/oxygen mix of air during a cycling exercise or just oxygen. While both groups improved their tolerance for exercise over a six-week period the group that trained with the helium/oxygen mixture could exercise significantly longer than the control group.

This innovative technique is already being used in a clinical application by Dr. Sandra Delon, PhD of the Alberta Health Services Chronic Disease Management Program. "We've already seen some promising results in this pilot program, so we've very encouraged", said Dr. Delon.

The hope is that this approach can help more individuals with COPD fully realize the benefits of exercise.

— Mary Layton

Before making medical decisions

Your physician should be consulted on all medical decisions. New procedures or drugs should not be started or stopped without such consultation. While we believe that our accumulated experience has value, and a unique perspective, you must accept it for what it is...the work of COPD patients. We vigorously encourage individuals with COPD to take an active part in the management of their disease. You can do this through education and by sharing information and thoughts with your primary care physician and respirologist. Medical decisions are based on complex medical principles and should be left to the medical practitioner who has been trained to diagnose and advise.



COPD Canada's web resource

www.copdcanada.info

Join today:

The COPD Canada web site is your portal to our association, new and varied educational materials, medical resources and community interaction.

Membership is free of charge

but is restricted to individuals living with COPD or their caregivers. Joining is fast and easy. Just visit our web site www.copdcanada.info and click on membership and follow the step by step instructions. **Once you've joined** you will begin receiving our quarterly "Living with COPD" newsletter and will have complementary access to all COPD Canada seminars, on-line discussion forums and our member chat section.

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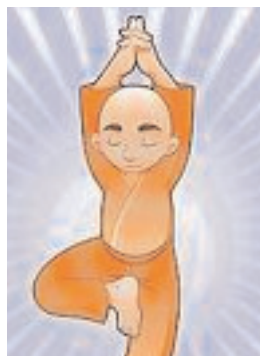
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ascending, the lower ribs squeezing and the belly contracting. Pay attention to this process and don't get frustrated if the lower ribs don't move at all eventually with practice they will.

For COPD patients who are able, it is helpful to coordinate breathing with movement. For example, try exhaling while bending forward and inhaling while coming back up, taking a longer time bending forward. Forward bends help one exhale more completely and strengthen the expiratory muscles. Standing backbends are good for chest muscles. You should avoid excessive back-bending or dropping the neck back. If you find that too difficult you should use arm and hand variations only bringing your arms to shoulder level or over the head.

Unfortunately, it is difficult to describe in writing all of the different postures used in yoga. The benefits of taking yoga are especially good for people with COPD. As the COPD patient gains strength and stamina, their improved posture can create an aerobic effect, improving cardiac efficiency. Lungs and heart work in coordination to supply oxygenated blood to the body in a more efficient way. This of course, increases the efficiency of the lungs and conditioning of the muscles, which will decrease production of carbon dioxide and lactic acid. A word of caution—yoga is not for all COPD patients (depending on the severity of your COPD), so please consult your physician before enrolling in a yoga class.

— Mary Layton



Co-morbidities a Concern

From what we know about COPD, it seldom exists in a vacuum. According to the Global Initiative for Obstructive Lung Disease, the impact that the disease has on the life of a COPD patient depends upon the severity of COPD symptoms, and the existence of other illnesses, also known as co-morbid conditions.

Current data reports that, in those 65 years of age and older, up to 25 per cent have at least two co-morbid conditions, and 17 per cent report three. Because of these statistics, signs and symptoms of co-morbidities are important to recognize and report to your doctor.

Increasing evidence indicates that chronic obstructive pulmonary disease (COPD) is a complex disease involving more than airflow obstruction. Airflow obstruction has profound effects on cardiac function and gas exchange with negative impact on your physical well being. COPD results from inflammation and/or alterations in repair mechanisms, the “spill-over” of inflammatory mediators into the circulation may result in important systemic manifestations of the disease, such as skeletal muscle wasting and cachexia.

Patients with COPD are nearly five times more likely to have cardiovascular disease

Systemic inflammation may also initiate or worsen co-morbid diseases, such as ischemic heart disease, heart failure, osteoporosis, normocytic anemia, lung cancer, depression and diabetes. Co-morbid diseases of COPD can lead to increased hospitalizations, mortality and an increase in general health care costs.

Co-morbidities complicate the management of COPD and need to be evaluated carefully. Current therapies for co-morbid diseases, such as statins and peroxisome proliferator-activated receptor-agonists, may provide unexpected benefits for COPD patients. Treatment of COPD inflammation may concomitantly treat systemic inflammation and associated co-morbidities.

Patients with COPD are nearly five times more likely to have cardiovascular disease (CVD) or suffer a stroke than the general population, a recent study shows. “People with COPD are at high risk of hospitalization and death from CVD and cerebrovascular disease, and at increased risk of diabetes mellitus (DM),” write Johanna Feary (University of Nottingham, UK) and team in the journal *Thorax*. However, they add: “Despite this, there is a paucity of data to quantify the degree to which these diseases coexist in COPD.”

To investigate further, the researchers examined the primary care records of 1,204,110 members of the general UK population, aged at least 35 years, to identify all those diagnosed with one or more of the above conditions. Overall, 29,870 (2.5 per cent) patients had COPD. Of these, 28 percent had CVD, 9.9 per cent had suffered a stroke, and 12.2 per cent had DM, compared with 7.8 per cent, 3.4 per cent, and 6.5 per cent, respectively, of the study population without COPD.

Cross-sectional analyses revealed that the risk for CVD, stroke, and DM was significantly greater in COPD patients than in those without the condition, at odds ratios (ORs) of 4.98, 3.34, and 2.04, respectively.

Further age-related analyses that accounted for gender and smoking status revealed that the risk for acute arteriovascular events associated with COPD was greatest in younger patients. For example, COPD patients aged 35 to 44 years were 10.34 times more likely to suffer acute myocardial infarction and 3.44 times more likely to suffer a stroke than COPD patients aged 75 years or older.

Johanna Feary and team concluded that: “These data provide further evidence that, to improve patient care, health service models for people with COPD and national guidelines need to recognize the extent to which these conditions are co-incident. It also provides additional evidence that, at the time of diagnosis of COPD, healthcare professionals must be proactive and, where appropriate, must seek to promote early diagnosis and treatment, and aggressively target risk factors in order to reduce the risk of premature mortality.”

Sleep Disorders

continued from page 1 a person's personal, social, and work life. It can also limit a person's activities, such as driving a car, work, and exercising. This disorder may run in families.

Restless legs syndrome—A person with this disorder can have unpleasant feelings or sensations in the legs, mostly in the calves or lower legs. In some cases, the arms may also be affected. These feelings are often described as creeping, crawling, tingling, pulling, or painful. This disorder can be hard to diagnose and is sometimes mistaken for nervousness, insomnia, stress, or arthritis. It seems to affect women more often than men.

Insomnia—People with insomnia have trouble falling asleep or staying asleep during the night. They can wake up often during the night and have difficulty getting back to sleep, or they can wake up too early in the morning. Sleep does not feel satisfying when a person has insomnia. A person can feel sleepy, tired, and irritable during the day and have trouble focusing on tasks.

If you are having problems with sleeping, you are not alone. We all know how great we feel when we've had a good night's sleep—we are ready to take on the day and handle whatever may come. But when we've had a bad night's sleep, we also all know the toll it can take on every part of our lives the next day.

Sleep can affect not only how we function during the day, but it can also affect our physical and mental health. Not getting enough sleep, even just for one night, can affect our moods and our ability to focus, make decisions, and remember things. When we don't get enough sleep over a period of time, our "sleep debt" adds up and can cause serious problems, such as heart problems, depression, and anxiety. Over time, long-term sleep problems can also affect relationships, work, and quality of life.

Many people think of sleep as a passive activity, but sleep is actually an active state. It restores us, helps the body to repair damage and grow new cells, keeps the body's nervous system working properly, and helps us to consolidate memory (helps us to remember what we learned during the day). During sleep, a person passes through five phases, or stages, of sleep—stages 1, 2, 3, 4 of quiet sleep and stage 5, called REM (rapid eye movement) sleep.

Stage 1—sleep is light sleep, where we drift in and out of sleep and can be woken up easily. Eyes move very slowly and muscle activity slows down.

Stage 2—a person spends almost half of their total sleep time in Stage 2 sleep. Eye movements stop and brain waves (or activity) become slower.

Stage 3—brain waves slow down even more and the brain makes mostly delta waves (slow brain waves) during this stage of deep sleep.

Stage 4—brain makes only delta waves during sleep and there is no eye movement or muscle activity during this stage, also part of deep sleep. Some children have bedwetting, night terrors, or sleepwalking during deep sleep. People often feel groggy and disoriented for a few minutes when they are woken up during deep sleep. Deep sleep restores us, helping to grow new cells and repair cells from damage.

A person's breathing becomes more rapid, irregular, and shallow in REM sleep. The eyes jerk quickly in many directions, heart rate increases, and blood pressure rises. When people wake up during REM sleep, they often describe strange dreams that don't make any sense. Most dreaming happens during REM sleep. REM sleep

is important, perhaps in part because it stimulates the parts of the brain that help us learn. A person cycles through these five stages of sleep during the night.

There is no hard and fast answer to how much sleep the average person needs. The amount of sleep a person needs depends on many things, including age. Most adults need at least seven to eight hours of sleep per night, although some people may need as many as 10 hours. Children and adolescents need about nine hours of sleep, while young infants may need around 16 hours per day. Women in the first three months of pregnancy often need a few more hours of sleep than normal, and sleep quality is decreased.

When people sleep too little over a period of a few days, they build up a "sleep debt," like being overdrawn at a bank. This debt needs to be repaid sooner or later. A person's body is not able to get used to less sleep than they need. Aging does not seem to change the amount of sleep a person needs, although older people tend to sleep more lightly and for shorter periods of time.

About half of the people over 65 have frequent sleeping problems, such as insomnia, and deep sleep stages that are shortened or completely stopped. These changes in sleep may be a normal part of aging, or can be caused by medications or treatments for other health problems.

Side effects from medications or treatments and stress and worry can also cause sleep problems. For women, hormone changes during pregnancy, menopause, and the menstrual cycle can cause sleep problems.

Sleep experts say that if you feel sleepy during the day, even when doing something boring, you haven't had enough sleep. If you usually fall asleep within five minutes of lying down, you probably have a severe sleep debt, maybe even a sleep disorder. Very short periods of sleep throughout the day (sometimes you may not even know that you are sleeping) are also another sign of a sleep disorder.

Here are some tips to help you get a good night's sleep:

- Go to bed at the same time every night and get up at the same time every morning.
- Avoid taking naps during the day because naps may make you less sleepy at night.
- Avoid caffeine, nicotine, and alcohol late in the day. Caffeine and nicotine are stimulants and can keep you from falling asleep. Alcohol can make you wake up later in the night.
- Get regular exercise.
- Do not exercise close to bedtime because it may stimulate you and make it hard to fall asleep. Experts suggest not exercising for three hours before the time you go to sleep.
- Don't eat a big meal late in the day, although a light snack before bedtime may help you sleep.
- Make your sleeping place comfortable. Be sure that it is dark, quiet, and not too warm or too cold. If light is a problem, try a sleeping mask. If noise is a problem, try earplugs, a fan, or a "white noise" machine to cover up the sounds.
- Create a routine to help you relax and wind down before sleep, such as reading a book or taking a bath. Watching the news just before bed may keep some people awake, especially if the news is upsetting.

See your health care provider if you think you have a serious sleep disorder.



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