



REVERSIBILITY OF COPD?
RESEARCHERS HOPE TO EVENTUALLY
REVERSE THE EFFECTS OF COPD...6



PANIC ATTACKS COPING
MECHANISMS THAT AID RECOVERY
FROM PANIC ATTACKS5



COPD PEOPLE: A FORMER TV ART
DIRECTOR SHARES HIS LIFE, AND LIV-
ING WITH COPD, WITH READERS 7

Living with COPD



Being diagnosed with COPD is by definition a daunting occurrence. However, there are many simple things you can do that have been proven to make life a little easier

Managing your life with COPD

A majority of medical authorities agree the single most effective way to prevent and slow the progression of COPD is to quit smoking, but beyond that, there are several strategies that people with COPD can employ to further manage their illness.

Healthy eating habits can make a significant difference when it comes to COPD. A poor diet can result in a lack of energy for anyone, but when coupled with COPD a poor diet can have grave effects.

Many experts suggest doubling the number of meals, while halving individual portions. Smaller, more frequent meals can

please turn to next page

Chronic Obstructive Pulmonary Disease: our purpose is to provide practical information to help you manage the condition

Welcome to COPD Canada: A voice for COPD patients

People who know COPD best are those coping with the disease. From that idea came the formulation of COPD Canada and this: its first newsletter. *Living with COPD* has been produced to help Canadians who are managing their lives as well as they can while dealing with the limitations imposed upon them by chronic obstructive pulmonary disease.

COPD Canada is a new non-profit association that was formed to allow us to achieve a number of objectives. Our group is made up of COPD patients and professional caregivers. Our long-term goal is to create a national association of COPD patients, so that we might help each other. We also plan to introduce a variety of educational products similar in nature to this newsletter. Patient education seminars—focused on managing the disease—will be

launched over the next year.

Through these activities we hope to increase national public awareness of chronic obstructive pulmonary disease and upgrade the information, services, and support currently available to COPD patients and their families.

This issue of *Living with COPD* is the first in a new quarterly series. With each issue we will endeavor to pro-

please turn to next page

Ask Dr. Chapman

by **Dr. Ken Chapman,**
Toronto Western Hospital, Toronto, Ont.

What is COPD? (asks C.D., of Edmonton, Alta.)

COPD is the acronym for Chronic Obstructive Pulmonary Disease and is the term used to describe two diseases that



and emphysema?

affect the lungs: chronic bronchitis and emphysema. COPD causes the airways of the lungs to become inflamed or blocked making breathing difficult. Patients may experience symptoms of one or both of these conditions.

What is the difference between chronic bronchitis

and emphysema? please turn to page 5

Welcome to COPD Canada: A voice for COPD patients

continued from page 1 wide practical information to help you manage the disease. We will also review worldwide COPD news, boil it down to easy-to-read snippets - while providing pointers for more information. We hope you find our COPD news reporting helpful and of interest. Members of the association will also monitor and report on leading edge research that is typically presented at international medical conferences.

A new web site www.copd.ws has been developed to serve as your key entry point to our association. Membership to COPD Canada is free of charge. To register please visit our web site and click on the Membership icon.

Among the services to be introduced in the near future is a COPD resource centre, accessible through the COPD Canada web site. As well as these initiatives we hope to introduce a moderated on-line discussion forum, with guest experts from the medical profession available to answer any questions you may have.

We have also introduced a blogsite copdcanada.blogspot.com where your comments can be posted. A dialogue with other members is encouraged. Peer support through online group discussion is an important component to building a dynamic community of people with shared interests and challenges. By being vocal about your experiences you can help those who are just finding their way with this disease—so, please—log on and begin the discussion.

COPD is still relatively unknown

It's estimated that the number of Canadians with Chronic Obstructive Pulmonary Disease (COPD) is 750,000 and that this number has been increasing steadily for the past years. It is the only disease category in the top 10 that's still growing and is projected to continue to grow for at least the next decade. The rise in prevalence is expected to continue despite declining rates of cigarette smoking; that's because of the lag time between tobacco exposure and the development of clinical pathology.

Yet, COPD is still relatively unknown. Last year, The Lung Association's *National Report Card on COPD* estimated that fully 50% of Canadians have never heard of the disease. Our association intends to help remedy that lack of awareness and bring COPD to the forefront as a health concern in Canada.

COPD Canada and the educational products we produce are designed to help you and your family deal with the emotional and physical challenges of living with the disease. But, to be viable we need your input and support. Suggestions can be sent to copd.canada@gmail.com

We would love to hear from you, and we invite you to join our community. Write to us at: Chronic Obstructive Pulmonary Disease Association, 555 Burnhamthorpe Road, Suite 602, Toronto, Ont. M9C 2Y3. Your involvement will assist us in building our association, produce educational products, and manage our emerging national community of COPD patients.

About us: Living with COPD

COPD Canada is an independently registered non-profit organization whose primary mandate is to assist Canadians who suffer from Chronic Obstructive Pulmonary Disease.

Living with COPD is published for

COPD Canada by Chronicle Information Resources Ltd., from offices at 555 Burnhamthorpe Road, Suite 602, Toronto, Ont. M9C 2Y3. Contents © 2006, Chronicle Companies, except where noted..
Printed in Canada.

Managing your life with COPD

continued from previous page reduce the effort of breathing, but still supply necessary nutrition.

Carbohydrates are one of the best sources of energy for people with COPD. Most physicians recommend that at least half of your calorie intake consist of complex carbohydrates. However, it's advisable to try to avoid simple carbohydrates (sugars), which have less nutrition per calorie. Instead, opt for whole grain crackers, breads and pastas, high fiber cereals, and fresh fruits and vegetables.

Studies also show a regular diet of ocean caught fish (two to three times per week) can be beneficial. The Omega-3 fatty acids in the fish can help fight bronchitis and emphysema. Sardines, mackerel, herring, salmon, bluefish and tuna are all particularly rich in omega-3 fatty acids.

Additionally, anti-oxidants (vitamin C, E, and certain minerals) found in fruits and vegetables have also been proven to protect lung tissue from damage at the cellular level. A word of advice: the deeper and darker the color of the fruit or vegetable, the richer it is in anti-oxidants.

For non-pharmacological relief of COPD, patients are encouraged to practice simple breathing and mucous-clearing techniques as well as conserve their energy when possible. Physicians also recommend avoiding items or situations that can irritate COPD, such as dusty or smoky air, polluted air, cold air, hot or humid conditions, or anything else known to cause breathlessness. None of these things may worsen one's illness, but they can certainly make it seem that way.

Maintaining a healthy body weight, regular exercise, and a proper diet can also make a positive difference in symptom relief. Even the most simple exercise routine such as daily stretching and breathing exercises plus a walk can be beneficial.

Pulse: News about COPD

Salty, starchy food may increase likelihood of COPD

- Diets rich in meat, refined starches, and sodium may increase the likelihood of individuals developing chronic respiratory symptoms, including COPD, when compared to people who consume a diet high in fruit and soy. "We know that cigarette smoking can be a specific cause of COPD, but now we're learning that avoiding certain foods may help reduce chronic respiratory symptoms, both in smokers and non-smokers," said Dr. David Schwartz, lead investigator. The study was recently published in the *American Journal of Respiratory and Critical Care Medicine*.

COPD and antibiotics

- A review of 11 trials including over 900 patients indicates that exacerbations of COPD are best treated with antibiotics. According to the study, published online in the Cochrane Library, antibiotics reduced the risk of death from COPD in these situations by 77%, decreased the risk of treatment failure by 53%, and decreased the risk of developing purulent sputum by 44%. The study also noted that antibiotic therapy was associated with a small increase in the risk of developing diarrhoea. To date, many physicians have generally been cautious regarding the use of antibiotics to treat COPD exacerbations out of concern for contributing to the rise of resistance to antibiotics. Up to one-third of COPD exacerbations, however, are not caused by bacterial infections at all, and others are related to viral causes.

COPD inflammation tied to pulmonary hypertension

- Systemic inflammation may underly pulmonary hypertension secondary to COPD, according to the results of a recent study. Reported in the August 2006 issue of *Chest*, the study compared 19 COPD patients with and 24 without pulmonary hypertension. Compared to those without hypertension, patients with the disease showed significantly higher serum levels of C-reactive protein and tumor necrosis factor alpha. Based on these results, researchers speculated that systemic inflammation could become a target for novel therapeutic compounds. These compounds would have the potential to slow down the progression of pulmonary hypertension and to improve the prognosis of COPD patients.

GPs skipping lung function test in diagnosis of COPD

- Family physicians might be diagnosing COPD too hastily by only evaluating the individual's symptoms and smoking history, and not recommending spirometry testing, a study reports. This hasty diagnosis could lead to uncertain diagnoses or unnecessary treatment. The researchers also found that the older the patient, the less likely it was that a lung function test would be conducted. The investigators reviewed medical records obtained from the US Veterans Health Administration healthcare system; a total of 200,000 COPD patient case files (98% males) with an average age of 67.5 years were reviewed. More than 95% had been diagnosed by a family physician during an outpatient visit. Only 37.7% of the patients underwent spirometry, either at the family physician's clinic or after being referred to a pulmonary clinic. The study was published in the June issue of the journal *Chest*.

Pulse: News about COPD

Increased risk of mortality for women with COPD

■ Women who are on long-term oxygen therapy for COPD face an increased risk of death compared to men receiving the same therapy, according to a recent study. The seven-year prospective study, reported in the September 2006 edition of the *American Journal of Respiratory and Critical Care*, found women referred to oxygen therapy were 54% more likely to die than men.

To investigate, the authors followed 435 oxygen-dependent patients with COPD, 184 of them women. Clinical management of COPD in both groups was similar and was based in the latest treatment guidelines, the researchers noted. Although women and men exhibited similar survival rates during the initial follow-up period, differences in survival became more apparent after three years. Additionally, women in the study were younger and reported fewer pack-years of smoking cigarettes, but showed similar impairment s in lung infection and oxygenation. Based on these findings, the authors suggested women may be more susceptible to COPD.

New therapy effective in helping smokers quit

■ The novel anti-smoking smoking drug varenicline (Chantix) is effective in both helping people to quit smoking and to keep them off cigarettes, according to the results of several investigations. Two separate studies—one from the Oregon Health and Science University and another from the University of Wisconsin in Madison—found varenicline is more effective than either placebo or bupropion (Wellbutrin SR) in helping people stop smoking.

A third investigation conducted at the University of Oslo in Norway concluded varenicline was more effective than placebo in preventing relapse among those who have already quit smoking.

All three studies were published in the July 2006 issue of the *Journal of the American Medical Association*. An accompanying editorial recommended physicians and patients maintain a cautious optimism regarding the therapy. The authors noted that many participants in the trials experienced adverse events, stopped taking their medication before they should have, and discontinued participation in the studies. Furthermore, the majority of patients in all three studies did not quit smoking even after taking the drug.

Inhaled Corticosteroids Reduce Mortality

■ A Canadian trial of over 900 patients with COPD reports the use of inhaled corticosteroids following an exacerbation can reduce the risk of all-cause mortality. According to data published in the September 2006 edition of *Chest*, for subjects 35 and 74 years of age, the mortality rate between 90 and 365 days was reduced by 53% among those who inhaled steroids. For those over 65 years of age, inhaled steroid use was associated with a 25% reduction in mortality.

Ask Dr. Chapman

continued from page 1 (asks M.S., of Wainfleet, Ont.)

Bronchitis is the inflammation of the lining of the bronchial tubes. These tubes connect the windpipe with the lungs. When the tubes are inflamed less air is able to flow to and from the lungs and heavy mucus—or phlegm—is coughed up. This is bronchitis. Chronic bronchitis is defined by the presence of a mucus-producing cough most days of the month.

Emphysema is a disease that affects the air sacs and/or the smallest breathing tubes in the lungs. Simply put, the lungs lose elasticity and that causes the affected areas to become enlarged. When lungs lose their elasticity getting air into and out of the lungs becomes very difficult.

What causes COPD?

Cigarette smoking is the leading cause of COPD and this includes second hand smoke. Constantly breathing in airborne particulates in your work environment can also cause COPD.

What are the symptoms of COPD?

Coughing, extreme mucus production, shortness of breath (especially with exercise), wheezing (a whistling or squeaky sound when you breathe), and chest tightness are the most common symptoms.

What can be done if you suspect you have COPD?

The first thing to do is stop smoking. Even if you already have COPD, quitting smoking can help prevent further lung damage. There are also medications available that can help people breathe better even with chronic bronchitis or emphysema. These medications may decrease mucus, increase the amount of air that can get into and out of the lungs, and help relieve symptoms of shortness of breath. Talk to your doctor to see if you are doing all you can for your condition.

Is there a special type of diet a person with COPD should follow?

The best diet to follow is a healthy one. Drink plenty of water to avoid dehydration. Eat little meals often and avoid heavy meals, which can make breathing more difficult. If you're having trouble sleeping and are a coffee drinker, consider cutting back on the caffeine.

We invite your questions. Please mail questions to: Ask Dr. Chapman c/o COPD Canada; 555 Burnhamthorpe Road, Suite 602; Toronto, Ont. M9C 2Y3. Or you can e-mail questions to: copd.canada@gmail.com

Dr. Chapman is an internationally respected researcher in the field of asthma and airway diseases; his more than 400 publications in the field of asthma have appeared in the *New England Journal of Medicine* and the *Lancet*. He has presented his research to medical audiences widely in North America, Europe, Asia, South America, Australia and Africa. He chaired Canada's first Consensus Conference to establish Canadian guidelines for the management of COPD and remains an active participant in guideline development processes for asthma and COPD.



How to cope

People with COPD should have an inhaler in their possession at all times to help them regain control of their breathing when a panic incident occurs, says Meeran Manji, a nurse and COPD Educator at the Pulmonary Rehabilitation Clinic at the Toronto Western Hospital: "I tell my patients, especially those with severe COPD, to carry their inhaler in their pocket or put it around their neck. Always having [it] will help reduce anxiety and offer a feeling of remaining in control, which is often a struggle during moments of panic."

Symptoms of anxiety and panic attacks affect 25% to 60% of people with COPD, negatively affecting their health and their ability to perform daily activities.

When she works with people at the pulmonary rehabilitation clinic, Manji teaches breathing techniques such as deep breathing, and "pursed-lip" and "diaphragmatic" breathing, which can also be helpful during a panic attack.

Another consideration for coping includes encouraging family, friends, or caregivers to gain an understanding of the needs required to provide support to the person with COPD when the situation arises. "The patient should have a plan that will identify with their needs and allow their caregiver to also understand their needs, which is really important," she said.

As their condition worsens, the patient may become more home-bound and fatigued, which can lead to a breathlessness-anxiety cycle. "Sometimes this breathlessness-anxiety cycle will cause patients to experience a state of prolonged sadness or depression," she said. "This is common for people who have COPD." If the depression continues over a long period of time, Manji said it should be treated by a physician.

From the **medical conferences**

From the Annual Meeting of the American Thoracic Society

Is this possible: Reversibility of COPD?

Future treatments for COPD could possibly reverse the pathology of the disease, according to data presented at the American Thoracic Society International Conference in San Diego.

Although quitting smoking early remains the best method, Dr. Stephen I. Rennard of the University of Nebraska Medical Center told those in attendance that those who quit later may benefit more as well.

Studies show inflammation leading to lung damage begins with the first cigarette. As young people take up smoking, they increase the risk of developing COPD at a later age.

However, according to Dr. Rennard, data shows that for those who stop smoking by age 35, the deleterious effects of smoking on the lungs is reversible and one can return to the normal decline in lung function that comes with aging.

Dr. Rennard suggested methods to block inflammation, such as the selective PDE4 inhibitor Ariflo may repair lung damage caused by inflammation. Genetic therapy may also have the potential to repair inflammation and inhibit fibrosis in the lungs.

Furthermore, cell death stimulated by cigarette smoke can be inhibited by pharmaceutical intervention, Dr. Rennard said.

"If you reduce inflammation and inhibit the [cell death] process, the implications on the natural history of COPD are that it will change the accelerated rate of decline to make it normal rate of decline," Dr. Rennard said. "COPD is a potentially reversible disease. This is very different from slowing the decline."

Combination therapy shows promise

Improving survival an achievable goal

A recent multinational study has found new hope for improved rates of survival among COPD patients.

According to preliminary results from the TORCH (TOwards a Revolution in COPD Health) study, patients receiving 50/500 micrograms of a combination treatment consisting of salmeterol xinafoate (Serevent) plus fluticasone propionate (Advair) showed a 17.5 % relative reduction in mortality over three years.

The combination therapy also reduced the rate of COPD exacerbations by 25% and resulted in an improvement in quality of life, when compared to Advair or Serevent alone or placebo. Reported at the American Thoracic Society International Conference, the findings are the first to demonstrate the benefit of drug therapy on survival.

To date, the only non-surgical interventions shown to be effective have been cessation of smoking and long-term oxygen therapy (for patients with low blood oxygen).

Over 16,000 COPD patients in 42 countries were enrolled into the TORCH study. The patients were randomly assigned to treatment with the combination, Advair alone, Serevent alone, or placebo. The primary endpoint was all-cause mortality. Secondary endpoints included COPD morbidity, including the rate of exacerbations, and health status, as measured by the St. George's Respiratory Questionnaire.

Unpublished data from the trial indicates that of the 875 people enrolled in the study who eventually died, COPD was the cause of death in just 35%. The combination treatment was associated with a 2.6% absolute reduction in mortality.



COPD people

Bill Beeton

Toronto, former CBC television art director

Bill Beeton's passion is art and he spent his career expressing himself as an art director in television, feature films, and TV commercials. That career began in the CBC special effects department in 1958. Among his jobs, one was to ring the bell on Front Page Challenge. During broadcast his wife would jokingly announce to friends, "That Ding Dong is my husband." His skill as an artist quickly moved him up the ranks at the Canadian Broadcasting Corporation. He left the CBC in 1979 to pursue a freelance art director career in feature films. The work took him to Spain, Italy, and Morocco. Bill's passion is art and he continues to produce artworks, but concedes that his illness places extreme limitations on what he can do. Bill was diagnosed as having emphysema more than 10 years ago.

When did you suspect there was something wrong with you?

It was the middle of winter. I was in Montreal going up a steeply sloped street, suddenly realizing I can't breathe. I can't catch my breath. I thought—this is what lung cancer feels like. Do I want to really know? Maybe if I ignore it it will go away.

Did it go away?

Yes it did.

When did you quit smoking?

At one o'clock, on October 15th, 1992: sitting in a restaurant on Bloor Street [in Toronto]. I haven't had a cigarette in 14 years.

What happened that made you quit then and there?

I couldn't cross the room without stopping to catch my breath.

Did you hide your condition from others?

Yes, I had to. It was very important to my job, my business, that I remain healthy. Otherwise, who would hire me?

How well do you understand the disease?

As well as I need to. I don't want to know too much about it but it is important that I can talk to doctors intelligently. They open up a bit more to you if you can drop a few medical terms.

Who are your favorite artists?

Gorky, Reubens, and Goya.

What kind of music do you listen to?

Mostly classical: Bartok, Stravinsky, Bach. I

must admit that I do like some rock music. My son is a Jimi Hendrix addict. I also enjoy the throat singers of Tibet.

Throat singers?

It's a multi-harmonic form of singing. Singers change the shape of different cavities of the throat to alter harmonic sounds and can produce different tones at the same time..

Do you have a favorite public person or celebrity?

No. Years ago I lost the need for a mentor. I do admire Steven Hawking though. Not only does he have a life but a very interesting one. And, he functions at a very high level.

Do you have a favorite flower?

The iris.

Do you have a favorite scent?

Coffee

Do you still drink coffee?

I can't. Unfortunately.

Do you have a favorite author?

I have several actually. Mark Twain, Elmore Leonard, and Kurt Vonnegut are among the authors that I like.

What do you miss most?

Walking... being able to climb stairs. But walking, mostly; I really miss walking. I used to walk six miles a day.

This regular feature of *Living With COPD* is intended to allow Canadians to put a face on COPD, through engaging in dialogue with patients from diverse backgrounds and communities. We invite your comments and suggestions.



COPD Canada's web resource
www.copd.ws

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.copd.ws 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 complimentary access to all COPD Canada seminars, on line discussion forums and our member chat section. **Coming soon: COPD Chat.** The people who know COPD best are those coping with COPD. Members can talk with their peers worldwide through our new interactive chat room. Ask questions, supply answers, share tips and frustrations: all within the comfort of a peer setting. • **To assist** members with complaints about the Canadian healthcare system, your website is introducing a complaints section. This node will all allow anonymous communication about problems with a healthcare provider or the system in general.