



FIGHTING FATIGUE: HOW TO INCORPORATE FATIGUE FIGHTING MEASURES 5



IF YOU BOOZE, YOU LOSE! TASTY AND LOTS OF FUN, BUT IT CAN BE VERY RISKY.7



OBSTRUCTIVE SLEEP APNEA: IS THAT YOU SNORING OR IS A FREIGHT TRAIN COMING? 1

Living with COPD

Obstructive Sleep Apnea (OSA)

Sleep apnea is a serious and sometimes life threatening sleep disorder that is characterized by periods of apnea (breathing pauses) during sleep.

During an apneic episode, you may stop breathing for up to 10 seconds or more and, as your blood oxygen levels drop, you may awaken abruptly with a loud gasp or snort.

The number of apneic events you experience may be as high as 20 to 60 per hour or more, and the effects may lead to serious health complications. It is often accompanied by loud, disruptive snoring.

Although it's not unusual for a person to have both sleep apnea and COPD, the presence of sleep apnea is not higher in COPD patients than in the general population. Having both disorders at the same time is certainly challenging though.

Obstructive sleep apnea (OSA) is most commonly seen in the general population and in people with COPD. OSA occurs when your throat muscles, including your tongue, relax during sleep and block your airway. Because many people who suffer from OSA are overweight, they often have an enlarged tongue and soft palate and/or excess fat in their throat area.

Although anyone can have sleep apnea, it is found most often in older men of African-American, Hispanic or Pacific Islander extraction. Other factors include being obese, having a large neck circumference (17" or more for men and

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Chronic Obstructive Pulmonary Disease Meeting the challenges of living with COPD

Living with COPD can be challenging, as the disease has a dramatic impact on your daily life. Often causing severe disability, a diagnosis of COPD can lead to feelings of hopelessness and helplessness.

As the disease progresses, any kind of physical activity or social interaction may prove difficult. Luckily, you can take back your independence and improve your quality of life by incorporating some simple things into your daily life.

Most of us take our ability to communicate with others for granted. But, with COPD, communication may become difficult due to extreme shortness of breath. It is important for you to know that it is OK to take your time speaking. Talk in short phrases or sentences and pause in between to rest if necessary.

Breathlessness is the most frightening aspect of COPD. Unlike healthy people, breathing for a COPD patient can be quite a struggle, involving a real conscious effort. Practicing energy conservation techniques will help you pace yourself in your daily activities so you don't get so winded.

Breathing control

Continued on Page 2

Ask Dr. Chapman

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

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What is pulmonary arterial hypertension?

Pulmonary arterial hypertension is an important and potentially confusing issue for patients with COPD. Let's begin by translating the term into plain English and then discussing the various types and their treatment.

Hypertension will be a familiar term to almost everyone. Although it sounds

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Continued from Page 1 techniques can help you fight fatigue and feel less short of breath. When you are performing any kind of activity, be sure to exhale during the most difficult part of the activity using pursed-lip breathing. If you are short of breath, stop and rest for a moment before resuming your activity.

Avoid any unnecessary activities that will cause you to expend more energy. For example, wear a terry cloth robe after your bath or shower to save yourself the effort of drying off. Allow the dishes to dry by air instead of drying them by hand, or better yet, use the dishwasher. Sit instead of stand to do your hair, shave or put on your makeup. According to the Canadian Lung Association, sitting uses 25% less energy than standing.

Plan your most strenuous activities at the beginning of the day when you have the most energy. Then alternate between tasks that are difficult and those that are easy. Plan out your rest periods and don't feel bad if you need more rest on one day than another.

Maintaining a safe environment is an important part of COPD management and should be moved to the top of your priority list. Safety, both inside and outside the home, will help to preserve your health and assist you in carrying out activities of daily living in a safe manner. Things that you can do to foster safety around your home include:

- Remove all throw rugs from the floors
- Place safety bars inside bathrooms, showers and bathtubs and along walkways both inside and outside the home
- Use a raised toilet seat
- Remove all cords and other debris from pathways inside and outside the home
- Ensure adequate lighting
- Use non-slip slippers or shoes when moving about the home
- Discard any medication expired or not in use in a safe place
- Do not allow yourself to be near anyone who smokes (especially if on oxygen)
- Write down emergency numbers and place in a visible place

You should organize your closets, shelves and drawers. If you place the items that you use most frequently between waist and shoulder level, you won't have to do a lot of bending or stretching to reach them, thus conserving energy. Keep all items in the area that you use them to avoid extra walking to find them.

If you use your body properly, you will save more energy. Avoid excess bending or lifting. Use proper body mechanics when trying to move items by pushing, pulling or sliding the item. Instead of carrying things, get yourself a little wagon or cart to wheel them.

When you relax, you help restore energy to your body. Make sure to schedule relaxation periods during your day and when doing so, concentrate on relaxing all your muscles and slowing down your breath.

If you are getting short of breath while trying to eat, you are

not alone. It is a problem and one of the most important to overcome, as malnutrition is one of the more common complications of COPD. You may also be trying to restrict your fluid intake to avoid unnecessary trips to the bathroom that may leave you breathless.

Since many people who suffer from COPD frequently eat less, try focusing on eating foods that are high in calories to maximize your caloric intake. You can also supplement your diet with liquid-meal preparations, like Boost or Ensure. If your appetite is less than normal, avoid drinking fluids until after you are finished eating.

Exercise is an essential part of our daily lives. For those with COPD, it is even more important. Implementing simple stretching and breathing exercises or a daily walk will help you maintain your physical and emotional well being. Exercise gives you a feeling of control over your life and helps you to maintain your independence. It strengthens the muscles you use for breathing as well as your other muscle groups causing you to expend less energy.

Carrying more weight around than you should makes it harder to breathe. Exercise helps you control your weight, making it easier to breathe.

Exercise is also associated with alleviating depression and helps you relax thus causing you to use less energy.

Exercise helps all of us sleep better and if you sleep better at night, you will have more energy during the day.

By implementing a few lifestyle changes, you can improve the quality of your life and continue to live to the fullest extent.

— 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.

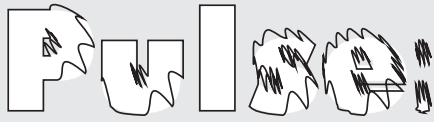
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News about COPD

Long-Term Antibiotic Use May Lessen COPD Flare-Ups

■ **Denver** / Taking a daily dose of the antibiotic azithromycin may help prevent life-threatening complications of chronic obstructive pulmonary disease (COPD), researchers say. These complications are commonly referred to as acute exacerbations, and they can cause frequent doctor visits and hospitalizations. Although numerous medications are available to help prevent exacerbations, some people still experience several flare-ups per year. People on the antibiotic had an average of 1.48 exacerbations over a year, compared with 1.83 exacerbations for people who received usual care for COPD. “We tested whether adding azithromycin to standard therapy would decrease COPD exacerbations, and it did. It was associated with some side effects, but we thought the side effects were limited and the potential benefits for patients with COPD—in our opinion—outweighed the potential risks,” said the study’s lead author, Dr. Richard Albert, chief of medicine at Denver Health, and a professor of medicine at the University of Colorado.

 <http://tinyurl.com/copd5741>

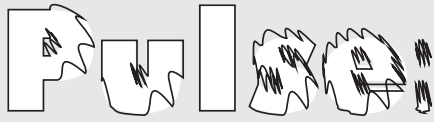
Risk for COPD Higher Than Thought

■ **Toronto** / Canadian researchers found that one out of every four people 35 and older is likely to develop COPD, which they called “one of the most deadly, prevalent and costly chronic diseases.” COPD includes emphysema and chronic bronchitis, and the overall risk for developing it surpasses that of heart failure as well as breast and prostate cancer. “Our novel findings draw attention to the huge burden of COPD on society... and can be used to combat the disease [and] justify the continuation of smoking cessation programs,” the study’s authors wrote. The researchers, from the Institute for Clinical Evaluative Sciences in Toronto, used health data on people ranging in age from 35 to 80 years old to determine the lifetime risk of developing the condition. Over the course of 14 years, 579,466 cases of COPD were diagnosed. The research found that the average 35-year-old woman is more than three times as likely to get COPD than breast cancer during her lifetime, and the average 35-year-old man is at more than three times greater risk for COPD than prostate cancer. The study also pointed out that males, people living in rural areas or those with lower socioeconomic status have a greater risk of developing COPD over their lifetimes.

 <http://tinyurl.com/copd6272>

Physician Groups Issue New COPD Guidelines

■ **Philadelphia** / Patients with more severe COPD are best managed with inhaled monotherapy of either long-acting beta agonists or anticholinergics, according to a new guideline from several physician organizations. These patients can also be given combination therapy that includes inhaled corticosteroids, although there is less evidence for this recommendation. This information is according to a combined statement from the American College of Physicians (ACP), the American College of Chest Physicians, the American Thoracic Society, and the



News about COPD

European Respiratory Society. Screening for the disease in asymptomatic patients, even if they're in an at-risk population such as smokers, is unnecessary, Amir Qaseem, MD, PhD, director of clinical policy at ACP, and colleagues wrote in their guideline on diagnosing and treating COPD, published in the *Annals of Internal Medicine*. The recommendations are an update to a 2007 guideline from the ACP, with the researchers reviewing studies published between that year and 2009 to create the new guidelines.

 www.acponline.org/pressroom/copd.htm

U.S. Smoking Rates Dropping Slowly

■ **Washington, D.C.** / Smoking prevalence in the U.S. has fallen over the last five years, but not at a consistent rate, CDC researchers said. The percentage of adults who smoke fell to 19.3% in 2010 from 20.9% in 2005, a 1.6% drop that amounts to about three million fewer smokers than there would have been with no decline, Brian King, PhD, of the CDC, and colleagues reported. But that means about one in five adults—some 45 million Americans—still smoke. As well, the amount and direction of change has not been consistent year-to-year. For instance, there was a slight drop from 2006 to 2007, but not from 2007 to 2008, they wrote. "It's been much slower than the rate of decline in the previous five years," Thomas Frieden, MD, MPH, director of the CDC, said. The researchers concluded that "enhanced efforts are needed to accelerate the decline in cigarette smoking among adults."

 <http://tinyurl.com/copd0776>

COPD Stent Fails Clinical Test

■ **London** / Patients with severe emphysema derived no significant benefits from a less invasive alternative to surgical lung-volume reduction, investigators in a randomized trial reported. Airway bypass failed to improve lung function or dyspnea despite successful release of trapped air in emphysematous lung tissue. "Findings of the EASE [Exhale Airway Stents for Emphysema] trial showed that at day one, airway bypass released trapped gas from hyperinflated regions, thereby improving pulmonary function," Pallav L. Shah, MD, of the Imperial College in London, and co-authors wrote in their discussion. Surgical lung-volume reduction has demonstrated ability to improve breathing and reduce dyspnea in patients with severe emphysema. However, the surgery causes substantial morbidity. Recently, the less invasive procedure airway bypass has shown potential to reduce lung volume by eliminating trapped air in emphysematous tissues. Performed by bronchoscopy, airway bypass involves surgical creation of passages in bronchial airways, followed by placement of paclitaxel-coated stents to maintain patency of the passages. "Although our findings showed safety and transient improvements, no sustainable benefit was recorded with airway bypass in patients with severe homogeneous emphysema," the authors wrote in conclusion.

 <http://tinyurl.com/copd507>

Fighting Fatigue

We're all tired. It's become a fact of life in the 21st century. Fatigue, like pain, is a very personal experience. How do you fight fatigue? It could be argued that those of us who are experiencing fatigue and COPD are going through something that is different than ordinary tiredness. Fatigue seems to be poorly understood in COPD and not studied to the extent that it should be.

Fatigue is described as the subjective perception of generalized tiredness, exhaustion or lack of energy. That's a mouthful—makes me want to have a nap. While breathlessness remains the primary debilitating symptom associated with COPD, fatigue is generally believed to be greater in patients suffering from lung disease than in healthy adults, so as a symptom, it warrants some discussion.

Many patients report that fatigue ranks nearly as high as breathlessness as a contributing symptom to the decrease in their quality of life, yet it is infrequently reported or discussed in clinical research. So why do patients with COPD experience fatigue? The increased level of fatigue found in patients with moderate to severe COPD is said to be associated with an increase in the severity of pulmonary impairment. In lay terms, we're not getting enough oxygen—or as much as we need to party-hearty.

Additional studies suggest that the sensation of fatigue associated with COPD may be related to reduced time spent outdoors, the frequency of yearly COPD exacerbations and in some, a decrease in weight, muscle mass, strength and endurance.

Given the high levels of fatigue associated with COPD, it is important to incorporate the following fatigue-fighting measures into your daily life:

1. **Exercise Regularly**
People who exercise regularly report lower levels of fatigue and an improvement in quality of life than those who don't.
2. **Eat Nutritious Foods**
A healthy diet packed with energy-producing foods is best for patients with COPD and other chronic illnesses.
3. **Eat Breakfast Every Morning**
Eating your breakfast every morning can serve as an initial energy booster and keep you from feeling the

- energy-draining effects of fatigue throughout the day.
4. **Get Plenty of Rest**
Most adults need between seven and nine hours of sleep each night. In fact, lack of sleep is strongly associated with increased levels of fatigue and a myriad of other health conditions, including obesity and diabetes.
5. **Reduce Stress**
The importance of stress relief in chronic disease management cannot be overemphasized. Reducing stress can decrease fatigue and anxiety and improve your overall quality of life.
6. **Drink Plenty of Fluids**
Dehydration can cause headache, fatigue, dry mouth, dizziness, rapid heart rate and a host of other symptoms. Unless your doctor tells you otherwise, you should drink eight glasses of water per day.
7. **Consider Vitamins and Minerals**
You may want to ask your doctor if vitamin or mineral supplements are appropriate for you, particularly if your diet is lacking in vital nutrients. However, in general, supplemental vitamins have not been shown to improve symptoms or lung function in COPD.
8. **Laugh, Laugh, Laugh, Laugh**
Laughter has been found to have many health benefits, including reducing stress and increasing pain tolerance. Why not try a little laughter to help reduce the fatigue in your daily life?
9. **Prevent COPD Exacerbation**
Because an increase in fatigue may be associated with COPD exacerbation, preventing an exacerbation is important in COPD management.
10. **Spend More Time Outdoors**
There is nothing like nature and sunlight to cure what's ailing you. In fact, research suggests sunlight increases cognitive function and blood flow to the brain.
Fatigue, like dyspnea, affects all areas of a COPD patient's life, including activities of daily living, social interaction and sleep patterns. Effective management of fatigue requires increased awareness and a collaborative effort between patients and their health care providers.

— Mary Layton

Continued from Page 1 16" or more for women) and smoking and alcohol consumption.

Along with periodic episodes of apnea during sleep and intermittent snoring, symptoms of sleep apnea include excessive daytime sleepiness, morning headache and sore throat. You may find that there are changes in your personality and that you develop behavioral disorders such as bed wetting, impotence and obesity. As well, your partner may begin complaining that you snore too loudly.

If you have OSA and you live alone, you may not even be aware of it. Paying close attention to your sleep patterns and your daytime symptoms will help you recognize a potential problem. If you think you may have OSA or, if your partner complains that your snoring is intense, it may be time to visit your health care provider for an evaluation and more information.

COPD and OSA are often coined as overlapping syndromes. Both COPD and OSA are independent risk factors for heart problems that may include irregular heart beat, high blood pressure, heart attack and stroke, and their coexistence may further increase these cardiovascular risks. This makes early identification of OSA in people with COPD extremely important.

Non-surgical treatment options for OSA include using tongue-retaining devices or bite guards. Weight loss will also help if you are currently overweight. There are also a number of surgical interventions that you should discuss with your doctor.

Ask Dr. Chapman

Continued from Page 1

as though it refers to some sort of emotional distress, it has nothing to do with agitation or anxiety and simply means “high blood pressure”. When the doctor or nurse checks your blood pressure using the familiar blood pressure cuff, he or she is screening for high blood pressure or hypertension. When the pressure in your arm is higher than expected, it means that the heart is forced to work harder to circulate blood to working organs and muscles. If the pressure is high enough for long enough, the heart can be weakened and fail—the medical term is heart failure. When the working organs are receiving blood under high pressure, they may also suffer from damage as a consequence. Common consequences of untreated hypertension include stroke and kidney failure.

The hypertension we’ve been discussing so far is the high pressure in blood vessels taking blood from the heart to the body. This is a large system of circulating blood (the systemic circulation) and the large muscular chambers on the left side of the heart handle the job. Before blood is pumped throughout the body in this systemic circulation, it must be pumped from the receiving chambers of the heart into the lungs where it is enriched with oxygen and where carbon dioxide is offloaded. This is a shorter distance for blood to travel and the job is handled by the right side of the heart. In healthy individuals, the pulmonary artery pressures are low and the chambers of the right side of the heart are less muscular and work under less stress than the chambers on the left. Pulmonary arterial hypertension is abnormally high pressure on the right side of the heart and in the blood vessels of the lung. Measuring this pressure is a challenge and to do it accurately requires threading sensitive pressure catheters through the heart (cardiac catheterization). A more common first step if your doctor suspects pulmonary hypertension is to estimate the pressure on an echocardiogram.

If you do some online research for the terms “pulmonary hypertension” or “pulmonary arterial hypertension” you’ll be confused by several different descriptions and treatments. This is because the pulmonary pressure can become abnormally high for several different reasons and the treatment depends upon the cause.

For example, pulmonary hypertension (PH) can occur as:

- (a) the rare consequence of some drugs (such as weight loss drugs)
- (b) as part of some rare autoimmune diseases or
- (c) as the result of damage to the left side of the heart causing increased pressure to the right side of the heart.

Treatments that follow are:

- (a) withdrawal of the offending diet drug
- (b) treatment of the autoimmune disease with immune-suppressing drugs, or
- (c) treatment of the heart disease.

PAH may result from repeated blood clots lodging in the blood vessels of the lung (repeated pulmonary emboli) for which the treatment is typically the administration of blood thinning

medications. Occasionally, there is no clear cause for PAH and it is called “idiopathic”—medical terminology for “we just don’t know”. Idiopathic PAH is comparatively rare and is typically treated with special medications designed to relax the pulmonary arteries.

In COPD, low oxygen areas are scattered throughout the lung. If the COPD is mild, the scattered constriction of blood vessels isn’t a problem. If the COPD is severe, the widespread constriction of blood vessels results in a steep rise in blood pressure—pulmonary hypertension.

What about PAH and COPD? Pulmonary arterial hypertension can be a complication of COPD when COPD is severe enough. Why does this happen and what can be done? Pulmonary hypertension is the consequence of a healthy lung reflex driven into overdrive. If a healthy individual suffers temporary oxygen exchange problem in one part of the lung, the normal reflex is for the blood vessels feeding that part of the lung to constrict so that blood doesn’t make a wasted journey through a part of the lung that has little or no oxygen to offer. If the problem is localized, let’s say pneumonia in one lobe of the lung, the pressure in the pulmonary system increases only a little bit. In COPD, low oxygen areas are scattered throughout the lung. If the COPD is mild, the scattered constriction of blood vessels isn’t a problem. If the COPD is severe, the widespread constriction of blood vessels results in a steep rise in blood pressure—pulmonary hypertension.

Commonly, COPD patients with significant pulmonary hypertension will suffer from hypoxia/low oxygen levels—and will need long term oxygen treatment. A special situation is the combination of COPD and sleep apnea, a problem of intermittent choking spells during sleep. For such patients, preventing the night time breathing interruptions with a night breathing device (CPAP machine) may be enough to lower the pulmonary artery pressure (See the story on Page 1).

In summary, many problems can raise artery pressure in the pulmonary system and lung diseases such as COPD are on the list. In the special case of pulmonary hypertension resulting from COPD, doctors will be evaluating oxygen levels during the day and at night and might be recommending oxygen therapy.

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

If you booze, you lose

Alcohol is the most commonly used and abused substance in North America. Not only does it cause acute, intoxicating effects that impair judgment and motor skills, but it has long been associated with damage to the heart, liver, pancreas and brain. It has only been in the last decade and a half, however, that the negative effects of alcohol have been expanded. They now include damage to the lungs.

The effects of alcohol on COPD patients remain confusing. Many people with COPD still wonder is it okay, or not okay, to drink when you have COPD? And, if it is safe, how much alcohol is considered too much and how much is considered an acceptable amount, health-wise?

In healthy people, drinking wine (in moderation) is associated with better lung function in the short-term and over a lifetime. Chronic alcohol abuse alone does not lead to acute lung injury; rather, what leads to acute lung injury is chronic alcohol abuse combined with oxidative stress (which occurs due to exposure to tobacco smoke, air pollution, dangerous chemicals and other airway irritants).

Abstaining from alcohol improves diffusing capacity of the lungs. Heavy drinking causes a profound deficiency of the antioxidant glutathione in the lungs, which generates a marked susceptibility to serious lung diseases.

There is an increased incidence of acute respiratory distress syndrome (ARDS) in chronic alcoholics. There is also an association between chronic alcohol abuse and altered pulmonary function.

Alcohol consumption is associated with an increased risk of progressive decline in total lung capacity, residual volume (the amount of air left in the lungs after maximum exhalation), forced

vital capacity and diffusing capacity of the lungs.

Heavy alcohol abuse impairs mucus-clearing ability and worsens outcomes in lung function and mortality in COPD. Although abstinence from alcohol may restore diffusing capacity of the lungs as mentioned, abstinence does not seem to improve airway obstruction in COPD.

Alcohol may interfere with some of the medications you take, making them less effective—this is particularly true for glucocorticoids and antibiotics, but there are many more.

Drinking alcohol will increase the intoxicating effects of anxiety and/or pain medications, which may result in an altered level of consciousness that could be life-threatening. Studies suggest that the dangerous effects of alcohol are dependent upon the amount of alcohol consumed, and the duration of the exposure. Most studies agree that heavy alcohol consumption over a long period of time causes the most damage. It is impossible to know how much alcohol is safe for any one person to drink without knowing that person's individual health history. Every person is unique.

The best thing to do if you enjoy drinking alcoholic beverages is to discuss your options with your health care provider. After all, identifying a safe amount is going to depend upon many other factors, such as which medications you take, what other illnesses you have, whether you still smoke, and so on.

The decision to drink alcohol is a personal choice and one that should be approached with the same intensity that you approach other important lifestyle decisions that relate to COPD. If any of this information is of concern, talk to your doctor about COPD and alcohol at the next opportunity. Your health may be dependent upon it.



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