Winter 2021-2022 Volume 16 No. 2

Addressing the needs of the Canadian COPD patient

Living with COPD

INFLUENZA IN THE AGE OF COVID-19:
WILL FLU BE WORSE THIS SEASON?.....1

QUEBEC LUNG ASSOCIATION:
OPENS REHAB DURING PANDEMIC.....1

COPD PEOPLE:
BILL MCENDREE, TORONTO PUBLISHER, ESCAPES TO PICTON, ONT., BECOMES CHEESE MAKER.....7

Chronic Obstructive Pulmonary Disease
www.copdcanada.info

QLA reopens in-person pulmonary rehab during pandemic

In August 2021 the Quebec Lung Association (QLA) managed to reopen their main pulmonary rehabilitation facility in Montreal. What's significant about this is that the reopening occurred while the coronavirus pandemic was still considered out of control. To accomplish this feat the association limited class sizes to a maximum eight patients at a time. The rehab program is for one hour per week, for eight weeks. The sessions are held three times in the morning and four times in the afternoon, Monday through Thursday. On Fridays, the sessions are held virtually. They use the ZOOM platform for the virtual sessions, with attendance limited to 25 people. The virtual sessions are two-way so participants can ask questions during the classes. They have a computer technologist available to assist patients, should they need help accessing the on-line classes.

Participants must show proof of being double-vaccinated to attend the in-person classes. Temperature measurements are taken before each session begins. As well, the rehab facility also provides nasal swab testing for signs of the coronavirus, for attendees if they ask for a Covid test. Results from these requested tests are provided within two days. To date, they have only had one positive result from the nasal swab test, which meant the facility had to close for one week.

The pulmonary rehabilitation program has two pulmonologists working with them who can refer patients to the program. The pulmonologists also have the authority to refer patients to the program who are dealing with long-Covid. They have Continued on Page 6

Influenza in the age of Covid-19

Influenza is expected to make a comeback this winter with health experts saying the coming flu season could be nasty. They are urging Canadians to get vaccinated against the flu as soon as possible. One of the main reasons is the extended period of health measures put in place to reduce the incidence of Covid-19. These include school closures, travel restrictions, masking and social distancing. The implications of these measures suggest that future outbreaks of influenza may occur following this extended period due to reduced exposure to common respiratory viruses such as the flu. People are now at higher risk of flu complications due to declining immunity and increased susceptibility.

Getting an annual flu vaccine is the best way to protect yourself and your loved ones from influenza. If you are at higher risk of developing serious flu complications due to an existing lung condition, flu vaccination is especially important. When you get vaccinated, you reduce your risk of getting sick with flu and possibly being hospitalized or dying from flu. Following are some of health and age factors that are known to increase a person's risk of Continued on Page 5

Ask Dr. Bourbeau

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

Q What's the difference between the common cold, the flu, and Covid-19 and how can I tell which one I have?

A There is no way we can tell the difference based only on symptoms between these three respiratory viral infections. The common cold tends to be more benign with primarily upper respiratory symptoms (nose, throat). The flu will more often present not only with respiratory symptoms but high fever, muscle ache, general symptoms and can complicate with pneumonia and death. This is why the flu Continued on Page 2

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Ask Dr. Bourbeau

Continued from Page 1

vaccine is so important since the elderly and patients with lung conditions are at higher risk of complications. Finally, Covid-19 can present with mild to very severe symptoms—it has the potential to complicate with pneumonia, respiratory and multi-organ failure, and death, especially in non-vaccinated individuals.

Q **Is there a relationship between statin use among COPD patients and frequent exacerbations?**

A There was still a debate until a very well designed and large randomized clinical trial has shown that statin use does not reduce COPD exacerbations. COPD patients should be treated with statins for the same reasons that other patients are treated, those having dyslipidemia and to prevent ischemic heart disease and stroke.

Q **I experience extreme swelling of the feet and ankles. Is this from my COPD or perhaps the use of steroids in my inhalers, prednisone or just sitting around a lot?**

A Leg swelling can be a consequence of a local condition, most often known as venous insufficiency but also right heart failure. It needs to be assessed by a physician and sometimes some exams will have to be done. COPD, when advanced, can complicate with pulmonary hypertension, cor pulmonale and right heart failure. Finally, systemic corticosteroids such as prednisone can increase fluid retention and lower extremity swelling but that is not the case with inhaled corticosteroids..

Q **Should I ask my doctor for a prescription to manage my panic attacks and general anxiety, or is there another way to settle down without using medicines?**

A It's always better to have this assessed by your family physician who will look at it from different angles. A stepwise approach is the best way, starting by identifying stressors and see if they can be avoided, then considering non-pharmacological treatment combined or not with pharmacotherapy.

Q **I have COPD, MAC, and pulmonary fibrosis. My symptoms are chronic fatigue, brain fog, and muscle weakness. Is there anything I can do to improve my condition?**

A I am sure that you have a respirologist taking care of you. You certainly have pharmacological treatment for these respiratory conditions as well. In combination with drug treatment, pulmonary rehabilitation will be the most comprehensive treatment to improve your muscle strength, exercise capacity and health-related quality of life.

Q **My mucus buildup has gotten worse from my COPD after a flare last month. I've been taking Mucinex but it's not really making any difference. Controlled coughing helps a little, but I find trying to spit it up makes it worse, and I start to gag. Any suggestions?**

A There is a growing body of evidence supporting the effectiveness of non-pharmacological treatments. Given the low-risk safety profile and evidence now available across a number of different devices, the incorporation of an oscillating positive expiratory pressure (OPEP) device into treatment plans of COPD and bronchiectasis patients can be considered for airway clearance therapy. Notwithstanding the lack of large randomized controlled trials for any device in any patient population, there is a relatively large body of clinical evidence supporting the benefit of the Aerobika device for COPD patients.

Q **I've been getting leg cramps at night which I think is a result of the steroids in my medicine. Is this common among COPD patients? What can I do about the cramping as it's waking me up during the night?**

A Cramps may not be more frequent in COPD and it is usually related to the use of steroids. You need to consult your family physician. The most common causes of muscle cramps are the following: 1) straining or overusing a muscle; 2) compression of your nerves; 3) dehydration and low levels of electrolytes such as magnesium, potassium, or calcium; 4) not enough blood getting to your muscles although this usually occur first when you exercise before resting; 5) pregnancy; and 6) certain medicines (diuretics, some treatments for Alzheimer's, etc.)

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 Pulmunary Rehabilitation Unit. He is the past president of the Canadian Thoracic Society (CTS) and is a member of the scientifitic 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

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Pulse: News about COPD

Portable air cleaners may improve respiratory outcomes in former smokers with COPD

Baltimore/Portable air cleaners improved respiratory outcomes among former smokers with COPD, with the greatest benefit found in those with greater adherence and those who spent more time indoors, according to the results of the CLEAN AIR STUDY. "Although outdoor air pollution has known adverse respiratory effects, the indoor environment is of particular concern, as most individuals with COPD spend the majority of their time indoors and indoor air particulate matter concentrations in homes of former smokers with COPD have been associated with worse respiratory symptoms, worse quality of life and increased respiratory exacerbations," Nadia N. Hansel, MD, MPH, professor of medicine at Johns Hopkins University School of Medicine and from the department of environmental health and engineering at Johns Hopkins Bloomberg School of Public Health, and colleagues wrote.

https://tinyurl.com/yr36t3ed

New breath test can identify Covid-19 in patients who are critically ill

Columbus, Ohio/Instead of an invasive nasal swab, researchers at The Ohio State University Wexner Medical Center are exploring the use of a unique breath test for the rapid screening of patients for Covid-19. Results from the initial study in patients, published in the journal *PLOS ONE*, found the breath test is highly accurate in identifying Covid-19 infections in critically ill patients. "The gold standard for diagnosis of Covid-19 is a PCR test that requires an uncomfortable nasal swab and time in a lab to process the sample and obtain the results,: said Dr. Matthew Exline, lead researcher, director of critical care at Ohio State Wexner Medical Center University Hospital and professor of internal medicine at The Ohio State University College of Medicine. "The breathalyzer test used in our study can detect Covid-19 within seconds."

https://tinyurl.com/7kb6whn9

Pulse: News about COPD

Official launch of the first European Long Covid patient network

Heverlee, Belgium/More than 20 Long Covid patient associations from 17 different European countries officially launched Long Covid Europe (LCE). Long Covid (LC) is when, after a SARS-CoV-2 infection, symptoms persist for longer than 12 weeks. It is a highly debilitating, multi-system condition with fluctuating symptoms. Across Europe, patients are struggling with the same issues; lack of awareness and recognition of Long Covid, inadequate and unequal access to care and rehabilitation, and a severe shortage of funding for research into therapeutic approaches. This network seeks recognition of Long Covid as an impactful pandemic within the Covid-19 pandemic that urgently needs to be addressed by governments and the healthcare sector. LCE addresses some of these issues by sharing resources with its members, jointly calling on governments across Europe to recognize Long Covid as a public health crisis within and beyond the Covid-19 coronavirus pandemic.

☞ https://longcovideurope.org

Agency recommends against screening for COPD in people without symptoms

Washington, D.C./The U.S. Preventive Services Task Force posted a new draft recommendation in which it continues to recommend against screening for COPD in people without signs or symptoms. This is a D recommendation, indicating no net benefit. The recommendation does not apply to individuals who already have signs and symptoms of COPD, those who were previously diagnosed with COPD or those with disorders that can cause COPD, according to their press release. "Although COPD can eventually lead to serious breathing problems, people without signs or symptoms should not be screened for COPD because it does not improve their health or save lives," stated Chien-Wen Tseng, MD, MPH, MSEE, task force member. "Treatment focuses mainly on symptoms, so there is little benefit in screening for COPD in people who do not yet have symptoms."

☞ https://tinyurl.com/4tmr257r

Waning of influenza doesn't spell the end of Covid

Influenza continued from page 1

getting serious complications from influenza:

- Chronic lung diseases—such as chronic obstructive pulmonary disease (COPD), cystic fibrosis, alpha-1 antitrypsin deficiency
- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney diseases
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index [BMI] of 40 or higher
- Adults 65 years and older
- People taking certain medications or treatments (such as those receiving chemotherapy or radiation treatment for cancer, or persons taking corticosteroids or other drugs that suppress the immune system)

Study looks at impact of Covid interventions on likely influenza infections

A recent study[1] looked at the impact of Covid-19 nonpharmaceutical interventions on the future dynamics of endemic infections. Nonpharmaceutical interventions (NPIs), such as social distancing, reduce not only Covid-19 cases but also other circulating infections such as influenza and respiratory syncytial virus (RSV). RSV is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults. The susceptible population for these infections will increase while NPIs are in place. Using models fit to historic cases of RSV and influenza, the study's researchers project that large future outbreaks of both diseases may occur following a period of extended NPIs. These outbreaks, which may reach peak numbers in the winter, could increase the burden to an already strained healthcare system.

Nonpharmaceutical interventions have been employed to reduce the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), yet these measures are already having similar effects on other directly transmitted, endemic diseases. Disruptions to the seasonal transmission patterns of these diseases may have consequences for the timing and severity of future outbreaks. The researchers considered the implications of SARS-CoV-2 NPIs for two endemic infections circulating in the United States: RSV and seasonal influenza. Using laboratory surveillance data from 2020, they estimated that RSV transmission declined by at least 20% in the United States at the start of the NPI period. They then simulated the future trajectories of both RSV and influenza, using an epidemic model. As susceptibility increases over the NPI period, they found that substantial outbreaks of RSV may occur in future years, with peak outbreaks likely occurring in the winter of 2021–2022. Longer NPIs, in general, lead to larger future outbreaks although they may display complex interactions with baseline seasonality. Results for influenza broadly echo this picture but are more uncertain; future outbreaks are likely dependent on the transmissibility and evolutionary dynamics of circulating strains.

Will flu season be bad this year?

There were not many flu cases last year, which was very unusual.[2] That was because everyone was masking, socially distancing, being very conscious of hand hygiene, and really trying to isolate if they were sick. Now, as more people are mixing again in social situations and most kids are back in school, some experts believe that the flu could come roaring back this winter. We are in uncharted territory. It is possible that due to the relaxing of Covid-19 safety measures and with not enough public immunity to the flu (because few people were exposed to it last year), we may be in

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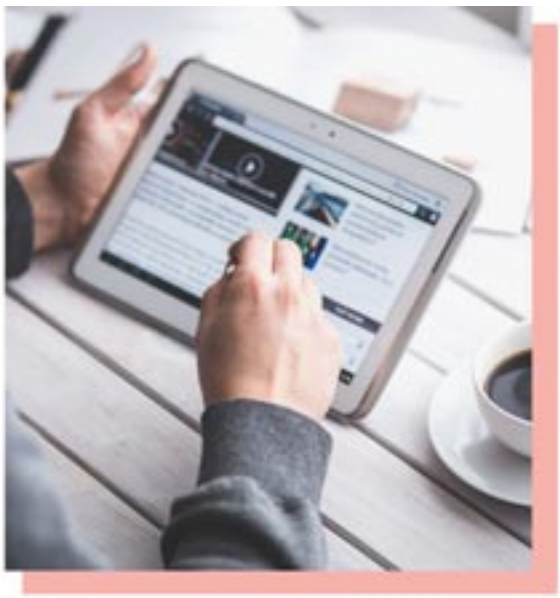

QLA: New guide for lung patients

QLA continued from page 1

observed that the long-covid patients are sicker than your typical COPD patient. The long-Covid group is comprised of much younger people, some as young as 40 years of age. They can't tolerate exercise very well; very short, slow walks on the treadmill are coupled with very little endurance. The long-Covid population is currently making up three of the eight people attending each of the in-person sessions.

The QLA is a non-profit organization working in the field of respiratory health. They are members of the Canadian Lung Association, the American Lung Association, the International Union Against Tuberculosis and Lung Disease, and the World Health Organization. Their programs and services include well-being workshops, smoking cessation programs, access to support groups, virtual self-help groups, pulmonary rehabilitation and information on vaccinations.

The QLA is working on a new guide for respiratory disease patients which will be published this winter. COPD Canada will provide an update to the guide as soon as it is available. For more information on the Quebec Lung Association: https://poumonquebec.ca

A potential Covid-19 diagnosis may help guide treatment

Influenza continued from page 6

for a more severe flu season. Because the symptoms of Covid-19 and the flu are so similar it will be critical to get tested if you become sick.

A positive Covid-19 diagnosis would help guide you in terms of quarantining and self-isolation and when you'd be able to return to work or school safely. It could also guide your treatment. Monoclonal antibody therapy has been shown to be highly effective at preventing severe Covid-19 illness, hospitalization and death in individuals who are at risk of severe disease. If that were an appropriate option, you would need a positive test result within the last 10 days to qualify for a monoclonal antibody infusion. An individual who has Covid-19 would also want to understand their risk for developing long Covid.[3]

With a confirmed flu diagnosis your medical provider could prescribe antiviral medications, such as Tamiflu, that can reduce the severity of symptoms but must be taken within 48 hours of diagnosis. A positive flu diagnosis will suggest that you should self-isolate and quarantine to prevent spread to those around you, especially those who are most vulnerable to the illness, such as young children, pregnant women and older adults. Suffice it to say it would be prudent for all Canadians to get their annual flu vaccine and be up to date on their Covid-19 vaccinations during these unique and evolving times.

References

1.https://www.pnas.org/content/117/48/30547#sec-1
2 https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/annual-reports.html
3 https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-long-term-effects/art-20490351

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 people

Bill McEndree

Bill was born in Pittsburgh and lived there with his parents, an older sister and two younger brothers. He visited Toronto in 1972 and fell in love with the city and moved north. Within a few weeks of moving he got a job at an advertising agency, Cockfield Brown, where he started in production. At that time the firm was the largest Canadian ad agency in the country and the only one listed on the Toronto Stock Exchange. Soon he was promoted into media where he managed planning and buying for some major accounts. Molson's Brewery, Imperial Oil and Algoma Steel Corporation were some of the companies he looked after. They all had substantial ad budgets, in the millions of dollars per year. When Cockfield was taken over Bill ended up at Vickers and Benson and then Grey Advertising. He eventually switched to medical publishing at Maclean Hunter as publisher of *Ontario Medicine*. When Rogers took over Maclean Hunter, Bill lost his job. As a result, he and his partner Janet bought a house in Picton, Ont. and moved out of the big city. In Picton, Bill started a totally new career as a cheese maker at a local cheese manufacturer. It was during this stage of his life that he was diagnosed with COPD.

How did you know there was something wrong with your health?

I noticed that I was becoming very short of breath. It was happening more often. Janet held a surprise party for me for my 60th birthday. We were all smoking and there was lots of booze of course. Later that night I had a really bad attack. I became seriously short of breath. I just couldn't breathe. It was so serious we were going to go to the hospital. I thought I was going to die. It resolved, but it was very scary.

Did you seek help after that incident?

No. I cut back on my smoking which helped a lot.

How were you diagnosed?

I ended up in hospital with a different health issue. I was diagnosed with chronic lymphocytic leukemia, a form of blood cancer. While I was being taken care of by my oncologist, his observations and tests caused him to refer me to a respirologist who diagnosed my COPD.

Was your COPD confirmed by spirometry?

Yes. I had numerous pulmonary function tests. And still do.

How often do you receive spirometry tests?

Every second year. I also monitor my oxygen level daily using an oximeter.

Is your COPD under control?

It's quite stable. We adjusted my medications over time. The combination of inhalers I'm on now are working extremely well. And, they're covered by the Ontario Drug Plan.

Were you helped with quitting smoking?

It's so difficult to quit. We tried everything. The nicotine patch, the gum, the Chantix pills. Nothing helped. I didn't know what to do with my hands. I ended up at a local vape shop. I started on a mid-strength nicotine vape and cut back to the point where I was vaping with no nicotine. It gave me something to do with my hands. After vaping for a about a year I was able to quit.

Have you ever been to pulmonary rehab?

They moved three or four of us into the hospital for a week for the rehab program. We did different exercises in the morning from 8 a.m. until noon. In the afternoon we would have patient education classes. We were joined by out-patients who also had lung issues. Most of the outpatients had COPD. The classes had about 20 people in total.

Do you have any advice for your fellow COPDers?

Keep active. The retirement community here has a walking program. I meet with this group and we walk through the local high school in the evening. I've met lots of great people and you can walk forever on this route. It's been suspended for now because of Covid. It was great because you could walk no matter the weather.

Do you have any hobbies?

I do the New York Times crossword puzzle and play an online Scrabble game with friends.

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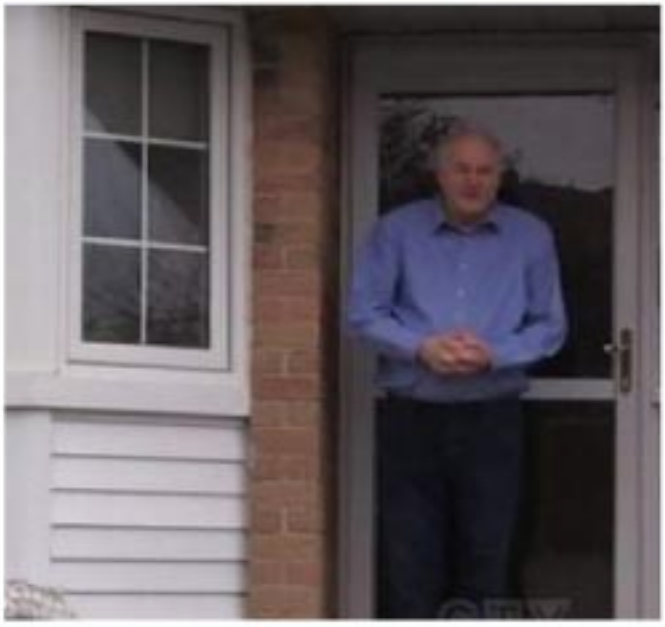
During this COVID-19 pandemic we will never stop caring and never compromise on safety!



- We inform patients of our protocols and the importance of their safety.
- We screen ourselves and our patients.
- We wear PPE and sanitize our hands.
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