

A Breath of Fresh Air

A newsletter for Reliant Medical Group COPD patients and their families

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Edited by Margalit Lai, RN, MS, COPD Program Care Manager

Summer 2013

So here we are, having another hot New England summer. I hope all of you have air conditioning since that not only lowers the temperature in your home but also reduces the humidity. I am sure all of you have noticed that on humid days breathing is much more difficult. The humid air is more dense and as a result it's more difficult for the air to go through your narrow airways.

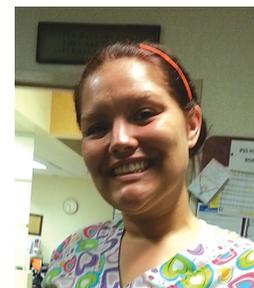
It seems I cannot stress often enough how important it is that you call us with the first signs of your worsening condition. These signs and symptoms often lead to what we call an exacerbation. If you are more short of breath, or use your rescue inhaler a lot more often than usual, bring up green or yellow phlegm or have a temperature of 100.4 or more, you need to call us! I have heard too many times people tell me they thought they would get better, or they did not want to bother us or they already had an appointment scheduled. If we don't start treatment early, your condition will worsen and you might end up in the hospital. Even if you don't end up in the hospital, the treatment will be more severe and in the meantime more damage is caused to your lungs. Your lungs are frail as it is, so we would like to decrease as much as possible any added stress. Remember that I am here Monday through Friday 8:00am – 4:00pm and Chris Andersson is here Monday through Friday 8:30am – 4:30pm. At all other times, if you feel you cannot wait until we come back, please call your pulmonologist at (508) 368-3120. You will get an operator who will page your pulmonologist.



In this newsletter I would like to introduce to you our medical assistants whom you always see before your doctor. They are an integral part of our team. They assist the doctors and nurses assuring we provide you with the best care possible. They take your vital signs, go over your medications and make sure your physician has all he needs for your visit with him. Sometimes they will do other tests for you such as checking your oxygen level while you walk, perform an EKG or do your breathing test.

So here are a few personal words from our medical assistants: Becky Ditaranto, Dawn Placentino-Olen and Carla Redman.

Becky Ditaranto – I quit smoking on October 31st, 2011 after working in the Pulmonology department for about six months. Seeing how smoking affects a wide variety of people really hit home. I now enjoy going to the gym!



Becky Ditaranto

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Dawn Placentino-Olen

Dawn Placentino-Olen – I am the lead medical assistant for Dr. Rosiello and the back-up Pulmonary Function Technician when Maureen is out of the office. I enjoy coming to work with our patients and seeing my co-workers. They are like my extended family, which is really great especially on days that feel overwhelming, whether it be work or just life. I am married and have two sons who are out on their own now. When my youngest son was in his last year of high school, I knew it was time for a career change from business to the medical field. I decided to go back to school and get my Associates in Science and certification as a Medical Assistant. My main goal every day is to bring a smile to our patients and help make their day better. We all know how difficult life can become at times, BUT laughter is always the best medicine.

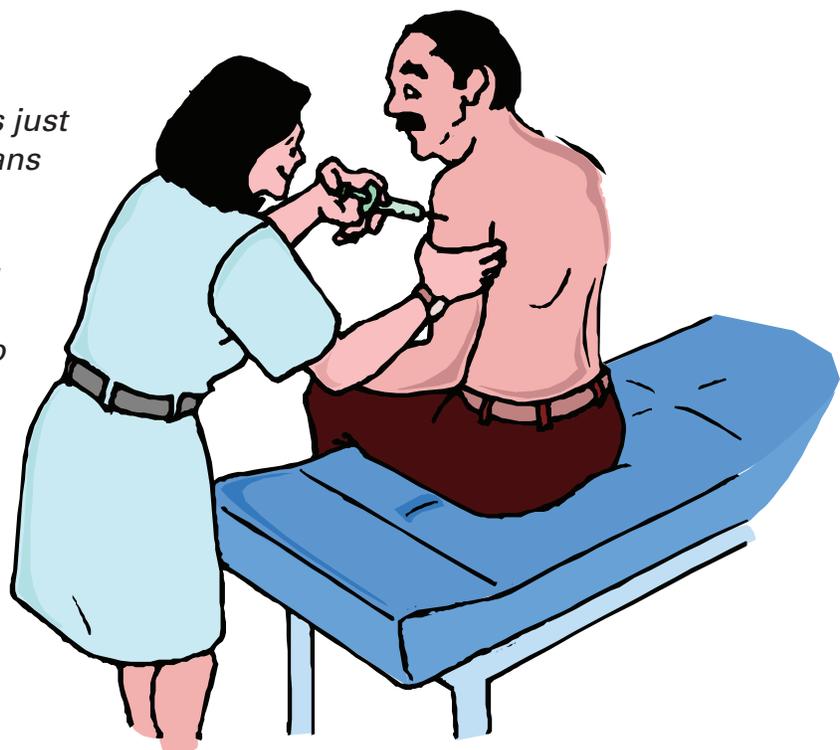


Carla Redman

Carla Redman – My name is Carla Redman. I have been a medical assistant for almost three years. I have an eight-year-old son who is my life. I am currently back in school to pursue my nursing degree and apply for the RN program in January 2014. In my free time I like to go to the beach and I love to listen to music. But at the end of the day nothing makes me happier than to take care of someone – from my patients, to my friends, to my family, to a stranger. I need to be able to take care of someone or something. It's a mothers' need I guess but it's a routine for me and it makes me complete.

Summer is still here in full swing but fall is just around the corner. And fall, of course, means flu shots. I would like to remind you to get your flu shot as early as possible so you don't get sick before you even get it. If you are on Prednisone or an antibiotic you cannot get vaccinated. It's best to wait two weeks after completing your Prednisone or antibiotic, before getting the flu shot.

So remember – Try to get your flu shot as soon as you hear that it's available, usually in September.



Oxygen and Chronic Lung Disease

By Dr. Yaron Goldman

Many of our patients find it quite traumatic to discover they may require oxygen therapy for their lung disease. They fear it may hinder their independence, their ability to function, and most of all, they fear the stigma of disability that might be attached to carrying oxygen tanks around.

We feel, therefore, that it is important to educate our patients regarding oxygen and its role in managing chronic lung disease.

People require oxygen to sustain life. We consume oxygen through the inhalation of air into our lungs. The oxygen reaches our circulation (blood) and is distributed through our body to provide energy for all our organs.

Our bodies are programmed to receive a certain amount of oxygen per breath in order to sustain life. Humans can tolerate some degree of hypoxia (decrease in amount of oxygen available) as witnessed in high altitude mountain dwellers, airplane flights, etc. However, as oxygen levels drop, damage can occur, either temporarily, or permanently as in chronic significant oxygen deprivation.

The organs that are most dependent on continuous flow of oxygen include the brain and heart. Lack of oxygen can cause fatigue, decreased ability to concentrate, lethargy, all the way to loss of consciousness. In the case of patients with heart disease, it can cause heart attacks, arrhythmias (irregular heart beat), and increased pressure in the chambers of the heart.

Patients with slowly progressive chronic hypoxemia might have some degree of adaptation and may not notice a decline in their condition. This is usually one of the major reasons people resent oxygen therapy. The best way to find out if a patient is hypoxic is to check their blood oxygen level, at rest, with exertion, and during sleep at night, which is when oxygen levels tend to be most compromised.

Patients with chronic lung disease have either scarring or significant “disfiguring” of their lung tissue to a point where room air oxygen is insufficient to allow proper oxygenation of the body organs.



Research has shown that the dangerous level of oxygen is below 89%, at which point oxygen therapy needs to be initiated. In fact, out of all the medications for chronic lung disease, such as steroids, inhalers, etc., oxygen is the only therapy that has been shown to prolong life.

Given this information we recommend the following to our patients:

- ✓ If prescribed, use your oxygen as indicated. Getting the right amount of oxygen is crucial. Setting the oxygen flow too high or too low is dangerous.
- ✓ When traveling by plane, contact the clinic for instructions on whether flight oxygen is needed.
- ✓ If possible, purchase a small oximeter to monitor the level of oxygen, and alert us to any significant decrease in oxygenation.
- ✓ Ask our nurses to match you with the best oxygen tank that fits your needs (size, flow, etc.).
- ✓ Oxygen is very flammable, **NEVER**, smoke near oxygen!
- ✓ Always ask any questions that can facilitate compliance with oxygen therapy.

Patients' Contribution



 **AB** tells us about the e-cigarette she got at Walmart. It costs just \$8.00. Depending on how often you puff on it, it seems to me like a bargain compared to the cost of cigarettes. Of course, the main advantage is that it does not contain all the poisons a regular cigarette does.

 **Paul Moen** tells us about another way to save on your medication expenses especially when you are in the “donut hole.” This applies only to those of you who have an AAA card:

You might be able to get, on average, a discount of 35% on generic prescriptions and 15% average savings on brand name prescriptions. Additional savings if you order by mail. Go to AAA.com/Prescriptions to download an AAA Prescription Savings Card and to get program information. You can also call (866) 222-7283

Restrictions:

This is not an insurance plan. Discounts are only available at participating pharmacies. By using the AAA Prescription Savings card, you agree to pay the entire prescription cost less any applicable discount. It does not apply to your co-pays.

You can't change the past, but you can ruin the present by worrying about the future.

Here's how to reach us

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christine.andersson@reliantmedicalgroup.org

Our “old fashioned” address:

WMC Suite 390, 123 Summer Street, Worcester, MA 01608

Online you can check us out at:

www.reliantmedicalgroup.org/copd

