

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

Winter 2013



So far it seems to me that we cannot complain about the weather this winter. We had just a couple of medium size snowstorms that were just enough to coat everything a beautiful white but not disrupt our lives. This, I hope, is how you watch the snow – in the comfort of your own warm home, through the window!

On the other hand, this has been a very tough winter health-wise. A lot of people came down with the flu including people who have no lung problems. Quite a few of you ended up in the hospital, unfortunately. Most of you, though, got the flu vaccine which turned out not to be perfect this year, but definitely decreased the incidence of people getting sick. I would like to remind you to stay away from people with colds and crowded places, and if you cannot avoid sick people, please wear a mask. It's inconvenient, but catching the flu is even less pleasant. This is also the right time to remind you to always try and get the flu vaccination as soon as it is available. Often times you get sick or are put on Prednisone and an antibiotic for one reason or another and are not able to get the flu vaccine. When your immune system is compromised, such as when you are sick or are on Prednisone, your body will not be able to produce the antibodies to the virus that would be needed to protect you against the flu.



And since this is flu season, it's really important that all of you will have a thermometer. It's really important to know if you have an elevated temperature and how high it is. Please get yourself a thermometer at your nearest pharmacy – it only costs a few bucks. Please put it someplace that you'll remember when you need it. A good place might be where you keep your medications.



This is also the time of year when we send you our annual questionnaire which gives you an opportunity to let us know how you feel about the program. We would also like to get your suggestions as to what we can do to improve the program. About half of you will get the questionnaire with this newsletter. Please fill it out as soon as you can and mail it back in the enclosed self-addressed, self-stamped envelope. We greatly appreciate your help making this the best program possible.



Many of you, unfortunately, don't like to exercise and be active. I know from my own experience that if I don't like to do something, I will always find a reason why I cannot do it. So for many of you, the cold weather is an excuse not to exercise. Since we are living in New England, the cold weather is with us for several months each year and cannot be used, in my opinion, as an excuse not to exercise. You have several options for indoor activities – going to a gym which for many of you is free under Silver Sneakers, or walking the aisles in a store using a shopping cart that can also carry your oxygen (if you are on it). You can walk the malls too. Many malls open early for walkers before the stores open and the place fills up with shoppers. If you are worried that you will be spending money you don't have – leave home without your wallet. Another option is to come to the Worcester Medical Center and walk in the Atrium. If you do it with a friend, your chances of sticking with it are higher. If you don't drive and have no way of getting to these places, just walk down the halls of your building if that is an option or just take frequent short walks inside your house or apartment. Get up at least every hour and take a walk for as long as you are able to.



Prednisone – A Double-edged Sword

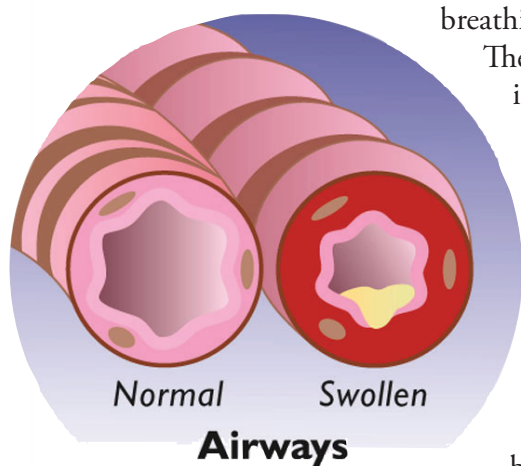
By Richard Rosiello, MD

Pulmonary and Critical Care Medicine

Many of you are very familiar with this medication. You may have taken it for an exacerbation or “flare-up” of your COPD. Many of you have a COPD action plan which instructs you to begin prednisone when you are having the symptoms of an exacerbation such as increased cough, sputum production, shortness of breath and/or wheezing. You may take it for just a few days or even as long as several weeks. You may be asked to begin with a high dose for example, 40 to 60 milligrams, and then reduce or gradually taper the dose until you have completed the course. We sometimes call this a “prednisone taper.”

Prednisone belongs to a class of medicines called corticosteroids. These are not the same steroids you hear athletes sometimes use to improve their strength and performance. In fact, the effect of prednisone on muscles may be to weaken them gradually over time. So why do we use prednisone? Those of us who treat COPD use prednisone for its anti-inflammatory effects.

Lung diseases which affect the airways or breathing tubes such as COPD and asthma cause increased inflammation of the breathing tubes.



The increased inflammation that develops with a COPD and asthma exacerbation is in the walls of the breathing tubes. When the walls become inflamed they swell and get

thicker leading to a decrease in the size of the opening or lumen of the breathing tube. It is more difficult to breathe through this smaller airway opening, causing you to work harder to force air through the tube. This makes you feel more short of breath.

Also the inflammation stimulates the mucous glands in the airway to produce more mucous or phlegm. Finally, the inflammation stimulates the muscle fibers surrounding the airway to contract which narrows the opening even further. Prednisone with its strong anti-inflammatory effect reduces the inflammation which leads to less swelling of the airways, less mucous production and less muscle contraction. No wonder prednisone works so well for COPD exacerbations!

So why not use prednisone regularly or daily to keep the inflammation in COPD under control? The answer is that prednisone has many side effects that can be harmful over time. Even when prednisone is used for just a few days or a week or two some patients will notice side effects such as increased appetite, increased energy, difficulty sleeping, mood changes such as irritability, fluid retention, weight gain, increased bruising and more difficulty controlling blood sugar levels in patients with diabetes. These side effects are usually tolerable for a while because the benefits of rapidly reduced inflammation and improved breathing are significant and necessary. I've heard it said that, “if you can't breathe, nothing else matters.” Therefore, we willingly accept some side effects to achieve a big improvement in breathing. Also, these side effects go away after stopping the prednisone.

However, using prednisone regularly such as every day for a long period of time can lead to side effects that may not get better quickly or not improve at all. Some of these side effects are brittle bones, increased cataracts or glaucoma, severe swelling of the feet and legs, muscle cramps and weakness, high blood pressure and a greater likelihood of developing infections. In the title of this article I called prednisone a double-edged sword. I think now you see why. It cuts one way and can rapidly improve breathing and even save lives, but when it cuts the other way it can cause some serious side effects.

So what should you keep in mind when taking prednisone?

1. Always take prednisone as prescribed or according to your action plan. Do not

continued on next page

Our Staff

I would like to introduce to you our staff at the reception desk, our check-out desk, and on the phones. They all work very hard trying to make your experience here as pleasant as possible. We hope you realize how important it is to us to provide you with the best possible services from the minute you get here (or call us on the phone) until the minute you leave.

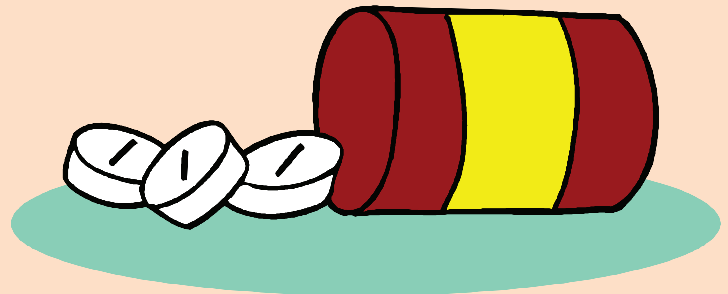
Shown in the photo from top row from left to right are: Sylvia Pearson, Jill Laplante, and Christina Burdulis. Bottom row: Maryann Chesna, Maxine Kiwior, and Thiphaphon Thanadabout.



Prednisone *continued from previous page*

keep taking it on a regular basis unless it is absolutely needed. This should be done only under the supervision of your doctor, nurse practitioner or other health care provider.

2. Always take prednisone with some food or at least a full glass of water or milk. This will reduce any stomach upset or damage to the lining of the stomach.
3. If you begin prednisone according to your COPD action plan, please call your care manager (Margalit Lai, Chris Andersson or Wanda Pothier) so they can help to guide you during your COPD exacerbation.
4. If you experience severe stomach pain, bloody vomiting, bloody or black tarry stools, increased thirst or urination, contact your COPD care manager, pulmonary doctor or nurse practitioner, or your primary care doctor and obtain medical care quickly.



5. You should avoid alcohol when taking prednisone to avoid damaging your stomach which is more likely if you take both of them at the same time.

I hope this article will be helpful to you now or in the future. As always, if you have questions please contact us so we can help you take better care of your COPD. Remember, rapid and appropriate care of COPD exacerbations can help to preserve your lung function and your quality of life.

New Research Study

Dr. Daniel Steigman and the Reliant Medical Group Research Department are conducting a new clinical drug trial for patients with stable moderate to severe COPD who are 40 years of age or older.


The study lasts about one year and provides twice a day dosing of either an inhaled investigational product or approved inhaled Indacaterol to help control your COPD symptoms. Albuterol rescue medication will be provided free of charge as well.

If you are interested or would like more information about the study, please call the study nurses Diane Gannon at (508) 595-2208 or Diane Kirk at (508) 595-2221. Please let the nurses know that you are enrolled in the COPD Disease Management Program with Margalit Lai or Chris Andersson.



Patients' Contribution



 **Elaine Jeffrey** found an even cheaper pulse oximeter at *Amazon.com* for \$19.95. Just a reminder – we recommend the pulse oximeter especially for patients who are on and off oxygen.

The choices we make
determine the choices we have.

Here's how to reach us



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Online you can check us out at:

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