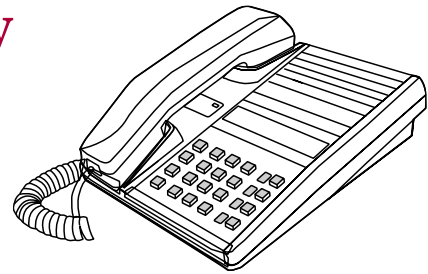


Chronic Obstructive Pulmonary Disease (COPD)

When to Call a Doctor



Call your health professional immediately if you have been diagnosed with chronic obstructive pulmonary disease (COPD) and you:

- Have shortness of breath or wheezing that is rapidly getting worse.
- Are coughing more deeply or more frequently, especially if you notice an increase in mucus (sputum) or a change in the color of the mucus you cough up.
- Cough up blood.
- Have increased swelling in your legs or abdomen.
- Have a high fever [over 100 °F(37.78 °C)].
- Feel severe chest pain.
- Develop flu like symptoms.
- Notice that your medication is not working as well as it had been.

If you have a rapid, sometimes sudden, and prolonged worsening of symptoms (cough, amount of mucus, and/or shortness of breath), you may be having a COPD exacerbation. Quick treatment for a COPD exacerbation

may prevent serious breathing problems that might require hospitalization.

Call your health professional if your symptoms are gradually getting worse and you have not seen a health professional recently.

Call your health professional for an appointment if you have not been diagnosed with COPD but are experiencing relevant symptoms. A history of smoking (even in the past) greatly increases the likelihood that symptoms are due to COPD.

If you have been diagnosed with COPD, talk with your health professional at your next regular appointment about:

- Getting a yearly influenza (flu) shot and the pneumococcal vaccine every 5 to 6 years.
- Participating in an exercise program or pulmonary rehabilitation.
- Updating your medications or treatment routine.

Getting help to stop smoking. To review tips on how to stop smoking, see the topic Quitting Tobacco Use.

*For more information on
Chronic Obstructive Pulmonary Disease (COPD), please visit
Resphhealthsite.com*

Here's the Allergy and Asthma Foundation of America's list of the top 10 fall allergy cities:

1. Harrisburg-Lancaster-Lebanon-York, PA
2. Raleigh-Durham-Fayetteville, N.C.
3. Louisville, KY
4. Austin, TX
5. Grand Rapids-Kalamazoo-Battle Creek, MI
6. Memphis, TN
7. Oklahoma City, OK
8. Dallas-Ft. Worth, TX
9. Kansas City, MO
10. St. Louis, MO

Answers to Questions About Treatments for Cold and Flu



Can the flu shot ever give you the flu? Should you take cold medicines if you're pregnant? WebMD turned to University of Washington internist Debbie Greenberg, MD, for basic answers to frequent questions.

Will a cold vaccine ever become available?

Probably not. There are too many viruses that can cause the common cold for scientists to prepare a vaccine to protect against all.

Can the flu shot ever give you the flu? How effective is it?

Every year, the Centers for Disease Control and Prevention (CDC) prepares a vaccine against a combination of expected flu viruses. The flu shot does not contain any live viruses and so cannot "give" you the flu. However, the vaccine can trigger an immune response from your body. You may have short-lived symptoms such as achy muscles or a slight fever after you receive the flu shot. Unfortunately, the flu shot cannot guarantee you protection; you may catch a strain not included in the shot. (People who are most likely to benefit from getting a flu shot include the elderly, healthcare and

child-care workers, and people with underlying conditions that make them more vulnerable to influenza.)

I've had a cold for weeks. How can I make it go away?

You shouldn't have a cold for longer than one or two weeks. If it lasts longer, make an appointment with your doctor. You may be suffering from allergies or another condition.

Do people ever go to the hospital for a cold or flu? How do you know when it's time to see your doctor?

People can get quite ill from the cold and influenza viruses; some strains are more dangerous than others. Those people with the greatest risk usually have an underlying disease or condition that could be complicated by the symptoms of a cold or the flu. Some of these conditions include: emphysema, chronic bronchitis, asthma, diabetes, cancer, and HIV infection. The elderly and the young are more likely to become very ill, and smokers are more likely to become quite ill than nonsmokers. It's important to call your doctor if you have an intestinal flu and can't keep any fluids down. Also call if you are having a hard time breathing, if you are coughing up blood, if you have an extremely high fever (over 102.5 degrees) or if you have sweats or chills that go on for days.

Web MD

All fruits and veggies are not created equal

Over the last few years the message that we need to eat more fruits and vegetables each day has come across loud and clear. Many people have heeded the advice of the national cancer prevention campaign, "Eat 5 a Day for Better Health."

More bang for the buck

But a second part of that message hasn't gotten as much play: Certain fruits and vegetables are better than others in reducing the risk of a host of conditions such as heart disease, stroke, hypertension (high blood pressure), cancer, chronic obstructive pulmonary disease (COPD), and cataracts. Some fruits and vegetables fall short of providing the supply of health benefits that the so-called "powerhouse" fruits and vegetables do.

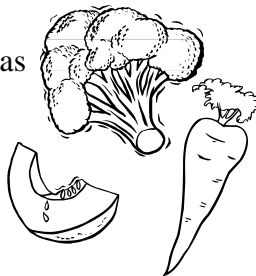
The honor roll

Powerhouse fruits and vegetables—as nutritionists re-

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fer to them—are especially rich in the nutrients and chemicals that have been shown to reduce the risk of particular diseases. These edible superstars include:

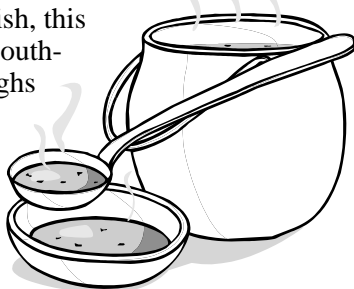
- dark-green leafy vegetables such as spinach
- deep-yellow/orange vegetables such as carrots and winter squash
- cruciferous vegetables such as cauliflower, broccoli, and brussels sprouts
- citrus fruits such as oranges
- yellow/orange fruits such as cantaloupe.



So next time you're at the supermarket or a farm stand, get more for your health dollar and choose some powerhouse fruits and vegetables.

Quick Mexican-Style Soup

A perfect last-minute side dish, this super-fast soup abounds in south-of-the-border flavors. It weighs in at only 35 calories per serving.



Serves 4;
3/4 cup per serving

Ingredients

- 14-ounce can fat-free, low-sodium chicken broth
- 1 large tomato, seeded and diced
- 4-ounce can chopped mild green chiles
- 1/4 cup snipped fresh cilantro
- 1 to 2 tablespoons fresh lime juice
- 1/2 tablespoon olive oil (extra-virgin preferred)
- 3/4 teaspoon ground cumin

Directions:

In a medium saucepan, bring the broth to a boil over high heat. Stir in the tomato and green chiles. Return to a boil. Remove from the heat.

Stir in the remaining ingredients. Let stand, covered, for 5 minutes to allow the flavors to blend.

Dietary Information

(per serving)

- Dietary Exchange
- 1 vegetable
- 1/2 fat

Nutrient Analysis

Calories	35
Protein	1 g.
Carbohydrates	4 g.
Total fat	2.0 g.
Saturated	0.0 g.
Polyunsaturated	0.0 g.
Monounsaturated	1.5 g.
Cholesterol	0 mg.
Fiber	2 g.
Sodium	132 mg.

This recipe is reprinted with permission from American Heart Association No-Fad Diet: A Personal Plan for Healthy Weight Loss, Copyright © 2005 by the American Heart Association. Published by Clarkson Potter/Publishers, a division of Random House, Inc. Available from booksellers everywhere.

Sleep apnea's toll on the HEART



While questions remain about whether sleep apnea actually causes cardiovascular disease, it clearly can make an existing heart problem worse.

Treatment of the breathing problem often improves the heart problem as well.

Sleep refreshes both body and mind. People who suffer from a condition called sleep apnea rarely get a good night sleep. Though they may not realize it, they awaken upwards of 30 times a night. As a result, they tend to be sleepy during the day and have trouble concentrating and remembering. And increasingly, researchers are finding links between this form of sleep-disordered breathing and cardiovascular disease.

Two types . . .

Sleep apnea can be obstructive or central. Both types are associated with periods in which a person stops breathing. (*Apnea* means without breath.) Obstructive sleep apnea (OSA) is more common. It occurs when tissue at the back of the mouth and nose relaxes during sleep and flops into the airway, blocking the passage of air when the person breathes in. The brain, needing oxygen, sends out an alarm. The person gasps and snorts for air. OSA is thought to afflict nearly 25% of middle-aged men and about 10% of middle-aged women. Being overweight increases a person's risk of developing OSA. People with the obstructive condition tend to snore, but most people who snore do not have sleep apnea.

The other type, central sleep apnea (CSA), isn't caused by a physical blockage. Rather, the problem stems from a communication failure between the brain and the muscles that move air in and out of the lungs. This type of sleep apnea, which is not associated with snoring, often afflicts people with congestive heart failure.

. . . both bad for the heart

During episodes of apnea, the oxygen supply to the heart and brain decreases. The level of carbon dioxide, a gas that's normally exhaled, rises in the bloodstream.

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This sets off a chain of chemical and nervous system events that cause the heart to beat faster and blood pressure to rise. Additional strain is put on the heart.

While a link between CSA and heart failure is clear, experts are uncertain whether one actually causes the other. The current opinion seems to be that congestive heart failure predisposes people to develop central sleep apnea and that the apnea, in turn, worsens the heart failure.

People with obstructive sleep apnea often have cardiovascular disease. But again, cause and effect has been hard to determine. The connection with hypertension is clearest. Some experts suspect that OSA may contribute to coronary artery disease by unleashing chemicals that cause inflammation. Inflammation is thought to have an important role in coronary artery disease. Other evidence suggests that OSA leads to a worse outcome among stroke survivors and people who have congestive heart failure.

Experts suspect that sleep apnea increases the risk of abnormal heart rhythms, most notably atrial fibrillation. Mayo Clinic investigators recently found that after successful treatment, atrial fibrillation was more likely to return if a person had untreated OSA. Treating the breathing problem, however, reduced the recurrence rate of fibrillation.

Treatments

To improve OSA, doctors recommend that a person lose excess weight, avoid alcohol and sleeping pills, and not sleep on his or her back. Mouthguards that pull the jaw forward to keep the airway open may be helpful. Or surgery may be done.

One of the most successful treatments is *continuous positive airway pressure*. This involves sleeping with a mask over the nose. A tube runs from the mask to a bedside machine that pumps a steady stream of air through the person's nose. The air pressure keeps the airway open. This technique takes some getting used to, and many people aren't willing to stick with it. In addition to helping prevent daytime fatigue and other problems related to poor sleep, the continuous airway pressure has been shown to lower both nighttime and daytime blood pressure. It has also been shown to slow progression of heart failure in people with central sleep apnea.

Why diabetes raises the risk of HEART FAILURE

Among people 65 and younger, heart failure is 4 times more common in men with diabetes and 8 times more common in women with the disease. Learn what heart failure is and how to reduce your risk.

Despite its alarming name, heart failure doesn't mean that the heart suddenly stops. Rather, the heart muscle is unable to keep up with its blood-pumping duties.

The heart actually has two separate pumps. The left side of the heart receives oxygen-fresh blood from the lungs and pumps it into arteries for distribution throughout the body. When blood returns to the heart, the right side pumps the blood out of the veins and into the lungs, where it is refreshed with the oxygen a person has inhaled.

If the heart doesn't pump properly, blood flow is reduced throughout the body. And blood returning to the heart has a less powerful pump to support its upward flow. As a result, fluid can accumulate in the veins and lungs.

But that's a highly simplified description of heart failure. It's a serious condition that has many causes and forms. Some people live with the ailment for many years, but for individuals with diabetes, the risk of death is greater. However, early diagnosis and treatment can stave off the dangers of heart failure.

One problem leads to another

Heart failure most often occurs due to disruption in the pumping function of the left ventricle, the lower chamber on the left side of the heart. Many disorders can damage this chamber. Chief among them is coronary artery disease, in which blood vessels that supply blood to the heart become clogged. Thus, less blood reaches the heart, and it becomes weakened. Another damaging disorder is high blood pressure (hypertension). The heightened pressure met by blood in the arteries forces the heart to pump harder than normal.

In its early stages, heart failure may cause fatigue, general weakness, and shortness of breath. As it worsens, the person may find breathing difficult even when lying down. The legs and ankles may swell due to the buildup of fluid in blood vessels.

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Connection to diabetes

People who have diabetes are at increased risk for both coronary artery disease and high blood pressure—the most common contributors to heart failure. Being overweight is also a risk factor for heart failure, and obesity markedly raises the risk for diabetes.

There are also theories about how diabetes contributes to heart failure. For example, one area of research focuses on how high blood glucose (sugar) levels in people with diabetes damage the heart muscle. High blood glucose and fatty acid levels cause the body to produce excessive oxygen molecules known as free radicals. Free radicals damage cells and may encourage the development of heart disease as well as cancer and other conditions.

Damage to the heart muscle caused by diabetes is called *diabetic cardiomyopathy*. One study found that the risk for heart failure rises by 8% with each 1% increase in a person's hemoglobin A1C (average blood glucose level over the previous 3 months).

Diabetes also puts people at higher risk for another condition that may lead to heart failure: *cardiac autonomic neuropathy*. *Cardiac*, of course, refers to the heart. *Autonomic* refers to the part of the nervous system that regulates the involuntary actions of the body, including heartbeat. *Neuropathy* here refers to damaged nerves around the heart. The damage may disrupt the functioning of the left ventricle.

Reducing the risk

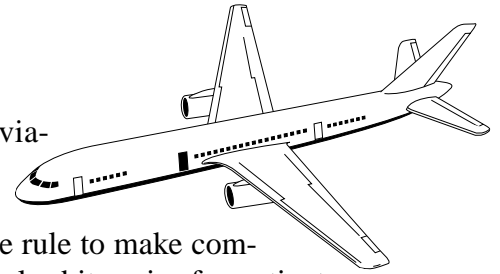
In most cases, heart failure can be managed. But, it's much better to prevent the failure than to treat it. Controlling blood glucose is particularly important. In addition, people with diabetes need to control their blood pressure, maintain a healthy weight, keep cholesterol levels low, quit smoking, exercise regularly, and limit alcohol intake.

Heart rhythm disturbances, clogged coronary arteries, thyroid disease, or other potential causes of heart failure must be treated with medications or surgery as required. In some cases, a person with diabetes may be prescribed angiotensin-converting enzyme (ACE) inhibitors, which ease stress on the heart and may help prevent heart failure.



The goal of *LINCARE News* is to share timely information with clients of *LINCARE*. The contents are selected to provide guidelines for approaching the resolution of problems, but are not intended to provide medical advice for individual problems. The latter should be obtained from your physician.

New FAA Rule on Oxygen Dependent Patients and Air Travel



The Federal Aviation Administration has issued an overdue rule to make commercial air travel a bit easier for patients who rely on oxygen. The new FAA rule will allow, but not require, airlines to permit patients to travel with portable oxygen concentrators during all phases of the flight, including take-off and landing.

The rule is an especially significant victory for more than one million Americans who have medical conditions — such as chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis — that require the use of supplemental oxygen to lead fuller, more productive lives.

Previously, people who depend on supplemental oxygen faced many obstacles during air travel. Air carriers followed differing internal rules for use of medical oxygen; many regional carriers and even some larger carriers did not provide the service at all. Patients had to pay an additional fee to rent oxygen equipment from the airlines for the in-flight segment of their travel.

Then they were required to arrange for their own oxygen during layovers and at their final destination. This erratic system was both costly and inconvenient, forcing some patients to forgo air travel altogether.

Because the new rule does not mandate that airlines allow patients to travel with portable oxygen concentrators, patients are encouraged to check with their individual airlines before making travel plans.

The oxygen rule was proposed on July 14, 2004 and went into effect on August 11, 2005.

Courtney Swift, Editor

COMMIT TO QUIT!!

November is National Smoke - Out Month

November is National Smoke-Out Month and here's the sad news: cigarette smoking remains the leading cause of Lung Cancer, and Lung Cancer remains a leading killer of American men and women.

National Smoke-Out Month gives us all an opportunity to reflect on how many lives have been lost through tobacco use. The American Cancer Society estimates that over 430,000 deaths are caused by tobacco use each year. In addition to Lung Cancer, smoking also causes cancers of the mouth and throat, Emphysema, COPD and accelerates the life-threatening potential of many other conditions like Stroke, Heart Disease, Hypertension, Diabetes, and Osteoporosis.

With all of the negative side effects, you would think that smokers would "just say no", but kicking the habit it not easy. Nicotine is a strong addiction comparable

to cocaine or heroin. Nicotine is absorbed from tobacco smoke in the lungs and it doesn't matter whether the tobacco smoke is from cigarettes, cigars or pipes. Nicotine is also absorbed when tobacco is chewed. With regular use, levels of nicotine accumulate in the body during the day and persist overnight. So, daily smokers are exposed to the effects of nicotine 24 hours each day.

That's why National Smoke Out Month is so important. Recognizing the need to help smokers "kick the habit", National Smoke-Out Month offers an opportunity for smokers to quit in an environment of support and encouragement. Raising the awareness level about the dangers of smoking and offering a platform of support for tobacco users to quit may be just the lift a smoker needs to stop this killer habit once and for all.