

Breathe Easy

Monday 28th July 2008

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Sutton Coldfield

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BRITISH LUNG FOUNDATION SUPPORT NETWORK

Dear Member,

Welcome to the July newsletter. Summer at last! (for at least 3 days) Our speaker for the June meeting was Wendy Penny who gave very good talk about the setting up of organised groups in the community, to provide exercise classes for people with respiratory disease. A résumé of the talk is published below. I have again given details of the garden party we are holding on 30th August. Please come along and help raise funds for our cause. At our next meeting, the speaker will be Julie Lloyd who is Respiratory Service Manager at Good Hope hospital. I hope to see you on the 31st.

ED.

Last Month's Speaker

Wendy started by saying how pleased she was to meet us and said "You are the experts" because you suffer from the disease and have the experience of how *you* feel. What I am trying to do is to give you the best chance of keeping well by pointing you towards the value of exercise, which is well known for help with breathing problems, and will give you independence.

Wendy went on to list her experience in health matters. She has worked all her life promoting health through exercise and was made consultant to the health authority about 20 years ago. She has lectured at college for that length of time and is now the Training Director for an organisation called Extend.

This organisation works in care homes and nursing homes and promotes a healthier life style for people with COPD through exercise.

The basis of Wendy's talk was to tell us about the set up of an exercise programme called Community Based Rehabilitation. She went on to point out, that many of us have had treatment in hospital and been involved in an exercise programme to help in rehabilitation, but the problem is that when you leave hospital you are unable to continue. At a recent meeting of the NBPCT (North Birmingham Primary Care Trust) Wendy said the doctors she spoke to are very keen to get an exercise project in the local community off the ground.

One of our members has recently been discharged from Pulmonary Rehab. at Heartlands Hospital, but would welcome an opportunity to continue with exercises under individual supervision as is being proposed here. The important thing is sustainability, and Wendy went on to outline some of the exercises and to stress that you will be asked all the time "How do you feel", is the exercise, hard, alright or easy. You are constantly monitored so that you can progress in a manner which will give you the most benefit, and will be under supervision by a health care professional. No one will be made to work beyond their ability. →

→ The sessions will be run by Breathe Easy, the health professional, and the exercise professional, namely Wendy, and If something has to be changed, then it will be discussed by the whole group.

Wendy went on to say that one of the problems with COPD is the fact that some people become isolated in the community because the can't interact with other people like they used to, and unfortunately stay at home.

Being breathless is not a contra indication to exercise, and the latter will help with depression, a condition from which many of us suffer. Before you can be enrolled on a course you have to be assessed so that those who are treating you are fully aware of your condition. A form has to be completed before you can commence the course and you may have to include some notes from your doctor.

We were now treated to some slides showing some of the exercises that will be carried out. Some of these are adapted from the British Lung Foundation Breathe Easy Lung Exercise Pilot Project, 2005.

It was mentioned during the slide show that all the exercises can be carried out without the use of a Gym. The programme will be a combined Sutton and Heartlands project which will be in our area. As with many things nowadays the stumbling block is money, but Wendy is going back to the PCT to discuss this point. The basic requirement is a room which we could occupy 2 days a week and of course the services of a Health Professional. Wendy did ask at this point after answering several questions, if I would pass on any thoughts on the subject to her, which I will be do, so can you please let me have your comments as soon as possible. Ed.

Garden Party, with Stalls

Don't forget, on the 30th of August, there will be a garden party which will be held at Joyce Dyke's house, which is at 7, Vesey Road, Sutton Coldfield. This will be a fund raising event for BLF. The money will go towards providing more nurses in the community. Entrance is £1.50 and includes some light refreshment The party starts at 2pm until 6pm. Please come along and enjoy the day, as well as raise money for a worthy cause. Ed.



Breathe Easy

Is Hell Exothermic or Endothermic?

The following is an actual question given on a University of Washington chemistry mid term. The answer was so "profound" that the professor shared it with colleagues.

Bonus Question: Is Hell exothermic (gives off heat) or endothermic (absorbs heat)?

Most of the students wrote proofs of their beliefs using Boyle's Law, (gas cools off when it expands and heats up when it is compressed) or some variant. One student, however, wrote the following:

First, we need to know how the mass of Hell is changing in time. So We need to know the rate that souls are moving into Hell and the rate they are leaving. I think that we can safely assume that once a soul gets to Hell, it will not leave. Therefore, no souls are leaving. As for how many souls are entering Hell, lets look at the different religions that exist in the world today.

Some of these religions state that if you are not a member of their religion, you will go to Hell. Since there are more than one of these religions and since people do not belong to more than one religion, we can project that all souls go to Hell. With birth and death rates as they are, we can expect the number of souls in Hell to increase exponentially.

Now, we look at the rate of change of the volume in Hell because Boyle's Law states that in order for the temperature and pressure in Hell to stay the same, the volume of Hell has to expand as souls are added. This gives two possibilities: If Hell is expanding at a slower rate than the rate at which souls enter Hell, then the temperature and pressure in Hell will increase until all Hell breaks loose. Of course, if Hell is expanding at a rate faster than the increase of souls in Hell, then the temperature and pressure will drop until Hell freezes over.

So which is it? If we accept the postulate given to me by Ms. Teresa Banyan during my Freshman year, "...that it will be a cold day in Hell before I sleep with you", and take into account the fact that I still have not succeeded in having sexual relations with her, then, No.2 cannot be true, and thus I am sure that Hell is exothermic and will not freeze.

The student received the only "A" given.



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New Research into COPD

Scientists at Imperial College London, UK, have taken the first step towards a cure for the fatal disease by discovering why it is resistant to steroid treatment. Peter Barnes, professor of thoracic medicine, and colleagues examined the role of an enzyme in the lung cells called HDAC2, which "switches off" the genes responsible for causing inflammation. Barnes discovered that levels of HDAC2 were very low in COPD patients, which was why steroids had little effect.

Cheap drug

"Smoking causes oxidative stress in the cells, which results in reduced production of HDAC2 and much of the enzyme is in a deactivated form so it doesn't respond to treatment by steroids," Barnes explains. He realised that by administering low doses of a cheap and widely available drug – theophylline – he could boost the levels of the enzyme, and therefore enable steroids to treat COPD. "Theophylline is a bronchodilator that has been used for the past 70 years in asthma and COPD patients, but until now it has always been administered in very high doses. We found that in very low doses the drug has a different effect – it appears to activate HDAC2 and increase its production. "We should be able to prevent people with COPD getting worse and hopefully allow them to recover,

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Exercise!

By Pauline Macavoy

For me, a regular exercise regime has been beneficial in more ways than one. After managing to get the right health diagnosis and consequently the right treatments, I then begged for direction on how to do the right type of exercise that would be safe for me, and beneficial in my need to get as well as I could be.

It was important to get my breathing under control and learn to breath from my diaphragm and not just the upper chest area. For two years I had been struggling with day to day simple chores and had to decide what minor tasks I could perform. Was it to be a little washing up of dishes or, perhaps a walk into the garden.

As time went on I was able to do all my treatments including breathing exercises in between each treatment. Six months passes by; I could now walk a little further, but I was still not able to walk and talk at same time, neither could I go anywhere to eat or drink as I would always cough and choke.

One day I came out of my local surgery, crossed the road to the library and then, as I was passing the Walmley Village hall I heard music coming from within. Feeling nervous and embarrassed I ventured inside to see what was happening.

As I walked through the doorway gently holding my white symbol cane, I enquired as to what was going on there? A lovely lady called Moira approached me and with a kindly word she informed me that it was a very gentle exercise class, and that if I was interested in joining I should talk to Joe, who was running the group.

I did! After telling him that I was registered blind so could not see very far or clearly, he said that I was welcome to stay and watch how the class was conducted. I also added that I couldn't breath very well either. He said that I could do any exercise, and if I found anything difficult whilst standing, it could be done sitting on a chair.

So began my Get Well Keep Well classes, as I put it. They certainly helped me to breathe properly again, and also helped keep body and joints as supple and strong as they could be. After each session I felt a sense of achievement.

Finally the feeling of well being and the feel good factor is wonderful! Such support and comradeship is beneficial for body, mind and soul. How lucky I feel to have joined Joes group, and even though it is an effort to get there on time, I am more than happy, as the uplifting factor is second to none. So as you can imagine I thoroughly enjoyed last month's talk about exercising. Thank you!

Warm Smiles, from Pauline.

Forthcoming Events

We are again having a table at Sutton Coldfield Fire Station 'open day' from 11am to 4pm. The event takes place on Saturday August 23rd. Those of you who attended the last event will remember what a great day out this was. Please come along and support us.



A.G.M.

Please Note!

The AGM which normally takes place in September, has been changed to August 28th, which is a normal meeting date. Light refreshments will be available.



The Puffer Line

Snippets!

'Respimat' Inhaler



Firstly, my thanks to David Logan

(a member of our Breathe Easy group) for the information on this drug.

Further information can be found by typing 'Respimat' into Google, (U.K. pages) and choosing the first option,

which will open a page at Bhoeringer Ingelheim who are the manufactures of the drug.

Respimat, soft mist inhaler, has certain advantages over the 'Handyhaler' for Spiriva. The mist is much slower moving than the powder from the MDI (metered dose inhaler) therefore there are lower levels of the drug in the mouth and throat, leading to higher levels in the lungs, independent of the inspiratory flow.

It is easier to use, and I am led to believe is the same price as the 'Handyhaler' but it can be difficult to set up, so, please ask for help and advice from your Pharmacist or doctor. If you do use this device please be careful not to get the mist into your eyes.



Joyce Dyke

Breathe Easy

A Nice Cup of Tea

Make yourself a nice cup of tea as you sit down to read this magazine and learn a little about your daily cuppa. Tea is often thought of as being typically British drink and we have been drinking it for over 350 years. But in China, tea has a history dating back more than 5000 years as was originally used as a medicine.



Tea was once a luxury product that only the rich could afford due to the high taxation tea imposed in 1689. This tax was so high that it almost halted sales so was reduced a couple of years later, but duty on tea remained until it was finally abolished in 1964.

A consequence of this hefty taxation was the growth of smuggling and adulteration. In those days, it was green tea that was imported and to make the smuggled tea go further, leaves from other plants were added to tea leaves. But sometimes the resulting colour was not realistic enough, so chemicals of sheep's dung were added to make it look more like tea. Eventually to avoid the possibility of drinking these poisonous dyes, black tea became more popular than green tea and this preference has remained ever since.

Did you know that all the many varieties of tea come from the same plant? The Camellia Sinensis is the bush we have to thank for our favourite drink, whether we choose the standard black tea, fashionable green tea or the up and coming white tea.

Although the plant is the same for all these types of tea, it's process after picking the leaves that provides the wide variety of different teas. Very skilled tea makers make this possible by controlling fermentation, rolling and drying which creates the various kinds of tea.

Tea bags were first invented in America in 1908 but it wasn't until the 1950s that they really became popular in Britain. The main attraction of the tea bag is convenience as it means that tea can be made as easily in a mug as in a pot. One teabag contains around twenty different leaves from six different countries which are chopped finely and blended. Typical tea bags are filled with the tiniest pieces of broken leaves, called fannings. However, tea leaves contain chemicals and essential oils, which are the source of wonderful flavour of tea. When tea leaves are broken up, those oils evaporate, leaving a dull and tasteless tea. Loose teas are whole and large pieces of leaves which make a far more tasty tea.

By all means use a teabag if that suits you, but tea connoisseurs will always use loose tea and a teapot. Water is important, with soft water producing the most flavourful tea. If you live in hard water area, consider →

Quiz Time

Time for
Answers!

The Quick Quiz

Answers for last months Quiz

The answers are all 'Body Parts'

1. Shell fish? Muscle
2. Part of a saw? Teeth.....
3. Impudence? Cheek.....
4. A flower? Iris.....
5. Parts of a chair? Legs.....

This month we start a new quiz because the last one finished, and also many of you require something more demanding, so here it is. Below is an indication of how it works. It's called **Digits**.

- (1.) 16 O in a P ... (A) Sixteen Ounces in a Pound

2. 1001 AN.....
3. 9P in the SS.....
4. 20,000 L U the S.....
5. 18 H on a G C.....

buying a water filter. Freshly boiled water should be used for black and Oolong tea, while green and white tea should be drunk without milk and made with cooler water than black tea – around 85°C. Store the leaves correctly; tea goes stale very quickly so should be bought in small quantities, stored in an airtight container and kept in a cool dry place. Countless studies have proven that tea provides you with many health benefits including antioxidants and minerals such as fluoride, zinc, folic acid, manganese and potassium. And, if you don't take milk with your tea, the drink has no calories so you needn't feel guilty about drinking as much as you like.



Thank you Catherine Fairey for this article Ed.

For submission of articles, comments or news, contact:- Peter Rubery at this address:- 18, Forest Close, Streetly, Sutton Coldfield, West Midlands B74 2JZ Telephone No. 0121 353 9623 or email <eponym@peterrubery.co.uk.>

If you **do not** wish to receive the News Letter in future, please contact me and I will delete your details. Peter Rubery, Ed.