



Breathing Easy Outlook

STAYING HEALTHY ■ LIVING WELL

FALL 2011

Understanding Anticholinergics

You know what it's like to feel out of breath. If you have daily symptoms, medicines called bronchodilators can help.

Help to Open Your Airways

Tiotropium and ipratropium are anticholinergic bronchodilators. They work by relaxing and opening air passages to help breathing. By keeping airways open, they prevent wheezing and breathing problems.

How They Work

■ **Tiotropium** relaxes and opens the airways for 24 hours. It is often called a “long-acting” bronchodilator. You inhale it just once a day. To take it, you put a small capsule of medicine into a dry-powder inhaler and inhale the powder. If you're not sure how to do it, ask your doctor or pharmacist. It may take several days to feel improvement.

■ **Ipratropium** opens the lungs' air passages for a few hours. It is often called a “short-acting” bronchodilator. It comes in a canister for use with an aerosol inhaler. It is usually inhaled as you need it for shortness of breath, typically two sprays up to four times a day to treat breathlessness and wheezing. Avoid any contact with your eyes when inhaling these medications.



Can Humor Be a Healer?

Humor might be much more than a laughing matter.

Many experts believe that adding some humor to your life can improve health and multiply happiness. Laughter, for example, may relieve stress, bolster the immune system, reduce pain, and lower blood pressure.

Laughter also can boost mood and help people cope with serious illnesses and major surgical procedures.

To get some good—and perhaps good-for-you—laughs, try these tactics:

- Cut out and post amusing cartoons from newspapers.
- Watch humorous videos or television shows. Or listen to funny radio shows.
- Teach yourself magic tricks, and perform them for friends.
- Spend plenty of time with people who make you appreciate life's sillier side.
- Remember to laugh at the funny things you do.

Good Health Guidelines

For people with COPD, it's important to make sure the following tests and vaccines are kept current:

- Flu vaccine
- Pneumonia vaccine
- Spirometry—breathing test to check how your lungs function—should be done when symptoms change

Be sure to talk with your health care provider about these topics:

- Writing an Action Plan
- Having a nutritional assessment
- Reviewing your exercise routine
- Taking part in a pulmonary education program
- Quitting smoking

A CLOSER LOOK

The Pneumonia Vaccine

People with lung disease are more likely to get pneumonia. That's why it's important to take steps to protect against it. You can lower your risk by getting a pneumonia vaccination. Health experts recommend a one-time pneumonia vaccination for people between ages 2 and 64 who have a chronic lung disease, such as COPD. If you're younger than age 65 and haven't been vaccinated, you'll need to get a shot. If you're age 65 or older, you should get a shot if you haven't been vaccinated before or it's been at least five years since the vaccination you received when you were younger than age 65. After that, no additional shots are needed. People with low immunity may require a booster. Check with your doctor.

Although these are suggested guidelines for care, please check with your benefits plan for coverage.

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Q&A

Manage Your Shingles Risk

Shingles is no fun, as anyone who has had this painful skin rash knows. Researchers reported in the *Canadian Medical Association Journal* that shingles occurs more often in people with COPD. Chronic inflammation and immune system changes that occur in COPD might make it easier for the virus that causes shingles to become active.



So how can you cope with this distressing illness? Here's what you need to know.

Q. What Is Shingles?

A. Shingles is a skin rash with painful blisters. It is also called herpes zoster. Shingles is caused by the same virus that causes chickenpox. After a person gets chickenpox, the virus remains inside certain nerves, quietly hiding. Years later, it can become active again, causing shingles.

Q. What Are the Symptoms?

A. The first sign is a tingling, burning, or itching feeling on one side of the body. After several days or weeks, painful, fluid-filled blisters appear. The pain can be mild or severe. Some people also have abdominal pain, fever, chills, or headache. The rash usually clears up within two to three weeks. But some people develop severe pain in the area where shingles occurred that lasts for months or years.

Q. How Is Shingles Treated?

A. If you have any symptoms of shingles, call your doctor right away. If caught before or shortly after blisters appear, shingles can be treated with antiviral medicine. Moist, cool

compresses, calamine lotion, and oatmeal baths can soothe itching and pain.

Q. Who's At Risk?

A. About one in three people develops shingles at some point. Half of the time, the condition occurs in people ages 60 and older. But people of any age with COPD or a weakened immune system also are at risk.

Q. Can I Lower My Risk?

A. For people ages 60 and older, a one-time shingles vaccination can lower your chances of getting this painful condition. But people getting radiation or chemotherapy for cancer should not get the vaccine. People who take steroids, which can affect the immune system, should also not be vaccinated. Ask your doctor if a vaccination is right for you. If your doctor recommends a shingles vaccine, check with your benefits plan for coverage.

➤ **Learn what shingles looks like so you can get treatment fast.**

The Centers for Disease Control and Prevention has more information at www.cdc.gov/shingles.

A Showdown Against Mucus

Do you often cough up mucus or phlegm? That's common when you have COPD or chronic bronchitis. What is mucus? Why do people with COPD have more than normal? And what can you do about it? Here are some answers.

Mucus is a slippery film made by the lungs. A little mucus is a good thing. It traps dirt, pollutants, and germs to keep them out of the lungs' airways. The mucus is then swept away by cilia. Cilia are tiny, hairlike projections that line the airways. Like traffic cops, they wave the mucus along so it doesn't pile up.

Too Much of a Good Thing

People who smoke or have COPD have inflamed lung tissue. The inflammation may trigger airways to make extra mucus. But inflammation also damages the cilia, so they can't clear away the extra mucus. As mucus builds up, the airways get clogged. This makes it harder for oxygen to get into the lungs. The mucus

build-up also provides a moist breeding ground where infections can start easily. Trapped mucus also can make it more difficult for oxygen to get into the blood.

Coping with It

If you think of your lungs like an upside-down tree, your larger airways are the branches. Many people with COPD have excess mucus in these larger airways. They may clear their throats, cough a lot, and spit up phlegm or sputum—other words for mucus. According to the *European Respiratory Review*, even COPD patients who don't cough a lot tend to have excess mucus. But because the mucus is mostly in their smaller airways (the twigs of

the branches), they may not be aware of it.

If you are bothered by mucus, these steps can help you feel more comfortable:

- **Stay hydrated.** When you get dehydrated, your mucus gets thick and sticky. Drink plenty of fluids to keep mucus thinner and easier to cough up. Unless you've been told by your doctor to limit fluids, aim to drink six to eight glasses of water or other fluids daily.
- **Keep moving.** Physical activity—such as walking or swimming—loosens mucus, making it easier to cough up. Talk with your doctor about what activities are safe for you.



- **Mind the air.** Steer clear of secondhand cigarette smoke, dust, fumes, air pollutants, and other substances that irritate the lungs. These increase lung inflammation.
- **Consider medicines.** Drugs called expectorants may help loosen mucus, making it easier to cough up. But they don't help everyone. Ask your doctor if medicine would help.
- **Learn breathing and coughing techniques.** Deep coughing, controlled breathing, “huffing”—similar to how you “huff” on your glasses to clean them—and other breathing techniques can help dislodge mucus. Your doctor, respiratory therapist, or pulmonary rehabilitation staff can give you instructions.
- **Try physical therapies.** The American College of Chest Physicians says some physical methods can help remove mucus from the lungs. One approach is chest percussion. A caregiver claps the chest or the back to loosen mucus. This can be done while you lie in a position that allows gravity to help drain the mucus. Other methods include exhaling into a small device that vibrates the lungs or using a mechanical vest that shakes the chest. Some of these methods haven't been well-studied in people with COPD, so ask your doctor if they're right for you.
- **Take your medicine.** Be sure to take any daily COPD medicines as prescribed. These help prevent and control breathing problems.

➤ **Dealing with mucus can be a challenge.**
Talk with your health care team about ways to cope so you can breathe and feel better.

What Is a Pneumothorax? Is It Cause for Concern?

We all know air is essential to life. But a little air in the wrong place can be a problem. This problem occurs when someone has a pneumothorax (noo-mo-THOR-aks).

Pneumo What?

A pneumothorax is a buildup of air in the space surrounding the lungs. This can be caused by a chest injury or a medical procedure, such as lung surgery. Sometimes a weak area of the lung leaks or bursts and releases air. COPD may increase the risk for a pneumothorax in some.

Sometimes a pneumothorax involves a small amount of misplaced air that goes away on its own. But it can be more serious. This misplaced air can create pressure on the lung so that it can't expand. This is called a collapsed lung. This pressure can also block blood flow in the chest.

Diagnosis and Treatment

According to the National Heart, Lung, and Blood Institute, someone with a pneumothorax may have sharp chest pain, especially when they cough or breathe deeply. They may feel short of breath and fatigued. Their chest may feel tight and their heart may beat fast.

A chest X-ray will show if there is air surrounding the lungs. Treatment involves inserting a needle into the chest cavity to draw out the air. Or, a tube is placed in the chest. If the air was from a leak in the lung tissue, surgery may be needed to repair the lung.

Play It Safe

To lower your risk for a pneumothorax and a collapsed lung, don't smoke. Especially if you've already had a collapsed lung. If you get symptoms of a pneumothorax, seek medical help.



Anticholinergic. An anti-cholinergic medicine helps relax muscles. It blocks or decreases certain signals in the body that cause the muscles to contract. Different types of anticholinergic medicines target different areas of the body, like the bladder or airways.

Bronchodilators. Bronchodilators help relax the muscle fibers in your airways. This helps you breathe better. You take the medicine using an inhaler. There are two types of bronchodilators: one you take only when needed and one you take every day.

Cilia. Cilia are tiny, hair-like structures that line the airways. They move mucus, which catches particles and germs, up and out of the airways. This keeps unwanted substances out of your lungs and helps prevent infections.

Expectorants. Expectorants help fight chest congestion. They help to break up and thin mucus, making it easier to cough up. This helps clear the airways and allows you to breathe easier.



Do Video Games Count as Exercise?

What do you get if you combine “exercise” with “game”? Exergaming! Exergaming is a way to engage in fun exercise using a video game. To play, you need a home gaming console with technology that tracks your movements, like a Nintendo Wii. Don’t have one? Try borrowing one from your friend, kids, or grandkids!

Video exergames are available for bowling, tennis, dancing, golf, baseball, yoga, and just about every other sport or exercise you can think of. All you have to do is clear a space in your living room and turn on the game. You can play alone or with a family member or friend. Then you mimic the action of swinging a racquet, hitting a ball, or whatever movement the game involves. A handheld device relays your actions to the screen.

As Good as the Real Thing?

Exergaming is popular among everyone from tots to seniors. But does it count as exercise? Research shows this new way to exercise offers real health benefits.

- **Weight management.** Children and adults burn twice as many calories when they play exergames compared with when they sit.
- **Mood elevation.** According to research in *The American Journal of Geriatric Psychiatry*, playing exergames for 35 minutes three times a week significantly improved depression in older adults.
- **Increased strength.** In a study of stroke patients published in the *Journal of Rehabilitation Medicine*, exergames helped them improve their arm strength.
- **Overall health.** People who play active video games had a greater sense of well-being, better balance, and improved range of motion.

Word to the Wise

Exercise can help people with COPD feel better and be healthier. But if you’ve haven’t been exercising lately, start slowly to avoid soreness or injury. Warm up beforehand and cool down afterward. Talk with your doctor before you start any new exercise program.

➤ For tips and ideas about safe, simple ways to exercise, visit the National Institute on Aging at www.nia.nih.gov and type in “exercise” in the search field.

Start the Day Right with Breakfast

If you are living with COPD, the morning can be the best time of the day. Many people get more tired as the day goes on. They may not have the energy to prepare food and eat well later in the day. So why not take advantage of your morning energy? Start the day with a healthy breakfast. These tips can help:

- Choose foods that are easy to prepare and chew so you don't get out of breath.
- Keep meals small. A very full stomach can make it harder to breathe.
- To keep your breathing muscles strong, include a food with protein, like eggs, cheese, milk, beans, meat, fish, or poultry.
- If you have high blood pressure or tend to retain fluid, skip the fast food and frozen breakfasts that are high in sodium.
- Rest for a moment before you eat.

Seven Ways to Start Your Days

These nutrition-packed breakfasts suggested by the American Dietetic Association are easy to prepare:

- 1 Whole-grain toaster waffle topped with vanilla yogurt and sliced banana.
- 2 High-protein smoothie made with milk or yogurt, 2 tablespoons instant milk powder, and canned or frozen peaches.
- 3 Microwave oatmeal made with milk instead of water and topped with thawed frozen or fresh strawberries.
- 4 Multi-grain English muffin topped with peanut butter, chopped dates, and shredded almonds.
- 5 Scrambled eggs and shredded cheese wrapped in a warm, whole wheat tortilla.
- 6 Hard-boiled egg, a slice of cheese, and a wheat bran muffin with margarine.
- 7 Whole wheat pita bread filled with sliced turkey and mango chutney.

➤ For tips about planning meals that won't cause breathing discomfort, visit www.lungusa.org and type "COPD nutrition" in the search field.



Red and Yellow Pepper Omelet

Serves 2

Ingredients

- 1 tsp. olive oil
- 4 egg whites
- ½ tsp. dried basil
- 2 tsp. grated Parmesan cheese, divided
- 1 sweet red pepper, thinly sliced
- 1 yellow pepper, thinly sliced
- ¼ tsp. black pepper

Directions

1. In a large nonstick frying pan over medium heat, warm oil; add the peppers; cook, stirring frequently for 4 to 5 minutes. Keep warm over low heat, stirring occasionally.
2. In a small bowl, whisk together the egg whites, basil, and black pepper.
3. Coat a small nonstick frying pan with nonstick spray. Warm over medium-high heat for 1 minute. Add half of the egg mixture, swirling the pan to evenly coat the bottom. Cook for 30 seconds or until the eggs are set. Carefully loosen and flip; cook for 1 minute, or until firm.
4. Sprinkle half of the peppers over the eggs. Fold to enclose the filling. Transfer to a plate. Sprinkle with 1 teaspoon of the Parmesan cheese. Repeat with the remaining egg mixture, peppers, Parmesan cheese.

Each serving provides

Calories 90, total fat 3 g, saturated fat 1 g, cholesterol 0 mg, sodium, 140 mg, total carbohydrate 8 g, dietary fiber 2 g, protein 9 g



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