

Breathing *easier*

A Guide for **Asthma and COPD Patients**
in the Champlain Region

This patient guide marks the first compilation of lung health resources in the Champlain region. It may not include all of the information that you need. We want to hear from you if you know of other lung health resources in the Champlain region, or if you want to order additional copies of this patient guide.

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www.champlainlhins.on.ca

Disclaimer

This guide is designed to provide information on lung health resources that are known to exist in the Champlain region at the time of publication. This guide was developed by patients for other patients' general information. This guide cannot be used to diagnose or treat asthma or COPD. This guide cannot be used as a substitute for obtaining medical advice or for seeking treatment from a qualified physician. Individuals with breathing problems should seek treatment from a qualified physician. The authors do not assume responsibility for errors or omissions contained in this guide.

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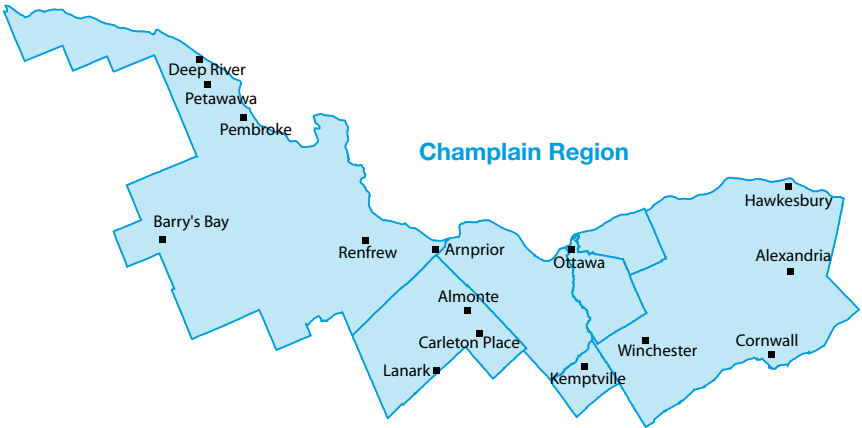
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ODE TO 3 RAYMOND STREET

COPD is our affliction

Here we trade it for affection

When work is done and chairs put back

We settle down for talk and a snack

*Our group is like a family
and that is what we try to be*

*We have concern for one another
just like a sister or a brother*

*So that is why, you see
3 Raymond Street is the place to be!!*

*By Don Clarke, Patient
The Lung Association's Shortness of
Breath Maintenance Program*

Mr. Clarke wrote this poem in honour of The Lung Association's pulmonary rehabilitation program, previously located at 3 Raymond Street in Ottawa, and now located on St. Laurent Boulevard.

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“Most patients with chronic diseases, such as asthma and COPD, know their conditions best. This guide will help patients across the Champlain region access the resources they need to better manage their health care.”

Dr. Robert Cushman, CEO of the Champlain Local Health Integration Network

Introduction

This guide is for individuals who are struggling with chronic lung diseases, as well as their families, friends, and health care professionals.

Many lung patients suffer in silence for years before they are diagnosed. Sometimes they or their physicians attribute their shortness of breath to *colds that don't seem to go away, to being out of shape, or to getting older*. Living with a chronic lung disease can leave people feeling scared and frustrated. When poorly controlled, lung disease prevents individuals from attending school or work, from participating in social activities, or from exercising. Daily activities become increasingly difficult as they expend more and more energy just trying to breathe. They often find themselves caught up in a cycle of emergency room visits and hospitalizations, not knowing why they are sick, and more importantly, how to get better.

To make matters worse, lung disease is an invisible illness. Family members, friends, co-workers, and even some health care professionals, may not take their symptoms seriously. Lung patients are often told that their asthma *can't be that bad*, that they are *too young to have Chronic Obstructive Pulmonary Disease (COPD)*, or that *they can't be sick because they look fine*. The fact is that when left untreated or undertreated, lung disease can result in permanent lung damage, disability, and death.

Thousands of people living in the Champlain region are suffering from poorly controlled lung disease. Many lung patients and their family doctors are not aware of the lung health services that are available in this region that could help them to gain better control of their disease. We hope that this patient guide will empower individuals to seek out the health care gems in their community so that they can better manage their disease and, ultimately, breathe easier.

The benefits for patients include better control over their disease, fewer lost school and work days, fewer trips to the emergency room, fewer hospitalizations, and improved quality of life.

Carmela Graziani
Writer and Asthma Patient

What is the Champlain Lung Health Network?

This lung patient guide was developed under the direction of the Champlain Lung Health Network, which was created in 2006 at the behest of Dr. Robert Cushman, the CEO of the Champlain Local Health Integration Network. The creation of this network marked the first time that patients, respiratory therapists, physicians, hospitals, community health centres, and health organizations from across the Champlain region came together to improve patient access to lung health services.

Lung health services in the Champlain region are poorly funded and disorganized compared to health care services for other chronic diseases, such as heart disease, cancer, and diabetes. Perhaps this is due to the invisibility of lung disease; or to the stigma associated with tobacco addiction; or to the lack of public awareness about the long-term effects associated with exposure to indoor and outdoor air pollutants.

The Champlain Lung Health Network is committed to increasing public awareness about lung disease, and to improving patients' access to lung health services, including diagnostic tests, medications, education programs, treatment plans, smoking cessation programs, respiratory rehabilitation, and community-based and hospital-based services.

Who Are We?

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Inaugural Organizations of the Champlain Lung Health Network:

Canadian Cancer Society

Champlain Community Care Access Centre

Champlain Local Health Integration Network

Children's Hospital of Eastern Ontario

Cornwall Community Hospital

Hôpital Général de Hawkesbury and District General Hospital

Hôpital Montfort Hospital

Kemptville District Hospital

The Lung Association (Ottawa, Renfrew County, Cornwall and Area)

North Lanark County Community and Health Centre

The Ottawa Hospital

The Ottawa Hospital Rehabilitation Centre

Pembroke Regional Hospital

Queensway Carleton Hospital

Renfrew Victoria Hospital

Somerset West Community Health Centre

What is Asthma?

Asthma is one of the most common chronic diseases among children and adults, accounting for many lost school and work days, and repeated trips to emergency rooms. Chronic means that you have it all the time, even when you do not have any symptoms. There is no cure for asthma, but there are medications that can control your symptoms.

About 3 million Canadian children and adults have asthma, and asthma rates among Canadians are increasing. When poorly treated and managed, asthma can be fatal. According to Health Canada, 287 Canadians died from asthma attacks in 2003.¹ Many of these deaths might have been prevented had patients received proper education and treatment.

Asthma Symptoms

People with asthma have sensitive airways. Allergens and irritants may trigger swelling, inflammation, the production of extra mucus, and airway spasms. Asthma symptoms include:

- Shortness of breath
- Chest tightness
- Coughing
- Wheezing
- Waking up at night with any of these symptoms
- Inability to perform daily physical activities (e.g., school, work, exercise)

What Causes Asthma?

Health experts do not completely understand what causes asthma. However, certain factors can increase your risk of developing asthma, including a family history of allergies or asthma, smoking and exposure to second-hand smoke, some allergens, and environmental contaminants at work.

ASTHMA TRIGGERS

It's important to avoid things that can trigger an asthma attack. Exposures to triggers can cause more inflammation and swelling in your airways, and more severe symptoms. Not everyone has the same triggers. Put a check mark beside the ones that affect you:

- Dust
- Pollens (e.g., trees, grass, weeds)
- Moulds
- Cockroaches
- Pets (e.g., cats, dogs, birds)
- Foods and food additives
- Drugs
- Infections
- Post-nasal drip
- Gastroesophageal Reflux Disease
- Menstrual period
- Pregnancy
- Emotions or stress
- Exercise
- Smoking
- Indoor air pollution at home, school, or work (e.g., second-hand smoke, wood burning fireplace, gas stove, perfumes, bleach, fabric softeners, air fresheners, dust, chemicals, crop dust, hay)
- Outdoor air pollution (e.g., smog, lawn and garden pesticides)
- Weather (e.g., wind, sudden changes in temperature or barometric pressure, cold air, humidity)

How is Asthma Diagnosed?

Asthma is diagnosed by a simple breathing test called spirometry, which measures how much air your lungs can force out in one second divided by the maximum volume of air forced out during the test. If you have reduced lung function due to inflammation or obstruction in your airways, then you won't be able to breathe out as much air as someone who doesn't have lung disease. However, normal spirometry test results do not exclude asthma. Your doctor may need to order other pulmonary function tests to confirm an asthma diagnosis, such as a bronchial challenge or exhaled nitric oxide test.

Asthma is classified as very mild, mild, moderate, moderately severe, and severe. Your respirologist (lung specialist) will determine which category you fall into, depending on the severity and frequency of your symptoms, and your spirometry test results.

TIP

If you continue to feel short of breath, despite treatment for asthma, it's important to rule out other health conditions (e.g., other lung diseases, heart disease, anemia, poor physical conditioning).

Asthma Medications

Asthma is treated with various medications:

Bronchodilators: Short-acting inhalers provide quick relief from asthma symptoms by relaxing the muscles that constrict the airways. They are also called *reliever or rescue* medications. The effects of these medications last between four to six hours.

Corticosteroids: These medications reduce the swelling and inflammation in your airways. They are also called *controller* medications. Your doctor may prescribe different corticosteroid medications, depending on the severity of your symptoms:

- Inhalers
- Pills
- Inhalers that contain a corticosteroid and a long-acting bronchodilator

Leukotriene receptor antagonists: These non-steroid pills can help to prevent inflammation and relax the muscles that constrict the airways.

Antibody neutralizer: This non-steroid medication is used to treat moderate to severe allergic asthma when inhaled corticosteroids do not provide adequate control.

**Asthma patients should review the doses of their bronchodilator and corticosteroid medications with their doctor at least once or twice a year, even if their symptoms are well controlled. Remember that the frequency and severity of your symptoms can change over time. You may need to increase the dose of your corticosteroid medications during flare-ups.*

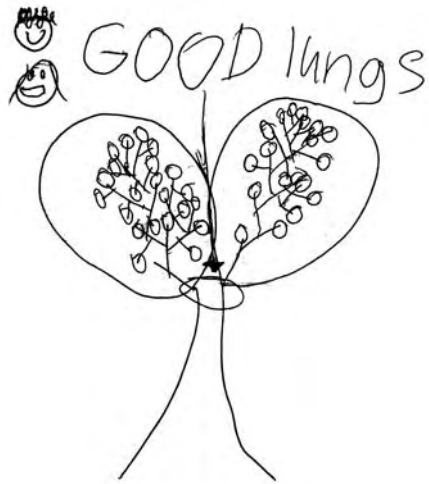
Unless your doctor tells you to, don't stop taking your asthma medications, even if you feel better and your symptoms are under control. The swelling and inflammation in your airways may worsen, putting you at risk for a severe asthma attack.

A Young Asthma Patient's Story

Hello, my name is Michaela. I am seven years old and I have asthma. Rosario, my respiratory therapist, helped me to understand my asthma. She talked to me about my orange and blue puffers. She told me the difference between them. There are two tubes in my body. One is for medicine and air and the one right beside it is for food and drink.

Rosario said there is nothing I can't do because of my asthma as long as I take my medication properly. The reason I have to breathe in so deep is because in my lungs there are little bubbles that are like grapes. They need to be full of the medicine from my puffer.

My lungs are like a tree inside. The tubes get smaller and smaller the farther you go until it reaches a little sac at the end. The medication has to go through all those little tubes that get smaller and smaller until it reaches the sacs. It stays in my little sacs that are actually quite small and look like bunches of grapes.



When I'm breathing right there is enough space for the air to come in. When there's no place that means that I am having trouble breathing. My medication has to go all the way into those little sacs and that is why it is so important to breathe in so slowly and deeply and hold it long enough, for 10 seconds.

Thank you Rosario and thank you for your attention!

Too Many Patients Have Poorly Controlled Asthma

Studies show that 60% of Canadians with asthma do not have their symptoms under control.² The Champlain region has high rates of emergency room visits

due to asthma. The Champlain Lung Health Network wants every asthma patient to have an **Asthma Action Plan**, a set of written instructions that explains a patient's asthma triggers,

symptoms, and medications. Patients who have an Asthma Action Plan are better able to recognize the early warning signs of a flare-up, and they know what steps to take to regain control of their symptoms.

One study found that 90% of parents believed that their child's asthma was controlled. In fact, just 45% of the children were well controlled.³

THE 30 SECOND ASTHMA TEST™

	YES	NO
1. Do you use your blue inhaler 4 or more times a week? (Except one dose/day for exercise)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you cough, wheeze, or have a tight chest because of your asthma? (4 or more days a week)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do coughing, wheezing, or chest tightness wake you at night? (1 or more times a week)	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you stop exercising because of your asthma? (In the past 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever miss work, school or social activities because of your asthma? (In the past 3 months)	<input type="checkbox"/>	<input type="checkbox"/>

Even one “yes” means see your doctor. Your asthma is not under control.

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√ Asthma Action Plan

An Asthma Action Plan is a personalized set of written instructions that will help you to manage your asthma symptoms. Your Asthma Action Plan will tell you if you are in the **Green Zone** (controlled asthma), **Yellow Zone** (uncontrolled asthma) or **Red Zone** (dangerously uncontrolled asthma). Your personalized Asthma Action Plan will describe your triggers, symptoms, medications, and instructions for regaining control of your asthma.

Call The Lung Association's bilingual **Asthma Action Helpline™** at **1-888-344-5864** to order an Asthma Action Plan, or download a copy from www.on.lung.ca. Ask your respirologist to fill it out for you and to update it whenever the severity of your asthma symptoms change, or whenever your medications change.

If your medication is not working and you are having trouble breathing, go to your nearest emergency room. Sometimes asthma patients feel uncomfortable or nervous about seeking emergency medical treatment. Remember that going to the emergency room when you are having a severe flare-up is part of your Asthma Action Plan!

√ Respirologist

A respirologist (lung specialist) can order breathing tests to confirm an asthma diagnosis, prescribe medications, monitor your symptoms, fill out and update your Asthma Action Plan, refer you to an asthma education program, and assess whether you need respiratory rehabilitation.

✓ Respiratory Therapist/Certified Asthma Educator/Certified Respiratory Educator

A respiratory therapist is a health professional who is trained to test and educate children and adults who have breathing problems. A certified asthma educator or certified respiratory educator is a health care professional (e.g., nurse, nurse practitioner, respiratory therapist, or pharmacist) who is trained to teach you about your asthma symptoms, triggers, medications, and treatment plans. To speak to a certified asthma educator free of charge, call The Lung Association's bilingual **Asthma Action Helpline** at **1-888-344-5864**. The Lung Association can also refer you to a certified asthma educator in the Champlain region.

✓ Asthma Daily Diary

If you have moderate to severe asthma flare-ups, it's helpful to track your symptoms and the doses of your medications. Remember to follow your Asthma Action Plan at the first sign of worsening asthma. Call the Lung Association's **Asthma Action Helpline** at **1-888-344-5864** to order an Asthma Daily Diary, or download a copy at: www.lung.ca/_resources/asthma_diary.pdf.

What should you record in your asthma diary?

- Your daily and night-time symptoms (wheezing, cough, chest tightness, shortness of breath, or night-time awakenings)
- The severity of your symptoms (none, mild, moderate, or severe)
- The number of puffs that you take from your bronchodilator (reliever) and corticosteroid (controller) medications
- Your triggers (e.g., infections, allergic reactions, weather changes, air pollution)

√ Peak Flow Meter

Patients can do their own breathing tests at home by using a Peak Flow Meter or a Digital Asthma Monitor (see: www.asthma.ca/adults/control/howToMonitor.php). These devices help you to assess your level of asthma control. Low readings indicate increased swelling and inflammation in your airways. Ask your respirologist, respiratory therapist, or certified asthma educator to show you how to use one of these devices and how to record your results.

√ Spacer Device for Your Metered Dose Inhaler

If you use Metered Dose Inhalers, you need a spacer device to help you inhale the medication. (There are other types of inhalers that use different delivery systems, such as the Diskus® or Turbuhaler®, that do not require a spacer.) The spacer is a tube that attaches to your inhaler. It helps to deliver medication into the deepest parts of your lungs, making it easier for the medication to treat the swelling, inflammation, and bronchospasm in your airways. If you use a corticosteroid (controller) inhaler without a spacer, most of the medication will end up in the back of your throat instead. Using a spacer and rinsing your mouth after using your corticosteroid (controller) inhaler will help to prevent **thrush**, a fungal infection of the mouth and throat.

√ Respiratory Rehabilitation

If you have moderate, severe, prolonged, or frequent flare-ups, ask your family doctor or respirologist to refer you to a respiratory rehabilitation program. The combination of specially designed exercises and lung health education can help you to regain control of your asthma, improve your lung function, and reduce disability.

√ Asthma Health Care Team

You may need different specialists to help you manage your asthma. They may include:

- A family doctor
- A nurse or nurse practitioner
- A respirologist
- A respiratory therapist
- A certified asthma educator or certified respiratory educator
- An allergist
- An ear, nose and throat specialist
- An osteoporosis specialist
- An environmental medicine specialist
- A physical rehabilitation specialist
- An occupational therapist
- A smoking cessation counsellor
- A dietician
- A social worker
- A pharmacist
- A psychologist
- A physiotherapist

The Champlain Lung Health Network encourages asthma patients to take an active role in the management of their disease. Ask your doctor to refer you to specialists as needed.



ASTHMA PATIENT CHECKLIST

Are You in Control of Your Asthma?

- I know my asthma triggers. I avoid them when possible.
- I understand the differences between bronchodilator (reliever) and corticosteroid (controller) medications.
- I have an Asthma Action Plan. I monitor my symptoms, I can recognize the warning signs of a flare-up, and I know how to follow my treatment plan. I know what to do during a severe asthma attack.
- My family doctor, respirologist, respiratory therapist, certified asthma educator, or pharmacist taught me how to use my inhalers and spacer.
- I use an Asthma Daily Diary to track my symptoms and the doses of my medications.
- I use a Peak Flow Meter to monitor my lung function and I record the results in a chart.
- I visit my family doctor, respirologist, respiratory therapist, or certified asthma educator at least once or twice a year to discuss my medications, Asthma Daily Diary, Peak Flow Chart, and Asthma Action Plan.
- I have a lung function test at least once a year.
- I live and work in a 100% smoke-free environment.
- I have quit smoking.
- I participate in a respiratory rehabilitation program if my asthma is severe and it affects my quality of life.
- My asthma symptoms do not prevent me from going to school or to work.
- My asthma symptoms do not prevent me from exercising.
- I have a flu shot once a year.
- I have a pneumonia vaccination every 5-10 years.

CHAPTER 4

“I wish that I could have one day when I could breathe normally again. I forget what it’s like to really breathe well.”

Marie Glazer, COPD Patient

What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is a chronic lung disease that includes chronic bronchitis and emphysema.

Chronic bronchitis is characterized by chronic cough and excessive mucus production. The airways are inflamed and swollen. The cells lining the airways produce excessive mucus. The swelling and excessive mucus obstruct the airways.

Patients with emphysema have damaged airways and damaged alveoli, the tiny air sacs at the tips of the airways where oxygen and carbon dioxide are exchanged.

Some patients have either chronic bronchitis or emphysema, while others have both lung diseases.

COPD progresses slowly. The airway obstruction and damage is not reversible. Since smoking is the major cause of COPD, it’s very important to be diagnosed early on and to quit smoking in order to prevent further lung damage.

Public awareness about COPD is very low. Only 59% of Canadians have heard of Chronic Obstructive Pulmonary Disease, while only 33% have heard of the acronym COPD.⁴ As a result, millions of Canadians are unaware that they may already have the disease. The Canadian Lung Association estimates that as many as three million Canadians may have COPD, but that half of them are undiagnosed.⁵

Although mortality rates for heart disease and cancer are decreasing, the mortality rate for COPD is increasing as the effects of smoking begin to affect aging baby boomers. COPD was once considered an elderly person's disease, but it is increasingly being diagnosed in men and women who are in their 40s and 50s and who are current or former smokers. COPD hospitalization rates among women will increase substantially over the next 15 years because of the high smoking rates among women.⁶

The World Health Organization estimates that COPD will be the third leading cause of death worldwide by 2020. COPD is the fourth leading cause of death in Canada, behind heart disease, cancer, and stroke.

What Causes COPD?

Smoking is the number one cause of COPD. About 83%-90% of all cases of COPD are caused by smoking.⁷ About 57% of Canadians are current or former smokers.⁸

Risk factors include exposure to indoor and outdoor air pollution, such as second-hand smoke and workplace dust and chemicals.

A very small percentage of COPD is caused by genetic factors. Approximately 2% of COPD cases in North America are caused by genetic factors. Some people are born deficient in a blood protein known as Alpha-1 Antitrypsin. This protein is normally present to protect the lungs from injury. Without sufficient protein, the lungs are easily damaged, leading to a form of emphysema. This kind of emphysema can develop as a result of smoking, exposure to second-hand smoke, or air pollution.

How Is COPD Diagnosed?

COPD is diagnosed by a simple breathing test called spirometry, which measures how much air your lungs can force out in one second divided by the maximum volume of air forced out during the test. If you have reduced lung function due to inflammation or obstruction in your airways, then you won't be able to breathe out as much air as someone who doesn't have COPD. Your respirologist may also order more extensive pulmonary function tests.

Your respirologist (lung specialist) will listen to your lungs, take a medical history, and perform a physical examination. Your doctor may order other tests to assess the severity of your COPD and to rule out a heart condition, including a chest X-ray; blood tests, such as an arterial blood gas analysis, which measures how efficiently your lungs move oxygen into your blood, and remove carbon dioxide from your blood; and exercise tolerance tests (e.g., the Six-Minute Walk Test, cardiopulmonary exercise test) to assess your degree of fatigue and/or breathlessness. Your doctor can also assess your degree of disability by using the Medical Research Council's Dyspnea Scale, available at www.nice.org.uk.

Your respirologist will determine if you have mild, moderate, or severe COPD based on your test results, the severity of your symptoms, the number and severity of flare-ups and hospitalizations, the degree of disability, and your quality of life.

The Champlain Lung Health Network is concerned that individuals in the Champlain region who may have COPD are not being diagnosed quickly enough. Sometimes, patients and/or health professionals may not recognize COPD symptoms. Patients often attribute their

Dyspnea Scale
www.nice.org.uk

shortness of breath to *being out of shape* or to *getting older*. Family doctors may also mistake a patient's shortness of breath for asthma or a heart condition. And some family doctors may not feel comfortable interpreting the results of spirometry tests. Many patients experience symptoms for six years or more before they are diagnosed.⁹

Early diagnosis of COPD is important. The sooner you are tested for COPD and diagnosed, the sooner you can take measures to slow the progression of the disease. If you think you might have COPD, ask your family doctor to refer you to a respirologist to confirm a diagnosis.

If your COPD is mild and/or well controlled, your respirologist may order a spirometry test once or twice a year to monitor your lung function. However, you may need to be tested more often if you have frequent flare-ups.

COPD Triggers

Various factors can trigger COPD flare-ups:

- Smoking
- Viral or bacterial infections (e.g., colds, bronchitis, pneumonia)
- Weather changes
- Indoor or outdoor air pollution (e.g., allergens, second-hand smoke, smog)
- Workplace dust or chemicals
- Emotions or stress
- Cardiac disease

Are You At Risk for COPD?

The Canadian Lung Health Test

All smokers risk developing COPD - Chronic Obstructive Pulmonary Disease (sometimes called emphysema or chronic bronchitis). If you are over 40 and smoke or used to smoke, you may already have COPD.

Take this quick test:

	YES	NO
1. Do you cough regularly?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you cough up phlegm regularly?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do even simple chores make you short of breath?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you wheeze when you exert yourself, or at night?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you get frequent colds that persist longer than those of other people you know?	<input type="checkbox"/>	<input type="checkbox"/>


If you answered 'Yes' to any of these questions, you could have COPD and should speak with your doctor about taking a simple breathing test called spirometry.

This test reproduced courtesy of the Canadian Thoracic Society, the medical arm of the Canadian Lung Association. For more information on COPD, please visit www.lung.ca/copd.

COPD Medications

Different COPD medications can reduce or relieve your symptoms:

- **Bronchodilators** relax the muscles that constrict the airways. They are also called *reliever* or *rescue* medications. Your family doctor or respirologist may prescribe different types of bronchodilator medications, depending on the severity of your symptoms, including:
 - Beta2-agonists – short-acting and long-acting
 - Anticholinergics
- **Corticosteroids** treat the swelling and inflammation in your airways. Corticosteroids are also called *controller* medications. Your family doctor or respirologist may prescribe different corticosteroid medications, depending on the severity of your symptoms, including:
 - Inhaler
 - Pills
 - Combination of corticosteroid and long-acting beta2-agonist inhalers
- **Xanthines** (e.g., theophylline)
Note: your doctor will be careful about prescribing these types of medications due to side effects.
- **Antibiotics** to treat bacterial lung infections
- **Oxygen therapy** to reduce shortness of breath when COPD makes it difficult for you to get enough oxygen from the natural air into the bloodstream. This condition of low blood oxygen is called hypoxemia. There are several reasons why someone can feel short of breath. However, not all COPD patients require oxygen therapy. Your respirologist will determine if it will help you.



Don't stop taking your COPD medications even if you feel better and your symptoms are under control. The swelling and inflammation in your airways will worsen, putting you at risk for a severe flare-up that may lead to hospitalization.

COPD Flare-Ups

Here are the warning signs of a COPD flare-up:

- An increase in the amount or thickness of mucus
- Yellow, green, or brown mucus
- Increased shortness of breath
- Severe and worsening cough
- Chest pain
- Fever
- Feeling unwell
- Swollen ankles
- Trouble sleeping at night due to increased trouble breathing
- Having to sleep sitting up or needing more pillows to sleep
- Frequent morning headaches
- Feeling dizzy or confused
- Blue lips or fingernails

If you are having a COPD flare-up, follow your COPD Action Plan (see next section). Your family doctor or respirologist may need to adjust the dose of your medications, or you may need to be hospitalized so that you can receive specialized treatment. Review the checklist of COPD triggers with your health care providers to determine the cause of your flare-up.

√ Living Well With COPD™ Action Plan

A COPD Action Plan is a personalized set of written instructions that describes your triggers, symptoms, medications, and instructions for managing flare-ups. Call the Lung Association's BreathWorks™ Helpline at 1-888-344-5864 to order the Living Well with COPD™ Action Plan. Ask your respirologist to fill it out for you and to update it whenever the severity of your symptoms changes or whenever your medications change. The action plan offers advice on breathing, relaxation, and body position techniques that can help you to manage your shortness of breath.

√ BreathWorks™ Plan

BreathWorks™ is the Lung Association's national COPD program. You can order free information on managing symptoms, flare-ups, and daily activities. Call the helpline at **1-888-344-5864** or visit: www.lung.ca/breathworks.

√ Respirologist

A respirologist (lung specialist) can order various tests to confirm a COPD diagnosis; prescribe medications; monitor your symptoms; fill out and update your COPD Action Plan; assess whether you need respiratory rehabilitation, oxygen therapy, or surgery; and help you to plan end-of-life care.

BreathWorks™ Helpline
1-888-344-5864

√ Respiratory Therapist/COPD Educator/ Certified Respiratory Educator

A respiratory therapist is a health professional who is trained to test and educate people who have breathing problems. A COPD educator or certified respiratory educator is a health care professional (e.g., nurse, nurse practitioner, respiratory therapist, or pharmacist) who is trained to teach you about your COPD symptoms, triggers, medications, and treatment plans. To speak to a COPD educator free of charge, call The Lung Association's BreathWorks™ Helpline at 1-888-344-5864. They can also refer you to a COPD educator in the Champlain region.

√ Standby Prescriptions of Corticosteroids Medications and Antibiotics

COPD patients are at high risk of recurring viral and bacterial lung infections which can significantly affect their lung function. The Lung Association's Living Well with COPD™ Action Plan recommends that patients have standby prescriptions for corticosteroid (controller) medications (e.g., prednisone) and antibiotics in case of a flare-up or a bacterial lung infection. COPD patients need to have these medications on hand in case they feel ill in the evenings or on the weekends when their health care providers are not available. Ask your family doctor or your respirologist to either give you extra medication that you can keep at home, or to write a prescription for controller medications and antibiotics that your pharmacy can keep on hold. Ask your respirologist to write down instructions in your COPD Action Plan explaining when and how to use standby medications.

If you do not feel better after you have finished your antibiotics, contact your family doctor or your respirologist immediately. If your doctor is not available and you are having trouble breathing, go to your nearest emergency room. Sometimes COPD patients feel uncomfortable or nervous about seeking emergency medical treatment. Remember that going to the emergency room when you are having a severe flare-up is part of your COPD Action Plan!

TIPS

- Check the expiry dates on any leftover medication.
- Check with your pharmacy about expiry dates on standby prescriptions. Some pharmacies will not honour prescriptions that are more than one year old.

✓ Spacer Device for Your Metered Dose Inhaler

If you use Metered Dose Inhalers you will need a spacer device to help you more easily inhale the medication. (There are other types of inhalers that use different delivery systems, such as the Diskus® or Turbuhaler®, that do not require a spacer.) The spacer is a tube that attaches to your inhaler. It helps to deliver medication into the deepest parts of your lungs in order to better treat the swelling and inflammation in your airways. Using a spacer and rinsing your mouth after using your corticosteroid (controller) inhaler will help to prevent **thrush**, a fungal infection of the mouth and throat.

✓ Quitting Smoking

Quitting smoking is the most important thing that patients can do to slow the progression of COPD. We understand that quitting smoking can be difficult and that it may take several attempts. Ask your family doctor, your respirologist, your respiratory therapist, your COPD educator, or your pharmacist for help in quitting smoking.

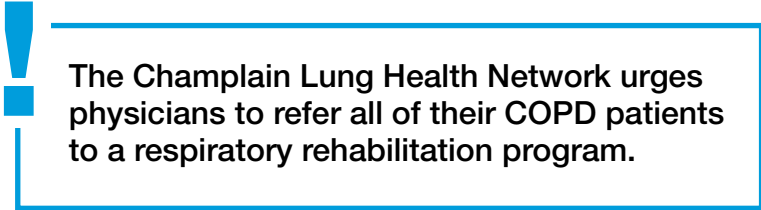
✓ Respiratory Rehabilitation

It's important for COPD patients to stay active and to exercise. Many COPD patients are afraid to exercise because they feel short of breath at rest, and they fear increased shortness of breath while exercising. But COPD patients who stop exercising get caught in a downward cycle of increased shortness of breath and fatigue. If you feel short of breath when performing mild to moderate exercise, such as hurrying

on level ground or walking up a slight hill, ask your family doctor or respirologist to refer you to a respiratory rehabilitation program.

Respiratory rehabilitation programs combine specialized exercises and education, and some offer support groups. These programs can significantly improve patients' quality of life. Patients feel less short of breath and they have more energy for daily activities.

Various hospitals in the Champlain region provide in-patient respiratory rehabilitation while others have programs for out-patients.



The Champlain Lung Health Network urges physicians to refer all of their COPD patients to a respiratory rehabilitation program.

√ Proper Nutrition

Some COPD patients have trouble losing weight because they are so short of breath that they find it difficult to exercise. Other COPD patients lose too much muscle mass due to their severe shortness of breath, and they have trouble putting on weight. Sometimes, patients have trouble eating or they don't have an appetite because they are too short of breath. Ask your doctor to refer you to a dietician if you have difficulty maintaining a healthy weight.

√ Surgery

A small number of severely ill patients may need surgery to remove the most damaged parts of their lungs, while others may need a lung transplant. Your respirologist will determine if you need surgery or if you qualify for a lung transplant.

√ Assistive Devices

COPD patients tire easily. Using a four-wheeled walker with a seat will help you to rest as needed and to conserve energy.

√ Palliative Care

COPD patients should discuss end-of-life issues (e.g., living will, power of attorney, resuscitation orders) with their families and health care providers early on.

√ COPD Health Care Team:

You may need different specialists to help you manage your COPD. They may include:

- A family doctor
- A nurse or nurse practitioner
- A respirologist
- A respiratory therapist
- A COPD educator or certified respiratory educator
- An allergist
- An ear, nose and throat specialist
- An osteoporosis specialist
- A smoking cessation counsellor
- A physical rehabilitation specialist
- An occupational therapist
- A dietician
- An oxygen therapy supplier
- A social worker
- A pharmacist
- A psychologist
- A physiotherapist

The Champlain Lung Health Network encourages COPD patients to take an active role in the management of their disease and to request referrals to specialists as needed.

TIP

It's important for COPD patients to learn to rest and to conserve energy. Ask your respirologist, respiratory therapist, COPD educator, certified respiratory educator, or rehabilitation specialist to teach you how to do daily tasks differently (e.g., putting on your socks, climbing stairs, housework) so that you feel less short of breath and tired.

Are You in Control of Your COPD?

The Champlain region has high rates of COPD due to aging baby boomers who have smoked or who continue to smoke. The Champlain region also has high rates of emergency room visits and hospital readmissions among COPD patients who have flare-ups triggered by colds or bacterial infections. Many COPD patients have other chronic diseases, such as heart disease or diabetes, that may cause additional complications.

The Champlain Lung Health Network wants all COPD patients to educate themselves about their symptoms, triggers, and medications. All COPD patients must have and follow a COPD Action Plan to reduce the risk of flare-ups and hospitalizations.

COPD PATIENT CHECKLIST

- I know my COPD triggers and I try to avoid them when possible.
- I have a Living Well with COPD™ Action Plan. I know how to monitor my symptoms, how to recognize the early warning signs of a lung infection or a flare-up, and how to follow my treatment plan.
- I understand the differences between reliever and controller medications.
- My family doctor, respirologist, respiratory therapist, COPD educator, or pharmacist taught me how to use my inhalers and spacer.
- I visit my family doctor, respirologist, respiratory therapist, and/or COPD educator at least once or twice a year to discuss my medications and COPD Action Plan.
- I have standby prescriptions for controller medications and antibiotics.
- I have a spirometry test at least once or twice a year to monitor my lung function.
- I live and work in a 100% smoke-free environment.
- I have quit smoking.
- I participate in an on-going respiratory rehabilitation program.
- I have discussed oxygen therapy, surgery, and end-of-life issues with my family, doctors, and COPD educator.
- I get a flu shot every year.
- I get a pneumonia vaccination every 5-10 years.

Medication Tips Shared By Other Patients

- Talk to your family doctor, respirologist, respiratory therapist, certified asthma or COPD educator, and your pharmacist about any side-effects from your medications. Visit www.lung.ca for information about asthma and COPD medications and their potential side effects.
- Long-term use of some asthma and COPD medications can increase your risk of developing cataracts and glaucoma. Talk to your eye doctor about the use of these medications and have regular eye check-ups.
- Corticosteroid medications can cause skin bruising.
- Corticosteroid medications can affect your blood sugar levels. Diabetic patients should seek advice from their endocrinologist or diabetes educator.
- Long-term use of corticosteroid medications can increase your risk of developing osteoporosis. You should have a bone density scan to check for bone density loss, which can increase your risk of fractures.
- Patients should do regular weight-bearing exercises to strengthen their muscles and their bones.
- Women who are considering pregnancy should talk to their specialists about the side effects of asthma and osteoporosis medications.
- Antibiotics and corticosteroid medications can lead to disturbances in the bacterial flora in your body and increase your risk of developing fungal infections (e.g., in the mouth and throat, in the vaginal tract, in the digestive tract, on the skin). You may need anti-fungal medications. Seek advice from your doctor and pharmacist.

“If you stop smoking, you will put a stop to the accelerated loss of lung function. You will prevent disability from chronic lung disease. It is never too late to quit!”


Dr. Renée Arnold, Family Physician, Hawkesbury

Quitting Smoking

Tobacco use is highly addictive. Second-hand smoke contains more than 4,000 toxic chemicals. Smoking and exposure to second-hand smoke can trigger a flare-up of your lung disease. Quitting smoking is one of the most important things that patients can do to improve their overall lung health. Ask your family doctor, respirologist, respiratory therapist, educator, or pharmacist for advice on quitting smoking.

Quitting smoking takes practice. Nicotine replacement therapy can help to reduce the withdrawal symptoms that some smokers experience while trying to quit. Examples include:

- Nicotine patch
- Nicotine gum
- Nicotine lozenges
- Nicotine inhaler



The Champlain Lung Health Network encourages doctors to provide smoking cessation information to their patients at every visit.

There are also prescription medications to help you quit smoking (e.g., bupropion HCl, also called Zyban).

See: www.ottawa.ca/residents/health/living/tobacco/quitting/tools_en.html for more information. Talk to your doctor and pharmacist about possible side effects from these products.

Quit Smoking Resources in the Champlain Region

Contact your local public health unit for information on smoking cessation programs in your area:

Eastern Ontario Health Unit

Tel: 613-933-1375 or 1-800-267-7120
www.eohu.ca

Leeds, Grenville and Lanark District Health Unit

Tel: 613-345-5685 or 1-800-660-5853
www.healthunit.org

Ottawa Public Health

Tel: 613-580-6744 or 1-866-426-8885
TTY: 613-580-9656
www.ottawa.ca/residents/health

Renfrew County and District Health Unit

Tel: 613-732-3629 or 1-800-267-1097
www.rcdhu.com

Other Quit Smoking Resources in the Champlain Region

Champlain Hospital-Based Smoking Cessation Network University of Ottawa Heart Institute

40 Ruskin Avenue, Ottawa, ON K1Y 4W7
Tel: 613-761-5464

** patients admitted to various hospitals in the Champlain region are offered personalized advice, counselling, and nicotine replacement therapy*

Out-Patient Quit Smoking Program

University of Ottawa Heart Institute
40 Ruskin Avenue, Ottawa, ON K1Y 4W7
Tel: 613-761-5000

** open to the general public*

Cornwall Community Hospital

Respiratory Care Clinic
840 McConnell Avenue, Cornwall, ON K0C 1Z0
Tel: 613-938-4240

exposé

This local student-led organization educates youth about tobacco issues. Their goal is to reduce youth smoking rates.

Email: exposeinfo@smokefreeottawa.com
www.smokefreeottawa.com/expose

The Lung Association

Tel: 1-888-566-5864
Email: tobacco@on.lung.ca
www.on.lung.ca

Quit Smoking Program for Teens

1929 Russell Road, Ottawa, ON K1G 4G3
Tel: 613-737-7119 (Dr. S.M. Lena)

** for adolescents aged 12-19; need a referral from a doctor*

The Canadian Cancer Society's Smokers' Helpline

This free, confidential service offers evidence-based support, advice and information about quitting smoking over the telephone and online. Quit specialists provide callers with personalized cessation counselling, self-help materials, referrals to community services, and proactive follow-up calls. Smokers' Helpline Online offers additional support to those who want to quit or who need help to stay smoke-free. Special features include support groups, a "Quit Meter," an instant messenger service, and inspirational e-mails.

Call the Smokers' Helpline at 1-877-513-5333 or visit www.smokershelpline.ca.

Call any of the following Canadian Cancer Society offices in the Champlain region to request additional educational materials on quitting smoking:

Ottawa Unit

Tel: 613-723-1744

Renfrew County Unit

Tel: 613-735-2571

S.D.G. and Prescott-Russell Unit

Tel: 613-932-1283

Lanark, Leeds and Grenville Unit

Tel: 613-267-1058

Smokers' Helpline

1-877-513-5333

www.smokershelpline.ca

For more information about lung health and quitting smoking, visit:

SmokeFreeEast

www.smokefreeeast.ca/quitting.php

Smoke-Free Ontario Strategy

www.mhp.gov.on.ca

Healthy Ontario

www.healthyontario.com

Health Canada

www.gosmokefree.ca

**Leave the Pack Behind
(for young adults)**

www.leavethepackbehind.com

Stupid (for young adults)

www.stupid.ca

Quit 4 Life (for young adults)

www.quit4life.com

TIPS

* Do you want to win prizes while quitting smoking? Join Ontario's annual quit smoking contest. For details, call the Ontario Ministry of Health Promotion at 1-416-326-8475 (TTY: 416-212-5723) or call your local public health unit.

* Check your local library for books on smoking cessation.

Health Canada's "On the Road to Quitting" Program

This online self-help program provides information on nicotine addiction; tips on quitting smoking; tools to deal with withdrawal, cravings, and stress; and specialized information for young adults and for parents. Visit: www.hc-sc.gc.ca.

To order a free copy of On the Road to Quitting – Guide to Becoming a Non-Smoker, call Government of Canada Publications at 1-800-635-7943 or 613-941-5995.

“The exercise programs and equipment in gyms are geared towards healthy people with normal lungs. They don’t have a support system for people with lung disease. With my respiratory conditions, I would pick up colds at the gym. A respiratory rehabilitation maintenance program provides a safe place for people with lung disease to work out. A qualified person monitors our exercises, our oxygen saturation rates, and our heart rates.”

Larry Graham, Asthma and COPD Patient

Respiratory Rehabilitation

Respiratory rehabilitation programs are designed to help individuals with chronic lung disease increase their ability to live independently in the community and to overcome the physical limitations resulting from their disease. Respiratory rehabilitation may benefit people who have difficulty managing daily activities due to frequent cough, increased sputum, wheezing, and shortness of breath on moderate exertion. Respiratory rehabilitation is vital in helping patients to:

- Improve their lung function
- Reduce their shortness of breath
- Reduce their fear of feeling short of breath
- Reduce depression and anxiety
- Regain muscle strength and stamina
- Improve their exercise tolerance
- Learn more about their lung disease
- Learn breathing and energy conservation techniques
- Reduce the risk of flare-ups and hospitalizations
- Have more energy for daily activities
- Improve their quality of life

Individuals with chronic lung disease have trouble exercising because they often feel tired and short of breath at rest. But a lack of physical activity causes lung patients to get out of shape and to feel more short of breath. Patients who participate in a respiratory rehabilitation program can learn how to break this cycle of fear, fatigue, inactivity, and shortness of breath.

Having a chronic lung disease can also leave patients feeling frightened, isolated, and depressed. A respiratory rehabilitation program can provide patients emotional, psychological, and social support. After all, no one can understand the physical, emotional, and psychological struggles associated with chronic lung disease better than the person next to you in rehab class!

Here are examples of rehabilitation programs in the Champlain region. Please contact the hospital nearest you to check if they offer this service.

TIP

Call your nearest hospital to find out if they offer spirometry, lung health education, or respiratory rehabilitation.

Cornwall Community Hospital

Respiratory Care Clinic

840 McConnell Avenue, Cornwall, ON K0C 1Z0

Tel: 613-938-4240

The Lung Association (Ottawa, Renfrew County, Cornwall and Area)

The Shortness of Breath Maintenance Program

2319 St. Laurent Boulevard, Suite 500, Ottawa, ON K1G 4J8

Tel: 613-230-4200

** Offers an on-going respiratory rehabilitation program and support group. Patients exercise under the supervision of a Registered Respiratory Therapist and Certified Respiratory Educator. Patients require a referral from a doctor. The program accepts asthma, COPD, chronic bronchitis, emphysema, pulmonary fibrosis, bronchiectasis, and lung cancer patients.*

“A person with lung disease uses so much energy to breathe that they lose a tremendous amount of muscular mass. It is important to build up muscles. When muscles work well, they can better transport oxygen to the rest of the body.”

*Rosario Holmes, Registered Respiratory Therapist,
Certified Respiratory Educator, The Lung Association*

The Ottawa Hospital Rehabilitation Centre

Respiratory Rehabilitation Services

505 Smyth Road, Ottawa, ON K1H 8M2

Tel: 613-737-7350 ext. 75318

www.ottawahospital.on.ca/sc/rehabcentre/index-e.asp

** Patients require a referral from a doctor. Patients can participate in the rehabilitation program as an out-patient, or they may be admitted as an in-patient for several weeks, depending on the severity of their symptoms and their quality of life. The program consists of endurance training, education, and disease symptom and disability management. The rehabilitation team develops an individualized respiratory rehabilitation program based on patient-identified goals. The program is carried out in both group and one-to-one settings.*

Pembroke Regional Hospital

Pembroke Rehabilitation Program

705 Mackay Street, Pembroke, ON K8A 1G8

Tel: 613-732-3675

** Offers a multidisciplinary education and exercise program for out-patients two to three times per year. Patients require a referral from a physician. They attend sessions for one hour twice a week for approximately three months. Education sessions include pulmonary anatomy and physiology, treatment and medication, energy conservation, nutrition, stress management, relaxation, and warning signs. Exercise is tailored to the individual.*

Perth and Smiths Falls District Hospital

Great War Memorial Site

33 Drummond Street West, Perth, ON K7H 2K1

Tel: 613-267-1500

** Offers an education and rehabilitation program for out-patients. Patients require a referral from their family doctor. Patients undergo various tests (e.g., chest x-ray, spirometry, electrocardiogram, Six-Minute Walk Test) and they are assessed by an internal medicine specialist before starting the exercise program. Patients exercise two days per week for eight weeks and then graduate to a maintenance program. The program also offers a support group, education, guest speakers, and smoking cessation counselling.*

Queensway Carleton Hospital

3045 Baseline Road, Ottawa, ON K2H 8P4

Tel: 613-721-2000

** Offers pulmonary rehabilitation and education to in-patients. Topics include breathing, activity, and energy conservation strategies; pain and drug management.*

Patients enrolled in a respiratory rehabilitation program who continue to struggle with severe symptoms should speak to their respirologist, respiratory therapist, or educator. They may require additional medication, oxygen therapy, or specialized respiratory rehabilitation services.

Oxygen Therapy

Some patients with COPD (chronic bronchitis or emphysema) have **hypoxemia**, an abnormally low concentration of oxygen in the blood. Oxygen therapy can correct or minimize this condition by increasing your blood oxygen levels. Oxygen therapy can reduce the stress on your heart and improve your overall health and quality of life.

Oxygen therapy doesn't always alleviate shortness of breath. Your respirologist will determine if you need oxygen therapy by testing your blood oxygen levels while you rest, exercise, and sleep.

There are two types of home-based oxygen supply systems:

- Oxygen concentrator
- Liquid oxygen base unit

There are also portable oxygen systems to meet your oxygen needs when you are outside your home:

- Small compressed gas oxygen cylinders
- Portable liquid oxygen canisters
- Portable concentrators

Your respirologist will explain each type to you, determine which system is best for you, and refer you to an oxygen supply company.

The oxygen supply company will deliver and set up oxygen equipment at your home. They will teach you and your family how to use the equipment; how to avoid possible problems associated with the improper use of oxygen (e.g., retaining too much carbon dioxide, infection); and review potential safety hazards (e.g., kinked tubing, frost injury to the skin from improper filling of portable liquid tanks, fire hazard posed by smoking). Your vendor respiratory therapist will also assess if you would benefit from an oxygen conserving device to optimize the oxygen delivery to your lungs and to lengthen the duration of your portable oxygen system.

The Ontario government's **Home Oxygen Program** (HOP) will assist with funding your oxygen equipment and supplies.

The HOP will pay for 100% of the monthly cost of a basic oxygen system according to your needs if you are:

- 65 years or older
- A recipient of Ontario Works, Ontario Disability Support Program, or Assistance to Children with Severe Disabilities
- Receiving professional services through the Community Care Access Centre
- A resident of a Long-Term Care Facility

The HOP will pay for 75% of the monthly cost of a basic oxygen system according to your needs if you are 64 years or younger. If you have private medical insurance, they may pay for some of the oxygen costs.

Your respirologist will prescribe the necessary tests to determine if you meet the HOP's medical criteria. Your respirologist will determine the optimal oxygen prescription and fill out the HOP application forms.

If you do not meet the HOP criteria, your respirologist may write a letter to the HOP to request special permission for home oxygen. You may also request a referral to a respiratory rehabilitation program to assist you with your breathlessness in your daily activities. You also have the option of paying for your own oxygen if your respirologist determines that this is a viable option. For more information, contact:

Home Oxygen Program

Ontario Ministry of Health and Long-Term Care

Operational Support Branch

Assistive Devices Program

5700 Yonge Street, 7th Floor
Toronto, ON M2M 4K5

Tel: 1-800-268-1154

TTY: 1-800-387-5559

health.gov.on.ca/english/public/program/adp/adp_mn.html

TIPS

- **Your health status may change, especially in the first three months of oxygen therapy. Your respirologist should reassess you three months after you are first prescribed oxygen and yearly thereafter.**
- **If the HOP rejects your application, your respirologist can appeal the decision. You may need to undergo additional tests.**

Resources for Lung Patients in the Champlain Region

Asthma Education Programs in the Champlain Region:

Children's Hospital of Eastern Ontario, Chest Clinic

401 Smyth Road, Ottawa, ON K1H 8L1

Tel: 613-737-7600 **requires referral from a doctor*

Cornwall Community Hospital, Respiratory Care Clinic

840 McConnell Avenue, Cornwall, ON K0C 1Z0

Tel: 613-938-4240

North Lanark County Community Health Centre (includes the Merrickville District Community Health Centre and Portland's Country Roads Community Health Centre)

207 Robertson Drive, Lanark, ON K0G 1K0

Tel: 613-259-2182

The Lung Association (Ottawa, Renfrew County, Cornwall & Area) Asthma Education Centre

2319 St. Laurent Boulevard, Suite 500, Ottawa, ON K1G 4J8

Tel: 613-230-4200 ** patients can refer themselves*

The Ottawa Hospital (Civic Campus)

1053 Carling Avenue, Ottawa ON K1Y 4E9

Tel: 613-798-5555 ** requires referral from a doctor*

The Ottawa Hospital (General Campus)

501 Smyth Road, Ottawa, ON K1H 8L6

Tel: 613-737-8899 ** requires referral from a doctor*

The Ottawa Hospital Rehabilitation Centre

505 Smyth Road, Ottawa, ON K1H 8M2

Tel: 613-737-7350 ext. 75318 ** requires a referral from a doctor*

St. Francis Memorial Hospital

7 St. Francis Memorial Drive, Barry's Bay, ON K0J 1B0

Tel: 613-756-3044

** offers asthma education for out-patients one day per month*

TIP

The Ontario government recently completed the Primary Care Asthma Pilot Project at various sites across the province, including the Champlain region. The Somerset West Community Health Centre and the North Lanark County Community and Health Centre participated in this pilot project. They offered patients spirometry testing, asthma treatment plans, education, medication, smoking cessation counselling, and follow-up care. The pilot project reduced work and school absenteeism, as well as the number of emergency room and hospital visits. Patients who received care under this program had better control over their disease and improved quality of life. The provincial government continues to fund this asthma program under its new name, the **Primary Care Asthma Program**. If you are a member of a community health centre or a Family Health Team in the Champlain region, enquire about this service.

Other Asthma Resources

Allergic Living Magazine

2100 Bloor Street West, Suite 6-168, Toronto, ON M6S 5A5
Tel: 1-888-771-7747 Email: info@allergicliving.com
www.allergicliving.com

Allergy Asthma Information Association

111 Zenway Boulevard, Unit 1, Vaughan, ON L4H 3H9
Tel: 1-800-611-7011 Email: admin@aaia.ca
www.aaia.ca

Anaphylaxis Canada

2005 Sheppard Avenue East Suite 800, Toronto, ON M2J 5B4
Tel: 416-785-5666 Email: info@anaphylaxis.ca
www.anaphylaxis.org

Asthma Society of Canada

4950 Yonge Street, Suite 2306, Toronto, ON M2N 6K1
Tel: 1-866-787-4050
www.asthma.ca

** call to request their Asthma Patient Bill of Rights*

Environmental Health Association of Ontario

Ottawa, ON

Tel: 613-860-2342 Email: office@ehaontario.ca

www.ehaontario.ca

The Lung Association (Ottawa, Renfrew County, Cornwall and Area)

2319 St. Laurent Boulevard, Suite 500, Ottawa, ON K1G 4J8

Tel: 613-230-4200

Ottawa Anaphylaxis Support Group

Tel: 819-778-2562 Email: enquiries@ottawaasg.com

www.ottawaasg.com

Books

The New Asthma Action Handbook by *The Lung Association*

Asthma in Children by *Dr. Tom Kovesi, Pediatric Respiriologist, Children's Hospital of Eastern Ontario, in partnership with The Lung Association, 2005*

To order these two books, call The Lung Association at 1-800-668-7682 or email: info@on.lung.ca

Website Resources

Asthma Consensus Guidelines (pediatric and adult):

www.lung.ca/cts-sct/guidelines-lignes_e.php

Creating Asthma Friendly Schools: www.asthmainschools.com

Global Initiative for Asthma: www.ginasthma.org

The Lung Association: www.lung.ca and www.on.lung.ca

Website Resources for Kids and Youths

The Lung Association:

www.PuffR.ca and www.kidsasthma.ca and www.teenasthma.ca

Asthma Society of Canada: www.airsquare.ca

Indoor and Outdoor Air Quality Resources

Daily Air Quality Reports from the Ontario Ministry of the Environment: www.airqualityontario.com

Daily Pollen and Mould Reports: www.theweathernetwork.com

Canada Mortgage and Housing Corporation: www.cmhc-schl.gc.ca

The Lung Association: www.yourhealthyhome.ca

COPD Education Programs

Carleton Place and District Memorial Hospital

211 Lake Avenue East, Carleton Place, ON K7C 1J4

Tel: 613-257-2200

Cornwall Community Hospital, Respiratory Care Clinic

840 McConnell Avenue, Cornwall, ON K0C 1Z0

Tel: 613-938-4240

Hawkesbury Family Health Group (Shared Care Office)

Trillium Medical Center

1062 Ghislain Street, Hawkesbury, ON K6A 3B2

Tel: 613-636-0971

** offers the Living Well with COPD™ education program to patients and their families; available in English and French*

Kemptville District Hospital

2675 Concession Road, Kemptville, ON K0G 1J0

Tel: 613-258-6133

The Lung Association (Ottawa, Renfrew County, Cornwall and Area)

2319 St. Laurent Boulevard, Suite 500, Ottawa, ON K1G 4J8

Tel: 613-230-4200

North Lanark County Community and Health Centre

(includes the Merrickville District Community Health Centre and Portland's Country Roads Community Health Centre)

207 Robertson Drive, Lanark, ON K0G 1K0

Tel: 613-259-2182

The Ottawa Hospital Rehabilitation Centre

505 Smyth Road, Ottawa, ON K1H 8M2

Tel: 613-737-7350 ext. 75318

** requires a referral from a physician*

Pembroke Regional Hospital

705 Mackay Street, Pembroke, ON K8A 1G8

Tel: 613-732-2811 * *patients require a referral from a physician*

Queensway Carleton Hospital

3045 Baseline Road, Ottawa, ON K2H 8P4

Tel: 613-721-2000

* *Offers education to in-patients. Topics include breathing, activity, and energy conservation strategies; pain and drug management.*

Other COPD Resources

Asthma Society of Canada

www.asthma.ca/copd/about

COPD Canada Patient Network

www.copdcanada.ca

Book

Every Breath I Take: A Guide to Living with COPD by Dr. Richard Hodder and Susan Lighthouse (Key Porter Books, First Edition, 2003). To order a copy, call The Lung Association's BreathWorks™ Helpline at 1-888-344-5864.

Video

With Every Breath: VHS video with Peter Gzowski, CBC broadcaster. The video discusses COPD symptoms, causes, and management. To order a copy, call The Lung Association's BreathWorks™ Helpline: 1-888-344-5864.

COPD Websites

Canadian Thoracic Society's COPD Guidelines:

www.copdguidelines.ca

The COPD Advocate:

www.copd-international.com

Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD): www.goldcopd.com

The Lung Association:

www.lung.ca and www.on.lung.ca

Accessible Parking Permits

COPD patients may qualify for a parking permit.

Your doctor must fill out an application form. For more information, call the Ministry of Transportation at 1-800-387-3445 or visit: www.mto.gov.on.ca.

Other Helpful Resources

College of Massage Therapists of Ontario

Tel: 1-800-465-1933
www.cmto.com

Dieticians of Canada

Tel: 1-877-510-5102
www.dieticians.ca

Meals on Wheels

In Ottawa, call 613-233-2424
Outside Ottawa, call the Ontario
Community Support Association
at 1-800-267-6272
www.mealsonwheels-ottawa.org

Canadian MedicAlert Foundation

Tel: 1-800-668-1507
Email: medinfo@medicalert.ca
www.medicalert.ca

Telehealth Ontario

*Registered nurses provide free, confidential health advice
24 hours a day, 7 days a week.*
Tel: 1-866-797-0000
TTY: 1-866-797-0007
www.health.gov.on.ca

Disabled Persons Community Resources

1150 Morrison Drive, Suite 110, Ottawa, ON K2H 8S9
Tel: 613-724-5886 Email: info@dpcr.ca
www.dpcr.ca

Ottawa Council on Smoking and Health

100 Constellation Crescent, 7th Floor East, Ottawa, ON K2G 6J8
Tel: 613-580-2889 Email: info@smokefreeottawa.com
www.smokefreeottawa.com
*Contact them for information on their campaign for
100% smoke-free housing.*

TIP

Some respirologists from Ottawa travel to different parts of the Champlain region to offer clinics once or twice a month. If there is no respirologist in your area, ask your family doctor to refer you to a visiting respirologist.

The Resource Centre (Ottawa Hospital Rehabilitation Centre)

505 Smyth Road, Room 1110, Ottawa, ON K1H 8M2

Tel: 613-737-7350 ext. 75689

www.ottawahospital.on.ca

** for people with disabilities, their families, and the community at large*

Community and Primary Health Care Mobile Unit

Tel: 613-342-3693 ext. 221

This medical RV visits communities throughout Lanark, Leeds, and Grenville counties. It offers primary health care, physical assessments, diagnosis and treatment of acute and chronic conditions, referrals to specialists, and counselling quit smoking counseling. Call to book an appointment.

Osteoporosis Canada (Ottawa Chapter)

411 Roosevelt Avenue, Suite 306, Ottawa, ON K2A 3X9

Tel: 613-729-8489 Email: ottawa@osteoporosis.ca

www.osteoporosis.ca

Osteoporosis Clinic (Ottawa Hospital, Riverside Campus)

1967 Riverside Drive, 6th Floor, Ottawa ON K1H 7W9

Tel: 613-738-8400 ext. 88270

www.ottawahospital.on.ca

** requires a referral from a physician*

Osteoporosis Information and Self-Help Group

670 Albert Street

Ottawa, ON K1R 6L2

Tel: 613-236-0428 ext.357

ParaTranspo

Administration: 613-244-1289

Reservations: 613-244-7272

Cancellations: 613-244-4636 TTY: 613-244-4833

www.octranspo.com

Home Care for Patients with Chronic Lung Disease

Patients with severe lung disease may need support at home. The Champlain CCAC coordinates in-home services for people who are recovering from an illness or an injury, and for those who are living with a chronic illness or a disability. Their services can help you avoid being hospitalized or to return home more quickly after a hospital stay. The Champlain CCAC also provides in-school services to children with disabilities.

The Champlain CCAC can send a personal support worker to your home to help you with personal care (e.g., bathing). A physiotherapist or an occupational therapist can help you with physical rehabilitation and energy conservation techniques. A nurse can help you with your medications.

If you can no longer manage at home because of your lung disease, the Champlain CCAC can inform you about other housing options, or coordinate your admission to a long-term care home. The Champlain CCAC provides information on the location, cost, and admission criteria for long-term care homes in the Champlain region.

For more information, contact:

Champlain Community Care Access Centre (CCAC)

** serves the entire Champlain region*

4200 Labelle Street
Ottawa, ON K1J 1J8
Tel: 613-745-8124 or
1-800-538-0520
TTY: 613-745-0049
www.ccac-ont.ca

Financial Assistance for Patients with Chronic Lung Disease

Asthma and COPD patients may need financial assistance to help pay for their medications, housing, and other expenses. The provincial government offers the following assistance programs:

Trillium Drug Program

Ontario Ministry of Health and Long-Term Care

P.O. Box 337, Station D, Etobicoke, ON M9A 4X3

Tel: 1-800-575-5386

Email: trillium@resolve.com

www.health.gov.on.ca/english/public/pub/drugs/trillium.html

** Call to find out if you qualify and to request an application form.*

Also, talk to your pharmacist about the medications that are covered under this program.

Ontario Disability Support Program

Provides financial and employment assistance for individuals who have a medical condition or a disability that is expected to last for more than one year. Visit www.mcass.gov.on.ca or call your local ODSP office:

Ottawa

Tel: 613-234-1188 or

1-800-267-5111

TTY: 613-787-3959

Hawkesbury

Tel: 613-632-1171 or

1-800-565-4431

TTY: 613-632-1171

Cornwall

Tel: 613-932-3381 or

1-800-565-5374

TTY: 1-800-771-6179

Renfrew

Tel: 613-432-4886

TTY: 613-432-8584

Pembroke

Tel: 613-735-1073

TTY: 613-735-7005

Ontario Works

For individuals who need employment and financial assistance (e.g., for food, rent). Visit www.mcass.gov.on.ca or call your local office:

Cornwall

Tel: 613-933-6282

City of Ottawa (Central)

Tel: 613-560-0622

Alexandria

Tel: 613-525-0628

City of Ottawa (East)

Tel: 613-560-0626

Chesterville

Tel: 613-448-3987

City of Ottawa (West)

Tel: 613-560-0621

Pembroke

Tel: 613-732-2601

City of Ottawa (South)

Tel: 613-560-0624

Renfrew

Tel: 613-433-9846

L'Orignal

Tel: 613-675-4642

Killaloe

Tel: 613-757-0770

Clarence Creek

Tel: 613-488-3280

Arnprior

Tel: 613-623-5426

Employment Insurance Sickness Benefit

You may qualify for 15 weeks of sickness benefits if you cannot work because of an illness. For more information, call 1-800-206-7218 or apply online at: www.hrdc-drhc.gc.ca.

Canada Pension Plan Disability Benefit

If you are 65 years of age and under, if your disability is severe and prolonged, and if you have paid into the CPP for at least four of the last six years, then you may qualify for a monthly benefit.

Tel: 1-800-277-9914

TTY: 1-800-255-4786

www.servicecanada.gc.ca

Hospice Palliative Care Services in the Champlain Region

The goal of palliative care is to look after a patient's medical, psychological, emotional, and spiritual needs as they face a life-threatening illness.

Unfortunately, too many patients in the advanced stages of lung disease have not prepared for end-of-life care. Perhaps patients do not feel comfortable talking to family members or their health care providers about these issues, or perhaps their health care providers have not given them much guidance.

Palliative care issues are frightening and overwhelming. Living with a severe, chronic lung disease is very difficult. Patients often feel isolated, depressed, frustrated, or angry. It's challenging to learn how to survive every day with a disabling illness and to plan ahead for the end stages of your illness. You may be facing psychological issues around using oxygen therapy and assistive devices such as walkers. You may be seeking answers to questions, such as: How will I manage symptoms such as severe shortness of breath and pain? How can my family members access help and support? How long will I live? Do I want to die at home or in a hospital? Do I want to be resuscitated?

To compound their pain, many older patients are also looking after a spouse who has a chronic disease or who also requires palliative care. Or, they may be grieving the death of their spouse.

It's important to seek help from your family and friends, from support groups, and from your family doctor, respirologist, and educator. Patients should discuss their wishes with family members and their health care providers early on, before they start to develop complications from their lung disease, to ensure that they receive the type of care that they want.

Various health organizations provide palliative care in the Champlain region, including:

- The Community Care Access Centre, which provides palliative care services across the Champlain region. They can send a nurse and home support services, as well as respite care for family members who are providing help and support.
- The SCO Health Services, which provides palliative care at Élisabeth Bruyère Health Centre, Saint-Vincent Hospital, Résidence Saint-Louis, and Villa Marguerite.
- Hospices, which provide care in a residential setting.
- Long-Term Care Homes (although patients may need to move to a hospital if they require specialized care).
- Some retirement homes.

The following organizations in the Champlain region provide information, services, and support:

Champlain Community Care Access Centre (CCAC)

** serves the entire Champlain region*

4200 Labelle Street, Ottawa, ON K1J 1J8

Tel: 613-745-8124 or 1-800-538-0520

TTY: 613-745-0049 www.champlain.ccac-ont.ca

Eastern Counties Hospice Palliative and End-of-Life Network

Tel: 613-936-1171 or 1-800-267-0852

www.epalliativecare.ca/resources-links.htm

Ottawa Hospice Palliative Care Network

www.ohpcn.ca

Renfrew County Hospice Palliative and End-of-Life Care Network

1100 Pembroke Street East, Pembroke, ON K8A 6Y7

Tel: 613-732-7007 or 1-888-421-2222

www.rc-endoflife.net

SCO Health Services

43 Bruyère Street, Ottawa, ON K1N 5C8

Tel: 613-562-0050 or 1-800-651-1142

www.scohs.on.ca

Check with the following hospice associations for more information:

Canadian Hospice Palliative Care Association

Annex B Saint-Vincent Hospital

60 Cambridge Street North, Ottawa, ON K1R 7A5

Tel: 613-241-3663 or 1-800-668-2785

Email: info@chpca.net

www.chpca.net

Canadian Virtual Hospice

www.virtualhospice.ca

Hospice Association of Ontario

2 Carlton Street, Suite 707, Toronto, ON M5B 1J3

Tel: 416-304-1477 or 1-800-349-3111

Email: info@hospice.on.ca

www.hospice.on.ca

For information on legal matters:

Senior's Info – A Collaborative Online Resource

The Government of Ontario offers guides on estate planning, living wills, power of attorney, estate trustees, executors, duties and powers of a guardian of property, pensions, benefits, and tax issues. For more information, contact:

Ontario Seniors' Secretariat

777 Bay Street, Suite 601C

Toronto, ON M7A 2J4

Tel: 1-888-910-1999

TTY: 1-800-387-5559

www.seniorsinfo.ca

TIP

The website of the Champlain Local Health Integration Network lists health service providers, including Community Support Services. Visit www.champlainlhin.on.ca and click on "Get Connected with Care".

Your Personal Health Record

Use this list to keep track of your medications. **Remember to tell all of your health care providers about any changes to your medications.** This list can speak for you if you are admitted to an emergency room or hospital and you are too short of breath to speak for yourself.

My Respiriologist: _____

Tel No: _____ Fax: _____

My Family Doctor: _____

Tel No: _____ Fax: _____

My Pharmacist: _____

Tel No: _____ Fax: _____

My Educator: _____

Tel No: _____ Fax: _____

Medication: _____

Dose: _____

Prescribed by: _____

Date Started: _____ Date Stopped: _____

Side Effects: _____

How I Treat Side Effects: _____

Medication: _____

Dose: _____

Prescribed by: _____

Date Started: _____ Date Stopped: _____

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Dose: _____

Prescribed by: _____

Date Started: _____ Date Stopped: _____

Side Effects: _____

How I Treat Side Effects: _____

The Future of the Champlain Lung Health Network

Lung health has traditionally been underfunded and underserved in the Champlain region. We need more asthma and COPD educators, and more pulmonary rehabilitation programs. We need to increase primary care providers' use of spirometry testing to screen and diagnose lung disease.

The good news is that community health centres, Family Health Teams, and hospitals are finally dedicating more resources to lung patient treatment, education, and rehabilitation. They are developing and implementing best practice guideline tools (e.g., clinical pathways and care maps) to better coordinate care for patients while they are hospitalized and after they are discharged. The Clarence Rockland Family Health Team will start offering a pulmonary rehabilitation program in January 2009. Recently, the Queensway Carleton Hospital completed a study of its emergency room visits. It found that COPD is the most common cause of repeated emergency department visits. The hospital is subsequently devoting more resources to address the special needs of COPD patients, including education, rehabilitation, and follow-up after discharge.

With the development of asthma and COPD action plans, patients have access to standardized treatment plans that allow them to take control of their chronic disease and to advocate for better health care for themselves.

In 2003, the Ontario Government adopted the Asthma Plan of Action to improve asthma diagnosis, treatment, and education; and to reduce morbidity, mortality, and health care costs. The

new Primary Care Asthma Program, a component of the Asthma Plan of Action, was piloted in two community health centres in the Champlain region. It succeeded in helping asthma patients to have better control over their disease. This program is currently available in community health centres and some Family Health Teams in the Champlain region. We hope that the provincial government will expand this program so that more asthma patients can access this important resource.

We must advocate for a provincial strategy to address the needs of COPD patients. The provincial government has already funded a COPD Demonstration Site Project to identify patients at risk of developing COPD, and to treat and educate patients who already have the disease. The North Lanark County Community and Health Centre was one of three sites in Ontario that piloted this demonstration project. As a follow-up to this pilot project, we hope to see a provincially-funded COPD strategy for the Champlain region in the near future.

We urge primary care providers to continue helping lung patients by referring them to spirometry testing, lung specialists, educators, smoking cessation counselling, respiratory rehabilitation, and palliative care resources.

Both patients and primary care providers need to know more about the lung health services that are available in our community. In addition to developing this patient resource guide, the Champlain Lung Health Network has conducted an inventory of all lung health services that are available in the Champlain region. Please contact the Champlain Local Health Integration Network if you would like a copy of this list.

REFERENCES

- ¹ Health Canada. It's Your Health – Asthma. www.hc-sc.gc.ca.
- ² Asthma Society of Canada. Special Information Supplement: Asthma Patient Bill of Rights. www.asthma.ca/adults/Asthma_Society_2007_Special_Information_Supplement.pdf.
- ³ Dell, S.D., R. Foty, et al. 2007. Parent-reported symptoms may not be adequate to define asthma control in children. *Pediatric Pulmonology*. 42:1117-24.
- ⁴ Canadian Lung Association, “New Lung Association research: Millions more may have COPD than previously estimated,” news release, November 20, 2007. www.lung.ca/media-medias/news-nouvelles_e.php?id=98.
- ⁵ Canadian Lung Association, “New Lung Association research: Millions more may have COPD than previously estimated,” news release, November 20, 2007. www.lung.ca/media-medias/news-nouvelles_e.php?id=98.
- ⁶ Health Canada. Respiratory Disease in Canada. (2001), page 49. www.phac-aspc.gc.ca/publicat/rdc-mrc01/pdf/rdc0901e.pdf.
- ⁷ Silverman, E.K., and F.E. Speizer. 1996. Risk factors for the development of chronic obstructive pulmonary disease. *Medical Clinics of North America*. 80:501-22.
- ⁸ The Canadian Lung Association. Chronic Obstructive Pulmonary Disease (COPD): A National Report Card, 2005, p. 8.
- ⁹ The Canadian Lung Association. Chronic Obstructive Pulmonary Disease (COPD): A National Report Card, 2005, p. 17.

NOTES

