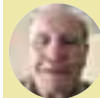




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Be aware of exacerbations (flare-ups)

Clinically, an exacerbation or flare-up of COPD is defined as an event in the natural course of the disease characterized by a change in the person's baseline breathlessness, cough and/or sputum that is beyond normal day-to-day variations. The most common causes of exacerbations are infection of the tracheobronchial tree which increases airway inflammation which in turn affects one's ability to breathe freely. Both viral and bacterial infections are directly related to exacerbation severity and are associated with the majority of severe COPD exacerbations requiring hospitalization.

These attacks result in the worsening of your COPD symptoms and can greatly impact your quality of life or land you in the hospital. Exacerbations are not usually random events but tend to cluster together. They also become more frequent and severe as the severity of the underlying COPD increases.

The severity of an exacerbation can be related to increased breathlessness which is the main symptom. It is often accompanied by wheezing, chest tightness, increased cough and sputum.

Exacerbations can be caused by anything from bacterial infection, poor weather conditions to pet dander. Self-awareness is important with COPD flare-ups. Only you can know how you feel on a typical day: how your breathing feels and how much you cough. Pay close attention when things change.

One obvious sign of an oncoming flare-up is shortness of breath. You feel like you can't get

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Chronic Obstructive Pulmonary Disease
www.copdcanada.info

Respiratory Syncytial Virus (RSV): What's it all about?

Respiratory syncytial virus (RSV) is a common respiratory virus that can cause severe illness in individuals with chronic obstructive pulmonary disease (COPD). The virus primarily affects the lungs and respiratory tract, leading to symptoms such as coughing, wheezing, and shortness of breath. In individuals with COPD, RSV infection can exacerbate existing respiratory issues and potentially lead to serious complications.

Prevention and early detection are crucial in managing RSV in individuals with COPD. It is recommended that this group receive the annual high-dose flu vaccine, as RSV can often be mistaken for influenza. It is also recommended that Canadian adults over 65 keep up-to-date with their Covid-19 vaccines. Practicing good hand hygiene, avoiding close contact with sick individuals, and maintaining a healthy lifestyle can also help reduce the risk of viral infection.

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Ask Dr. Bourbeau

Jean Bourbeau is a respirologist and full professor in the Department of Medicine and Epidemiology and Biostatistics, McGill University, Montreal



Q What is FeNO testing? I don't believe I've had this test for my COPD. Is this something I should discuss with my doctor?

A Fractional exhaled nitric oxide (FeNO) is a biomarker identifying eosinophilic and T-helper cell 2 (Th2)-mediated airway inflammation in asthma and can be used in guiding the management of asthma. However, in COPD, the evidence is still lacking and differentiating patients with COPD alone from those having asthma and COPD, it is still too soon to be able to make a recommendation for

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Ask Dr. Bourbeau

Continued from Page 1

using it in clinical practice.

Q Are there symptoms that I should look out for related to CO₂ retention? I'm on supplemental oxygen and have heard that this problem can arise for people relying on oxygen.

A This can be discussed with your physician and there is an easy way to assess carbon dioxide in your blood (pCO₂), venous, capillary or arterial. It is not every COPD patient who has this risk of having an increase in CO₂, but it is always best for COPD patients not to give more oxygen than is necessary. We usually aim at maintaining the O₂ saturation between 89-92% for a patient with COPD and chronic respiratory insufficiency.

Q Are clinical trials safe for COPD patients? Why should one risk their current state of health, which is shaky at best, to try something unproven?

A Clinical trials are very important and still the best way with the highest level of evidence to demonstrate that a new therapy or drug is effective. Without the clinical trials, you would not have all the medicines that are available to treat chronic diseases such as heart failure, diabetes, COPD and cancers. If you are approached to participate, it is very important that you receive all the information about why the study is being done, the potential side effects and make sure that all of your questions have been answered. You will have to sign a consent form approved by a research ethic board. You are free to accept or refuse to participate, you can drop out at any

time, and your usual care for your underlying medical condition should never be impacted by your refusal to participate or if you drop out of the trial.

Q I've heard that asthma can co-exist with COPD. Are the treatments the same or different if you have this "overlap" condition?

A Asthma/COPD overlap is very well known and in fact asthma is a risk factor for a smoker to develop COPD. It is referred to as the Deutsch hypothesis, known since the 1980s. It is not necessarily easy to be diagnosed if this is part or not of COPD unless you are already known to have asthma as a child or before you have started to smoke. When it is known that you have COPD and concomitant asthma, treatment must include an inhaled corticosteroid which is the most effective treatment in asthma. An inhaled corticosteroid is also indicated in COPD patients who have recurrent and/or severe exacerbations, and those who have exacerbations and blood eosinophilia.

Dr. Jean Bourbeau is director of the Center for Innovative Medicine (CIM) of the Research Institute of the McGill University Health Centre (MUHC) and director of the Pulmonary Rehabilitation Unit. He is the past president of the Canadian Thoracic Society (CTS) and is a member of the scientific committee of GOLD.

We invite your questions. Please mail questions to: Ask Dr. Bourbeau 1460 The Queensway, Suite 212, Etobicoke, Ont. M8Z 1S4—or you can e-mail questions to: AskCOPDCanada@gmail.com. General inquiries: COPD Canada Tel: 416-456-0459 E-mail: exec.copdcanada@gmail.com

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Early exercise training benefits hospitalized adults with COPD

■ **Perth, Australia**/Starting exercise training early in a hospitalization for a COPD exacerbation led to improved exercise capacity and physical function at discharge, according to study results published in *Respiratory Medicine*. “Physiotherapists who work with patients who are admitted to hospital with an exacerbation of their COPD should aim to start these patients on a simple exercise program as soon as possible,” said Kylie Hill, PhD, professor at Curtin University’s School of Allied Health. She added that “physiotherapists will need to complete an appropriate assessment to ensure the patient is safe to exercise, and these patients will need to be carefully monitored during their exercise program (which includes monitoring their pulse rate, rhythm and oxygen saturation), but this study suggests that, for the average patient admitted with an exacerbation of COPD, initiating an exercise program is a safe and useful strategy.”

 <https://tinyurl.com/wd7sptja>

Even moderate exposure to radon tied to increased stroke risk

■ **Chapel Hill, N.C.**/An analysis of radon exposures in more than 150,000 postmenopausal women in the Women’s Health Initiative revealed a 14% higher stroke risk in those exposed to the highest concentrations compared with those exposed to the lowest concentrations. Even moderate concentrations of radon were associated with a 6% higher stroke risk. Radon is the second leading cause of lung cancer, but little was known about how exposure to the gas might affect stroke risk in women. “Our research found an increased risk of stroke among participants exposed to radon above—and as many as 2 picocuries per liter (pCi/L) below—concentrations that usually trigger Environmental Protection Agency recommendations to install a home radon mitigation system,” senior author Eric A. Whitsel, MD, MPH, professor of epidemiology and medicine, University of North Carolina, Chapel Hill, said in a news release. The study was funded by the National Institute of Environmental Health Sciences and National Heart, Lung, and Blood Institute.

 <http://tinyurl.com/3hh6f3tv>

Pulse: News about COPD

Omicron's surprise parting gift—evolution of the human immune system

■ **Seoul, South Korea**/It has been four years since the start of the Covid-19 pandemic. SARS-CoV-2 has yet to be eradicated and new variants are continuously emerging. Despite the extensive immunization programs, breakthrough infections (infection after vaccination) by new variants are common. New research suggests that human immune responses are also changing in order to combat the never-ending emergence of new SARS-CoV-2 variants. Specifically, it has been discovered the immune system that encountered breakthrough infection by the omicron variant acquires enhanced immunity against future versions of the omicron, according to a study published in *Science Immunology*. A team of South Korean scientists led by Professor Shin Eui-Cheol of the Korea Virus Research Institute Center for Viral Immunology within the Institute for Basic Science (IBS) announced that the memory T cells that form during the omicron breakthrough infection respond to subsequent strains of the virus.

 <http://tinyurl.com/38xd4ym4>

Global tobacco use tumbles despite industry lobbying

■ **Geneva, Switzerland**/Global tobacco use has tumbled in a generation with one in five people smoking versus one in three in 2000, according to the World Health Organization. The drop comes despite what the U.N. global health agency said were ongoing efforts by Big Tobacco to influence global health policies to its own advantage. “Good progress has been made in tobacco control in recent years, but there is no time for complacency,” said Dr. Ruediger Krech, Director of WHO Department of Health Promotion. “I’m astounded at the depths the tobacco industry will go to pursue profits at the expense of countless lives.” The global report said 1.25 billion people aged 15 or over used tobacco in 2022 versus 1.36 billion in 2000. Tobacco use is set to fall further by 2030 to around 1.2 billion people even as the world’s population grows, the study said.

 <http://tinyurl.com/266njetc>

Vaccination can be an effective way to help prevent (RSV in COPD patients)

RSV continued from page 1

How prevalent is RSV and is it a seasonal virus?

RSV is a common respiratory virus that affects people of all ages, including those with Chronic Obstructive Pulmonary Disease (COPD). RSV is highly prevalent, especially among infants and young children. It is estimated that almost all children will have been infected with RSV by the age of two years.

RSV is primarily a seasonal virus, with outbreaks occurring during the fall, winter, and early spring months. The virus spreads through respiratory droplets when an infected person coughs or sneezes. It can also survive on surfaces, making it easy to transmit from person to person. Individuals with COPD should take extra precautions during RSV season to reduce their risk of infection.

In adults, RSV infections are less common than with children but can still occur, particularly in individuals with weakened immune systems or underlying respiratory conditions such as COPD. RSV can cause exacerbations of COPD, leading to worsening symptoms such as increased coughing, wheezing, and shortness of breath.

If you have COPD and suspect you may have been exposed to RSV or are experiencing worsening symptoms, it is important to seek medical attention promptly. Your healthcare provider can evaluate your condition and provide appropriate treatment to manage the exacerbation and prevent further complications.

Is there a way to avoid catching the respiratory syncytial virus?

One effective way to prevent RSV infection in individuals with COPD is through vaccination. The RSV vaccine can help to reduce the risk of developing severe respiratory complications associated with the virus. In addition to vaccination, there are other preventive measures that can be taken. These include practicing good hand hygiene by washing hands frequently with soap and water, avoiding close contact with individuals who have respiratory

infections, and maintaining a clean and hygienic environment. It's also important for individuals with COPD to follow their prescribed treatment plan, including taking medications as directed, and regularly attending medical check-ups. These measures can not only help manage COPD symptoms but can also reduce the risk of serious complications from respiratory infections like RSV.

RSV and Older Adults

Being an older adult with a lung condition such as COPD can put you at risk for serious complications due to RSV. Even though you may be doing everything you can to stay healthy, the immune system (your body's defense against infection) also ages as you age and can, therefore, have a harder time fighting off viruses such as RSV. While RSV is typically mild, older adults are at greater risk of severe respiratory syncytial virus infection. RSV can cause serious complications such as pneumonia or exacerbation of asthma, chronic obstructive pulmonary disease, and congestive heart failure (CHF) in older adults.

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Before making medical decisions

Your physician should be consulted on all medical decisions. New procedures or drugs should not be started or stopped without such consultation. While we believe that our accumulated experience has value, and a unique perspective, you must accept it for what it is...the work of COPD patients. We vigorously encourage individuals with COPD to take an active part in the management of their disease. You can do this through education and by sharing information and thoughts with your primary care physician and respirologist. Medical decisions are based on complex medical principles and should be left to the medical practitioner who has been trained to diagnose and advise.

The eXpand Podcast
Season 3: COPD

Discover insights and practical tips while we unravel the complexities of lung health.

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Available on all platforms:

Chronic Lung Diseases
by [ChronicLungDiseases.com](https://www.ChronicLungDiseases.com)

Identifying triggers can help prevent flare-ups

Flare-ups continued from page 1

enough air. You might notice it during light physical activity or even when you are at rest. Other things you should watch out for include; noisy breathing or wheezing which suggests mucus or pus is blocking your airways. Gurgling or rattling could also mean you have fluid in your lungs.

You should try to avoid common things that cause a flare-up of your COPD symptoms. Identifying what your specific COPD triggers are will help you avoid them and cope better with your condition. Some common indoor COPD triggers that you may want to avoid include tobacco, pipe, or cigar smoke or smoke from fireplaces or wood stoves. Other indoor triggers include: Perfumes, colognes, hairsprays, lotions or other scented products, and fumes from paint, cleaning products, glues or solvents. Try to keep your home clean of dust, dust mites, mold, and mildew. Also, pet hair and dander can be triggers. Some common outdoor COPD triggers you should avoid include exhaust fumes, cuttings from grass, shrubs or trees, and chemicals in the workplace.

You should also be aware of abrupt changes in the weather and avoid going outside during high smog or air pollution events, or, when the temperatures are extremely hot or cold or if the winds are expected to be gusty. Stay indoors when air quality is poor. Have adequate ventilation in your home by opening doors and windows when weather permits or running an air conditioner in fan mode when weather conditions are nasty.

Talk to your doctor at the first sign of an upper respiratory infection like a cold, flu or pneumonia. Make sure you get your annual flu shot and keep up-to-date on all of your vaccinations. It's important to catch lung infections early as they are the number one cause of COPD exacerbations.

Testing for RSV involves multiple clinical evaluations

RSV continued from page 5

Testing for RSV

Diagnosing RSV typically involves a combination of clinical evaluation, patient history, and laboratory tests. Here are some common methods used to diagnose RSV:

Clinical Evaluation:

- Symptoms: RSV infection often presents with symptoms similar to those of other respiratory infections, including cough, runny nose, fever, and wheezing.
- Physical Examination: Healthcare providers may conduct a physical examination to assess the severity of respiratory symptoms.
- Medical History:
 - Patient's History: A detailed medical history, including recent exposure to individuals with respiratory infections, is important for diagnosis.
 - Laboratory Tests: Polymerase Chain Reaction (PCR): This molecular biology technique is commonly used to detect the genetic material of RSV in respiratory specimens, such as nasal swabs or throat swabs. PCR is highly sensitive and specific for RSV detection.
 - Viral Culture: Although less commonly used due to the longer turnaround time, viral culture involves growing the virus in a laboratory setting. It can provide

information about the specific strain of the virus.

- Antigen Detection: Rapid antigen tests can detect viral proteins in respiratory secretions. While these tests are faster than PCR, they may be less sensitive and specific.
- Imaging Studies: Chest X-ray: In severe cases or when complications are suspected, a chest X-ray may be performed to assess the extent of respiratory involvement.
- Blood Tests: Complete Blood Count (CBC): An elevated white blood cell count may be an indicator of a viral infection, but it is not specific to RSV.

It's important to note that the diagnosis of RSV is often based on a combination of clinical findings and laboratory results. The specific tests used may vary depending on the healthcare provider, the severity of symptoms, and the age of the patient. In many cases, healthcare providers may rely on clinical judgment and symptoms, especially in mild cases where laboratory confirmation may not be deemed necessary. If you suspect an RSV infection, it's crucial to consult with a healthcare professional for an accurate diagnosis and appropriate disease management.

For more information and instructive videos:
<https://www.copdcanada.info/rsv-respiratory-syncytial-virus/>



COPD Canada Facebook

Join our COPD Patient Support Group

<https://www.facebook.com/COPDCanada/groups>

Join Today: COPD Canada's Facebook Support Group is a gated community where members can communicate and share information with others going through the challenges of living with chronic obstructive pulmonary disease. **Membership is free-of-charge**, but you must ask to join the group. Once approved, you will be able to interact openly or confidentially with other members of the COPD Support Group

For more information contact: exec.copdcanada@gmail.com



COPD people

Lorne Ernewin

Lorne was born in British Columbia and has lived and worked in five different provinces as well as the Territories. He started working part time in his dad's mine, underground, when he was eleven years old. It was hard rock mining for gold. Lorne was the mine's gofer—his dad would have him "Go for this, go for that." After he left school he went to work for a nickel mine in Manitoba. It was very remote. He was living in a mining camp with 3,500 other guys. He left that mining operation and ended up in Toronto. That's when he got into the fiberglass industry. He eventually moved back out west, landing a job in the publishing business. He worked in advertising sales, calling on retailers for a newspaper in Victoria. That job led to a position at Maclean Hunter in Vancouver. He spent about eight years there as a trainer for their subscription sales group in western Canada. His territory was Vancouver to Winnipeg. Lorne has two grown children, a son, and a daughter who both live in B.C. He's retired now and lives in a 55+ building. Lorne was diagnosed with COPD in 2008.

Were you a smoker?

I started smoking when I was eleven years old. As a teen I started smoking pot. In my twenties I was smoking cigarettes and pot and working in the fiberglass business. I quit smoking in 2012. I used to call cigarettes the 'Boomer removers'. My mother died from emphysema.

How did you quit?

I tried the patch first, but ended up smoking while I had the patch on. I was getting a double dose of nicotine. That wasn't working so I started taking the pill, Champix. The molecule in Champix is like the molecule in nicotine. It replaces the urge to smoke. It really worked for me.

How did you know there was something wrong with you?

I got three major lung infections. I couldn't walk across the street. The air was trapped inside me. I couldn't get it out. That's when I was diagnosed with severe COPD. I was put on pulse air in 2011 but then in 2015 went on high flow steady oxygen.

Do you ever have exacerbations?

I have about one per year. I keep an emergency supply of antibiotics and prednisone at home. I can usually treat myself, so I stay out of hospital. I also use oxygen so I basically have everything they would give you in an emergency department and I don't have to expose myself to all those sick people. I'm aware of lung infections and closely monitor my oxygen level if I feel something coming on.

What kind of medications do you take for your COPD?

I take Spiriva and Breo daily. I also have a rescue inhaler, salbutamol. Sometimes I'll take a puff as a preventative before I go out for a long walk.

Did you attend pulmonary rehab?

The rehab sessions at the hospital allowed me to work out with heavy weights for my legs and chest. When Covid hit, it was cancelled so I started doing squats and push-ups at home. I do the push-ups off the bed, not down on the floor.

Where are you living now?

I live in Kamloops, near my brother. The building has a common area I enjoy going to. I'll often stand outside with the residents who smoke. Funny, I still enjoy the smell of second-hand cigarette smoke when it wafts by.

Do you have any advice for people who have been newly diagnosed with COPD?

Exercise. It's the best medicine, exercising. Keep active and have a positive mental attitude. I suggest watching 23-1/2 hours on YouTube.

Are you a religious person?

I grew up as a Roman Catholic, but I converted to the Anglican church later in life. I wouldn't consider myself religious, but I do believe in a higher power. I do believe in God. I've read the bible cover to cover, twice. But I don't go to church regularly.

Do you have any hobbies?

I like to play bridge and I enjoy biking.



Meet Nancy

Nancy was told she would eventually end up with COPD if she didn't give up cigarettes. Addiction had such a grip of her, she continued to smoke believing nothing serious would ever come of it until one day it did.

Nancy's oxygen levels had been so low, her lips and fingertips had turned blue. The ProResp team was there for Nancy every step of the way while she waited for a lung transplant.

Two years later, Nancy received the call that there was a suitable pair of lungs available for her. The recovery period was difficult, but she is now on the other side, living a more normal, healthier life.

Nancy has one message for those struggling to quit smoking:

“Smoking is terrible. It will take so much from you.
If you smoke, stop right now. You will thank yourself later.”

Helping people breathe right, at home.