SUMMER 2008

CARD NEWS

Center for Asbestos Related Disease

www.libbyasbestos.org
(406) 293-9274

Inside this issue:

CARD RESEARCH IS A COMMUNITY PROJECT

Have you heard about the Libby Amphibole Health Risk Initiative?

It is a grant opportunity currently being written by ATSDR and EPA to fund community based research in Libby.

Support CARD in continuing to lead efficient, organized, and beneficial asbestos health research!

WILL EXERCISE HELP MY LUNG DISEASE?

-Mark Heppe, CARD Physician

Suppose you receive an email with the following subject line: ***"Drug helps asbestos lung disease patients breathe easier!"*** You open it and it claims that this treatment improves lung capacity, improves breathing muscle function and helps one to tolerate reduced oxygen! Intrigued you read further as it claims to improve stamina, control weight, help prevent heart disease, stroke, hypertension, high cholesterol, osteoporosis, anxiety and depression! Lower the risk of colon and breast cancer! Reduce back pain! Treat constipation and more! Feeling duped, you delete the message, when in fact, you should read on! Evidence exists to support all these claims for a **regular program of exercise**. Such a program requires an appropriate prescription of how often, how much, what kind and as such can be reasonably considered similar to a drug.

Consider one CARD patient's story (identifiers changed, actual case): 65 year old 'Jackie' has severe asbestos related lung disease, including a low diffusion capacity (DLCO) and her situation had progressed such that she could no longer care for her own yard and home. She spent two full days a week in bed, just resting because of debilitating fatigue. Describing herself to me as 'tenacious' she was determined to fight back. She began walking on a treadmill at the 'MAC' at 2 mph for 15 minutes at a time. She gradually increased this over the next year. Today, she has lost 20 pounds, walks 4 miles a day, and alternates weight machine circuits with free weights and does 75 sit ups a day. She told me she just spent a weekend working 10 hours a day in her yard and is surprised to note her "mind seems more active". While this is but a single case, it is consistent with the potential for benefits reported in the scientific literature.

If you have lung disease, you may feel that you cannot exercise because of breathlessness. Indeed, exercise may carry risks for you and a doctor's prescription may be necessary, possibly after testing to assure safety. But consider that even in good health, most people will say that they have to limit their exercise intensity for the same reason as you, they say they are breathless.

There are a wide variety of body systems that interact in exercise, and any one might become limiting. These include, in addition to lung function, the heart and circulation, the blood itself, the muscles and their enzyme systems processing oxygen and the ability to move oxygen from the circulation into the muscles. The brain itself is also being found to often limit exercise duration, subconsciously convincing you that you are too tired to continue, as a way of preserving itself.

Continued from pg. 1

In healthy individuals, the lungs have extra capacity and don't actually limit exercise peak intensity but nonetheless such people will report stopping intense exercise because they 'run out of breath'. What feels like a limit of breathing proves to be one of the other systems reaching its limits first, most often the transfer of oxygen into the muscles. With regular exercise, the breathlessness still occurs but at a much greater physical capacity. This is not because the lungs are so much stronger (although they may modestly improve with exercise); it is because all these other systems have been strengthened by the training. For example, the ability of the muscle enzymes to become more efficient is dramatically greater than the ability of the lungs to directly benefit from training. The result is a lessened demand on the lungs, and a lessened sense of breathlessness, at activity levels which were previously uncomfortable.

If you do have lung disease, your breathing may in fact become the true limit to exercise, just as it feels it is. Even so, a regular program can train the other systems and greatly enhance your capacity to do the things you want to do. In addition, with the so called 'restrictive lung disease' that asbestos may induce, there are specific benefits to your breathing such as improved respiratory muscle strength, reduced sensation of shortness of breath at a given level of exertion and better tolerance of the lower blood oxygen some people have.

Note that our patient, Jackie, improved her exercise capacity many times over and went from almost bed restriction to enjoying a much more normal lifestyle. Frankly, nothing else we can offer you here at the CARD can approach that benefit. The list of other benefits I began with is proven and available as well. A specific prescription for this 'drug' is best to obtain its benefits safely. You can work with your medical provider and/or St. John's Pulmonary Rehabilitation Program to understand the prescription that is best for you. The 'how to' is best addressed in another issue, but my message here is to encourage you that the benefits of exercise are available to all but the most severely afflicted, even if just the thought of it makes you short of breath!

Albuterol Inhalers & the Clean Air Act

-Deborah Cirian, RN

CARD patients be prepared, January 1, 2009 Albuterol inhalers will be switched over to Albuterol HFA Inhalers in accordance with the Clean Air Act. The current Albuterol Inhalers use Chlorofluorocarbon (CFC) as the propellant, and this contributes to the depletion of the ozone layer.

The new Albuterol Inhalers are propelled by Hydrofluorlalkane (HFA), which is environmentally friendly. There are currently three Albuterol HFA inhalers on the market, ProAir HFA, Proventil HFA, and Ventolin HFA, there is not a generic form as of yet. When using your new Albuterol HFA Inhaler you will notice a few changes; the spray is a softer mist, the spray has less force, there may be a noticeable difference in taste, and you will have to keep the inhaler clean. Please note; the medication Albuterol has **not** changed, it is the same medication.

A softer mist does **not** mean you are receiving an inadequate dose; this inhaler reliably delivers 200 puffs. The softer spray and reduction in spray force make it necessary to keep the inhaler mouthpiece clean. You will also have to prime the inhaler before the first use, and if you haven't used it within a 2 week time frame you will need to prime it again. You use Albuterol HFA Inhalers exactly the same way you used your old Albuterol Inhaler.

You may also notice an increase in the price of the inhaler; this is primarily because there is not a generic form. These changes **do not** affect the effectiveness or safety of the medication**. Do not** be alarmed by the change in these inhalers, this is the same medication, only the propellant has been changed. If you have any questions or concerns about the switch from CFC to HFA inhalers please call the CARD Clinic at 293-9274, ext 23.

SUMMER HEAT

- Ashley Day, RT

Finally! The much anticipated summer has arrived, and most of us are thrilled! Summer brings a wide variety of activities, but embracing them can be difficult when dealing with the heat. For people with respiratory problems the heat can be an important variable to consider when preparing for the day, in order to avoid heat related illnesses.

According to the Center for Disease Control the elderly, those who are overweight, and people with medical conditions are most likely to suffer from a "heat wave". People suffer a heat related illness when the body's temperature system is overloaded. When body temperature rises, the skin rids excess heat to maintain normal body temperature. In order to do this, the veins closest to the surface of the skin have to open up and allow more "hot" blood to flow through. The body requires more oxygen than usual because of the energy needed to move the blood to the skins surface so the excess heat can transfer through the skin and out of the body. Breathing in cold air is different because it constricts the lungs making it harder to breathe. Heat doesn't directly affect the lungs like the cold, but it requires more energy and puts more demands on the heart and lungs to get the heated oxygenated blood to the skin, thus increasing the work of breathing.

There are lots of things you can do to prevent heat related illnesses. The most common heat-related illness is heat exhaustion. This tends to build up over several days of activities in hot weather without having proper fluid intake. Symptoms of heat exhaustion are: heavy sweating, muscle cramps, turning pale, dizziness, fainting, weakness, nausea, clammy skin, headache and fast breathing. If one or more of these symptoms becomes apparent you must drink cool fluids, preferably water, immediately. Lie down inside a cool area or take a cool bath and get plenty of rest.

Untreated heat exhaustion can lead to a heatstroke or "sun stroke". This occurs when the body's temperature uncontrollably rises to 106 degrees or higher within a 10 to 15 minute time frame. Heatstroke can be deadly if not treated immediately. Symptoms include: extremely high body temperature, red skin, rapid heart rate, headache, nausea, confusion, and unconsciousness. Treatment for heatstroke is doing anything to get cool- cold showers, wet compresses, wrap in a cool wet sheet, and fanning yourself or having someone fan you.

Dehydration is a major culprit in heat exhaustion/stroke. It occurs when the loss of body fluids, mostly water, exceeds the amount that is taken in. A lot of things can be done to ensure that dehydration will not lead to heat exhaustion. Drink a lot of fluids even if you aren't thirsty, avoiding caffeine, alcohol, and sugary sodas as these can actually make fluid leave your body faster. Drink fluids that have electrolytes in them such as Gatorade to balance out the loss of sodium that may be taking place. In addition, drinking plenty of water the day before you plan on being very active in the heat can help minimize the chances of dehydration thus lessening your chances of heat exhaustion/stroke.

If possible, plan your day so you are doing more strenuous things during the cooler parts of the day. Wear light-colored loose clothing, stay in the shade and move slowly. Wet a paper towel or hankie and drape it on your face or neck. All of these things will help you avoid the heat. related illnesses while having fun in the sun all summer long!

Smoke-Free For Life

Do you want to quit smoking? Attend a FREE 5 session course, provided by CARD and St. Johns Lutheran Hospital (SJLH), designed to help you stop smoking and maintain a smoke-free lifestyle! This program is open to the entire community!

Not only is the class FREE, but nicotine replacement therapy can also be FREE! SJLH will pay the costs through the Montana Tobacco Quit Line as long as you attend the 5 classes and complete the 5 phone calls required by the Montana Quit Line. Or, if you are a member of the Grace Libby Medical Program (HNA), they will cover the cost of your nicotine replacement therapy.

The class is currently in process, but a new series will be starting soon! For more information, questions or to register for the next class, contact Ashley Day of CARD, 293-9274 ext. 31 or Susan Horelick of SJLH at 293-0164.

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THE BIG CARD NEWS of Summer 2008

The CARD Foundation Has Been Established!

As healthcare costs continue to rise and reimbursement rates continue to decline, the CARD Board of Directors recognized the need to create a mechanism for raising ongoing funds to support CARD. Thus, in early 2008, the CARD Foundation was created to meet these needs. A completely separate entity from CARD, the Foundation's mission is "to seek sources of funding to support the goals of the Center for Asbestos Related Disease." The Foundation accepts gifts on behalf of CARD and works to fund both present and future needs of the clinic.

The CARD Foundation Board is comprised of 5 dedicated volunteer leaders who work closely with CARD staff to secure much needed resources for CARD to continue providing top notch healthcare and cutting edge research for people who have been exposed to Libby Amphibole Asbestos. The CARD Foundation Board has been working hard to recruit board members, fill out required IRS paperwork, and establish a long term strategic plan for the CARD Foundation. Current board members are: Dave Stephenson, CJ Johnson, Kristina France, Melissa Leonard, and Teri Noble.

Whether you have made a contribution to CARD in the past, or would like to become a donor to the CARD Foundation, we appreciate and gratefully acknowledge your contributions. We invite you to join us in supporting CARD in providing healthcare, outreach and research for people affected by asbestos related diseases. Contributions of any size are accepted and are tax-deductible, with all donated funds benefiting CARD. For more information about the CARD Foundation or ways to give, please contact Betty Jo Wood, Development Officer, at 406-293-9274 ext 32.