



CARD NEWS

Center for Asbestos Related Disease

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Attend *The CARD*

Research Series:

Guiding Asbestos

Research Toward

Treatments

Because...

CARD Research

Is

A Community Project!

Defining Libby Asbestos Disease

Alan C. Whitehouse, MD

CARD Pulmonologist

The CARD Staff has recognized over the last 5-6 years how different Libby amphibole asbestos disease is compared to chrysotile asbestos disease seen in shipyard workers, insulators and Hanford workers. One of the first research projects that we will be doing independently at CARD is to define the disease. This is important because there are aspects of this illness that are quite different and need to be well defined so other physicians throughout the country will be able to recognize this disease. This will be very important since recognition of these differences will lead not only to proper diagnosis and care, but will also be important for planning research projects directed towards therapy and hopefully a cure.

First, the most commonly seen symptom is what is called pleural disease. The pleura is the lining of the inside of the chest cavity, and the lining membrane over the lungs which is extremely thin and stretchy. Libby asbestos seems to most commonly involve the lining and can result in severe inability to expand the lungs. The lining begins to act like an orange peel rather than a balloon. The more common form of

asbestosis seen with chrysotile asbestos is scarring and hardening within the lungs themselves. This appears to be less common with Libby asbestos, although it may be seen with some degree of frequency through CT scanning.

Second, it seems as if a majority of our patients have pleurisy. Pleurisy is pain in the chest when breathing and although it has been described with all types of asbestos, it appears to be extremely common with Libby asbestos. It is due to the inflammation of the pleura when two inflamed surfaces rub together.

Third, the rapid progression of this illness is a unique feature that has been seen in a smaller portion of our diagnosed patient population. It almost appears as if there is a sudden step-wise pattern of increase in scarring with a loss of lung function which then stabilizes and settles down and may remain constant for a considerable period of time. Sometimes this is associated with a pleural effusion which is the medical term for fluid in the chest.

We feel it is important that the medical community, particularly in the Northwest, but also nationwide, become aware of the peculiarities of this illness. We hope to make it easier to recognize for improved care of people and to facilitate the advancement of research into treatments and cures for this particular type of asbestos related disease.

Understanding Proper Use of Antibiotics

Deb Cirian

CARD Registered Nurse

The cold and flu season is here and we all know that managing our health is very important, especially when we have sensitive lungs from exposure to asbestos, regardless if we have been diagnosed with the disease or not.

What is the common cold? What is the flu? Will antibiotics cure a cold or the flu? These are common questions. First, the common cold is also known as a viral upper respiratory tract infection. The upper respiratory system includes the nose, sinuses, mouth, throat, and trachea. Common colds are caused by viruses, not bacteria. The cold viruses are numerous, making it very difficult for the body to build up resistance to them, that is why we usually get several colds a year. Colds are very contagious; they are spread mostly by hand-to-hand contact. It is very important to wash your hands frequently. Many people believe exposure to cold temperatures cause a cold, this is not true, being near people with colds is how colds are spread.

Signs and symptoms of colds include nasal stuffiness and drainage, sore throats, hoarseness, cough, low-grade fevers, and headaches. Tiredness and achiness may also occur. A productive cough may occur, this is a cough in which phlegm or sputum is brought up. Usually this is from sinus drainage into the throat. Symptoms of colds can last 3 to 14 days.

Will antibiotics cure a cold? NO, colds are caused by viruses; antibiotics only kill bacterial infections. Using unnecessary antibiotics can lead to resistance of the antibiotic,

which means the antibiotic will no longer work on bacterial infections, which in turn leads to fewer options in the treatment of bacterial illnesses. Adults can best treat a cold by treating the symptoms; use a pain reliever such as Tylenol for fever and achiness, rest, and drink plenty of fluids. Nasal decongestants, cough suppressants or expectorants can also be used, but talk with your Pharmacist first. The best treatment is protecting yourself from getting a cold. Exercise, plenty of fluids, regular use of vitamin C, good nutrition, not smoking, frequent hand washing and avoiding people with colds, are the steps to prevention.

Patients with lung disease, including asbestos related diseases, must be careful because they are more at risk for developing complications when having a cold or any respiratory illness. It is important to contact your physician if any of the following occur: fevers persist, sputum becomes green in color, chest discomfort develops, shortness of breath worsens, or symptoms are present for more than 5 days. Occasionally a bacterial infection can follow a cold because the immune system is stressed. If this occurs, secondary bacterial infections can be treated with antibiotics.

What is the flu or influenza? These are viruses; they are broken into 3 types, A, B, and C. Types A and B are usually what we see causing respiratory illness during the winter. Type C is a very mild strain, this type does not usually cause severe illness. The best course of prevention from the flu is vaccination, which are still available to those who have not received one. The flu viruses continually change; this is why one needs flu vaccinations every year.

Signs and symptoms of influenza are

sudden onset of fevers 101 to 104 degrees F, chills, headaches, muscle aches, fatigue, nonproductive cough, sore throat, nasal drainage, loss of appetite, nausea, vomiting, or diarrhea. If these symptoms appear see your physician immediately. Flu symptoms are similar to cold symptoms, but they come on suddenly, are more severe and usually affect other parts of the body like the stomach and muscles. If you have lung disease and think you may have the flu, contact your physician immediately. People with lung disease are at more risk for development of complications like pneumonia. Treatments for adults with the flu include; rest, plenty of fluids, good nutrition, treating symptoms with pain relievers, and antiviral medication (which reduce the symptoms and duration of the flu). Influenza is a virus, therefore, antibiotics will NOT work against this illness. Antiviral medications are designed especially for the influenza virus, and will NOT work against the common cold.

The development of antibiotics was the "miracle" in medicine at one time, but widespread overuse has become a major problem. The number of antibiotic resistant organisms has increased rapidly over the past 10 years and has created problems with treatment. This has caused a lot of concern in the medical world. When patients develop colds and upper respiratory infections, many come to the doctor with the expectation of leaving with an antibiotic. Knowing that antibiotics have no effect on the treatment of colds, physicians are becoming less likely to treat colds with antibiotics, unless evidence of lower respiratory tract infections are present, meaning the cold has created complications to the lungs.

Libby Asbestos Health Status Survey

Most CARD patients are familiar with the St. George Questionnaire which describes how ARD might be impacting their daily life. People complete this at their annual appointment. CARD is now partnering with the Montana State University College of Nursing for *The Libby Asbestos Health Status Survey* project.

This project uses an extended version of the St George Questionnaire as a survey tool to get an understanding of how ARD impacts daily life. During the next 6 months you can participate at any scheduled appointment or by contacting CARD. This is a short term project that will only be active for the next 6 months,

so don't wait until later to get involved! If you are able to come to the CARD office you will be able to complete the survey on a touch screen computer in about 15 minutes. All surveys are de-identified and results will be presented as a summary of everyone's input.

We are also making a special request that patients who live outside of Lincoln County get involved because this project has a national focus. This means if you live outside of Lincoln County we really encourage you will get involved. We would mail you a paper version of the survey with a self addressed stamped return envelope. Give us a call to get involved!

Changes in the CARD Recall Process...

There are a variety of patients served by CARD and the number continues to grow. We now follow about 1800 people. Some people have annual visits for monitoring and screening of asbestos related disease and cancer. Patients experiencing more difficulty may be seen more frequently such as every 3 to 6 months. Other patients who are experiencing a lot of symptoms, or are fighting infections may be followed even more closely. The bottom line is everyone is different and has different needs that determine how often they need an appointment at CARD.

Historically, CARD staff has done their best to call you when it is time for your next appointment. With the growing number of patients and the individualized scheduling needs we are starting a new recall process that we think will be better for everyone.

With the starting on the new year we are sending you a postcard reminder when it is time for your next appointment. Then you can contact us when it is convenient for you. Bare with us as we set up our new system as we will probably need to smooth things out and make minor adjustments as it goes into effect!

It is our priority at CARD to provide individualized care to every one of our patients, but sometimes it can be hard to keep track of 1800 of you. So, if you think it is time for you to come in again, or if you think you might be having an increase in symptoms please contact us to be seen, even if you haven't received a reminder post card in the mail.

By working together we can make sure that everyone gets the care they need. So if you think you need an appointment, call reception, 293-9274 and press zero.

Proper Use of Antibiotics Continued...

What does this mean for CARD patients? It does not mean you need to be on an antibiotic at the first sign of a cold. If you develop a cold, be aware of your symptoms. Most colds will go away on their own without complication, but it takes time. If you have changes in symptoms like worsening shortness of breath, increased cough with dark yellow to

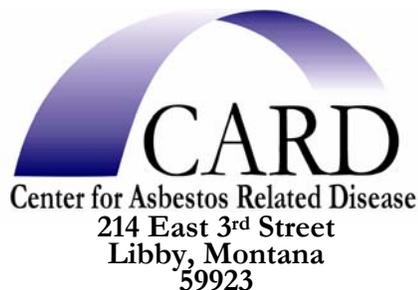
green sputum, persistent fevers, chest discomfort, symptoms without improvement longer than 5 days, or influenza symptoms call to speak with a nurse and schedule an appointment. Our physicians will determine whether an antibiotic is appropriate for your treatment.

The first line of defense is prevention. CARD patients need to take an active role in keeping themselves "healthy". This means a healthy lifestyle, drinking plenty of

fluids, getting plenty of rest, eating a healthy diet, rich in fruits and vegetables (especially foods high in vitamin A and C), exercise (as tolerated), minimize stress in your life, QUIT SMOKING, keep current on immunizations, frequent handwashing, and try to avoid contact with others who are sick.

If you have any questions about symptoms of colds, influenza, antibiotic use, or leading a healthy lifestyle please contact CARD at 293-9274.

If you have questions or comments about this newsletter, or would like to receive it by mail: Contact Tanis Hernandez at the CARD: tanis@libbyasbestos.org or 406-293-9274 x29.



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THE BIG CARD NEWS

The CARD Research Series: Guiding Asbestos Research Towards Treatments

Starting in February, the CARD will be holding a 3 month series of community presentations so we can all understand the future and direction of asbestos health research in the Libby community. They will be held in the Ponderosa Room of Libby City Hall at 7:00 p.m. on the 3rd Tuesday of each month. All presentations are open to the public and free of charge. Refreshments and snacks will be provided.

February 20th

What is a Research Center in Libby All About?
The Role of the Libby Community & the Role of CARD

March 20th

How Do We Create a Successful Research Center?
Understanding the Process & the Importance of Coordinated Partnerships

April 17th

What Research Projects Are Happening?
Understanding Specific Research Projects & How They Could Improve Treatment