

NHOPA NEWS

National Home Oxygen Patients Association

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Gender and Chronic Obstructive Pulmonary Disease: Why It Matters

This abstract by MeiLan et al, published in the American Journal of Respiratory and Critical Care Medicine (Vol 176. pp. 1179-1184, (2007)) may be of interest to NHOPA readers. The abstract details an increased incidence of COPD in women vs men and why this trend may be occurring. The journal is the official publication of the American Thoracic Society and is reprinted here with their permission.

“The prevalence of chronic obstructive pulmonary disease (COPD) in women is increasing, as is hospitalization for COPD. The number of women dying of COPD in the United States now surpasses men. Despite this, research suggests that physicians are still more likely to correctly diagnose men with COPD than women. Increased tobacco use in women likely explains some of the increase in the prevalence of COPD in women, but data suggest that women may actually be at greater risk of smoking-induced lung function impairment, more severe dyspnea, and poorer health status for the same level of tobacco exposure. The degree to which these observations represent biologic, physiologic, or sociologic differences is not known. Nonsmokers with COPD are also more likely to be female. In addition, new evidence is emerging that men and women may be phenotypically different in their response to tobacco smoke, with men being more prone to an emphysematous phenotype and women an airway predominant phenotype. Inasmuch as COPD is a disease of inflammation, it is also possible that sexual dimorphism of the human immune response may also be responsible for gender differences in the disease. More data are still needed on what the implications of these findings are on therapy. In this clinical commentary, we present current knowledge regarding how gender influences the

epidemiology, diagnosis, and presentation of COPD in addition to physiologic and psychologic impairments and we attempt to offer insight into why these differences might exist and how this may influence therapeutic management.”

The complete article is available for purchase at www.thoracic.org.

Oxygen Supplier Issues?

As a patient directed organization, NHOPA would like to hear from members and oxygen users regarding issues encountered with changes or proposed changes by your DME to your oxygen equipment. Gathering this information will provide NHOPA with documentation to support the views of our members and the oxygen community against competitive bidding.

In order to process this information and utilize it to its fullest potential, the NHOPA Executive Office needs specific information from persons who may have had or are having issues with their oxygen supplier providing appropriate equipment. This information needs to include your name, address and a specific description of the nature of the difficulty, including the provider. The person does not have to be a member of NHOPA to provide the information.

You may send this information to the Executive Office by e-mail, fax (703.752.4360), or postal mail.

Questions & Answers

Tony St Amant wrote, “It seems to me, with a virtual explosion in the development of ambulatory oxygen devices, that this is an especially exciting time in the field of oxygen therapy. The size and weight of Invacare’s XP02 device, described in the July 2008 NHOPA News, is startling compared to just a year ago!

The potential for oxygen user mobility and quality of life skyrockets with these devices and we are only on the leading edge of the technology. It would seem to me, following NHOPA's great success in opening the doors of air travel to oxygen users, that the next great cause to pursue would be the extension of ambulatory oxygen devices to the largest possible segment of the oxygen user community through Medicare and other insurance programs.

Wouldn't it be an almost unimaginable victory to be able to drop the word "home" from the organization's name?"

Tony thanks for your comment! NHOPA has actively worked to see ownership transfer repealed and Competitive Bidding delayed. We continue to work towards legislation and regulation that insure the oxygen user and their activity level is taken into account when DMEs provide oxygen systems or when a physician prescribes a specific oxygen system.

Bernie Simmons writes, "I am 64 years old and have been diagnosed with pulmonary fibrosis which requires the use of home oxygen. My problem is that I am also an avid golfer and have found it difficult as of late to play the game due to some shortness of breath. I'm currently using an Inogen oxygen system in my home, however, I was wondering

if a smaller, more compact oxygen system is available to aid the golfer. Something like a battery charged belt clip type system that would generate 4 to 6 hours of oxygen."

Bernie thanks for a great question. It is wonderful you are staying active. Here are a few suggestions regarding smaller systems with increased duration.

1. *Liquid oxygen with a pulse system may allow you the extended hours for golfing. One system, **HeLios**, utilizes pulse. At a setting of 2 this unit may last up to 10 hours. It is small and lightweight. More information can be found at www.heliosoxygen.com. Another compact pulse liquid system is the **EasyMate** by Precision Medical. At a setting of 2 the approximate use time is 8 hours. More information at <http://www.precisionmedical.com>.*
2. *Gas cylinder pulse systems are also available; **Chad** offers some but duration is based on liter flow and cylinder type (i.e. M2, M6, M9). The website for Chad/Inovo is <http://www.chadtherapeutics.com/>.*
3. *One demand system that works with either liquid or cylinders is the **Venture** by Invacare. Again, duration is based on liter flow and unit type. Website: www.invacare.com.*
4. *Finally check out some of the newer portable oxygen concentrators. They are smaller than the Inogen and, with extra batteries; they may provide you with extended duration. Some of the newest on the market are the XPO2 (reviewed in the July newsletter), the Life Choice and Central Air (both reviewed in the June newsletter). Prior newsletters can be accessed at www.homeoxygen.org.*

The above examples are only a few of the systems available. Talk with your home oxygen provider to see what systems they have available. If you decide to change systems, make sure that rest and exercise oximetry is performed with the new system to insure that your saturations remain adequate during use.

If you do not own an oximeter, you may want to consider checking with your physician to be sure that your current exercise flow rate is adequate

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8618 Westwood Center Drive Suite 210
Vienna, VA 22182-2222
1-888-646-7244

ExecOffice@homeoxygen.org
www.homeoxygen.org

The National Home Oxygen Patients Association is devoted exclusively to improving the lives of people across the country who require supplementary oxygen on a regular basis.

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Executive Committee

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Newsletter Editor

| | |
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| Stephanie Diehl, RRT | Littleton, CO |
| stefmistr@aol.com | |

for your current golfing/exercise needs. Oxygen flows may change over time.

New Products

The following information on new products/companies available on the market is for informational purposes only. NHOPA does not specifically endorse ANY products. Contact your physician for further information regarding your healthcare or the specific company for product information.

James Stockfisch wrote to tell us of a new product that his wife discovered. "As a more or less recent user of home oxygen, since May 2007, I've had to find help for my new lifestyle on my own. Your organization and newsletter has been very informative to me and I thought maybe other people in the same boat might be interested in a product to help secure the cannula. I had trouble when sleeping as I'm a

restless sleeper and the cannula would dislodge, a life threatening situation. My wife discovered the OXY-SURE Buddy on line and bought some. Problem solved!

Thanks again for your helpful organization."

James thanks for passing on the information. The Oxy-Sure 'Buddy'TM nasal cannula support is, according to the company's website "a device that reliably and safely maintains the position of the cannula to ensure continuous delivery of oxygen to the patient. Patient comfort is increased and care giver stress is reduced." This device is wrapped around the cannula tubing behind the ears and lays behind the head. This keeps some of the pressure of the tubing off the ears, providing comfort and decreasing pressure on the ears. More information and a picture can be found at www.oxy-sure.com .

CFC MDI Phase-out

As the Chlorofluorocarbon (CFC) phase out deadline nears (Dec. 31, 2008), our members have seen many articles and heard about discontinuation of inhalers, whether they are taken off the market or changed to the new CFC-free propellant hydrofluoroalkane-134a (HFA). Many may be wondering what the differences with the new HFA inhalers are. Recently, the American Association for Respiratory Care (AARC) published a table within an article titled "5 Months To Go: CFC Inhaler Phase-Out Deadline Looms". The table compares the differences in characteristics between CFC and HFA Metered Dose Inhalers (MDIs). The following table is reprinted with the permission of the AARC. The complete article may be found at AARC.org and search "CFC phase out"

| Physical Component Delivery of Dose | CFC | HFA |
|-------------------------------------|--|---|
| From a near-empty canister | Variable | Consistent |
| With variable ambient temperature | Variable | Consistent (to -20° C) |
| Spray | | |
| Force | Higher Impaction | Lower (3 times) |
| Temperature | Colder | Warmer (approx. 30° C) |
| Volume | Higher | Lower |
| Taste | Different from HFA | Different from CFC |
| Breath-hold | Less important with CFC | More important with NFA |
| Priming | Important following short period of nonuse | Longer time of nonuse allowed without priming |

Some HFA inhalers currently on the market include: Proventil HFA, Ventolin HFA, Xopenex HFA, ProAir HFA, and Flovent HFA. Remember some CFC inhalers have converted to a dry powder inhaler (DPI). Examples of these include Serevent Diskus, Flovent Diskus, or Spiriva. If you have questions about any of your inhalers, check with your physician for more information.

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8618 Westwood Center Drive, Suite 210

Vienna, VA 22182-2222

A Reminder . . .

Election Committee Volunteers NEEDED! - NHOPA needs volunteers for our Election Committee. This commitment requires a nominal amount of time – approximately 2-hour time commitment between the time the committee is formed and November. This includes phone calls and e-mails. The committee develops and reviews the slate of candidates for the NHOPA ballot to present to the NHOPA Board and ultimately the User Members for voting. Volunteer today by calling the Executive Office at 1-888-646-7244 or by e-mail at ExecOffice@homeoxygen.org.

NEEDED - User Member Board nominees - NHOPA needs nominees who want to be involved. There will be 3 open positions on this year's ballot. If you or someone you know would like to be nominated for the Board, please submit in writing (via e-mail or postal mail) name and relevant biographical information to the NHOPA Executive Office. All candidates must be NHOPA oxygen user members to be considered. You may nominate yourself. Send your information today by calling the Executive Office at 1-888-646-7244 or by email at ExecOffice@homeoxygen.org.

Annual Meeting – Have you signed up yet? The Annual NHOPA Meeting is just around the corner and we extend an invitation to all our members to join the Executive Office and Board members on the conference call. The meeting will be held on Wednesday, November 12, 2008 at 11 am EST, (8 am PT, 9 am MT, and 10 am CT). If any member wishes to participate or to have an item considered for the agenda for the Board to discuss, notify the Executive Office no later than November 1, 2008 via fax at 703-752-4360, by e-mail at ExecOffice@homeoxygen.org or by phone at 1-888-646-7244. Participants will be provided with a toll free phone number and access code prior to November 12, 2008.

◆ **For up-to-date information and membership applications go to www.homeoxygen.org** ◆