



# NHOPA NEWS

National Home Oxygen Patients Association

Volume 10, Number 5

June 2007

**Annual membership dues renewal notices have been mailed out.  
Make sure you renew early so you don't miss out on an issue of NHOPA News!**

## Bronchiectasis

*Information in part from the American Lung Association ([www.lungusa.org](http://www.lungusa.org)) and Medline Plus ([www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)) websites.*

Bronchiectasis is an abnormal stretching and enlarging of the respiratory passages caused by mucus blockage. When mucus accumulates in the airways that the body is unable to get rid of, inflammation occurs which leads to weakening and widening of the air passages. The weakened passages can become scarred and deformed and in turn allow more mucus and bacteria to accumulate. Clinically, bronchiectasis is characterized by a productive cough and recurrent respiratory tract infections.

Causes of bronchiectasis are varied. A person may be born with it or develop it later in life, but typically it results from prior bacterial, viral or non-tuberculosis mycobacterium infections. It may also result from obstruction of the airways by foreign bodies or lesions caused by such conditions as cystic fibrosis or allergic bronchopulmonary aspergillosis and aspiration pneumonitis.

Because it is one of the COPD diseases, it may be complicated by the presence of emphysema and/or bronchitis. Bronchiectasis is more common in older persons and more prevalent in women.

### Symptoms & Diagnosis

Before a final diagnosis can be made, the presence of the disease should be established and underlying causes should be identified.

The road to the diagnosis begins with a review of the clinical symptoms:

- A persistent or reoccurring cough (worse when lying down)

- With infections, the mucus may be discolored, foul smelling and may contain blood
- Shortness of breath
- Abnormal chest sounds
- Weakness
- Weight loss
- Fatigue
- Require antibiotics for respiratory tract infections two or more times yearly

To confirm a diagnosis of bronchiectasis, physicians can use chest x-rays, spirometry or breathing tests, sputum culture or a chest CT scan.

### Treatment

Treatment for bronchiectasis is usually done by treating the acute or chronic infections with antibiotics. Airway inflammation may be treated using bronchodilator medications (i.e. Albuterol, Xopenex). The promotion of good bronchial hygiene through physical therapy techniques such as postural drainage or flutter valves may also be utilized. These techniques, in combination with mucolytics, help enhance mucociliary clearance and improve ventilatory function. Finally treatment of any underlying condition that may be present assists treatment for bronchiectasis.

Along with lung transplantation for severe cases, several treatment options have been studied. Recent studies have shown the use of aerosolized antibiotics to be an evolving option. Other options include the use of anti-inflammatory agents such as inhaled corticosteroids.

As with any condition or medication specific to you, ask your physician for more information.

## Discounted Drug Programs

Believe it or not, pharmaceutical companies do have a history of assisting patients without prescription drug coverage. However, according to the Pharmaceutical Research and Manufacturers of America (PhRMA), most people previously did not know where to find reliable information on getting free or reduced drugs. In response to this the Partnership for Prescription Assistance (PPA) has been created by PhRMA. The PPA serves as a one-stop shop clearinghouse for patients and their healthcare providers looking for assistance in finding free or low cost medication assistance. At present there are 475 public and private programs that are available through PPA. Lower income, uninsured and under-insured patients have access to more than 2,500 brand-name and generic drugs for free or nearly no charge.

Access can be gained by either Web or phone and trained specialists assist in guiding people through the application process. For more information visit [www.pparx.org](http://www.pparx.org) or call 888-4PPA-NOW (888.477.2669).

### Travel Feedback

The following was received from **Pete Wilson** ([www.portableoxygen.org](http://www.portableoxygen.org)) from a recent traveler who encountered some hurdles when flying recently.

"We scheduled an American Airlines (AA) flight

#### National Home Oxygen Patients Association

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

ExecOffice@homeoxygen.org  
[www.homeoxygen.org](http://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.

*Publication of the NHOPA monthly newsletter is made possible through a generous grant from the American Association for Homecare.*

#### Executive Committee

Jon Tiger, President	Wichita, KS
Bill Anderson, Vice-President	Oconomowoc, WI
Bob Keith, Treasurer	Baltimore, MD
Secretary	

#### Newsletter Editor

Stephanie Diehl, RRT	Littleton, CO
<a href="mailto:stefmistr@aol.com">stefmistr@aol.com</a>	

to St Louis, MO; leaving Tucson, AZ [with a connecting flight] at Dallas-Ft Worth to St Louis.

My wife rented the Eclipse portable oxygen concentrator (POC) for one month to cover the entire trip to St Louis and back to Tucson. This included two additional batteries. We notified AA Assistance Coordinator to get all the paperwork completed according to FAA rules and the airline's requirements. Here comes the rub.

From Tucson, all went according to plan. A wheel chair [was] available for my wife from curbside to ticket counter to be issued a boarding pass and proceeded to the gate for departure.

[When we] got on the plane the pilot, along with the flight attendant, questioned the POC unit. We explained everything to these individuals. Both individuals never heard of this unit or the FAA approval for this unit.

[We] arrived at Dallas-Ft Worth and here was where the fun really started. We came in at terminal A and our connecting flight was leaving from terminal C. This is like halfway around the world. No assistance was available. No electric cart to transport my wife to the departure gate. [We finally] got the cart, arrived at the departure gate and was informed the gate had changed. At this point, no cart was available and no one was around to provide assistance. My wife had to walk 10 gates with her POC. By the time we arrived at the gate, she nearly passed out.

[We] got on the plane and once again the pilot and flight attendant questioned the POC and asked for paperwork approving this POC. We had a copy with us. The seat arrangement was not to my wife's liking with her POC. The agent at American Airlines told us she would be accommodated during flight.

[We] arrived at and left St Louis without any hassles. Everything went according to plan. Here is the fun all over again. At Dallas-Ft Worth the same thing happened all over again. The only difference was we got to the departure gate as the last two passengers to board the aircraft. Once again, we got questioned by the pilot and flight attendant about the POC. No seat assignment to accommodate my wife with her POC.

The Sequel Eclipse POC worked flawlessly and never had any issues with it during the whole trip.

My last comment is that the airlines do not accommodate individuals with disabilities. My wife was treated very poorly.”

*Pete thanks for passing on the email. As one can see, you need to do your homework and make sure that you write down names of the people that you speak with as well as travel with the appropriate paperwork. Also make sure that you check departure screens frequently for updated information or gate changes when changing planes.*

### **CALL FOR NHOPA NOMINATIONS**

There are 3 oxygen user member Board positions to be filled, all for three year terms. If you or someone you know would like to be nominated for the Board, please submit in writing (via e-mail or snail mail) the name and relevant biographical information to the NHOPA Executive Office – All candidates must be NHOPA oxygen user members. **You may nominate yourself.**

The NHOPA Board provides overall supervision for the management and direction of the association. Meetings are held via telephone conference call every other month. The NHOPA user members of the Board select the non user members of the Board every year. All directors serve without compensation.

NHOPA also needs a few of our User Members to volunteer for the Nominations Committee where we review candidates and develop a slate. A few conference calls over the next few months are all that is involved.

**Volunteer at the Executive Office Today!**

### **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.***

**Brovana** (arformoterol tartrate), by Seprarcor, is a newly approved nebulized, rapid onset, long-acting bronchodilator for maintenance treatment of COPD. Previously there have only been short acting agents available for nebulization.

Brovana is indicated for long-term, twice-daily maintenance treatment of bronchoconstriction in patients with COPD, including chronic bronchitis and emphysema. This medication is NOT indicated for the treatment of acute episodes of bronchospasms. More information can be found at [www.brovana.com](http://www.brovana.com).

**Symbicort**, distributed by AstraZenca is a recently approved combination inhaled therapy containing a corticosteroid (budesonide) and a rapid, long-acting beta2-agonist (fomoterol). This drug is indicated for long-term maintenance treatment of asthma (ages 12 and older). More information can be found at [www.symbicort.com](http://www.symbicort.com).

Responsive Respiratory has introduced **Cyl-Fil Oxygen System**. This system is designed for ambulatory patients to fill their own oxygen cylinders at home without any additional expense. Cyl-Fil provides a safe user-friendly method for patients to refill their own portable oxygen cylinders at home in about 15 minutes. The Cyl-Fil™ Oxygen System automatically regulates the filling speed, stops filling when the cylinder reaches 2100 PSI, stops filling and shuts-off if a patient accidentally loosens or removes the cylinder during the filling cycle and allows the refill cylinder to receive the same oxygen purity of the supply cylinder. More information can be found on their website at [www.respondo2.com](http://www.respondo2.com).

The **OxyBand™** is a headband that takes the cannula off the ears. The super soft washable fabric makes for comfortable wearing and sleeping. Adult and child sizes are available in a variety of colors. More information is available at [www.oxyband.net](http://www.oxyband.net) through C.J Hansen Co. or by phone at 800-OXY-9189.

Nonin has added a new oximeter to their pulse oximeter line - the **9550 Onyx II**. It is small (2 oz) with a large LED display. There is a pulse quality indicator that provides for an accurate assessment of readings. A new turn off feature allows two AAA batteries to provide approximately 2500 spot checks or 21 hours of continuous operation. The unit accommodates a wide range of finger sizes from pediatric to adult. For more information contact Nonin at [www.nonin.com](http://www.nonin.com) or by phone at 800-356-8874.

## National Home Oxygen Patients Association

8618 Westwood Center Drive, Suite 210

Vienna, VA 22182-2222

### RT Congressman supportive of Pulmonary Rehab Initiative

David Davis of Tennessee, a respiratory therapist and home care company owner, was just elected to the U.S. Congress last November. He is cosponsoring HR 552 - the pulmonary rehabilitation legislation.

#### EverGo POC now available

The fifth portable oxygen concentrator approved for use on airlines, Respirolic's EverGo is now available. You can find more information at [www.respirolic.com](http://www.respirolic.com).

#### Tools and their uses . . .

(received via email – anonymous)

- DRILL PRESS:** A tall upright machine useful for suddenly snatching flat metal bar stock out of your hands so that it smacks you in the chest and flings your beer across the room, splattering it against that freshly stained heirloom piece you were drying.
- SKIL SAW:** A portable cutting tool used to make studs too short.
- BELT SANDER:** An electric sanding tool commonly used to convert minor touch-up jobs into major refinishing jobs.
- HACKSAW:** One of a family of cutting tools built on the Ouija board principle. It transforms human energy into a crooked, unpredictable motion, and the more you attempt to influence its course, the more dismal your future becomes.
- TABLE SAW:** A large stationary power tool commonly used to launch wood projectiles for testing wall integrity.
- TWEEZERS:** A tool for removing wood splinters and wire wheel wires.
- TROUBLE LIGHT:** The home mechanic's own tanning booth. Sometimes called a drop light, it is a good source of vitamin D, "the sunshine vitamin," which is not otherwise found under cars at night. Health benefits aside, its main purpose is to consume 40-watt light bulbs at about the same rate that 105mm howitzer shells might be used during, say, the first few hours of the Battle of the Bulge. More often dark than light, its name is somewhat misleading.
- AIR COMPRESSOR:** A machine that takes energy produced in a coal-burning power plant 200 miles away and transforms it into compressed air that travels by hose to a Chicago Pneumatic impact wrench that grips rusty bolts which were last over tightened 30 years ago by someone at Ford, and instantly rounds off their heads. Also used to quickly snap off lug nuts.
- HOSE CUTTER:** A tool used to make hoses too short.
- HAMMER:** Originally employed as a weapon of war, the hammer nowadays is used as a kind of divining rod to locate the most expensive parts adjacent the object we are trying to hit.
- DAMNIT TOOL:** Any handy tool that you grab and throw across the garage while yelling "DAMNIT" at the top of your lungs. It is also, most often, the next tool that you will need.