





AFTER THE SMOKE CLEARS:

Pulmonary Rehabilitation And COPD

As a sequel to last month's newsletter, which covered smoking cessation, the topic of pulmonary rehabilitation and COPD seems suitable, since many smokers are strongly urged to quit when they are diagnosed with COPD. Chronic Obstructive Pulmonary Disease, (COPD) is a progressive disease that essentially makes it very difficult to breathe. The disease affects up to 14 million older adults and often worsens with advancing age. COPD can cause a large amount of mucous, wheezing, shortness of breath, chest tightness, as well as other symptoms. The leading cause of COPD is cigarette smoking. Additionally, exposure to other lung irritants over time, such as air pollution, chemicals, fumes, and dust may also contribute to COPD. In general, COPD patients tend to have complications due to their increased risk of co-morbidities, including lung cancer, cardiovascular disease, diabetes, osteoporosis, and depression.

From a pathological standpoint, in COPD, less air flows in and out of the airways because the airways and air sacs in the lungs lose their elastic quality, causing the walls between many of the air sacs to become destroyed, thickened and inflamed. The airways may make more mucous than usual, which tends to clog them as well. Therefore, any one or a combination of these changes may result in the development of COPD. The term COPD, actually includes two main conditions- emphysema and chronic bronchitis. In emphysema, the walls of the air sacs are damaged, causing them to lose their shape and become floppy. Destruction of the walls of the air sacs leads to fewer and larger air sacs, instead of many tiny sacs. If this occurs, the amount of gas exchange in the lungs is reduced. In chronic bronchitis, however, the lining of the airways is constantly irritated and inflamed. This causes the lining to thicken. Thick mucous then begins to form in the airways, obstructing them, and making it very hard to breathe. Most people who have COPD have both emphysema and chronic obstructive bronchitis. Thus, the general term COPD is more accurate.

There is no cure yet, however, treatment and lifestyle modifications can be instrumental in helping one feel better and in staying more active, while slowing down the progression of the disease. The main test for COPD is spirometry. During this painless test, a technician will ask you to take a deep breath in, then to blow as hard as you can into a tube,, which is connected to a small machine, called a spirometer. Interestingly, spirometry can detect COPD long before it's symptoms appear. The most important lifestyle modification is to OUIT SMOKING. Talk

appear. The most important lifestyle modification is to QUIT SMOKING. Talk with your doctor about programs and products that can help you quit if needed. Of course, second hand smoke should be avoided as well. Besides smoking cessation, other treatments for COPD include: medications, such as bronchodilators, vaccines, pulmonary rehabilitation, oxygen therapy, and in some instances surgery. Bronchodilators relax the muscles around the airways, which helps to open them, making breathing easier. Inhaled glucocortico-steroids are also used to treat people when their symptoms flare up, called "exacerbations". The steroids reduce airway inflammation. Vaccines such as, a flu shot and pneumococcal vaccine may be recommended by your physician since these illness worsen breathing for a patient with COPD.

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Fudge Truffle Cheesecake

INGREDIENTS:

- 1 1/2 cups vanilla wafer crumbs
- 1/2 cup confectioners' sugar
- 1/3 cup unsweetened cocoa powder
- 1/3 cup butter, softened
- 2 cups semi-sweet chocolate chips
- 3 (8 ounce) packages cream cheese
- 1 (14 ounce) can sweetened condensed milk
- 4 eggs
- 2 teaspoons Vanilla Extract



Preheat oven to 300 degrees F (150 degrees C).

In a large mixing bowl, mix together crushed vanilla wafers, confectioners' sugar, cocoa, and butter or margarine by hand. Press ingredients into a 9 inch spring form pan.

In the top of a double boiler, melt the chocolate chips, making sure that they are very smooth.

In a large bowl, beat cream cheese until fluffy with an electric mixer. Gradually beat in condensed milk until smooth. Mix in melted chocolate, eggs, and vanilla. Beat with electric mixer on low speed until the ingredients are thoroughly blended. Pour the filling into the prepared crust.

Bake at 300 degrees F (150 degrees C) for 55 minutes. The cake will seem under-baked in the center, but will continue to cook after you remove it from the oven.



Patient Advocacy Chronicle



Question: I am trying to advise my parents regarding their Medicare benefits, but I am not sure if my information is correct. I am also very confused about the difference between Medicare and the so called Medicare advantage programs, can you help?

Answer: Knowing which plan to choose depends on many different variables. Before you chose any plan you need to assess your own individual needs and then compare those needs with what the individual program provides. Questions to ask, might be if you can continue to use your family physician on this plan, so you will need to know if he participates with your choice. If not, how willing are you to change Medical Providers? You may also want to find out the percentage of Doctors accepting Medicare Advantage Programs, as it differs in each Community. My best advice is to get the most current information personalized to you

and your needs by going to: www.medicare.gov.

By visiting this website you can get detailed information about your Medicare eligibility and enrollment options with the following tools:

- Medicare Eligibility Tool: Provides Medicare eligibility status information. Select "New to Medicare?" and then "Find Out if You're Eligible."
- Medicare Plan Finder: Provides personalized information about available Medicare Prescription Drug Plans, Medicare Advantage Plans, other Medicare health plans, and Medicare Supplement Insurance Policies. (Medigap). Visit www.medicare.gov/find-aplan.

Deanna Fielden, Certified Senior Advisor

Deanna is available for speaking engagements re: Senior Advocacy, courtesy of Mihom Healthcare Inc.



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Number Puzzle

		<u> </u>						
	1	2	3		4	5		
6		7		8				9
10	11					12	13	
14			15		16		17	
	18	19			20	21		
22				23				24
25	26					27	28	
29			30		31		32	
	33				34			

Across:

291-45
 588-48
 943-80
 8766 / 9

10. 87667 12. 465x2 14. 3x4

15. 2724 / 4 17. 385 / 7 18. 82+51

20. 305x2 23. 6860 / 7

25. 839-28 27. 405x2

29. 27-10 30. 939-78

32. 13-3 33. 3524 / 4

34. 110x8

Down:

2. 341+143

3. 33x2

5. 1796 / 4

6. 484 + 107

8. 78 + 310

9. 26 + 79

11. 70+651

13. 3150 / 9

15. 9 x 7

16. 127 + 41

19. 155 + 236

21.7 + 101

22. 107 +474 23. 8334 / 9

24. 400 / 4

24. 400 / 4 26 890 / 5

28. 55 x 2

30. 9 x 9

31. 29-11

Love Shines Bright in the Hugs you Give!

COPD

Bronchitis Nebulizer Asthma Pneumonia Constricted Emphysema Coughing Mucus **Fatigue Bronchus Smoking** Oxygen therapy Dyspnea Wheezing **Spirometry**



 \mathbf{C} B Y R B R 0 N H U S N U I P N B R I \mathbf{E} P S A 0 A N Y D H \mathbf{F} N M I 0 S \mathbf{T} G \mathbf{Z} I P D S \mathbf{C} G P I H G N N \mathbf{W} \mathbf{E} N N R A G N N N I T \mathbf{C} \mathbf{C} I \mathbf{E} 0 H T N R I \mathbf{E} \mathbf{E} S Y H \mathbf{E} \mathbf{C} A M P M G O K P S S U B IJ A G I \mathbf{E} \mathbf{E} Ι M N U T U T \mathbf{Z} 0 M F N \mathbf{E} R I T M 0 R D L A E 0 U R Ι T \mathbf{E} G S N T \mathbf{E} I I T \mathbf{C} R Y N S G X \mathbf{C} I \mathbf{E} N H A \mathbf{Z} I A M \mathbf{G} N Ι P T Y R \mathbf{E} H N \mathbf{E} Y X R A G 0 H N I B \mathbf{C} 0 \mathbf{C} \mathbf{C} T R U N \mathbf{C} Y R 0 \mathbf{C} 0 T S U \mathbf{C} S \mathbf{E} Y H M U

Pulmonary rehabilitation is a medically supervised program that helps to improve the health and well being of people with COPD. Many studies have pointed out that exercise can be a tool to improve lung function and increase energy levels. So, while the person with COPD feels like resting most of the time, there is much benefit to be gained by an exercise regimen that is medically supervised ,while the appropriate precautions are taken. Physical therapists and nurses can assist with providing exercise for a patient, which will help one increase their endurance, allowing for more tasks to be accomplished, while getting less out of breath and fatigued. If patients are homebound, these services can be provided at home and is covered by Medicare. Also, good nutrition helps the body fight infections, which often lead to hospitalizations for people with COPD. Consuming high fiber foods, such as vegetables, whole grain foods, help to move the food along the digestive system and provide essential nutrients. Salt intake should be controlled since too much can cause the body to retain too much water. Consuming adequate calories is important since breathing requires more energy for people with COPD. The muscles used in breathing might require up to 10 times more calories than those of a person without COPD. However, if a patient is overweight, weight loss is recommended because the excess weight cause the heart and lungs to work harder. This can be accomplished by choosing low fat foods and avoiding foods with no nutritional value such as soda, chips, etc.

We consulted Dr. John Suen for some pearls of wisdom due to his expertise on the subject matter. Dr. Suen is a Board Certified Pulmonologist. He is also Board Certified in Internal Medicine, Critical Care Medicine, Sleep Medicine, as well as in Hyperbaric Medicine. His office is located in Vero Beach, Florida. He graduated from the University of Toronto in 1986. He has been in practice for 20 years. He states that COPD is diagnosed by medical history, physical examination, and pulmonary function testing. Dr. Suen explains, "There are several genetic factors which predispose individuals to COPD, most importantly alpha-1-antitrypsin deficiency". This deficiency is an inherited disorder that can cause lung disease in adults. It is actually a protein that protects the lungs. Dr Suen adds," All COPD patients should be screened for this condition". The deficiency can be treated but not cured. A blood test can tell you if you have the deficiency. The goal of Medical treatment for COPD with bronchodilators, anti-inflammatory medications, and supplemental oxygen is to avoid or at least delay complications of the disease. Dr. Suen states, "Complications of COPD include pneumonia, weight loss, and respiratory failure requiring supplemental oxygen". If you have any additional questions for Dr. Suen, he may be reached at his office:

1355 37th Street , Suite 302, Vero Beach Florida 32960 (772) 770-4888: www.verolungs.com



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