The Pulmonary Paper

Dedicated to Respiratory Health Care
March/April 2019 Vol. 30, No. 2



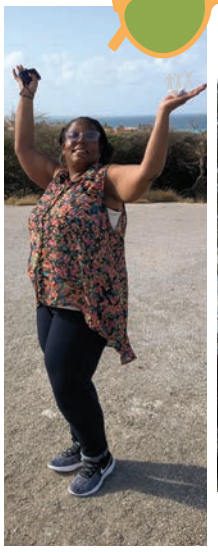






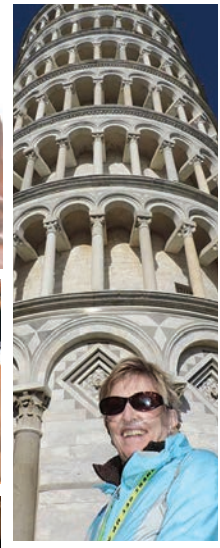
Where's your favorite Spring break?















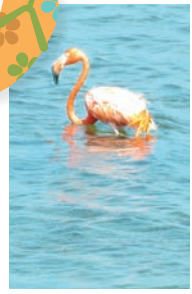






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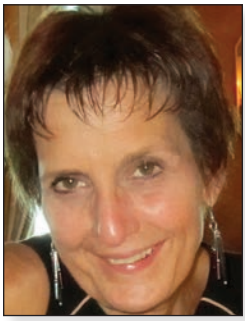
We are hiding The Pulmonary Paper logo on our front cover. Can you find it?

Weather and Your Health Quiz

How does weather affect your health? This quiz is brought to you by the University of Rochester in New York. Answers next issue!

1. People who suffer from a "bum knee" often say they can tell when rain is coming. They may have which of these common health conditions?
   a. Gout b. Asthma c. Arthritis d. Diabetes
2. Cold weather may cause which of these conditions in people with coronary heart disease?
   a. Angina pectoris b. Heart failure
   c. Arrhythmia d. High blood pressure
3. The sun produces both ultraviolet A (UVA) and B (UVB) rays. Which of these sources causes skin cancer?
   a. UVB b. UVA c. Both d. Neither
4. Seasonal hay fever, or allergic rhinitis, is a common cause of allergy symptoms. What brings on nonallergic rhinitis?
   a. Low pressure
   b. Sudden change in air temperature
   c. Steady rain
   d. None of the above
5. Heat exhaustion and heat stroke happen when the body overheats during exercise or exposure to hot/humid conditions. Common medications can increase your chances of getting these conditions. Those include:
   a. Diet pills
   b. Some types of blood pressure medication
   c. Some types of allergy relief medication
   d. All of the above
6. Which of these weather phenomena may also trigger an asthma attack?
   a. Snow
   b. Ice
   c. Thunderstorm
   d. Fog
   e. Decreased humidity





"It's spring fever. That is what the name of it is. And when you've got it, you want oh, you don't quite know what it is you do want, but it just fairly makes your heart ache, you want it so!
— Mark Twain

Editor's Note

Taking a break from the everyday routine of coping with lung disease proved to be a fun time on a recent Sea Puffer's trip to the Caribbean. After touring Bonaire and seeing the salt flats, we had a White Party to celebrate finding the lost shaker of salt (aka, Phil Cassler of Wisconsin). There were smiles and laughs all around and for a moment in time, it was nice to take a break from breathing problems and enjoy old and new friends.

If you are feeling stressed, try designating one day a week to take a break and do something you enjoy. It could be going to the movies, having lunch at a restaurant you have never been to before or going to a local sporting event. Having regrets about things you have or have not done can only make you feel bad – instead replace these feelings with anticipation of what you will do in the days ahead. Every time you catch yourself getting caught up in how you should be or things should be, tell yourself, "It is what it is." You will be in a much better place and allow yourself a break.

I hope you have a spring break that you will remember for a long time!



Take That Break!

You can take a much-deserved mini-vacation in many different ways. Try these suggestions to give yourself a treat!

- Allow yourself a day to simply enjoy being yourself. Put away your task list and enjoy your favorite music, book or museum.
- Remove yourself from negative people. Even it means those you love – you can always re-engage tomorrow. If you are angry or resent someone, write them a letter to unburden yourself – even if you don't ever send it. Try not to complain about anything or even think negative thoughts.
- It's hard to be negative when you are laughing or smiling, so find something that makes it happen – like thinking about a happy memory.
- Try a session of yoga and maybe meditation. When you are done, enjoy a cup of tea.
- Watch your favorite movie – or two!



Dr. Michael Bauer

Calling Dr. Bauer …

In all the exam rooms at our clinic, we have a large poster on the wall that displays the most recent inhalers available on the market. This is helpful for me to share this with each person so I can confirm exactly which inhalers he/she is using. It seems every six months or so we must replace the poster since there are always new and more inhalers coming on the market. How does a physician decide which inhalers to choose from?

Most important, we need to consider the science of the various general types of inhalers. General classification for inhalers is as follows:

- **Short- and long-acting beta2-agonist bronchodilators**. These include all the brands of the most prescribed short-acting medication albuterol (ProAir, Ventolin, Proventil, etc.)
- **Short- and long-acting anticholinergics (muscarinics)**. These include Atrovent, Spiriva, Incruse and others.
- **Inhaled corticosteroids**. These include Flovent, Asmanex, Pulmicort and many others.

Some of the same medications come in different delivery forms: liquid aerosols, dry powdered inhalers and pressurized mist delivery. To make life more complicated, all the above inhalers are now marketed in many different combination devices – Advair, Symbicort, Breo, Dulera – and others! There is even a new Trelegy inhaler that has three medicines packaged in one inhaler.



Respiratory Therapist Marge and Dr. Bauer make sure you know your Respiratory Medications!

It certainly can be very confusing for many of you (as well as for some doctors out there). An informed physician, respiratory therapist or physician's assistant/nurse practitioner should be able to come up with several appropriate choices depending on clinical circumstances. These days our choices are often limited by which medications a given insurance carrier will cover.

To learn more about respiratory medications visit:
Allergy and Asthma Network at *www.allergyasthmanetwork.org*
Alpha One Foundation at *www.alpha1.org*
COPD Foundation at *www.copdfoundation.org*
Pulmonary Fibrosis Foundation at *www.pulmonaryfibrosis.org*
Pulmonary Hypertension Association at *www.phassociation.org*

Questions for Dr. Bauer? You may write to him at The Pulmonary Paper, PO Box 4275, Ormond Beach, FL 32175-4275 or by email at info@pulmonarypaper.org.

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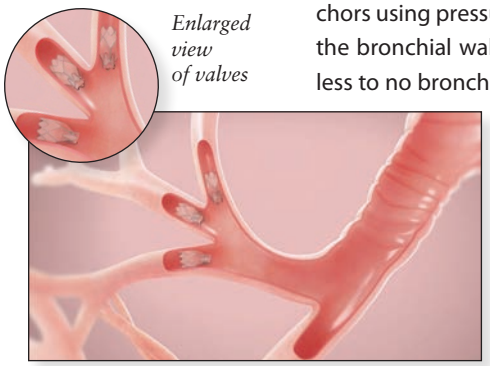
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Mark Mangus, RRT
EFFORTS Board



Spiration endobronchial valve



Enlarged view of valves

Zephyr endobronchial valve

Mark Mangus RRT, BSRC, is a member of the Medical Board of EFFORTS (the online support group, Emphysema Foundation For Our Right To Survive, www.emphysema. net). He generously donates his time to answer members' questions.

Ask Mark …

Mike C. is interested in endobronchial valves and asks what the differences are between them.

Mark replies, The Zephyr and Spiration endobronchial valves are designed to improve lung function, exercise capacity and quality of life for people with emphysema by bypassing the areas of the lung that are most affected by their respiratory disease. Both are approved by the FDA.

The difference between the two valves is the shape, the method of insertion and how they function. The Zephyr valve allows air behind the valve to escape, reducing the size of the lung behind the valve. It doesn't allow any air to flow past the valve into the lung. Spiration valves do allow some air to pass, although not a significant amount.

With Spiration valves, air and secretions flow out of the lung around the valve. Zephyr valves direct fluid and secretions through their one-way valve.

Zephyr and Spiration valves each anchor differently within the bronchial tube: Spiration actually anchors into the bronchial wall while Zephyr anchors using pressure and a large surface area of friction without piercing the bronchial wall to anchor. Theoretically, the Zephyr should result in less to no bronchial wall trauma in 'settling into place'. Zephyr may be a bit easier to displace, say with coughing, in the early post-insertion period. Spiration valves tend to involve a bit more bleeding due to irritation and inflammation from the anchoring activity and during the initial post-insertion period.

In the end, which procedure and valve a person will likely do best with is determined by the team of experts in their use and placement. In any case, candidates for both types of valves must meet the same qualification criteria. Those who do best have their emphysema localized to the upper portions of the lung and not spread throughout the entire lung. The goal is to reduce the volume of the diseased portions of the lung, which may allow healthier regions to expand and function more efficiently

Many, many, many people have written to ask why their liquid oxygen is being taken away.

Mark says, Your home care company is more than likely trying to stay in business with the low rate of reimbursement they are getting from Medicare.

Reimbursement for stationary oxygen is individualized by state and territory. It is further subdivided into urban and rural reimbursement rates. The Center for Medicare Services has a zip code schedule to find your zip code and determine if your oxygen is covered under urban or rural reimbursement rules and rates.



Basically, anywhere in the contiguous United States, reimbursement for urban residents for liquid oxygen (LOX) is between about $67 to $80 per month for the stationary reservoir unit and contents. Portable oxygen is between about $34 and $67. For rural residents, the stationary amount increases to about $134/month. Portable increases to about $68 to $73/month.

Once the company has been reimbursed for 36 months, companies may bill Medicare for "contents" of liquid oxygen, which is paid at between $34 to $73/month for urban and $45 to $65/month for rural residents. Between the next 37th and 60th months, no stationary equipment reimbursement is provided. So, the total reimbursement your company gets for delivering liquid oxygen to you for the next two years is as low as $45/month.

Considering that the vehicle to carry a reservoir for filling liquid oxygen stationary units at your home costs as much as $200,000, plus more than $50,000 per year for the driver, insurance and licenses/permits and adding in the gas costs to deliver oxygen on whatever schedule one is set for service, you can see how cost versus return is impossible math to make work. The costs exceed the reimbursement. Companies – even the big ones – who used to be able to cover the deficit to provide and service liquid oxygen have no cushion of profit to cover those costs today.

Ultimately, those of you who have liquid oxygen need to plead with your companies to continue to provide service and should be prepared to pay more out of pocket. You may be able to recoup at least a portion of your out-of-pocket costs on your income tax return if you qualify to itemize deductions.

You can begin to understand the issues and dilemma! Thanks to competitive bidding where the cheapest offer prevailed, we see these reimbursement rates come about.

Now, while the competitive bidding has been suspended and suppliers have been given permission to "balance bill", it is expected that oxygen users should be able to get better service and increased choice. But, it will come down to what they can afford to pay out of pocket over what Medicare will continue to pay during this moratorium period where reimbursement rates will remain the same.

For those who want to know specific details, you may view the entire codes and reimbursement schedule. It is called the "Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) January 2019 Fee Schedule" and can be found at *https://tinyurl.com/yxdxufpu*

Click on DME 19-A to download the schedule. Readers need to look for the E0431 - E0447 codes for oxygen reimbursement amounts by state.

Jean Rommes of Iowa shares the following telephone numbers to contact if you feel that your oxygen therapy equipment is not adequate to meet your needs.

Jean advises to first call the COPD Information Help Line at 1-866-316-2673. People with COPD will answer this phone line daily and can give support and advice.

Follow this up with a call to the Medicare Beneficiary Complaint Hotline at 1-800-404-8702. You could also call Medicare at 1-800-633-4227 and ask for a Durable Medical Claims Representative.

You can become a Medicare pro at *www.medicareinteractive.org*. The site is run by the Medicare Rights Center.



Ryan Diesem

The Ryan Report

Home Oxygen Guru – The HO_2G Pen

Ready for Spring!

I **don't know** about you, but I'm ready for spring and summer. Time to get out after being stuck inside for most of the winter. To those of you affected by spring flooding and weather-related disasters, I send positive vibes your way.

With spring comes the travel season, and only portable oxygen concentrators (POCs) can be used during airline travel. The FAA requires anyone using a POC during flight to carry enough batteries to last 1.5 times the length of the trip. If possible, carry a fingertip pulse oximeter with you so you can monitor your saturations and lower your device setting if you are getting enough oxygen – saving some battery life. Carrying an up-to-date prescription from your doctor may save some headaches at the gate.

A "New" Player Has Entered the Arena



ResMed Mobi POC

In the next issue will be the updated guide to POCs. New POCs are not being introduced as frequently, so much of the data will remain the same as last year. One "new" addition is the **ResMed Mobi POC.** The Mobi really isn't a brand new product, but rather an updated version of the Inova Labs LifeChoice Activox 4L model, which ResMed acquired a couple of years ago. I know several users of the LifeChoice line of POCs had recurring issues with the devices, including frequent low purity problems requiring replacement of the sieve beds. With ResMed's purchase and retooling of the Activox 4L into the Mobi, the hope is that these problems have been resolved.

ResMed increased the amount of oxygen produced by the device. The Activox 4L generated about 480 mL/min of oxygen, less than half a liter per minute; the provider's Mobi manual says it can output about 680 mL/min of oxygen at its highest setting–an improvement over the Activox 4L of 200 mL/min. It's not a lot of added volume, but it is an upgrade. The Mobi will be able to generate more oxygen than the smaller Inogen One G4 and Precision EasyPulse 3 POCs, but will not match the output by similarly sized POCs like the Inogen One G3 and GCE Zen-O Lite. Keep this in mind if you have tried these other devices and are interested in the Mobi.

88% Is the Magic Number

I recently was asked to participate in a webinar for Dr. Noah Greenspan's Pulmonary Wellness Online program *(https://pulmonarywellnessonline.com)*. I had the opportunity to discuss home oxygen with Dr. Greenspan, and to do a live question and answer session with oxygen users across the country. One question was about 88% being the threshold for oxygen saturation when determining the need for supplementary oxygen.

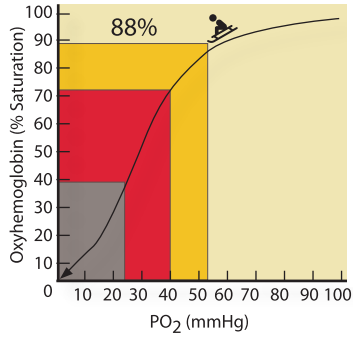
Perhaps the simplest and most common answer I've seen shared is along the lines of, "because that's what Medicare requires when determining eligibility for home oxygen equipment." Which is true to an extent, a person will have to demonstrate that they experience blood oxygen desaturations

Ryan Diesem is Research Manager at Valley Inspired Products, Apple Valley, MN. Contact Ryan at rdiesem@inspiredrc.com with questions or comments.

at or below 88% while breathing room air at rest and/or activity. But this doesn't really answer the question of "Why is it 88%?" To understand why 88% is an important number, we need to look a little deeper into the physiology of blood oxygenation.

When we breathe in, oxygen in the air passes through the alveoli deep in the lung into the bloodstream. When the oxygen enters the blood, the volume of oxygen that is coming in adds a level of pressure to the bloodstream. The amount of pressure that is created directly affects how much of the oxygen coming in is picked up by the hemoglobin in the blood (hemoglobin is a blood protein that carries the oxygen). The more oxygen pressure created, the more hemoglobin attaches the oxygen to itself for transport to the rest of the body. Saturation refers to how much oxygen the hemoglobin is carrying relative to its full capacity. If saturation is 100%, then the hemoglobin in the blood is carrying as much oxygen as it possibly can. But if the oxygen pressure in the blood is inadequate, hemoglobin will not be able to attach as much oxygen as possible, and thus the saturation level will be lower than 100%.

The oxyhemoglobin disassociation curve relates the amount of oxygen pressure in the bloodstream (PO_2) to the oxygen-hemoglobin saturation level (% saturation, or SaO_2%.) An important distinction: SaO_2 is estimated when using pulse oximetry. The normal PO_2 is 80-100, which equates to saturations of 95%-98%. Individuals who have mildly decreased PO_2 values in the 60-80 range, will equate to about 91%-95% saturations. A PO_2 of 55 results in a saturation of 88%. Note, then, that you can have a PO_2 ranging from 55-100, a difference in PO_2 of 45, and have saturations in a relatively acceptable range from 88%-98%.



If you look at the graph closely, though, you can see that the saturation drop that occurs between a PO_2 of 55 and PO_2 of 40, a PO_2 difference of only 15, is about 18% (from 88% to 70%, which is, let's say, not good). Compare that to the drop in PO_2 from 100 to 55, a difference in PO_2 of 45 that results in only a 10% drop in saturation (from 98% to 88%), and you can see that things can go south very quickly once that PO_2 55/SaO_2 88% threshold is crossed.

Think of the upper PO_2 range as the top of a snowy hill, where you are on a sled. You can move around on this PO_2 hilltop quite a bit, going back and forth between 55 and 100, but you aren't going to get enough momentum to really start heading down the hill and have your saturations fall below 88%. However, once you pass the point where PO_2 drops below 55, the oxygen pressure in the blood is not enough for the hemoglobin to grab as much of that available oxygen, and so saturation drops below 88%. And, unfortunately, the further below 55 you get, the steeper the drop becomes, and the easier that sled starts careening out of control down the hill. To top it off, once you DO stop, the further down the hill you are, the harder it is to get back up that hill on your own.

Please note that this is a basic explanation of the relationship between inspired oxygen and saturation levels. There are numerous variables that can affect how well one is oxygenated that are not mentioned here. I hope it is somewhat clearer why 88% is such a crucial number when assessing the need for supplemental oxygen. 88% is, essentially, the tipping point where things can start spiraling out of control, as your body begins to increasingly lose its ability to effectively transport oxygen to tissues and organs the further down the hill you go. That is why monitoring your oxygenation via pulse oximetry during your daily activities should be an important part of your regimen. Understanding when you need oxygen and how much oxygen you need to stay in a healthy saturation range is a vital component to living well with supplemental oxygen. It also can be a critical source of information when experiencing changes in health status – the more information you have on your daily oxygen use and its effectiveness, the better you and your doctor/pulmonologist/family can assess any changes and relate them to changing oxygen needs.

Fibrosis File

Be sure to check out the latest videos from the PF Warriors meetings and seminars at *https://pfwarrior.com/video/*

Research News

Physicians at the University of Texas Health Science Center at Tyler have developed a drug that could reverse scarring in the lungs that occurs in pulmonary fibrosis. A fragment of a protein, now called LTI-03, was found effective in preventing and then actually reversing fibrosis. An Austin company, Lung Therapeutics, is working to bring it to market. LTI-03 targets a different cellular signaling pathway than other pharmaceutical approaches. Initial studies will take place in Belfast to test the safety of the drug.

Dr. David Schwartz and a team of investigators from the University of Colorado have identified a connection between mucus in the small airways and pulmonary fibrosis. The overproduction of a lung mucin (MUC5B) has consistently been shown to be the strongest risk for the development of idiopathic pulmonary fibrosis (IPF) and rheumatoid arthritis-interstitial lung disease. The findings provide a critical breakthrough in understanding the cause and potentially the treatment of IPF by demonstrating that excess mucus in the small airways can cause lung fibrosis.

Necessity is the mother of invention. When John Didde developed IPF and started oxygen therapy, he wanted a way to adjust the flow from his concentrator after he sat down. He needed the increased flow with activity but not at rest. John developed the Diddco oxygen flowmeter .



You can control the flow of oxygen up to 10 liters per minute using the flowmeter between a two-foot cannula and extension tubing. It is available at *www.diddco.com* or you may call John at 913-832-5001.

At the start of the flu season last year, the predominant strain was influenza A H1N1. Now a more severe strain, influenza A H3N2, accounts for nearly half of all the new cases, according to the U.S. Centers for Disease Control and Prevention. This year's vaccine is more effective than last year's was – 62 percent effective against H1N1 and 44 percent effective against H3N2.

In a study published in *Physiotherapy*, Brazilian researchers compared two similar six-month protocols of high-intensity exercise training – one in water and the other on land – in 36 people with moderate to severe COPD. They found exercise training in water generates similar effects compared with training on land, rendering it an equally beneficial therapeutic option.

Don't hold back! A recent issue of *JAMA Network Open* revealed 60 percent to 80 percent of people are not forthcoming with their physicians when asked about their symptoms and other health-related topics.

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1. Burudpakdee C, et al. Pulmonary Therapy 2017;3(1):163–171.
2. Svenningsen S, et al. COPD 2016;13(1):66–74.

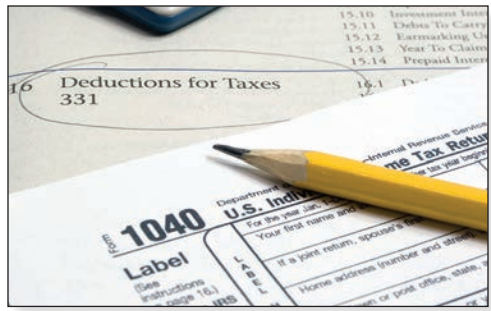
Sharing the Health!

The Lung Association fought hard to win protections called the Mercury and Air Toxics Standards put in place in 2011. Since then, these protections have become a tremendous success story, each year preventing up to 11,000 early deaths and 130,000 asthma attacks. They've also dramatically reduced dangerous mercury pollution, as well as known carcinogens and toxic acid gases. The U.S. Environmental Protection Agency (EPA) is considering easing these standards for power plants.

Please tell the EPA that you oppose any effort to undermine or weaken these lifesaving standards by signing the petition located at this link: *https://tinyurl.com/yxegjojl*

The Lung Association thanks you for your help and involvement.





If you were thinking of deducting your medical expenses as discussed in the last newsletter, this link from the IRS will give you more information: *https://www.irs.gov/help/ita/can-i-deduct-my-medical-and-dental-expenses*





Romey Struthers of Austin, TX has trouble with her oxygen cannula either breaking or becoming disconnected from her POC. At the hardware store she purchased a length of coiled plastic tubing and cut it to fit over the end of her cannula where it connects to her concentrator. Problem solved!

The Food and Drug Administration (FDA) Patient Affairs Staff would like to share the news that the FDA Request to Connect portal is now live at: *www.fda.gov/RequestToConnect*

If you have a concern, question or request about your treatment, you are encouraged to contact the FDA. For more information on the programs they are involved in and how they need your input, watch the video "Patients Matter: Giving Patients a Seat at the Table" at *https://tinyurl.com/y694ds3z*

According to the Pharmaceutical Research and Manufacturers of America, there are 130 medicines in development for asthma, allergies and other respiratory diseases.

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We are going back to everyone's favorite place – the Inner Passage of Alaska! Join us in Seattle as we leave on the Ruby Princess for the Last Frontier! Call today to reserve your pick of cabins.
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Luxury sailing for 7 days. Tour Barcelona for two days before sailing in luxury to Rome, where we will visit the Eternal City. **HIGHLIGHTS:** Mallorca, Marseille, Antibes, Monte Carlo, Cinque Terre, Florence/Pisa/Tuscany

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Respiratory News

The FDA has accepted a supplemental New Drug Application for Xofluza (baloxavir marboxil) as a single-dose, oral treatment for people at high risk of complications from the flu, according to Genentech. A decision on approval of the new medication should come by November of this year. Studies found that Xofluza significantly reduced the time to improvement of influenza symptoms by a full day.

The results of a study in the *Journal of Pain Management* showed evidence that a single session of 20-minute mindful breathing is effective in reducing difficult breathing in those with lung cancer, COPD and asthma. Mindful breathing, a common component of many forms of meditation that brings attention to the physical sensations of the breath as you breathe in and out much like pursed-lip breathing.

Researchers from Johns Hopkins University found people with COPD who took a daily aspirin were linked to fewer moderate exacerbations, but not severe bouts, of the lung disease. It also reduced moderate and severe episodes of labored breathing. The article which appeared in the medical journal *Chest* noted 45 percent of participants reported regularly taking low-dose aspirin at the start of the study. (Low-dose aspirin is generally 81 milligrams.)

Nicotine and Tobacco Research reports no evidence exists that using electronic cigarettes leads people to quit using traditional tobacco in the long term.

Identifying small airway disease in its earliest stages, when it is most treatable, could potentially lead to new drug therapies for those with COPD. In the *American Journal of Respiratory and Critical Care Medicine,* researchers report on the ability of a relatively new technique, called Parametric Response Mapping (PRM), to identify small airway loss, narrowing and obstruction.

Tokyo researchers have shown immune cells in mice called basophils trigger responses that lead to the airway degeneration resembling that in human chronic obstructive pulmonary disease – COPD. The team hopes that their discovery will lead to therapies targeting basophils to slow down the progression of emphysema.

The FDA has approved the first generic of Advair Diskus (fluticasone propionate and salmeterol inhalation powder) for the twice-daily treatment of asthma in people aged four years and older and maintenance treatment of airflow obstruction and reducing exacerbations in people with COPD.

A pharmaceutical company, Mylan, obtained approval to market its generic inhaler in three strengths: fluticasone propionate 100 mcg/salmeterol 50 mcg, fluticasone propionate 250 mcg/salmeterol 50 mcg and fluticasone propionate 500 mcg/salmeterol 50 mcg.

Answers to our St. Valentine's Day Quiz:

1. St. *Valentine wards off fainting, epilepsy, and protects travelers and happy marriages.*
2. We associate love with the heart, but in Shakespeare's time it was not always so. *Babylonians and Greeks thought of the liver as the seat of emotion. In some languages today, such as Burmese and Malay, one says one has "broken one's liver".*
3. Eighteenth century sailors gave sweethearts "busk valentines". *It is a piece of wood or bone that fits into a pocket in a corset and keeps it rigid. The nautical art of etching bone is called scrimshaw.*
4. Valentine's Day has been popular in Japan since the 1950s. It is now customarily celebrated by what? *A Japanese woman gives small gifts of chocolate to the men she knows, and a special chocolate gift to her sweetheart.*
5. The custom of wearing a wedding band on the fourth finger of the left hand can be traced back to where that it was believed that the vein of love coursed through this finger directly to the heart. *Egypt, Babylonia, Sumeria*

Do you OR does someone you know live with COPD and Sleep Apnea?

The COPD Foundation and American Sleep Apnea Association have partnered to develop a patient-centered study that will provide participants with peer support, a virtual classroom and feedback on how they are using their CPAP device through remote monitoring. The study hopes to improve CPAP use and therefore improve quality of life.

- Study activities are all done via telephone and online communications.
- Participation lasts about 90 days.
- Participants may be compensated up to $75.00 for their time.

O_2VERLAP Study

STUDY ELIGIBILITY CRITERIA: 40 years or older; diagnosed with COPD and sleep apnea; prescribed a CPAP device; CPAP device has a wireless modem

Visit www.O2VERLAP.org to learn more! Or call the study coordinator at 1-866-731-2673, Ext. 210 or email at O2VERLAP@copdfoundation.org

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