Find the Oxygen Delivery System That Is Right for You!

Dedicated to Respiratory Health Care
www.pulmonarypaper.org • Volume 23, Number 3
My only daughter is getting married this June. The wedding dress on the left, worn in 1974, is mine; the one on the right, worn in 1950, is my Mother’s. The dress in the middle, made with material from the other two, is what Adrienne will wear at her wedding reception.

I see the past, present and future when I look at this picture, which I received as a Mother’s Day present. The past holds our memories, both good and bad. We control the decisions we make this present day. If we are worrying about what happened in the past or what will be tomorrow, we haven’t appreciated the moments of today. Hope for the future is the most exciting to think about, as the possibilities are endless.

I hope you wake up each morning filled with hope of what can be!
Portable Oxygen Concentrator Update

In the January 2000 issue of Respiratory Care, Dr. Tom Petty stated that, “Practical portable concentrators should weigh no more than 10 pounds, produce 90% or more oxygen, and provide at least 2L of oxygen for a minimum of 4 hours.” Within two years, the first modern portable oxygen concentrator (POC) appeared on the market, and by 2010 there were numerous POCs available with varying abilities and features that could meet the needs of a range of long term oxygen users. Though the majority of these POCs provided significant features and benefits to LTOT users, none of these POCs could claim to meet Dr. Petty’s definition of a “practical portable concentrator”.

The newly available SimplyGo from Respironics can be considered the POC closest to meeting Dr. Petty’s definition. You will be able to compare its features in an updated chart outlining the basic product specifications of all of the currently available POCs on the market (see pages 4–5). I do hope that you find value in the information provided in these tables should you decide to buy or use a POC. My most common recommendation when advising on the purchase of a POC is to find one that will not only meet your oxygen needs today, but in the future as well–POCs are not inexpensive and you do not want to buy a unit that will be obsolete to you should your oxygen needs increase sooner than later.

With the SimplyGo, there is a trade-off in oxygen production in order to have a lower weight than other Continuous Flow (CF) POCs. All other currently available CF POCs weigh at least 17 pounds, but they all have the ability to produce up to 3 LPM of oxygen. As with any POC, the SimplyGo does have intermittent flow (pulse) delivery capabilities.

Having a CF option available is an attractive choice for those uncomfortable with using pulse delivery at night. For those who are able to sleep with a POC using pulse delivery, the SimplyGo also has a second intermittent flow mode with increased triggering sensitivity called Sleep mode. Unlike the Pulse mode, Sleep mode dose volumes will change based on your respiratory rate. Should the SimplyGo not detect a breath for a period of time, the unit will default to a CF setting.

Battery life is one of the most important considerations in staying active with a POC. According to the SimplyGo specifications, you can expect up to 3.5 hours of uninterrupted operation if you have the device set at 2 in the Pulse mode and are breathing at 20 BPM. Higher pulse settings and/or breath rates will lower battery operating time, so you may need to experiment to find the operating times that will match your typical usage. Operating the SimplyGo in Continuous Flow mode while on battery will yield less run time than in Pulse mode, 2.3 hours when set to 1 LPM and only about 40 minutes on 2 LPM.

Suffice it to say that if you want longer battery times while out and about, it is in your best interest to operate the POC in Pulse mode, provided you can stay oxygenated. I do not recommend sleeping with the SimplyGo (or any POC) operating only from battery power, though the unit will alarm when battery power does get low.

Charge time for one SimplyGo battery is 2 to 3 hours from a fully discharged state, though this may be longer if you are simultaneously using the device. Unlike the EverGo–Respironic’s first POC, the SimplyGo only has a slot for one battery and you cannot use EverGo batteries in the SimplyGo (and vice-versa). Should you be traveling a long distance with the SimplyGo, you should bring enough extra, fully-charged batteries to make the trip.

At the time of this writing, the SimplyGo has not yet been approved as the application for FAA acceptance is pending. The website www.faa.gov will have all currently-approved POCs listed; just search for approved portable concentrators.

Ryan Diesem is Research Manager at Valley Inspired Products. Because of space constraints, this article is edited. Read Ryan's entire review on the SimplyGo at www.pulmonarypaper.org.
## Portable Oxygen Concentrators

### Intermittent Flow POCs (IF POCs)

<table>
<thead>
<tr>
<th>Available Settings</th>
<th>AirSep® Focus</th>
<th>AirSep® Freestyle™</th>
<th>AirSep® Lifestyle™</th>
<th>Inogen One® G2</th>
<th>Inova Labs LifeChoice®</th>
<th>Invacare® XPO2™</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 Only</td>
<td>1 to 3</td>
<td>1 to 5</td>
<td>1 to 5</td>
<td>1 to 3</td>
<td>1 to 5</td>
</tr>
</tbody>
</table>

### Pulse Dose Type

<table>
<thead>
<tr>
<th>Maxmum Dose per Breath</th>
<th>Fixed Delivery: 18 mL</th>
<th>Fixed Delivery: 9 mL per setting</th>
<th>Fixed Delivery: 9 mL per setting</th>
<th>Minute Vol. Delivery: Dose decreases as rate rises</th>
<th>Fixed Delivery: 1) 15mL 2) 25mL 3) 35mL</th>
<th>Minute Vol. Delivery: Dose decreases as rate rises</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 mL</td>
<td>15 BPM: 60 mL</td>
<td>30 BPM: 30 mL</td>
<td>15 BPM: 60 mL</td>
<td>15 BPM: 66 mL</td>
<td>15 BPM: 66 mL</td>
<td>15 BPM: 66 mL</td>
</tr>
</tbody>
</table>

### Dose Volumes**

- **2 LPM Continuous Flow Volume per breath: 15 BPM, 44 mL; 30 BPM, 22 mL**
- **4 LPM Continuous Flow Volume per breath: 15 BPM, 88 mL; 30 BPM, 44 mL**

### Weight

<table>
<thead>
<tr>
<th>Unit &amp; Battery (Approximate)</th>
<th>2 lbs.</th>
<th>4 lbs.</th>
<th>10 lbs.</th>
<th>7 lbs.</th>
<th>5 lbs.</th>
<th>6 lbs.</th>
</tr>
</thead>
</table>

### Single Battery Operation Times

<table>
<thead>
<tr>
<th>Approximate Battery Charge Time (Unit Off)</th>
<th>1.5 hours</th>
<th>2.5 hours</th>
<th>50 minutes</th>
<th>3 hours</th>
<th>2 hours</th>
<th>2.5 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 hours</td>
<td>3.5 hours</td>
<td>2.5 hours</td>
<td>4 hours</td>
<td>4 hours</td>
<td>4 hours</td>
<td>4 hours</td>
</tr>
</tbody>
</table>

### All Units Approved for Flight by FAA (except Easy Pulse POC, pending)

<table>
<thead>
<tr>
<th>Maximum Altitude</th>
<th>12,000 ft.</th>
<th>12,000 ft.</th>
<th>12,000 ft.</th>
<th>10,000 ft.</th>
<th>10,000 ft.</th>
<th>10,000 ft.</th>
</tr>
</thead>
</table>

---

* The Eclipse 3 also has pulse settings of 128, 160 and 192 mL, but has additional restrictions for use. See Eclipse 3 manual for more information.

** The SimplyGo has (2) IF delivery modes: Pulse Mode and Night Mode. Shown volumes are for Pulse Mode. Night Mode has minute volume delivery.

*** Approximate Continuous Flow volumes at 2 LPM and 4 LPM are provided for comparison to maximum volumes delivered by selected POC.
### Continuous Flow POCs (CF POCs)

<table>
<thead>
<tr>
<th>Oxus</th>
<th>Precision EasyPulse</th>
<th>Respironics EverGo</th>
<th>DeVilbiss iGo®</th>
<th>Invacare Solo2</th>
<th>O2 Concepts OxLife Independence</th>
<th>Respironics SimplyGo</th>
<th>SeQual Eclipse 3™</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5</td>
<td>1 to 5</td>
<td>1 to 6</td>
<td>Pulse 1 to 6</td>
<td>Pulse 1 to 6</td>
<td>Pulse 1 to 6</td>
<td>Pulse 1 to 6</td>
<td>Pulse 1 to 6*</td>
</tr>
<tr>
<td>Fixed Delivery: 9 mL per setting</td>
<td>Minute Vol. Delivery: Dose decreases as rate rises</td>
<td>Combination Fixed/Minute Vol. Delivery</td>
<td>Fixed Delivery: 16 mL per setting</td>
<td>Minute Vol. Delivery: Dose decreases as rate rises</td>
<td>Fixed Delivery: 16 mL per setting</td>
<td>Combination Fixed/Minute Vol. Delivery**</td>
<td>Fixed Delivery: 16 mL per setting</td>
</tr>
<tr>
<td>45 mL</td>
<td>15 BPM: 52 mL</td>
<td>15 BPM: 72 mL</td>
<td>99 mL</td>
<td>15 BPM: 133 mL</td>
<td>96 mL</td>
<td>15 BPM: 72 mL</td>
<td>96 mL*</td>
</tr>
<tr>
<td>30 BPM: 26 mL</td>
<td>30 BPM: 36 mL</td>
<td></td>
<td></td>
<td>30 BPM: 66 mL</td>
<td></td>
<td>30 BPM: 66 mL</td>
<td></td>
</tr>
<tr>
<td>10 lbs.</td>
<td>7 lbs.</td>
<td>9 lbs.</td>
<td>19 lbs.</td>
<td>&lt;20 lbs.</td>
<td>18 lbs.</td>
<td>10 lbs.</td>
<td>18 lbs.</td>
</tr>
</tbody>
</table>

### Flow Settings

- **Dose Volumes**
  - 2 LPM CF Volume: 15 BPM, 44 mL; 30 BPM, 22 mL
  - 4 LPM CF Volume: 15 BPM, 88 mL; 30 BPM, 44 mL

### Weight

<table>
<thead>
<tr>
<th>Flow Rate</th>
<th>3 LPM</th>
<th>4 LPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 BPM</td>
<td>15 BPM: 52 mL</td>
<td>15 BPM: 88 mL</td>
</tr>
<tr>
<td>30 BPM</td>
<td>30 BPM: 72 mL</td>
<td>30 BPM: 88 mL</td>
</tr>
</tbody>
</table>

### Single Battery Operation Times

<table>
<thead>
<tr>
<th>Flow Rate</th>
<th>1 LPM</th>
<th>3 LPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 BPM</td>
<td>13,123 ft.</td>
<td>13,123 ft.</td>
</tr>
<tr>
<td>30 BPM</td>
<td>10,000 ft.</td>
<td>10,000 ft.</td>
</tr>
</tbody>
</table>

### All Units Approved for Flight by FAA (except SimplyGo, pending)

- 10,000 ft.
- 13,123 ft.

---

Note: Please consult with your doctor or therapist before deciding to use or purchase any of these devices.
TransTracheal Oxygen Delivery Is an Alternative to a Nasal Cannula

Transtracheal oxygen therapy (TTOT) delivers oxygen directly into the trachea via a small, flexible, plastic catheter. It is intended only for people requiring long term, continuous oxygen therapy and is a scientifically validated alternative to oxygen delivered by nasal prongs.

Current estimates suggest between 600,000 and 800,000 Americans use supplemental oxygen. The cost of this therapy exceeds 2 to 3 billion dollars annually. The vast majority of oxygen users use nasal prongs. Nasal prongs are inexpensive and simple to use, but compliance with nasal prongs is sub-optimal for a variety of reasons.

Landmark studies such as the Nocturnal Oxygen Therapy Trial done in the 1970s clearly showed people were willing (or able) to wear the nasal prongs an average of only about 18 hours per day for both voluntary and involuntary reasons. They complained of discomfort of the nose and ears and that the nasal prongs routinely fell off during sleep. They did not want to go out in public wearing nasal prongs because of self-consciousness or embarrassment. The net result of this non-compliance is that most people are not getting the full benefit of their oxygen therapy.

In 1982, Henry Heimlich, M.D. created the concept of delivering oxygen directly into the trachea via a small plastic tube. A 16-gauge Teflon IV catheter was placed between the second and third tracheal rings. There were few complications. Reductions in flow requirements of oxygen of approximately 50% were noted. There were reports of reduced shortness of breath and improvements in ambulation.

True 24-hour compliance, a more active lifestyle and conservation of oxygen resources are all feasible with this technology. The average TTOT patient has a 50% to 60% reduction in resting oxygen flow rate and a 30% decrease with activity. TTOT can be used very effectively with Pulse or Dose type oxygen-conserving devices – further reducing bulk oxygen consumption. The combined benefits result in an improved overall quality of life.

A small number of transtracheal catheters have been developed and commercialized over the past 15 years, but the SCOOP transtracheal oxygen program, has gained the most acceptance, and is by far the most widely utilized transtracheal catheter in the United States and around the world.

SCOOP is not just a procedure but a program of care that requires a systematic, team approach to produce the best results for the oxygen user. A knowledgeable team consists of a physician, office- or hospital-based respiratory therapist or nurse, the oxygen user and their partner, and the home care therapist or nurse. Together they provide the education, clinical support and supplies necessary to support transtracheal oxygen users during the four phases of the program.

The SCOOP Program Has Four Phases

Phase 1

The goals of Phase 1 are orientation, evaluation, selection and preparation. These include:

- Oxygen user education,
- Identification of indications and precautions,
- Identification of good candidates and exclusion of poor candidates,
- Stabilization of the oxygen user before the procedure.

Dr. Bauer will be back next issue. If you have a question, you may write to him at The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 or by email at info@pulmonarypaper.org.
Phase 1 may be the most important of the four clinical phases. In Phase 1 potential transtracheal candidates are oriented, evaluated, selected and prepared for the procedure. Input may come from the patient’s physician, family, other transtracheal users, or through written or electronic media. Experience has shown that ideal transtracheal candidates:

- Are currently using 1 to 6 liters of oxygen/minute,
- Have reasonable pulmonary function,
- Have stable arterial blood gases,
- Have dependable transportation and live less than one hour from the follow up unit,
- Have a strong, competent, committed partner or family support,
- Spend less than 12 hours per day in bed,
- Leave the house routinely for activities such as shopping, socializing, etc.,
- Are highly motivated to improve the quality of their life.

TTOT achieves the best results when used early in the progression of chronic respiratory disease. It is not meant for every person on supplemental oxygen therapy but is an alternative and choice for you to consider.

In our next issue, we will describe the next three SCOOP phases in detail.

For additional information, visit www.tto2.com, call 1-800-527-2667, or write Transtracheal Systems, Inc., 14 Inverness Drive, Suite H-100, Englewood, CO 80112-5608.

Want to live longer? Look better? Breathe easier and improve your quality of life?

Talk to your doctor about the benefits of SCOOP Transtracheal Oxygen Therapy:

- Improved mobility
- Greater exercise capacity
- Reduced shortness of breath
- Improved self-image
- Longer lasting portable oxygen sources
- Eliminates discomfort of the nasal cannula
- Improved survival compared to the nasal cannula

Haven’t you suffered long enough?
Ask your doctor about SCOOP

For more information call: 800-527-2667 or email drscoop@tto2.com
Phillip H. asks Mark to explain what “clubbing” of the fingers and toes mean.

Mark explains, Digital clubbing is a deformity of the fingers and fingernails and is a sign of underlying heart and/or lung disease. Infection has nothing to do with the development of digital clubbing. The only hereditary condition in which clubbing is prominent is in those who have Cystic Fibrosis.

Long term hypoxia (low blood oxygen levels) is seen in congenital cardiac defects and causes digital clubbing. Folks who have pulmonary fibrosis – most often idiopathic, meaning the cause of the fibrosis is not known – develop digital clubbing in many instances. It is not a given that it will develop. If digital clubbing is observed or suspected, your physician will try and determine the underlying cause.

Linda of New York has heard of thermoplasty as a treatment for asthma and wonders if those with chronic lung disease could also benefit from it.

Mark says, Thermoplasty destroys bronchial smooth muscle through thermal energy, preventing it from being able to contract – a significant cause of acute asthma. This is not an observed difficulty with COPD. In COPD, many of the airways are already destroyed and remaining ones distorted, to further destroy or distort their physiology would likely be counter-productive in reducing or controlling symptoms. It is strictly a treatment with application to asthma in which bronchospasm is a primary symptom/cause.

Pat from Pennsylvania wonders if Advair, Spiriva or Xopenex could cause hair loss.

Mark notes that hair loss is not a reported or expected action of these medications. The effect they have is not of the nature that usually causes hair loss. Do you have pattern baldness in your family or other medical conditions that might be at fault? I’d certainly look at other culprits long before suspecting the medications you mentioned.

Linder of North Carolina tells Mark her doctor has ordered a CT scan of the chest but the amount of radiation that is received during the test is a concern to her.

Mark reports, Unless you have worked in the hospital where I was exposed to much radiation – numerous x-rays taken in my proximity when on critical care units for more than 20 years and when I was near cobalt therapy when I worked with oncology patients. We were assigned radiation collection badges which we wore for two years before they were taken back because they didn’t collect enough radiation to make their use worth it. I was well within a safe limit for life time total exposure. I would ask your physician the purpose of the test – getting a CT scan would not only be safe, but wise and prudent.
Panther Study Stopped

Researchers are reporting that a widely used combination treatment for idiopathic pulmonary fibrosis increased the risk of death among patients with mild-to-moderate lung impairment. In a randomized trial, the combination of prednisone, azathioprine, and N-acetylcysteine (or NAC) also increased the risk of hospitalization compared with placebo, according to Fernando Martinez, MD, of the University of Michigan Health System in Ann Arbor, and colleagues. Because of that “compelling evidence,” the combination should no longer be used. The data was presented at the annual meeting of the American Thoracic Society and in the online publication of the New England Journal of Medicine.

A head-to-head trial of the two drugs versus three showed prednisone, azathioprine, and NAC did better at preserving lung function, but there was no placebo group. To test the issue, they conducted the PANTHER-IPF trial – for Prednisone, Azathioprine and N-Acetylcysteine: A Study That Evaluates Response in Idiopathic Pulmonary Fibrosis. The study was terminated due to the increased risk of death and hospitalization in those treated with combination therapy compared with placebo. A placebo is a known medically ineffective treatment, commonly thought of as a “sugar pill.” The participant does not know whether they are receiving a medication or the placebo.

I live with Idiopathic Pulmonary Fibrosis. A friend stitched my favorite saying across the back of a shirt she made for me with my favorite flowers, daisies, and bluebirds, because they seem so happy.

For every door that has closed, many, many windows have opened with breezes of hope and joy, I never otherwise would have known. This has become my motto as to how I look at my life, my disease, my challenges past, present and to come. God Bless!

Trish Barron, McKean, PA

The Pulmonary Fibrosis Foundation (PFF) has created the Leanne Storch Support Group Fund to assist leaders in providing meaningful educational events through awards of up to $500. Leanne Storch, the Foundation’s former Executive Director, was diagnosed with pulmonary fibrosis in 2003; the Fund honors her continued passion for supporting those affected by the disease by promoting the efforts of support group leaders worldwide. Groups may apply for awards of up to $500 per award year, to be used towards meeting programming, educational materials, or location requirements. Up to eight awards will be granted in 2012, and eight additional awards will be granted in 2013. The application deadline for 2012 awards is September 1, 2012.

To learn more, please contact the PFF’s Support Services Coordinator, Courtney Firak at cfirak@pulmonaryfibrosis.org or call 1-312-854-1940.

The Foundation also sponsors a new online support community for those with pulmonary fibrosis and their caregivers, a safe, secure place to connect with others, share information and find emotional support from other members of the PFF community. To participate, visit www.inspire.com/partners/pulmonary-fibrosis-foundation and follow the simple registration instructions. You will also have access to approximately 200 groups covering a variety of health and wellness topics, in addition to the PFF online community. Members also have the opportunity to join Inspire’s Clinical Trial Program which provides up to date information on clinical trials that meet all of the requirements for the National Institutes of Health database (www.clinicaltrials.gov) Registered members can elect to receive messages from the Clinical Trial Program and complete a brief questionnaire to determine potential eligibility.
There is an expression, “Life is not measured by the number of breaths we take, but by the moments that take our breath away.” On my 77th birthday, my husband and I took a plane ride in a Bi-Plane with an open cockpit, an exact replica of the 1935 (my birth year) WACO. It truly was a breath taking experience!

Margaret Eaton, Palm Coast, FL

The National Council on Aging is sponsoring a workshop from Stanford University to help you manage your health. A free Better Choices, Better Health Workshop® can help you get the support you need and find practical ways to deal with pain, fatigue and stress. You'll discover better nutrition and exercise choices, understand new treatment options and learn better ways to talk with your doctor and family about your health. The no-cost program is held entirely online.

You’ll join up to 25 others in an interactive workshop and participate in easy-to-follow online sessions, which are posted each week for six weeks. Log on at your convenience 2 to 3 times per week for a total of about 2 hours per week. You’ll learn from trained volunteer leaders – many with health conditions themselves, set your own goals and make a step-by-step plan to improve your health and your life.

For more information and to sign up, visit http://tinyurl.com/cr4gtdh.

Quiche for One, Please

1 egg
1-1/2 Tablespoon milk
Salt, pepper
1/4 of a bagel or similar amount of French bread
2 Teaspoons cream cheese
1/2 slice prosciutto or ham
Dijon mustard

Fresh thyme leaves or chopped chives

Beat egg and milk together with a fork in a coffee cup with salt and pepper to taste. Tear bread into dime-size pieces; stir into egg/milk mixture. Add cream cheese. Tear or cut prosciutto into small pieces and add to mixture. Sprinkle with thyme. Microwave 1 minute-10 seconds. Garnish with mustard and fresh thyme or chives.

Mimi Hollway, St. James City, FL

Five years ago, Lois Perelman made a video about how she felt about needing to begin using supplemental oxygen. It has now been five years and she is still going strong! To see Lois’s reaction, visit http://tinyurl.com/4q5me67.

Harold Hanson, Seaford, NY

The modern vehicle ventilation system has a control that allows a shutter to close to prevent outside air from entering. The air inside the vehicle cabin is recycled and we can be spared from breathing in other vehicle exhaust, smoke, pollen and similar irritants. On some vehicles, the shutter will return to the open position if you change any other setting. Being aware of its position might allow you to breathe easier.

Harold Hanson, Seaford, NY
We Love the Name of This Backpack for Oxygen Users – Busy Breathers!

The oxygen carrying backpack was specifically made to carry your oxygen tank or cylinder. It has a clear vinyl window to view the tank gauge, a reinforced base to carry the extra weight, extra padded shoulder straps for extra comfort, and a metal grommet for the nasal cannula. Michelle Staley designed the carrier for her baby who was born prematurely and needed supplemental oxygen. The price of $49.99 includes UPS ground shipping.

Visit www.busybreathersllc.com to read more about the Busy Breathers backpack. You will find an article about Tai Chi and Yoga Moves for oxygen users on the site that we found interesting. You may also call 1-970-867-2235 for more information.

Anne from Wisconsin finds wearing loose fitting clothing and elasticized pants much easier to breathe in than tighter fitting clothing. She finds it makes a big difference with pursed-lip breathing and trying to expand her rib cage.

Now available: The COPD Foundation and the U.S. COPD Coalition are pleased to present select speaker presentations from last December’s conferences in audio and/or pdf format. Visit www.copdconferenceusa.org/Session-Recap.aspx.

Medicationdiscountcard.com (MDC) is now on-line with its new Prescription Discount Card. MDC’s free pharmacy card provides consumers deep discounts and rebates on a wide range of prescription medications and may offer lower out-of-pocket costs than even some insurance plans. MDC’s prescription discount card is not insurance. Consumers who have insurance may use the card with their current prescription drug insurance. In many cases medications will cost less through the Prescription Discount Card than insurance co-pays. Go to http://tinyurl.com/d6dbv2a for more information.

Arizona has established internet and phone-based applications to help their residents stop smoking. The new Call It Quits quit-smoking iPhone app is the first of its kind, according to the Arizona Smokers’ Helpline (ASHLine, www.ashline.org). The smoking cessation tool is made available free to Arizona smokers.

The app offers the recommended combination of tools to quit for good – peer support, instant access to a quit coach, and goal-setting. It has many benefits like goal tracking and is the only app that provides the instant ‘call a coach’ feature. ASHLine offers free telephone coaching at 1-800-556-6222.
Pulmonary Paper Readers
you are cordially **Invited** to this exclusive Oxy-View Offer.

Oxy-View Oxygen Therapy Eyeglass Frames

Any frame just $179.95 plus Free Shipping
(Free shipping in the contiguous United States via standard ground UPS
use offer code PP2012 when ordering)

Call Today Toll Free 877-699-8439
or Visit us at www.oxyview.com
### 2012 Cruises

<table>
<thead>
<tr>
<th>Date</th>
<th>Cruise</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 4–11</td>
<td><strong>Alaskan Explorer Cruise</strong></td>
<td>See stunning, beautiful Alaska on this 7-day cruise roundtrip from Seattle, WA, on Holland America’s Westerdam.</td>
</tr>
<tr>
<td>October 13–20</td>
<td><strong>Canada &amp; New England</strong></td>
<td>Marvel at Fall’s beauty on this 7-day discovery cruise from Montreal, Canada, returning to Boston, MA, on Holland America’s Veendam.</td>
</tr>
</tbody>
</table>

### 2013 Cruises

<table>
<thead>
<tr>
<th>Date</th>
<th>Cruise</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 19–February 2</td>
<td><strong>Hawaii</strong></td>
<td>Fifteen-day vacation to Hawaii on the Sapphire Princess, roundtrip Los Angeles</td>
</tr>
<tr>
<td>March 3–10</td>
<td><strong>Western Caribbean</strong></td>
<td>Seven-day Western Caribbean Cruise on Holland America’s Ryndam, roundtrip Tampa</td>
</tr>
<tr>
<td>May 13–24</td>
<td><strong>British Isles</strong></td>
<td>Eleven-day British Isles holiday on Celebrity’s Infinity, roundtrip Harwich.</td>
</tr>
<tr>
<td>July 20–27</td>
<td><strong>Alaska Adventure</strong></td>
<td>Seven-day Alaska Adventure on Holland America’s Westerdam, roundtrip Seattle</td>
</tr>
<tr>
<td>October 13–24</td>
<td><strong>Panama Canal Voyage</strong></td>
<td>Eleven-day Panama Canal Voyage on the Coral Princess, roundtrip Fort Lauderdale</td>
</tr>
</tbody>
</table>

We Take the Worry Out of Traveling with Oxygen!

Join the Sea Puffers on one of our trips escorted by respiratory therapists or call us at 1-866-673-3019 to arrange your cruise and oxygen and mobility needs for an individual vacation!
Calorie-boosting Foods for Those with COPD

Knowing that those with COPD require ten times as many calories to breathe as those without lung problems, Fabiana Talbot of the COPD Foundation (www.COPDFoundation.org) recently discussed calorie-boosting foods for those with COPD on the Foundation’s blog site.

The key is to get those much-needed calories into your diet the healthy way. If you don’t know the caloric content of foods, consult the calorie counter at www.caloriecount.about.com or purchase one from the checkout counter at your local grocery store.

Choosing high-calorie snacks will help you maintain a high energy level between meals. Try creamy, rich puddings, crackers with peanut butter, dried fruits and nuts. Spread honey, jam or peanut butter on dense, whole grain breads, bagels or muffins or put peanut butter on a banana while washing it down with a tall glass of milk. Buy some trail mix in bulk and put it in your favorite candy dish. Pop a potato in the oven or microwave and fill it with vegetables and a sprinkle of Parmesan cheese.

Drink milk shakes, regular milk and high-calorie fruit juices for more calories. Avoid coffee, teas and diet sodas. Try blending your own protein shakes with protein powder and mixing it with fresh or frozen fruit and lots of ice.

Whole grains and cereals are loaded with calories. Mix oatmeal or cream of wheat with milk instead of water and slice up a fresh banana or stir some tasty, sweet berries into it. Granola and muesli are excellent choices for cold cereal lovers. Avoid thin cut, fluffy white breads. Choose dense whole grain, pumpernickel or oat bran instead.

Adding extra protein to food items is a great way to boost calories. Try Carnation Instant Breakfast or Ovaltine in your milk. Stir some hearty wheat or oat bran into those special casserole dishes. Add dry milk or soy protein powder to mashed potatoes, gravies, soups and hot cereal. Choose shellfish or salmon cooked in olive oil as opposed to fatty cuts of red meat.

Fruits that are high in calories include bananas, mango, papaya, dates, dried apples or apricots instead of apples, watermelon or honey dew melon.

Choose starchy vegetables like potatoes, beets, corn, peas, carrots or winter squash.

Fats are an essential part of any diet – as long as you choose the right ones. Drizzle some olive oil on some pasta and vegetables for a great dinner idea. Use flax seed oil or canola oil instead of shortening or hard margarine.

Grab a handful of nuts or seeds. Cut some avocados up on a salad. And don’t forget that peanut butter!

Robust soups or healthy salads are an excellent way to supplement calories. Try hearty split pea, navy bean or lentil instead of broth or vegetable soups. Drench black bean chili with a dollop of sour cream and an ounce of cheese. Choose higher calorie dressings – but be mindful of the saturated fat content. Try adding some colorful, starchy vegetables to salads for extra flavor and zest.
Would you or a friend like to receive our newsletter every other month? Complete and mail this form or visit our website today – www.pulmonarypaper.org!

The Pulmonary Paper

Annual Donation

☐ Individual with lung problems:
  ☐ $25    ☐ $50    ☐ Other ________

☐ Health Professional:
  ☐ $50 (1 copy/issue/year)
  ☐ $250 (25 copies/issue/year)
  ☐ $400 (50 copies/issue/year)

☐ Check (Payable to: The Pulmonary Paper)

☐ VISA ☐ AMEX ☐ MasterCard ☐ Discover

Name ____________________________________________
Address _______________________________________
City ___________________________ State ________ Zip _________
Phone ________________________________
Email _______________________________________
Respiratory Diagnosis ______________________________

Signature: _______________________________________
Card No.: ___________________________ Exp. Date: ___________________________

The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175-0877 • 1-800-950-3698 • Fax 386-673-7501 • www.pulmonarypaper.org

The Pulmonary Paper is a 501 (c)(3) not-for-profit corporation and supported by individual contributions. Your donation is tax deductible to the extent allowed by law.

AirSep® Focus: 2-Pound Portable Oxygen Concentrator!

• Lightest oxygen concentrator ever
• Medicare covered
• Only 2 Lbs.
• 2 LPM pulse flow
• Small and sleek design
• Runs on rechargeable batteries
• AC and DC power also
• Never needs a refill

Rx Stat sells every brand of portable oxygen concentrator. If you find a better price, we will beat it! Guaranteed.

Rentals:
POCs, $395 for 10 days.
Free shipping!
Pulse Oximeters, $69.
Free shipping!

Call Rx Stat Respiratory for details. 1.888.648.7250
Respiratory News

It was reported in the Archives of Internal Medicine, the results of a small clinical trial by investigators from Japan, showed acupuncture appears to be associated with improvement of difficult breathing on exertion in patients with COPD.

Another alternative for people with advanced COPD who are not responding to other treatments is opioids, which provided relief and improved their quality of life, according to an article in the Canadian Medical Association Journal. However, physicians are reluctant to prescribe opioids for this condition, meaning many people will not benefit from this treatment.

New U.S. guidelines on the treatment of tuberculosis slashes the amount of time needed to treat the infection from nine months to three months. The recommendations, released recently, are based on clinical trials showing that once-weekly treatment with the anti-TB drugs rifapentine and isoniazid, taken under the supervision of a health provider, work as well as nine months of daily treatment completed by patients on their own.

The supervised regimen, which ensures people take their medications faithfully, cuts the number of required doses from a total of 270 given once a day to 12 given once a week.

A new ranking for 2012 from the Asthma and Allergy Foundation of America lists which cities are the worst for people who have asthma, taking into account issues like pollen counts, ozone days and air quality, the prevalence of asthma medication use and public smoking bans.

1. Memphis, TN
2. New Haven, CT
3. Knoxville, TN
4. Pittsburgh, PA
5. Chattanooga, TN
6. Hartford, CT
7. St. Louis, MO
8. Oklahoma City, OK
9. McAllen, TX
10. Allentown, PA