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Addressing the needs of the Canadian COPD patient

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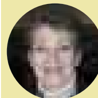

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Chronic Obstructive Pulmonary Disease

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A review of scent-free policies in Canada

Scent-free policies, also known as fragrance-free policies, are implemented in various locations in Canada to create an environment that is more accommodating for individuals with scent sensitivities, allergies, or respiratory conditions such as asthma or COPD. These policies are aimed at reducing exposure to strong scents and fragrances, which can trigger adverse reactions. Health Canada has reported that exposure to perfumes and other scents poses a serious health risk to some Canadians.

The chemicals in fragrances are disbursed in the air and remain in the environment for long periods of time and often change as they come into contact with other substances.

Everyone should have safe and healthy places in which to live and work. People should refrain from the use of scented products while in "hermetically" sealed buildings. With less fresh air in circulation, the impact of scents is increased. However, in our society, it seems that people are reluctant to tell co-workers, colleagues, or strangers that their perfumes are making them sick.

The terms fragrance or scents describes a complex mixture of some 3,000 chemicals that are used in perfumes, deodorants, and colognes and a myriad of personal care products. Even some washing machine detergents (the smell of freshly washed clothes) can adversely affect some people—particularly those with a respiratory disease. Some products labelled as being fragrance-free or unscented may in fact contain fragrances along with a masking agent that prevents the brain from

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The evolution of Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease is not a new condition. In the past, physicians used different terms to describe what we now know as COPD. In 1679, Swiss physician Théophile Bonet referred to "voluminous lungs." In 1769, Italian anatomist Giovanni Morgagni reported 19 cases of "turgid" lungs. In 1814, British physician Charles Badham identified chronic bronchitis as a disabling health condition and part of COPD. He is believed to be the first person to use the term "catarrh" to describe the ongoing cough and excessive mucus that COPD produces. It was René Laënnec, the inventor of the stethoscope, who close to 200 years ago first described the anatomic and clinical expression of a lung disease that he named emphysema, from the

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Ask Dr. Bourbeau

Jean Bourbeau is a respirologist and full professor in the Department of Medicine and Epidemiology and Biostatistics, McGill University, Montreal

Q I have had COPD for many years and am currently using two puffers daily as well as many other medications—for high blood pressure, aching bones, and anxiety. My concern is that now we have all these vaccines we're being encouraged to get. High dose flu, Covid, pneumonia, shingles, and now the new RSV vaccine. Can all of these drugs and vaccines be taken together safely for an older person who is dealing with the burdens of COPD?

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Ask Dr. Bourbeau

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A Yes, they can be given together as they work very differently. These vaccines were tested in large clinical trials enrolling primarily patients over 60 years old and having co-morbidities. Although these studies were not specific to COPD patients, they included patients with COPD.

Q I've been recently diagnosed with COPD. I'm very new to this, as I've only known I have had it for a couple of months now. I've experienced shallow breathing and anxiety attacks so far. Just how well can COPD be managed to have a longer life and to keep it under control?

A COPD is a chronic disease but progression can be prevented, the symptoms alleviated, exacerbation (flare ups) and mortality reduced with a comprehensive approach including pharmacological and non-pharmacological therapies. This is something you need to discuss with your treating physician who will be able to advise you on healthy habits and to prescribe the right pharmacological therapy. I would also recommend that you register and visit the website Living Well with COPD (www.livingwellwithcopd.com). This is an education program developed at the McGill University Health Centre and used by patients and healthcare professionals across Canada and worldwide. You will receive appropriate education to self-manage your disease on a day-to-day basis and to prepare yourself for asking questions when you visit your treating physician.

Q I have COPD and experience flare-ups from time-to-time. What is the better treatment to manage my exacerbations—prednisone burst vs. tapered dosage of prednisone? I like hitting my inflammation with a higher dose for only like five days as it brings down inflammation fast but is it as safe as tapering down the dosage?

A For the treatment of those exacerbations, you are right, and the right treatment is a short five days of prednisone, no need for tapering. This been said, the most important thing is to prevent those exacerbations the same way as in coronary artery disease we try to prevent myocardial infarction. For patients who have recurrent exacerbations requiring oral corticosteroids or exacerbation requiring hospital admission, the new recommendations based on evidence from the Canadian Thoracic Society COPD pharmacotherapy guideline 2023, include the prescription of a single inhaler triple therapy. This therapy has been shown to reduce exacerbations and mortality. You can speak with your treating physician or respirologist who will definitively be aware of these new recommendations.

Q I heard that there are new guidelines for treating COPD. Are there things in the new guidelines that patients should be aware of and adjust to?

A The new Canadian Thoracic Society COPD pharmacotherapy guideline 2023 is the most progressive and proactive guideline ever published. It is based on the most recent evidence of landmark randomized clinical trials and the recommendations are made by a consensus of experts across Canada including respirologists, pharmacists, and family physicians. As a patient, you can refer to the main features of the guideline and bring those into discussion with your treating physician or respirologist who can make any adjustments to your therapy, if necessary. Editor's note: CTS COPD Guideline 2023 > https://tinyurl.com/5n83c5tz

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Dr. Jean Bourbeau is director of the Center for Innovative Medicine (CIM) of the Research Institute of the McGill University Health Centre (MUHC) and director of the Pulmonary Rehabilitation Unit. He is the past president of the Canadian Thoracic Society (CTS) and is a member of the scientifitic committee of GOLD.

We invite your questions. Please mail questions to: Ask Dr. Bourbeau 1460 The Queensway, Suite 212, Etobicoke, Ont. M8Z 1S4—or you can e-mail questions to: AskCOPDCanada@gmail.com.
General inquiries: COPD Canada Tel: 416–456–0459 E-mail: exec.copdcanada@gmail.com

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Pulse: News about COPD

European Lung Foundation updates travel tips for people with lung conditions

Brussels, Belgium/The European Lung Foundation recently updated their helpful travel tips for people with lung conditions. They stated that having a lung condition should not stop you from travelling by air. Whether you are going on holiday or a business trip it should be possible to make the necessary arrangements—if you plan ahead. The first thing you should do before you plan your trip is to speak to your healthcare professional. It is best to do this as soon as possible, particularly as you might need to do some extra tests to check that you are fit enough to travel. Their factsheet covers the key things you should consider when planning a trip and gives you some tips on keeping well while you are abroad. Their updated information hub has plenty of advice and guidance to help you plan your next trip, including a video on the hypoxic challenge—or #FitToFly—test. The website covers all the touchpoints including what you need to access in-flight oxygen, the airline's oxygen policy, medical certificates, arranging special assistance, and many other helpful tips.

Study bolsters evidence of heightened heart attack risk after flu

Copenhagen, Denmark/People who are sick with flu are six times more likely to experience a heart attack the week after they test positive compared to the year before or the year after, researchers from the Netherlands reported at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) meeting in Copenhagen recently. Canadian researchers had previously reported the connection, but the new study factors in death records, which include out-of-hospital heart attacks. Flu infection can increase blood coagulation that, along with inflammation prompted by the immune response, could contribute to arterial plaque ruptures that lead to a heart attack, the researchers said. Annemarijn de Boer, PhD, of the Julius Center for Life Sciences and Primary Care in Utrecht, said: "Our results endorse strategies to prevent influenza infection, including vaccination."

Pulse: News about COPD

National Institute on Aging (NIA) releases RSV report

Toronto/The NIA's report, "Addressing the Significant Impact of RSV Infections among Older Canadians. It's Time for Action", provides information on the burden of Respiratory Syncytial Virus (RSV) infections, the recent development of new highly effective RSV vaccines, and the ongoing challenges and opportunities surrounding vaccination among older Canadians. The report states that adults 65 years and older experience significantly more complications with this age group having the highest mortality rate attributable to RSV infections. The virus is particularly problematic because it is more contagious than seasonal influenza. Even though hospitalizations attributed to influenza are higher than RSV among older adults, it was found that for adults 60 years and older, there is a similar risk of mortality compared to those infected with influenza. The incidence of hospitalizations attributed to RSV infections among adults has been found to be under-represented, which is due to limited standard-of-care testing and the lack of sensitivity for detecting RSV among common testing methods. This is further compounded by the lack of robust surveillance systems for RSV infections across Canada.

Canadian Thoracic Society launches new COPD Guideline

Ottawa/The new 2023 Canadian Thoracic Society (CTS) guidelines on pharmacotherapy in patients with COPD was recently released. The guidelines provide recommendations that all symptomatic patients with spirometry-confirmed COPD should receive long-acting bronchodilator maintenance therapy. Those with moderate to severe dyspnea (modified Medical Research Council ≥2) and/or impaired health status (COPD Assessment Test ≥10) and a low risk of exacerbations should receive combination therapy with a long-acting muscarinic antagonist/long-acting ß2-agonist (LAMA/LABA). For those with a moderate/severe dyspnea and/or impaired health status and a high risk of exacerbations should be prescribed triple combination therapy (LAMA/LABA/ICS) azithromycin, roflumilast or N-Acetylcysteine is recommended for specific populations; a recommendation against the use of theophylline, maintenance systemic oral corticosteroids such as prednisone and mono-ICS is made for all COPD patients.

Many options to consider when establishing a scent-free environment

Scent-free continued from page 1

perceiving odour.

While specific policies may vary from one institution to another, here are some common features and guidelines that one might find in scent-free policies throughout Canada:

Scope of the Policy: The policy should clearly state where it applies.

- Common locations include businesses, healthcare facilities (such as hospitals and clinics), universities and colleges, government buildings, and public transportation.
- Designated Scent-Free Areas: Some policies may designate specific areas where scents are prohibited, such as waiting rooms, lobbies, or common areas.
- Exceptions: Some may specify exceptions for scents that are part of a cultural or religious practice. They may also have exceptions for scented products, such as essential oils used for therapeutic purposes.
- Definition of Scents and Fragrances: Scent-free policies typically define what constitutes "scents" and "fragrances." This can include perfumes, colognes, scented lotions, aftershave, scented hairsprays, and other personal care products.
- Communication: These policies often emphasize the importance of communication among employees, students, and visitors regarding scent sensitivities. They may encourage individuals to be respectful and understanding when someone requests accommodation.
- Signage: Scent-free areas are often marked with signs to remind people of the policy and the importance of compliance.
- Enforcement: Policies may outline how non-compliance will be handled, which can include informal reminders, formal warnings, or disciplinary actions depending on the severity of the violation.
- Education and Training: Some organizations provide education and training to employees, students, and visitors about the importance of scent-free environments and how to adhere to the policy.

It's important to note that the specific details and enforcement of scent-free policies can vary widely among different organizations and institutions. Some may have more stringent policies, while others may take a more lenient approach. The level of enforcement and adherence to these policies can also depend on the culture and awareness of scent sensitivities within a given community or organization.

There are various options for cities to consider in the process of establishing a scent-free environment. A scent-free program could be extended to all city buildings and transportation vehicles. City employees could be encouraged to go scent-free or at the very least be aware of the issues surrounding scents. A more controversial approach would involve a ban on scented products in city buildings and designated public spaces similar to many anti-smoking bylaws.

The Canadian Centre for Occupational Health and Safety (CCOHS) has an excellent online summary of scent-free policies for the workplace: https://tinyurl.com/42jx5ces

Before making medical decisions

Your physician should be consulted on all medical decisions. New procedures or drugs should not be started or stopped without such consultation. While we believe that our accumulated experience has value, and a unique perspective, you must accept it for what it is...the work of COPD patients. We vigorously encourage individuals with COPD to take an active part in the management of their disease. You can do this through education and by sharing information and thoughts with your primary care physician and respirologist. Medical decisions are based on complex medical principles and should be left to the medical practitioner who has been trained to diagnose and advise.

PRINTED BOOKLETS NOW AVAILABLE ON AMAZON!

Get a printed booklet delivered right to your doorstep by ordering your copy today (search for Living Well with COPD).

Learn skills to adopt healthy new lifestyle behaviours. This successful program has been scientifically proven to help improve the lives of people suffering from COPD.

Visit our website and download our FREE patient ACTION PLAN

www.livingwellwithcopd.com

Healthy lifestyle can help in symptom management

Evolution of COPD continued from page 1

Greek "puff up" or "inflation." He recognized emphysema as another component of COPD.

Smoking during the early 1800s wasn't commonplace. Laënnec identified environmental factors, like air pollution, and genetic factors as principal causes of the development of COPD. Today, cigarette smoking is the leading cause of COPD.

"Smoking during the early 1800s wasn't commonplace. Laënnec identified environmental factors, like air pollution, and genetic factors as the principal causes of the development of COPD. Today, cigarette smoking is the leading cause of COPD."

In 1846, John Hutchinson invented the spirometer. This device measures vital lung capacity. Robert Tiffeneau, a French pioneer of respiratory medicine, built upon this invention around 100 years later, creating a more complete diagnostic instrument for COPD. The spirometer is still the essential tool in diagnosing COPD today. In 1959, a gathering of medical professionals called the Ciba Guest Symposium helped define the components that make up the definition and diagnosis of COPD. Debates were held over the nomenclature of that chronic disease associated with bronchitis and frequently with anatomical emphysema.

Years ago, COPD was referred to by names such as "chronic airflow obstruction" and "chronic obstructive lung disease." Dr. William Briscoe is thought to be the first person to use the term "chronic obstructive pulmonary disorder". He introduced the term at the 9th Aspen Emphysema Conference in June, 1965. In 1976, Charles Fletcher, a physician who devoted his life to the study of COPD, linked smoking to the disease in his book The Natural History of Chronic Bronchitis and Emphysema. Along with his colleagues, Fletcher discovered that stopping smoking could help to slow the progress of COPD and that continuing to smoke would accelerate the progression of the disease. His work provides the scientific basis for smoking cessation education in people with COPD today.

Until fairly recently, two of the most common treatments for COPD weren't available. In the past, oxygen therapy and steroid treatment were considered dangerous for people with COPD. Exercise was also discouraged because it was thought to put a strain on the heart. Inhalers and mechanical ventilators were introduced in the early 1960s. The concept of pulmonary rehabilitation and home care for people with COPD was introduced at the 9th Aspen Emphysema Conference. Oxygen therapy was first trialed in the mid-1960s by a group of researchers at the University of Colorado Medical Center in Denver, and further developed in the early 1980s. The 1990s saw a surge in the use of medications to manage the symptoms of COPD and restore pulmonary function.

A major push in COPD education meant that smoking cessation and clean air awareness became primary focuses of self-care treatment. Today, it's known that a healthy lifestyle can help people with COPD to manage and improve their symptoms. Healthcare professionals stress the importance of diet and physical exercise as part of a pulmonary rehabilitation program.

Over the years, physicians have done much to help us understand the causes, diagnosis, and progression of COPD. The earlier that chronic obstructive pulmonary disease is diagnosed, the better the long-term prognosis. Although there's no cure for COPD, symptoms can be managed, and people with the condition can improve their overall quality of life.

For more information: The history of COPD. *Int J Chron Obstruct Pulmon Dis* 2006; 1(1):3-14. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2706597/

COPD Canada Facebook

Join our COPD Patient Support Group
https://www.facebook.com/COPDCanada/groups

Join Today: COPD Canada's Facebook Support Group is a gated community where members can communicate and share information with others going through the challenges of living with chronic obstructive pulmonary disease. **Membership is free-of-charge**, but you must ask to join the group. Once approved, you will be able to interact openly or confidentially with other members of the COPD Support Group

For more information contact: exec.copdcanada@gmail.com

COPD people
Linda McCarthy

Linda was born in Toronto and grew up in Leaside. Her father, uncle, and grandfather were major homebuilders in the area. Along with her three siblings, she attended Leaside High School. Her brother was in the same class as Margaret Atwood. She has two daughters and two grandchildren. Since 1965, Linda has worked in the computer industry starting out in data entry, then analysis and programming. In 1978 she opened her own computer consulting company providing services to both government and private sectors, and at one point had a staff of 40 consultants. She and two partners designed and sold internationally, software for use in large mainframe departments. For the last 16 years she has been working for Toronto City Councillors, most recently Mike Colle. On his behalf, Linda evaluates and advises on development proposals by large condo developers and homebuilders. She intercedes in disputes in the Ward between residents, the city, and developers, including disputes ranging from the size of condos to the removal of mature trees—things that can disrupt neighborhoods. Many of these disputes end up at the Ontario Land Tribunal for arbitration. Linda was diagnosed with COPD in 2009.

How did you know that there was something wrong with you?

I was a heavy smoker and developed a very bad case of pneumonia. I couldn't breathe and was admitted to Sunnybrook Hospital for five days. The doctor told me I didn't just have pneumonia; I had COPD and was advised to quit smoking immediately.

Did they help you quit smoking?

They gave me the Patch. Being in the hospital gave me a head start to quitting. I haven't had a cigarette since December 15, 2009.

Was your COPD confirmed by spirometry?

I had the spirometry test along with many other lung function tests.

How often do you get tested for your COPD?

I see my respirologist at Toronto Western Hospital every six months. I do the "six-minute" walking test as well as blow into various machines to test my lungs.

Did you attend pulmonary rehab?

Yes, their 12-week program in 2010. I became involved in the rehab patients' Lung Issues Support Toronto (LIST) initiative when it was founded, and am now the secretary managing email, announcements, sharing news, and helpful articles, etc.

Do you miss getting together in-person with the rehab group?

Very much so, especially our monthly support group meetings (LIST). We also started a choir. We call ourselves "The Malo Tone Singers". Covid stopped the in-person get togethers and performances, but 20 of us still meet and sing virtually every Tuesday led by our music therapist.

How is your general health now?

I had a major incident in March. I was unable to get up from the couch. I used my Lifeline alarm to get help. An ambulance rushed me to hospital. I had respiratory failure, and was in the ICU for four weeks. In May, after I was stabilized, I was transferred to West Park rehab facility. My health is improving.

Have things changed since you left West Park?

I'm now on a BiPAP ventilator at night. It's the first time in six or seven years that I sleep through the whole night. I put my head down and I'm gone until seven in the morning. I am doing daily exercises, taking my meds and eating on time, slowing down, and resting as needed.

Are you back home now?

No. In July, I moved to transitional housing because my building isn't accessible. I can't go back until my strength and walking improve.

Is there any advice you would like to give people who are just starting out with COPD?

People need to look after themselves first, learn everything they can about living with COPD, and take their medications on time. I made the mistake of thinking I could flout the rules; my body would be fine. It wasn't. If they live alone, consider a portable alarm device. When I had respiratory failure my Lifeline alarm saved my life. It called the ambulance when I couldn't.

Do you have any hobbies?

I love to sew. I make all kinds of things. It's a very relaxing pastime for me.

ProResp Inc.

Community Respiratory Therapy

> *When people see that you are on oxygen, they often assume you are a lot sicker than you actually are. In fact, the oxygen is what has given me my life back.*
>
> *- Marilyn*

Marilyn was introduced to ProResp after Julia started attending her COPD support group.

She wasn't on oxygen at the time, but she's since gone back on it so it's easier for her to do the things she loves, including exercising and visiting her family.

Julia's presentations about COPD and oxygen helped answer questions Marilyn and others in her support group had. She also cleared up some common misconceptions about COPD.

Marilyn said she feels lucky to have found ProResp. She hopes others living with COPD will seek out support so they're able to keep doing what they love most.

Helping people breathe right, at home.

www.proresp.com