

A Breath of Fresh Air

A newsletter for Reliant Medical Group COPD patients and their families

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Edited by *Tenneal Perron, LPN, COPD Program Care Manager*

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Wishing you all Happy Holidays and a Healthy New Year!!

As the leaves begin to fall and the year comes to a close, winter will soon be upon us. With the winter season comes holidays and family gatherings, a wonderful time of caring and sharing – INCLUDING THE FLU! Are you protected? Be sure to get your flu shot as soon as possible. Peak flu season can start as early as October and run through May. The best time to get a flu shot is as soon as it's available, usually in September or October. It takes about two weeks for the vaccine to take effect. You can still get a shot in December or later, but the earlier you get it, the higher your odds of staying well. If you do get your flu shot at a doctor or a pharmacy outside of Reliant please be sure to call Denise or myself to report it so we can update your chart!



Meet Denise Martin, RN – our new COPD Care Manager

Hello everyone, my name is Denise Martin. I am so pleased to have the honor of taking over the role of COPD Care Manager from Margalit after she retired, and I look forward to working with you. I am excited about getting to know all of you and providing you with personalized care. I had the pleasure of working with Margalit for a few weeks prior to her retirement, and although brief, I learned a lot from her. I wish her all the best in her retirement.

I started at Reliant in 1986 back when we were known as Fallon Clinic, right out of nursing school. I started out working in Urgent Care part-time on nights and weekends so that I could be home with my baby, and later my second baby. I worked there for several years until my children were older. I then branched out to Family Practice, Obstetrics and Gynecology, Plastic Surgery, Nephrology, and lastly, as a Breast Cancer Nurse Navigator. I chose to leave Reliant a little over a year ago and took a non-clinical position at an outside organization. I quickly learned that I really missed direct patient care and contact, the friends and coworkers



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Understanding COPD and Treatment

By Dr. Yaron Goldman, Reliant Medical Group Pulmonology

At the Reliant COPD management program, we believe that the first step in managing this chronic disease is patient education, which includes the understanding of the disease process, how it impacts the patient's life, and what are the goals of care. In this article, I will try to walk you through the process in which each patient is assessed by the physician, nurse practitioner, and the COPD nurse.

COPD is a disease of inflammation of the airway (windpipe), causing shortness of breath, wheezing, and coughing. It is caused mostly by noxious exposure to the lungs, first and foremost cigarette smoking, and inhalation of chemicals, fumes, and environmental irritants. The exposure causes irritation of the bronchioles which secrete a lot of mucus and lead to coughing and recurrent respiratory infections. There is also active destruction of the lung tissue, causing "holes" (blebs) in the lungs, known as emphysema.

The assessment of severity of COPD includes the following:

1. Degree of airway obstruction as judged by breathing test.
2. Functional limitation (how quickly and how frequently a patient gets out of breath).
3. Frequency of flare ups requiring medications such as prednisone and antibiotics, as well as hospitalizations.
4. Risk modifications – smoking, susceptibility to getting infections, compliance with medications, etc.
5. Exercise limitations.
6. Comorbidities – heart problems, depression, obesity, etc, all tend to complicate care of COPD patients.

Treatment for COPD includes addressing the above points:

1. Prescribing inhalers to control inflammation and relieve acute shortness of breath.
2. Educating patients about their disease.
3. Enrolling in Pulmonary Rehab to increase endurance and functionality.
4. Action plan for flare ups and frequent phone follow ups.
5. Smoking cessation and control of exposures/allergies.
6. Encouraging physical activity.
7. Address heart issues, control depression, weight loss education, etc.
8. Immunization and post-hospitalization follow ups.

Inhalers – inhaler therapy for COPD usually includes a combination of long-acting inflammation controller medications, which must be taken on a regular basis, as well as rescue inhalers for acute relief of symptoms. We periodically check for technique, compliance, and possible need for modification of therapy.

Antibiotics – used mostly for flare-ups and pneumonias.

Prednisone – an anti-inflammatory steroid that does wonders for breathing during exacerbations but has many side effects that need to be observed closely.

Mucolytics – medications that loosen secretions and help with cough.

Oxygen – for patients whose oxygen level is below 88%. Many patients resent oxygen, but it is the only therapy that has shown to prolong life in COPD patients.

Pulmonary Rehab – a 6–8 week program of graded exercise supervised by a nurse to build up endurance and stamina for deconditioned patients who usually fear the exercise, but then find out how important it is in maintaining good level of function and quality of life.

Smoking cessation – by far the most important yet most difficult intervention to accomplish. Most of our patients realize the importance of smoking cessation and the impact of smoking on the lungs, but have significant difficulty implementing a plan to quit.

Addressing comorbidities – treating anxiety, depression, heart issues and weight management helps COPD patients tremendously and our nurses are always in contact with patients' PCPs and other care providers.

In conclusion, our COPD management program is a multidisciplinary approach, designed to include doctors, nurses and advanced practitioners to provide highly specialized and personalized care to each of our patients. Our goal is to treat our patients through stable periods, exacerbations, and significant changes in health status.

Over the years we have been shown to reduce hospitalizations for COPD, improve smoking cessation rates, and patient's overall quality of life. We always encourage patients to ask questions about their disease and their care and to contact their designated nurse with any questions or issues as they occur.

As we strive to refine the program, we welcome input from our patients with suggestions for improvement so we can work to enhance our patient's experience with us in the future.



Denise Martin

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from Reliant that I met over the years, and most importantly, feeling satisfied by the work I did at the end of the day. So although I am new to Pulmonary, I am not new to Reliant, and in many ways, taking this position feels like coming home. I believe every position I held has helped to prepare me for this position. I am proud to say I have been a part of this organization for 30 years. I have seen many changes over the years, but providing quality care has always been a top priority, something that is very important to me.

On a personal note, I have done missionary work in the Dominican Republic, four years total, which was a great experience. I believe it's important to give back. I have two daughters, a six and ½ year old grandson, and a two-year-old granddaughter. Outside of work, I am known as Mimi. The role of being Mimi has been such a great time in my life, as all you grandparents out there know. My grandchildren are the light of my life. My newest passion is the game of golf. This is my fifth year playing, and I play every chance I get during the golf season.



Your contributions!

Currently I have not received any patient contributions. Please remember if you would like to share any tips, tricks, deals, or news, you can e-mail me at Tenneal.Perron@reliantmedicalgroup.org to share! Thank you.



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