

A Breath of Fresh Air

A newsletter for Reliant Medical Group COPD patients and their families

Vol. XIII, No. 2

Edited by Margalit Lai, RN, MS, Lead COPD Program Care Manager

Spring 2016



Well, spring is finally here. Try to enjoy every minute of it, and spend some time outdoors if you can.

In this issue, we have a success story to share with you, as well as a welcome for a new pulmonologist – Dr. Jeffrey Scott. Plus our nurse practitioner Maglenes Paige will help you identify the difference between maintenance inhalers and rescue inhalers.

A chance to help others. Dr. Jane Lochrie, one of our primary care physicians at Reliant, also works at the St. Anne's Church Free Medical Clinic on Rt. 9 in Shrewsbury. She mentioned to me that the clinic accepts donated medications and equipment. So if you have medications that you can't tolerate or don't take anymore or equipment you no longer need, you can donate them to the free clinic. Just call Kelly or me and we'll help you get it there. These donations will be greatly appreciated by underserved patients who need them but cannot afford them.

Meet Jeffrey A. Scott – our new Pulmonologist



By way of introduction, I was raised in Worcester County, attended Milford High School and Boston College, and then trained at the University of Massachusetts Medical School. I served as an intern and internal medicine resident at UMass Memorial

Hospital. I then trained in pulmonary medicine, critical care medicine, and sleep disorders at Dartmouth Hitchcock Medical Center. After so many years in the Northeast, I moved and practiced for several years in Norfolk, Virginia in a medical school and teaching hospital setting, prior to returning to Massachusetts. So, while I am the new guy here, I am hardly new to Worcester or to pulmonary medicine.

I have never smoked, so I do not personally know how difficult it is to quit. But I have witnessed many people try, and fail, like my aunt who developed lung cancer, underwent surgery, and who still could not quit. I also know many more who have been able to quit, including my father. I remember talking with him about smoking cessation even before he began to feel short of breath. He eventually did quit smoking in his late 50s, and he was able to play golf until he died in his 80s. Golf was the center of his social circle, and being able to be physically active allowed him to live a long and happy life. I have witnessed many, like him, struggle with quitting, but I know that perseverance pays off, and that quitting sooner rather than later means preserving lung function and better quality of life down the road. I think people need to be reminded that it is never too late to quit smoking,

continued on back page

Maintenance Inhalers vs. Rescue Inhalers

By Maglenes Paige, NP

I would like to review how your inhalers help your lungs and airways. Your lung disease is treated with medications to help it from getting any worse. Besides encouraging you to quit smoking, exercise daily and eat healthier, your provider may have given you two types of medications. One may be called a “maintenance inhaler” and the other is called a “rescue inhaler.” Both medicines are essential to stabilizing your COPD or asthma. It is important for you to know how these medicines work in helping your lungs and airways. First, you need to know what “maintenance” and “rescue” mean. Maintenance means “the act of maintaining” or “upkeep or support.” Rescue means to “save from danger or harm.”

Your inhalers are categorized into maintenance inhalers and rescue inhalers. To maintain, stabilize or support your lung disease; your provider has given you a maintenance inhaler that you must take every day as directed. Whether it is once a day or twice a day, this inhaler keeps your lungs stable at their current condition and your airways open for you to breathe easier. It is not to be used any more than as directed. If you do not take this inhaler as directed, your breathing may worsen each day and your lungs will deteriorate faster. This will then create a flare-up of your COPD or asthma causing you to seek medical support and possibly more medications to stabilize your lungs and airways. Maintenance medications are medicines that give you continued support for your lungs and airways every single day.

Rescue inhalers are inhalers you take when you are more short of breath and/or wheezing that day. For instance, if you are short of breath climbing stairs or exercising you may take this inhaler *before* your activity. This inhaler is called a “rescue inhaler” because it rescues your breathing when you are short of breath. It helps you breathe easier and

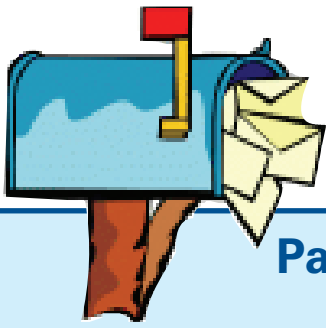
struggle less to perform your activities. This rescue inhaler opens your airways quickly and relieves your shortness of breath and/or wheezing. This is what we call “quick acting medicine.” This medicine helps your breathing right away. Some may say they have had their rescue inhaler called an “emergency inhaler.” This is sometimes interpreted as having to be used in an emergency. What I would like you to understand is that this inhaler is to be used when you are more short of breath than your baseline. Do not wait until you are so short of breath and/or wheezing that you cannot breathe.

If you have a nebulizer machine at home, you may have a nebulizer solution – Albuterol, DuoNeb, or Xopenex to use for your increasing shortness of breath and/or wheezing. This medication is the same medication as your rescue inhaler. It is used as a “rescue medicine.” Typically, this nebulizer solution is the same medicine you use in your rescue inhaler when you have developed more shortness of breath/congestion and/or wheezing at home. If you are at home when your symptoms appear, it is best to use the nebulizer over the rescue inhaler because it is more penetrating for your airways and lungs. When you leave your home, you should ALWAYS carry a rescue inhaler in case you need help breathing easier away from home.

There are a few patients that may be on maintenance nebulizer treatments they take in the morning and at bedtime. This is used just like a maintenance inhaler. These treatments maintain or support your lungs and airways every day.



continued on back page



Patient Contributions



➔ Here is **Charlie Scioscia's** inspiring weight-loss story and some practical advice. Gaining weight seems to be a problem that strikes almost everyone at one time or another, but it can be controlled by paying attention to what you eat and exercising.

Some of us have personal goals for shedding those unwanted pounds, and I want to share with you an unexpected goal I set for myself. Several months ago, a very good friend of mine moved from the Worcester area down to Texas to follow his dream. One of the things he left behind was a New England Patriots' championship jacket. I told him I wanted to keep the jacket. We had a good laugh about it, both thinking I was so heavy I would never fit into it. Well, by following a strict diet (which I strayed from a few times) and with some great advice from Margalit Lai, I was able to achieve my goal. As you can see from the picture, I can now fit into the jacket and not worry about busting out at the seams. If you are having a tough time losing weight, contact Margalit and she can help. If I can do it, I'm sure you can as well. Just set a personal goal, and follow through. And always remember that when there is a will, there is a way.

Here is a sample daily menu:

Breakfast: Two wheat waffles topped with blueberries
6 oz. orange juice, cup of black tea

Lunch: Bowl of tomato soup, grilled cheese sandwich,
glass of milk.

Supper: 8 oz. grilled chicken, small baked potato, sliced
cucumber, cup of black coffee. Pudding cup for dessert.

Snack: sliced apple and sliced pear.



One last thing, exercise is part of my daily routine. I choose walking for my exercise. Every day I try to add a few more steps to what I did before. If you take your time, and not try to rush through your walks, you would be amazed at just how many steps during the day you can take. I count my steps from the time I get up in the morning until about 11:30pm. Then, I either e-mail, or text my number of steps to Margalit. If you get someone to walk with you, it's more fun that way. Remember, eating right and exercising daily will make you feel good about yourself.

Good Luck!

Dr. Scott

continued from page 1

and never too soon to start trying. We can help – a number of medications are now available to help people quit. And once people stop smoking, they also stop losing lung function at an excessive rate, which translates into being able to be more active and independent, with less risk of heart attack, stroke, and less shortness of breath.

For me, Reliant Medical Group offers what I consider to be the best of all practice settings of the many in which I have worked through the years – an outstanding group of providers and staff, a forward-thinking hospital administration here at Saint Vincent Hospital, and an opportunity to contribute to the education of our next generation of physicians. I look forward to providing care to you in this great environment.

Inhalers

continued from page 3

Maintenance inhalers include: Advair, Symbicort, Dulera, Breo, Foradil, Flovent, Spiriva, Incruse, Anoro, Tudorza, Qvar, Asmanex, Pulmicort, Brovana Nebulizer and Budesonide Nebulizer.

Rescue inhalers include: Combivent, Albuterol, ProAir, Ventolin, Proventil, and Xopenex.

Remember, your *maintenance* inhaler you take *every day* and your *rescue* inhaler you take *when* you need it for extra help for your shortness of breath and/or wheezing.

There is always a lot to be thankful for, if you take the time to look. For example, I'm sitting here thinking how nice it is that wrinkles don't hurt.



Here's how to reach us

By phone:

Margalit Lai: (508) 368-3936

Kelly Wilder: (508) 368-3935

Our email address:

margalit.lai@reliantmedicalgroup.org

kelly.wilder@reliantmedicalgroup.org

Our "old fashioned" address:

WMC Suite 390, 123 Summer Street, Worcester, MA 01608

Online you can check us out at:

www.reliantmedicalgroup.org/copd

