

# TAB Monthly Newsletter

A Newsletter for people living with COPD to help us connect with our peers



May 2018 Volume 2, Issue 6

## The Take a Breath (TAB) Social Support Group

The **TAB Social Support Group** is part of the Caring for my COPD (C4MCOPD) Pulmonary Rehab Program at North Hamilton Community Health Centre (NHCHC) [www.nhchc.ca](http://www.nhchc.ca). TAB, along with regular exercise, is the continuation of the 10 week portion of an ongoing therapeutic COPD program offered at the NHCHC. Members share experiences and receive additional encouragement from others who are dealing with the same challenges in their quest to manage their COPD. They meet at the Centre every Wednesday from 3:30-5:30 pm to socialize, share information, plan events, sing on alternate Wednesdays (**singing is optional**) and for exercise from 5-6 pm in the upstairs gym. Exercise is also on Mondays and Fridays from 1-2 pm in the basement gym and Sit and Fit in the regular meeting room from 11 am to 12 pm on Tuesdays and Thursdays. Check the monthly TAB exercise schedule for cancellations and announcements. **If you are a graduate of C4MCOPD** and it has been one year since you graduated, you are welcome to contact the care team to repeat the program. This will allow you to continue exercising at no cost for one more year! **People who have not yet taken C4MCOPD** can visit the NHCHC front desk to ask about the program and how to obtain a referral. For information call 905 523-6611 ext 3060 or ext 3005 or visit [www.nhchc.ca](http://www.nhchc.ca).

The next C4MCOPD programs start on ... **May 11, May 28 and June 14 – register now!**

## Members' Corner!

The **Take a Breath Social Support Group** is growing. Twelve more C4MCOPD grads have joined us so far this year. We offer a big TAB welcome to Liz, Nora, David, Ross, Milly, Pat, Tanya, Linda, Michael, Archie, Kim and Lynda ... and more are planning to give it a try. We are taking the initiative and preparing to meet the demands of a growing group by ordering more of our signature blue shirts and having binders on hand loaded and ready for newcomers. In a meeting with Health Centre staff, it was suggested TAB clearly define the service positions of chairperson, secretary, treasurer, newsletter editor, media coordinator, music director, music coordinator and other roles. This will eliminate duplication and allow us to work as a team for the good of all. It will also give everyone a chance to find out what goes on behind the scenes and to pitch in if they want to. Our credo, or guiding principle, is that all members should be allowed to take part in the decision-making process. TAB offers a great opportunity for each of us to add another dimension to our lives in spite of our COPD. We can all be involved, learn from each other and do things that will help us enjoy each day to the fullest.

**Our music director**, as most coaches do, set the bar pretty high. Margaret believes that we're capable of learning a few more songs and suggested a nifty goal of 30. (A couple of weeks ago she was heard to say 50, yeow!). Anyway, we started this year at 10 not counting Xmas songs. Since January, after 3 months, we've added one new song, bringing our total to 11. (Bear in mind, we haven't been practicing every week either). At the time of this writing, to reach 30 we would need to add 19 more songs to our repertoire. At our current rate we'll reach 30 songs in 5 years which would bring us to January of 2023. We know we can do better ... why? Because we're TAB and we're FAB! Not only are we FABTAB, we also have a plan. We predict our repertoire will hit the 30 song mark before the end of 2018. And if that doesn't happen, oh well, we will have had a whole pile of fun anyway... oh, and get ready for picnics and gigs!



**Happy Birthday!!**

Archie N., May 15

Bob E., June 2

Ruth-Ann R., June 28



## Ask a Health Care Professional

Send your COPD related question to [tabmonthlynewsletter@gmail.com](mailto:tabmonthlynewsletter@gmail.com) and the care team will determine which team member would best provide the answer. You never know, your question may help someone else who is also struggling with COPD. Now, let's meet our "Caring for my COPD" (C4MCOVD) care team....

**Meridene Haynes**, COPD Coordinator, **Allison Fulton**, Physiotherapist, **Tessa Philip**, Kinesiologist, **Sib Pryce**, Social Worker, **Jillian Bullée**, Occupational Therapist, **Monica Szeliga**, Dietitian, **Michele Renaud**, Psychologist.

**Bonnie T. asks ...** Most people in our group have a standing prescription for Prednisone and antibiotics. Without having to go and see your doctor, how do you know when you should be taking Prednisone? I believe one of the symptoms is having oxygen rate of 89% or less, is this correct? Symptoms are clearer for getting antibiotics and no one wishes to take either antibiotics or Prednisone if it is not needed nor do you wish to take up doctor's time if it is not needed.

There are several questions here. The discussion about when to start the antibiotics and/or the prednisone is a conversation you must have with your physician when you fill in your action plan and receive the script to take to the pharmacy (standing order on file). According to the action plan it is a flare-up when for 48 hours you have one or all of the following; increased shortness of breath, change in the color or volume of sputum, increased use of the rescue inhaler. As far as monitoring SpO2 levels, that is not typical (in my knowledge), of when to start your action plan, although it could be based on the conversation with your physician. As per the action plan there is green zone oxygen management and yellow zone management.

**Meridene Haynes**, COPD Coordinator

**Prednisone** works by weakening your immune system. This action interferes with chemicals that normally cause inflammation, and can help decrease inflammation in many parts of your body (including your lungs).

<https://www.healthline.com/health/prednisone-oral-tablet#important-considerations>

This medication may mask signs of infection. It can make you more likely to get infections or may worsen any current infections. Therefore, [wash your hands](#) well to prevent the spread of infection. Avoid contact with people who have infections that may spread to others, ([flu](#), [chickenpox](#), [measles](#)). <https://www.webmd.com>

### What to do?

- If you have an action plan - use it.
- If you do not have an action plan - contact a **doctor** within 48 hours of noticing a change in your cough or sputum and/or shortness of breath. The best place to start is with your family doctor or nurse practitioner/specialist, then move up to walk-in clinic, urgent care, and finally, hospital.

### Not sure?

Start your COPD action plan anyways; it is better to error on the side of caution. Also, when starting your COPD action plan you are to contact your doctor within 48 hours of starting it.

### Why is it so important to get help fast?

Treating your flare up quickly will allow you to bounce back faster, and help minimize the damage.

### Thinking ahead...

Plan a time to see your doctor and have a conversation about what steps to take when having a flare-up, especially when it happens at a time they can not see you (after hours, on a weekend or a holiday). Discuss if it is possible to have your flare-up medications available at your pharmacy. **Allison Fulton**, Physiotherapist  
**Meridene Haynes**, COPD Coordinator and **Tessa Philip**, Kinesiologist

## Quotable Quotes

It is amazing what you can accomplish if you do not care who gets the credit.

- Harry S. Truman

"If you can't breathe, nothing else matters" Canadian Lung Association

Caring For My COPD Community Based Pulmonary Rehabilitation Program

For more information call 905-523-6611 ext 3060 or ext 3005. Visit the NHCHC Website: [www.nhchc.ca](http://www.nhchc.ca)

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