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Recognizing a person has chronic obstructive pulmonary disease is the first step in treating this potentially deadly disease.

Patients, doctors and researchers embracing new plan to deal with COPD

Chronic obstructive pulmonary disease, known as COPD, a lung disease that afflicts millions of Americans, haunts families, and frustrates doctors and researchers, is now the third leading cause of death in the US, behind heart disease and cancer, costing Americans more than \$32 billion a year.

For those living with or affected by the disease, there is new hope, thanks to a recently unveiled COPD National Action Plan.

Developed by patients, agencies and organizations under the stewardship of the National Heart, Lung, and Blood Institute or NHLBI, the Action Plan shines a spotlight on the devastating physical and emotional toll the disease causes.

"Not being able to catch your breath and fearing your next breath may not come is just like drowning," said Grace Anne Dorney Koppel, president of the COPD Foundation and a longtime COPD patient. "It is frightening beyond words and feels very, very lonely."

Yet many with these symptoms tend to attribute them to something else: the common cold, old age, being out of shape. This lack of awareness delays diagnosis and treatment, worsening the condition and quality of life. Even mundane tasks — housework, bathing, dressing, walking — can feel onerous.

That's why the first goal of the plan is to empower patients and families to recognize COPD and get treated quickly.

"I was diagnosed in 2001 and was told COPD is incurable," said Dorney Koppel. "But that does not mean (it is) untreatable. Doctors need to teach patients the difference. I was given three to five years to live ... 16 years ago."

Compounded with this misinformation is the idea that it's exclusively a smoker's disease mainly affecting men. While it most often affects people over 40 with a history

of smoking, as many as one in four with COPD have never smoked. Long-term exposure to substances that irritate the lungs or a genetic predisposition called alpha-1 antitrypsin (AAT) deficiency also present as risk factors. What's more, 56 percent of those diagnosed are women, and they die of COPD more than men.

Unlike heart disease and cancer, COPD prevalence and deaths aren't decreasing. One in five people over age 45 has it.

"You know someone who has it. You may even have it and not know it," said James P. Kiley, director of NHLBI's Division of Lung Diseases.

So how to reverse this trend? One key is improving the level of diagnosis. "Spirometry is a simple and inexpensive breathing test that can identify COPD," said Dorney Koppel.

MeiLan Han, M.D., medical director of the Women's Respiratory Health Program at the University of Michigan, agreed, noting another goal of the Action Plan: to equip health care professionals with tools to diagnose and care for COPD patients. "We need to develop easy-to-follow guidelines and get them into the hands of providers on the frontlines."

Developing an educational curriculum and tools for clinical decision-making, in sync with detection and management guidelines, will significantly improve diagnosis and care, said Han. So will improving patient access to spirometry, pulmonary rehabilitation, smoking cessation programs and affordable medications — all of which are called for in the plan.

To learn more about the Action Plan and find out how to get involved, visit COPD.nih.gov.

"This plan represents a new understanding of what it takes to minimize the burden of COPD," said Gary H. Gibbons, M.D., director of NHLBI. "Now, it's just a matter of getting to work."

The importance of exercise and how it can affect your cholesterol levels

The influence of exercise on one's cholesterol level has been an issue of some debate for many years, and in some ways there is still some uncertainty about how much exercise is needed to have a positive influence.

First of all, there are two primary forms of cholesterol: bad (low density lipoprotein-cholesterol or LDL-C) and good (high density lipoprotein cholesterol or HDL-C). The LDL-C represents the form of cholesterol that can become deposited in your arteries and lead to arterial disease (heart attack or stroke) if it is elevated. The HDL-C acts to remove cholesterol in the arteries before becoming deposited; therefore, the higher this value is, the better.

In addition to exercise, one's genetics, weight, age and diet have an impact on the different forms of cholesterol. For those with excessively high LDL-C, the use of cholesterol lowering medications is of the greatest importance. However, that shouldn't stop us from making positive lifestyle modifications that have a favorable influence on our cholesterol levels through exercise and good dietary choices. Exercise in general has many positive health benefits, which include increased bone density, decreased forms of certain cancers, diabetes, stroke, hypertension and improving one's mood.

For many years it was thought that exercise alone without weight loss had little benefit on LDL-C, whereas we have seen increases in HDL-C with aerobic exercise. However, more recently, literature has emerged that suggests an appropriate amount of exercise can favorably reduce LDL-C by stimulating enzymes that help promote the movement of LDL-C from the bloodstream to the liver, where it can be converted to bile. Secondly, exercise has been shown to increase the size of the proteins attached to LDL-C, which prevents them from getting deposited into the walls of one's arteries.

With respect to the value of exercise, we know that walking at a moderate pace (perceived as "somewhat light" or at a level easy enough to carry on a conversation) for 30 minutes per day (10 minute increments are acceptable), a minimum of 5.5 miles/week or approximately 150 minutes/week has been shown to have a beneficial effect that leads to a one-third reduction in one's risk of having a heart attack, heart failure and stroke. We also have learned that more vigorous exercise, such as

running, has even greater benefits. In general, to balance the health benefits between walking and running, the general rule is that one should walk twice as long as running; therefore, 75 minutes of running/week in respect to health benefits is equivalent to approximately 150 minutes of walking. However, not everyone can run or is interested in running. Therefore, we need to consider other activities that use large muscle groups and are rhythmic in nature (cycling, swimming, rowing, etc.). What about racquet sports? If you add up the time you are active and it is falling within these guidelines, this form of activity can be just as beneficial.

We do know that excess body weight has a negative impact on both LDL-C and HDL-C, along with a negative influence on hypertension, diabetes and other health parameters. With the rise in obesity in our society, this is a great health concern. However, we have learned that for exercise to have a favorable impact on reducing or maintaining one's body fat, the exercise volume needs to be greater than the general recommendation of 30 minutes of walking per day. Weight loss appears to occur with 300 minutes versus 150 minutes of walking per week; therefore, we are looking at approximately 45 minutes/day. This may seem like a lot of activity, but this could be cut in half if one combined moderate and vigorous exercise together (i.e., jog for 30 seconds, walk for a minute, jog for 30 seconds, etc.). Also, the 300 minutes can be broken into several sessions during the day.

With respect to improving one's cholesterol, eating a low saturated fat diet and decreasing caloric intake to promote weight loss can help improve both LDL and HDL-C. If one is smoking, quitting will have a favorable influence on one's HDL-C. Also moderate amounts of alcohol can raise HDL-C. In respect to how exercise can favorably influence LDL-C and HDL-C in a positive direction, it appears greater volume and more vigorous aerobic exercise has been shown to have the greatest influence, and those with the highest LDL and lowest HDL-C levels appear to have the greatest favorable changes after starting an exercise regimen. Past literature has suggested achieving 10-12 miles of walking per week and exercising at a more vigorous nature (working somewhat hard to hard), such as jogging, will have the greatest influence on favorably influencing LDL and HDL-C. However, each



Dr. Paul Visich

individual responds differently, so it's important to monitor your cholesterol to see how the values are changing. If changes are not being observed after a couple of months, the volume and intensity need to be increased.

So if you haven't been exercising, and you have either elevated LDL-C and/or low HDL-C, how should you go about exercising? First, if you feel you are high risk for heart disease or have any symptoms of heart disease, such as chest pain or unusual shortness of breath, it is important to make sure you see your health care provider and get clearance. If this is not the case, then it is important to start slowly to avoid the risk of an injury. Starting off by simply walking moderately 10-20 minutes, 5 days per week. Remember, you can do this in 10 minute increments. Over the next couple of weeks, you should work up to 30 minutes per day of moderate activity. If weight loss is of concern, you should continue to slowly increase your walking period to 60 minutes per day, by adding on 5-10 minutes per week. Remember, small steps, and make sure you listen to your body. Following any exercise session, you should feel totally recovered within 60 minutes of the exercise session.

The key to exercise is that you make it part of your lifestyle and find activities throughout the year you enjoy (different exercises use different muscles). Finding an exercise partner that will help motivate you to stay on track is very helpful for long term compliance. Being physically active is truly one of the best ways to preserve your health, and the toughest part is simply starting. You can do this, and your heart will thank you!

— Paul Visich, Ph.D., M.P.H., ACSM C-CEP is professor and chair of the Department of Exercise and Sport Performance at the University of New England in Biddeford.

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DIETICIAN'S DISH: How to improve your cholesterol

Often times, the goal of weight loss is accompanied by other health goals, such as improving your cholesterol. Luckily, many of the nutrition recommendations to treat these two conditions are similar! Here are just a few things you can do to begin improving your numbers:

• **Get rid of processed foods-this is rule #1!** Give your body high quality foods and the body with

simply perform better.

• **Lots of colorful produce**-the vitamins and minerals found in our produce are essential for optimal health. Aim for at least 5 servings of vegetables every day.

• **Choose healthy fats**-healthy fats actually help to reduce cholesterol. Opt for foods such as nuts, vinaigrettes, avoca-



Nicole R. Turgeon RDN, LD

Wellness Director
Registered Dietitian Nutritionist

dos and wild caught salmon.

• Stay hydrated-want to immediately feel better? Water is the key. Avoid caloric drinks and aim to drink half of your body weight in ounces per day!



Saco Sport & Fitness

What folks have to say about our 90-day Commit to Get Fit program:

"I lost inches, gained muscle, and lost additional fat. I understand nutrition much better, plus now I work out 4x a week."
- Debra, CTGF participant 4/19/16

"This program taught me the power of choice and excellent knowledge of nutrition and fitness. I lowered my blood sugar, which was one of my goals."
- Lisa, CTGF participant 4/19/16

"I was feeling uncomfortable in my clothes and with my looks. This program reminded me of the importance of nutrition and the adage 'you are what you eat'. The encouragement of the coach/group helped me to change my food choices which immediately helped me to feel better about myself."
- Anne, CTGF participant 4/3/16



329 North St, Saco