



Continuing Care & Rehabilitation

July / August 2002

Bulletin

Notes from the Editor: Childhood Smoking is Our Concern

by Cara Kraft, RRT, RCP

Most health care professionals agree that the number of adults attempting to quit smoking has increased. But what about the children? As respiratory therapists, this is an issue we must investigate. With your help, I'd like to feature a special issue in the November-December edition of the Bulletin on the problem of childhood smoking. To that end, I'm inviting all of you to share your thoughts, studies, or personal experiences regarding kids and tobacco use. Maybe you have a special smoking-cessation program for teens in your facility. If so, describe it for the rest of us. Perhaps you've counseled an asthmatic youngster about the ills of smoking. Tell us how it went. Or maybe you've been involved in a community outreach effort in the schools aimed at keeping kids tobacco-free. Let us know what you've done and how you think the effort is working.

Articles should run between 500-750 words. Please send your contributions to me using the contact information on page two. The copy deadline for the November-December issue is October 1.

Remember: it's not what you do once in awhile; it's what you do day in and day out that makes the difference. I look forward to hearing from you soon. ♦

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Start networking with your colleagues via the section listserv. Go to the section home page on www.aarc.org and follow the directions to sign up.

Ten Things I Learned about Mucus

by Cara Kraft, RRT, RCP

If you ever have time to do a search on "mucus" on the Internet you might be surprised to find that there are over 213,000 sites out there! Here are some interesting things I found when I conducted such a search:

1. Mucus - (myoo'kes) n. slippery, slime, to slide, the thick, slimy secretion of the mucous membranes, that moistens and protects them.
2. Mucus and mucin are nouns, while mucous is the adjectival form of mucus.
3. Mucus volume is the moistening rate at which saliva is secreted.
4. Saliva is a mixture of mucus, water, salts, and the enzymes, including amylase, which break down carbohydrates.
5. In an awake individual, saliva is secreted at a rate of 0.5 mL per minute. Multiply that times 960 minutes in an average 16 hour waking day, and you have about 480 mL of saliva.
6. Exercise, eating, drinking, and speaking will tend to increase salivary volume.
7. Acidic solutions are the most powerful salivary stimulant, and can result in 4.0 mL of saliva per minute.
8. A gentleman in Las Vegas believes that saliva contains a fatty poison responsible for medical conditions ranging from birth defects to TB. He strongly recommends that people wash their mouths out with grape juice several times a day to avoid any disease.
9. mucus.org is the homepage of a teenager in the United Kingdom.
10. www.soulhealer.com offers nutritional support for people with a lot of mucus.

Next time you have nothing better to do, conduct your own search and see what you can cough up. ♦

The Respiratory Therapist as Disability Case Manager

by Penny Gagne Plouff, RRT

For several years in the 1990s, I marketed myself as an independent provider of respiratory care services. I offered a little bit of everything: overnight oximetry testing, one-on-one pulmonary rehabilitation, asthma education, smoking cessation, and nursing home therapy services. I found that patients, doctors, and nurses loved to utilize my services. The tough part was getting the insurance companies to pay. There were a few that did, but nothing consistent.

This was a great experience for me. I got to be clinician, educator, and manager all rolled into one. I ended up getting a crash course in what I now know as pulmonary disease management. Unfortunately, I found that I needed to maintain a second job (as a staff therapist) for most of the five years that I ran my own business.

Last year, I was looking for a new employment challenge, and an old friend suggested that I consider a position at Unum Provident. I must admit, at first I was a little skeptical. Wasn't "the insurance company" supposed to be the bad guy? I did a little research and found that there were two other respiratory therapists working there as Customer Care Specialists (basically an entry level disability case manager). I decided that the old saying, "if you can't beat 'em; join 'em" might just be a good idea.

On June 11, I celebrated my one year anniversary with Unum Provident. I must admit that I love it. I learn something new every day. I have an opportunity to make a real difference in the lives of the people I work with (we call them "claimants" instead of "patients").

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Updated Asthma Guidelines Highlighted in *AARC Times*

Check out your August issue of *AARC Times* for an analysis of the updated Guidelines on the Diagnosis and Management of Asthma issued earlier this summer by the National Asthma Education and Prevention Program (NAEPP).

Tom Kallstrom, RRT, the AARC's representative to the NAEPP and director of respiratory care services, cardiac rehab, and biometrics at Fairview Hospital in Cleveland, OH, provides an overview of the changes and what they mean to RTs and their patients. Specifically, he explains the rationale behind the major change in the updated version: a recommendation stating that inhaled corticosteroids are safe, effective, and the preferred first-line therapy for children and adults with persistent asthma.

The NAEPP Guidelines were first released in 1991 and updated in 1997. The current update is the first in a series of periodic revisions on selected topics aimed at ensuring the guidelines reflect the latest scientific advances in asthma care. ♦

Want to receive this newsletter electronically?

E-mail: mendoza@aacrc.org for more information.

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AARC Releases New Pulmonary Rehabilitation Clinical Practice Guideline

Pulmonary rehab programs now have a clinical practice guideline to call their own. True to its longstanding reputation for providing state-of-the-art, leading-edge guidelines, the AARC published its first Pulmonary Rehabilitation Clinical Practice Guideline (CPG) in the May issue of *RESPIRATORY CARE*. The guideline was developed by an eminent team of professionals, including co-chairs John E. Hodgkin, MD, FAARC, and Lana Hilling, CRT.

"The AARC understood that those who were practicing pulmonary rehabilitation did not have a guideline that was developed from their perspective - that of the respiratory therapist," says Carl Mottram, RRT, RPFT, FAARC, chair of the AARC's CPG committee. "Now, these key providers have influence from their profession related to this important therapeutic endeavor."

Mottram believes the two co-chairs add integrity to the guideline. "We were fortunate to have a leading physician co-chair this important project. Dr. Hodgkin took on the guideline because he, too, recognized the importance of the respiratory therapist in the provision of pulmonary rehabilitation. He effectively brought his extensive expertise to the table."

Dr. Hodgkin is medical director of the respiratory care department and the pulmonary rehabilitation program at St. Helena Hospital and Health Center in Deer Park, CA. He is the author of several textbooks and peer-reviewed articles about pulmonary rehabilitation, and has served the AARC in various volunteer positions, including as a member of the Board of Medical Advisors.

"Lana [Hilling], who co-chaired the committee, also brought a good deal of expertise and experience to the committee," says Mottram. "She has been a long-term member of the Association and provider of rehabilitation services in her position in the pulmonary rehabilitation department at Mt. Diablo Medical Center, Concord, CA."

The rest of the leading CPG committee included:

- Phillip D. Hoberty, EdD, RRT, assistant professor, respiratory therapy division, school of allied medical professions, Ohio State University, Columbus, OH
- Rebecca Hoberty, BS, RRT, Ohio State University Center for Wellness and Prevention, Columbus, OH
- Christine Kelly, MPA, RRT, University of California at San Francisco, Oakland, CA
- Trina M. Limberg, RRT, FAARC, University of California at San Diego, San Diego, CA
- Kevin Ryan, RRT, Deer Park, CA
- Paul A. Selecky, MD, FAARC, Hoag Memorial Hospital - Presbyterian, Newport Beach, CA
- Dennis C. Sobush, MA PT, associate professor, program in physical therapy, Walter Schroeder Health Services and Education, Marquette University, Milwaukee, WI
- Peter Southorn, MD, department of anesthesiology, Mayo Clinic, Rochester, MN

The AARC published its first CPGs in *RESPIRATORY CARE* in 1991. The addition of the Pulmonary Rehabilitation CPG brings the total number of guidelines to 52. ♦

Dental Problems Linked to Aspiration Pneumonia

Elderly patients who have dental plaque or certain types of bacteria in their mouths may be at increased risk for aspiration pneumonia, finds a new study presented at a recent meeting of the American Geriatrics Society. Although the authors of the report emphasize more study is needed to determine a link between the two conditions, they suggest nursing homes and other providers stress the need for good oral hygiene among their patients. Use of mouthwashes to reduce the amount of bacteria present in the mouth may be a worthwhile preventive measure.

The study was conducted by investigators from the University of Michigan and the Veterans Administration. ♦

Flu shot may protect against stroke

French researchers believe the flu vaccine might protect people from more than just the flu. Their study, published in the February issue of *Stroke*, found the vaccine offers significant protection against stroke as well, particularly for people under age 75.

The study involved 270 people, 90 of whom had suffered a stroke and 180 controls. All were questioned about their influenza vaccine record over the past five years and were also asked whether they had been treated with antibiotics in the previous three months or if they suffered from chronic bronchitis. In addition, researchers collected data on risk factors for stroke, including age, gender, hypertension, diabetes, high cholesterol, current smoking, and body mass index.

Results showed 59.4 percent of control subjects and 46.7 percent of stroke survivors had been vaccinated during the last vaccination period. Furthermore, 56.1 percent of controls and 41.1 percent of stroke survivors had been vaccinated every year for the previous five years. ♦

Get the Latest 4-1-1 From the AARC

Did you know the AARC sends weekly news updates to AARC members through its *News Now@AARC* e-mail newsletter? Or that the executive office staff conducts surveys, issues AARC Store sales announcements, and sends other general messages via e-mail? If you aren't receiving these important updates, it's probably because your e-mail address is in your membership record. To update your membership information and receive all the AARC 4-1-1, contact Catalina at mendoza@aarc.org. ♦

Pulmonary Doc Appointed to MedPAC

The U.S. Comptroller General has appointed a pulmonary physician to serve on MedPAC, the independent federal body responsible for advising Congress on Medicare revisions and rates. Dr. Nicholas Wolter, pulmonary and critical care physician and chief executive officer of Deaconess Billings Clinic in Billings, MT, will join three other new appointees on the 17-member commission. ♦

It Doesn't Hurt to Ask

The Centers for Disease Control and Prevention (CDC) want doctors to do a better job of inquiring about activity levels among their older patients. According to their latest findings, about one-third of all older Americans aren't physically active, but just 52% of elderly patients report being asked about activity levels during routine visits to their health providers.

The CDC survey found women were significantly less likely than men to be asked about physical activity during check-ups, and doctors were also less likely to ask about activity levels as their patients grew older. However, patients with higher income levels were asked more often than those with lower income levels.

At any rate, asking does seem to help: the survey found higher activity levels among patients whose doctors had inquired about activity and exercise than among those whose doctors didn't address the issue. ♦

The AARC Needs You!

Did you know it takes more than 500 active volunteers to successfully run the vast and varied programs and services offered by the AARC every year? Who should take on these responsibilities? How about you?

President-elect David Shelledy, PhD, RRT, is currently seeking volunteers to serve on various AARC committees and in numerous other capacities during his presidency in 2003. If you'd like to sign up - or just find out more about how you can become more involved in your professional association - check out the following link on AARC Online: www.aarc.org/headlines/volunteer. ♦

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THE RESP. THERAPIST AS DISABILITY CASE MANAGER

Disability looks very different to me today than it did a year ago. Disease does not equal disability. It's my job to help your patients see that. Instead of focusing on what they can't do, I can help them consider what they can do.

I still utilize my skills as a therapist, just in a very different way. I gather information from patients (via telephone calls) to help us understand how their medical condition has impacted them and what their current treatment plan is. (I'm amazed how many people describe being on oxygen when they actually use a nebulizer or CPAP machine!) I interact with physician's offices and pulmonary rehabilitation programs all over the country as I gather medical records and look for objective information that will support each claimed disability. (Does your documentation objectively support your patient's claimed impairment? Can you work with your patient during pulmonary rehab with a goal of return to gainful employment? Do you know what the physical demands of his job are?)

I work with vocational rehabilitation specialists to help patients return to work - sometimes in the same position; other times, in a different position perhaps with a different employer. (Maybe you can't be a welder if you need continuous oxygen therapy, but perhaps you can do a sedentary job. Motivation is often the key factor.)

This is not exactly what I thought I would be doing when I graduated from Southern Maine Technical College with a degree in respiratory therapy. Back then, I thought that I would work in a hospital for a few years and eventually go into home care or management. I never dreamed of the doors that would be open to me if I just took a risk and knocked on a different one. ♦

Vitamins May Combat Memory Loss

Vitamins may play a key role in maintaining memory in the elderly, says a new report from British and Scottish researchers. Their study, published in a recent issue of the *American Journal of Clinical Nutrition*, found older people with lower levels of folic acid and vitamin B₁₂ had lower scores on tests of cognitive abilities than those with higher levels.

The study involved 331 men and women who took part in Scottish Mental Surveys, intelligence tests conducted on schoolchildren in Scotland, in 1932 and 1947. ♦

RC Week October 20-26, 2002

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Reducing ER Visits for Asthma

Using intranasal steroids to treat asthmatics who also have upper airway conditions reduces the risk of emergency room visits for asthma attacks, say researchers publishing in the April issue of the *Journal of Allergy and Clinical Immunology*.

They reviewed the medical records of 13,844 patients five years of age or older who had been diagnosed with asthma and rhinitis, sinusitis, or otitis media. About 1000 had an emergency department visit for asthma.

Researchers associated a reduction in emergency department visits with use of nasal steroids or prescription antihistamines. The reduction was seen both for asthmatics taking inhaled corticosteroids for asthma and those not using inhaled steroids for asthma. ♦

Caring for the Caregivers

An estimated 3.5 million American women care for demented spouses or parents at home, putting their own physical and emotional health at risk. New research indicates that a simple, home-based exercise program can reduce the personal toll their caregiving takes.

Investigators from Stanford University School of Medicine recruited 51 women who were caring for demented relatives. The women were at least 50 years old, not engaged in regular physical activity, and providing at least 10 hours of care every week.

Each participant received an in-person counseling session with a health educator, who provided information and instruction on how to work up to a regular schedule of three or four 30- to 40-minute exercise sessions a week at home. Over the following 12 months, each caregiver/counselor team stayed in regular contact via telephone calls and mailed activity logs.

The researchers found that even though the caregivers provided an average of 71 hours of care a week, 70% adhered to their exercise program for a whole year. During this time, the amount and intensity of their exercise, as well as their knowledge of physical activity, significantly increased.

By the end of the year, the women were significantly less depressed and stressed than before starting the exercise program. Although their actual burdens did not decrease, their perception of how burdened they felt markedly improved. ♦

Mark Your Calendar!

UPCOMING CONFERENCES

AACVPR 2002
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