

BREATHING *matters*

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The Many Faces of COPD ...and why differences matter

With Albee Budnitz, MD, FACP, FCCP

Chronic Obstructive Pulmonary Disease or COPD is a complicated illness because it manifests differently in individuals, is usually accompanied by other serious diseases (“comorbidities”), and the population affected by it has younger faces than ever before.

COPD is made up of chronic bronchitis and emphysema. The major risk factor for this chronic disease in America is smoking tobacco.

As a result of environmental and genetic factors, phenotypes are the observable characteristics or traits of the disease. In other words, a person with COPD has his /her own “personal”/individualized COPD. Recognizing these types can help doctors individualize treatment.

“Originally we classified COPD patients into two patient types; now we know there are many, many more,” explains Albee Budnitz, MD. “Knowing these distinct subgroups is very useful from a clinical perspective, because treatment may change and expectations about the course of the disease may change.”

In the old days, there was the “blue bloater,” with a grayish-blue complexion, who did lots of coughing with a lot of phlegm. The patient’s oxygen levels were not good, and he slowly deteriorated over time with less life expectancy.

The average age of addiction to tobacco products is 14, so by age 40, smokers have been using tobacco for more than two decades.

Today, the faces of COPD are younger and include many more women. The sooner it’s diagnosed and the patient does something about it, primarily quit smoking, the better.

The other phenotype was the “pink puffer,” usually a thinner older person also in his sixties, who was too thin and had a pink complexion. His oxygen levels were “okay,” and he didn’t cough much but was really short of breath.

“When he got sick, he was very sick, had to be hospitalized, oxygen levels plummeted, and he would come out in worse shape than before he went in,” Dr. Budnitz says.



Women have surpassed men in severity of COPD, its prevalence, and with a bad prognosis. Since 2000, more women die from COPD every year than men, and more are disabled because women’s lungs are more susceptible than men’s to cigarette smoke and secondhand smoke.

“Susceptible means they lose function very quickly; this is the bad news,” according to Dr. Budnitz. “The good news is, if they quit, more often than men a woman’s breathing function has a better chance of improving.”

The new faces of COPD include people who find they can no longer do regular activities easily—a 45-year-old woman who quit after smoking a half pack of cigarettes a day for 30 years. She finds it hard to climb stairs, which she may blame on asthma.

But anyone who stops smoking has a better chance at a longer, better quality of life.

A 55-year-old man with a morning cough who smoked for 25 years. He gave up golf because of shortness of breath.

DOUBLE WHAMMY WITH ASTHMA

Physicians have recognized that people may have asthma and COPD (from smoking). That’s called ACOS (Asthma COPD Overlap Syndrome).

Someone diagnosed with asthma as a young person, under 40 but who has smoked, probably has ACOS. “He or she needs more medications to control symptoms, experiences more hospitalizations and exacerbations, and needs to be treated with ‘the whole kitchen sink,’” says Dr. Budnitz.

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There are seven major “comorbidities”—independent diseases—that often accompany COPD:

- 1) Congestive heart failure
- 2) Diabetes
- 3) Pneumonia and other lung infections
- 4) Obstructive sleep apnea
- 5) Osteoporosis
- 6) Generalized anxiety disorder & depression
- 7) Gastroesophageal reflux disease (GERD)

These co-occurring conditions must be treated along with COPD.

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Rapid decliners are another phenotype. They are very susceptible to cigarette smoke and get COPD. Others start with low lung function and get COPD more quickly.

The systemic phenotype is characterized by inflammation throughout the body systems. Someone diagnosed in their fifties to sixties with COPD may have six to seven other major comorbidities (see list above) that have to be treated concurrently.

In the frail phenotype, rapid change in temperature, a cold virus, totally knocks them over. They are often frail emotionally too. “Physicians have to tend to the whole person or they don’t get better,” Dr. Budnitz says. Best approach to treatment:

- 1) Stop smoking
- 2) Attend pulmonary rehabilitation to stay active, to learn about yourself/your phenotype, and how to enjoy life and get fit and not deconditioned
- 3) Pharmacotherapy

“Medications are an important part of COPD treatment, but the problem is they are branded, very expensive, come in different ‘inhaler’ devices; not pills which are easy to take,” says Dr. Budnitz. Pulmonary rehab can help here as well, since they teach people how to use these devices.



Dr. Albee Budnitz practices internal and pulmonary medicine at Downtown Medical Associates/Foundation Medical Partners in Nashua, and is a Breathe NH board member. For more information on COPD visit breatheNH.org/COPD.

A BREATHE BETTER CHAMPION One Person Can Make a Difference

“It was a hard fight, but in the end it was worth it,” says Catherine, (who does not want her full name used) the sole voice for a condominium building’s no-smoking effort.

Residents of the over-55 condo building on the Seacoast had complained about secondhand smoke in the lobby, halls, and on the grounds. A smoking-related fire had destroyed entryway plantings, despite a policy that prohibited smoking in most common areas.

Catherine, an artist, found Breathe NH online last June, and Policy & Program Manager Kim Coronis sent information about no-smoking policies in multi-unit residences. Catherine was also inspired by a Boston Globe Magazine article.

Persistence paid off

In response to the fire, last June the board declared a smoking ban on the outside grounds. But Catherine was afraid condos would be sold to smokers in the future. Her July letter and proposal to the condo board and property manager, with information about the health, safety, and economic advantages of a smoke-free property, were ignored.

So she took her crusade directly to residents, with personal letters and supporting information, and got her proposal and a ballot on the agenda for the October annual meeting. A few days before the meeting, she learned the board was now in agreement that the entire property should be smoke-free.

Catherine and another concerned resident spoke at the meeting and the vote was unanimous: an immediate, property-wide smoking ban. The bylaws have been amended and signs (see above) posted. By speaking up, Catherine made a difference.



EnviroVantage Celebrates 30 Years, Supports Lung Health

PORTSMOUTH—EnviroVantage, an environmental remediation contractor, held a 30th anniversary gala—and Breathe New Hampshire got the presents. The event at the Sheraton Harborside featured a silent auction, with all proceeds benefitting Breathe NH’s mission in its centennial year.

Founder and President Scott Knightly (above at left) also donated on behalf of each guest who attended, for a grand total of \$6,000. Breathe NH President/CEO Dan Fortin (right) thanked Knightly, noting that his company’s mission to protect the public from harmful contaminants is aligned with Breathe NH’s. “Your donation will go a long way in helping our advocacy and our education programs,” said Fortin.



Your Ticket to the Best Values in New England!



Give the gift of family time at New England's favorite attractions with the 2016 Breathe NH Fun Pass.



For only \$32, you get coupons for more than 110 family attractions worth over \$1,800! Celebrate the ski season with lift tickets and more to Loon Mountain (a Fun Pass supporter 20+ years!) and 16 other ski attractions; enjoy Story Land, York's Wild Kingdom, Old Sturbridge Village, zip lines and adventure parks, amusement and water

parks, museums, whale watches, M/S Mt. Washington cruises, Edaville USA and many more.

Many coupons admit a child 12 and under free or at a discounted rate with a paying adult, so with one visit to some attractions you cover the cost. Offers and deals vary by attraction. How much can you save? Go to www.breathenh.org/FunPass_2016-attractions-discounts to see.

The Fun Pass makes a great gift that can be used all year. Use it as a road map to explore new places and create family memories for a lifetime. Call 603-669-2411 or order online at www.breathenh.org/FunPass.

Proceeds support our critical mission of preventing lung disease and improving the quality of life for those with lung disease.

Welcome Our New Director of Programs!

Allyssa Thompson joined Breathe New Hampshire this February as the new Director of Programs, to provide strategic direction and program oversight. She's excited to be part of the Breathe New Hampshire team and will be focusing on the implementation of the statewide COPD Plan in addition to other programmatic activities.

Before joining Breathe New Hampshire, Allyssa worked for several years at other Granite State nonprofit organizations including the National Multiple Sclerosis Society and Juvenile Diabetes Research Foundation.

Allyssa received her Bachelor of Science degree in Community Development and Sociology from the University of New Hampshire in Durham. She lives with her family in Manchester, NH.



New Hampshire Charitable Foundation Awards Grant to Advance COPD Plan

CONCORD—The New Hampshire Charitable Foundation has awarded a \$25,000 grant to Breathe New Hampshire to support the COPD Plan, the first statewide “road map” for tackling the third leading killer in the U.S.

Chronic Obstructive Pulmonary Disease (COPD) includes emphysema and chronic bronchitis. In New Hampshire, 85,000 people have been diagnosed with COPD, and it's believed that another 85,000 have it but don't know it yet.

In 2014, Breathe NH spearheaded a collaborative effort to create the state's first road map aimed at reducing the burden of COPD. The NH COPD Plan outlines recommendations for preventing and better managing the disease, with a goal of improving and saving lives.

“Thanks to contributions from many partners including COPD patients, the plan reflects the needs of our state,” said Breathe NH President and CEO Dan Fortin. “The Charitable Foundation grant enables us to continue funding a project manager to advance the plan.”

The vision of the COPD Plan is to create and implement a sustainable, coordinated course of action to bring more attention and resources to COPD in the Granite State, and improve the lives of those impacted by this deadly and underfunded disease.

The project manager provides technical and administrative support to COPD Plan work groups. Work groups include Advocacy and

Public Policy; Public Awareness and Education; Diagnosis, Management and Patient/Family Support; and Data Surveillance and Evaluation.

About the New Hampshire Charitable Foundation

Established in 1962, the New Hampshire Charitable Foundation is driven by a vision for a stronger, more just, and resilient Granite State. In pursuit of this vision, the Foundation invests charitable assets for today and tomorrow; connects donors to effective orga-

nizations, ideas and people; and leads and collaborates on important public issues. Annually, the Foundation awards nearly 5,000 grants and scholarships totaling \$30 million. Based in Concord, the Foundation roots itself in communities across the state through its staff, board of directors, and eight regional advisory boards. Visit www.nhcf.org or call 603-225-6641 for more information.

The grant was made possible by gifts from these New Hampshire Charitable Foundation funds: Dorothy P. Kendall Fund, Helene D. Grimes Fund, and the Stetteneim Family Community Fund.



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Save These Dates

Thursday, September 8

Eager Breather's Fresh Air Day Cruise

Monday, September 26

Golf Classic at Lake Winnepesaukee Golf Club

Thursday, November 3

Night of Thanks & Centennial Celebration

A PROFILE IN GIFT PLANNING

An Easy Way to Support Breathe NH

Rita Glasheen became involved with Breathe NH in 2002, when her then-fiancé Leo was a bike tour volunteer. “He rode, and I volunteered at the rest stop. My late husband had COPD and emphysema and I was more than happy to volunteer.”

When her first husband passed away, she remembered, “We’d had a trust and IRA (Individual Retirement Account) funds and wanted to set aside something for Breathe NH.” Her financial advisor suggested the easiest way to leave a charitable gift was to make a separate IRA account and name the nonprofit as a beneficiary.

“There’s no will addendum, it doesn’t go through probate, and funds go directly to the 501c3 nonprofit,” Rita said, “otherwise you must make required minimum distributions (RMD) of IRA funds, which are taxable income. When you get to be over 70, you don’t have a lot of tax write-offs and end up paying more. This way,” she continued, “every year you can give any portion of the RMD to the beneficiary/charity, with no tax consequences. It’s a win/win. This is a great way to give and it’s just so easy.”

Because of her forethought, Rita Glasheen is now a member of the Dr. Robert B. Kerr Legacy Society. Thank you, Rita!

Other methods of gift planning which may offer tax benefits include giving via your will, life insurance policy or appreciated stock. To learn more, contact Kelly Sicard at 603-669-2411 or ksicard@breathenh.org, or visit BreatheNH.org/giftplanning. As always, please remember to consult your attorney or financial advisor when making any changes to your plans.



Leo and Rita Glasheen

The Dr. Robert B. Kerr Legacy Society is made up of members who have provided for Breathe NH in their estate plans, to help us continue our critical mission of eliminating lung disease. This society is named after our founder, Dr. Robert B. Kerr, who dedicated 50 years of his life to the organization.