

# Winnipeg Free Press

Health

## Breath of fresh air

Education key to helping those with lung disease, but too few professionals have proper training to tackle growing epidemic

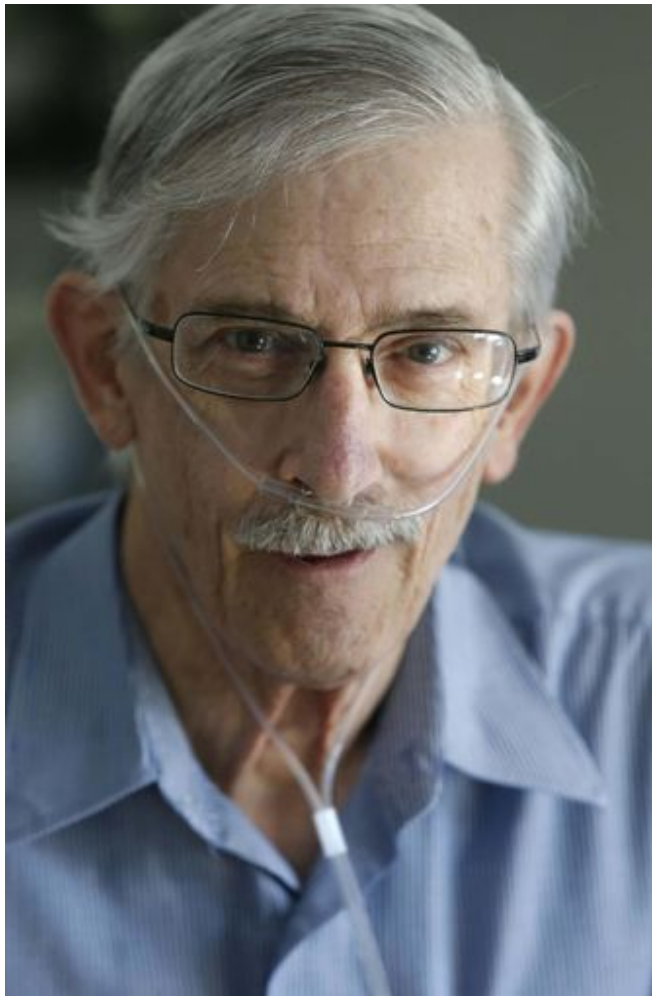
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Whether he's taking a shower, vacuuming the carpet or walking to the end of his driveway, Dave Wardell struggles to catch his breath.

"I have trouble breathing no matter what I do, and I'm on oxygen as a result," says the 63-year-old retired mechanic. "Every time I exert myself I need it."



WAYNE GLOWACKI / WINNIPEG FREE PRESS  
Dave Wardell, who has COPD, is connected to his oxygen concentrator in his home.

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Wardell has chronic obstructive pulmonary disease, or COPD. Caused by smoking and long-term exposure to harmful chemicals, COPD is akin to cardiovascular disease, except it affects the airways of the lungs instead of the circulatory system.

Often, airways constrict under duress — even during simple, day-to-day activities — making it difficult for COPD sufferers to breathe.

"You have no idea of how it feels not to be able to pull any air into your chest," Wardell says.

"It is like somebody has wrapped a strap around your chest and you just can't expand to bring anything in, and that causes a lot of panic."

It can be exceptionally debilitating and deadly.

Yet Wardell experiences fewer moments of breathless terror since becoming a patient of the Pulmonary Rehabilitation Program at Deer Lodge Centre in Winnipeg.

There, certified respiratory educators instruct patients how to use medications effectively, adjust their lifestyles, and manage the physical and psychological burdens of the disease.

The program improves and extends quality of life for patients like Wardell.

Yet it just scratches the surface of the province's lung disease epidemic.

"Lung disease affects about one in five Manitobans," says Neil Johnston, a board member with the Manitoba Lung Association.

COPD sufferers alone number 24,000 in the province.

"Most of that is related to smoking," Johnston says. "The rates of smoking are decreasing, but the rates of COPD are increasing based on the number of people who smoked in the past."

Many more Manitobans suffer from other lung diseases, including an estimated 90,000 people with asthma.

While medication helps keep diseases like COPD and asthma in check, so too do lifestyle changes such as quitting smoking, increasing physical activity and maintaining a healthy diet.

Education is important, but not just for patients. Health-care workers, whether they are physician, physiotherapists, social workers or nurses, must keep abreast of the latest research and treatments.

Recognizing this need, Manitoba Health and the Manitoba Lung Association have jointly supported a long-running educational program for health-care professionals called RESPTrec.

"It trains us to work better with patients so we're more effective in educating them to help themselves," says Kristine Petrasko, the regional pulmonary educator at the Pulmonary Rehabilitation Program and pharmacist at Deer Lodge.

"Rather than telling them what to do, we're working with patients to find solutions."

The training also leads to health-care providers becoming certified respiratory educators. So far mostly those working in the Pulmonary Rehabilitation Program have earned their certification.

The goal is to train as many health-care professionals as possible, including family doctors, pharmacists, nurses and even social workers, Petrasko says.

But there is only enough government funding to train a few people every year.

"We have probably a couple of dozen certified respiratory educators, and when you think that there are 24,000 people with COPD, we obviously haven't trained enough people yet," Johnston says, adding the association provides funding and support.

"So we really need to increase the capacity of our system."

Most importantly, RESPTrec arms those who take the program with knowledge to empower patients to manage their disease better and reduce the likelihood of a lung attack.

"The reason we want to train more health-care professionals out in the community is so we can all work more collaboratively with our patients to prevent these emergencies from happening," Petrasko says.

Patients who suffer lung attacks can't draw in air, and end up being hospitalized for several days.

Moreover, a patient's breathing capacity decreases after every attack, similar to a heart attack's negative impact on cardiac function.

"When you have a heart attack, part of your heart dies, so you want to prevent the heart attack from ever happening in the first place," she says.

"But people don't understand a lung attack is just as serious: part of the lung dies every time you have one."

Medication can help reduce the likelihood of an attack — provided patients take it properly. But many fail to.

"Only nine per cent of patients use their inhaler correctly," Petrasko says. "And that's a problem because they're not protecting their airways."

By training more health-care professionals, she says, the system can reduce the number of hospital visits caused by lung attacks — which cost, on average, \$10,000 per admission — while improving the quality of life of people with lung disease overall.

Certainly Wardell can attest to the benefits.

"Somebody has to train the trainers, and that's what Manitoba Lung Association helps with: they train the people who help me," he says. "And I don't believe I would be here if it wasn't for them."