

Have You Switched Yet?

CFC ALBUTEROL INHALERS WILL NO LONGER BE AVAILABLE AFTER DECEMBER 31, 2008!

Many individuals with COPD, emphysema, and asthma often use medication known as albuterol available as a metered-dose inhaler (MDI). This type of delivery system has been undergoing changes over the last ten years regarding the propellant that delivers the medication when the inhaler is activated. The United States has committed, along with most of the world, to discontinuing the use of chlorofluorocarbons (CFCs) propellants because of their negative effects on the ozone layer. In an effort to protect the environment, the U.S. Food and Drug Administration (FDA) is requiring that manufacturers of albuterol inhalers use hydrofluoroalkane (HFA) in place of CFCs to propel the medicine out of the inhaler. ***This does not mean that your medication is changing, just the propellant.***

Nearly 20 years ago, the United States signed a treaty with several other countries, to help protect the earth's ozone layer. In doing so, we agreed to stop using substances called chlorofluorocarbons (CFCs) which are used as propellants in many inhalers. Besides inhalers, CFCs were used in many ways, but primarily as refrigerants in refrigerators and air conditioners. Asthma inhalers received an exemption from the treaty, but this exemption was no longer available after 2005. Therefore, the FDA and a variety of pharmaceutical companies started producing other types of inhalers, such as

dry-powder inhalers (DPI's) as well as producing alternate propellant or HFA MDI's.

Studies show that HFA inhalers are as effective as CFC inhalers and have the same rate of side effects. However, there are some important differences between these types of inhalers. If you want to get the most benefit from HFA inhalers, please keep the following in mind:

1. HFA inhalers must be primed before you first use them - generally 3-4 sprays. Depending on the brand, the inhaler may need to be re-primed after several days to weeks of non-use or cleaning.
2. HFA inhalers have a warmer softer spray. For this reason, many feel that the inhaler isn't working properly. They are used to the CFC inhalers which delivers a powerful cold blast of medicine.

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3. The HFA inhalers require a slower inhalation. It's still important to take as deep a breath as possible and hold it for at least 10 seconds. You can still use a holding chamber/spacer with these inhalers and that is highly recommended to improve deposition of the medication into the lungs.

4. HFA inhalers need to be washed with warm water and air dried frequently. The medication is stickier and will clog the hole, reducing the amount of medication the spray delivers.

It is important to note that this transition does not affect Combivent MDI, a combination product that contains albuterol as well as ipratropium. The FDA has designated Combivent as an essential-use product distinct from the single-ingredient albuterol MDIs although it is anticipated to have an HFA product by 2010 or 2011.

(Test your HFA Knowledge by taking the true/false quiz on back page.)



on Pulmonary Rehab
The following is an update on four pulmonary rehabilitation programs offered in our area:

**Lifeline Outpatient Centers/
Pulmonary Rehab Services**

125 Warrendale-Bayne Road
Warrendale, PA 15086
724-933-3280 (contact Tom Havas)
or
Waterdam Plaza
McMurray, PA
724-941-5340 (contact Tom Havas)

**UPMC McKeesport
Cardiopulmonary Rehabilitation Center**

Oak Park Mall
2001 Lincoln Way
White Oak, PA 15131
412-664-3010 (contact Kathy Palombo)

**UPMC Presbyterian
Pulmonary Rehabilitation Services**

Falk Medical Building, 4th Floor
3601 Fifth Avenue
Pittsburgh, PA 15213
412-647-7035 (contact Debbie Piontek)

Alaskan Adventure 2008 Smooth Sailing

On Saturday, September 13, 2008, two groups of respiratory patients, their family and friends, and a volunteer medical staff, set out on the trip of a lifetime. After a year's worth of planning and anticipation, a total of 59 individuals flew from Pittsburgh and Newark to Seattle, WA, to begin a seven-day cruise to Alaska aboard Holland America's *MS Westerdam*. Of the 18 oxygen users, 15 required oxygen onboard the plane. Thanks to the generosity of Philips Respironics, Inc., each person who needed oxygen for the flight, received an EverGo™ portable oxygen concentrator for the duration of the trip. These medical devices are battery operated and were a key component of the success of the trip. Individuals used their EverGos for all of their portable needs while traveling. Users charged their systems every night in their cabin or replaced their batteries with fully charged ones available from the medical staff. At night, those on oxygen had a stationary oxygen concentrator, that provided continuous flow of oxygen for sleeping.

It was a beautiful, sunny afternoon when we boarded our ship. The *MS Westerdam's* crew was fabulous... escorting those in our group who needed wheelchair



The courteous Westerdam staff waiting to escort those who need help aboard the ship.

assistance and expediting our check-in. Everyone had time to settle in, enjoy some lunch prior to the mandatory lifeboat drill before setting sail.

The next day was a relaxing sea day. Time to explore the ship, attend an education class, and meet new people. The following day, we began sailing the Inside Passage and Glacier National Park.

The day started out misty and cold. In the morning, some of the medical staff participated in the ship's "Polar Bear" Plunge... jumping into the outside pool in 40 degree weather.

Later, a park ranger boarded our ship to provide commentary as we slowly sailed this amazing waterway. We saw many glaciers, truly blue in color and massive even from a distance. People stationed themselves on the many open decks, trying to catch a glimpse of seals, otters, or whales. At one point, the ship stopped its engines and we drifted in pure silence as we passed these magnificent cliffs of ice. "Awesome" was the expression spoken and heard from just about everyone. In keeping with tradition, some of our group enjoyed hot pea soup served out on deck to those who sail the Inside Passage.

Wednesday morning found us docked in Juneau, the capital of Alaska. A short walk off the gangway, and we were in the heart of the shopping district. Not far from our pier, you could take the tram up to the top of Mt. Roberts and get an eagle's eye view of the Port of Juneau. With only 30 miles of roads, you visit Juneau by sea or by air. Later in the afternoon, the overcast skies cleared and the sun came out for our private shore excursion to the Tongass National Forest and Mendenhall Glacier. This very accessible park allowed many of our group to follow the paved pathways right to the edge of the lake with the glacier and an impressive waterfall in the background. Some of us even saw a young bear strolling through the entrance... quite a surprise for us city folk.



Majority of Smooth Sailors at Mendenhall Glacier, Juneau, Alaska

In the following days, we visited Sitka, Ketchikan, and Victoria. Sitka, once an early Russian settlement, retains old world charm with Russian influences.



The Salmon Capital of the World

In Ketchikan, the salmon capital of the world, we saw salmon running a major stream through the heart of town. The local cannery offered salmon for travelers to take home: fresh or smoked, canned or vacuum-packed, even salmon jerky. If you were a salmon lover, it was paradise.

For more photos of this exciting trip visit our website at www.healthylungs.org

Our last port of call before returning to Seattle was Victoria, British Columbia, Canada. Many in our group remarked that they wished we had more time to explore this beautiful city.

As we disembarked the ship in Seattle the next day, we set off for a brief tour of the city and to enjoy some of its sites: the picturesque public market, the Space Needle, and the many houseboat communities. Back at the hotel, we rested for our early flights home the next morning. It didn't take long for everyone to start talking and planning for next year's cruise.

Save the Date



Smooth Sailing

**15th Annual Cruise for Respiratory Patients
Turks & Caicos and the Bahamas
from New York City aboard the Carnival Miracle
October 7-15, 2009**

Test Your HFA Knowledge Answer True or False...

It's a good idea to switch to an HFA inhaler.

TRUE. Since 1978, CFCs have been taken out of nearly every product because they reduce the amount of ozone in the layer that surrounds and protects the earth against the sun's harmful rays. Replacing the CFCs in your metered-dose inhaler (MDI) with another substance called hydrofluoroalkane (HFA) will make the environment safer for everyone.

The medicine in HFA inhalers will stay the same.

TRUE. The medicine in your asthma inhaler will not change. The medicine (albuterol) in the HFA inhalers is exactly the same as the albuterol in the CFC inhalers. It's the substance used to push the medicine out of the inhaler that is changing. HFA inhalers provide the same level of safety and effectiveness as CFC inhalers.

There are some differences between the new HFA-based inhalers and the old CFC-based inhalers.

TRUE. After switching to an HFA-based inhaler, you will notice that there are a few differences from the CFC-based inhalers, but there are also many similarities:

Shape and size is similar and convenient to use.
Ozone-friendly to the environment.
Might be slightly different in smell and taste.
Mist is less forceful and warmer, but the medicine is the same.
May need to be cleaned and cared for differently (HFA devices should not get wet; don't use the float test!)

A new prescription is needed to get an HFA inhaler.

TRUE. To get an HFA inhaler you will need to get a new prescription from your physician. Check with your pharmacist to see if you have already made the change. **Remember, no CFC albuterol inhalers will be sold after December 31, 2008!**

You can identify whether or not your current asthma inhaler is already HFA-based.

TRUE. Most HFA inhalers will be clearly marked with the phrase, "HFA" or will state that they contain no CFCs. You can also check with your pharmacist or physician to determine which type of inhaler you are currently using.

There is a difference in price between CFC and HFA inhalers.

TRUE. HFA inhalers may cost anywhere from \$30 to \$60, which is considerably more than the \$5 to \$25 for a generic CFC inhaler.



Cranberry Professional Park
201 Smith Drive, Suite E
Cranberry Township, PA 16066

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