



Second Wind

NEWSLETTER

JUNE-JULY 2002

PERF, The Pulmonary Education and Research Foundation, is a small but vigorous non-profit foundation. We are dedicated to providing help, and general information for those with chronic respiratory disease through education, research, and information. This publication is one of the ways we do that. The Second Wind is not intended to be used for, or relied upon, as specific advice in any given case. Prior to initiating or changing any course of treatment based on the information you find here, it is essential that you consult with your physician. We hope you find this newsletter of interest and of help.

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Key Words: Newsletter renewal, Peripheral Arterial Disease (PAD, PVD), Intermittent claudication (IC), How to save money on prescription drugs.

Do you have a computer? If so, you may have a little empathy for the problems we have been plagued with. June was a total loss so here we are in the middle of July hoping to get out an issue up to our usual standards. Special thanks to Dr. Petty for coming through with an extra newsletter!

One of the things we should have been doing all these years is to let folks know when their subscription is up, by mailing them a notice a month before expiration. We haven't been able to easily do that in the past, so now we are playing

catch up with reminders. As always, our main wish is that you receive the newsletter if you really do find it of value. If you can't afford it, we are happy to still mail it to you, *as long as you let us know that you want it.* We know that many hospitals, which have received the newsletter by mail, can now download it from our web site at www.perf2ndwind.org. With costs increasing, we hope you take advantage of this if your department cannot afford the \$20.00 a year subscription fee. Feel free to call us at 1 (310) 539-8390 if you have *any* questions.

*Our thanks to those wonderful
Breath Savers of Citrus Valley
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their remembrance to PERF.
Thanks also to Yolanda Weiss,
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*Mary Kojima made a donation in
memory of Alice Moore. Kevin &
Judy Hettich made another
donation to the Chair in honor of
Mary Burns. Thank you, good
friends!*

Peripheral Arterial Disease

*This information was obtained at a
recent lecture to the California
Society of Pulmonary
Rehabilitation (CSPR) by Kathy
Sietsema, MD, Professor of
Medicine at Harbor-UCLA
Medical Center.*

Peripheral arterial disease, (PAD), is included under the more general heading of peripheral vascular disease, or PVD. Plaques in the arteries of the legs decrease blood flow as the arteries become narrowed or blocked. This is the same disease process that causes heart attacks or angina when it affects the coronary arteries of the heart. So, why are we telling you about this? *PAD is a disease of smokers with early symptoms that are often missed or ignored by patients and physicians. Like*

COPD, PAD symptoms creep up slowly over the years. There are approximately 10 million Americans with this diagnosis and probably many more who are not aware that they have this problem. While only 1% to 3% of those younger than 70 are afflicted, it rises to 10% for those over 70 years of age, with over 20% found if specific testing is done! 25% of those over 75 have PAD, though many are not diagnosed. This is a *common* disease that can be very serious since it is also a *systemic* disease. That is, it may be an indicator of future angina, heart attack, stroke, renal vascular hypertension or even erectile dysfunction. What should alert you to seek medical advice?

The first sign of PAD is **intermittent claudication (IC)**. Claudication is characterized by pain or discomfort in the muscles of the legs brought on by exercise or walking, and relieved by 2 to 5 minutes of rest. In addition to the usual symptoms of cramping pain in the calves after walking a block or so, there may be numbness, coldness, weakness, aching, or a fatigued feeling in the buttocks, hips, thighs, calves or even the feet.

A lot of folks ignore their symptoms, thinking it is due to aging. Others don't walk enough

to know that they have a problem! Does limb pain always mean that you have PAD? Of course not. There can be other causes, such as a herniated disk, arthritis, sciatica or run of the mill excessive exercise that your doctor would have to rule out. The important thing is that you seek help when you first have symptoms rather than waiting until the pain becomes constant, or the circulation so impaired that gangrene occurs!

The diagnosis is easy, inexpensive and takes about 10 minutes in your doctor's office or in a specialized vascular laboratory. With a stethoscope, the physician can listen over the arteries for a diagnostic sound called a **bruit** (a "whooshing" sound with each heartbeat). With a blood pressure cuff and special device for listening (a Doppler probe), the doctor can measure the **Ankle-Brachial Index**, known as the **ABI test**. This measures the difference in the blood pressure between the arms (which are never affected) and the legs. About half of all people with abnormal tests are not yet aware of symptoms! An early diagnosis is a start in the right direction.

There are a number of risk factors that you can modify to help control your PAD as well as other atherosclerotic conditions.

Number one is to **STOP SMOKING!** *Smoking is absolutely the biggest risk factor!* **Elevated blood pressure, diabetes and high cholesterol** all can be kept at a safe level with various methods including diet and medication. And speaking of diet, weight control to prevent **obesity** is also very important. Last, but certainly not the least of the risk factors, is a **lack of exercise**.

We now know that **exercise** is of great help for PAD! Because of the pain involved, it is almost impossible for an individual to get enough exercise in an unsupervised program. But several studies have shown that a supervised exercise program lasting at least 6 months can have a profound impact. The patient walks until approaching maximal pain, rests until the pain is gone, and then starts walking again. This walking program should be increased progressively up to 30 or 40 minutes a day for at least 3 days a week. The pay-off for those who stick with it is improved walking ability with less pain.

Pain at night, constant pain and, of course, gangrene are all ominous symptoms. Surgery to bypass the blocked arteries, is not usually effective treatment for most patients with claudication, but may be used in cases when it is needed

to save a limb. In some cases, doing **angioplasty** (inflating a balloon inside the narrowed artery) or placing a **stent** (designed to hold the artery open) in the artery may be helpful. There are two medications on the market for the treatment of claudication, but the only one that really works is **Pletal (Cilostazol)**. It is very effective in preventing claudication but, as you would expect, it is also expensive.

Harbor-UCLA in Torrance, CA is currently recruiting volunteers for a study of Type II diabetics with claudication. The contact number is **(310) 222-2425**. If you are interested, but live in another area, try calling your local university to see if they have any studies for which you might be eligible.

The take home message from all of this information is to be aware of any symptoms of PAD that you might have, and to ask your doctor about a screening the next time you have an office visit. You can also watch the paper for free screenings at a health fair or your local hospital. But do be aware of these symptoms and seek help if you fit the profile of PAD or have the risk factors we listed earlier.

HOW TO SAVE MONEY ON PRESCRIPTION DRUGS

*Thanks to Ken Rubinwitch for providing some of this valuable information and for inspiring us to look for more. We'd like also like to thank **Frank Kaiser**, who gave us permission to reprint much of the information below, which is from his great web site www.suddenlysenior.com.*

The cost of medications can devastate a budget. But the many cards and prescription plans can be very confusing. The following list may help you decide which one is for you. ***To be eligible for all of the following plans you must be enrolled in Medicare, have no other prescription coverage, and have certain income limitations, usually based on your adjusted gross annual income.***

Together Rx Card offers savings of approximately 20%-40% off the amount usually paid for prescriptions. The founding members of this prescription program are Novartis, Abbott Laboratories, Astra Zeneca, Aventis, Ortho-McNeil, Bristol Meyer Squibb, Johnson & Johnson, GSL and Janssen. Annual income limits are \$28,000 for individuals and \$38,000 for individuals. E-mail

www.togetherRx.com or call 1-800-865-7211.

Glaxo Smith Kline's Orange Card saves seniors 30-40% off retail prices of Advair, Serevent, and Flonase as well as other drugs. Annual income should be at or below \$30,000 per person or \$40,000 for a couple. Call 1-888-672-6436.

Pfizer's Share Card gets you a month's worth of any Pfizer drug for \$15.00 at your local pharmacy. Income should be below \$18,000 for individuals and \$24,000 for couples.

Merck Patient Assistance Program provides medicine free of charge, with a 3-month supply delivered to your home. To qualify, yearly gross income should be less than \$18,000 per person or \$24,000 a couple. **Call 1-800-727-5400** for more information.

Lilly Answers Card provides a 30-day supply of Lilly medications for just \$12.00. Your annual gross income should be below \$18,000 for singles and \$24,000 for couples. **Call 1-877-795-4559.**

Novartis' CareCard saves senior citizens 30%-40% off of retail prices. Your income must be less than \$26,000 for an individual or

\$35,000 for a couple. **Call 1-866-974-2273.**

The **PharmacyCareOneCard**, is a discount card which the National Association of Chain Drug Stores hopes will curb manufacturers' cards. It saves 20-40% on about 150 brand-name drugs. Income limits are \$28,000 for individuals and \$38,000 for couples. **Call 1-703-837-4244.**

If you qualify for one card, but not another, consider asking your doctor to substitute a similar drug made by the manufacturer whose card you have.

Another resource you may find valuable is **The Centers for Medicare and Medicaid Services**, which help senior citizens with answers to their prescription medication questions. **Call 1-800-MEDICARE.**

If your annual income is less than about \$14,000, you're probably eligible for **free drugs** from most manufacturers. An example is **Bayer's Indigent Patient Program**, which provides you with up to a 30-day-supply of most Bayer pharmaceuticals free. Annual income must be at or below the federal government poverty level, a place where over 10 million seniors unfortunately reside. **Call 1-800-998-9180.**

Another way for lower-income seniors to get free drugs is through **The Medicine Program**. You need to complete a list of all your prescriptions and send it in with \$5 for each medicine. They send back each specific manufacturer's forms for free drugs. **Call 1-573-996-7300** for details.

If you wish to compare your discounted drug costs with those available by purchasing your drugs in **Canada**. Go to <http://www.suddenlysenior.com/canadiandrugstores.html> for complete details, a list of Canadian drug stores and their toll-free numbers. With the generous permission of Frank Kaiser, we reprint some of that information here for those of you without access to a computer. **There are no income or age restrictions in the purchase of Canadian medications.**

There is nothing illegal about buying drugs in Canada. For years, Americans have been driving across the border to buy prescription drugs at lower government-regulated Canadian prices. Now, Canadian drugstores are marketing mail-order drugs directly, offering anyone in the US with a valid prescription the benefits of Canadian price controls. Some members of Congress even encourage the practice by listing

Canadian pharmacies on their Web sites.

Here is how it works. For current prices, either call or visit the Web sites of some of the many reputable Canadian drug stores offering this service. Since each store has different prices as well as varying shipping costs, etc., comparisons can be tricky. However, most end up within a few dollars of one another.

Once you decide on a druggist, simply fax your prescriptions for a 90-day supply, renewable in three months. Furnish your credit card number and you'll have your drugs in a week for an average of 40% less than what you have been paying here in the States.

Services vary. Some pharmacies will have a doctor call to review your prescription. Most pharmacies don't. **DoctorSolve** charges \$39 every six months for this personal service. To make up for this, the pharmacy charges a bit less for drugs so you end up paying about the same and getting the safety of a doctor checking your order with you. (Canadian law requires that a Canadian physician rewrite the prescription) There also will be a shipping charge.

Some of the Canadian pharmacies listed on this site are:

DoctorSolve,
<http://www.doctorsolve.com/> or
call 1-866.732-0305.

Canada Drugs,
<http://www.canadiadrugs.com/>
or call 1-866.444-3784.

Canada Meds,
<http://www.canadameds.com> or
call 1-877.542-3330.

Canada Pharm,
<http://www.canadapharm.ca> or
call 1-877.266-6608.

Maple Leaf Meds,
<http://www.mapleleafmeds.com>.

Pharmacy-Online,
<http://www.pharmacy-online.com> or call 1-877-530-3743.

Pharmacy.ca
<http://www.pharmacy.ca> or call
1-800-727-5048.

Others web sites suggested were
www.halfoffmeds.com and
www.crossborderpharmacy.com.

A word of warning: We have not personally checked out all of these sites so use your own judgment in following through with this information.



One group that we have admired for a long time is the very active

Better Breathers Support Group of Green Valley, AZ. They got together and sent a letter to their Senators and Representatives about the difficulties of *flying* for those on oxygen. We have been working on this problem for many, many years, ever since we got the Coast Guard to allow oxygen on cruise ships way back in 1985. We hear the same rhetoric now that we did more than 15 years ago. It has been an exercise in futility. Perhaps with individual groups approaching their *own* representatives something might start moving. We wish this group the best of luck, for them and for the rest of us! We hope they are an inspiration and example to other groups around the country.



Pulmonary Rehab is alive and well in California. Congratulations to **Jim Barnett's PREP** support group of **Mission Community Hospital in Mission Viejo**. They just celebrated the 14th anniversary of their rehab program with 180 happy attendees. (It was a great party, folks! Thanks for inviting me.)



Please note that the e-mail address on the bottom of this page is no longer current. We can now be reached at perf1@attbi.com or at perf2ndwind@perf2ndwind.org through our web site.