

# Breathtaking



## 14th Edition Winter 2017/Spring 2018

This edition will see us into Spring and heading towards Summer.

In this issue we cover coping strategies, Research Projects, Breathlessness, Winter protection and we ask for your help.

**Mike Carey – Secretary, Editor.**

### 2017 AGM

After another successful year we held the group's AGM in late October.

Chairman, James Wildgoose summarised 2017 and possible items for our 2018 agenda.

He also suggested spending some of the group's funds with medical equipment, something social for group members, etc. all under consideration.

Founding member Morag Housler had decided to stand down from The Committee and the Chairman thanked her for all that she has done for the group over the previous seven years. Peter Baylis was elected onto the vacant position on The Committee.

The afternoon was completed with a fun quiz set by Alison Troup.

### Winter Protection

Especially during the Winter months it is very important to do all that you can to keep yourself as healthy as possible.

With this in mind, if you have not already done so, speak to your GP about having the flu jab

**Make Life Easier**

Sometimes everyday tasks can seem that bit more difficult, particularly if you are having a 'bad' day, when your breathing is maybe not as good as normal.

But there are simple changes that you can make to help with a variety of things.

In the Kitchen placing the equipment and food that you use most within easy reach, sitting down to wash the dishes or peel vegetables can all help. When bathing if drying yourself is difficult use a towelling robe.

One of the simplest strategies is to just do things that little bit slower.

I'm sure you can think of more ways to simplify things to make your life that little bit easier.

But, on the other hand don't see this as an excuse for being lazy, as it is important to keep as active as possible, both for your physical and mental wellbeing.

### Help Us To Help Others

Bronchiectasis can at times be a very personal condition in that some people have it very mildly, while others have it to a greater degree.

Symptoms of 'oncoming' chest infections can also be very different from one person to another – one person will just feel a bit off colour, another will feel 'headachey', while some people have reported quite literally getting a pain in the neck.

The severity of the condition and the 'bugs' grown by the individual can also mean they are on a different treatment to someone else.

This is why you are so important. How did you react to the initial diagnosis? Has the condition changed anything in your life? How do you cope with the condition day to day?

The answers to these and many other questions can be very helpful to others with Bronchiectasis and so we would like you to get in touch with us ( at the contact details overleaf ) with your experiences, or jot down a few notes and hand to one of the Committee at our Monthly meetings. You don't even have to give your name.

### From The Clinic

Prof Adam Hill

Royal Infirmary and University of Edinburgh

### Current multi-centred research projects

Thank you to everybody that participates in research- it is very much appreciated and moves the Bronchiectasis field majorly forward.

**Database** - there is a UK wide database (BRONCH UK) that is feeding into the European database (EMBARC) which will provide a lot of information about bronchiectasis and co-existing diseases over a 4-year period. This will improve our knowledge about what bronchiectasis means to patients and how co-existing diseases play into this. Our target in Edinburgh is 170

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patients.

Also as part of BRONCH UK, there is a sub-study called the Clinimetrics study which is trying to identify useful endpoints to assess patients with bronchiectasis whilst stable and during an infection and our target in Edinburgh is 25 patients.

**Antibiotic Studies-** to update you on current multi-centred projects there are two inhaled antibiotic studies that are taking place throughout the world and our centre is contributing. The first is a European grant studying whether inhaled tobramycin (an antibiotic taken in by breathing in using an inhaler) helps in patients with bronchiectasis that have recurrent growth of the organism *Pseudomonas aeruginosa*, an organism usually found in patients with more severe bronchiectasis. Phase 2 studies are ongoing and if these are successful Phase 3 studies will be carried out throughout Europe and I will be leading on this.

The second is a study using a nebulised antibiotic (an antibiotic given by a nebuliser) and is studying colomycin. This is again in patients with recurrent growth of *Pseudomonas aeruginosa*. These therapies offer potential new treatments for bronchiectasis in the future.

Hypertonic saline- we are about to take part in a 2-year study assessing whether the addition of inhaling salty water via a nebuliser or taking tablets that help loosen secretions help patients with

To comment on or contribute to the newsletter contact;

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bronchiectasis.

Anyone potentially interested please contact our research nurses Sam Donaldson - sam.donaldson1@nhs.net or Andrea Clarke - andrea.clarke8@nhs.net

### Coping With Tiredness

Why do you Sometimes feel tired? There can be many reasons for this. It could be a lack of good sleep, you're maybe feeling stressed or a bit down. It could even be a particular medicine that you are taking.

Although the reasons for it can vary enormously what can you do about it?

1. Learn to relax ( go for a walk or listen to music ).
2. Make sure you get to bed at a reasonable time and have some calm time before you do so.
3. Drink plenty of fluids.
4. Plan ahead things that you need to do.
5. Take time when doing things.

### Healthier Sweet & Sour

Like a takeaway? How about making one yourself? Try this healthier version of an old favourite.

#### Ingredients

- 1 x 425g/15oz can **pineapple chunks in natural juice**
- 2 tbsp **cornflour**
- 2 tbsp **dark soy sauce**
- 2 tbsp **white wine vinegar**
- 2 tbsp **soft light brown sugar**
- 2 tbsp **tomato ketchup**
- ½ tsp **dried chilli flakes**
- 2 **boneless, skinless chicken breasts**
- 2 tbsp **sunflower oil**
- 1 **medium onion**, cut into 12 wedges
- 2 **peppers**, red, green, orange or yellow, deseeded and cut into chunks of about 3cm/1¼in
- 1 x 225g/8oz **can water chestnuts**
- 2 **garlic cloves**, peeled and crushed

- 25g/1oz piece fresh **root ginger**, peeled and finely grated
- freshly ground **black pepper**

#### Method

1. To make the sauce, drain the pineapple in a sieve over a bowl and keep all the juice – you should have about 150ml/5fl oz. Put the cornflour in a large bowl and stir in three tablespoons of the pineapple juice to make a smooth paste. Add the remaining juice and 150ml/5fl oz water, then stir in the soy sauce, vinegar, sugar, ketchup and chilli flakes until thoroughly combined. Set aside.
2. Cut each chicken breast into eight or nine even pieces. Heat a tablespoon of the oil in a large non-stick frying pan or wok and stir-fry the onion and peppers for two minutes over a high heat. Drain the water chestnuts and cut them in half horizontally.
3. Add the remaining oil and the chicken to the pan and stir-fry for two minutes until coloured on all sides. Add the garlic, ginger, pineapple chunks and water chestnuts and stir-fry for 30–60 seconds.
4. stir the cornflour and pineapple mixture and add it to the pan with the chicken and vegetables. Stir well, season with ground black pepper, bring to a simmer. Cook for 4–6 minutes until the sauce is thickened and glossy and the chicken is tender and cooked throughout, turning the chicken and vegetables a few times. Serve with a small portion of rice.

### Breathbusters - Action For Bronchiectasis

#### 2017 meetings of *Breathbusters* - Action For Bronchiectasis support group

The group meets on the last Tuesday of each month, January – November with our Christmas Get-together in December. All meetings are held in RIE, Seminar Room 1640s ( opposite ward 203 ), followed by tea/coffee and refreshments and a chance to chat.

At the time of printing the 2018 Agenda had not been finalised.

