



# Breathtakers 12th Edition Spring/Summer 2017 ng

Newsletter of  
**Breathtakers – Action  
For Bronchiectasis**  
support group

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

In this issue we cover Healthy Eating, Inhalers, CHSS, etc. .  
**Mike Carey – Secretary, Editor.**

### **Eat For Health**

Mention Healthy Eating to many people and they recoil in horror, thinking that it means giving up things that they enjoy. But an easy solution is to add things to your diet, not take things away.

If your having Chips with something why not add a couple of Cherry Tomatoes and some lettuce. Beans on Toast add some Cucumber. A Cereal for Breakfast add some Berries.

To comment on or contribute to the newsletter contact;

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Adding items to your meals rather than taking things away makes it easier to live a healthier lifestyle because psychologically you feel that you are still eating the same as before but these extra 'healthy' foods mean that you get fuller faster so will be less inclined to want to have more 'bad' foods between meals.

If you still have to snack, crunch on an Apple ( preferably with the skin on ) or grab a Banana.

Over time you will see that you are eating more of the healthier foods while still enjoying many of the foods that you love. Having the occasional Curry or packet of crisps is not a bad thing. In fact they can be used as an incentive for you achieving certain goals whether these are food related or not.

The foods mentioned already are just examples, you can of course add any 'healthy' foods that you like.

Add in a walk after a meal and before long it will become a habit that is good for you. Give it a go and feel the health benefits.

### **Inhalers**

Do you use one or more Inhalers? If you answered yes then the second question is; Are you using them properly?

There are some such as the 'blue' 'Salbutamol' reliever inhaler which you should breath in slowly when using as this helps more of the drug to reach the Lungs. But others such as Seretide 500 and Spireva need to be breathed in quickly.

There are of course other Inhalers not mentioned here but whatever one(s) that you use it is important that you use them correctly.

*True example:* 'Mike' had been using his 'blue' Inhaler wrongly for years but only found out when he attended a Pulmonary

Rehabilitation Class where a Physiotherapist pointed this out to him. So if you are unsure about your Inhaler technique ask for advice from your GP, Respiratory Nurse, Physiotherapist, etc.

### **Christmas Get-together**

The 'Breathtakers' Christmas gathering was once again very well attended. The addition of a quiz ( compiled by our Vice-Chairman, Mostyn ) , led to much hilarity with some devilishly difficult questions.

If laughter is good for your health then this event was a boost for all of us.

### **From The Clinic**

Prof Adam Hill  
Royal Infirmary and University of  
Edinburgh

### **How to diagnose bronchiectasis?**

As a lot of you are aware it can take several years until bronchiectasis is diagnosed and you may wonder why. The reason is that chronic bronchitis is very similar and is defined as cough and sputum production for three months of the year for two consecutive years. Chronic bronchitis occurs in smokers mainly and most GPs will suspect many of you are smokers despite most of you never touching a cigarette. There are also other conditions that can cause you to produce sputum such as asthma and allergy of the nose and often bronchiectasis is not thought about.



Although cough and sputum is distressing for the person affected, often it is not taken seriously by GPs as they would with other symptoms such as coughing up blood or unexplained weight loss. In addition to doctors and nurses not diagnosing

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bronchiectasis early, frequently many patients take a long time to seek medical help. For both reasons, it can take several years for bronchiectasis to be diagnosed.

The gold standard for diagnosing bronchiectasis is having regular symptoms with cough and sputum production with an increased risk of chest infections. Many patients with bronchiectasis have chronic infection of the airways in about 70% of people. We pick this up by sending your sputum sample to the microbiology laboratory and a bug is grown from your sputum sample.

We then need confirmation of bronchiectasis by imaging the chest. A chest X ray is not good enough in either diagnosing or ruling out the diagnosis of bronchiectasis. The gold standard used to be a bronchogram which is a dye injected into the airways but this is no longer carried out. We now carry out a CT scan of the chest which is the test needed to diagnose bronchiectasis. The CT shows airways that are bigger than the vessels beside them due to them being damaged. In more severe bronchiectasis the airways can be very enlarged and cysts develop and the medical term we use for this is cystic bronchiectasis.

We have created National guidelines and Quality Standards in the UK to try and improve the time for bronchiectasis being diagnosed. I hope this will shorten the time for bronchiectasis to be diagnosed for future patients.

### **Recover Simply**

Sometimes, particularly after a period of illness, it can be quite difficult to motivate yourself again.

But it is important to get back to being as active as possible as quickly as you are able.

One of the best ways to do this is to start by making things very achievable. This can be a walk to the end of the garden, or maybe doing a little bit of pruning. If you

are musically inclined play a few chords on the Keyboard or other instrument. You can even do simpler things such as a few clues of a crossword or part of a jigsaw.

It doesn't matter how little you do to start with as long as you do something and over a period of days you gradually increase what you are doing. By starting small you will have the confidence to achieve the tasks and will then feel able to do more and more.

### **CHSS And Breathtakers**

Your Support Group, Breathtakers – Action For Bronchiectasis is affiliated to Chest Heart Stroke Scotland ( CHSS ) and much help and advice is available from them.

As well as the many information leaflets which they produce on a variety of related subjects they also have an award winning advice line ( they won helpline of the year in 2015 ). Through the helpline you can talk to one of their specialist nurses, confidentially. The number is; 0808 801 0899 This service is free from landlines and mobiles.

From their website you can either read publications of interest, download them or place an order.

The details for CHSS are;  
**Chest Heart & Stroke Scotland  
Head Office**

Third Floor Rosebery House  
9 Haymarket Terrace  
Edinburgh  
EH12 5EZ

Telephone: 0131 225 6963.

Email [admin@chss.org.uk](mailto:admin@chss.org.uk)

Helpline: 0808 801 0899

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### **A Souper Meal**

It is well known that Chicken Soup is good for a cold ( i'm not sure if anyone knows why ). This version is quick and easy. It serves 4.

### **Ingredients**

850ml chicken stock  
3 to 4 carrots, chopped  
1 stick celery, chopped  
1 onion, chopped  
1 clove garlic, minced  
2 skinless chicken breast fillets  
1 tablespoon chopped fresh coriander

### **Method**

1. Bring the chicken stock to the boil in a medium saucepan. Add the carrots, celery, onion and garlic.
2. Reduce heat to low and add the chicken. Cover and simmer for 20 minutes.
3. Carefully remove the chicken, cut it into small pieces, and return it to the pan. Stir in the coriander and serve.

### *Breathtakers - Action For Bronchiectasis*

### **2017 meetings of Breathtakers - 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.

Jan. 31st - Dr. Annya Smyth  
Feb. 28th - Prof. Hill. developments  
Mar. 28th - Spirometry Dr. Robson  
Apr. 25th - Research Projects.  
May 30th - Community Physiotherapy.  
Jun. 27th - Singing –The Cheyne Gang  
Jul. 25th - To Be Confirmed.  
Aug. 29th – To Be Confirmed.  
Sep. 26th - Nicola Cotter  
Oct. 31st - AGM and Quiz  
Nov. 28th To Be Confirmed  
Dec. - Christmas Get-together