

# Outlook on Lifestyle

## Research takes on killer COLD

The condition of chronic bronchitis and emphysema, called C.O.L.D. (Chronic Obstructive Lung Disease), is one of the leading causes of death and disability in Canada.

For many patients a dominant factor in this disability is a chronically low level of oxygen in the blood.

"All body tissues require high levels of oxygen to function properly," says Dr. Richard Hodder, a respirologist at the Ottawa Civic Hospital, and a member of the Executive Committee of the Ontario Thoracic Society, the medical section of the Ontario Lung Association. "When chronic lung disease lowers the blood oxygen below a certain critical level, the body starts to malfunction. This can lead to increased breathlessness, heart failure, abnormal brain function and even sudden death."

Over the past 20 years several studies have explored the concept that long term oxygen could reverse many of these harmful consequences and thus improve the quality and duration of life for patients with chronic lung disease. Important also is the fact that many patients feel their self-image is improved.

Those patients who have been selected by the physician, by determination of the arterial oxygen level, will benefit from home oxygen therapy. Intense co-operation is needed from patients and families embarking on this treatment. Not all patients will be able to fulfill the dedication required for continuous wearing of the oxygen apparatus.

Dr. Hodder cites a patient who is a walking example of how some of the new oxygen conserving technology can improve mobility for people on home oxygen. The patient has bronchiectasis and requires regular postural drainage to keep his lungs clear. He has been on home oxygen for five years.

During this past year he has had a tube placed in the front of his

neck, which carries oxygen to the lungs from a portable oxygen system. This has allowed him increased mobility, plus a longer time away from the liquid oxygen source in his home.

Since less oxygen is used via the transtracheal route, he has been able to use a much smaller and lighter liquid portable pack, which he carries on his back. "It seems that by using the transtracheal system, the patient's lungs are clearer than when he was on the nasal cannulae," states Dr. Hodder. "He also feels less breathless

and less bloated."

Dr. Hodder's patients are benefitting from the new techniques developed to improve their quality of life. Medical research is the key to finding the cure and developing new treatments to fight lung disease.

Your gift to the Christmas Seal Campaign will ensure that medical researchers can continue the work to help patients who must use oxygen therapy to survive, and to advance research into the cause and cure of lung cancer, emphysema, asthma and chronic bronchitis.



## fabric forum

Prepared by the International Fabricare Institute (IFI), the association of professional drycleaners & laundriers

### Somewhere Over The Rainbow

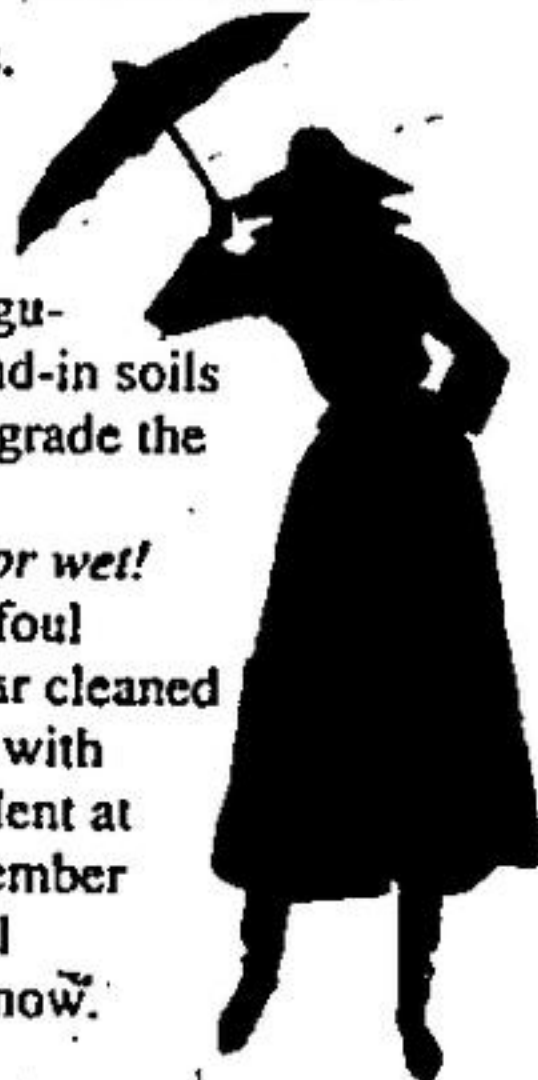
You don't wear your raincoat every day, so you may forget to include it in your regular trip to the drycleaner. *But don't neglect it.* Raincoats often show evidence of wear around the edges of the collar and cuffs while other portions of the garments are virtually unaffected. This is because rainwear and other outerwear are often stained with perspiration and body oils, especially in the areas around the collar and underarms. These staining substances are known to weaken

most fibers.

If you neglect to clean the garment regularly, ground-in soils can also degrade the fabric.

*Get set for wet!*

Have your foul weather gear cleaned and treated with water repellent at your IFI member professional drycleaner now.



## BARRAGERS CLEANERS & LAUNDROMAT

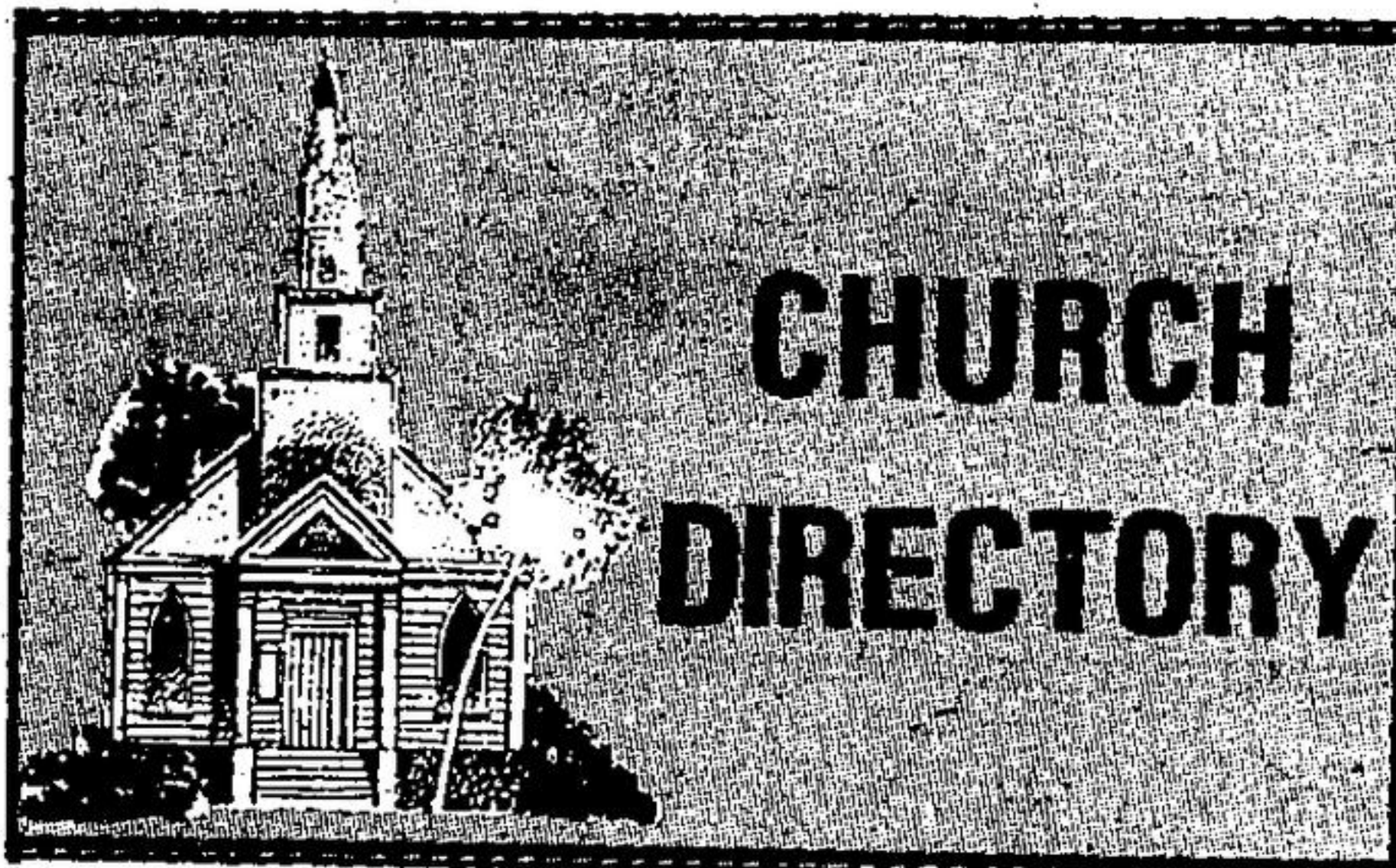
Four Locations To Serve You Better!

Barragers Cleaners  
165 Guelph Street  
Georgetown  
877-2279

Barragers Cleaners  
Moore Park Plaza  
Georgetown  
873-4868

Barragers Cleaners  
360 Guelph St., Unit 368  
Georgetown  
877-1834

Shamrock Cleaners  
45 Main Street  
Erie, Ontario  
519-833-2408



## CHURCH DIRECTORY

### ALL PEOPLES CHURCH DELIVERANCE CENTRE

41 Finchgate Blvd., Bramalea  
Located at S.W. corner Finchgate Highway 7  
PASTOR: GEORGE A. LE ROY 792-2176



10:30 A.M. 'MORTGAGE BURNING' SERVICE

DR. WM. ISAAC COOPER

Founder and Director of  
The Christian Fertility Institute  
Easton, Pa.

Chapter President F.G.B.M.F.  
Convention Speaker & Author - "One Flesh"

Special Music: Indonesian Christian Centre Youth  
'Almighty Warrior Through Praise'  
Soloist - Debbie Lynn

• Bible Study

• Worship • Deliverance

SUNDAY: 10:30 A.M. - 7:00 P.M.

WEDNESDAY - 8:00 P.M.

WE PROVIDE Children's Church - Nursery Service - English-to-Italian translation

"To God Be The Glory, Great Things He Has Done"

# Reye's SYNDROME

## The Flu Season is here!

### REYE'S... A Threat to Healthy Children

#### WHAT IS REYE'S SYNDROME (RS)?

RS is called a syndrome because it is a collection of symptoms and signs rather than a specific disease. Its cause is unknown and may be multiple. It attacks primarily healthy children ages 18 and under although it has been reported in adults. RS affects both boys and girls in equal numbers. RS usually occurs towards the end of a viral illness such as flu or chicken pox. RS can be fatal or leave the patient with varying degrees of motor or learning disabilities. RS attacks primarily the liver and brain, but may also affect other organs.

#### KEEP THIS SHEET HANDY FOR YOUR REFERENCE

#### RECOGNIZE REYE'S

#### THE PROGRESSION OF REYE'S SYNDROME

#### VIRAL DISORDER

The majority of cases of Reye's Syndrome are preceded by a viral disorder such as the flu or chicken pox, the effects of which last from a few days to one week.

#### RECOVERY PERIOD

There is a brief period of recovery from the original viral disorder lasting from a few hours to several days. During this time, the child is not usually sick but not well either.

#### VOMITING

Severe, relentless vomiting is almost always the first serious sign of Reye's Syndrome, except in infants. The hands and feet may be cold and clammy, temperature may be normal and even subnormal. The pupils may be dilated, that is, the dark part of the eye remains expanded even in bright light.

#### BEHAVIOUR CHANGE

The child becomes irritable and negative, wanting to be left alone, and is usually annoyed if anyone speaks to him or touches him. He may want to sleep all of the time, feeling very fatigued or simply "washed-out." He may be glassy-eyed with prolonged staring. During this period the child may become combative and also develop twitching and jerking movements (seizures).

#### DISORIENTATION

The child becomes generally confused, seemingly lost in time and space. For example, he may find his way into the bathroom but will not find his way out. This period can last a few minutes or several hours.

#### HOSTILITY

The child becomes generally hostile and unable to recognize family members and familiar surroundings. He is frequently combative, kicking, lashing out and biting. He may moan and scream incessantly and abnormally, and no measure of reassurance will quiet him. He may demonstrate unusual strength. It may take several adults to restrain him.

#### COMA

The child enters the semi-comatose state, responding sluggishly and only after vigorous prodding. Soon, deep coma develops with no response to pain or the environment. Death, if it is to occur, follows usually as a result of swelling of brain tissue. This brain swelling may occur simultaneously with the changes in behaviour and thus needs to be looked for and if possible treated. Transfer of your child to another hospital to treat such a problem may then be necessary. Specific blood tests may also be necessary including estimation of blood ammonia, blood sugar and liver function. Average time from the period of vomiting to death is 3 to 5 days. The above is the usual progression in cases of Reye's. However, symptoms, time intervals and sequence may vary.



FOR INFORMATION CONTACT

DO NOT GIVE ANY DRUGS CONTAINING A.S.A. PRODUCTS TO ANY CHILDREN OR TEENAGERS

Reye's Syndrome Foundation of Canada  
Children's Hospital of Western Ontario  
c/o Department of Pediatrics  
P.O. Box 5375  
London, Ontario N6A 4G5  
(519) 685-8230

## Breathing club

If you, or someone you know suffers from chronic shortness of breath, the Lung Association's Better Breathing Club can help. The club is led by a qualified physiotherapist under the direction of Dr. R.W.T. Haddon, medical advisor to the Lung Association.

Weekly meetings of the club provide information about lung disease such as how to control episodes of breathlessness; how to correctly use medication; and what causes shortness of breath. In addition, a part of each program is devoted to improving physical fitness with exercise programs which are tailored to the needs and abilities of the participants.

All the winter sessions of the Better Breathing Club have openings available now. The meetings take place in the physiotherapy gym of the local hospital.

The Lung Association offers this program free of charge as it is supported by the community through donations to the Christmas Seal Campaign. To register, contact the Lung Association of Halton Region at 632-8499.

## Water testing

Halton Region will test the drinking water quality of some public buildings in Halton Hills.

Last year two Oakville schools were found to have high levels of lead in the drinking water. The schools were ordered to run their fountains for five minutes each morning to drain the lead from the water which accumulated in the pipes as it sat in the pipes overnight.

Halton Hills Coun. Rick Bonnette is worried that some well-used public buildings, such as the community centre in Acton, may have the same problem.

Halton will test the water quality and report to councillors.