

Support from family, friends has helped local woman deal with chronic lung disease

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to go back to work, but she could only manage it for about a year, and has been off since then.

"It's a big adjustment. I love spending the time with the kids," said Doyle, who has to visit the clinic at Toronto General regularly for follow-up.

She has limitations now. She's only allowed 1,500 ml of fluid a day and has to closely watch her sodium intake.

Symptoms of the disease are difficulty breathing, fatigue, chest pain and faintness.

Doyle says "it's been a rough road."

"It gets difficult. My husband has been awesome," she said.

She added she also has an "awesome network of neighbours" who help her when needed.



CAROL DOYLE

"It's progressive, there is no cure, it will eventually get worse. But you have to live in the here and now, and you really appreciate life."

She credits her daughter with saving her life, because the diagnosis came following her pregnancy. She's also very grateful to Dr. Browning.

The disease affects up to 210,000 Canadians and according to a recent survey only one in five Canadians associated swollen ankles, legs or abdomen with symptoms of pulmonary hypertension. It has a very low profile, even among medical professionals, and as a result is often misdiagnosed or confused with a host of other illnesses.

Early symptoms are subtle and include unexplained shortness of breath, fatigue, swelling of the feet and ankles and fainting.

"Early detection and prompt treatment can significantly improve patients' symptoms, quality of life and long-term outcomes," said Dr. Sanjay Mehta, professor of medicine and Director for the Southwest Ontario PH Clinic in London, Ontario and Medical Director of PHA Canada.

Mehta said they are trying to increase awareness and education "for this invisible, incurable, but treatable disease so that we can offer patients the best outcomes possible as we continue to work towards a cure."

The several treatment options available means pulmonary hypertension patients are living longer and healthier lives.

One such advancement is the Ontario Ministry of Health and Long Term Care's recent decision to revise existing Exceptional Access Program (EAP) criteria to include funding of combination therapy for people living with pulmonary arterial hypertension.

"This decision is an important step for PH patients in this province. PHA Canada looks forward to continuing to work with governments across Canada to ensure that all PH patients have access to the best quality of care," said Darren Bell, president, PHA Canada.

Innovative new therapies that are under investigation in clinical trials and may soon be available to patients. They include a new generation of oral and inhaled drugs that are easier to take and more convenient for patients.

For more information on pulmonary hypertension go to www.phacanada.ca or www.livingwithph.ca.

Pulmonary hypertension symptoms

- Unexplained difficulty breathing or shortness of breath (also known as dyspnea)

- Chest pain

- Inability to exercise

- Faintness or passing out (also known as syncope)

You may have PH if you have a family history of PH in a close relative (parents, siblings, children)

You may have PH if you already have a condition of the heart or lungs or another medical condition that can cause PH including:

- Heart disease such as heart failure

- Lung disease such as emphysema

- A history of pulmonary embolism

- Connective tissue diseases such as scleroderma (also known as CREST)

- Infection with HIV, the AIDS virus

- Severe liver disease, such as cirrhosis

- Use of certain medications, such as appetite-suppressant medications for weight loss (also known as anorexigens)

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