

Cold and flu season can be deadly for people suffering from COPD

Sore throat, muscle aches or a cough: for many of us, these are the uncomfortable but hardly life-threatening symptoms of the winter cold and flu season.

For the 714,000 Canadians with Chronic Obstructive Pulmonary Disease (COPD), these seemingly minor infections can trigger dangerous flare-ups of COPD symptoms, creating shortness of breath so severe that it can require a lengthy hospital stay, cause permanent damage to the lungs, and lead to death.

COPD is a serious and disabling respiratory disease that causes the airways of the lungs to become obstructed or blocked, making it hard for the body to take in oxygen. Infections like colds and the flu can lead to flare-ups or a rapid worsening of COPD symptoms. This generally results in lengthy hospital stays and a drastic reduction of the amount of activity the person can do comfortably.

"With the cold and flu season upon us, it's vital for Canadians to know how devastating a cold or flu can be for the many people with COPD," says Mary Layton, founder of COPD Canada and a COPD patient.

"COPD is a serious and disabling disease to live with, and catching a simple cold can cause COPD symptoms to spiral dangerously out of control."

Prevention is KEY

People with COPD should do their best to avoid catching a cold or the flu.

This is especially important for elderly people. Prevention and ways to stay healthy include getting a flu shot, staying away from ill friends and family, taking medications as prescribed and contacting a doctor immediately when cold or flu symptoms appear. Cold weather is a major trigger for flare-ups— a loosely draped scarf placed over the nose and mouth will warm and humidify the air before it is breathed in.

"I make sure I get a flu shot every year and encourage all my friends and family to help protect me by doing the same, as well as by staying away if they're sick," says Layton.

"I see my doctor regularly, take my medications as prescribed, and get checked out as soon as I think I may have a cold or the flu. Flare-ups and trips to the hospital are not only alarming, but I know they can worsen my COPD permanently."

Managing a flare-up

Patients should have a plan for what to do if they experience a flare-up. COPD Canada suggests that all people living with COPD develop a written plan of action with their physician. If they experience a flare-up, the plan helps quickly determine the best response— a doctor's visit, an emergency room visit, or other action.

More information is available online at www.copd.ws.

—News Canada

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A: A processed reline is a way of re-basing your denture with the same type of long cure from which it was originally made. This will make the denture fit more snugly to your ridge.

Q: Will it change the appearance of my teeth?

A: No, it only re-fits the denture to your ridge, no change of tooth position takes place.

Q: What are soft, or cushion relines?

A: A permanent soft rubber lining is applied to the lower denture inside ridge. Soft, or cushion relines are an excellent alternative for those who have sensitive oral tissue and tend to get frequent sore spots. A properly applied soft lining can provide years of comfortable chewing and smiling!

Q: How long will it take?

A: Most relines commenced in the morning are completed and returned to the patient that afternoon.

Q: What if I'm a working person and can't give up my teeth for a day?

A: The alternative is to bring your dentures in after work. It can be relined and returned to you the next morning by 8:00 a.m., or come in after work one day, and pick them up after work the following day. Relining an existing denture is an economical way to prolong the life of your plate by restoring and maintaining a firm comfortable fit.

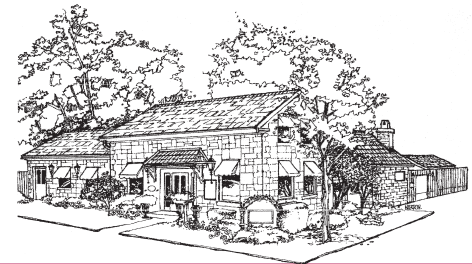
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CORRECTION NOTICE

In the advertisement for Slimming Clubs on Wednesday Jan. 10/07 in the Independent & Free Press one of the email addresses were incorrect.

The collect emails are:

pathwaytowellness@cogeco.ca or healthelives@yahoo.ca

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