

EBOP Asthma/COPD Support Group **Newsletter October 2011**

It was great to catch up with everyone at the last meeting. Thank you Bruce for taking the Whakatane Support Group on an interesting Trip to South America through your talk and pictures. Everyone is most welcome to share their special events in their life, hobbies or stories. Bring it to the meeting or let me know before, then I can arrange a special time for it.

Here are some Support Group insider tips:

- Free or low-cost hairdressing:
For more information contact: Waiariki Institute for Technology, Cutler Crescent, Whakatane (07) 306 0050
- Gardeners:
Gardening and any outside jobs – will consider anything - The Secret Gardener – Shiela Hiorns ph (07) 3087202
Gardening, lawns, section clearing – Jenny Gregory (07) 3155116. Opotiki based but will travel to Whakatane if work is guaranteed.

October Support Group Meetings

At the next meeting representatives from Work and Income will explain how they can help and entitlements like disability allowance, special benefits, accommodation supplements and others. You might want to check what you are receiving and think about questions you want to ask.

Kawerau: Monday, 17th October at 10.00am, Senior Citizen Hall, Porritt Drive

Opotiki: Tuesday, 18th October at 10.00am, 17 Kelly Street

Whakatane: Wednesday, 19th October at 1.00pm, Disabilities Resource Centre Trust, 141 King Street, Kopeopeo

From the Internet: COPD and Women

(<http://copd.about.com/od/copdbasics/a/Copd-And-Women-The-New-Face-Of-Copd.htm>)

-- it's a combination that, until recent years, has not drawn much attention. But, as the rise in prevalence of COPD in women increases, it appears that exploring gender differences in COPD is a topic worthy of our consideration and one that shows promise to promote change in how women with COPD are treated, clinically.

Statistics

Historically, there exists a perception that COPD occurs more predominantly in men than women. This observation was perhaps initially supported by statistics such as those in 1959, when the number of men compared to women who died from the disease was five to one. Between 1968 and 1999, however, the way we envisioned COPD began to change as mortality rates in women dying from the disease increased by 382 percent, while in men, only 27 percent.

As the death toll in women continues to rise, the year 2000 marked the first year that more women than men died from COPD. This trend is expected to continue and likely to grow, as the number of women smokers has also increased in recent years

Not All Symptoms Are Created Equal

The hallmark symptoms of COPD include dyspnoea, chronic cough and sputum production. Current research supports that the effects COPD has on women are far more detrimental than they are in men suggesting gender-related differences in COPD symptoms. Reportedly, women are more likely to experience the following symptomatic variations:

- More severe shortness of breath
- More anxiety and depression
- A lower quality of life
- Increased airway hyper-responsiveness
- Worse exercise performance (data limited to two small studies)

Furthermore, women have more frequent exacerbations than do men, and are at greater risk of malnutrition.

Gender-Bias in COPD Diagnosis

Two studies suggest that physicians are more likely to give a COPD diagnosis to a male patient rather than a female, in spite of having similar symptoms. This implies that there may be a gender bias when it comes to making a COPD diagnosis. Moreover, women are also less likely to be offered a spirometry test or referred to a specialist.

Once doctors receive abnormal spirometry results, however, this gender bias seems to disappear. This is why spirometry testing is so important for both men AND women found to be at risk for COPD.

Women More Susceptible to Harmful Effects of Tobacco

There is growing evidence to support that women are more likely to have a greater reduction in lung function at comparable levels of smoking than men. This may be because women's lungs are generally smaller, possibly exposing them to a greater amount of tobacco smoke despite men smoking the same number of cigarettes.

Other possible explanations for women being more susceptible to the harmful effects of tobacco smoke include:

Possible under-reporting of tobacco consumption among women

A genetic predisposition for lung damage from smoking that is gender-specific

Levels of secondhand smoke exposure

Differences in cigarette brands

Hormonal effects on lung development and size of the airways

Differences in the way women metabolize cigarette smoke

But, I Never Smoked a Day in My Life

Roughly 15% of all people who are diagnosed with COPD have never smoked. Notably, out of this group, nearly 80% are women, suggesting that women may be more vulnerable to risk factors associated with COPD that are not related to smoking.

Smoking Cessation: A Primary Treatment Goal

Smoking cessation remains the single most important, cost-effective intervention for anyone with COPD, regardless of gender. But, women who are successful at quitting show an average increase in FEV1% predicted that is 2.5 times greater the improvement in men during the first year of quitting. Additionally, research suggests that women who quit smoking benefit more in terms of lung function than do men, but that men show greater symptom improvement. Some believe that this is why women, statistically, have a harder time quitting than men.

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