

# Breathtaking



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

**16th Edition**  
**Winter 2019/2020**

As I write this edition of Breathtaking we are heading into Winter. A time when we all need to take that little extra care regarding our health, particularly our immune system. So, a healthy diet & exercise are both important.

In this issue we have an interesting article from Professor Adam Hill. Something about how singing can improve your life. A request for help, etc.

Sadly ( for his patients ) Professor Hill is now moving on to a new position. We all wish him great success in his new post.

Below is his latest article.

**Mike Carey – Secretary, Editor.**

## **A Job For You**

It's that time of year again when we have to think about that extra layer of protection. By that I mean the annual flu jab. If you have not had yours as you read this, it is recommended that you check about it at your local surgery.

## **THE BRONCHIECTASIS SERVICE**

**Professor Adam Hill**



## **Defining a Bronchiectasis Exacerbation**

I thought I would update you on a European Consensus Statement on exacerbations of Bronchiectasis. It is recognised throughout the world that how we define an

exacerbation (chest infection) can vary quite a bit. The aim of the international group was to come up with a consensus on how we should define a chest infection that needed an intervention. For those needing an antibiotic, the definition group came up with three criteria as follows.

Criteria 1- patients should have three or more of the following symptoms (increased cough, increased sputum volume or change in consistency, increased sputum purulence, haemoptysis ( coughing up blood ), worsening breathlessness and /or exercise tolerance, increased fatigue and/or malaise) AND  
Criteria 2- to have symptoms for 48 hours or longer AND  
Criteria 3- a decision an antibiotic treatment is needed.

There are many causes of chest infections, the commonest being exposure to viruses, changes in environment conditions (e.g. cold windy weather) and bacterial chest infections. Patients can often feel worse but in Bronchiectasis there can be significant variation how somebody feels from one day to the next. If symptoms last two days or longer, then this is more concerning and may need an intervention.

It is recognised antibiotic therapy is particularly useful when patients have worsening cough, coughing up more sputum or the sputum consistency changes such as if the sputum comes thicker and if the sputum colour changes from clear to light yellow or light green or from clear to dark yellow or dark green or from light yellow or light green to dark yellow or dark green. Some patients always cough up dark yellow or dark green phlegm

even when stable and indications when they may benefit for an antibiotic is when the cough worsens, the sputum volume increases or comes thicker, development of new chest pain and worsening energy levels.

The final element was that antibiotic treatment was given. This was added as we felt if patients had three or more symptoms, had symptoms for 48 hours or longer and that an antibiotic was prescribed, this would be a definition of an exacerbation needing antibiotic that would be consistently used throughout the world and allow an international comparison of chest infections throughout the world. This is hopefully the definition that will be used for international trials in Bronchiectasis.

Not all exacerbations need an antibiotic therapy- many patients can feel unwell one day and improve the next day. This can be because, for example, the weather conditions improve or the common cold symptoms improve without the addition of antibiotic therapy. There is a common view that viruses will always lead to you needing an antibiotic and many wonder whether taking an antibiotic when they get a common cold is helpful. This is not recommended as many patients will recover on their own without needing antibiotic therapy and also we should only use an antibiotic when patients are likely to benefit. We know patients benefit when there are signs of a worsening bacterial infection. It is important we use antibiotics in this manner so antibiotics remain effective in future years as indiscriminate use will lead to bacteria becoming

resistant to antibiotics we normally prescribe. It is true you are more likely to need an antibiotic course after a viral infection, so if you develop symptoms described above for 48 hours or longer, an antibiotic will be given in these circumstances. **Prof. Adam Hill**

### Sing Your Heart Out

Do you like music? Ever fancied yourself as the next Elvis or Lady GaGa? It may be that you are one of the many people who find their singing voice when they are in the bath or the shower.

But do you realise that singing is actually very beneficial for someone with a lung condition whether that be Asthma, COPD or Bronchiectasis.

Research has shown that regular group singing can improve both the physical and emotional health of people with a lung condition.

There are local groups that you might be well advised to consider joining with the above aims in mind.

One such group is **The Cheyne Gang** who have fun classes in various venues. One of their contacts is;  
**Pauline Waugh - 07546244466**  
or check out their website at;  
**www.thecheynegang.com**

Another group which meets in Musselburgh & Newtongrange is **The Warblers**, a friendly group of people whos' aim is to improve the quality of life of anyone who has a respiratory condition.

To comment on or contribute to the newsletter contact;

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They can be contacted as follows;  
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Phone: 0131-669 5591  
07519582130

### Raise Your Voice

With your group ( Breathtakers – Action For Bronchiectasis ) about to enter its tenth year now is the ideal time to let your views be known.

Over the years many people ( Doctors, Physiotherapists, Nurses and many others ) have given their time to talk to the group on a variety of subjects for the benefit of us all. Your Committee has also organised the odd non-speaker event.

But maybe you would like something more from the group. Or something different.



In 2015 we visited Edinburgh Botanical Gardens ( above ). Prior to that we toured Edinburgh's 'Hidden Gardens' of the Royal Mile.

So, use the contact details below left or speak to us at one of our Monthly meetings or AGM to tell us what you want.

We can only give you what you want if you let us know what that is.

[Mike, Secretary](#)

**Breathtakers -  
Action For  
Bronchiectasis (**  
**est. 2010 )**

Affiliated to:  
Chest  
Heart &  
Stroke  
Scotland

### Food For Health 'Souper' Soup

This soup is an easy, and tasty, way to get lots of health giving vitamins and minerals into you with little effort. And you can make it what you want, it's so variable ( **if you are allergic to any of the ingredients just leave them out** ). I have not stated amounts as you really can use as much, or as little, of each ingredient as you like. And can use any ingredients that you like.

Here are some suggestions for ingredients; Onions, Leeks, Spring Onions, Carrots, Parsnips, Cabbage, Kale, Celery, Peppers, Any other Veg., Lentils, + any Herbs & Spices to your taste.

In a little oil fry onion, leek and/or spring onion until soft, add stock, then add whatever vegetables that you are using. Pour in 500ml tomato juice ( from box ), stir it all together. Then finally add salt and pepper to taste and any herbs and minerals that you want. Simmer the soup for around 30 minutes. You can eat it as it is or blend it to a smoother texture ( **be very careful if doing this while it is hot** ). Enjoy.

### 2019 meetings of **Breathtakers - Action For Bronchiectasis support group;**

The group meets on the last Tuesday of each month ( except January, July & August ), 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.

### 2019 Meetings Agenda

Jan. No meeting.  
Feb. 26th, Devs. In Bronch. Prof. Hill  
Mar. 26th, Physio. Wendy White  
Apr. 30th Yellow Card Alison Paterson  
May 28th Patient Story, Mike Carey  
Jun. 25th Research Prof, J. Chalmers  
Jul. No meeting.  
Aug. No meeting.  
Sep. 24th CHSS  
Oct. 29th Professor Hill  
Nov. 26th AGM  
Dec. 10th Christmas Get-together