

ID: 04079
Age: 45
Pre Test
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Vitalink

VOLUME FIVE

THE GOLD STANDARD IN RESPIRATORY TECHNOLOGY

COPD and the missing millions

Despite a global effort, Chronic Obstructive Pulmonary Disease (COPD) continues to be relatively unknown and ignored, not only by the public, but by public health and government officials as well, resulting in millions of people around the world continuing to go undiagnosed or misdiagnosed. Untreated, COPD puts sufferers at risk of developing advanced COPD and requiring long-term palliative care.

In the United States alone, COPD is currently the 4th most common cause of death and experts predict that as the population ages and people continue to smoke, it will rise to 3rd by 2010. And of the six leading causes of death, including heart disease and stroke, COPD is the only one that has continued to steadily increase since 1970.

COPD is preventable and treatable, although not fully reversible, with early detection the key. In efforts to raise awareness of the disease, it's
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Knowledge of 'effective' lung age may increase success rate in smoking cessation.

A recent study by a group of British researchers, published in the *British Medical Journal*, supports the hypothesis that talking to patients in terms of their lung age, rather than lung function, increases smoking cessation success.

The group collected information from over 500 current smokers aged 35 years and older. All patients had spirometry testing performed to establish a baseline for FEV₁ and were randomized into either an intervention group or control group.

The patients in the intervention group received detailed information about their spirometry results along with how this information translated to the health of their lungs, including their 'effective' lung age. Lung age was calculated as the relative decrease in FEV₁ values in study participants compared with predicted levels for their age.

To illustrate the damage smoking was doing to their lungs, they were shown diagrams showing the deterioration of a smoker's lungs compared to a healthy non-smoker's lungs. They were also educated on how quitting immediately slows down the rate of deterioration.

The control group was only provided the raw spirometry test results (% FEV₁) without linking it to lung age.

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Meet Vitalograph's New Sales Manager

Please welcome Kevin Bowlin to the Vitalograph team

We are pleased to welcome our new sales manager, Kevin Bowlin. Kevin brings to Vitalograph more than 20 years of successful medical equipment sales experience. His friendly, outgoing personality and enthusiasm make Kevin a valuable addition to the Vitalograph team.

After spending many years on the road, Kevin values joining a team that allows him more time with this family. "To be successful in a territory I had to be on the road three or four days a week. My new position with Vitalograph allows me to demonstrate products for potential customers and still spend

time with my family."

Kevin's extensive knowledge of medical equipment grew from a career of capital equipment sales with companies such as GE Medical and Philips.

His various job duties with Vitalograph include attending exhibitions, enhancing customer experience, and identifying and targeting new markets for products as well as working with marketing.

When not on the job, Kevin enjoys spending time with his family, playing sports and rocking on the weekends at regional venues singing and playing bass



Kevin Bowlin
Sales Manager

guitar in a classic rock band called X-Ray Glasses.

Have a question about Vitalograph products? Need to place an order? Just call Kevin at 1-800-255-6626. He looks forward to the opportunity to assist you!

The Vitalograph COPD-6 and asma-1 receive FDA 510(k) clearance

Vitalograph has received FDA clearance to market the copd-6 screener and the asma-1 electronic asthma monitor.

The new Vitalograph copd-6 offers fast, simple and effective pre-spirometry screening of those at risk for COPD.

The dual zones provide an instant indication of both the obstructive index and the COPD classification. FEV₁, FEV₆, FEV₁/FEV₆ measured and percent of predicted are also displayed.

Those with measurements within the normal range can be screened out, allowing diagnostic spirometry resources to be focused on those most at risk.



The new Vitalograph asma-1 electronic asthma monitor measures both FEV₁ and PEF and provides a color zone indicator of current performance compared to personal best.

Test data is automatically stored with a date and time stamp and test quality information for the physician to review at the next appointment. Small, light-weight and affordable, the asma-1 makes it convenient and easy for the patients to monitor and manage their asthma.

For more information about the Vitalograph copd-6 or asma-1, please call our customer care team at 1-800-255-6626 or visit our website at www.vitalograph.com.



Spacers help ensure optimal and effective MDI delivery

While there are many inhalation drug delivery devices available for the treatment of asthma and COPD, all are similarly effective if used properly. Ensuring that the chosen device is used correctly is paramount.

The most common delivery device for treatment of asthma is a metered dose inhaler (MDI). But it is estimated that over 70% of patients do not use the MDI properly. Reasons range from failure to shake the inhaler before use, to poor coordination of actuation and inhalation, to improper inspiratory flow rate.



MDI Training Spacer
www.vitalograph.com

To help eliminate these potential issues, a spacer is commonly prescribed, along with the inhaler, to help eliminate improper MDI use and enhance delivery of the medication to the lungs.

Teaching the patient proper technique and having them practice with a placebo device and disposable training spacer, helps health care professionals confirm the patients ability to use a MDI and spacer before they obtain the real thing.

For more information on training spacers, call 1-800-255-6626.

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management and prevention, the Global Initiative for Chronic Obstructive Lung Disease (GOLD) was launched in 1998 as a collaboration with National Heart, Lung, and Blood Institute, National Institutes of Health, USA, and the World Health Organization.

GOLD has established and published a series of evidence-based guidelines created by a coalition of world wide health experts for management of COPD. The guidelines were most recently updated in 2007 after more research and information about the disease has become available. Stage 0: "At Risk" (chronic cough and sputum production, normal spirometry) category that

appeared in the 2001 report has been removed from the classification system as there is insufficient evidence that patients with stage 0 will progress to stage 1. However, chronic cough and sputum are not normal and the underlying cause should be determined. The chart below shows the revised GOLD classification system.

Smoking is the biggest risk factor for COPD and accounts for over 80% of all cases. Other risk factors include age > 40, occupational dust and chemicals, environmental tobacco smoke, air pollution and even nitrates.

Any patient with dyspnea, chronic cough or sputum production

and/or a history of exposure to risk factors should be evaluated for COPD. Spirometry testing plays a key role in diagnosis. Post-bronchodilator FEV₁/FVC of less than 70% confirms airflow limitation that is not fully reversible.

Once COPD has been diagnosed, a treatment and management plan is crucial to slow down progression of the disease. Smoking cessation is the single most effective intervention in smokers.

COPD is preventable and treatable. Although there have been many improvements in raising the awareness of COPD, its prevention and treatment, there is still a lot of work to be done. A concerted effort by everyone is needed. World COPD day is an annual event organized by GOLD to help raise awareness and improve care of COPD world wide. World COPD day will take place November 19. What will you be doing on that day?

For more information about the GOLD, visit www.goldcopd.com.

GOLD Spirometric Criteria for COPD Severity	
Stage I: Mild COPD	FEV ₁ /FVC < 0.7 FEV ₁ > or = 80% predicted
Stage II: Moderate COPD	FEV ₁ /FVC < 0.7 50 % < or = FEV ₁ < 80% predicted
Stage III: Severe COPD	FEV ₁ /FVC < 0.7 30 % < or = FEV ₁ < 50% predicted
Stage IV: Very Severe COPD	FEV ₁ /FVC < 0.7 FEV ₁ < 30% predicted or FEV ₁ < 50% predicted plus chronic respiratory failure

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After a year, the independently verified results supported that educating smokers about their lung age, instead of giving them their lung function results alone, provides a stronger incentive to quit smoking. Saliva and breath CO testing verified the smoking cessation with 13.6% of the intervention group quitting smoking compared to only 6.4% in the control group and surprisingly, the deviation between the lung age and their chronological age was seemingly irrelevant to their success.

Physicians commonly use spirometry to measure the lung function, specifically FEV₁, and use it to illustrate a patient's airway obstruction as a way to encourage smokers to quit smoking. However, these results mean little to the average patient. The concept of 'lung age' was developed in 1985 to help smokers understand these test results in relation to the premature aging of their lungs.

Although further testing and research is needed, this study finds that telling smokers their lung age adds incentive and thus improves the smoking cessation success rates in 12 months. Telling a 55 year old male smoker, his lungs are functioning at the predicted measurements for a 80 year old is a lot more meaningful and shocking than telling him his FEV₁ is 77% of predicted.



Vitalograph Lung Age Indicator
and SafeTway One-way Valve
Disposable Mouthpiece
www.vitalograph.com

Exhibitions

October 4 - 8
European Respiratory Society (ERS)
Berlin, Germany

November 8 - 10
American College of Allergy, Asthma and Immunology (ACAAI)
Seattle, Washington

November 19 - 22
Medica 2008
Düsseldorf, Germany

December 13 - 15
American Association for Respiratory Care (AARC)
Anaheim, California



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of Vitalograph Inc.

Your questions and comments
regarding this newsletter are welcome.

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