

## Every breath you take

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**sk most people** what the fastest growing disease in the world is, and you would get a variety of responses.

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| Douglas Wang<br>Educator / Coordinator, chronic<br>respiratory rehabilitation program<br>Chilliwack General Hospital |
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Douglas Wang knows the answer to that question, and he is working at Chilliwack General Hospital to help manage the disease that Health Canada says has a "great economic impact on the Canadian health care system" and account for health care expenditures of over \$12 billion per year.

Chronic obstructive pulmonary disease (COPD) encompasses chronic lung disorders, such as emphysema and chronic bronchitis. Emphysema decreases the ability of the alveoli [air sacks] to exchange gases and chronic bronchitis impedes the flow of air in the lung passages. The majority of COPD patient get the disease as a result of smoking and COPD increases the occurrence of pneumonia as well as lung cancer and other respiratory issues. Influenza almost always exacerbates the battle of sufferers with COPD. What so many of us take for granted in our average 20,000 breaths a day is a Herculean struggle for an increasing number of people every day.

Wang is the educator/coordinator in the chronic respiratory rehabilitation program for asthma and COPD and he is working with sufferers to take steps to help them breathe easier. The goal of respiratory rehabilitation is to help patients better manage and take charge of their illness.

The rise in COPD didnt happen overnight. It has developed as a result of lifestyles and increasing environmental pollution combined with an aging population that is now suffering from the conditions that take many years to develop.

"COPD is a chronic disease that is years in development, the disease symptoms are slow to manifest themselves in the beginning. Were just seeing results of what people did a generation ago," Wang explained.

"As the population gets older, well see more people with COPD. As the demographics change in our society, we will see the illness grow at a faster rate, especially in comparison to other leading diseases."

Helping people breathe easier, literally, is something Wang clearly enjoys, even if he did find himself in the profession quite by chance. After completing his undergraduate studies at the University of Winnipeg, Wang was looking for a profession in health care that offered solid employment prospects and opportunities for

growth. A family friend suggested respiratory therapy ... as there were long-term shortages in the field.

When he interviewed for respiratory therapy training, he was offered a spot in the training program at the Health Sciences Centre, and rather than take a chance at not making it into physical or occupational therapy studies, he took it. And he hasn't looked back since.

After 11 years working in acute care at Surrey, Peace Arch and Langley Hospitals, Wang resurrected the respiratory rehab program and Chilliwack General Hospital, which had been closed for a year due to a shortage of staff.

He speaks with great enthusiasm about the program and the benefits it brings to patients who suffer from chronic lung disease. Instead of finding themselves in hospital emergency rooms fighting for air, Wang is giving patients an opportunity to make choices to better cope.

-When they go through our program, they learn how to manage the disease process. The objective is to improve their quality of life."

Wang's asthma and COPD respiratory rehab program consists of ten classes, two mornings a week. There are six to 10 patients per class and the program covers -everything from exercise to diet, medication, how to avoid catching colds and flu, and basic bronchial hygiene and mucus creation techniques. It is quite encompassing."

The other face of chronic respiratory illness is asthma.

A 2001 publication by the Public Health Agency of Canada *"Respiratory Disease in Canada"* notes that -the data on activity restriction and emergency room visits and hospitalization suggest many individuals with asthma require help in keeping their disease under control."

Wang works with the asthma patients through education, including the proper use of medication and identifying triggers to implement avoidance strategies.

Wang's program is showing results. -We keep track of people who go through the program and their admission rates at hospitals, and emergency visits have dropped drastically. I mean, we're talking a 50 to 80 percent drop in usage of hospitals when patients apply what has been taught in our program."

Wang says when most people are diagnosed with COPD, they don't receive information on ways to manage their disease. They often assume there is nothing that can be done. When these people do show up at the hospital, it's during a health crisis. -We see them in Emergency and when they get to the end stages of COPD. That's when they just can't deal with their disease anymore and at that point, it's pretty well too late."

-There's a huge need for respiratory rehab programs," he said.

Wang explains that while the management for cancer, strokes, high blood pressure, and cardiac disease are improving, COPD death rates are increasing. That's one reason Wang is convinced of the importance of programs like the one he offers. -I know for a fact it lengthens their lives because the less you get sick, the fewer COPD exacerbations you will have, and the longer you live. It's not rocket science."

The leading cause of COPD in Canada comes as no surprise. -The vast majority ... eight out of ten cases ... of COPD are from cigarette smoking," he said.

-That's in our culture. In other cultures, it could be related more to poverty, lack of information and occupational hazards. We do have some high-risk occupations here, like welders and coal miners, but most people in North America and Europe who have COPD are the result of self-inflicted smoking issues."

Although fewer people smoke nowadays, this won't be immediately reflected in the numbers of COPD patients.

-There's going to be a lag space of 30 or 40 years before we see any decrease. We're going to see increases in COPD before any distant drop in cases because we're only just getting the results (of the previous generation). And, worldwide, smoking rates have actually gone up because of the increase in smoking in Third World countries where the population is booming."

Statistics show that 22 per cent of Canadians smoke, but in some parts of Asia, the rates are as high as 76 per cent.

In the two years that Wang has been running the program in Chilliwack, he has seen the difference it has made in the lives of his asthma and COPD patients.

-I worked in acute care for years in ICU and emergency settings. . .but theres no decent feedback. The patients are unconscious on medication or they may be ventilated on a respirator. When they get better, theyre discharged and we never see them again.

-With this job, its a different approach because we monitor our patients and receive constant feedback. We follow them through the months and see how theyre doing.

-We can see improvements, see the results. Its a much more rewarding job for me."

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