Montreal CLF Meeting, Symposium and Matters Impacting Lymphedema Report

The 2017 National Canadian Lymphedema Conference was held in Montreal on October 27th and 28th at the Hotel Omni Mont-Royal in Montreal. The conference began with business meetings where provincial representatives networked and shared ideas. Alberta is a trail-blazer with Casino funding in addition to that from the government. All provincial associations continue their efforts to educate government bodies as to the disease condition of lymphedema and the needs of people with it. In most provinces there are gaps in coverage for bandaging, garments, and care.

Great expertise pertaining to childhood (primary) lymphedema was brought by Dr Isabelle Quere from France. She emphasized Milroy Disease where skin lymphatics are inadequate while lymph nodes are generally healthy. Her presentations were complimented by a presentation from a young man and his mother describing their experiences with this disease.

Dr David Keast from Ontario emphasized the importance of compression in wound and lymphedema care. He and Dr Christine Moffatt updated attendees on the LIMPRINT data collection and findings. Different settings find similar results. Statistics regarding arm lymphedema compare more with other sites than do the sites for leg lymphedema. There is variability between counties. Japan has a low incidence of lymphedema until older age when medical conditions tend to develop (for example diabetes, vein disease, kidney failure, high blood pressure, etc which DO cause lymphedema). **Lymphedema is a CHRONIC EDEMA** lasting more than 3 months (part of the definition). Neurologic/muscular/skeletal conditions including paralysis consistently contribute to lymphedema.

The universal truth is that if **treated early**; lymphedema care is less costly. This holds true on all levels.. There remains the challenge of recognition by clinicians. Edema that accumulates by day and resolves with limb elevation is still a chronic edema which requires care. **Skin changes are a late and diagnostic sign** of lymphedema. In later stages, swelling does not resolve with limb elevation, further it may be difficult to recognise, due to extreme firmness of tissue (pitting indentations may no longer occur). Examples include: dryness, itch, red discoloration, rash, scales, leaky moist areas, blisters, wounds, velvety /wart-like areas, and bumpy /granular areas. When vein problems contribute, a brown pigment (hemosiderin) accumulates in the skin, usually at the foot/calf area.

Information sharing is important. People suspecting that they may have lymphedema should seek information regarding the **stemmer sign** which is a positive indicator for lymphedema (if skin pinched at the second knuckle exceeds 4mm, the test is positive). The matter can be confusing. Some people do have lymphedema without hand or foot involvement (a negative stemmer test does not rule out lymphedema). Some lymphedema occurs closer to groins and under-arm areas. Some lymphedema occurs on the head, torso, or chest wall, it depends on the underlying condition. The determining factor for lymphedema is presence of protein in the tissue. Diuretic medications for fluid retention do NOT reduce the protein in tissues. The underlying problems of lymphedema (protein accumulation and drainage problems) **do not respond to diuretics.** Diuretics (which increase urine excretion) can only treat underlying medical conditions, if present. If possible , consult with a CDT therapist or a physio therapist, occupational therapist, massage therapist, or nurse (Home care, wound consultant, or Nurse Practitioner) who have been educated about lymphedema , for an opinion. Share information about the stemmer sign with clinicians including physicians.

Lipedema swelling initially spares the feet. Stemmer sign is negative until later (when the condition is not managed). Compression is extremely important for lipedema; however, compression can be challenging due to leg pain and easy bruising. Compression and strict weight control do much to control lymph failure. (Some experts suggest carbohydrate restricted/ketogenic diets to control lifestyle-related obesity which is different from lipedema deposition].)

Dr. Tobias Bertsch from Germany discussed the damaging effects of obesity on lymphatics. He cited statistics on the growing rates of lipedema and obesity. He presented a *theory* that in genetically susceptible females, lipedema is triggered at a weight-threshold in pregnant mothers (during fetal development). Once it develops, lipedema fat cannot be dieted away.

He believes **depression is a leading cause of obesity**! He described unhealthy diets relating to marketing and the sale of nutrient-poor convenience foods. He believes weight loss diets are destined to fail due to "falling off the diet" and a rebounding weight gain. Life style changes with healthier food choices and exercise are better solutions. Acceptance is a challenge. Mental health and life satisfaction are important parts of living with obesity and lipedema. Depression and struggles with of self-acceptance worsen conditions. His hope is for people to love and respect themselves on their journeys to health and healing.

Lymphedema is a costly problem for individuals on many levels (vocation/work challenges, mobility, added expenses, etc) and can impact quality of life. When treatment is not offered early, **costs escalate**. Government expenditures for delayed care ,which often involves hospitalization, are exponential compared to that of early care.

For some Canadians, lymphedema develops due to lifestyle. Each provincial lymphedema association continues to work with their government, asking for enhanced care for lymphedema (a "reactive approach" which is valid and pertinent). At the same time, a **proactive** approach should be considered. Healthy public policies (as they pertain to the Canada Food Guide, school physical education programs, marketing, food quality, expense, and accessibility, etc.) are important considerations for upcoming generations prone to development of obesity-related lymphedema. Health policies have the potential to impact obesity-related joint replacements, varicose veins, diabetes, renal failure, heart disease, stroke, cancer…. The list goes on and on. Like all other requests, lymphedema associations should advocate for healthy public policy "the sooner the better".

I appreciate the opportunity to have attended the Montreal CLF Conference as the LAS representative.

Thank you to all who contributed in the preparation of the Pathways Insert, including articles, advertising and the distribution list, and getting it off to print!!

I wish you the merriest festive season. As a post script, I would like to share additional information and websites (you may need to cut and paste to search) with you.

Weight control for Canadians has become a burning issue. The Canada Food Guide is undergoing revisions. See

https://www.canada.ca/en/health-canada/services/canada-food-guides/revision-process.html

Recommended grain portions numbers and portions will be limited, with **whole grains** favoured over processed (white) rice and grains. More abundant **vegetable** portions are emphasized over fruit. **Proteins** of all kinds (meats, fish, eggs, nuts, legumes, etc) are to be consumed **over the course of the day,** rather than limited to a larger, late meal. With goals to limit fat, sugarand salt; it stands to reason that food should be prepared at home (also cheaper) vs processed or "fast food" .The extra time spent in food selection and preparation can make a difference. Nutritionists are available in every community and will be happy to help with healthy choices including for travel and dining out.

Carbohydrates are regarded as a prescription in diabetics. A personalized number of carbs is prescribed for various times of day (for example 45grams at breakfast, 45 at lunch, 60 at supper, snacks 15 or 30 grams [multiples of 15]).

Low glycemic choices are helpful for control of diabetes (lowers inflammation in tissues). Healthy, low glycemic food substitutions improve satiety and are often more nutritious. Diabetic strategies can benefit us all.

Exercise should also be regarded as a prescription. Exercising 150 min per week can reduce (or eliminate) the need for medications in conditions like arthritis, high blood pressure, and high cholesterol. Exercise, especially swimming, is beneficial in Lymphedema (apply compression immediately following). Exercise with compression in place wherever possible.

See the Harvard nutrition and “Getting Started” exercise websites:

https://www.health.harvard.edu/healthbeat/a-good-guide-to-good-carbs-the-glycemic-index

https://www.realsimple.com/health/fitness-exercise/workouts/how-to-start-working-out

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