

THE NZ JOURNAL OF RESPIRATORY HEALTH
April 2008



SPECIAL FEATURES:

- Education Bus Travels South
- Aspirin Sensitivity and Asthma
- Importance of Support Groups

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IMPORTANT DATES TO REMEMBER

World Asthma Day 2008
Tuesday May 6th

World COPD Day 2008
Wednesday November 19th

May 2008

November 2008

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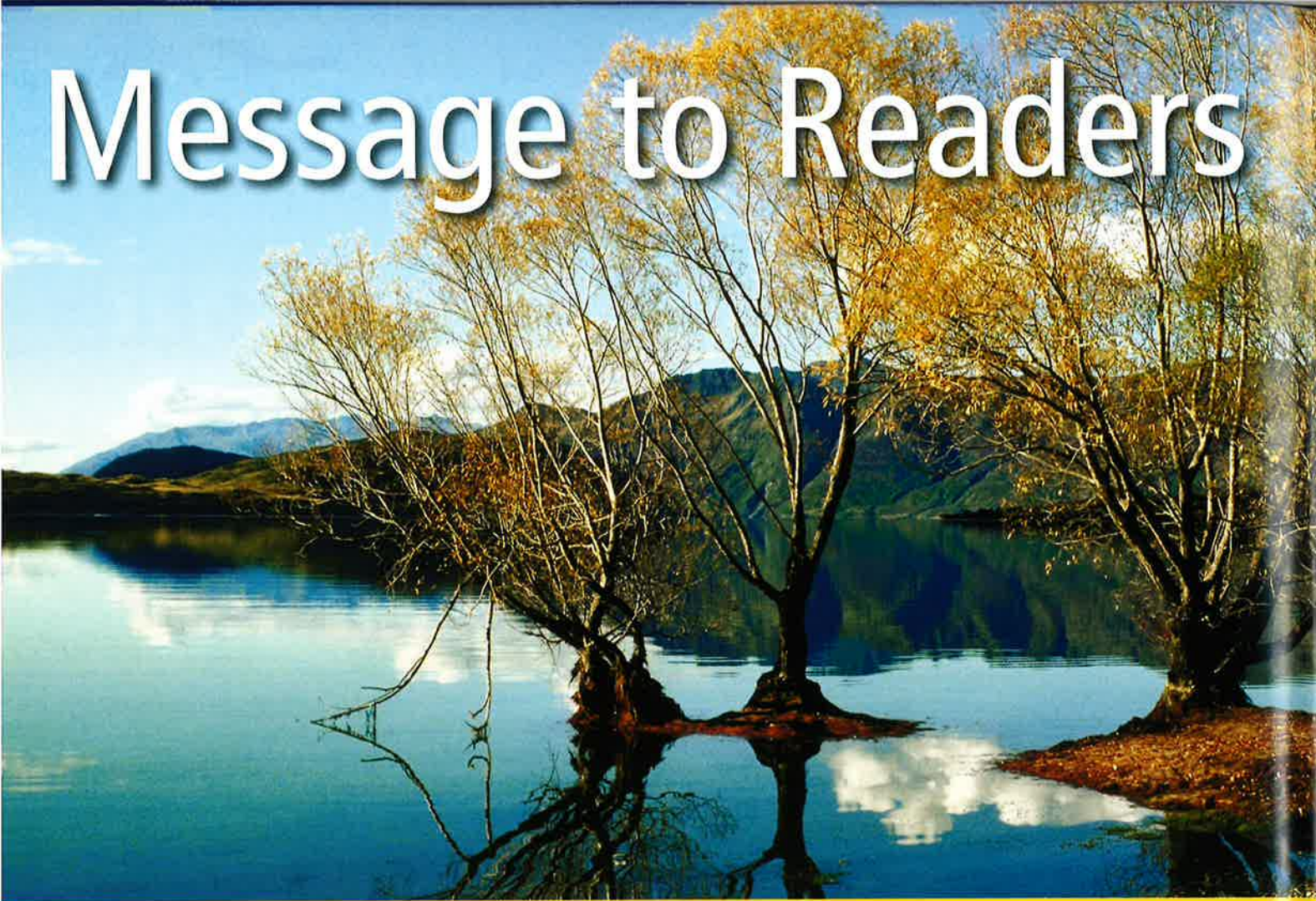
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Message to Readers



Dear Readers

Asthma rates in New Zealand are high, affecting one child in four and one adult in six. It is estimated that the cost to New Zealand exceeds \$1 billion annually. It is true to state that asthma can be controlled and people with asthma should be able to enjoy a quality lifestyle without their asthma impacting upon their lives.

Many children and adults with asthma are not well controlled in New Zealand. It is Asthma Auckland's experience that most people with asthma have not got their asthma under optimal control. It is interesting to note the demands on the nursing staff at Asthma Auckland have increased considerably. In general terms Asthma Auckland was able to respond to a request for help within one week, now that has increased to three weeks response times. This basically means that people with asthma and their families, are not getting sufficient educational advice at Primary Healthcare level. I recognise that providing optimal education to people with asthma is time consuming. Education is essentially about changing the behaviour of the individual, which can take considerable time. Unfortunately the ten minutes or so spent in a surgery situation does not provide

the educational input to motivate changes in behaviour. Asthma New Zealand recognise the fact that education is the primary tool in helping people live a quality lifestyle and with that in mind have developed courses in Asthma and COPD, which are run through the Unitec Institute of Technology. Over seven hundred nurses have qualified at these tertiary levels. This demonstrates that nurses as health professionals, have the patient's interests at heart and that they want to provide quality advice to patients. Many are doing this but more is required. It would be tremendous to have throughout New Zealand qualified Asthma Educators running nurse-led asthma clinics. As I said, education takes time and it is an ongoing process. Unfortunately, many nurses do not have the time to spend on running these specialised clinics. However, if we are going to change the asthma scene

for the better these nurse-led clinics must be developed. Asthma Auckland's staff work with a number of Primary Healthcare Organisations in providing specialist training to facilitate nurse-led clinics being established. Asthma Auckland would like to do more in this area but there must be a willingness on behalf of the Primary Healthcare Organisations to recognise the need. To those who read this editorial I would recommend that if you are interested in becoming part of this nurse-led asthma clinic development then please contact Asthma Auckland.

Sincerely

G.A.Hanna
Executive Director



Asthma Nursing Course Information

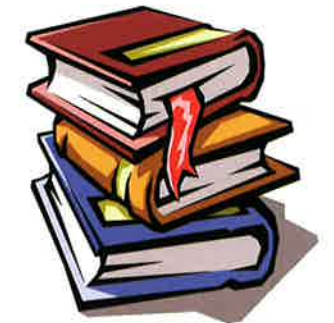
Applications are now invited from registered nurses wanting to enrol in the Asthma New Zealand/Unitec Asthma Nursing Course in July 2008. The programme is offered by distance learning. The primary aim of the Asthma Nursing Course is to provide nursing health professionals with a high level of evidence based asthma knowledge that promotes best practice, and is consistent with national policy.

In the eight years since commencement of the Asthma Nursing Course, 580 nurses have enrolled over 17 Intakes. Many applicants has not undertaken any additional study since completing their initial nursing education, and for some this had been many years. While most find the asthma course to be challenging, they enjoy the learning experience as it provides necessary knowledge that supports their role and scope of practice.

Asthma New Zealand in association with Unitec new Zealand offers this course within Unitec Bachelor of Nursing Programme. It is a level 7, 24 credit course. A grant towards the cost may be available for students.

For an enrolment form for the 2nd Semester 2008 Asthma Nursing Course please contact:

Ann or Swarna
Asthma New Zealand/The Lung Association
PO Box 67-066, Mt Eden, Auckland
Phone 09 623 0236- Ex 804 Fax 09 623 0774
Email: annw@asthma-nz.org.nz
or swarnah@asthma-nz.org.nz



The closing date for 2nd Semester 2008 enrolment is 20th June 2008

Congratulations

Asthma New Zealand – The Lung Association, in conjunction with Unitec is proud to announce further successful students from the distance learning

Asthma Nursing Course in 2007 1st Semester.

1. Marie Irvine - Invercargill
2. Jane Dunbar - Timaru
3. Uputaua Goulter - Auckland
4. Anne-Marie Lockett - Auckland
5. Sven Lapke - Auckland
6. Alison Berry - Auckland
7. Rittu Thomas - Auckland
8. Michele Wilson - Auckland
9. Rachel Ann Hickey - Auckland
10. Heather McMillan - Auckland
11. Annemarie Dobson - Auckland
12. Sisiluta Kalotau - Auckland
13. Jan Christine Corbett - Auckland
14. Christine Maree Scott - Christchurch
15. Christine Ruth Tucker - Christchurch
16. Diane Parata - Invercargill

Asthma Nursing Course in 2007 1st Semester.

1. Sandra Chamberlain - Porirua
2. Judith Jones - Auckland
3. Gwen Singer - Manukau
4. Josephine Davis - Taupo
5. Gail Diane Keane - Auckland
6. Marilyn Morris - Christchurch
7. Heather Toohey - Wellington
8. Dianne McLaughlin - Christchurch
9. Karen McKinnon - Taihape
10. Kaye Lindsay - Whangarei
11. Zarina Palamountain - Nelson
12. Jennifer Boles - Rotorua
13. Carol George - Waikanae Beach
14. Sharon Murphy - Wellington
15. Carol Pryce - Taupo

It can't possibly be asthma, can it?

Compiled by Ann Wheat

We all know that asthma is a disease of young people because we all know someone who has a child or teenager with asthma and they all developed it at a young age. We also know of people who have had asthma all their lives and are still living with it in their senior years. So what about the older person who suddenly starts having breathing problems such as they can't breathe when they are walking up hills or even just doing the routine household activities. Or, they find that they are coughing every morning. Yes they are getting older, so maybe that is the problem; it's just old age, or maybe they are a smoker or just maybe it's the pollution that's causing it.

Frieri (2007) advised that approximately 6 – 10% of older adults might have asthma. Another article reported that Wilson et al as cited in Goeman & Douglass (2007) suggested the rate of asthma in older people may be as high as 15%, many of whom have a first episode of asthma in their older years. It may be very difficult to diagnose asthma in the older person, as there are several other conditions that often present in a similar way such as chronic bronchitis, emphysema or even heart disease. Sinusitis, gastro-oesophageal reflux and other respiratory or cardiac conditions can also play a part in making the diagnosis difficult. Another factor to take into consideration is that older people often do not wheeze or have sensations of bronchospasm (Barua & O'Mahony, 2005).

So how is the diagnosis made?

A thorough medical history is an important first step. This should include:

- History of previous asthma as a child, or asthma in the family
- Current history of present symptoms, how often they occur or whether they are present all the time.
- Smoking history whether still smoking or previous smoker. The amount a person

smokes or smoked is also important.

- Any history of allergies to such things as dust mites, cat, dog or pollens as these can predispose to asthma. A person's environment should also be discussed as this may give clues to asthma triggers that could be causing a problem
- Gastro-oesophageal reflux or heart burn after eating a large meal before bedtime can cause asthma
- Respiratory infections causing respiratory symptoms
- Use of over the counter medications such as aspirin or anti-inflammatory medication. These types of medication can be a trigger for asthma
- Some medications such as Beta blockers and ACE inhibitors for the treatment of medical conditions such as high blood pressure or glaucoma can also be a trigger for asthma. It is important to know when these were started and how soon after the symptoms began (Honsinger, 2007, Schatz 2007).

Once the history is taken, one of the most important tools of diagnosis is the use of spirometry. This will give an idea of the degree of obstruction to air in and out of

the airways and the amount of reversibility that can be achieved following the use of reliever medication. This can assist in the differential diagnosis of asthma and Chronic Obstructive Respiratory Disease. Peak flow monitoring can also be useful to identify asthma in the elderly. Other tests that can be undertaken to differentiate asthma from other conditions are allergy tests to identify triggers, electrocardiogram to identify any heart conditions, chest X-ray and blood tests (Barua & O'Mahony, 2005).

Management of Asthma in the Older Person

As in the treatment of asthma in young people, the most important objective is good symptom control with minimal use of rescue or reliever medication, prevention of exacerbations and maintaining the best possible lung function (Barua & O'Mahony, 2005). This can be achieved by the following:

- Use of the correct medication regime for the severity of asthma. Medications are corticosteroids, long acting beta agonists, short acting beta agonists and combination medications. It is important that care is taken when using these medications that side effects are taken into consideration. Corticosteroids are the mainstay of asthma treatment

and in the older person should be considered even mild for asthma (Frieri, 2007). Beta agonists can cause tachycardia (fast heart beat) and this is particularly important if a person has a coexisting heart condition (Barua & O'Mahony, 2005)

- Choosing the right inhaler device for older people is essential. Many older people are unable to use a Metered Dose Inhaler (MDI) correctly often due to arthritis causing lack of dexterity in the hands. Use of an MDI with a spacer and haleraid can often solve this problem. A turbuhaler is an alternative to a MDI with spacer that older people are able to use (Frieri, 2007).
- It is very important that older people understand the importance of how and why their medications are used. Education and support should be given on this and regular follow up undertaken to ensure correct use of medication, devices, action plan for worsening asthma and any queries older people may have about their asthma. (Barua & O'Mahony, 2005)

- Trigger management is also essential.

Tips for Trigger Management

As for most people with asthma controlling asthma triggers in the older person is an integral part of management. The following are a few tips to help with this control:

- Keep cats and dogs out of the bedroom and off furnishings. If possible keep outside.
- Use of barrier bedding covers will help with dust mite allergy.
- Annual flu vaccine and five yearly pneumococcal vaccination may help to prevent respiratory infections.
- Avoid as much as possible contact with any one who has cold or flu.
- On high pollen allergen days, keep windows closed and use car-cooling system on recycling (Bassett, 2007)
- Wear a scarf on cold days.
- Do not smoke and avoid people who do smoke.
- Ensure adequate exercise.

Other tips for Asthma Management:

- Ensure good nutrition, including an adequate intake of calcium.
- Increase fluid intake as this can help to reduce asthma symptoms by thinning mucus in the lungs (Gluck, 2000).
- Write things down. It is a good idea for older people to write down how they have been doing before going to the doctor. This includes symptoms by using a symptom diary and triggers, such as when they occurred and how they were treated. Write down all medications being used, including over the counter medications plus any questions that need to be answered. The doctor/nurse can write down any important information that needs to be given to the older person such as asthma action plans and results of allergy testing. This is important as many people forget what is discussed in a consultation. (Smart, 2007)

Conclusion:

Asthma is not just a disease of young people but can affect older people as well. Treatment regimes and allergy prevention is just as important as for any person with asthma to ensure that older people can lead as normal a life as any other person.

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Asthma & Allergies

Compiled by Mona Ogle

Approximately 70-80% of asthma in New Zealand is associated with allergy. People with asthma often also suffer from allergic rhinitis, hayfever and eczema. In New Zealand, the most common asthma producing allergens are dust-mite faeces, cats' hair and saliva, pollen, rodent urine and mould.

Allergies can trigger or induce asthma. For people with allergic asthma, breathing in substances such as pollen, mould, dust mites and animal dander triggers the inflammation and swelling of the airways, leading to symptoms of asthma.

The lining of the nose and the lining of the airways are similar and are affected similarly by the allergic inflammatory process. Allergies are caused by the production of an antibody called IgE. The IgE antibodies cause a cascade of reactions in the body, including itchy skin or scratchy eyes or, for some, tightening of the airways. If your immune system produces IgE antibody toward cat proteins, you're said to be allergic to cats. Exposure to cats triggers inflammation and swelling of the lining of the nose, bronchial tubes or both. Some studies suggest that treatment of allergic rhinitis actually improves asthma. Allergen immunotherapy (desensitization allergy

shots) is a type of allergy treatment that can significantly improve asthma. In addition, if you have allergic asthma, reducing your exposure to the allergic substance can reduce your asthma problems and in some cases, completely control it.

What is asthma?

Asthma is a disorder of the lungs that causes the airways to:

- Swell or become inflamed, specifically in the airway linings
- Produce large amounts of mucus that is thicker than normal
- Become more narrow due to muscle contractions surrounding the airways

The symptoms of asthma are:

- Feeling short of breath
- Frequent coughing, especially at night
- Wheezing (noisy breathing)
- Chest tightness

What causes asthma?

The cause of asthma is uncertain. Among those at higher risk for asthma are those who:

- Have a family history of asthma
- Have a history of allergies
- Have smokers living in the household

What are allergies?

Allergies are the body's incorrect response to a foreign substance. Exposure to what is normally a harmless substance (such as plant pollen, mould, or animal hair) causes the immune system to react as if the substance is harmful. Substances that cause allergies are called "allergens." Another term for allergy is "immediate hypersensitivity," because of the way an allergic reaction takes place.

Allergies cause:

- Inflammation (swelling) of the hypersensitive area
- Occasional inflammation of non-exposed areas (anaphylaxis)
- A variety of respiratory complaints such as cough, increased mucous production, and sneezing
- Increased risk of chronic respiratory infections such as sinusitis
- **Breathing problems**
- Burning, tearing, or itchy eyes (red, swollen eyes)
- **Coughing**
- Diarrhea
- Headache
- Hives

- Itching of the nose, mouth, throat, skin, or any other area
- Runny nose
- Skin rashes
- Stomach cramps
- Vomiting
- **Wheezing**

What has been the effect of asthma and allergies on society?

In New Zealand, approximately 15% of the adult population and 20% of children under the age of 15 are affected by asthma. This equates to approximately 1 in 6 New Zealanders being affected. New Zealand, along with countries like Australia and Great Britain, has one of the highest rates of asthma in the world.

Over the last 30 years hospital admissions for asthma have doubled and it is the most common cause of admission to hospital for children. In New Zealand, asthma hospital admissions are higher for Maori and Pacific Island people, and those from lower socio-economic groups.

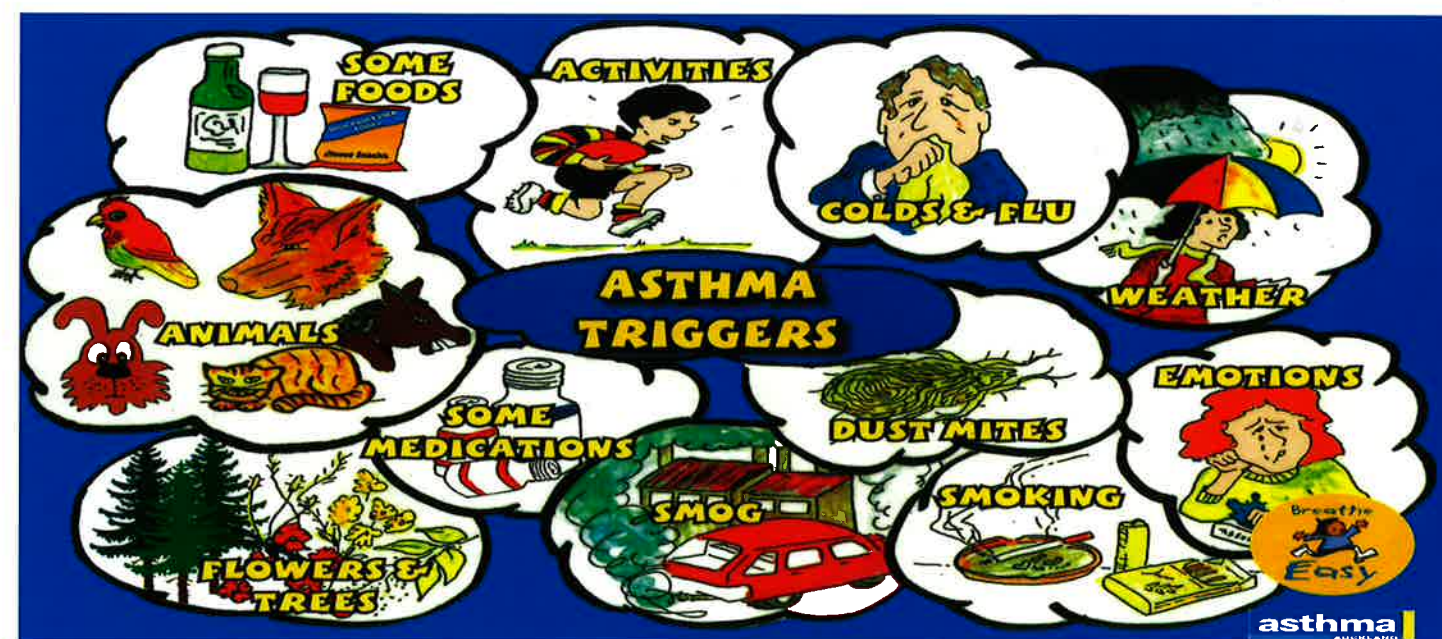
Uncontrolled asthma in children can lead to missed school days, interrupted sleep patterns and, ultimately, poor school performance. It is important to realize, however, that asthma

symptoms can begin at any age from infancy through adulthood. Asthma medications account for around \$NZ60-80 million of pharmaceutical budgets per year

What can be done?

Identify and reduce your exposure to known triggers.

- Keep your windows closed and use air conditioning if necessary, especially in the bedroom
- **Dust Mite:** Mite-proof encasements for your pillows and mattresses. They are a priority in decreasing dust mite exposure. Most people spend more hours of the day in the bedroom than any other single area. That is the most important area to keep clean of mites. Bedding should be washed weekly in hot water.
- If possible replace carpets with wood floors, tile or linoleum.
- **Pets:** Keep pets out of the bedroom, and, if possible, out of the house. Continued exposure to an animal to which you are allergic can cause long term problems that may not resolve, even after the animal is gone. Bathing pets on a weekly basis can help reduce allergen in the house. Replace or thoroughly clean bedding and carpeting that has animal dander on it. If you can't or won't remove a pet, careful monitoring of your asthma is especially important. Specific allergen immunotherapy may also be helpful.



- **Mould:** Moulds can be found almost everywhere. Indoor moulds are in bathrooms, basements, kitchens, and almost any room in the house. Use an exhaust fan or open windows to remove moisture after showers, and in the kitchen when cooking to remove water vapours, do not use carpet in these areas. Keep refrigerators and trash cans closed and clean. Avoid storing unnecessary items in basement/attic that can accumulate mould. Outdoors, avoid cutting grass or raking leaves. Wear a mask for outdoor work, if necessary, although this is usually just a problem with very dusty activities, such as raking leaves.

Work with your doctor regarding an individualized asthma management plan that includes measurement of disease severity, provision of medications, and means to seek medical attention and information.

Using asthma medicines as prescribed. Allergy medicine and desensitization allergy shots may also help control asthma in some people.

Monitoring your asthma using a symptom diary so that you can recognize when your symptoms are getting worse and respond quickly to prevent or stop an asthma episode.

Consult with allergy and asthma specialists when needed.

Skin tests or blood tests can indicate the likelihood of a substance as a trigger.

References:

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NEW LYNN 8:00am-10:00pm 2140 Gt North Rd
OTAHUHU 7:30am-11:00pm 15-23 Station Rd
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Toddler Day Out

Above: Raylene Ogle, Rt. Hon Helen Clark, Mona Ogle & Debra Leutenegger

On Sunday 2 March 2008 Auckland's Toddlers celebrated a day out with their parents, brothers, sisters, uncles and aunts and grandparents.

It was a day of free fun for the whole family (Whanau) which began at 10am until 3pm. Toddlers Day Out is an annual event held at the Waitakere Trust Stadium. Asthma Auckland along with many other health/educational services took part in this fun filled event. During the early part of the event we were fortunate enough to be visited by and photographed with Rt. Hon. Helen Clark who we remember back on 1 September 1990 when she opened Asthma Auckland premises in Mount Eden.

Our stall was also visited by at least 200 people who either knew someone with Asthma or had Asthma themselves. This fun filled day provided us with the opportunity to educate and handout asthma educational brochures to many attendees of this event.

It was great being part of this fabulous day and we would like to thank Waitakere City for making this event possible.





Aspirin Sensitivity and Asthma

Compiled by Jill Sinclair

Why is it that some people with asthma have been advised by medical professionals never to take aspirin and others take aspirin on occasion or even every day with no problems at all? What is the relationship between aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) such as naproxen and ibuprofen?

Although it is difficult to always identify those people with asthma who will develop aspirin sensitivity there are factors that indicate a risk, as many people who develop aspirin sensitive asthma also have rhinitis (inflammation of the nose) and nasal polyps (growths inside the nose). This condition is known as Samters Triad, Aspirin Triad or Aspirin induced asthma and rhinitis. It is important to note that although the condition is often called aspirin induced asthma or asthma sensitivity, any NSAID can induce these symptoms and reactions in people with asthma.

The most common stage of life to develop Samters Triad is in your thirties and those affected may not be allergic to inhaled allergens such as house dust mites, animals, moulds or pollens that are common triggers for asthma and rhinitis in New Zealand.

Most commonly the first symptom of Samter's

Triad will be rhinitis (inflammation of the nose), which may cause sneezing, a runny nose, or congestion. The condition will then typically progress to late onset asthma and the development of nasal polyps. Asthma sensitivity comes last and can develop even when aspirin has been previously well tolerated.

MEDSAFE – New Zealand Medicines and Medical Devices Safety Authority has reported that between 8-20% of adults with asthma experience bronchospasm following the ingestion of aspirin and other NSAIDs. The Auckland Allergy Clinic puts the prevalence of aspirin or NSAID sensitivity in asthma patients as high as 21%. It is much more common in adults with moderate to severe asthma; however it occurs very rarely in children and is not believed to run in families. People with Samters Triad will experience the typical symptoms of asthma; cough,

wheeze chest tightness and difficulty breathing; however these symptoms are often accompanied by or preceded by nasal congestion, swelling around eyes, facial flushing, urticaria (hives) and sometimes abdominal pains. The adverse reaction can be very severe and even life threatening and will occur in as little as 20 minutes and up to 3 hours after the ingestion of aspirin or other NSAID. Medical attention must be sought immediately in these circumstances.

No-one knows for sure why people develop this condition in adulthood. It seems somehow to relate to a chemical imbalance which causes the excessive production of inflammatory cells which causes inflammation in the nose, sinuses and lungs triggering the range of symptoms.

Aspirin Sensitivity or Samters Triad is most commonly diagnosed by a individuals past experience with taking aspirin or other NSAIDs

and by clinical indicators; such as late on-set asthma, prominent rhinitis and nasal polyps. It can however be confirmed by performing a challenge test by giving the patient a small dose of aspirin and watching for symptoms of sensitivity. This is not recommended regularly and should only be performed under the care of a specialist in an adequately equipped setting.

Once aspirin or NSAID sensitivity develops, it is unfortunately present for life and avoidance of aspirin and NSAID and products containing these medicines is essential. It is important to be aware that some over the counter preparations, including some cough and flu medication, contain aspirin and other NSAID. It pays to always let the pharmacist know of any sensitivity prior to purchasing over the counter medications.

If someone requires aspirin or NSAIDs for medical reasons such as cardiovascular prophylaxis or treatment of arthritis, desensitisation may be indicated. De-sensitisation to aspirin or NSAIDs is possible by commencing a patient on a low dose, which is taken daily and does not cause adverse symptoms, and then gradually increasing the dose until a daily maintenance dose is achieved. The aim is to reduce the need for supporting medications and for the patient to have fewer asthma and rhinitis symptoms. The daily maintenance dose must be continued long term as if stopped symptoms will recur when aspirin or NSAIDs are taken again. Even after desensitisation patients may still require nasal steroids, inhaled steroids and reliever medication. Surgery may still be needed to remove polyps, although it is believed that desensitisation may prevent nasal polyps recurring at the same rate.

Generally any patient with adult onset asthma, particularly those with associated rhinitis and/or polyps, should be advised to avoid aspirin and other NSAIDs. Paracetamol is the pain reliever most commonly recommended for these patients. It is important for everyone regardless of their history to advise their pharmacists and doctor about any sensitivity to medications and those with a proven drug allergy or hyper-sensitivity should always carry a Medic Alert emblem.

Talk to your doctor if you think you may have aspirin or NSAID sensitivity. A referral to an allergist (doctor with special training in allergic diseases) may also be helpful.

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World Asthma Day 2008

is fast approaching - Are you prepared?

World Asthma Day is an annual event organized by the Global Initiative for Asthma (GINA) to improve asthma awareness and care around the world. World Asthma Day for 2008 is on Tuesday, May 6, and has the theme: "YOU CAN CONTROL YOUR ASTHMA"

This means it's time to view and be accountable for your current asthma status and reassess whether you are in control of your asthma or whether your asthma is controlling you and your life?

How do we know if our asthma is under control?

Ask yourself these questions:

- Do I use my blue reliever inhaler more than 3 times per week?
- Do I wake at night with symptoms of coughing, wheezing or shortness of breath?
- Am I limited in the daily activities I can do?
- Have I been absent from school or work due to my asthma?

ask

Answering yes to one or more of these questions may be a sign that your control of your asthma could be improved.

Seek advice/support and education from qualified asthma nurse educators at the asthma societies throughout New Zealand, or speak with your General Practitioner or practise nurse. Remember that this help is only a phone call away.

Often one of the most important steps in increasing the control of asthma is education regarding the role and use of your inhaler medications. You may have had asthma for many years, but there is always more to learn.

Identifying and managing asthma triggers is also essential in managing your asthma. If you don't know what triggers your asthma episodes seek assistance from the relevant health-care professionals as listed above.

Asthma management plans are another vital part in managing your asthma. The action plan should be completed by a General Practitioner together with the patient. Management of asthma requires team-work and this will only work if there is compliance with the use of medications as per the plan.

The plan also assists the patient /family/whanau in knowing what to do in case of an emergency.

To view action plans go to www.asthma-nz.org.nz/downloads.aspx

For world asthma day events contact you local asthma society to find out what they are doing to celebrate. You may wish to become involved in your local community and help others to raise awareness of improving asthma management.

Remember that if your asthma is well managed it will not interfere with your day to day activities. Remove the burden of asthma, reach your goals and "BREATHE EASY"

Breathe Easy®

Provide a Healthier Environment for Your Family



Portable - move from room to room! Unit size 55 (h) x 46 (w) cm

SPECIAL OFFER!
FREE REPLACEMENT FILTER PACK!

Purchase a Russell Hobbs Mountain Breeze Air Purifier from any Harvey Norman store before 11 May 2008 and get a **FREE replacement Hepa & Washable Pre-filter Pack valued at \$69.99**

By redemption - details in store
 Offer valid 1/04/08 - 11/05/08

Harvey Norman
 NEW ZEALAND'S HOME OF ELECTRICAL

Mountain Breeze Air Purifier with Puri-Tech™ Photocatalysis Technology is a non-invasive, portable air purification system that is simple to use. Designed for people with respiratory conditions or a predisposition to allergies, it is also suitable for those without allergies who just want a home with clean air.

It has a silent mode for night time use and is suitable for rooms up to 40m². The programmable on/off timer, dust and odour sensors and filter change indicator will assist in keeping air clean at home or in the office for family and friends.

Mountain Breeze uses a 5 stage air purification system:

- 1. Washable Pre-filter:** Coated in an anti-bacterial agent to prevent bacterial growth on its surface. The pre-filter traps larger particles, and prolongs the life of the other filters. It is easily cleaned with a household vacuum cleaner.
- 2. True HEPA (High Efficiency Particulate Arrestance) Filter:** Traps up to 99.97% of particles equal to 0.3 microns in size or greater. The filter is completely sealed in a frame to be completely effective against **dust mites, pollen, viruses, bacteria, mould spores and tobacco smoke.**
- 3. Activated Carbon Filter:** This highly absorbent filter captures particles that pass through the HEPA filter. It is effective against reducing **gases, fumes, tobacco smoke and odour molecules.**
- 4. Puri-Tech™ Photocatalysis Technology:** Uses a combination of sterile mesh and UV lights to generate a chemical reaction. In this process, the UV light breaks down the DNA of particles. Turns bacteria, **VOC's (Volatile Organic Chemicals), viruses and odour molecules** into harmless traces of H₂O and CO₂.
- 5. Ioniser:** Cleans the air of positively charged pollutants and assists in combating fatigue and stress.



The Mountain Breeze has been awarded the British Allergy Foundation Seal of Approval for the reduction of **house dust mites, pollen, fungal spores and tobacco smoke.**



Salton NZ Ltd, PO Box 300-201 Albany. Ph (09) 920 2575. E-mail sales@salton.co.nz. Web: www.salton.co.nz

Kid's Page



Attention! All Children in Auckland Who Have Asthma



- ⇒ Is your child between 6- 13 years?
- ⇒ Does your child have asthma?
- ⇒ Do you live in the Auckland area?

If you answer **yes** to these three questions please contact Asthma New Zealand- the Lung Association.

Why?

Because Asthma New Zealand needs volunteers to participate in a study which is looking at the benefits to children who have asthma from taking a natural product, made from a marine substance.

Taking part in this study may help reduce the participant's use of asthma medication and the knowledge gained may help other asthma children with asthma gain better control of their asthma.

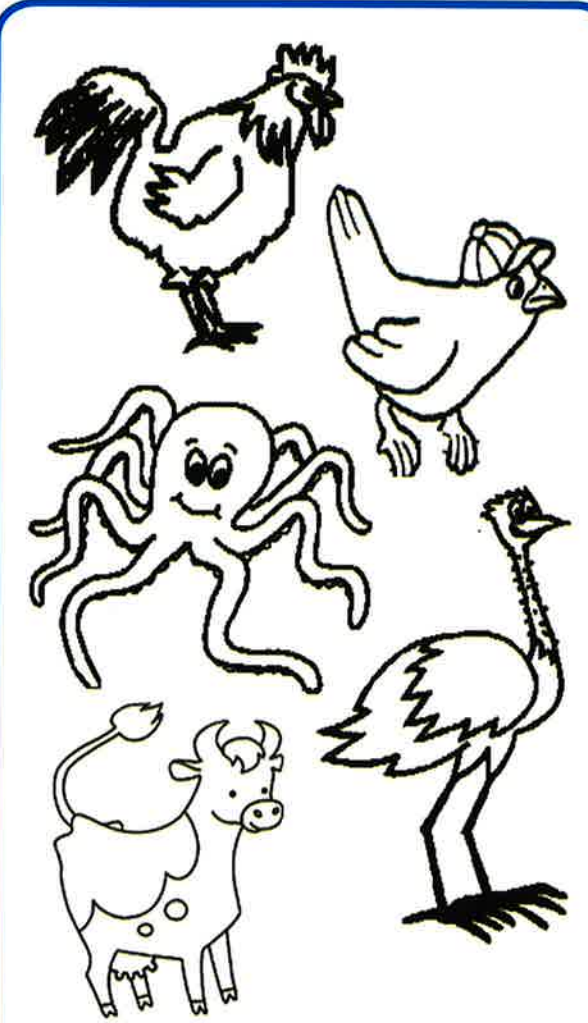
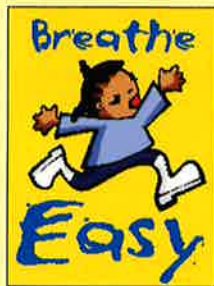
The study is - A double blind, randomised controlled trial in children with chronic obstructive asthma and will be conducted in compliance with the protocol, Interim Good Clinical Research Practice Guidelines (Medsafe, 1998) and the regulatory requirements of New Zealand. We require children who are between 6 and 13 years of age, with proven chronic obstructive asthma.

The diagnosis of asthma will be according to standard guidelines accepted by National Asthma Council of Australia. The children must be able to swallow capsules in order to participate, as there is no alternative form of study medication. The child's parent or guardian will provide written Informed Consent before enrolling the child in the trial. Where possible (given the child's age) the child's consent will also be obtained.

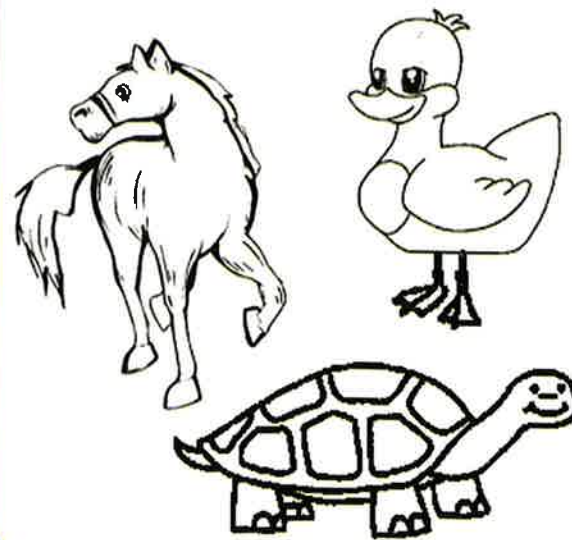
The trial lasts for six months and involves a total of eight visits.

If you are interested in enrolling in the study or want to know more please contact:

Asthma New Zealand-the Lung Association on either phone:
09 623 0236, Debra, Ann or Mona
or email debral@asthma-nz.org.nz



Colour the animals that have two legs



A number guessing game

- 8,10,7
My number is less than 8 and greater than 6
- 10,8,11
My number is greater than 7 less than 10. My number is not 9
- 11,17,22
My number is greater than 10. My number is less than 12
- 17,2,10
If you start out with 10, and subtract 8, you get our number. What is our number?
- 8,11,0
My number is very important. It means none. It comes before the number one. What is my number?

WORDFIND

TRIGGERS & TREATMENTS

E	M	U	F	R	E	P	C	O	L	D	F	S
X	D	A	T	T	A	C	K	U	T	E	L	P
E	R	E	V	E	I	L	E	R	S	K	O	R
R	X	F	C	J	D	M	U	V	K	O	W	A
C	P	A	E	L	N	F	K	R	A	M	R	Y
I	P	D	U	S	T	M	I	T	E	S	E	P
S	W	O	F	A	D	F	B	O	P	C	L	A
E	M	L	C	O	L	D	A	I	R	G	A	I
Y	U	P	G	P	A	M	H	T	S	A	H	N
C	L	S	N	E	L	L	O	P	T	V	N	T
A	M	P	S	S	E	R	T	S	D	R	I	B
R	A	I	R	P	O	L	L	U	T	I	O	N
D	N	R	E	T	N	E	V	E	R	P	I	Q

- | | | |
|---------------|-------------|----------------------|
| CAT FUR | PERFUME | INHALER |
| ROLLEN | DOGS | RELIEVER |
| DUST/mites | STRESS | PREVENTER |
| BIRDS | SPRAY PAINT | PEAK FLOW |
| COLD AIR | MOULD | ASTHMA /ATTACK /CARD |
| EXERCISE | FLU | |
| SMOKE | COLD | |
| AIR POLLUTION | | |

North & South

NEWS FROM AROUND THE REGIONS



FROM THE NORTH...

Christmas 2007 Events

Well it's hard to believe that we are already into April 2008, however the Auckland COPD groups again enjoyed celebrating Christmas together with an end of year function.

Whilst the West and Central COPD groups had a home cooked roast dinner at the Asthma Auckland premises in Mt Eden the North Shore group got together at the Browns Bay RSA. It was time to reflect on the years achievements and to look forward to the following year.

Debra, Ann and Mona which to thank all the members of the groups for making it a memorable year.



Staff Feature



In 2003 after many years experience in the PA/Secretarial and administrative areas, together with a long family history of asthma, Rochelle Butland joined the administrative team at Asthma Auckland as Receptionist/Secretary. During the time she has been at Asthma Auckland she has enjoyed the opportunity to assist those with asthma and their families, the happy voice on the end of the phone.

Rochelle lives with her husband in Auckland, has four daughters, three of whom are married and live overseas and has a total of eight grandchildren. Her interests are family, travel, gardening, fitness and outdoor activities and dabbling with watercolour painting.



FROM THE SOUTH...

Do you suffer from Asthma COPD or any other lung Disease?

If you do then we may be able to help you enjoy a better life style by teaching you to control your disease.

Asthma South Canterbury has bought from Auckland their Mobile Education Unit to your area, manned by our Respiratory Nurse Educator Jane Dunbar.

During April we will be at the following points:

2 April Aoraki Mount Cook School
11.30 – 2.00

3 April Dee Street Pharmacy
10.00 – 2.00

8 April Geraldine High School
12.00 – 2.00

9 April Timaru Boys High School
12.00 – 2.00

10 April Marchwiell Pharmacy
10.00 – 2.00

15 April Timaru Girls High School
9.00 – 3.00

17 April Unichem Village Mall Pharmacy
10.00 – 2.00

THIS IS A FREE SERVICE

If your not sure when we will be in your area please phone Rosalene for more information

(03) 686 2132



Asthma New Zealand's Education Bus, from Auckland, visits Waimaitaitai School in South Canterbury.

On 11th and 12th of March the Asthma Education Bus visited Waimaitaitai School with South Canterbury's Educator Jane Dunbar.

It was an exciting two days for the children as well as for Jane! Jane talked to 14 classes of pupils about asthma. The children were all very enthusiastic, asked positive questions and were very responsive.

The children ranged from year 1 to year 8 and Jane changed her talks and activities to suit each age group.

Older children were asked to do some vigorous exercise and then breathe through a straw; this helped them to understand what it was like for a child with Asthma to breathe when their asthma is not under control.





SOUTH CONTINUED...

Breathing new life into asthma awareness message

Mobile unit touring the district's schools, businesses and pharmacies bringing words of support and advice to sufferers. MAKING people aware of asthma and the support services available is a key task for Asthma South Canterbury and nurse educator Jane Dunbar's personal goal is to ensure the network of support is well known throughout the district.

A mobile asthma education unit arrived in Timaru from Auckland on Monday. One of two mobile units based in Auckland, it occasionally tours around the country, taking a message of hope and support to asthma sufferers. Mrs Dunbar said services were free but asthma-affected people needed to be aware of what support was available.

Asthma New Zealand would like to thank the Timaru Courier for providing this page.



A Day in the Life

by Dianne McLaughlin



After many years in the nursing profession working in a variety of settings I think I have found the perfect role, for me, anyway. I am employed as a cardiopulmonary district nurse by Healthcare New Zealand Ltd (Healthcare NZ) and as such visit people with chronic conditions including Chronic Obstructive Pulmonary Disease and Heart Failure in the community.

My day generally commences at 8:30am when I leave home to visit the six to eight clients on my list for that day. The duration of each visit is approximately one hour which I acknowledge is very generous. One hour of uninterrupted time with a client and perhaps with family members present as well provides a wonderful opportunity to offer an exceptional nursing service. My colleagues and I have developed a cardiopulmonary observation sheet which we complete at each visit. Observations are quite detailed and include amongst other things; client weight; pulse; sitting/standing blood pressure; Sa O₂; respiratory rate; temperature; oedema checks and auscultation of posterior lung sounds and anterior chest. Monitoring and assessment are key components of the role as are education, support and advocacy. We have compiled education checklists which include things such as spacer/ inhaler technique, energy conservation and monitoring of weight.

Visiting people in their home environment clearly demonstrates how chronic conditions impact on everyday life. I frequently refer clients to other health professionals such as occupational therapists who can provide equipment and aides to improve safety and independence. I also liaise a great deal with practice nurses, GP's and district health board staff. Most referrals come to the cardiopulmonary district nursing service of Healthcare NZ from the cardio respiratory outreach service of Christchurch Hospital. Clients are often long-term however some require just a month or two of support, monitoring and education to enable them to gain confidence in the management of their condition.

Healthcare NZ is a national provider of health care and was established in 1988. The cardiopulmonary team was established in Christchurch in April 2004 in response to a request by the Canterbury District Health Board. The aim was to provide chronic

disease management of cardiopulmonary patients in the community in conjunction with cardio respiratory outreach. Primary conditions are of a cardio respiratory nature although many clients have significant co-morbidities and many in the end stage of their disease progress to requiring palliative care. The cardiopulmonary team is quite small and we come with varying degrees of experience and expertise. Some have a background in palliative while others like myself have a general medical and cardio respiratory rehabilitation background. My colleagues are a very supportive bunch and are committed to their role. Like most nurses we all undertake post graduate study with the aim of increasing our knowledge and improving the quality of care we provide. To conclude, I feel extremely lucky to work in this role and believe that by supporting clients with chronic illness they may gain some control over their health and thus improve their health related quality of life.



Do you suffer from Asthma, COPD or any other Lung Disease?



If you do then we may be able to help you enjoy a better life style by teaching you to control your disease. Asthma South Canterbury is bringing the Auckland Mobile Asthma Education Unit to your area manned by our Respiratory Nurse Educator Jane Dunbar over the next 3 months. The advertisements opposite will let you know when we will be in your area.

Jane will help you with:-

- Your Inhaler Technique
- Your Peak Flow Recording
- Understanding your Medication
- Understanding your Condition
- What Triggers your Condition
- The use of your spacer



- Do you use your blue inhaler more than 3 times a week?
- Do you cough most days?
- Are you or were you a smoker?
- Do you wake at night due to your Asthma?

If the answer is yes to any of these questions, please take the time to visit our Mobile Education Unit.

This Is A Free Service

If you are not sure when we will be in your area please phone Rosalene for more information

03 686 2132



Perpetual Trust



AD Halley Trust

Chronic Obstructive Pulmonary Disease (COPD) Support Groups

What are they and what is their purpose.

Compiled by Debra Leutenegger

While we have all heard of various support groups that are held in the community, have we ever attended one or even understand what goes on in these groups?

Often people won't have the courage or security to just turn up to a support group unless they are attending with someone else who has been there before. Does this sound like you?

Really it's quite simple since the definition of a support group is simply: A group of people, sometimes led by a therapist, who provide each other moral support, information, and advice on problems relating to some shared characteristic or experience: *a support group for people with COPD and their families.*

Asthma Auckland's nurse educators facilitate three COPD Support groups covering the greater Auckland area.

Central/South Auckland's group meets at the Asthma Auckland premises at 581 Mt Eden Road on the 4th Wednesday of the month from 1.30pm to 3pm. Facilitator: Ann Wheat

North Shore Group meets on the 2nd Thursday of each month at the Sunnynook Community Centre, 148 Sycamore Drive, Sunnynook from 10am to 12pm. Facilitator: Debra Leutenegger

West Auckland group meets on the 1st Thursday of each month at Wai Health, Henderson from 2pm to 3pm. Facilitator: Mona Ogle.

These COPD support groups are free to attend, and family members are also encouraged to attend with their partners/whanau. Feel free to call the facilitator of the group you wish to attend prior to the next meeting, or simply turn up. You will be welcomed! This is your opportunity to gain further

Ron and Pat Cossins



knowledge into the management of COPD, ensure that inhaler devices are being used correctly so that you gain the best control as well as a better understanding of how the medications are working. In addition you will be able to speak freely with other members of the group who are experiencing the same or similar hurdles with their day to day activities.

Often we are asked what information there is available to the carers of people with COPD, since generally the carers are often the first to notice the deterioration in their loved ones condition and sometimes feel they lack the knowledge to assist them. It is important that there is support given to these carers as well as the patient themselves.

What's the most important part of a support group?

Its members! Without these there are no support groups. The facilitator's will encourage members to take an active part in the support group. This may be by phoning members prior to a meeting to remind them to attend and to inform them of the guest speaker and topic. Since the group is held for the benefit of its members having input as to how the group should be run so that it meets the needs/desires of the members is most important.

There are no "silly" questions. Sometimes the most simple questions are the ones that

Some members of the North Shore COPD Group



everyone would like to ask but don't.

Members of the North Shore COPD group were asked what they have learned and accomplished since joining the group. There responses were:

- Increased their knowledge of COPD and related respiratory conditions
- Medications – their correct use and understanding about the different types
- Being informed of the recent up to date medications available
- Supporting each other and establishing friendships amongst members

- New equipment available such as nebulisers, haleraids etc.
- Able to ask questions which concern them
- Interesting speakers on a variety of topics is valuable

How did the new members find out about the group?

- Community centre advertising
- Local community papers
- Age Concern

- Health-line
- Word of mouth

I hope that this will encourage you to attend a group near you. If you live outside the Auckland area phone your nearest Asthma Society and ask whether they run a group in your area. If not think about starting a group yourself, we would be only too pleased to discuss this option with you.

Call Asthma Auckland 09-630-2293

Aeroneb Go Testimonial

by Doug Martin

I am very pleased that I bought the Aeroneb Go. At present I have to use a nebuliser three times a day and the Aeroneb Go's portability has enabled me to go out for the day without a worry.

It is so quiet that when we went to Mt Maunganui last weekend I sat in a corner and I doubt if anyone knew that I was using it. It is also comforting to know that I have it with me in case of emergency.

I will take the power pack with me when I go to Australia so that I can use the power at the motel, saving my battery power for when I am out and about.



Doug Martin using the AeronebGo Micropump Nebulizer

Fast
Rapid treatment times.

Simple

Hassle-free set-up and operation, quick cleaning. Easy to hold, ultra-light 2 oz. handset.

Efficient

Delivers a high-quality respirable aerosol. Aerosolizes down to the last drop – minimizes medication waste.

Innovative

Incorporates proven OnQ™ technology used in hospitals worldwide.



Aeroneb Go
Micropump Nebulizer

Introducing Aeroneb® Go—a micropump nebulizer providing efficient therapy for everyday use, anywhere. Aeroneb Go sets a new standard for home nebulizer therapy using Aerogen® OnQ™ Aerosol Generator, the same trusted technology used in hospitals worldwide. Unlike conventional nebulizers, Aeroneb Go operates silently and delivers rapid, efficient aerosol treatments wherever and whenever needed. Whether at home, at school or at work, patients feel secure knowing that their micropump nebulizer is close by when they need it most.

The Aeroneb Go, for use with patients of all ages (infant through adult), aerosolizes physician-prescribed solutions for inhalation that are approved for use with a general-purpose nebulizer. It is simple to operate, works with either an AC wall controller or a battery pack, can be cleaned with soap and water, and disinfected (if desired).

MEDXUS
high quality healthcare solutions

Aeroneb Go
Micropump Nebulizer

Product Specifications

POWER SOURCES

- AC Powered Controller: 100–240 VAC, 28–15 mA, 50–60 Hz
- Battery Powered Controller: 4.5 VDC (3 “AA” disposable batteries), 350 mA
- Hours of Operation with Batteries: At least three (3) hours (up to five (5) hours from high performance batteries)

APPROXIMATE WEIGHT

- Nebulizer Unit: 60 g (2 ounces)
- AC Powered Controller: 180 g (6.5 ounces)
- Battery Powered Controller with Batteries: 260 g (9.3 ounces)

SOUND LEVEL

- Virtually silent, <35 dBA at 1 meter

APPROXIMATE DIMENSIONS

- Nebulizer Unit (assembled): 40.0 x 105.0 x 93.0 mm (1.6 x 4.1 x 3.7 inches)
- AC Powered Controller: 51.0 x 46.0 x 87.0 mm (2.0 x 1.8 x 3.4 inches)
- Battery Powered Controller: 70.0 x 110.0 x 32.0 mm (2.8 x 4.3 x 1.3 inches)

PERFORMANCE (WITH 3 ML OF 0.083% ALBUTEROL)

- Average flow rate: 0.45 mL/min
- Minimum flow rate: >0.3 mL/min
- Average particle size: 3.1 microns mass median aerodynamic diameter (MMAD)
- Medication Cup capacity: Maximum of 6 mL

POWER OPTIONS



Battery Powered Controller



AC Powered Controller



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Efficient pulmonary drug delivery. On target, every time.

The aerosol generator featured in the Aeroneb® Go Nebulizer.

- Creates a fine particle, low-velocity aerosol
- Precisely defined particle size
- Aerosolizes a broad range of liquid formulations
- Leaves virtually no residual medication

Aerogen® OnQ™

Aerogen's OnQ Aerosol Generator, an electronic micropump, is unlike any other aerosolization technology currently available. At 1.5 cm (0.6 inches) in diameter and wafer-thin, OnQ efficiently delivers aerosolized drugs to the lungs, on target, every time. OnQ uses no compressed air, generates negligible heat and works with drugs in solution or suspension.

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high quality healthcare solutions

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Wheezy babies-wheezy adults?

Review on long-term outcome until adulthood after early childhood wheezing.

By Piippo-Savolainen E, Korppi M.

Department of Paediatrics, Kuopio University and University Hospital, FIN-70210 Kuopio, Finland.

Population-based birth cohort studies have documented that about 30% of children suffer from wheezing during respiratory infection before their third birthday. Recurrent wheezing is common in early childhood, but most patients outgrow their symptoms by school age. However, recent long-term postbronchiolitis follow-up studies from Sweden and Finland have revealed that asthma

is present in about 40% of young adults and over half of the cases are relapses after many symptom-free years. In population studies, the principal predictors for later asthma have been parental asthma, recurrent wheezing, atopy and eosinophilia. In the Swedish postbronchiolitis study, atopic diathesis through the development of clinical atopy, and early passive smoking through bronchial hyper-reactivity or later active smoking led to adult asthma. The Finnish postbronchiolitis follow-up stressed early recurrence of wheezing, wheezing induced by less invasive viruses

than respiratory syncytial virus (RSV), early-life atopy and eosinophilia and parental asthma as predictors for adult asthma. Conclusion: The majority of wheezing infants and children outgrow their symptoms by school age, but based on recent long-term follow-up studies, asthma relapses are common in young adults. These studies have highlighted parental asthma, maternal smoking and wheezing induced by other viruses than RSV as predictive factors for later asthma. training, if necessary with the help of a partner or caregiver."

Role of symptoms and lung function in determining asthma control in smokers with asthma.

Chaudhuri R, McSharry C, McCoard A, Livingston E, Hothersall E, Spears M, Lafferty J, Thomson NC.

Department of Respiratory Medicine, University of Glasgow, Glasgow, UK.

BACKGROUND: Cigarette smoking in asthma increases the severity and accelerates the decline in lung function. The relative role of symptoms and lung function in determining asthma control in smokers with asthma is not known. AIM OF THE STUDY: The aim of this study was to compare asthma control in smokers vs never-smokers with asthma, using the validated Juniper asthma

control questionnaire (ACQ), and assess if any difference was because of a particular symptom or the forced expiratory volume in one second (FEV(1)) value. METHODS: This was a cross-sectional study of 134 asthmatics (74 never-smokers and 60 smokers) with $\geq 15\%$ reversibility in FEV(1) after salbutamol. All subjects completed the ACQ, recording FEV(1) and asthma symptoms (night awakening, morning symptoms, dyspnoea, wheeze, activity limitation and use of reliever inhaler). RESULTS:

Compared with the never-smokers, smokers with asthma had significantly worse median (IQR) total asthma control score [1.6 (1.1-2.3) vs 2.8 (1.7-3.4); ($P < 0.0001$)] and in each of the six individual symptom question scores ($P < 0.001$), but no difference in FEV(1) levels ($P = 0.908$). CONCLUSION: Asthma control is significantly worse in asthmatics who smoke compared with never-smokers, with all symptoms related to asthma control uniformly worse in smokers, independent of FEV(1).

Effect of maternal asthma and asthma control on pregnancy and perinatal outcomes.

Enriquez R, Griffin MR, Carroll KN, Wu P, Cooper WO, Gebretsadik T, Dupont WD, Mitchel EF, Hartert TV.

Bureau of TennCare (Tennessee Medicaid), Vanderbilt University School of Medicine, Nashville, Tenn, USA.

BACKGROUND: Asthma is a common condition during pregnancy. OBJECTIVE: We sought to determine the effect of asthma on the rates of adverse pregnancy and fetal outcomes. METHODS: We identified pregnancies among black and white women age 15 to 44 with singleton gestations enrolled in the Tennessee Medicaid program over a period of 9 consecutive years, from 1995 to 2003, and used claims data to determine the relationship of maternal asthma and asthma exacerbations

on pregnancy and infant outcomes. RESULTS: Among the 140,299 pregnancies, 6.5% were in women with asthma. Among women with asthma, 23% had a hospital or emergency department visit (exacerbated asthma); 40% of black and 23% of white women received hospital or emergency department care for asthma during pregnancy. After controlling for race and other covariates, birth weights among infants of women with asthma were, on average, 38 g lower, and among infants of women with exacerbated asthma they were, on average, 56 g lower. There were moderate, dose-dependent relationships

between asthma alone and exacerbated asthma with hypertensive disorders of pregnancy, membrane-related disorders, preterm labor, antepartum hemorrhage, and cesarean delivery. Maternal asthma was not associated with preterm birth or birth defects. CONCLUSION: Asthma is a risk factor for several common adverse outcomes of pregnancy, and poorly controlled asthma during pregnancy increases these risks. CLINICAL IMPLICATIONS: It is possible that both maternal and infant outcomes could be improved in this population with appropriate asthma care, especially among black women.

COPD in Asia: Where East Meets West.

Tan WC, Ng TP

University of British Columbia, iCapture Center for Cardiovascular and Pulmonary Research, St Paul's Hospital, 1081 Burrard St, Vancouver, BC, V6Z 1Y6 Canada. wtan@mrl.ubc.ca.

COPD is a global health concern, and is a major cause of chronic morbidity and mortality worldwide. According to the World Health Organization, it is currently the sixth leading cause of death in the world, and further increases in the prevalence and mortality of the disease is predicted for the coming decades. These increases are mainly linked to the epidemic of tobacco exposure and indoor

and outdoor air pollution in Asian countries. The burden of COPD in Asia is currently greater than that in developed Western countries, both in terms of the total number of deaths and the burden of disease, as measured in years of life lost and years spent living with disability. The types of health-care policies and the practice of medicine vary considerably among the regions of Asia and have an impact on the burden of disease. Treatment aims in Asian countries are based on evidence-based management guidelines. Barriers to the implementation of disease management guidelines are related to issues of resource conflict and lack of

organizational support rather than cultural differences in medical practice. To reduce this burden of COPD in Asian countries, there is a need for a multifaceted approach in improving awareness of prevalence and disease burden, in facilitating accurate diagnosis of COPD among chronic respiratory diseases, in championing health policies that reduce the burden of the main risk factors for COPD and in the wider use of evidence-based management for COPD.

Mental disorders in chronic obstructive pulmonary disease (COPD).

Vögele C, von Leupoldt A.

Clinical and Health Psychology Research Centre, School of Human and Life Sciences, Whitelands College, Roehampton University, Holybourne Avenue, London SW15 4JD, UK.

Recent research using questionnaire measures has demonstrated high prevalence rates of mental disorders in chronic obstructive pulmonary disease (COPD). However, clinical interviews and clinical rather than healthy control groups have rarely been employed. The aim of the present study was to assess mental disorders in patients with COPD with advanced methodology, to identify moderating factors explaining mental co-morbidities

and to compare results with a clinical control group without COPD. A standardized clinical interview (F-DIPS) and a range of questionnaires were used to assess mental disorders, perceived physical symptoms and cognitions in 20 hospitalized patients with mild-to-moderate COPD (mean FEV(1)/VC (%)=61.3). Results were compared with a hospitalized clinical control group without pulmonary dysfunction (CCG; N=20). Results showed that 55% of patients with COPD received a diagnosis of a mental disorder compared to 30% of CCG patients. All principal mental diagnoses in the COPD group were anxiety disorders (especially Panic Disorder with Agoraphobia), while CCG patients

received a wider range of diagnoses (anxiety, pain, alcohol abuse). There was no systematic association between anxiety levels and respiratory function in the whole COPD group, but a positive correlation between anxiety levels and perceived physical symptoms ($p < 0.001$) as well as negative cognitions ($p < 0.001$ and $p < 0.05$, respectively) for COPD patients with anxiety disorder (N=11). The present results confirm the high prevalence rate of anxiety in patients with COPD and suggest further that anxiety in COPD patients may be mediated by cognitive processes. These findings are discussed in terms of their implications for treatment.

Withdrawal of inhaled corticosteroids in people with COPD in primary care: a randomised controlled trial.

Choudhury AB, Dawson CM, Kilvington HE, Eldridge S, James WY, Wedzicha JA, Feder GS, Griffiths CJ.

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BACKGROUND: Guidelines recommend inhaled corticosteroids (ICS) for patients with severe chronic obstructive pulmonary disease (COPD). Most COPD patients are managed in primary care and receive ICS long-term and irrespective of severity. The effect of withdrawing ICS from COPD patients in primary care is unknown. METHODS: In a pragmatic randomised, double-blind, placebo-controlled trial in 31 practices, 260 COPD patients stopped their usual ICS (median duration of use 8 years) and were allocated

to 500 mcg fluticasone propionate twice daily ($n = 128$), or placebo ($n = 132$). Follow-up assessments took place at three monthly intervals for a year at the patients' practice. Our primary outcome was COPD exacerbation frequency. Secondary outcomes were time to first COPD exacerbation, reported symptoms, peak expiratory flow rate and reliever inhaler use, and lung function and health related quality of life. RESULTS: In patients randomised to placebo, COPD exacerbation risk over one year was RR: 1.11 (CI: 0.91-1.36). Patients taking placebo were more likely to return to their usual ICS following exacerbation, placebo: 61/128 (48%); fluticasone: 34/132 (26%), OR: 2.35 (CI: 1.38-4.05). Exacerbation risk whilst taking randomised treatment

was significantly raised in the placebo group 1.48 (CI: 1.17-1.86). Patients taking placebo exacerbated earlier (median time to first exacerbation: placebo (days): 44 (CI: 29-59); fluticasone: 63 (CI: 53-74), log rank 3.81, $P = 0.05$) and reported increased wheeze. In a post-hoc analysis, patients with mild COPD taking placebo had increased exacerbation risk RR: 1.94 (CI: 1.20-3.14). CONCLUSION: Withdrawal of long-term ICS in COPD patients in primary care increases risk of exacerbation shortens time to exacerbation and causes symptom deterioration. Patients with mild COPD may be at increased risk of exacerbation after withdrawal. TRIAL REGISTRATION: ClinicalTrials.gov NCT00440687.



“Snippets” of information



What are the most common symptoms of asthma?

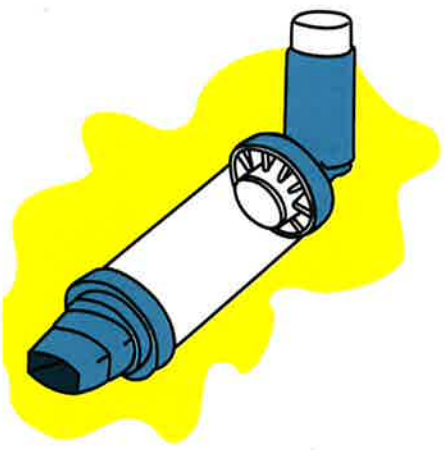
Cough (with or without mucus), Wheezing, Breathlessness, Tight chest, you may have one or all of the symptoms during an asthma episode.

Can I take my ‘Blue’ inhaler if I have a cold?

Yes, you can take your blue inhaler (reliever), 2 puffs every four hours from the start of your cold until the end of your cold.

How many puffs of my ‘Blue’ inhaler can I use in an emergency when I am having a severe asthma episode?

You can use 6 puffs through a spacer/mask (this is equivalent to a nebuliser), every six minutes until an ambulance arrives.



What is a Skin Prick Test?

Is a test to see what you are allergic to. It involves small drops of the allergen being placed on your forearm and small pricks are made in each droplet so that the allergen enters the skin. After 15 minutes if you are allergic to a certain allergen a small raised area will appear on the skin indicating you are allergic to it (this is measured by a health professional).



Who should have a Skin Prick Test?

Anyone over the age of 4 years can have a skin prick test, it is good for people with asthma to get tested so they know what they are allergic to and what can trigger their asthma episode.

Where can I get a Skin Prick done and how much does a Skin Prick Test cost?

Your GP can order a skin prick test for you if they think it is appropriate, you will need to make an appointment with your local laboratory to arrange a time. It is free.

What are the peak times pollen is emitted during the day?

Pollen is usually emitted between 5.00am and 10.00am, so arrange outdoor activities if you can in the early afternoon when pollen levels are lowest.

What else can I do to reduce Pollen exposure?

Close windows in cars and use the car’s air-conditioning.
Avoid freshly mown grass.
Close windows on windy days or when humidity is high and at night.
Avoid hanging sheets and clothes outside to dry as they will collect pollen.



What can I do to reduce my exposure to dust mites?

- Use dust mite covers.
- Avoid sheepskins.
- Damp dust surfaces 2-3 times each week.
- Wash bed linen in 55°C water each week or alternatively expose linen to sunlight each week, this will help to kill the dust mites and removes allergens.

Vacuum using a HEPA filtered vacuum cleaner at least once a week, 2-3 times a week is better.

Freeze soft toys for 24 hours each fortnight and then cold wash.



What happens if I have asthma and smoke?

Smoking makes your asthma worse. Smoking may increase your chance of having an asthma episode. Smoking makes your day to day control harder to achieve. Smoking increases your chances of permanently damaging your airways. Smoking reduces the effectiveness of steroid medication.

How does passive smoking affect my asthma?

When you breathe in other peoples cigarette smoke it can –

- Trigger an asthma episode
- Increase the number of asthma episodes you have
- Increase your need for asthma medications
- Increase your sensitivity to other environmental triggers (e.g pets, pollens and chemicals)
- Reduces your lung function

What can I do to reduce my exposure to cigarette smoke?

You can give up smoking and/or encourage people around you to quit smoking.

To Quit – call Quitline on 0800 778 778 or visit the website - www.quit.org.nz

asthma
AUCKLAND



Yes!

I want to support Asthma Auckland

Name: _____
Title First Name Surname

Address: _____

Phone: _____ Date Of Birth: (optional) ____/____/____

Benefits

- Magazine subscription (The NZ Journal Of Respiratory Health)
- Advice & support from Asthma educators
- Networking opportunities/support groups
- Access to information & medical research

Your donation will also help provide education & support for other people with asthma and their families

Annual Membership \$25
Donation (tax deductible)

- Cheque enclosed \$ _____
 Please debit my credit card \$ _____

Visa MasterCard Diners Amex
[] []

Cardholder’s name: _____

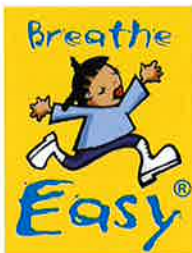
Signature: _____ Expiry date ____/____/____

I would like information about making a bequest.

Asthma info line:
Phone: 09 630 2293
Fax: 09 623 0774
Email: aas@asthma-nz.org.nz
Web: www.asthma-nz.org.nz
Information collected for Asthma Auckland use only. Under the Privacy Act members have the right to access and correct any information by contacting Asthma Auckland

Return this form to:
Asthma Auckland
P O Box 67 066
Mt Eden 1349
Auckland
New Zealand
Regional Office:
581 Mt Eden Rd
Mt Eden
Auckland, 1024 NZ

LET'S FIGHT ASTHMA TOGETHER



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Cheque for the above value is enclosed

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- Please send me information on how I can help Asthma New Zealand through my will
- I have already left a bequest for the Asthma Society through my will
- I would love to do some voluntary work to fight asthma

Asthma New Zealand- The Lung Association

581 Mt Eden Rd, P O Box 67-066, Mt Eden, Auckland 1024, NZ
Phone 09 623 0236, Fax 09 623 0774 Email anz@asthma-nz.org.nz

Thank you for helping us to fight asthma and make New Zealand breathe easy



Asthma New Zealand's partner societies around New Zealand:

AUCKLAND ASTHMA SOCIETY (INC.)

P O Box 67 066
581 Mt Eden Rd,
Auckland 1024
Ph (09) 630 2293

CANTERBURY ASTHMA SOCIETY (INC)

275 Cashel Street,
P O Box 13 091
Christchurch 8013
Ph (03) 366 5235

ROTORUA ASTHMA SOCIETY

2/285 Vaughan Road
P O Box 472
Rotorua 3010
Ph (07) 347 1012

SOUTH CANTERBURY ASTHMA SOCIETY

23 Aviemore Street
P O Box 267
Timaru 7910
Ph (03) 688 5571

SOUTHLAND ASTHMA SOCIETY

70 Forth Street
P O Box 1793,
Invercargill 9810
Ph (03) 214 2356

WHAKATANE ASTHMA AND COPD GROUP

P O Box 528
141 - 143 King St
Whakatane 3120
Ph (07) 307 1447

WELLINGTON REGIONAL ASTHMA SOCIETY

Level 4 Pember House
No 16 Hagley St,
Porirua
Wellington 5022
Ph 04 237 4520

Questions, Letters, Articles, Advertisements

O₂ Journal welcomes dialogue with readers. Whether you are a person with asthma, a company involved in the sector, or a potential advertiser, we welcome your enquiries and communication.

Contact:
Asthma New Zealand
581 Mt Eden Road, Auckland
PO Box 67-066, Mt Eden
Phone (09) 623 0236
Email anz@asthma-nz.org.nz

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Aim to live symptom free

- Do you have asthma?
- Have you been using a preventer puffer for more than 3 months?
- Have you been using a symptom controller puffer for more than 3 months?
- or
- Are you currently using a combination (red) inhaler?

Seretide is the World's most prescribed combination Asthma inhaler² and is now fully funded with Special Authority in NZ.¹ If you have answered yes to the above questions, ask your doctor if Seretide is right for you.

For a free trial of a Seretide puffer speak to your doctor.
For more information on Seretide visit www.gsk.co.nz/seretide



References: 1. PHARMAC. Notification of changes to the Pharmaceutical Schedule (Letter), 10 July 2006. 2. IMS Report May 2006.

Seretide™ (fluticasone propionate/salmeterol xinafoate; available as a 50/25 or 125/25 micrograms per actuation inhaler, or as a 100/50 or 250/50 micrograms per actuation Accuhaler) is a Prescription Medicine for the treatment of reversible obstructive airway disease (ROAD) including asthma, and for the treatment of chronic obstructive pulmonary disease (COPD). Seretide is a fully funded medicine; Special Authority criteria apply. Seretide 250/25 microgram inhaler is a private purchase medicine that you will need to pay for. Use strictly as directed. Seretide is not for relief of acute symptoms. Always carry your reliever inhaler. Do not discontinue Seretide abruptly. Tell your doctor if: you are taking any other medicines or herbal remedies; you have pulmonary tuberculosis (TB), a thyroid problem or a heart problem; or you are having treatment for high blood pressure; Side Effects may include: 'shaky' feeling; headache; fast heart rate; irritation in the nose and throat. If symptoms continue or you have side effects, see your doctor, pharmacist or health professional. For more information, see Seretide Consumer Medicine Information at www.medsafe.govt.nz. Normal doctor's office visit fees apply. Ask your doctor if Seretide is right for you. Seretide and Accuhaler are trademarks of the GlaxoSmithKline group of companies. Marketed by GlaxoSmithKline NZ Limited, Auckland. TAPS No. NA1502-06AU GLANZSE0069



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