

THE NZ JOURNAL OF RESPIRATORY HEALTH
December 2008



Carter, McCaw:
Raising funds for Asthma
New Zealand

ISSN 1176-7847

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Cover Photo: Courtesy of
Dominion Post, Wellington



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Asthma & COPD Nursing Course Information

Applications are now invited from registered nurses wanting to enrol in the Asthma New Zealand/Unitec, Asthma and COPD Nursing courses in February and March 2009. The programmes are offered by distance learning. The primary aim of the Asthma and COPD Nursing Courses are to provide nursing health professionals with a high level of evidence based asthma and COPD knowledge that promotes best practice, and is consistent with national policy.

In the 8 years since commencement of the Asthma Nursing Course and 6 years since commencement of the COPD Nursing Course, 749 nurses have enrolled over 24 intakes. Many applicants have not undertaken any additional study since completing their initial nursing education, and for some this has 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 these Asthma and COPD Nursing courses within Unitec Bachelor of Nursing Programme. Asthma Nursing Course is a level 7, 24 credit course and COPD Nursing Course is a level 7, 12 credit course. A grant towards the cost may be available for students.

For an enrolment form for the first Semester 2009 Asthma and COPD Nursing Courses please contact:

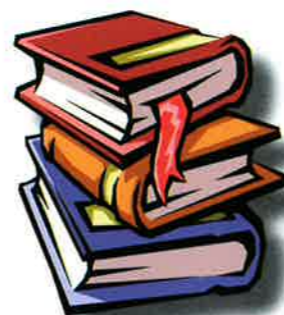
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Email: annw@asthma-nz.org.nz or swarnah@asthma-nz.org.nz



Asthma Auckland staff (Left to Right): Ann, Linda, Debra, Rochelle, David, Gerry, Swarna and Jee Ho

Message to Readers

Dear Readers

Another year is almost over and New Zealand has a new National Coalition Government. The nine years of Labour Government were ones of social engineering, rather than legislation that was meaningful and supportive of the New Zealand peoples.

What will the new Government mean for people with asthma, and their families? It was great to see John Key, the new Prime Minister, has made Herceptin available for twelve months rather than the three months treatment dictated by Pharmac and Labour. There was no international evidence that three months was effective. Thankfully, all those women affected can now access Herceptin and hopefully, live long, happy lives due to John Key's intervention.

My wish would be that the new Prime Minister will demand that Pharmac adopt policies that really work for people, providing modern medications that give people a quality of life and comfort.

I would also like to see some rationalisation of our health system. The District Health Boards in many areas are not effective and the bureaucrats are top heavy. I see, for example, that the Chief Executive of the Otago District Health Board is now also the CEO of the South Island DHB. Monies saved could be used to retain our doctors and nurses from leaving New Zealand for better pay and conditions. Why do we have three DHB's in the Auckland area? The old Health Funding

Authority provided better and speedier services at a much lesser cost. National has stated that it has concerns about the blundering bureaucratic management of New Zealand – health would be a good place to start.

I would like to thank the Asthma New Zealand Board for their support throughout the past year. Our Courses in Asthma and COPD continue to be in high demand. Over 700 nurses have successfully passed these Courses, and they are able to provide very sound education and advice to people with asthma, and their families.

I would also like to take this opportunity to thank all of you for your support over the past year and I wish all a very happy and safe Christmas and New Year.

Best wishes

Gerry A. Hanna
Executive Director

Asthma symptoms decline

The prevalence of asthma has declined slightly among New Zealand youngsters, reversing a 30-year trend.

This mirrors reductions in Australia and Britain, but New Zealand children and adolescents still have one of the highest rates in the world.

Just over 22 per cent of children and nearly 27 per cent of adolescents reported wheezing in the preceding year, according to survey results from Auckland, the Bay of Plenty, Nelson and Christchurch.

The reductions of between one and three percentage points respectively from 1992 to 2003 may seem small, but are considered an important reversal.

"To summarise, the prevalence of asthma symptoms in New Zealand is mainly decreasing, which is good news," the researchers, Starship hospital respiratory paediatrician Professor Innes Asher and colleagues, report in yesterday's New Zealand Medical Journal.

Their findings contrast with a reported increase in the prevalence of symptoms from the 1960s to 2000.

They also found the severity of symptoms had decreased, but the reasons were not clear.

"Possible reasons for the observed decrease in symptom prevalence after a period of increase include a decrease in intensity of an aggravating environmental factor or a protective environmental/management factor. There may also be improved management of individuals with asthma," the paper says.

One theory is that the consumption of high levels of antioxidants – found in a healthy diet – may be linked with reduced asthma symptoms.

"However, there is currently no evidence that New Zealand children are in fact eating more healthily; rather there is increased concern about unhealthy diets."

But while prevalence of current symptoms had decreased, the percentage of youngsters who had ever had asthma increased – from 25 per cent to 30 per cent of children, and from 24 per cent to 32 per cent of adolescents.

This is attributed, tentatively, to increased awareness of asthma, and to misdiagnosis.

"There may be an increase in the labelling of asthma within preschool children who have viral-induced wheeze which has a good prognosis and which does not progress to the classical asthma phenotype in school-age children, or mislabelling of asthma earlier in life."

THE QUESTION

Has there been wheezing or whistling in the chest in the past year, defined as "current" symptoms?

THE ANSWER

Among children aged 6 or 7, it was "yes" for

- 23.6 per cent in 1992-93
- 22.2 per cent in 2001-03
- 29.7 per cent in 1992-93
- 26.7 per cent in 2001-03

Martin Johnston
NZ Herald – 17 October 2008

Paracetamol and Asthma

Every year New Zealand children consume 240,000 litres of the subsidised brand of Paracetamol suspension (Pharmac); this is only half of the full quantity, the other is usually in the popular formulations of Pamol, Parapaed, Paracare or Panadol Junior, over the counter (OTC) from pharmacies.

There has been recent media coverage regarding the recently discovered possible link, following a study published in the Lancet (Lancet 2008; 372:1039-48) between excessive Paracetamol use in children during their early years and the increased prevalence of asthma in childhood. (TVNZ One News September 19th 2008).

The study, carried out by lead New Zealand researcher, Professor Richard Beasley, hints at the link between Paracetamol use in children and asthma prevalence and was not designed to prove a causal association (and has not done so), (Medsafe, September 2008).

Beasley, who led the study (International Study of Asthma and Allergies in Childhood – 'ISAAC'), which involved 200,000 children aged six to seven from 31 countries, found a 46% increased risk of a child developing asthma by the age of six if given Paracetamol in the first year of life. The risk of asthma doubled if the child used Paracetamol routinely throughout childhood and tripled if use had been heavy, several times per month.

Many parents of asthmatic children may be asking themselves the question – should they continue to use Paracetamol for their child; and has its use as a (previously thought) benign and safe medicine contributed to their child developing asthma or asthma related symptoms?

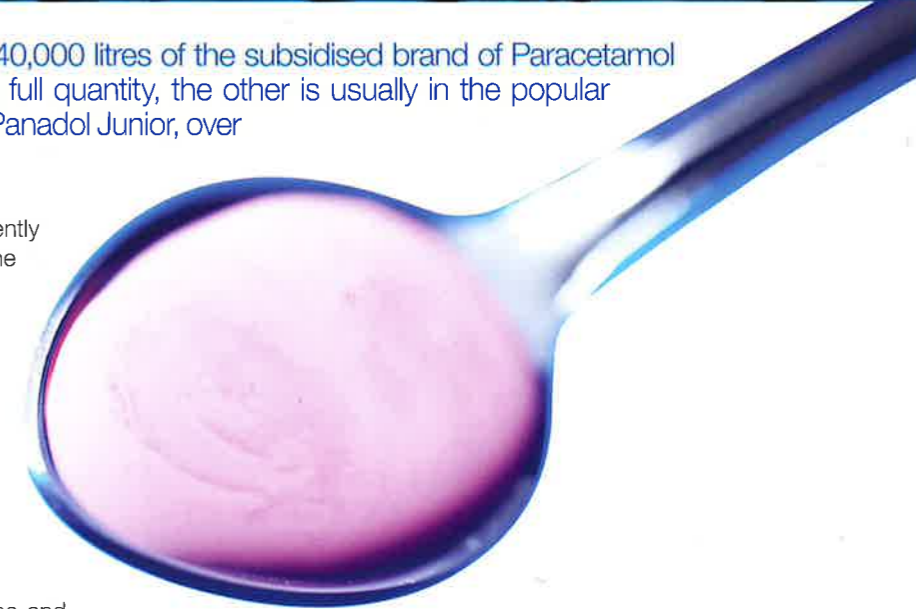
One of the findings of the study was that **excessive, inappropriate use** of Paracetamol in children increased the 'possible' risk of the child developing asthma and recommendations following the study advise that parents should not be routinely giving Paracetamol as a 'comfort' medicine when their child is a little 'off-colour'.

The over-riding principle of all medicine use is that they should only be used when it is absolutely necessary.

Paracetamol (WHO – guidelines) should only be used when the child has a high fever. The classification of a high fever being any temperature equal to and in excess of 38.5 °C.

Professor Innes Asher, a paediatric asthma specialist, stated in the TVNZ story on September 19th 2008, **that if a child has a high fever and pain, and they have asthma, then 'yes', parents should continue to use Paracetamol in this circumstance.**

Paracetamol use, says Asher, rose sharply in the mid 1980's when child aspirin was deemed less than safe and that rise in popularity has coincided with a surge of child asthma cases, raising suspicions.



More formal clinical trials are needed to find out more.

David Halewood
Asthma Nurse Educator

References:

- Cameron, A., (2008) Use Paracetamol sparingly in kids. New Zealand Doctor on-line. Retrieved from the World Wide Web October 31st, 2008. <http://www.nzdoctor.co.nz/news>
- Medsafe (September 2008) Alerts/Letters. (Fax sent to healthcare professionals) Re: Paracetamol Associated with Asthma Symptoms. Retrieved from the World Wide Web October 31st, 2008 <http://www.medsafe.govt.nz/hot/alerts/ParacetamolAsthma.asp>
- Ministry of Health. (September 19th, 2008) Media Release. Keep using Paracetamol for pain and fever in infants and children. Retrieved from the World Wide Web October 31st, 2008. <http://www.moh.govt.nz/moh.nsf/indexmh/use-of-paracetamol-for-infants-children>
- ONENEWS – (September 19th, 2008) Media Release. Paracetamol – asthma link a worry. Retrieved from the World Wide Web October 31st, 2008. <http://www.tvnz.co.nz/view/page/411416/2088979>

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Josh breathes easy

With blonde hair, blue eyes, a happy smile and impeccable manners, Josh Aschebrock looks like an all-round good and healthy 10-year-old.

And most of the time, Josh is fit and well. But like thousands of other New Zealand children, he is prone to asthma often brought on by exercise and/or colder weather.

Asthma is a chronic condition that affects the airways inside the lungs. Airways are the passages through which air flows, providing oxygen to the body.

In a person who has asthma, the airways are over-sensitive and easily irritated. This causes the inside of the airways to become inflamed and swollen and the muscles surrounding the airway walls to tighten.

This narrows the airway passages, making it difficult to breathe. As oxygen is vital for survival, anything that hinders good airflow can be life threatening.

In New Zealand, around 15 per cent of adults and 20 per cent of children aged 6 – 14 have asthma. Our rates are among the highest in the world.

Josh's asthma is not severe but mum Tricia and dad Steve have taken a proactive role in managing his condition to ensure it stays that way. When, as a toddler, he first showed signs of developing asthma, the Aschebrock's contacted their GP for help with medications.

Their daughter, Sarah 13, also lives with asthma so they knew the signs and symptoms and that prompt treatment with regular medication was a key to managing it.

More recently, they've joined Asthma Auckland to get extra advice, tips and hints on keeping Josh and Sarah well. Asthma Auckland sent round a nurse educator to assess their condition, look at what medications they take and chat about the importance of taking medication regularly.

Tricia says the family has also learnt useful methods for ensuring Josh gets the most out of his medication.

"The nurse told me to write on a calendar when you start a new inhaler and then work out when the doses – usually 120 for Josh – run out so you know when to get a new inhaler. Sometimes you can be using an inhaler unaware that there's little left in it."



Dionne Christian
Suburban Newspapers

Before the visit, Josh tended to use his inhalers only if his asthma was bad but now he takes the preventative inhaler, Flixotide, twice daily and it's making a noticeable difference to his health and activity levels.

He made it into his school's cross-country team for the first-time and is enjoying hockey, karate and swimming more. Josh hopes to be a surf lifesaver and could be well on his way to achieving that goal now that he can breathe a little easier.

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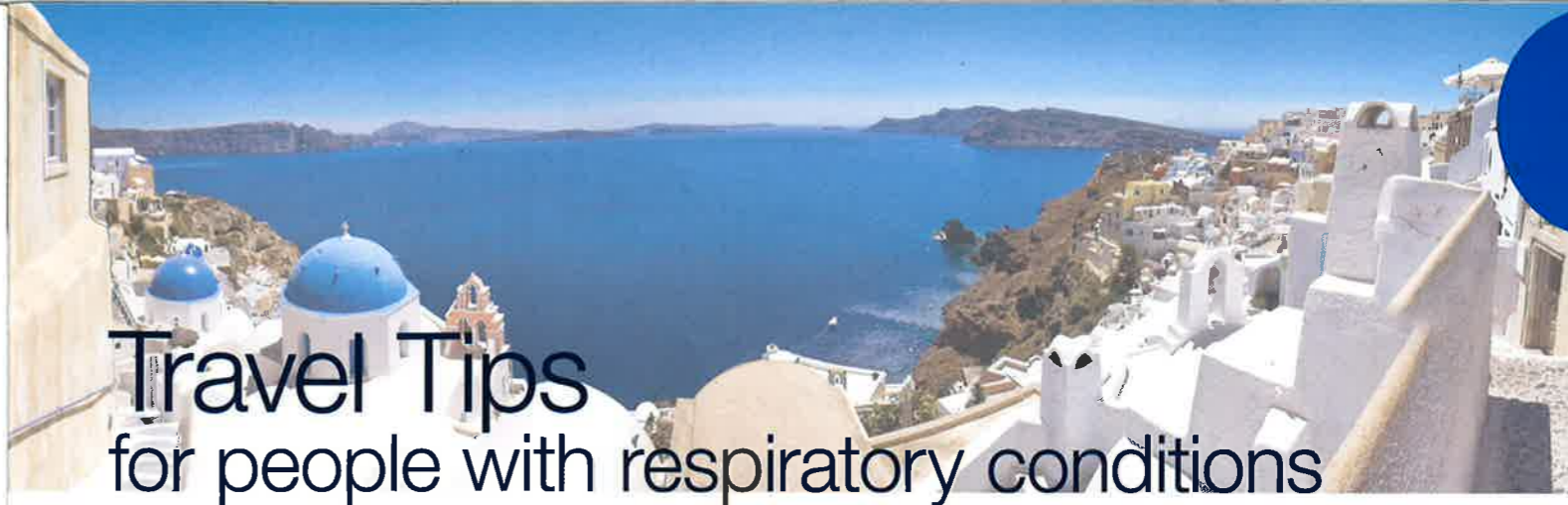
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Travel Tips for people with respiratory conditions

Compiled by Ann Wheat

It's coming up to that time of year again when many people are thinking of going away, some to exotic places while others to the beach or just visiting relatives or friends in another part of New Zealand. Many people with respiratory conditions worry about how they will manage when they are away from their normal living conditions. Holidays though are an important time for people to relax and unwind so it's important to make good decisions and preparations before going on holiday. Having asthma or COPD should not stop people going on holiday but discretion of where you are going is very important. Places that you were able to visit before, may not be suitable now, so choose your destination with care.

What do you need to take into consideration?

- know your destination, do the research before you book
- what is the medical care like at your destination
- check that travel insurance will cover your current condition and that the company will cover return emergency travel
- are the airlines you are using or the venues you are staying at smoke free
- will there be extremes of temperature
- will there be triggers that could exacerbate your condition, such as animals
- what do I need to take with me
- what will I need during travel such as emergency medication or possibly oxygen

Once you have decided where and when you want to go, it is important to see your general practitioner to discuss the practicalities about your trip as your doctor may need to provide written confirmation of your fitness to travel. You do not want to spend your holiday relaxing in the resort's hospital. You may need travel vaccinations, so you need to allow plenty of time for these to be completed. If oxygen is needed this will have to be arranged and a doctors' letter for the airline is essential to arrange this and any other medical needs that the airline need to be made aware of should be included in the letter, such as wheelchair needs in the airport. Even if you are travelling by ship it is also important for the travel company and shipping company to be aware of your condition and needs. Ask your doctor for a copy of a brief medical history to take with you and leave a copy at home. You will also need a letter stating your medical condition, any allergies and what medications you are currently taking including the strength and dose. This should be kept with you at all times. A spare script written by your doctor may also be of assistance when visiting another place or country. You should though take sufficient medication with you for your visit and this should be carried with you at all times. Due to the new travel rules, you may need to obtain authorisation to carry medication in hand luggage and these may need to be in plastic bags that are easily visible.

Use of a nebulizer may be necessary for some people when travelling. There is a small compact nebulizer available that can be carried in hand luggage. It is essential that you have the correct medication for this.

Remember if you are flying you need to take the same precautions as everybody else. Ensure that you walk around the plane if possible

hourly to maintain good blood flow as this will help to prevent thrombosis. Drink plenty of non-alcoholic drinks which help to maintain hydration. If you require a special diet, it is important to let the airline or travel company know beforehand so that special meals are available when travelling.

Destination requirements:

If staying in a hotel and you have any allergies, ask when booking if they have an allergy free room and rooms that are away from swimming pools. Make sure that the hotel room is pet-free wherever possible. If visiting family and friends, and they have pets, it may be necessary to stay somewhere else. If staying at the beach and the house or bach has been closed for some while, it may be best to have the house opened and aired before your arrival.

Avoid strenuous activities that could cause a problem with COPD and asthma. Whatever you do, monitor your activity and at the first sign of a problem use your reliever medication. If attempting something new, be alert to any adverse signs. When travelling by car, remember that plenty of stops on a long trip are important. If carrying oxygen cylinders, they must not be stored in the front passenger seat

Conclusion

Remember to plan well in advance and ensure that you have everything you need. Always carry your medication with you in your hand luggage. It is very important that you do not forget to use all of your regular medication as directed by your GP. If possible always travel with a companion as they can act as your advocate if you become too ill to make your own arrangements. So remember, choose your destination and your accommodation well, watch the activities that you do but most of all HAVE A GREAT HOLIDAY.

References:

- Bray, J., Walker, S. & Shires, S. (2008). Travel Tips for Patients with Respiratory Conditions and Allergy. The British Journal of Primary Care Nursing, 2:3 20 – 22
Canadian Lung Association (2008). Travel and COPD. Retrieved from the World Wide Web Nov 7, 2008
http://www.lung.ca/diseases-maladies/copd-mcoc/living-vivre/travel-voyages_e.php
Ontario Lung Association (2007). Asthma and Travel. Retrieved from the World Wide Web Nov 7, 2008
<http://www.on.lung.ca/Lung-Health/Asthma/Asthma-and-Travel.php>
American Academy of Allergy, Asthma and Immunology (2008). Tips to Remember: Travelling with allergies and asthma. Retrieved from the World Wide Web Nov 7, 2008
<http://www.aaaai.org/patients/publicedmat/tips/travelingwithallergies.stm>



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J Wake
Wellington
2nd prize –
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Congratulations

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Robyn Ngarangione – Gisborne
Denise Joan Turvey – Hamilton
Donna Margaret Mason – Palmerston North
Jessica Monique Lennan – Te Pahi
Roddi Laurence – Auckland
Shae Rachael Hanson – Auckland
Mona Monica Ogle – Auckland
Emma Binks – Auckland

Patricia Margaret Wawatai – Kawerau
Marie Louise Kerr – Hamilton
Elizabeth Jane Courtney – Ohaupo
Alesana Onosai – Auckland
Kylie Hodgson – Auckland
Lea Grace Callan – Dinsdale
Victoria Hollier – Auckland
Karen Jane Le Mar – Palmerston North

Asthma New Zealand – The Lung Association, in conjunction with Unitec is proud to announce successful students from COPD Nursing Course 2008 April intake.

Susan Flynn-Couper – Whangarei
David Halewood – Helensville
Suzanne Elaine Simpson – Wellington
Ann Voice – Lower Hutt
Elizabeth Mary Salmon – Birkenhead

Patricia Jane Satterthwaite – Timaru
Shashi Lata Pratap – Glenfield
Luisa Qeisere – Papatoetoe
Alosi Pauline Tangi – Auckland
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1. Code of Health & Disability Services Consumers' Rights available at <http://www.hdc.org.nz/files/hdc/publications/brochure-code-white.pdf> accessed 4th November 2008.
2. *New Zealand Pharmaceutical Schedule*. August 2008.

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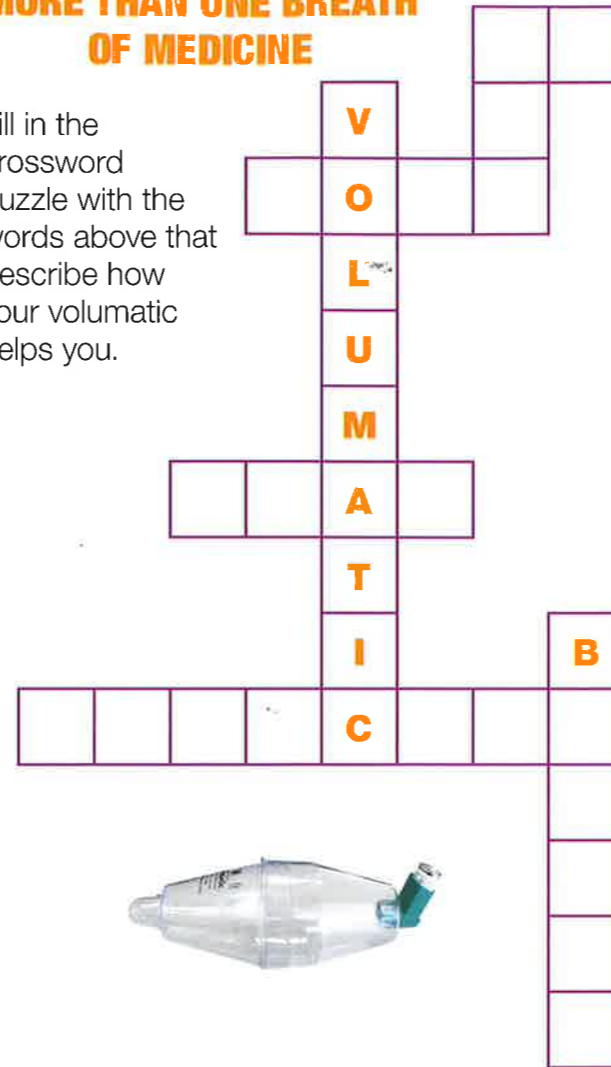
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Kid's Page



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Circle the numbers and tell how many pictures.

How many spacers?



How many roses?



How many peak flow meters?



How many inhalers?





An evening with Richie McCaw & Dan Carter



All Black Captain Richie McCaw and first five-eighth Dan Carter took their talents off-field and for the first time ever took to the stage together in two events in Wellington and Auckland for an exclusive Gala Dinner to discuss their careers, their wins, their losses and their future in support of Asthma New Zealand.

Over 1000 people crammed the two venues to enjoy an evening of candid discussion, rub shoulders with a line up of rugby legends while enjoying some first class cuisine and helped to raise a large sum of money for Asthma New Zealand's book launch – Family Guide to Asthma.

School children throughout New Zealand will soon be issued with a copy of the book in an effort to raise, much needed, awareness and knowledge in Asthma. Asthma New Zealand's objective is

to give away one book per family nationwide, however, as we are totally dependent upon the New Zealand community and receive no government support, we rely on local and national fundraising initiatives to continue our work on behalf of children and adults with Asthma.

Asthma New Zealand wish to thank Duco Events for their support in organising this event and if you would like further information or wish to donate to Asthma New Zealand's book initiative please contact us directly or visit our website www.asthma.org.nz

Thank you for your help.

Linda Thompson
PR Fundraising Manager
Asthma New Zealand

North & South

NEWS FROM AROUND THE REGIONS ...

Asthma Auckland charity golf day 2008

In association with
Akarana Golf Club Inc.

An afternoon on the greens...

Asthma Auckland held their first ever golf day in October and what a fantastic day it was; the sun was shining and it was the only sunny day that week so we were incredibly lucky but then I wouldn't have had it any other way! Our Ambrose tournament got off to a great start with a BBQ lunch before sending the golfers and those not so golf minded out onto the course. We had a two tee start and everyone was in great spirits and those involved made this fundraiser a fabulous fun filled day for everyone.

There were some interesting results but it was the team from Warwick Fabrics that took out first prize with the youngest golfer in their team, 13 year old Logan Irvine also winning longest Drive of the day at 260 metres! It was Rodney Herd from another textile company, James Dunlop Textiles, that took out the Nearest to the Pin prize.

The day came to a close with dinner, drinks, prize giving and a live auction and by all accounts the day was a huge success raising some much needed revenue for Asthma Auckland.



Fundraising isn't an individual pursuit and although the day went very well none of it would be possible without the help of our tireless volunteers and Asthma Auckland wishes to thank Jan MacFarlane and Claire Brokken for their time. We would also like to thank the staff of Akarana Golf Club for their support in making this day a successful one. We hope to make this an annual event so keep your calendars clear next October, I'll be in touch!

Thank you...
Linda



North & South

NEWS FROM AROUND THE REGIONS ...

Big Business

– A school project with real life skill development!



Left to Right: Alicia Clark 12, Kennedy Leupolu 11, Trisha Hasin 13.

It was a real surprise when we received a cheque for \$102.10 from Marina View School with a lovely letter from Kennedy, Alicia and Trisha explaining a school project they were involved in – Big Business and that they had decided to donate the money to Asthma as it affected someone in each of their families.

I went to visit the school to talk to the three very special year 7 & 8 girls about their experience and was further impressed by not only the girls' impeccable manners but the obvious pride they had in their school and their project.

Big Business taught them skills like money handling, making spreadsheets and communicating with customers to help them later in life. They also learnt how to make a business plan for their company, KAT Brownies, how to write letters, how to invest money and how to make delicious brownies. The school have their own television show called MVTV for which they made their own advertisement, promoting their brownies. This helped them learn more about how advertisements are

made, they also made a podcast (Radio Ad) and printed posters and made an ad copy for a magazine. They had a budget of only \$15 which got them started. Their objective was to sell at the school's mini market and the money made from this event provided them with the revenue to buy further provisions for the schools market day finally raising \$102.10 and they chose a charity that meant something to them to donate the money to. They decided on Asthma as their charity of choice as they had a high rate of affliction within their own families.

On behalf of Asthma NZ, I would like to thank them and promise that the money will be put to good use. These kids have done a great job and would like to challenge other school kids to do what they can for charity, what can you do to help our community? Mufti Day, market day, if you want to help us let us know and we will ensure that we support your efforts.

Linda Thompson

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Koru Care – Disneyland

On Sunday 9th November, Koru Care New Zealand returned home from Los Angeles with 49 very happy and excited children. They had spent the last two weeks visiting amazing theme parks such as Universal Studios, Knott's Berry Farm, Disneyland and SeaWorld. They also had the opportunity to meet special friends of Koru Care from the Californian Highway Patrol and the LA Coast Guard as well as make the most of the fantastic shopping. The group consisted of 49 kids with various health conditions and 28 adult volunteers who use their own annual leave to make these trips happen. Three children affected by asthma went and had a ball, they were: Jack Duley, Zara Dobbins and Maria Telefoni.



Gilla the dog – revenge of the wasp!

Gilla and her sister were found at a rubbish dump; at only a few months old they had already been subjected to abuse and neglect and goodness only knows what traumas the poor dogs had actually been through! Vanessa Sedlmair, originally from Auckland and her husband Konrad, now live in Germany with their three children, Ben 7, Tess 4 and Matilda 2. They adopted Gilla from a dog's home in Sicily and it's been a very traumatic time for them dealing with a very nervous and skittish dog with behavioural problems but eventually she has turned into a loyal, well loved family pet.

Gilla now aged 7 months loves to eat butterflies, bees, wasps or anything that flies. Recently in the northern summer she was outside and snapped a wasp ... at first nobody noticed anything, other than she seemed to be choking a bit on it ... then she went running madly around the house, up and down stairs like a 'nutter', pawing at her face and crying. By the time Vanessa could get hold of her to take a look at what was wrong, her whole face had swollen up, eyes closed over, and she was having real difficulty breathing. Not knowing what to do but realising the dog was in real trouble decided to give her a dose orally, through a syringe, of some liquid antihistamine medicine... However it was not really helping, and she was getting much more distressed by the minute. A vet was called but wasn't able to get to the house for at least an hour. As her breathing was getting worse, and Vanessa concerned poor Gilla was going to drop dead in front of her, she thought she would try her son's Epi-pen. He has a severe peanut allergy, so they have all the allergy medicine at home; cortisone tablets, antihistamine medicine and an Epi-pen. They still had an expired Epi-pen from the year before, so grabbed it and decided to give it to the dog. One jab in her leg ... she screamed fairly loudly, but within about 30 seconds had started to calm down. Her breathing went back to normal, and she lay down and went very quiet.

They then packed her in the car and drove to the vet. She was still very swollen, so he injected her again with cortisone and within a few hours she was back to normal.

Vanessa firmly believes that she would have asphyxiated and died if she hadn't had the Epi-pen. As a bonus it's also given her hands on training on how to use it in an emergency, should her son Ben have a peanut attack. They also make sure she doesn't snap at those pesky flying insects anymore!



Gilla the dog with Ben (7).



Asthma Auckland wishes to thank Elizabeth Arden for their continued support and sponsorship.





Introducing David Halewood

David Halewood is the new West Auckland Asthma educator for the Auckland Asthma Society Inc.

He is based at the Asthma Centre in Mt Eden.

David trained as Registered Nurse at Odstock District Hospital, Salisbury, Wiltshire UK and has nursing experience in the fields of medicine, GI Surgery, Urology, Respiratory and District Nursing.

Since moving from the UK to NZ with his family of four young children and Practice Nurse Wife five years ago, David has worked for Waitemata District Health Board as an RN and also as a nurse manager for two elderly care facilities in the Auckland region.

David's interests include motorcycling, education, music (Jazz) and computer gaming/science fiction.



Introducing Heather Thompson

Heather is the new Asthma Nurse Educator for Asthma Southland she will be based at the Public Health Offices in Invercargill.

Heather trained as a Registered Nurse from 1987-1989 at the Southern Institute of Technology (SIT) in Invercargill, she has since worked at Southland Hospital in Psychiatric, Medical, General and Gynaecological surgical wards. For the last 7 years she has worked in the Emergency Department and most recently in the past 2 years has been a nursing tutor for SIT.

Heather was born in Southland and has married a southern man, they have two teenage children one of whom has Asthma.

Her interests are sewing, reading, dogs (showing and breeding), trampolining; following her daughters progress and has been a judge in this sport as well. She also enjoys an active social life with her family and friends.

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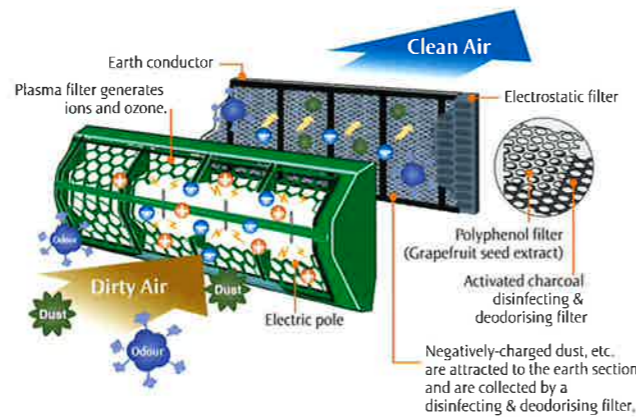
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Breathlessness and Food

Compiled by Debra Leutenegger

For people with Chronic Obstructive Pulmonary Disease (COPD), diet is an essential area to pay attention to. For many of us, we have heard so often to eat a balanced diet, 5 servings of fruit and vegetables per day and to drink enough fluids, but there other factors that people with COPD should be aware of about what they are eating and how they are preparing their food.

It is important to realise that the muscular membrane, the diaphragm is situated in the space between the lungs and the stomach. The diaphragm moves down and up as you breathe in and out. A full stomach presses up into the space below the diaphragm. This keeps the diaphragm from moving as far down as it should when you breathe in and your lungs don't fill completely.

Going Shopping:

The task of going out and shopping at a supermarket can be difficult especially when your breathlessness increases with the exertion of walking or driving there. It is also wise if you are walking to the supermarket to have a small list of items you need as you may find that you have bought more and very heavy items such as milk that makes the task of walking home very daunting. Maybe a family member/friend or home-help can assist you with this task, whether it is only to carry the bags for you. Maybe having small frequent visits to the supermarket will help you maintain your independence without becoming exhausted.

Preparing Meals:

Becoming breathless in the kitchen is a common complaint and can take away the enjoyment of preparing the meals and subsequently eating them.

Some suggestions may include:

1. Sitting down while preparing food such as vegetables. It will also be beneficial if you prepare enough for two or three meals, so that portions can be frozen to use at times when you are unwell or too breathless to cook.
2. If you are on oxygen ensure that there is enough tubing to reach the kitchen area.
3. Make meals as simple as possible. It is achievable to have a nutritious/balanced meal using simple methods rather than complicated, time consuming and energy consuming ones.
4. Having a microwave allows the quick and easy reheating of pre-prepared meals from the supermarket or freezer when you are feeling too breathless or unwell.
5. Remember that food in cans, such as Tuna, soups, vegetables will also help with making meal preparation less of a chore!

Breathlessness can also affect people when they eat. It can be difficult and tiring to eat a big meal. Eating a big meal will fill your stomach up, but may make it more difficult for you to breathe.

This may be helpful:

1. Usually we eat three main meals a day. To conserve on the energy that you use to eat, chew and digest large amounts of food it is advisable to have five or six smaller meals spaced throughout the day.
2. Some foods such as fish is often more easily eaten and digested than meat, so alternating the types of meat/fish you are eating.
3. Weight loss or weight gain can occur. People can become less active and gain weight and this may need to be monitored. Others may experience weight loss since they do not have the energy to eat much and are burning up their energy levels with simply breathing and exertion.
4. Smoothies made in a blender with either fruit or vegetables can



help people get the added nutritional value that they require. There are also many liquid food substitutes that can be used (complan or ensure).

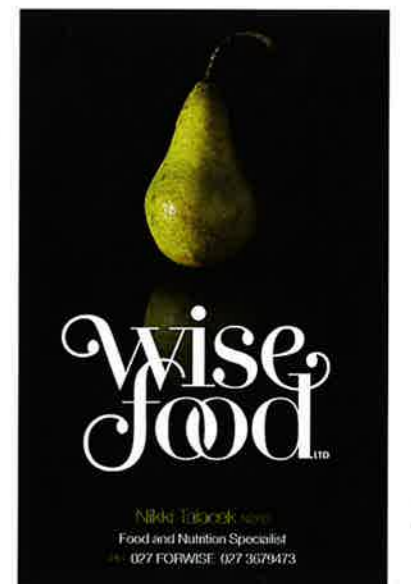
5. For people who wish to gain weight have a jar beside your chair/bed with nuts, dried fruits, cheese, raisins or even chocolate that you have quick access to without having to get up.
6. Adequate intake of fluids and dietary fibre prevents constipation. Remember to eat fruits, vegetables and wholegrain breads and cereals.
7. Choose softer foods that require less effort to chew. These may include porridge, custards, mashed vegetables and casseroles/stews.
8. Reduce salt intake that can cause fluid retention.
9. Reduce foods that cause gas and bloating such as carbonated beverages, beans, cauliflower, broccoli, onion or cabbage. Remember you are the best judge in deciding what foods appear to contribute to increasing breathlessness.
10. Remember to discuss any issues you are concerned about with your GP or dietician. A dietician can assist in providing an individualised meal plan to help maintain a healthy weight.

Remember to:

- Eat in a relaxed atmosphere with family and friends to encourage you to eat.
- Have a rest before your meals.
- Chew your food well and eat slowly.
- Use your oxygen at the same time if it is necessary.
- Drink plenty of fluids throughout the day, but reduce the fluid intake with your meals.

References:

www.emphysema-copd.co.uk
A guide to living positively with COPD (3rd Edition) Respiratory Outreach (2008)



Snippets of information

COPD



• What is the difference between COPD, CORD and COAD?

Chronic Obstructive pulmonary Disease (COPD) used to be called Chronic Obstructive Respiratory Disease (CORD) or Chronic Obstructive Airways Disease (COAD)

• What do I look for to know when my condition is worsening?

- Signs of an exacerbation of COPD may include:
- Increasing shortness of breath (more than normally experienced)
 - Increased production of mucus
 - Change in colour/thickness of mucus
 - Increased cough
 - Wheeze
 - Fever

• Can I have COPD and asthma?

Yes. People with asthma who smoke may develop COPD. Both asthma and COPD may coexist. Airway limitation is fully reversible in asthma, while there may only be a partial reversibility in COPD. If severe asthma is left uncontrolled or unmanaged then, COPD can develop as a result.

If you would like more information on COPD please contact your local Asthma Society.

• What can be done for COPD?

If you still smoke, then focus on stopping. This is the first most important step in helping to slow down the progression of COPD. Use the medication/inhalers that your doctor has prescribed. Education and having a good understanding of your condition will assist in the management. Seek advice from your health care professional and/or your local asthma society.

• How can I tell how severe my COPD is?

A lung function test called spirometry can be done to measure the level of lung function you have or have lost. Spirometry tests can be carried out by your Doctor/Respiratory specialist or Asthma Society.

• Is there a cure for COPD?

No there is no cure for COPD since there is permanent damage to the airways, however with good management the progression of the condition can be slowed or even halted for a period of time.

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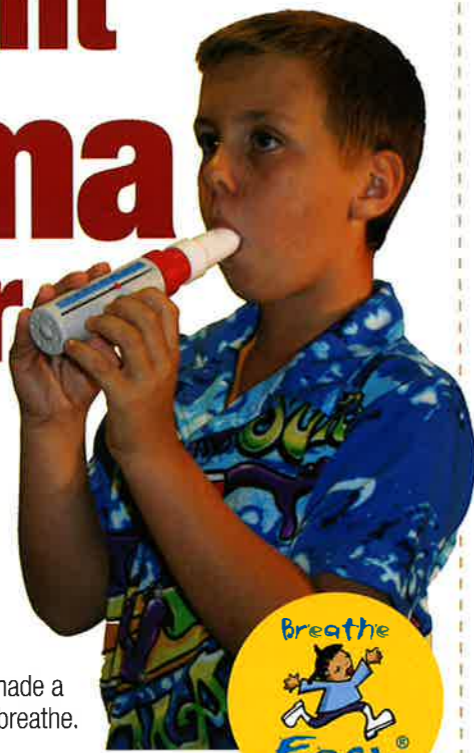
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Effect of early versus late intervention with inhaled corticosteroids on airway wall thickness in patients with asthma.

Kurashima K, Kanauchi T, Hoshi T, Takaku Y, Ishiguro T, Takayanagi N, Ubukata M, Sugita Y.

Department of Respiratory Medicine, Saitama Cardiovascular and Respiratory Center, Saitama, Japan. a1091749@pref.saitama.jp

BACKGROUND AND OBJECTIVE: The aim of this study was to determine whether early versus late initiation of long-term inhaled corticosteroid (ICS) therapy decreases airway wall thickness in patients with asthma. **METHODS:** One hundred and eighty-one patients with asthma not previously treated with ICS were given inhaled budesonide for 1 year. These patients were divided into five groups according to the duration of their asthma symptoms, which ranged from less than 1 year to more than 10 years. High-resolution CT images and post-bronchodilator FEV₁ were examined before and 1 year after treatment. **RESULTS:** Before treatment, airway wall thickness was increased relative to the duration of asthma. Disease severity improved with ICS treatment even in patients who had suffered asthma symptoms for more than 10 years. Post ICS treatment, airway wall thickness decreased in patients with a duration of symptoms less than 3 years, and a minor response was seen in patients with a duration of symptoms from 3 to 5 years. However, there was no change in airway wall thickness in patients who had suffered asthma for more than 5 years. Post-bronchodilator FEV₁ improved only in patients who had suffered asthma for less than 3 years. **CONCLUSIONS:** ICS therapy may improve asthma control in all asthma patients despite the disease duration, but early ICS treatment may be critical to reverse airway wall thickening associated with asthma.



sEos for titrating treatment in asthmatic patients in order to achieve better long-term control of the disease. The eNO decrease reflects adequately the reduction of sEos only after 6 months.

Predictors of Habitual Snoring and Obstructive Sleep Apnea Risk in Patients With Asthma.

Teodorescu M, Consens FB, Bria WF, Coffey MJ, McMorris MS, Weatherwax KJ, Palmisano J, Senger CM, Ye Y, Kalbfleisch JD, Chervin RD.

Department of Medicine and Wisconsin Sleep Institute, University of Wisconsin, Madison; Medical Service and Sleep Disorders Center, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin.

Background A high prevalence of obstructive sleep apnea (OSA) symptoms was reported in asthma patients. Our goal was to evaluate factors associated with habitual snoring and OSA risk in these patients. **Methods** Asthma patients at specialty clinics were surveyed with the Sleep Apnea scale of Sleep Disorders Questionnaire (SA-SDQ) and questions about asthma symptoms frequency (National Asthma Education and Prevention Program guidelines), followed by chart review. SA-SDQ scores ≥ 36 for men and ≥ 32 for women defined high OSA risk. Logistic regression was used to model associations with habitual snoring and high OSA risk. **Results** Among 244 patients, 37% snored habitually and 40% demonstrated high OSA risk. Independent predictors of habitual snoring included gastroesophageal reflux disease (GERD, OR [95%CI]: 2.19 [1.19-4.02]) and use of an inhaled corticosteroid (ICS) (2.66 [1.05-6.72]). High OSA risk was predicted by asthma severity step (1.59 [1.23-2.06]), GERD (2.70 [1.51-4.83]), and ICS use (4.05 [1.56-10.53]). Linear, dose-dependent relationships of ICS with habitual snoring and high OSA risk were seen ($p = 0.004$ and $p = 0.0006$, respectively). Women demonstrated a 2.11 times greater odds for high OSA risk [1.10-4.09] when controlling for the above covariates. **Conclusions** Symptoms of OSA in asthmatics are predicted by asthma severity, coexistent GERD, and use of an ICS in a dose-dependent fashion. The well-recognized male gender predominance for OSA symptoms is not apparent in these patients. Further exploration of these relationships may help to explain the increased prevalence of OSA in asthma and provide new insights into the reported female predominance of asthma morbidity.

Anxiety and depression in COPD: current understanding, unanswered questions, and research needs.

Maurer J, Rebbapragada V, Borson S, Goldstein R, Kunik ME, Yohannes AM, Hanania NA; ACCP Workshop Panel on Anxiety and Depression in COPD. Collaborators (21)
Maurer J, Hanania NA, Rebbapragada V, Borson S, Kunik M, Goldstein R, Yohannes AM, Bland W, Emery C, Geist R, Katon W, Lawson W, Mannino D, Meek P, Pincus H, Robles A, Sharma V, Talley S, Walsh J, Waren BJ, Yawn B.

BACKGROUND: Approximately 60 million people in the United States live with one of four chronic conditions: heart disease, diabetes, chronic respiratory disease, and major depression. Anxiety and depression are very common comorbidities in COPD and have significant impact on patients, their families, society, and the course of the disease. **METHODS:** We report the proceedings of a multidisciplinary workshop on anxiety and depression in COPD that aimed to shed light on the current understanding of these comorbidities, and outline unanswered questions and areas of future research needs. **RESULTS:** Estimates of prevalence of anxiety and depression in COPD vary widely but are generally higher than those reported in some other advanced chronic diseases. Untreated and undetected anxiety and depressive symptoms may increase physical disability, morbidity, and health-care utilization. Several patient, physician, and system barriers contribute to the underdiagnosis of these disorders in patients with COPD. While few published studies demonstrate that these disorders associated with COPD respond well to appropriate pharmacologic and nonpharmacologic therapy, only a small proportion of COPD patients with these disorders receive effective treatment. **CONCLUSION:** Future research is needed to address the impact, early detection, and management of anxiety and depression in COPD.

Rational timing of combination therapy with tiotropium and formoterol in moderate and severe COPD.

Terzano C, Petroianni A, Conti V, Ceccarelli D, Graziani E, Sanduzzi A, D'Avelli S.

Department of Cardiovascular and Respiratory Sciences, Respiratory Diseases Unit, "Sapienza" University of Rome, Via Casal de' Pazzi, 16, 00156 Rome, Italy.

AIM: To determine which timing of therapy with formoterol (FOR) and/or tiotropium (TIO) shows the greater and more continuous functional improvement during 24h in patients with moderate to severe COPD. **METHODS:** In this randomised, blind, crossover study 80 patients with stable COPD (40 moderate and 40 severe) received 5 different bronchodilator 30-day treatments in a random order. Treatments (Tr) were: Tr1: TIO 18mug once-daily (8am); Tr2: TIO 18mug (8am)+FOR 12mug (8pm); Tr3: FOR 12mug twice-daily (8am and 8pm); Tr4: TIO 18mug (8am)+FOR 12mug twice-daily (8am and 8pm); Tr5: FOR 12mug twice-daily (8am and 8pm)+TIO 18mug (8pm). Spirometries were performed during 24h (13 steps) on Day1 and Day30. End-points were: gain of FEV(1) (DeltaFEV(1)) from baseline of the Day1 and Day30, AUC (Area Under Curve), Dyspnoea Index, and as-needed use of salbutamol. **RESULTS:** Sixty-eight patients completed all treatments. The greater and continuous daily functional improvement was showed during Tr4 and Tr5 (Day1 +135.8mL and +119.1mL; Day30 +160.2mL, and +160.5mL, respectively). Daily means of DeltaFEV(1) were significantly different between single-drug treatments and combination therapy. Dyspnoea was greater in single-drug treatments. Less use of rescue salbutamol was reported in Tr4 (0.80puffs/die) and Tr5 (0.71puffs/die). **CONCLUSIONS:** In

patients with moderate to severe COPD, combination therapy with tiotropium administered in the morning (Tr4) was the most effective; in patients with prevailing night-symptoms, treatment with tiotropium in the evening (Tr5) reduced symptoms and use of salbutamol. Tr5 showed less variability of FEV(1) during the 24h (CV=0.256). These results are relevant for opening new ways in clinical practice.

Relationship Between Gastroesophageal Reflux Disease and COPD in UK Primary Care.

Garcia Rodriguez LA, Martin-Merino E, Johansson S, Wallander MA.

From the Spanish Centre for Pharmacoepidemiological Research (CEIFE), Madrid, Spain (Drs. Garcia Rodriguez, Ruigómez, and Martin-Merino), AstraZeneca R&D, Mölndal, Sweden (Drs. Johansson and Wallander), The Institute of Medicine, Sahlgrenska Academy, Gothenburg University, Sweden (Dr. Johansson) and the Department of Public Health and Caring Science, Uppsala University, Sweden (Dr. Wallander).

Background Gastroesophageal reflux symptoms may be more common in patients with COPD than in controls. The aim of this study was to investigate the relationship between diagnoses of COPD and gastroesophageal reflux disease (GERD) in primary care. **Methods** We used the UK General Practice Research Database to identify a cohort of patients with a first diagnosis of GERD (n=4391) and another cohort of patients with a first diagnosis of COPD (n=1628) during 1996, which we compared with age- and sex-matched comparison cohorts without either diagnosis. We calculated the incidence of a GERD diagnosis among the patients with COPD and controls, and of a COPD diagnosis among the patients with GERD and controls. We also calculated the relative risk (RR) estimates of these diagnoses using the Mantel-Haenszel test. Risks associated with medication use, co-morbidities, and demographic and lifestyle factors were examined using nested case-control analysis. **Results** During the 5-year follow-up, the RR of an incident COPD diagnosis in patients with a diagnosis of GERD was 1.17 (95% CI 0.91 to 1.49), while the RR of an incident GERD diagnosis among patients with a diagnosis of COPD was 1.46 (95% CI 1.19 to 1.78). A COPD diagnosis was associated with current or former smoking, prior diagnosis of asthma or use of asthma medication. A GERD diagnosis was associated with prior diagnosis of ischemic heart disease. **Conclusions** Patients with a diagnosis of COPD are at a significantly increased risk of a diagnosis of GERD compared with individuals with no COPD diagnosis.

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References: 1. Seretide® Data Sheet, GSK New Zealand. 2. Bateman ED et al. Am J Respir Crit Care Med. 2004;170:836-844. 3. GINA Report, Global Strategy for Asthma Management and Prevention. 2006. Available at <http://www.ginasthma.com>. Accessed on 3 May 2007.

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