



## Come and see us at our new premises



We're thrilled to have moved to our larger premises on Pembroke Street. With the increase in demand for our services we were finding it increasingly difficult to operate from our old Asthma Centre in Nawton. *Story continued on page 4.*

### Issue Highlights

- ✿ Bronchiolitis - Symptoms and Care
- ✿ Facts on Spacers
- ✿ Asthma Waikato Relocated
- ✿ Mouth Breathing



## How we have helped

### Bronchiolitis

I recently had a call from a Mum whose baby of a few months of age was coughing, wheezing and becoming quite irritable at times. He was still drinking well but taking smaller feeds more frequently and she was up to him several times during the night.

2 days previously, he been to the hospital and had had a chest X-ray which was clear. The Mum wanted a nebulizer so she could vaporize eucalyptus to help him to breathe.

I could hear the child coughing, wheezing and grizzling in the background while Mum was on the phone. He would settle briefly for a few minutes and then start up again. I was concerned and felt that Mum should take him back to the doctor. She felt that as he had only been seen 2 days previously that a return visit was unnecessary because the X-ray was clear and the doctor had told her that baby could take a couple of weeks to recover. However as he had got a bit worse and his feeding pattern had changed, she agreed to see her GP.

The baby was admitted to hospital for 2 days on oxygen and Mum rang us back to say she was so pleased that she had rung us and listened to our advice. *Val Hollands - Respiratory Nurse*

*If you have any worries about your baby, give us a call to talk about their symptoms or take baby back to see your GP. There is further information on bronchiolitis on page 5.*



### BRONCHIOLITIS TIPS

Little babies get sick very quickly and it is ok to go back to the doctor every day if you are unsure or worried about their condition. Write down any changes in breathing patterns, feeding habits, wet nappies or if baby has a fever. The pattern with Bronchiolitis is that babies deteriorate until they hit rock bottom and then slowly improve over several days. It can take a few weeks until they are well again.

### Asthmatic Child: Mouth breather

This client, an 8 year old boy, has been asthmatic since he was 2 years old. His asthma is usually well controlled but over the past few months Mum had noticed his asthma worsening, particularly on exertion or during exercise. His asthma medications are flixotide and ventolin. He was on the top dose for flixotide - 200mcg, which he had been on for a good week in an attempt to gain some control over his asthma. Mum was reluctant to give him any flixotide because she was worried he was taking too much steroid. I explained to her he must take flixotide as this will help to protect his lungs by reducing swelling and excess mucous that can plug up the airways.

On observation I noticed this young man was over-breathing through his mouth. No nasal (nose) breathing was happening as his nose was either congested or he had a possible structural problem going on. Mum told me her son mouth breathes all the time. I explained the implications around mouth breathing for an asthmatic. I also noticed, as a result of mouth breathing, he was using his upper chest to breathe instead of his tummy. He had dark rings below his eyes which also told me he may have possible sinusitis or rhinitis (hay fever). His Mum told me he might have hay fever, but was not entirely sure. I then suggested that she go back to her GP and get her son referred to an Ears Nose and Throat (ENT) specialist. When upper airways (eg. nasal airways) are not working as they should, this can have an effect on lower airways where the lungs sit and can trigger asthma.

Since this visit I have followed-up Mum and her son, and he has been seen by an ENT specialist. He is now on medication for reflux. In a month and a half he will return to the ENT specialist to have his adenoids examined. Mum is happy as her son is now

sleeping better at night and his asthma is better controlled. He still has break-through symptoms of shortness of breath but not as frequently, he is also now on serevent (long-acting reliver). *Tracy Keelan - Respiratory Nurse*

*If you think your child is a mouth breather or would like more information on mouth breathing then check with your GP or make an appointment to see one of our nurses.*



## Spacers Spacers Spacers

Spacers are important if you have an MDI (metered dose inhaler)

Recently I had two referrals for children who had ended up in the A & E in the early hours of the morning. Neither child was using their spacer properly.

The first child, a 7 year old girl, had a preventer which was used now and then if the asthma was bad and had a reliever which was used a lot. Dad was giving the medication through her spacer but was giving only one puff in total. He was unaware that when asthma symptoms were present he needed to give 6 puffs of reliever medication to open the airways. The one puff every hour gave no improvement, his daughter kept everyone awake during the night and finally they had to dash to the A & E. Everyone was very stressed. Dad phoned the Asthma Centre for help. During my visit I checked their spacer technique, explained about giving more than one puff of reliever per episode (although it is only one puff at a time allowing 6 breaths between puffs) and the importance of using the daily preventer. Six weeks later I checked back and everyone is doing well.

The second child, a 12 year old boy, had a preventer, was using it daily but did not have a spacer. He came from overseas where spacers were not in common usage. He did have a nebuliser which was used often. He had a bad turn one night so Mum nebulised him then took off for the A & E. I strongly suggested he get a spacer and take his preventer through it. If he was taking the time to take his medication he may as well do it properly. I also explained that he could use his spacer rather than his nebuliser when having an acute episode.

Both these children had caring parents, both had access to medication and health care but neither were using their medications properly. It may be that the dashes to the A & E could have been avoided. *Barbara Lawrence - Respiratory Educator*

*If you have any concerns about your child's spacer technique, give us a call. We're happy to provide education on the correct use of spacers.*



A spacer is a plastic tube that puts "space" between the person's mouth and the medication. Research has shown that there is up to 50% better deposition in the lungs when using a spacer than when inhaling directly into the mouth even if you have the best technique in the world. Most people's technique is less than ideal.

## SPIROMETRY TESTING

**\$35**  
(cheaper for existing clients)

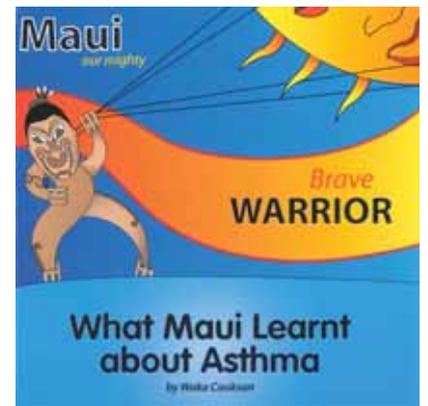
Our spirometry technicians are trained and certified by:  
Respiratory Physiology Laboratory – Christchurch Hospital

The Christchurch Spirometry Training Course is a TSANZ and ANZSRS endorsed course



**asthmawaikato**  
Better respiratory health for New Zealanders

This is a great book for children with asthma as it encourages and empowers them to take control of their condition



Available from  
*the Asthma Centre*

\$10 each

## SPACER TIPS

Using a spacer can help prevent oral thrush and reduces the amount of medication that gets deposited in the mouth and throat.

Using a spacer removes the need to take a deep breath and hold it for 10 seconds when taking inhaled medication. This is especially beneficial when you are feeling unwell and short of breath.

Using a spacer removes the need for any hand/breath coordination. Just press and breathe at your own pace.

A spacer can be as effective as a nebuliser for acute asthma.

**News**

## Fundraising

Nancy Illing and her sausage sizzling team are seen regularly outside The Warehouse Hillcrest – look out for them over the coming months. The funds raised are an important revenue stream for Asthma Waikato as it enables us to continue to provide ever-improving services to people with respiratory conditions.

Balloon Day 2010 was a wonderful success. Schools throughout the region provided photo opportunities for their local newspapers.

*Thank you to:*

**Matamata Primary School**  
**Thames South School**  
**Huntly West School**  
**St Josephs School, Hamilton**  
**Morrinsville Intermediate**  
**Cambridge Middle School**  
**Tokoroa Intermediate**  
**Te Kuiti Primary**



*Our wonderful volunteers once again helped with a stand at Westfield Chartwell raising \$836.80 for Asthma Balloon Day.*

*Thanks to the Genesis Energy Employee Volunteering Program we were also fortunate to have a team of fundraisers from Genesis Energy run a street appeal at Garden Place raising \$203.70*

## Matamata Group update

Winter is now really with us and some of our group find their breathing more difficult but are still attending our gym group sessions.

On the 21st April Barbara Lawrence came and spoke to us on Asthma Medication which we all found very interesting and informative, there was also time for Barbara to speak to several of our members on a one to one basis.

We felt we wanted to promote Balloon Day and Asthma awareness in Matamata so we held a bring and buy stall at the local market day held in Matamata. This turned out to be very successful and the support of our members in their bright Asthma shirts went down well.

Coming up on the 28th June we are having our annual luncheon at the R.S.A where our guest speaker will be a physiotherapist from Waikato Hospital.

Keep warm.

*Matamata Huffin and Puffin Friends*



## South Waikato Group update

Friends, Kiwis, and All, lend me your Years!

The year in retrospect for South Waikato, I believe to have been a successful one. We have held 3 meetings to which the public were welcome, to hear a variety of speakers such as diets (not FADS), medications and exercises.

For this years Balloon Day our committee decided to try a venue at Countdown, Tokoroa. We did not bother with a sausage sizzle but relied on balloons and smiling faces with collection pails. Result? - An increase of 48 cents over donations received last year - in a period of economic downturn - an excellent result!

Many grateful thanks to all who took part.

*Te Quill*

*continued from front page ...*

In the past 2 years, we have created an additional full time nursing position and have just relocated to larger, more prominent premises at 45 Pembroke Street in the health/professional precinct of Hamilton.

What we are finding, is that demand for our services is increasing and we need to increase our capability to provide our community based services. In this climate, we are increasingly dependent on philanthropic support, grant funding and the goodwill of the community who donate various goods, time and money.

If you would like to support our work, please do contact us. We would appreciate discussing ways that we can help each other.

## We have come a long way

Our recent move to 45 Pembroke St, Hamilton Lake, Hamilton is our 8th location since becoming an Incorporated Society in 1973. Originally, Asthma Waikato had a base on the Waikato Hospital campus alongside the Rheumatology Department and we needed to relocate as that department expanded. Following that Ian McMichael, Pharmacist, provided a total of five locations, all associated with Pharmacy 547 and we take this opportunity once again to thank Ian for his support over the years. Our previous Asthma Centre in Newton provided a community based asthma centre for five years and we hope to remain in Pembroke St for many years to come.



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**Thank you to the team at Concept Joinery for giving up a Saturday morning to help us move**



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## TIPS

### Mouth Breathing

It is best to breathe through your nose and to utilise your diaphragm (ie. movement should be more prominent in the tummy than the upper chest.)

Do you breathe through your mouth because you have a nasal problem? Common ailments are : hayfever, sinisitis, and post-nasal drip. Sometimes this could be a structural thing eg. problems with adenoids.

Ask your doctor or your Asthma Educator whether you need to be referred to an ENT specialist.

### Care of your spacer

Spacers are plastic and pick up static energy so medications can just stick to the sides. You need the medicine to stay in the air inside the spacer in order to breathe it in. To stop the medicine sticking to the sides, the spacer needs to be 'primed'.

#### To prime and clean the spacer:

1. Wash in warm soapy water.
  2. Shake excess bubbles (Don't rinse the spacer)
  3. Leave to **drip dry**. (Don't dry with a tea towel.)
- \* The detergent bubbles line the plastic so the medicine doesn't stick to it.

**Remember:** If you have a new spacer, it needs to be primed before you use it for the first time.

## REMEMBER TO GET YOUR FLU VACCINATION

The new Flu vaccine includes H1N1 (Swine Flu) protection and is free to:

-  people over 65 years
- or
-  who have asthma and are using a preventer medication
- or
-  have another chronic lung condition.



Check with your G.P. to see if you or your children qualify.

## \*\* IMPORTANT \*\*



### Do you use SPIRIVA?

Ask your pharmacist to replace your handihaler annually.  
The needle inside the handihaler which pierces your medication capsule can go blunt over time, so should be replaced

## What you need to know

### About Bronchiolitis

Bronchiolitis is the swelling of the smaller breathing tubes (called Bronchioles) in the lungs. The linings of these tubes become very swollen and blocked with mucous/phlegm. Babies and toddlers are more affected. It is usually caused by a viral infection, more commonly known as RSV (Respiratory Syncytial Virus)

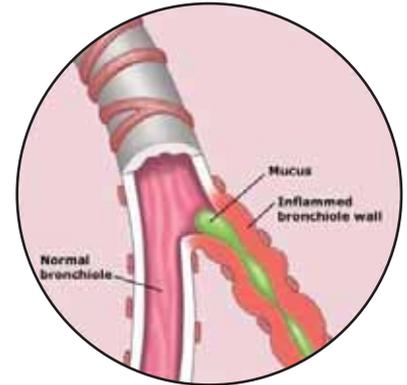
Bronchiolitis is usually a disease of young tamariki/children under 2 years. It starts from about 3 – 6 months of age. Although it is often a mild illness (similar to a mild cold) some pepe/babies are at risk of developing a more severe illness requiring hospitalization. Babies with chronic heart & lung disease, prematurity & a weakened immune system due to illness or medication are more at risk.

### Signs and Symptoms to look for

Are similar to a common cold

- Runny nose
- Mild cough
- Sneezing
- Stuffy nose
- May have a temperature

- After 2 or 3 days, breathing may become faster
- Your pepe/baby may sound short of breath
- Pepe /baby's breath may whistle (wheeze)
- Sometimes pepe/baby's neck or tummy may suck in and out with each breath (indrawing)
- Pepe/baby may find it difficult to take normal feeds (breast, bottle or solids)
- Pepe/baby may also vomit some of the milk. It may be a slimy vomit.
- If breathing & feeding becomes more difficult, pepe/baby may look pale sweaty and tired.
- Pepe/baby will continue to cough and wheeze for days after an attack of Bronchiolitis and then gradually improve.
- The cough usually lasts 10 – 14 days, but may last as long as a month.



### How will your child be affected?

- The infection usually begins as an ordinary cough or cold, which may then progress to Bronchiolitis.
- Most adults and school children will only suffer cold symptoms, but in children under 2 years, the chest is often affected.
- Pepe/babies have much smaller breathing tubes than adults, so the swelling caused by the virus affects them a lot more
- When the breathing tubes swell, lots of mucous is produced. This narrows the tubes even more, causing coughing and wheezing.
- Even though your pepe/baby may be well enough at home, the cough, chestiness and wheeze may continue for some time.

## BRONCHIOLITIS TIPS

- The amount of fluids pepe/baby takes each feed may decrease. Small, frequent feeds are best.
- Having fluids is more important at this stage than having solids.
- Watch how much fluid pepe/baby has had (write it down) to make sure they do not become dehydrated.
- Write down the number of wet or dirty nappies. 8 – 9 a day are normal.
- Pepe/baby may need saline (salt water) nose drops before feeds to clear the nose. These are available from your pharmacy.
- When pepe/baby has Bronchiolitis, there is a lot more mucous/phlegm than normal and this may cause slimy vomits and you may notice slimy nappies.
- Keep pepe/baby away from all childcare facilities until fully recovered.
- If there are other tamariki/children in the house with colds or flu, try to keep them away from pepe/baby.
- Always remember that all whanau/family need to wash their hands before & after handling pepe/baby.
- Pepe/baby is better in its own bed & slightly elevate the head of the mattress to help clear airways.
- The cough will gradually disappear by itself & does not need any special treatment.
- Cough medicines are not recommended in babies and young children.

# THERE IS NO SUBSTITUTE FOR EXPERIENCE

With nearly 40 years experience, Ventolin is well established as a first choice asthma reliever for New Zealanders.<sup>1,2,3</sup>

It does not contain CFCs or alcohol and is suitable for all ages. Experience counts. Ask for Ventolin by name.



Ventolin is partially funded in the Pharmaceutical Schedule, a part charge applies.<sup>4</sup>

Ventolin® (salbutamol) is available as an alcohol-free and CFC-free Inhaler, 100 micrograms per actuation. **Ventolin is a partially funded Prescription Medicine. You will need to pay a part charge for this medicine.** It is a short-acting bronchodilator used for the relief of asthma symptoms. **Use strictly as directed. Do not use Ventolin if you:** are sensitive to any of the ingredients in the preparation. **Tell your doctor if you:** feel that the medicine has become less effective or you are using more than usual; have hyperthyroidism, high blood pressure, cardiovascular disease, diabetes; are taking any other medicine or herbal remedy including those you buy from a supermarket, pharmacy or health food shop. **Common Side Effects include:** headache, nausea, shaky or tense feeling, fast or irregular heart beat, "warm" feeling (caused by blood vessels expanding under the skin), mouth or throat irritation, shortness of breath or wheezing. **If symptoms continue or you have side effects, see your doctor, pharmacist or health professional.** Additional Consumer Medicine Information for Ventolin is available at [www.medsafe.govt.nz](http://www.medsafe.govt.nz). Prices for Ventolin may vary across pharmacies. Normal doctor's office visit fees apply. **Ask your doctor if Ventolin is right for you.**

1. Price A, Clissold S. *Drugs*. 1989;38(1):77-122.
2. Gillies J et al. *N Z Med J*. 2005;118(1220):79-83.
3. N Z Guidelines Group. *The diagnosis and treatment of adult asthma*. Wellington: NZGG; 2002.
4. *New Zealand Pharmaceutical Schedule*. August 2008.

Ventolin is a registered trade mark of the GlaxoSmithKline group of companies. Marketed by GlaxoSmithKline NZ Limited, Auckland.

TAPS PP6390-09JA

## What you need to know *continued...*

### Breathing through your nose is important

- The nose is our air-conditioning system that warms, and filters our lungs like this warm, filtered air - especially asthmatic lungs!
- Nose breathing is also believed to dilate airways (widen airways) helping to keep airways open – which is vital and a key function for asthmatics.
- If your nose is blocked you will automatically start mouth-breathing.
- The problem with mouth breathing is that it allows cool, dry, unfiltered air into the lungs. This causes the lungs to re-act and tighten up - especially in asthmatics who have sensitive lungs.
- Mouth breathing is there for emergencies, when exercising, or when under threat eg. being chased by a dog etc. (The flight, fright response).
- Nose breathing creates 50 percent more airflow resistance than breathing through the mouth. Hence, why many of us may take the easy option and choose to use our mouth!

(Bradley & Clifton-Smith, 2002)

### How do you know if someone is mouth-breathing?

Look at your breathing pattern. Are you breathing through your upper chest or via your tummy? If upper chest breathing you are most likely mouth breathing. If tummy breathing you are likely breathing via the nose where you want to be breathing.

(Bradley & Clifton-Smith, 2002)



### World Wide Web Warning

Over recent years the way people seek information has changed with an increasing number relying on the internet for a whole range of activities including shopping, entertainment, communicating with friends and family and also for accessing health related information.

A survey in 2009 found that 61% of the people studied stated that they access health information online, up from 25% in 2000, with 60% of those people then acting on the information they accessed. In addition, these people stated that they had high expectations of the accuracy of health information websites, **yet disturbingly only 8.8% of websites providing information on asthma examined in an American study gave complete accurate information!!**

While the worldwide web has allowed for an amazing amount of information to be freely available, the sheer volumes involved make it impossible to regulate the accuracy of information. As a result people may develop potentially dangerous misconceptions about the management of their condition and the science behind it. This highlights the need to ensure that when people access more traditional healthcare, they need to have a full and frank discussion with their healthcare professional regarding any information they have accessed from other sources in order to check the accuracy of this information.

(Fox & Jones, 2009; Leung, 2008; Meadows-Oliver & Cantey Banasiak, 2010). Fox, S., & Jones, S. (2009). *The social life of health information. Pew Internet and American Life Project. Retrieved 28/04/2010 from <http://www.pewInternet.org/Reports/2009/8-The-Social-Life-of-Health-Information.aspx>*

Leung, L. (2008). *Internet Embeddedness: Links with Online Health Information Seeking, Expectancy Value/Quality of Health Information Websites, and Internet usage Patterns. CyberPsychology and Behaviour, 11(5), 565-569.*

Meadows-Oliver, M. & Cantey Banasiak, N. (2010). *Accuracy of Asthma Information on the World Wide Web. Journal for Specialists in Pediatric Nursing. Retrieved 29 April, 2010 from <http://www3.interscience.wiley.com.ezproxy.auckland.ac.nz/cgi-bin/fulltext/123332716/PDFSTART>*

**Sally Newell**  
 Clinical Nurse Specialist –  
 Respiratory  
 Waikato Hospital



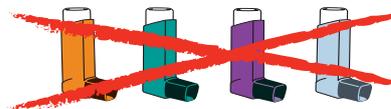
If you have asthma,  
**one inhaler**  
is all you need.\*



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Symbicort SMART<sup>†</sup> treats the underlying cause of your asthma **and** gives you fast relief like your blue puffer – in one inhaler.

**Ask your doctor if stepping up to Symbicort SMART is right for you.**



*Symbicort SMART can replace your asthma puffers with one inhaler*



Specific criteria apply for the use and funding of Symbicort. <sup>†</sup>Symbicort Maintenance And Reliever Therapy. <sup>\*</sup>Symbicort should not be initiated as emergency treatment for severe exacerbations or for patients with acutely worsening asthma symptoms. Symbicort Turbuhaler contains budesonide 100 µg or 200 µg per dose (preventer) and eformoterol 6 µg per dose (symptom controller). **Tell your doctor if you have thyroid problems, heart problems, diabetes, problems with potassium levels, pregnancy, breast-feeding.** Side Effects: The most common side effects are: mild irritation in the throat, coughing, hoarseness, thrush (fungal infection in mouth and throat), headache, trembling, fast or irregular heartbeat. Rarely, allergic reactions. **Symbicort is a Prescription Medicine. Use strictly as directed. If symptoms continue or you experience side effects, see your doctor, pharmacist or health professional. Symbicort is fully funded under certain criteria.** Your doctor's fee and prescription fee will still apply. For full consumer information please refer to the manufacturer's Consumer Medicine Information Sheet available at [www.medsafe.govt.nz](http://www.medsafe.govt.nz). 19 March 2007. Symbicort and Turbuhaler are trademarks of the AstraZeneca Group. AstraZeneca Limited Private Bag 92175/299 Auckland 1142. Telephone 09 306 5650. TAPS NA4095 04/10 essence AZ5268-L

[www.oneinhaler.com](http://www.oneinhaler.com)

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**Do you:** (1 or more)

- ✓ Cough several times most days?
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**SPIRIVA®**  
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## 2010 COPD support groups

For more information on any COPD support groups, contact the Asthma Centre

### HAMILTON

- Exercise (led by fitness instructor)
- Friendship / Support
- Information (various speakers attend many sessions)

WHEN: Wednesdays 1.00pm

WHERE: Beerescourt Bowling Pavillion,  
Maeroa Road, Hamilton

\$2 donation please

Session followed by tea and biscuits

### THAMES

- Information
- Support / Friendship
- Interesting speakers

WHEN: Last Thursday of the month 1.30pm

WHERE: Baptist Church Centre,  
Mary St, Thames

Gold coin donation welcomed

Session followed by tea and biscuits

### MATAMATA

- Information/ Support/ Friendship
- Subsidised gym fees
- Group luncheons every 4+/- months

### SOUTH WAIKATO

- Information/ Support/ Friendship
- Public meetings

## Friends and supporters of

Asthma & Respiratory Services (Waikato) Inc  
Te Ha Ora Huango



We gratefully acknowledge receipt of the following grants/financial support in the past twelve months:

Asthma & Respiratory Foundation (NZ)  
COGS  
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Hamilton City Council –community wellbeing  
Lion Foundation  
NZ Lottery Grants Board  
Norah Howell Trust  
NZ Post  
Page Trust  
Perry Foundation  
Sir John Logan Campbell Residuary Trust  
Southern Trust  
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Waikato Asthma & Respiratory Trust  
Waikato WDFK Karamu Trust  
WEL Energy Trust

Thank you for donations from:

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Hauraki Plains Lioness Club  
Morrinsville Lions Club

Asthma & Respiratory Services (Waikato) Inc wishes to thank the generous support of the following businesses/Organisations - Please support them too

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Microsoft & TechSoup	
MYOB	
Ngaruawahia Golf Club	
Owen McLeod & Co, Chartered Accountants	
Powder Room	
Ricoh	

**IF you are UNSURE about anything, ALWAYS ASK.**

**Get an ASTHMA MANAGEMENT PLAN from either your FAMILY DOCTOR or LOCAL ASTHMA SOCIETY.**

**It is best to ALWAYS BE PREPARED for any problems.**

## Beef and Bean Casserole



Amended recipe from Food in a Minute website - healthy choice options

### Ingredients

500 g lean beef chuck steak	1/2 cup Tomato Puree
dash of oil	425g can Mexican Beans
2 onions, peeled & cut into 2cm dice	(choose spicy beans if you like them)
1 tbsp paprika	12 mushrooms, diced
400g can Whole Peeled Tomatoes in juice	1/2 cup beef stock

### Method

1. Dice the beef chuck steak into large 3cm pieces.
2. Heat the oil in a frying pan and brown the meat in two batches over a moderate to high heat and then transfer to a casserole.
3. Add the onion to the pan and cook 2-3 minutes. Sprinkle over the paprika and cook for half a minute before stirring in the tomatoes in juice, tomato puree, mexican beans, mushrooms and beef stock.
4. Bring to the boil and then pour over the beef. Cover and cook at 160°C for 1 1/4 hours until the meat is tender.
5. Serve hot with your favourite green vegetable and some mashed potato.

### Crockpot / Slow Cooker Instructions:

For best results, follow steps 1-3 and place all ingredients in slow cooker, except beef stock. Cook on LOW for approx 8 hours (refer to your user manual). Serve as above

## Directory *Asthma & Respiratory Services (Waikato) Inc*

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Community Respiratory Educator	Barbara Lawrence Email: asthmawaikatobarbara@xtra.co.nz	
Community Respiratory Nurse	Tracy Keelan Email: asthmawaikatotracy@xtra.co.nz	
Community Respiratory Educator - Matamata	Charmaine Donaldson Ph 07 888 7476	
Community Respiratory Educator - South Waikato	Jan Wiles Ph 07 886 8564	
Asthma Fundamentals Regional Trainers	Val Hollands Barbara Lawrence	
Community Respiratory Rehabilitation coordinator	Tracy Keelan Email: asthmawaikatotracy@xtra.co.nz	
Matamata AsthmaLink	Trevor Robinson	Ph 07 888 6391
South Waikato AsthmaLink	Iain Bell	Ph 07 883 3039
Thames COPD Support Group	Eileen Bain	Ph 07 868 8127
Hamilton COPD Support Group	Shona Bramley	Ph 07 838 0851

### FREE Services available

- \* Up to date information on respiratory conditions
- \* Comprehensive education at your place or ours
- \* Telephone respiratory advice - someone to talk to
- \* Information pamphlets
- \* Regular newsletters - local and national
- \* Community based Respiratory Rehabilitation Programs - conditions apply

### Gold coin donation please

- \* COPD Support Groups

### Koha appreciated

- \* Guest speakers for groups

### Other Services available

- \* Spirometry testing
- \* Nebuliser hire & sales
- \* Allergy relief bedding sales
- \* Practice Nurse asthma training
- \* Community Health Worker training

#### Asthma Waikato

45 Pembroke Street, Hamilton Lake, Hamilton 3204.  
9.00am to 5.00pm Monday to Friday  
www.asthmawaikato.wainet.org

P O Box 7013, Hamilton East, Hamilton 3247  
Phone 07 838 0851 Fax 07 838 0852  
waikato\_asthma@xtra.co.nz

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**If you would like to support us, we invite you to become a financial member of the Society. Members receive:**

- The quarterly Asthma and Respiratory Foundation (NZ) newsletter as well as AsthmaLink
- Discounts on allergen free bedding
- Discounts on nebuliser purchases and nebuliser hire

Please complete this form and return to:  
Asthma & Respiratory Services (Waikato) Inc  
Te Ha Ora Huango  
P O Box 7013  
Hamilton East, Hamilton 3247

**I would like to become a member of Asthma & Respiratory Services (Waikato), and enclose my membership subscription**

Name: \_\_\_\_\_  
Last name First Name(s)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Annual membership is \$25 or \$20 for seniors and beneficiaries and covers everyone living at your address

Annual membership \$ \_\_\_\_\_ Donation \$ \_\_\_\_\_ Please find enclosed \$ \_\_\_\_\_

**Yes, I want to help others in the Waikato understand their respiratory conditions**

Please find enclosed a cheque for:

- \$20                       \$100  
 \$30                         Other \_\_\_\_\_  
 \$50

Please write cheques to:  
Asthma & Respiratory Services (Waikato)

And post to:  
P O Box 7013, Hamilton East, Hamilton 3247.

Or pay directly to:  
National Bank, Frankton Branch.  
Account: 06 0313 0186176 00

**Reference (your name)**

(Donations over \$5 are tax deductible.)

- Please tick if a receipt is required
- Please send me information on how to make a regular donation from my bank account
- I would like information on leaving a gift to Asthma & Respiratory Services (Waikato) Inc. in my will