



Going Diving? WAIT!



Photo courtesy of Dive Picton

There is no clear agreement of opinion on whether an asthmatic should dive or not. For more information see story on page 5.

Issue Highlights

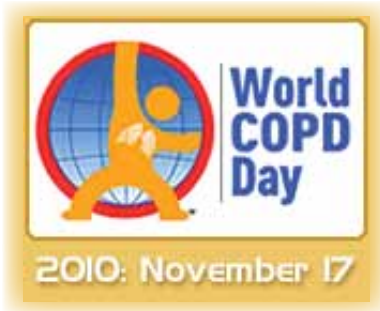
- ✿ **Summertime breathing**
- ✿ **Asthma Waikato and H.E.E.T**
- ✿ **Spirometry Screening**
- ✿ **Asthma and Diving**



How we have helped

World COPD Day and free spirometry screening

World COPD Day 2010's theme was Lung Health and Spirometry. To celebrate this event we offered twelve free spirometry tests to the public. To qualify for the test you needed to be aged between 40-60 years old and be a current or ex smoker.



Of the 10 people who came for their test, 60% had an undiagnosed respiratory problem. These people were referred on to their doctor and hopefully some timely intervention will slow the progress of their condition.

There is no cure for COPD but the condition can be slowed down through good management. Management involves getting to know your symptoms and reacting quickly to any deterioration. The two most important interventions are to quit smoking and start exercising. With exercise you do not need to start training for a marathon but you do need to exercise enough to get short of breath.

There are various medications available to help alleviate the condition. Talk with your G.P about the best option for you.

Barbara Lawrence - Community Respiratory Educator

Asthma Waikato and HEET

As we generally visit families with asthma in their homes, we very quickly pick up on when the house is cold and damp. Our first questions are, "Is the house insulated?" and "What heating do you have?" Unfortunately the coldest homes, for the clients we see with respiratory conditions, are often rented. Thankfully many landlords are now making the effort to improve the houses they own, with insulation and more efficient heating, especially if there are sick children living there.

One of our jobs on returning to the centre, is to write a letter for the client to give to their landlord advocating that the house be insulated and better heated, as research has shown that this can make a huge improvement to children's overall health and reduce doctor and hospital visits. If the family own their home we refer them to HEET. Subsidies are now available for both owner occupied and rental accommodation.

HEET, the Huntly Energy Efficiency Trust, is a not for profit organisation that was formed in 2001 to help create healthy living environments. They cover most of the Waikato, Coromandel and Auckland areas.

TIPS

If you have problems with dampness in your home NOW is the time to consider insulation. Your home will then have time to dry out before the onset on next winter. An insulated home not only keeps your home warm and dry in winter but cool and dry in summer.



Vikki Blundell Business Manager, Asthma Waikato and Kym Holland Business Manager, HEET

This spring, HEET ran a campaign in conjunction with Asthma Waikato. We identified a family affected by asthma who met the criteria needed to allow HEET to insulate their home. Kay's family have had insulation provided and installed for free, as well as free installation of a heat pump donated by Goldstar Electrical.

Asthma Waikato will check in with Kay regularly to see how much of a difference the insulation has helped her family's conditions.



Kay's whanau have a long history of asthma through many generations. All of her children, several of her grandchildren, a brother, a sister and many extended family have either asthma or COPD.

HEET is also hoping to set up a fund for the insulation of homes with Asthmatics in the family. They wish to combine smaller donations to be used for the insulation of homes as Asthma is such a major health issue in the Waikato area in particular. If you are interested in donating to this cause please contact Kym Holland at HEET on 0800 433 844.



Perceptions of Asthma

Recently I have met several people who feel that their asthma is well controlled, even though they always have some symptoms. Those symptoms are often controlled only with relievers, as they seem to work quickly and efficiently. I try to talk to them and explain the action of the medications within the body, so that they understand what they are doing and why. Hopefully this results in better asthma management, with fewer asthma attacks and symptoms.

- Do you think your asthma is well managed?
- Are you managing yourself and not your asthma?
- Do you cough or wheeze at night or do you disturb the rest of the household's sleep?
- Are you able to do any physical activity without becoming short of breath?
- Do you use your reliever medication on a daily basis?

TIPS

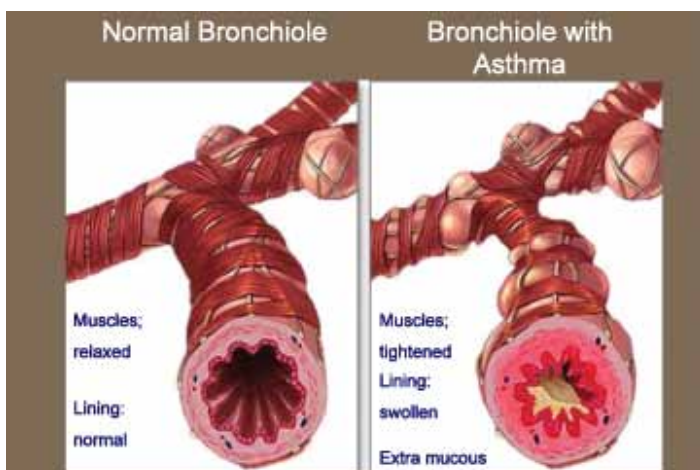
Well managed asthma is like this;

- You have no asthma symptoms.
- You lead the same active life as everyone else.
- You can do whatever exercise – be it great or small – you want to do without getting breathless or using a reliever inhaler.
- You never need to nebulise.

We often meet people who feel they don't need to be told anything about their asthma. They have had it all their lives, know how they feel and what medication suit them best. Any exercise is a distant memory and they go out of their way to stop running around or overly exerting themselves. They often only use a reliever, as preventers don't appear to do anything for them. They take their relievers most days and whenever they have a cold, they nebulise Ventolin – again a reliever. In other words, they are doing a quick fix.

Blue, grey or green, reliever inhalers only help your breathing and do nothing to help your asthma at all. In fact, overuse of reliever inhalers can actually irritate the tubes and make your asthma worse.

Asthma is an inflammatory disease. The lining of the little tubes in the lungs are very sensitive and become inflamed – red and swollen and full of mucous. The inflammation is caused by an irritant that is usually breathed into the lungs, eg; pollen, fumes, cat dander etc. Your preventer helps to protect those sensitive airways and prevent the inflammation, resulting in fewer, milder, or no asthma episodes at all.



The muscles on the outside of these little tubes squeeze up and become tight to help stop that irritant from getting further down into those sensitive tubes. Your reliever relaxes the muscles so that your airways are opened and breathing becomes easier. Many people like using a reliever as it works quickly and you are able to continue with your daily routine. What people don't realise is that the lining inside the tubes becomes more and more swollen to the extent that the reliever may not be able to help at all – hence emergency hospital visits.

The preventer inhalers are orange, brown, red and purple. They work very slowly, over a period of days to months, to reduce the inflammation and sensitivity. Preventers need to be taken every morning and night.

As there is no immediate effect, people don't think it is working. However, if you are well, able to run or exercise without getting short of breath and the other symptoms either improve or disappear, then the preventer is working for you. Keep using preventers as prescribed every day. This is a long term medication that should not be stopped but may be gradually reduced under your doctor's supervision. Hopefully the perception of your asthma will change as you understand the action and performance of your medications, and your daily activities are no longer remodelled or restricted by asthma symptoms.

Val Hollands - Community Respiratory Nurse

What you need to know

THE SALINE CHALLENGE TEST – also known as the "Hypertonic Saline Provocation Test"

The Saline Challenge Test is a breathing test that measures how sensitive your airways are. Referrals to have this test will come from your hospital Consultant or GP/family doctor. It is important to note that this test is not subsidised or funded by the Ministry of Health, so everyone will need to pay the full price regardless whether you are a Community Services Cardholder, Student, or WINZ Beneficiary.

The Saline Challenge Test is usually requested to help with:

- the diagnosis or exclusion of asthma
- determining the severity of asthma
- assessing how effective your treatment is

The test requires you to blow forcefully and repeatedly into a small mouthpiece connected to special equipment. This breathing test measures the volume of air you can breath in and get out of your lungs. After this test you will be asked to breathe in a fine salty mist (Saline). The breathing test is then repeated and the mist inhaled for increasing periods of time. Each dose is followed by a breathing test. The test takes about 45 minutes.

The Saline Challenge Test requires you to blow forcefully many times in order to get good quality results. This may make you lightheaded and you may experience some discomfort. The test may narrow your airways and make you wheezy. It is unlikely that you will develop bad asthma during the test. However, in the event that asthma is provoked, medication is always on board to help reverse this. There may be a small chance that you may experience unstable asthma for 24 hours following the test. The Cardio-Respiratory Department recommend that this test is very safe and the staff performing the tests are highly trained and will help to ensure your safety and comfort.

continued on page 5...

News

Message from our President

As we come up to the end of another successful year, I take pleasure in writing this message from the Board of Governors. As many of you already know, the board is made up of a group of extremely well qualified and exceptionally talented volunteers. On their behalf I would like to look back at a few notable successes over the last twelve months and congratulate all concerned over these achievements.

In particular, it has long been our objective to secure a more suitable building to house the Centre and with the help of the Lion Foundation, this goal was finally achieved when we moved into Pembroke Street. Our new Asthma Centre has elevated our standing in the community to a more professional level and already we have formed an alliance with at least one private business.

We were recently delighted to learn that Lois Meneer, one of our board members, had been invited to join the Asthma Foundation Board thus providing representation for Waikato at board level in Wellington. Congratulations Lois!

We also recently accepted another board member – Mr. Ian McMichael – a prominent member of the community, successful local businessman and a long time Asthma Waikato supporter – welcome Ian.

We have completed two regional meetings this year where we exchanged views with members of our Matamata and South Waikato Links and these have proven to be invaluable in keeping the lines of communication open.

We have recently completed our strategic planning day and already work is in progress on plans to improve our community profile providing improved services to those with Asthma and COPD. We have commenced our website development project and have ambitions to build up our fund raising committee, gaining sufficient resources to have a public event planned for every month of the next year. This would be no mean feat and we are looking for suitable volunteers to join this essential committee.

Whilst the board may work in the background, it is our staff that steadfastly provides the services and directly contributes to the success of the organisation. I would like to take this opportunity to thank them for all their efforts over the last year.

To all society members and to our clients we wish a peaceful and joyous Christmas and a bountiful New Year.

Andrew Fox
President



It is with great sadness that we mark the passing of Pam (Pamela) Gibbons and Keith Fraser.

Both Pam and Keith were supportive members of the society. Keith attended the Hamilton COPD group from 2003-2008, travelling over each week from his home in Cambridge accompanied by his wife Isabelle. Keith had a flare for words and was often called upon to thank the visiting speaker/educator. He always had a twinkle in his eye and asked probing questions at the AGM.

Pam, with her husband John, was a long time committee member who was very active in fundraising over many years. One of their more controversial efforts was to have many old cars parked all over their lawn that were to be dismantled and sold for parts.

Both Pam and Keith named Waikato Asthma as their charity of choice for friends wishing to make a donation. The number of donations received is a testament to the love and esteem they were both held in.

We are very grateful for these contributions and our very sincere sympathy is extended to their families.

COPD support groups 2011 start dates

Hamilton: Wednesday 26 January 2011 at Beerescourt Bowling Club.

Contact Shona Bramley for more information PH 855 9746

Thames: Thursday 27 January 2011 at Baptist Church Centre.


Contact Jill Affleck ph 838 6315



9 Hole Twilight Asthma Charity Golf Tournament



SPOT PRIZE



FOR PLAYERS

*One night's stay in Rotorua at Ngongataha Lakeside Lodge
*Dates subject to availability

You must be in the clubrooms after play to WIN

**Friday 4th February 2011
Ngaruawahia Golf Course**

Stableford Competition

Mens and Ladies \$10 per player

Golfers: 3.00pm - 6.00pm
Non-golfers: 5.30pm - 6.00pm
No tee times (rolling start)

Entries must be in by:
Friday 28th January 2011

Register with Anne Withey
Ph: 07 854 1435 or
email: withanne@clear.net.nz

End your week with a game of golf on a fabulous course and support Asthma Waikato. GREAT PRIZES!



PROUD SUPPORTERS OF ASTHMA WAIKATO

Celebrating another milestone – relocating to Pembroke St



Brian Mahood



Jack Johnson, Barbara Brown & Allan Aldridge



Asthma Waikato members



Marian & Mike Ellingham

On Sunday 12th of September members and Asthma Waikato supporters met to celebrate the opening of the new Asthma Centre and share memories. Some who attended are founding members who have passionately supported our work for over 37 years.

AsthmaLink Matamata and AsthmaLink South Waikato wish you a very Merry Christmas and a Happy 2011



Representatives of Asthma Waikato Board and Matamata & South Waikato AsthmaLinks at the recent regional meeting held in Matamata.

Take a look at
www.spacetobreathe.co.nz
It's full of useful information



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What you need to know *cont...*

Continued from page 2...

Information you need to know prior to having the test

- don't smoke for at least 2 hours before the test
- avoid caffeine on the day of the test

Withhold the following medications (unless your doctor or consultant has specified otherwise), as they can interfere with the testing:

- 8 hours Ventolin, Bricanyl, Respigen
- 24 hours Atrovent, Combivent
- 48 hours Serevent, Foradil, Oxis, Seretide, Symbicort
- 72 hours Spiriva

(There are other medications that need to be withheld too like antihistamines (48 hours) and oral bronchodilators/relievers (48 hours).

If you need to take any of the medication mentioned above or you have symptoms of a cold or flu or have had the flu vaccination 6 weeks or less prior to your appointment, you need to notify the Cardio-Respiratory Department on (07) 839 8899 ext 8384.

The cost to have a test done is \$170. Once referred, information about the Saline challenge test will be sent out to you. You need to ring the Cardio-Respiratory Department to confirm you would like to have the test done and an appointment will be arranged. Payment is made on the day and the test will not be performed until you have paid.

I would like to thank the Cardio-Respiratory Department (you know who you are) for providing me with the above information and allowing me to go to the lab to trial the equipment, and especially to Priya Pattni for your support and providing me with direction around this article –much appreciated!



Nurse Tracy Keelan demonstrating the Saline Challenge Test at the lab at Waikato hospital

Asthma and Diving

It must be mentioned here that diving is not the only occupation where an asthmatic may require a saline challenge test, some other occupations include Pilots, the Armed Forces, and Firefighters may also need to do it. In addition, saline challenge testing is not only for current asthmatics but also for people who have used inhalers in the past.

Asthma is a breathing condition that affects the medium to small airways in the lungs. Therefore an asthmatic's airways are prone to becoming narrowed, which interrupts the air flow coming in, and in particular, coming out of the small air sacs where gas exchange takes place.

There are a few ways in which asthma can be triggered by scuba diving:

- **Dry air** – the compressed air in the tank has been dried when the tank is filled
- **Cool air** – when air moves from the higher pressure in the tank to the lower pressure at the regulator, the air cools
- **Stress and anxiety** – most people are under some stress when diving. That is, there is more stress underwater than when talking about the dive while safely on dry land.
- **Environment** – accidentally breathing salt or fresh water particles can also trigger an asthma attack.

There is no clear agreement of opinion on whether an asthmatic should dive or not however if the diver is showing symptoms of asthma they shouldn't be diving, the risk is too great. According to Dr Mitchell (a Diving Physician), traditionally Diving Physicians have taken a conservative approach to asthma and diving. Mention you're an asthmatic and the answer may have been "NO you can't dive". Some research reveal that many asthmatics do dive and suggest while their risk in diving may be higher compared to a non-asthmatic it is still considered relatively low.

The approach that Dr Mitchell takes when dealing with an asthmatic diving candidate is to first take a detailed history of their problem.

Asthmatics who suffer serious attacks, wheeze often or use reliever medication regularly cannot be considered for diving. This decision would be clearly explained to them by their physician. Previous asthmatics are the people who have had asthma in their childhood but have grown out of it and have not experienced any symptoms of asthma or used medication for years. These asthmatics are usually able to dive without any special investigations, however, it is still important to talk to these candidates about the remote possibility of a latent asthmatic tendency which puts them at a slightly increased risk when diving. Mild intermittent asthmatics which Dr Mitchell describes as the most problematic because these candidates may wheeze once or twice a year when they have colds; or may wheeze a little in spring etc. For these asthmatics a discussion about the potential risks in diving in regards to their asthma history is undertaken and if they choose to continue on after the discussion, a test (ie. a Saline Challenge Test) is done to check that neither exercise nor the breathing of nebulised salt water provokes airway narrowing.

Basically Dr Mitchell goes on to explain there is no hard or fast rule when assessing an asthmatic for diving, and the biggest problem in discussing asthma in the context of diving, is that the spectrum of severity is extraordinarily wide.



The above information on Asthma and Diving was obtained from the website www.nzunderwater.org.nz which is also where Dr Mitchell's (2000) article on this topic can be obtained, if you would like to know more on this topic go to above website.

TIPS

If you have asthma, or used to have asthma and want to dive - phone the cardio respiratory department first. Phone 07 839 8899 ext 8384

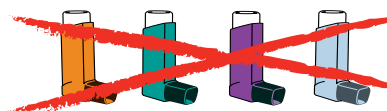
If you have asthma,
one inhaler
is all you need.*



Symbicort SMART can simplify your asthma treatment.

Symbicort SMART[†] 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. *Symbicort Maintenance And Reliever Therapy. *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. 19 March 2007. Symbicort and Turbuhaler are trademarks of the AstraZeneca Group. AstraZeneca Limited, P299 Private Bag 92175, Auckland 1142. Telephone 09 306 5650. TAPS NA4095 11/10 essence AZ5368

www.oneinhaler.com

Symbicort
budesonide/eformoterol

What you need to know *continued...*

Spirometry Screening and early awareness of COPD

Chronic Obstructive Airways Disease creeps up on people. By the time you start to experience symptoms of shortness of breath, coughing up lots of mucous and experience a decreased exercise tolerance, the disease is getting well established. Spirometry testing is a great tool for highlighting any changes before you actually start to experience the symptoms.

Why would you want to know how your lungs are if you are not experiencing any difficulties? So that you can actually start making a change in your habits and delay the deterioration.

What does spirometry do?

A spirometry test checks your ability to move air in and out of your lungs. It is very helpful to your doctor when he/she is trying to establish whether you have a respiratory disease or whether it may be something else. A spirometry test is non invasive but does need plenty of effort from the person being tested. Correct administration of the test is also very important. A poorly run test is worse than no test at all. Both the technicians performing the test at the Asthma Centre are qualified to do this.



Spirometry is also useful in helping a doctor monitor responses to medication for both asthma and COPD. It helps differentiate the diagnosis between asthma and COPD too.

It is usual for a spirometry test to involve a post bronchodilator (reliever) medication. This is to check for reversibility. You do the first tests and then take some reliever medication, wait 15 minutes and then test again. If there is a significant improvement in your exhaling scores this counts as reversibility which indicates whether or not your airways improve with asthma medication.

Ideally all smokers or ex-smokers should have a base spirometry screening test to see how their lungs are coping. The reality is that people do not think to do this until they start to experience symptoms, by which time the condition would be getting established and precious time lost.

You can self refer for a spirometry test at the Asthma Centre if you would like to. Tests cost \$35.00.

Summertime and the breathing ain't easy

While many people suppose that the advent of long sunny days sees the end of trouble with asthma, for some people summer is their worst season. There seem to be 2 main reasons for this

Behavioural "It's summer I don't need to take my inhalers".

Asthma is a chronic year round disease that needs to be managed with regular preventer inhalers. If you are prescribed preventer inhalers you must keep taking them year round even if you feel you don't need them. Odds are that you are feeling so good at the start of summer because you have taken your medications regularly over the winter. Your asthma has not been

cured – it is being controlled. If you stop taking your inhalers you may feel fine for a week or so – by which time you will have convinced yourself that you truly are cured and don't need your medications. Unfortunately by the time you start experiencing the symptoms of uncontrolled asthma it is too late to try and 'catch up' all the doses you have missed.

What if you are going on holiday and forget to take them with you? Or you run out while you are way from home.

What can I say... Make a list, get an extra couple of inhalers from your doctor so that you have plenty to last you. Be organised!! It may seem to fly in the face of being laid back and relaxed but nothing ruins a good holiday like an unscheduled trip to hospital.

TIPS

One final point – don't leave it to the last minute to seek medical help if you notice your asthma getting worse – remember hospital is often a long way from where you are staying!!

Environmental

The allergens (substances that provoke an allergic reaction, including asthma) that are present in summer can often be very problematic in affected people.

No-one wants to be stuck inside away from the grasses and plants that are such a big part of the Kiwi summer and sometimes an ounce of prevention is all that is required.

It is important to know your triggers and monitor your responses. The use of inhaled nasal steroids via nasal spray i.e. Alanase, Flixonase dramatically reduce symptoms and have very few side effects. They are most effective when used regularly.



For all of us, other than the fabulously wealthy, staying in holiday homes and camping can sometimes mean sleeping in, and on, old bedding or bedding that is in storage for a large portion of the year and therefore prone to the accumulation of dust mites and mould spores. Washing bedding in warm washes and drying in an electric dryer, airing mattresses and ensuring that wet areas are cleaned with bleach can minimise the effect of these triggers.

Wishing you all a very Merry Christmas, a summer full of fun and sun and an easy breathing 2011. Take your inhalers!!!!

Sally Newell - Clinical Nurse Specialist Respiratory - Waikato Hospital

Live life...
not a COPD life.



You may qualify for an
upgrade to SPIRIVA®



Are you (All 3 parameters)

- ✓ 45 yrs +
- ✓ Smoker / Ex Smoker
- ✓ Regular Combivent Inhaler user

Do you: (1 or more)

- ✓ Cough several times most days?
- ✓ Bring up phlegm or mucus most days?
- ✓ Get out of breath more easily than others your age?

Is SPIRIVA® right for you?... Ask your doctor!*

*normal Doctor's fees and pharmacy charges apply. SPIRIVA® is fully funded for COPD. Special Authority criteria apply.

SPIRIVA® (tiotropium 18mcg) is a PRESCRIPTION MEDICINE. It is used for making breathing easier in chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema. **SPIRIVA® should not be used for acute episodes or rescue treatment of bronchospasm. Cautions are high pressure in the eye (glaucoma), kidney problems, problems with your prostate gland or passing urine. Do not allow the powder into your eyes. SPIRIVA® like all medicines can cause unwanted side effects in some people. These may include dry mouth, dry throat, cough, fast heart beat, blurred vision and high pressure in the eye (glaucoma). If symptoms persist or you have side effects talk to your doctor. Always read the label and use strictly as directed. DO NOT SWALLOW THE CAPSULES but administer with the HandiHaler® device.** Boehringer Ingelheim PO Box 76 216 Manukau City, freephone 0800 802 461, Pfizer PO Box 3998 Auckland, freephone 0800 736 363 EP/09/12. TAPS PP6831



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(tiotropium 18 mcg)

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With nearly 40 years experience, Ventolin is well established as a first choice asthma reliever for New Zealanders.^{1,2,3}

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.⁴

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. 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

2011 COPD support groups

For more information on any COPD support groups, contact Asthma Waikato

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

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.

Friends and supporters of

Asthma Waikato
Te Ha Ora Huango



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

Asthma & Respiratory Foundation (NZ)
COGS
Donny Trust
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
Trust Waikato
Waikato Asthma & Respiratory Trust
Waikato WDFK Karamu Trust
WEL Energy Trust

Thank you for donations from:

The Cambridge Parish Opportunity Shop
Hauraki Plains Lioness Club
Morrinsville Lions Club

Asthma Waikato wishes to thank the generous support of the following businesses/Organisations

- Please support them too

| | |
|--------------------------|----------------------|
| Care Medical | Ricoh |
| CB Richard Ellis Ltd | St Francis Church |
| Concept Joinery | This Week |
| Community Waikato | Volunteering Waikato |
| Design Buzz Ltd | Waikato Times |
| Entertainment Books | Warmup Waikato |
| Evans Bailey, Solicitors | Web Health |
| Hamilton Press | |
| Hauraki Herald | |
| HRV Waikato | |
| Ingham Motor Group | |
| Microsoft & TechSoup | |
| MYOB | |
| Ngaruawahia Golf Club | |
| Powder Room | |
| Reliance | |

Cranberry and Pistachio Stuffed Turkey



Adapted from 'Food in a Minute'
- healthy choice options

Ingredients

| | |
|---------------------------------------|---|
| 4.5 Turkey, defrosted | 2 tbsps fresh chopped thyme |
| 1 1/2 cup chicken stock | 1/4 cup fresh chopped parsley |
| 1 1/4 cup instant couscous | 300ml bottle Wattie's Bit on the Side Cracker |
| 1 apple, grated | Cranberry Sauce |
| 1/2 cup pistachio nuts, chopped (70g) | 1/4 cup runny honey |

Method

1. Defrost the Turkey according to the instructions on pack. Wash the cavity of the turkey with cold water and wipe well with paper towels.
2. Heat chicken stock to boiling, pour over the couscous, cover and stand for 5 minutes. Fluff the couscous with a fork and cool.
3. Add grated apple, pistachio nuts, thyme, parsley and 1/2 cup Wattie's Bit on the Side Cracker Cranberry Sauce to the couscous. Season with salt and pepper and mix well.
4. Spoon the stuffing into the turkey cavity. Tie the turkey legs together with string. Tuck the wings underneath and place in a roasting dish. Drizzle over a little oil.
5. Roast the turkey following instructions on the back of the Turkey pack. Mix the remaining Cranberry Sauce with the honey. During the last 20 minutes of cooking time baste the turkey with the sauce to glaze.

Serve with seasonal vegetables and potatoes.

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Koha appreciated

- * Guest speakers for groups

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Asthma Waikato

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