



Because we couldn't do it without you



Asthma Waikato President, Mr Andrew Fox presenting Founding Member, Mrs Bev Henneker with her certificate of appreciation and an engraved pen in appreciation of her years of dedication and service to Asthma Waikato.

Issue Highlights

- ✿ 20 + year members honoured
- ✿ Spacers versus Inhalers versus Nebulisers
- ✿ Sports, exercise and asthma - you can do it
- ✿ Check out what Sailor has been up to



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.

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 NA4754 11/10 essence AZ5426

www.oneinhaler.com



Symbicort
budesonide/eformoterol

How we have helped

Sports, exercise and asthma - you can do it

Exercise is often an asthma trigger which can be a major concern if you are contemplating achieving at a top level of sport.



Recently a client, we'll call him Jim, started rowing competitively for the school team. This increased Jim's normal level of physical activity which now involves regular 6km runs and rowing practice 3 – 4 times a week. His regime of preventer and reliever medication no longer seemed to work and he often needed additional reliever medication while rowing and after running as he would be gasping for breath.

Using a spacer while rowing was too difficult. That would mean letting go of both oars, resulting in slowing the team down and potentially causing them to lose a race. Jim also doesn't like to be seen taking his Ventolin too much as he doesn't want the coaches to think he could be a liability for the team.

There were a number of potential solutions that I suggested to help Jim. This included a recommendation to change to turbuhalers for his preventer (Pulmicort) and reliever (Bricanyl) which his GP agreed with. Jim loves the change and reports that his asthma is much better controlled. He takes his reliever 10 minutes before exercise and doesn't need to take it again after his run or while rowing. He feels the breathing technique he was taught has helped and his breathing has improved so much that he doesn't need his reliever as often as he used to.

If you or someone you know are participating in sport and need some help with managing your medication, then make an appointment today to see one of our nurses.

TIPS

- **Always shake your inhalers. If you don't shake your inhaler you get no medication and only the propellant. (turbuhalers and accuhalers don't need shaking)**
- **There are asthma medications available that don't need a spacer.**
- **Be aware of your breathing. Correct diaphragm breathing technique can improve asthma, sometimes dramatically.**

Tracy Keelan - Community Respiratory Nurse

Matamata Spirometry Day (Lung Function Testing)

In October we ran a spirometry testing day at Matamata. This was organised by Matamata Asthma Link to encourage members of the public to take their lung health seriously by being tested. We put an advertisement in the local paper and also submitted an article explaining what spirometry was and why you should have a test.

"A badly run spirometry (lung function) test is worse than no test at all"

Eureka! We got results and so many people booked that we have also had to arrange an "overflow" day for those who couldn't be fitted in.

Thank you to Matamata Asthma Link members for taking the time and trouble to organise the day and to Charmaine, the local asthma educator, who came down to help me. Thanks too to Pohlen Hospital for generously making a room available.

Spirometry tests are available by appointment at the Asthma Centre. Our spirometry technicians have undertaken extensive training to ensure the tests are conducted accurately.

A badly run spirometry (lung function) test is worse than no test at all as spirometry is an important part of the diagnostic process for respiratory conditions.

For further information about spirometry, contact the Asthma Centre.



Val Hollands having her spirometry test taken with Nurse Tracy Keelan

Barbara Lawrence - Community Respiratory Educator

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News

'Special Members' event

We held a 'Special Members' event on Monday 21st November which was a great success.

The purpose of the event was to formally acknowledge and honour the contribution of those 'Special Members' who have supported Asthma Waikato for twenty years or more. Our patron, Dr Peter Rothwell outlined how they have made a real difference in the lives of many thousands of people affected by asthma, just by supporting Asthma Waikato. Many of our members also volunteer time, help with one-off events, donate regularly or assist financially with special projects. Appreciation for this support was all formally acknowledged at this special event.

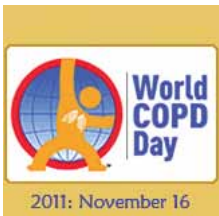
I've always been aware of the dedication and commitment of many people, over a long period of time to help Asthma Waikato and I have felt a huge responsibility, as Business Manager, to ensure that work and dedication is honoured as we grow as an organisation. It was wonderful to see some of our Founding Members at the afternoon tea. That's almost forty years of support and is something that we can all be very proud of. I personally feel very honoured to be associated with Asthma Waikato because of this very deep and strong culture of dedication and commitment.

We acknowledge our proud past and look forward to a strong future. President Andrew Fox outlined the Board's vision for the future including setting up mobile respiratory clinics, setting up regional clinics and developing the new 'Sailor Project' for children aged five to nine, over the coming years.

Asthma Waikato continues to work hard to make a positive difference in the lives of people affected by respiratory conditions.

Vikki Blundell - Business Manager

World COPD Day 16 November 2011



Over 200 000 New Zealanders have COPD, including 15% of Kiwis aged over 45.

The symptoms of COPD are similar to asthma but COPD is largely non-reversible, because it cannot be 'cured,' but the symptoms can be controlled and further damage prevented.

This year, Asthma Waikato marked World COPD Day by holding a morning tea for people affected by COPD. Dr Cat. Chang, Respiratory Specialist, Waikato Hospital gave an interesting presentation about Nutrition and COPD and Glenda Sullivan, Clinical Nurse Specialist – Respiratory, Waikato Hospital answered various questions raised by the group.

Our thanks to Boehringer Ingelheim for sponsoring the event which was appreciated by all.



President Mr Andrew Fox with Mrs Gaye and Dr Peter Rothwell



Group photo of all 20+ year members who were able to attend the



Listening attentively to Dr Chang's interesting pres



Mrs Bev Henneker, Mrs Glenys Albrey, Mrs Barbara Mc Veigh, Mr Alan & Mrs Janet Aldridge, President Mr Andrew Fox with Mrs and Mr Tim Stapleton



event, with Business Manager, Vikki Blundell far left and President Andrew Fox, far right



presentation Asthma Waikato Educator, Barbara Lawrence (left) with COPD clients at the World COPD Day morning tea



Clinical Nurse Specialist – Respiratory, Waikato Hospital, Glenda Sullivan answers questions

Sailor Says



The best long school holidays are coming and you need to be really well to enjoy every moment.

Remember to ask Mum or Dad to check that you will have enough inhalers (preventers and relievers) to last you over the holidays. You may need to see your doctor again before Christmas.

Know what triggers YOUR asthma so you can keep away from those things while you are away, eg. Hay paddocks or horses or Christmas trees.

Remember to take your inhalers and spacer with you when you go away from home - it is good to have a special bag to keep them in and always having it with you.

It is harder to remember to take your inhaler when you are on holiday mode. Try having them each day with breakfast and tea.

Sailor's 7 Top Tips for Asthma Control

1. Know how your inhalers help you
2. Always take your medicine as prescribed so you don't have asthma
3. Know how to use your inhaler and spacer properly
4. Know how you feel when you are getting asthma
5. Know where your inhalers are kept
6. Stay away from cigarette smoke
7. Be active and eat healthy



Spacer stickers
Sailor has stickers for your spacer. To get yours phone or email Sailor's Mates at Asthma Waikato
Phone 07 838 0851
waikato_asthma@xtra.co.nz

Come and see Sailor

at Hamilton Lake,
22nd January 2012
2.00pm to 4.30pm

Cool prizes including best dressed 'Sailor's Mate'

Register on the day
Gold coin donation appreciated



It's good to check the way you use your inhaler

Sailor says "Do you use yours properly?"

Call Sailor's mates at Asthma Waikato to check

Sailor out and about



Sailor's launch at Garden Place on 28 September 2011



If you also need help,
come and see one of
Sailor's Mates too or
phone or email us





Live life...not a COPD life.

Are you (All 3 parameters)

- ✓ 45 yrs +
- ✓ Smoker / Ex Smoker
- ✓ Regular reliever 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/11/02. TAPS PP9511



SPIRIVA[®]
(tiotropium 18 mcg)

What you need to know

Spacers versus Nebulisers

Nebulisers have been used to deliver medicine to the airways for over 25 years, however Spacers have become the mainstay medication delivery system for children and more adults are now being encouraged to also use them instead of a nebuliser.

Research shows that inhalers used with a spacer are as good as, or better than, nebulisers for children with asthma according to The Journal of Family Practice. The Cochrane review study also compared nebuliser and spacer delivery methods to treat acute asthma attacks. They found that in adults no important differences were found between the two methods, whilst in children those randomised to wet nebulisation spent longer in hospital. This showed that using a spacer can perform at least as well as nebulisation in acute asthma.

In fact spacers are often preferred because they deliver the medicine much more quickly than a nebuliser which takes approximately five minutes as opposed to about one minute to take it via a spacer.

What are the potential harmful effects of nebuliser therapy?

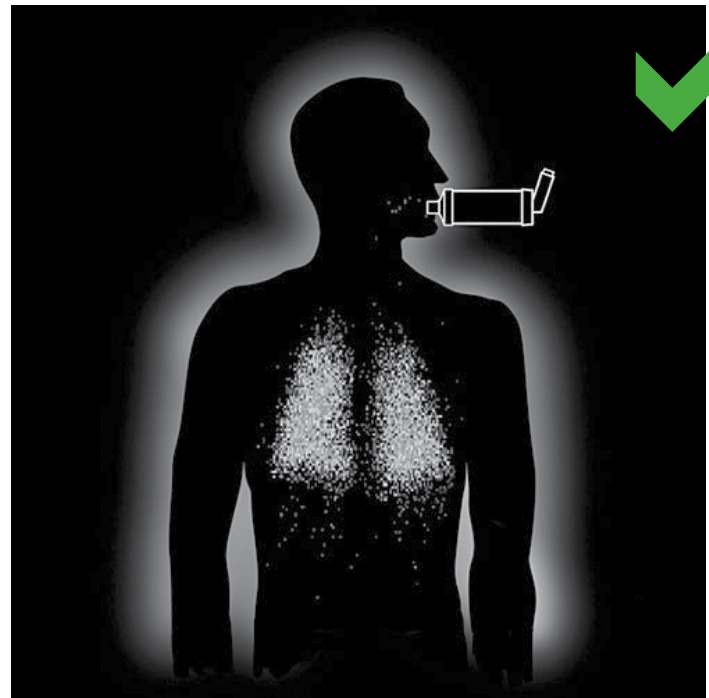
For people with asthma regular nebulised bronchodilator therapy i.e. for more than a few days, should be avoided. One of the reasons is that bronchodilators (e.g. salbutamol) if used for a prolonged period can cause more harm than good. The dose in a single nebule may be equivalent to either 25 or even 50 puffs of a bronchodilator from an inhaler. In prolonged use it can cause more inflammation in the airways resulting in a vicious cycle of more use and more inflammation. The usual dose for children through a spacer is 6 puffs and 8-10 puffs for an adult is effective.

Circumstances in which a nebuliser can be of benefit are:

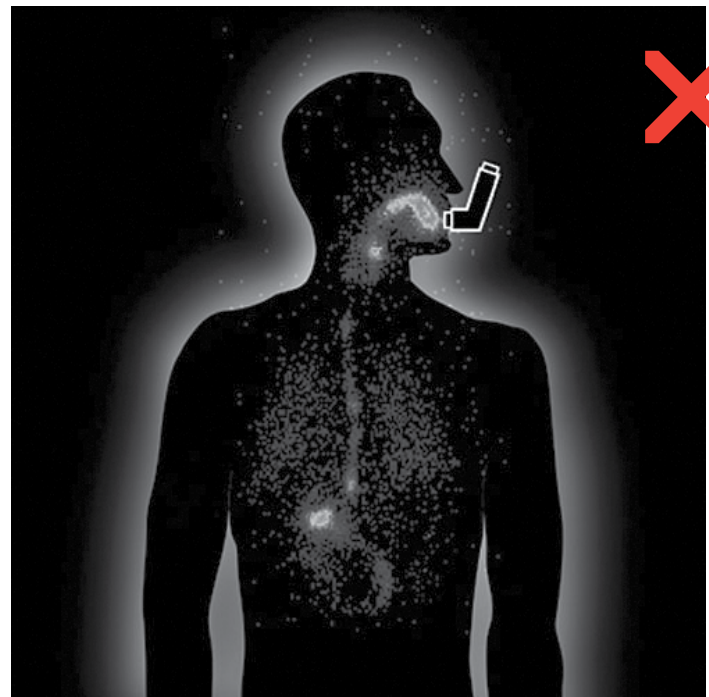
- For a person with COPD (chronic bronchitis and emphysema in varying proportions) who's lung function has become so poor that they cannot inhale properly from any hand held delivery device.
- For a person with asthma or COPD with another disability which prevents them using an inhaler and spacer.

Spacers make your asthma inhalers easier to use and can make the medication more effective for all ages.

Many adults and children are unable to use their inhalers effectively when used straight into their mouth. In fact up to about 85% of the medication can remain in the mouth. But when used with a spacer up to 70% more medication reaches your lungs.



Spacers can deliver your medication more effectively into your lungs.



Using an inhaler straight into your mouth can leave up to 85% of the medication in your mouth (and not in your lungs where you want it.)

Advantages of Spacers are:

- When a spacer is used with a preventer it helps to prevent thrush of the throat and mouth by reducing the amount of medication that comes in contact with the back of the throat. It can prevent husky voice and throat irritation.
- Using a spacer makes co-ordination easier.

Continued on page 9...

What you need to know *continued...*

- A spacer can help when you are short of breath and unable to inhale deeply. With a spacer you can take 6 normal breaths to inhale the medication.
- A spacer is smaller, more convenient and cheaper than a nebuliser in acute asthma.
- When the medication is inhaled more effectively this may allow dose reduction in some cases.

Remember

- 1 puff at a time through your spacer and take 6 breaths then shake the inhaler and repeat until you have taken the prescribed amount.
- The molecules of the medication come out of the inhaler at the right size to breathe down in the airways. With 2 puffs at the same time into the spacer, the molecules clump together and become too big to breathe in the airways.
- Remember to brush your teeth or rinse your mouth out after taking your inhaler. A child having their inhaler before eating is helpful to clear medication from their mouths.

Good news. If you want to purchase a new smaller pocket spacer (approx. 10cm) contact Asthma Waikato and we can arrange a discount for our members.

Jolene Dalziel - Community Respiratory Nurse



Sailor has new spacer labels for you to put your name on, call the Asthma centre to get your own.

Optimal Asthma Control

Asthma Control has been defined as “having minimal use of reliever medication, no night-time symptoms and no limitation of daily activity.” This is achievable for most people with the use of medication and correct self-management. The aim of asthma management is to minimise symptoms and reduce the risk of exacerbations (flare ups).

Asthma is different to some other chronic conditions because you have periods of being symptom free and that makes it difficult for you (and some healthcare providers) to understand why you need regular medications. Asthmatics often want to stop taking their medication when they have no symptoms, but the problem with that is that it increases the risk of having an exacerbation (flare up).



Your preventer medication needs to be taken EVERY DAY regardless of whether or not you have symptoms.

People with a chronic disease often develop a distorted view of the severity of their symptoms due to complacency about their disease. A study in 2007 showed that 10% of asthmatics had not seen a healthcare provider about their asthma in the last 3 years. This can result in exacerbations (flare ups) being far more advanced before healthcare intervention is sought, meaning longer unwell phases and increased risk of severe, even fatal outcomes.

A specific, customized plan for proactively monitoring and managing symptoms should be created for you. If you have asthma you should understand the importance of reducing exposure to allergens, testing to assess the severity of symptoms and the usage of medications.

TIPS

Well controlled asthma is defined as

- **No cough or wheeze during the night**
- **Being able to exercise easily**
- **Being symptom free most days**
- **Not needing a reliever on most days**

It is a good idea to see your G.P., Practice Nurse or Asthma Waikato at least annually to ensure that you have optimal asthma control, that you are on the correct medications and that you have a good asthma action plan.

*Sally Newell
Clinical Nurse Specialist – Respiratory
Waikato Hospital*

Don't chase asthma symptoms
with a blue inhaler.
Seek control instead.¹



If you're using your blue reliever inhaler more than twice a week, chances are your asthma is not as good as it could be.¹ Work with your doctor to help control your asthma.

Seretide[®]
Fluticasone propionate/Salmeterol xinafoate



Ask about the purple inhaler – Seretide^{2,3}

gsk **References:** 1. Global Initiative for Asthma; *Global Strategy for Asthma Management and Prevention*. Updated 2009. 2. Woodcock AA et al. *Prim Care Respir J*. 2007;16(3):155-161. 3. Bateman ED et al. *Am J Respir Crit Care Med*. 2004;170:836-844

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