



Spring has Sprung!

Get prepared.



Issue Highlights

- ✿ Dear Nurse
- ✿ Meet the Board
- ✿ Spirometry Explained
- ✿ Spring Survival
- ✿ Breathing Yoga



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From the Manager

Spring has sprung!

I am certainly looking forward to some warmer weather. Spring brings some special challenges for a large amount of asthma and respiratory sufferers. We hope you find some useful tips and suggestions in this issue about how to identify and cope with the triggers you may encounter.



The last few months have seen some significant changes here at Asthma Waikato. I joined the team as the new Operational Manager at the end of July as we farewelled Kelly McDiarmid from this role. While we were sad to see Kelly go, she didn't go too far as she has now joined the Board. You can meet her and the rest of our Board members on page 3 and learn a little bit about them. I would like to take this opportunity to say a huge thank you to Kelly for her commitment and dedication to Asthma Waikato over the last few years and for her help during handover. We wish her all the best for her future endeavours. I would also like to acknowledge the Board members, past and present, who give up their time and energy to serve in this capacity.

We travelled to Wellington in July to attend the Asthma and Respiratory Foundation NZ Conference. It was great to catch up with the other societies around the country and to share ideas and hear what other areas are up to.

We have appointed another nurse, Cate Redman. Cate is a wonderful addition to our small team and we are so pleased to have her on board.

We have continued to serve the community in educational asthma visits, COPD support and spirometry testing and training these past few months. You can read a little more about spirometry testing in this issue.

Asthma Waikato continues to be very thankful to Ian McMichael and his team at Pharmacy 547 for their kind accommodation of our clinics in their centre, and to Tui Medical Centre for the use of the room that we use there for spirometry testing. To all our other sponsors and supporters, we send a huge thank you! We would not be able to do what we do without your support. I look forward to meeting you all over the next little while and getting to know who all the wonderful people are who support us. Please note our AGM will be held on Friday 30th September and we extend a warm welcome to all to attend. Please see details on page 8.

We had a very successful Awareness Week campaign where our specially made stickers were sticking to things all over Hamilton. We are very grateful to the businesses that agreed to help us out during this campaign.

Before I go, here's a little about me. I come from a physiotherapy background and have spent years working

in hospitals, clinics and out in the community, both here in NZ and overseas. More recently I have spent two years working for another not-for-profit organisation in the Waikato supporting families and implementing systems and ways of working to maximise efficiency and effectiveness. I am married with three kids and I am really enjoying my role here at Asthma Waikato so far.

Well, although I am not sure how we got here so fast, it would now appear it is Spring! So get out there in the sunshine, enjoy the daffodils, stroke a lamb and soak it up.
Sheryl Long – Operational Manager.



Thanks to all the participating cafés and pharmacies during our sticker campaign

- Waikato Hospital Cafés: Bach on Meade, Bach Espresso Kiosk, Upper Deck Café, Recharge Espresso, Hockin Café
- Columbus Café, London Street, Hamilton
- Momento Café, Pembroke St, Hamilton
- Pharmacy 547, Grey St, Hamilton
- Life Pharmacy Chartwell, Hukanui Road, Hamilton
- Life Pharmacy Centreplace, Hamilton
- Hillcrest Healthcare Pharmacy, Cambridge Road, Hamilton
- Machina Café, London Street, Hamilton
- Hazel Hayes Café, Victoria Street, Hamilton
- Fast Lane Café, Victoria Street, Hamilton
- Cambridge Medical Centre Pharmacy, Alpha Street, Cambridge
- Rouge Café, Empire Street, Cambridge
- Suburban Café, Robinson Street, Cambridge
- In Stone Café, Victoria Street, Cambridge
- Paddock, Victoria St, Cambridge



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Our Community**

Meet the Asthma Waikato Board

Asthma Waikato has a long and solid history. The organisation was formed in January 1973 by a group of parents with children who had asthma. There have been a lot of changes on the Board lately so we thought we would introduce these wonderful people to you.

Robert Bull - President



It is a privilege to support the endeavours of Asthma Waikato as a Board member. My professional career has been focused around health and I have worked in the DHB, Not for Profit and NGO sectors. Currently I am employed at Pinnacle Midlands Health Network, one of the country's largest Primary Health Organisations.

I have been on a number of governance organisations, namely Board of the NZ Association of Occupational Therapy and most recently I was the first voted chairperson at Endeavour School in Flagstaff.

There is a lot to achieve for Asthma Waikato for the foreseeable future and these opportunities are exciting. It is no secret that there is a lot to do, but I believe there is a strong Board in place with a very capable operation team that can build towards its aspirations.

Grant Horan – Vice President



I am an experienced general manager with a technical background in business management and engineering projects including New Zealand, Australasia and globally in Dairy industry. More recently I have moved into a consultancy role utilising my leadership and experience in change management, negotiating effective contracts and solutions and project management.

I have travelled extensively around the Asia/Pacific region working from coal-face to strategy in business including start-ups, recapitalisation and significant upgrades. My consultancy work has focused on developing business plans, strategic planning and business plan implementation as well as business restructure at both a financial and people level. I am married to Heather and I have two boys and one granddaughter.

Peter Granville - Treasurer



I am a practising Chartered Accountant in Hamilton East, having owned and managed my own practice for the past 27 years. I specialise in the education sector but also provide accounting services to a wide range of business and farming

clients. Prior to establishing my accounting practice I worked in both the electricity industry and also for Audit NZ. Over the years I have served in several community organisations including the Waikato Kindergarten

Association, Waikato Junior Football Association and the Peachgrove Intermediate Board of Trustees. On a personal level I am married to Marilyn and have three adult children and six grandchildren.

Stanley Koshy – Board Member



I am a general practitioner and an urgent care provider working out of Tui Medical Rototuna, of which I am also the Medical Director. I am also the Executive Director for the Tui Medical Group.

I am passionate about health and its equitable delivery across the board. It is this passion coupled with a medical perspective that I bring to the multi-talented Board of Asthma Waikato, along with extensive experience of running an organisation and the work it entails. I am married to a dentist and have 2 wonderful children who keep me honest.

Kelly McDiarmid – Board Member



I have been the Service Delivery Manager for Asthma Waikato over the past few years but I have passed on the reins and was delighted to be asked onto the Board. I bring with me operational experience, but I also bring the passion that is required when being part of a charity. I'm excited about being involved from a Board perspective and believe I will be able to provide the new management and staff huge support by having the operational experience.

On a personal level I am a mum of three beautiful boys Angus, Samuel & James who keep life busy and beautifully normal!

Mathew Lawrence – Board Member



I'm the newest member to the board, originally from Te Awamutu, I moved to Auckland 3 years ago for a change of pace. Having a history with asthma, this position is a chance for me to help ensure Asthma Waikato is the best it can be.

Tuangane Matangi – Secretary

Tuangane has not officially joined the Board but has come alongside them to offer support in a secretarial role.

Shona Bramley – retiring Board Member

At this year's AGM Shona will be stepping down from the Board. Shona has been such a loyal and long-serving member of Asthma Waikato and we would like to extend a huge thank you to her for her years of commitment and dedication to Asthma Waikato.

Spring Survival

Allergic Rhinitis



Rhinitis means inflammation of the nasal lining or mucosa, causing sneezing, runny nose, itchy and blocked nose. You may also experience itching of your eyes, back of the throat and ears too. Allergic rhinitis is when symptoms occur on exposure to an allergen.

There are two types of allergic rhinitis:

Seasonal allergic rhinitis or 'hay fever' – when symptoms are only experienced during spring and/or summer. Usually due to pollen which is carried by the wind and inhaled through the nose. Generally, when people refer to hay fever it usually means seasonal allergic rhinitis.

Perennial allergic rhinitis – when symptoms are experienced all year round. These symptoms are the allergens triggered by the house dust mite, dander (from pets) and mould spores. Some occupations and medications can also act as a trigger to some individuals.

Allergic rhinitis is a common trigger for some asthmatics and it can actually exacerbate their asthma. Being aware of what triggers allergic rhinitis, treating or avoiding the trigger will help keep control of your asthma during these seasons.

How to treat Allergic Rhinitis

1. Avoidance of pollens:

- Keep windows in cars closed, use air conditioning set on recycle if possible
- Prevent pollen landing on laundered washing – dry indoors
- Wear wrap-around sunglasses/glasses
- Avoid open grassy places, particularly in the evenings and at night
- Get somebody else to mow the lawn and you stay inside with doors/windows closed
- Metservice website – check for pollen count each day.
- Pollen count is usually higher between 5am – 10am

2. Saline nasal irrigations

- Non-sedating antihistamine tablets or liquid
- Decongestant nasal sprays
- Eye drops
- Desensitisation or immunotherapy (enquire with your GP)
- Sublingual immunotherapy

It is important to keep the nasal airway clear to allow breathing in and out of the nose. The cilia (tiny hairs) along the nasal lining filters out pollens and dust that can otherwise be breathed directly into the lungs causing irritation of the bronchioles if mouth breathing is used. Regular nose blowing is ideal (and disposing of tissues).

References: from Auckland Allergy Clinic www.allergyclinic.co.nz/rhinitis and Allergy New Zealand www.allergy.org.nz/A-Z/Allergies/allergic+rhinitis+hay+fever

Unichem⁺

Naturopath available for consultations

Diagnostic & Health Checks

- Blood Glucose Testing
- Blood Pressure Testing (BP)
- Cholesterol Testing
- Zinc Testing

Medicine Management

- Compliance Packing - robotic rolls or Medico Packs
- Medicine Management Reviews - let us answer those questions you have about your medicines and how to get the most out of them - appointment necessary

Smoking Cessation

- Smoking Cessation

Vaccination

- Vaccinations - Flu (free for over 65's), Shingles, whooping cough

Women's Health

- Emergency Contraceptive Pill (ECP)
- Treatment for Urinary Tract Infections (UTIs)

Weight Management

- Weight Management - Optifast or natural supplements



Out and About

As expected, winter has kept Asthma Waikato very busy receiving an increased number of referrals, holding clinics and visiting people in their homes and schools. Some highlights from being 'out and about' have been included below. Thank you to all the wonderful people who have agreed to feature their photo in this year's spring edition.

THAMES MEDICAL CENTRE

In May, Asthma Waikato was invited by Dr Eva Hennekin to speak to her medical colleagues from Thames Medical Centre where she works as a GP. Respiratory Nurse Victoria Johnstone discussed common errors and misconceptions regarding the use of multi-dose inhalers via spacer devices, techniques and care.

BUNNIES DAY-CARE CENTRE: CAMBRIDGE

Also in May, we were invited to speak at Bunnies day-care in Cambridge.

Here is what they had to say; "We had Victoria from Asthma Waikato come to Bunnies for an information evening. We had a good mix of staff and parents attend, 15 altogether. We received information on preventers and the correct way to use and care for spacers. We also learned more about the correct use of relievers. Victoria answered lots of queries and there was a great opportunity to ask informal questions at the end. There was also information regarding asthma plans....Everyone found the evening very useful and we have had a lot of positive feedback".

ASTHMA WAIKATO CLINIC

2yr old 'masked crusader/ninja turtle', Janeiro Martin visited clinic for a 6mth catch up with the nurse. He unmasked himself and revealed a very cool, cute kid who knows how to keep control of his asthma. The nurse was so impressed, Janeiro keeps his reliever, spacer and mask in a carry case ready to break out in the nick of time! Janeiro and his mum have his inhaler and spacer technique down pact to perfection. Well done guys keep up the good work and follow your Child Asthma Plan!



Janeiro 2yrs old

6yr old Bailee travelled from Morrinsville with her mother Kerry to attend clinic, her younger sister Alyse came along too. Bailee liked to peek through the "relaxed" bronchiole model at her sister but soon learnt she couldn't do the same through the bronchiole which was inflamed and blocked with mucous. Bailee could see why it is important to take the preventer or combination medication every day (if this is prescribed) to stay symptom free.



Bailee 6yrs and her sister Alyse.

TE AROHA

Education was provided to Te Aroha at her school. Te Aroha is an excellent self-manager and role model to her peers at school ensuring that she always takes her multi-dose inhaler via a spacer device. Te Aroha ensures that she takes her reliever inhaler and spacer where-ever she goes. Te Aroha liked the idea of taking her combination medication just before she brushes her teeth every morning and evening so that she didn't miss a dose to help her stay symptom free! A reminder for all children, is to remember to tell a teacher and your parent when you have needed to take your reliever medication.



Te Aroha 9yrs with her combination medication and spacer device.

While in Te Aroha township, a brief pop-in visit was paid to three of the lovely practice nurses at Te Aroha Health. We discussed differences between spacer devices such as the space chamber and the e-chamber. The e-chambers are now more commonly what you will receive from your GP or hospital. (See 'Dear Nurse' on spacer devices)



Health Te Aroha practice nurses L-R: Erchie Atiaga, Asthma Waikato nurse Victoria Johnstone, Carolien VanReekun, Maureen Roberts.

TE KAUWHATA

A school visit was really beneficial for Mariska and her mother Nicole. Mariska managed to not miss any school work by having her appointment during her lunch time. Mariska had a great positive attitude towards looking after her asthma and she enjoyed learning about the different types of inhaler devices that are available if suitable.



Mariska, 11yrs old.

PAEROA

Home visits included meeting – see below:



Baylee 2yrs demonstrating excellent technique with her teddy.

HAMILTON

Delightful Miss Alma was commenced onto preventer medication as she was regularly experiencing an ‘asthma’ cough. This cough has drastically reduced since her mum ensures she takes her preventer every morning and night, every day.



Alma 4yrs old with her mum.



Tangiteruru 4yrs rugged up warm on a freezing winter morning showing us his preventer and spacer.



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Better Breathing Using Yoga

You've been invited to take part in a touch rugby game with your work colleagues, and you'd like to participate but you decline. Is the fear of another asthma attack holding you back?

Asthma comes from the Greek word for 'panting', a chronic lung disease characterized by coughing, wheezing, and inflamed airways. Symptoms can be mild severe or even fatal. This is a clinical explanation and doesn't convey the terror of an asthma attack. It is easy to define asthma by its symptoms. However, symptoms are not the cause of asthma and treating the symptoms without considering the whole person; seldom solves the underlying problem. Respiration is involuntary and our bodies are designed to perform this function automatically. It is controlled by the autonomic nervous system which is divided into two pathways, the sympathetic and parasympathetic system. The parasympathetic branch controls resting functions by slowing the heart rate and breathing rate and activates digestion and elimination. The sympathetic branch regulates active functions related to emergencies and exercise, the well known "flight of fight" response. The heart rate is increased, breathing rate increases to supply the body with and infusion of oxygen.

Modern lifestyle can mean constant strain and stresses with the sympathetic nervous system being constantly activated. Already asthmatics tend to chronically breathe at a rate 2-3 times faster than normal. However instead of providing more oxygen, over breathing actually robs the cells of this essential fuel, this is because while taking in more oxygen asthmatics are breathing out too much CO₂ which is essential for healthy breathing.

Disrupted breathing patterns in asthmatics are common and can take a while to change. But breathing patterns can be changed and improved with some practiced skills. Integrating daily behavioral changes may be rewarding and give valuable tools to manage asthma.

Unlocking those tools: *Firstly* a valuable tool in managing asthma is learning relaxation. Get yourself comfortable on the floor; you may put a pillow under your head and under your knees. Or even lay on your back with your knees up and feet firmly on the floor. If you can't tolerate lying on the floor sit up in a chair or even sit up with your head resting on a pillow or towel which is lying on the table. Place your hands on your belly and allow yourself to fully relax. With each exhalation, let your body sink away from your hands. Allow all the tension to melt away.

Secondly allow yourself to fully exhale diaphragmatically. An inability to fully exhale is a defining symptom of asthma. Either lying on your back with arms out along your sides or in the relaxed upright seated position, purse your lips and blow your breath out in a steady stream. You will feel a strong action in the belly as the abdominal muscles assist the exhalation. Do not push this too far but allow your exhalation to be longer than you inhalation. Pause and then



allow your inhalation to flow in through your nose. Count the length of you exhalation; try to make the exhalation as long as your inhalation. Eventually aim to make your exhalation more than twice as long as the inhalation.

And thirdly; an extended pause which is designed to help regulate CO₂ levels in the body. By pausing before you inhale, you give the body a chance to slow down and build up the level of carbon dioxide. If you are an over-breather you may find this exercise the hardest. In the beginning it may be difficult to pause for even a few seconds, but if you keep trying you will notice improvement. As before, position yourself comfortably on your back knees bent, feet flat on floor. Inhale for one or two seconds, exhale for two to four seconds, and then pause. During the pause you may feel the need to exhale a bit more, which is ok; in fact, the overall feeling of the pause should be like the natural relaxation that occurs as you exhale. You can extend the pause by consciously relaxing whenever you feel specific tensions. Feel free to take normal breaths between cycles.

Other poses beneficial to asthmatics include:

Ardha Matsyendrasana (sitting half spinal twist): the sitting half twist opens the chest and improves the supply of oxygen to the lungs

Setu Bandhasana (Bridge Pose): The bridge opens up the chest, lungs.

Adho Mukha Svanasana (Downward Facing Dog) Helps calm the mind, and relieves stress.

So give it a go, take time everyday for yourself, and reap the rewards and health benefits.

Article provided by John Appel, Director of Advance Wellness and Physiotherapist
www.advancewellness.nz
 ph: 07 834 9901
 email info@advancewellness.nz



Dear Nurse

“Do I need to wash my spacer device? I never have before and it is about 2yrs old, does it matter if it has ‘stuff’ inside and around the mouth piece?”

Spacers ideally should be replaced every year if they are used regularly. It is necessary to wash them once per week using nothing scratchy. If spacers are left to retain condensation, mould or mildew can grow creating a very un-healthy device to breathe through. If debris is inside the mouth piece and cannot be removed during washing I would recommend to discard the spacer and replace with a new one. You can request a replacement from your medical centre which you are enrolled in or purchase one at a pharmacy.

Correct cleaning and administration technique below:

As a general guide:

- Age 0-3yrs: Use a mask with the spacer device.
- Age 3-5yrs: Mask is replaced by the mouth-piece.
- Age 5+ yrs: Continue to use a spacer device!

Wash your spacer weekly:

1. Remove base only from the spacer
2. Wash them in warm soapy water (nothing scratchy)
3. DO NOT rinse the bubbles out, DO NOT towel dry
4. Leave on the bench to AIR DRY
5. Replace base once dry
6. Spacer is now ready to use

How to use your spacer with a MDI (inhaler)

1. Shake medication
 2. Insert into base end of spacer
 3. Place lips around mouth piece to create a seal
 4. Press MDI once
 5. Breathe in and out normally through the mouth 6 times
 6. For further doses, repeat steps 1-5
- Listen for the “butterfly” valve clicking when you breathe in and out (with the e-chamber model)
 - Replace after 12months of use



Space Chamber



E Chamber



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ANNUAL GENERAL MEETING

Friday 30th September 2016
At Juke Box Diner, 11 Railside Place,
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Meet & greet at 11.30am
AGM at 12.15pm

All welcome:

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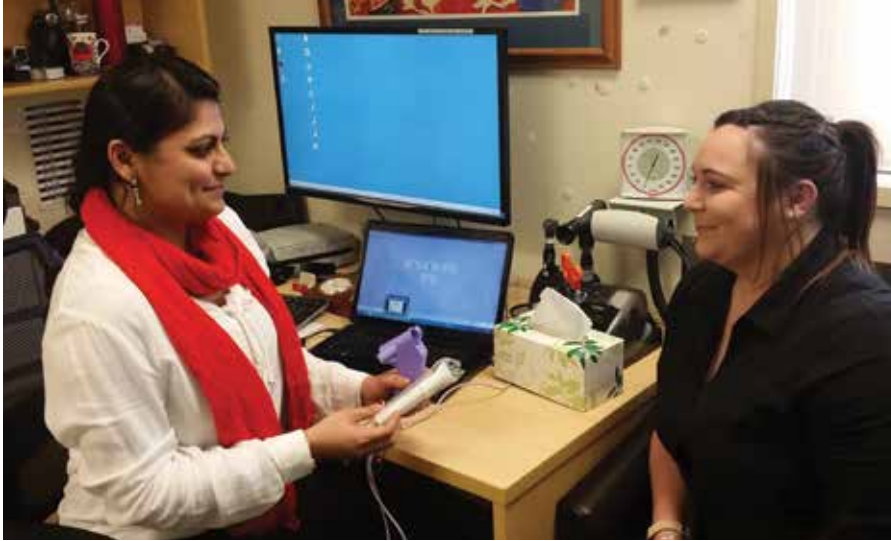
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Spirometry - what is it and what is it for?

By Priya Pattni Clinical Physiologist (Post-grad CRFS)



Priya Pattni, Clinical Physiologist with client Talia Colson.

“It measures the effects of occupational and environmental exposure on lung function.”

Spirometry is a primer for decision makers in respiratory care. Just as hypertension cannot be diagnosed without measuring blood pressure, lung problems should not be diagnosed without spirometry testing. Spirometry is a valuable tool to evaluate any unexplained breathlessness/wheeze, abnormal chest x-ray, query of effect of medication or simply as a follow up for asthma or COPD, or to diagnose, screen or monitor lung disease.

Spirometry testing has widely come into practice since the 1970s. It is a simple, non-invasive and affordable breathing test. Spirometry is an essential tool to assess volume and how well the lungs ventilate. In addition, it is a convenient tool used for monitoring, screening and diagnosing respiratory issues. It measures the effects of occupational and environmental exposure on lung function. For instance, spirometry is helpful when there is shortness of breath, reduced breath sounds, abnormal chest x-ray or to measure effect of disease on the lungs.

Spirometry is a manoeuvre that is performed forcefully and rapidly. It requires the patient to be able to coordinate instructions in a timely manner, be fit enough to sit up straight and have energy for the hard and fast breathing test. This should not be mistaken for incentive spirometry or breathalyser test that are done slowly. The patient takes a big breath in and then instantly, forcefully ‘blasts’ the air out and keeps breathing out until he or she cannot or should not breath any further, then takes a rapid deep breath in at the end. The resultant is displayed as a flow-volume loop and a volume time graph.

The measurements obtained through this are used to assess information on airflow resistance created by airway obstruction if present. In addition, the patterns of the graph achieved through the manoeuvre are also clinically important in recognising some lung pathological abnormalities. This is one of many assessments made from the spirometry test results.

Some of the contra indications to consider when performing this test include any recent major surgery, eye surgery, unstable cardiac/angina status, haemoptysis or acute illness like nausea/vomiting.

Testing techniques, equipment and patient manoeuvres have become widely standardised throughout the world through efforts of professional societies. Advancements in computer technology have improved the ease of use and portability of the spirometers. Despite this, it is crucial for the equipment to be maintained and used within the standards established.

These days spirometry is undertaken by many health care and allied health care professionals. However, the usefulness of spirometry relies on the proficiency of the operator. Currently Asthma Waikato conducts spirometry testing approximately every second Saturday at Tui Medical Centre in Rototuna, Hamilton by a qualified clinical physiologist.

Talk to your GP about whether a referral to Asthma Waikato for a spirometry is right for you.

A big shout to all our supporters

Asthma Waikato simply wouldn't be able to do what we do without the help of our supporters. We are so grateful for all that you do. If we have missed anyone below, please accept our apologies and know that we are still incredibly thankful.

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 Sir John Logan Campbell Residuary Estate
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CALLING ALL ASTHMATICS!

Waikato Respiratory Research is participating in an international multi-centre study looking at inhaler treatment for mild asthma.

Participants will be reviewed for safety and suitability by a respiratory doctor and, after appropriate consent and study procedures, randomised to either usual asthma treatment or novel asthma treatment. The study runs for 12 months and around 6 study visits. Participant expenses will be reimbursed (and you get to be looked after by a specialist respiratory team during the study!).

The study has been approved by the Northern B Ethics Committee (ref. 15NTB596)



Ring to let us know if you are interested and we will send you some information for you to decide if you would like to participate.

Contact: Dr Hollie Ellis or Christine Tuffery
 Ph: 07 839 8899 ext 98070
 Txt: 021 759 531
 Email: hollie.ellis@waikatodhb.health.nz



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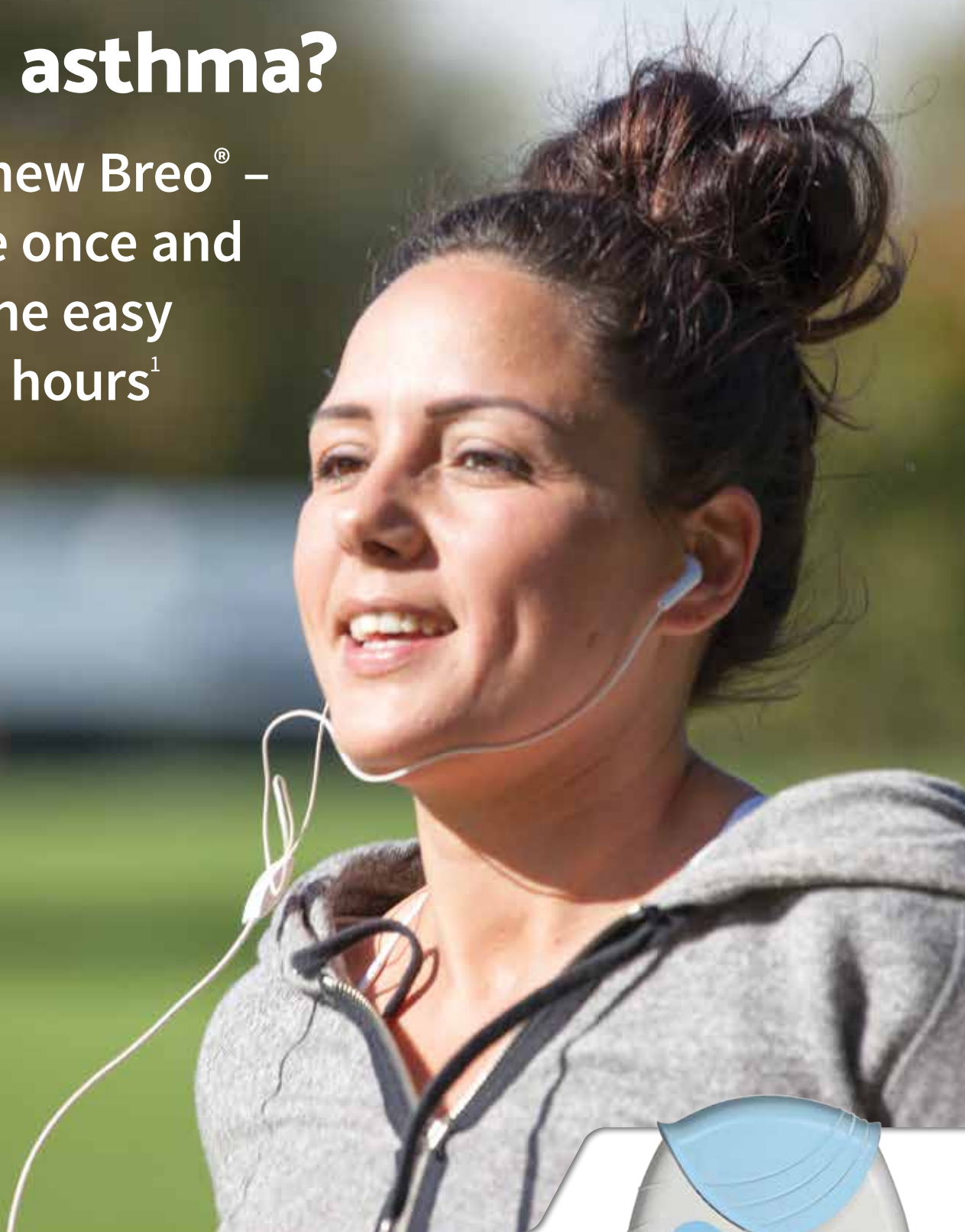
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1. Bleecker ER et al. Fluticasone furoate-vilanterol 100/25 mcg compared with fluticasone furoate 100 mcg in asthma: a randomized trial. *J Allergy Clin Immunol Pract.* 2014;2(5):553-61. **Breo® Ellipta®** (fluticasone furoate/vilanterol trifenatate inhaler 100/25mcg per inhalation) is a **Prescription Medicine**. **Breo Ellipta** is used for the regular treatment of asthma (12 years of age and older) and for adults with Chronic Obstructive Pulmonary Disease (COPD). **Breo Ellipta 100/25mcg is a fully funded medicine; Breo Ellipta 200/25mcg is a private purchase medicine (dose indicated in asthma only). Use strictly as directed. Breo Ellipta is not for relief of acute symptoms. Always carry your reliever inhaler. Do not discontinue Breo Ellipta abruptly. This medicine has risks and benefits. Tell your doctor:** If you are taking any other medicines or herbal remedies, you have liver disease, heart problems, high blood pressure, pulmonary tuberculosis (TB), infection of the lungs (pneumonia) or weak bones (osteoporosis). **Side Effects:** headache, common cold, oral thrush, infection of the nose sinuses or throat, flu (influenza), pain and irritation at the back of the mouth and throat, inflammation of the sinuses, pneumonia (in patients with COPD) and weakening of the bones, leading to fractures. **If symptoms continue or you have side effects, see your doctor, pharmacist or health care professional.** For more information including additional side effects, see Breo Ellipta Consumer Medicine Information at www.medsafe.govt.nz. Normal doctor's office visit fees apply. Ask your doctor if Breo Ellipta is right for you. Breo and Ellipta are registered trade marks of the GlaxoSmithKline group of companies. Breo Ellipta was developed in collaboration with Theravance Inc. Marketed by GlaxoSmithKline NZ Limited, Auckland. **Adverse events involving GlaxoSmithKline products should be reported to GSK Medical Information on 0800 808 500. TAPS NA8441/16JU/FFT/0023/16**

