







## Issue Highlights

-  **Dear Nurse**
-  **Inhalers Explained**
-  **Hints and Tips**
-  **Christmas Creativity**



# Are you on treatment for COPD and still experiencing symptoms?

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\*Normal Doctors fees and pharmacy charges apply. SPIOLTO is fully funded for COPD. Special authority criteria apply. 1.SPIOLTO NZ approved data sheet November 2015. 2.Dalby R et al. Int J Pharm 2004; 283: 1-9. 3.Pitcairn G et al. J Aerosol Med 2005; 18: 264-272. 4.Zierenberg B. J Aerosol Med 1999; 12 (Suppl 1): S19-S24.

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## From the Manager

Spring bought with it lovely warm weather, flowering bulbs, lambs and of course those annoying allergies. But at our place, it also blessed us with an abundance of pesky rabbits. One of these rabbits decided that it would make its home in my flower garden. I planted up my precious little seedlings, then the next day I'd go out and find a tunnel, piles of dirt and buried and dug up plants everywhere. So I'd fill it all in, smooth it all out, re-plant everything back nicely only to go out the next day and find it a mess again. It was so frustrating! I have never properly understood the Bugs Bunny story and the frustrations of Elmer Fudd and his craziness until now!



Managing a charity is a bit like trying to maintain a flower garden with a pesky rabbit on the loose. It's hard work and there's so many factors out of your control. Sometimes it all looks lovely and seems to be growing well; the next day something such as an unsuccessful grant application sees the hard work uprooted and that unknown feeling of whether those projects, once replanted, will be able to take root and thrive. But, just like a determined gardener, Asthma Waikato doesn't let the 'rabbits' of life get in the way of progress! It keeps rolling up its sleeves and digging deep to ensure that the community is served in the capacity it requires and to the calibre the people deserve.

### New Location

We have been seeing some amazing growth of some 'planted' projects lately. A few years ago we moved out of the community and into the CBD to share office space with Pinnacle Health in the Norris Ward McKinnon Building. It has now been recognised that although offering benefits in many areas, we were suffering in other areas, particularly accessibility and lack of a community presence. We have listened to the concerns of the people and it gives me great pleasure to announce that we will be moving into a new location at 67 Claude Street, Five Cross Roads on 16 January 2017. This is a shared location with other professionals and we will have two rooms at the back, one as an office and one for our clinics.



Our soon-to-be new shared premises 67 Claude Street

### AGM

Our AGM was held on the 30 September 2016. Robert Bull and Grant Horan were re-elected as President and Vice-President respectively. Shona Bramley was recognised for her many years of service to Asthma Waikato as she stepped down from the Board, and Ian McMichael was awarded Life Membership for his incredible dedication to our charity.



Shona Bramley

### A New Look Coming

We have a new look coming and new logo! It is time for a change and the new logo will signify all that we do here at Asthma Waikato, bringing freshness and a modern touch. Our social media presence is growing and work has begun on our new website which should be up and running by the new year.



Ian McMichael receives Life Membership from President Rob Bull

### World COPD Day

World COPD day was on November 16th and the COPD support group had a lovely morning tea. Special thanks to Boehringer Ingleheim for sponsoring the morning and Dr Rain Shafuddin who came and spoke to the group about recent research in COPD – the Waikato experience. The Asthma Waikato nurses also attended The NZ Respiratory Conference in Auckland to learn the latest research by leading national and international experts.

It has certainly been a busy time for Asthma Waikato and there is plenty more planned. A huge thank you to all our supporters and volunteers over the past year – we appreciate you so much. It is now just about time for a well-earned break. Enjoy the weather, take a dip in the pool, go barefoot on the beach and enjoy your Christmas and the summer holidays. Be safe in the sun and take care on the roads and Happy New Year to all.

**Sheryl Long – Operational Manager.**

# Hints and Tips

**School asthma and allergy packs – it's a good idea to take these home every term so that you can check these regularly.**

**Is the EpiPen kept somewhere cool?**

**They need to be kept at a temperature of 25 degrees, and not exposed to extreme hot or cold (do not store them in a fridge or in the glove box of the car).**

**Check the expiry on all the medications in the pack.**

**Have they expired?**

**If so, throw them out and get new ones.**

**When was the spacer last cleaned?**

**Make sure it is cleaned every term and replaced once a year.**



**Check the expiry date on your inhaler. If it's expired, get it replaced.**

**Whooping Cough vaccines are now fully subsidised for pregnant women during weeks 28 -38 of the pregnancy, from vaccinating Pharmacies, from 1st November. This is a national first here in the Waikato!**

– source Paul, Grey Street Pharmacy

## Spacer Sunday!

**Spacers need to be cleaned once a week. Make every Sunday "clean your spacer day."**

**You can get a new spacer free from your medical centre. However new spacers from pharmacies will incur a cost.**

# Asthma Waikato has a new look coming

2016 has seen a lot of change for Asthma Waikato with a fresh new Board and a new manager. The new keeps coming with our relocation in January to 67 Claude Street, and as part of our review of our overall services, including the upgrade of our website, we are reviewing our logo and branding.

We are going to enter into 2017 with a bang and launch the fresh new us in February! The need for a new logo is probably long overdue, given that the current one was a shared brand that many societies adopted to align with the Asthma and Respiratory Foundation NZ's logo many years ago. However, with their recent rebranding and our current review of how we can better serve the community and be accessible to them, it became apparent that we needed to establish a look and a feel that is uniquely and creatively ours, sums up who we are and what we do and creates that professional visual connection with the service that we are dedicated to provide to the Waikato.

We have been very privileged to receive partial sponsorship for this rebrand, but we are still in need of further funding to make the full transition.

So, watch this space! Exciting times ahead.

**ACC and epipens – Did you know that in certain circumstances, ACC will reimburse the cost of an EpiPen if used for an allergic reaction? To seek reimbursement for a EpiPen, an ACC001 form needs to be completed and returned to ACC with the original receipt for the purchased EpiPen used to treat the reaction covered under an accepted claim. See <http://www.acc.co.nz/making-a-claim/what-support-can-i-get/ECI0021> for more information.**



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### Diagnostic & Health Checks

- Blood Glucose Testing
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- Cholesterol Testing
- Zinc Testing

### Medicine Management

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- 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



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# Meet Cate

Hello!

I am delighted to join this small but passionate team and have the opportunity to work alongside Victoria and Sheryl. I appreciate their ongoing support on this journey.



My experience is as a Registered Nurse in the Primary Health Sector, where I still work part-time in an acute accident and medical setting.

Witnessing many people –across all ages and through all seasons – living with the impact of asthma, has led to my interest in this condition. It has concerned me that many families still have confusion around their asthma treatment plans, medications and the correct techniques to administer these.

So I am excited about committing to the delivery of current asthma information and education and proud to be a part of Asthma Waikato, out and about in the community.

at the end of each term to clean at home during school holidays and return for the beginning of the next term. Also to ensure that the reliever medication (Salbutamol) that has been supplied to school for the beginning of the New Year is current and has not expired.



## Raglan Area School – Raglan

Our new nurse to Asthma Waikato, Cate joined Victoria in presenting at Raglan Area School, also during the month of October. Four key teachers who are closely linked to children who suffer with asthma represented other teaching staff that were unable to be present that day. Raglan Area School caters for over 460 children from Y0-13 (5-19yr olds) a large school that has a community, rural vibe that 'celebrates education in a bicultural environment'.

# Out and About

## Te Wharekura O Rakaumangamanga - Huntly

On September 19th, Asthma Waikato Nurse Victoria, was requested to speak to the teachers at a Huntly school, Te Wharekura O Rakaumangamanga which caters for Y0-Y13 students. The overwhelming support from the teachers and support staff at this school was hugely evident with an attendance of 45. It was wonderful to be part of such a dedicated team who are wanting the best for their students, wanting to learn what asthma is, how to recognise common signs and symptoms of asthma, how to treat those signs, identify possible triggers and when to call for help. It was fun to get some interaction from those who were brave enough to demonstrate to the group via placebo devices. The school endeavours to continue education sessions for their staff by inviting speakers to educate them on other conditions that have some significance to their students.

## Woodstock Primary School – Hamilton

11th October Asthma Waikato were guest speakers at Woodstock Primary School in Hamilton. We were really impressed by the incredible effort that goes into providing a highly organised sick bay. We liked that the majority of inhalers had their own clearly labelled spacer device. We recommended that all spacers if used for 12 months or more must be replaced by a new spacer. We also highlighted that parents should collect the spacer device



## Taupiri Primary School – Taupiri

Meeting up again with the Huntly Community Hub group on Harris Street, Huntly West in October generated a request from Public Health Nurse Barbara Phillips-Walters for a nurse to visit Taupiri Primary School. A small school, which caters for children from Y0-8 nestled at the foot of the Taupiri Mountain. Asthma Waikato has donated an Asthma

Emergency Kit to the school. Advice was provided, as with all schools visited this quarter, about the importance of reminding parents the importance to be aware of expiry dates of inhalers provided to a school and replacing their child's spacer device annually. The teachers at Taupiri Primary are providing excellent asthma management, identifying triggers and asthma symptoms. Keep up the great work team!

### Vardon School – Beerescourt, Hamilton

In November, nurses Victoria and Cate had the pleasure speaking and offering education to Vardon School's Deputy Principal, a teacher and a support staff member. It was beneficial having this opportunity to discuss Child Asthma Plans and the role they have in a school setting.

If you have a child who has asthma, and they do not have a Child Asthma Plan, please don't hesitate to contact Asthma Waikato on 07 838 0851. We will post you out a plan which will need to be taken to your child's GP to be completed. Otherwise, these can be obtained from most medical centre's. Asthma Waikato recommends supplying your child's school with a colour copy of the completed plan.

### World COPD Day 16th November

Beerescourt Bowling Club on Maeroa Road in Hamilton had an extremely successful turnout to hear Waikato Hospital Senior Research Fellow, Dr Rain Shafuddin speak. His talk was very informative and clear explanations were provided about COPD and current research projects that are being undertaken. Thank you for those who travelled some distance to attend, we were glad to see you there.



### Asthma Waikato Clinic

The monthly clinic's being held at Pharmacy 547 on Grey Street, Hamilton East continue to be a success. The nurse provides clients with a private room for their consultation for up to one hour. Asthma Waikato is so grateful for Ian McMichael and his awesome pharmaceutical team.

### Spirometry Course 29th/30th October

We held another training course in October to teach people the right way to carry out spirometry. It is so important that this test is done right, as tests that are performed incorrectly or technicians who are unable to interpret the results correctly, run the risk of putting people in hospital who don't need to be there, or missing a serious

respiratory condition or ruining someone's pre-medical for selection to a defence force. Participants also learned about contra-indications, which spirometer to buy and the practical sessions provided much entertainment – it's quite a challenging test to do! We will continue to run these courses as there is such a huge need out there. Watch our website for details [www.asthmawaikato.co.nz](http://www.asthmawaikato.co.nz)



### Te Miro School - Te Miro

Ethan Hart from Te Miro School (pictured) with his new spacer device. Ethan and his mum were unaware that a spacer should be replaced 12-24mths depending on use. Asthma Waikato recommends sending a new spacer device and current reliever inhaler to school at the beginning of Term 1, 2017. Also, it is good practice to have two spacer devices within the home to allow for weekly cleaning. Spacers are provided for you by your medical centre, and available to purchase from pharmacies.






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# So many different inhalers! Which is which?

## Funded Inhalers in New Zealand 2016



This document has been prepared by the CCN Integrated Respiratory Service with the Canterbury Community Pharmacy Group for reference purposes only and no statement of preference is being made. It reflects available information and policy that is current at the time it was produced. Any person accessing clinical documents must exercise their own clinical judgement on the validity and applicability of the information in the current environment and to the individual patient.

LAMA: Long-acting muscarinic antagonist.  
LABA: Long-acting beta2 agonist.

- Special Authority required
- Part-charge
- Prescription must be endorsed



**Short-Acting Symptom Controllers**

Respiqen salbutamol, Salamol salbutamol, SalAir salbutamol, Ventolin salbutamol, Duolin salbutamol with ipratropium, Bricanyl Turbuhaler terbutaline, Atrovent ipratropium

**Long-Acting Symptom Controllers**

Onbrez Breezhaler indacaterol LABA (multiple strengths), Meterol salmeterol LABA, Serevent Accuhaler salmeterol LABA, Serevent salmeterol LABA, Oxis Turbuhaler formoterol LABA, Foradil formoterol LABA, Seebri Breezhaler tiotropium LAMA, Spiriva Handihaler tiotropium LAMA, Spiriva Respimat tiotropium LAMA, Incruse Ellipta umecclidinium LAMA

**Combination Corticosteroid and Long-Acting Symptom Controllers (ICS/LABA)**

Symbicort Turbuhaler budesonide with formoterol (multiple strengths), Vannair budesonide with formoterol (multiple strengths), Breo Ellipta fluticasone with vilanterol, RexAir fluticasone with salmeterol (multiple strengths), Sereotide Accuhaler fluticasone with salmeterol (multiple strengths), Sereotide fluticasone with salmeterol (multiple strengths), Ultibro Breezhaler glycopyrronium with indacaterol LAMA/LABA, Spiolto Respimat tiotropium with olodaterol LAMA/LABA, Anoro Ellipta umecclidinium with vilanterol LAMA/LABA

**Preventers (Corticosteroids)**

Beclazone beclomethasone (multiple strengths), QVAR beclomethasone (multiple strengths), Pulmicort Turbuhaler budesonide (multiple strengths), Floair fluticasone (multiple strengths), Flixotide Accuhaler fluticasone (multiple strengths), Flixotide fluticasone (multiple strengths), Tilade nedocromil, Intal Spin Cap/Forte cromoglicate sodium (multiple strengths)

**Preventers (Non-corticosteroids)**

Inhalers deliver important medications to the lungs and can be divided into two main groups. The first group are **short acting symptom relievers** which reduce symptoms in 5 to 15 minutes. These can be used when they are needed to ease symptoms of shortness of breath. The second group are **long acting symptom controllers or preventers** which help reduce symptoms from happening. These are often given twice daily, but we have new inhalers now available which can be given once daily. You will be given both types of inhaler to manage your lung condition in most cases.

During a flare of your condition your airway muscles tighten, the lining of your airways can become inflamed and there may be a build up of mucus. Each medication works on a different part of the process. There are many inhalers available, so find what works best for you.

### Short Acting Symptom Relievers

#### Short acting beta agonists

Examples: Salbutamol (Respiqen, Salamol, SalAir, Ventolin), Terbutaline (Bricanyl)

Short acting beta agonists help to relax muscles in the airways quickly and work for around 3 hours. These medicines should be used where you need fast symptom relief. They will make it easier to breathe and reduce wheeze. If they are required more than 3 times per week, see your GP for a review because you might need to adjust your preventer inhalers.

#### Short acting muscarinic antagonists

Examples: Ipratropium (Atrovent), Ipratropium & Salbutamol (Duolin)

Short acting muscarinic antagonists are used for Chronic

Obstructive Pulmonary Disease (COPD). They help by keeping the airways open and reducing secretions. You may use these infrequently or on a regular basis for symptom relief, depending on how often you have these symptoms and their severity. Atrovent may be used for asthma during a hospital admission.

### Long Acting Symptoms Controllers

#### Long acting beta agonists

Examples: Salmeterol propionate (Meterol, Serevent, Serevent Accuhaler), Formoterol (Oxis Turbuhaler, Foradil), Indacaterol (Onbrez Breezhaler)

Long acting beta agonists (LABA's) act in the same way as short acting beta agonists, by relaxing airway muscles. LABA's work for much longer to keep the airways open, and are used to prevent symptoms from occurring. It is important that these are used on a regular basis.

#### Long acting muscarinic antagonists

Examples: Tiotropium (Spiriva, Spiriva Respimat), Glycopyrronium (Seebri Breezhaler), umecclidinium (Incruse Ellipta)

Long acting muscarinic antagonists are used for the long-term management of COPD by preventing symptoms of shortness of breath and secretions. These are normally started when the short acting symptom relievers aren't providing sufficient control.

### Preventers

#### Inhaled corticosteroids

Examples: Fluticasone (Floair, Flixotide, Flixotide Accuhaler), Budesonide (Pulmicort), Beclomethasone (Beclazone, Qvar)



Inhaled corticosteroids (ICS) reduce inflammation or swelling of the airways and prevent damage over time. These are important for reducing symptoms and preventing asthma flares or COPD exacerbations, so must be taken regularly. You may be concerned about side effects associated with inhaled corticosteroids, but these are generally rare. If you are concerned, discuss this with your GP, nurse or pharmacist.

### Cromolyns

*Examples: Nedocromil (Tilade), cromoglycate sodium (Intal Spincap, Intal Forte)*

Cromolyns are used in the prevention of asthma which is provoked by exercise or allergies. These are used regularly, but can also be used 15 to 30 minutes before exercise. Cromolyns do not provide immediate relief from symptoms if you have an asthma flare.

### Combinations

*Examples ICS/LABA: Fluticasone propionate & Salmeterol (Seretide, Seretide Accuhaler, RexAir), Budesonide & Formoterol (Symbicort Turbuhaler, Vannair), Fluticasone furoate & Vilanterol (Breo Ellipta)*

*Examples LABA/LAMA: Glycopyrronium & Indacaterol (Ultibro Breezhaler), Tiotropium & Olodaterol (Spiolto Respimat), Umeclidinium & Vilanterol (Anoro Ellipta)*

Combination inhalers are often used once we have found the right combination of medicines at the right dose for you. This minimises the number of inhalers you need to use and makes it easier to remember to use them. The most common combination for asthma is the LABA with an ICS. For COPD, we could also use a combination of LABA with LAMA.

*Article supplied by Jessica Yule BPharm, PGDipClinPharm, RegPharmNZ*

# Dear Nurse

***"We rent our house and the land-lord installed a heat-pump for us which we have had for approximately 4 years now. Over the last few years we have stopped using it because when we turn it on heaps of dust shoots out; this makes our 9yr old son's asthma worse. We have no other form of heating and it gets so cold over winter. Have you got any suggestions?"***

Thanks for your query. It is so imperative to provide a home which is warm, dry and pollution free. World Health Organisation recommends keeping the minimum inside temperature at 18°C and ideally 21°C if babies or elderly people live in the house. The dust that is "shooting out" of your heat-pump would have been caused by an accumulation of dust and other fine foreign matter into the filter over time. If you have not cleaned the filter for 5 years this certainly sounds like the source of your problem.

For a heat-pump that is used regularly, most manufacturers

recommend that the filters inside the heat-pump are cleaned at least every 90 days (3 months). The filters are very easy to find; a flap on the outside is opened to reveal the filter. Removing it and giving it a thorough vacuum or washing it gently in warm soapy/detergent water (no soap or detergent is required if there are allergy sufferers in the home) and allowing it to air dry in the sunshine, is all that is required to maintain an efficiently operating machine. Your son or anyone else that suffers from a respiratory condition should ideally not be in close proximity whilst the cleaning is performed.

An easy way to remember when the filter is due for a clean, would be to link it in with your son's school terms. As you mentioned that this is your only form of heating in the home, I gather it is positioned in the main living area. If this is the case, I would advise that you open up the hallway and bedroom doors to allow some heat to enter into these rooms also.

It would also pay to mention that most new domestic heat-pumps are covered by a 5 year parts and labour warranty, however, this warranty excludes the breakdown of equipment caused by a lack of regular maintenance (i.e. filter cleaning).

***"My child has tested positive to dust mites? How can I make my home dust mite free?"***

Unfortunately, you cannot, unless you live with absolutely zero soft furnishings – this includes beds, curtains, carpets, throw pillows and the list goes on. Dust mites are microscopic and virtually invisible to the naked eye. They are not parasitic and do not bite. They are related to the arachnid family (relatives of spiders and ticks). They thrive in warm moist places such as mattresses, bedding and carpets, and feed predominantly on flaked-off dead skin. Their faeces, which are small and light, get into the air easily and can provoke a strong allergic response when inhaled. You can avoid exposure to dust mites and reduce the level of dust mites for your child, by ensuring you vacuum regularly (no less than weekly) and use a vacuum cleaner which is fitted with a HEPA filter. HEPA stands for High Efficiency Particulate Air. Avoid using a vacuum cleaner which exposes you to the contents when they are emptied. Fit his/her mattress/pillow with dust mite protectors. Wash sheets and pillow cases in hot water as dust mites are killed at temperatures >60°C. Damp dust surfaces rather than feather or dry dusting which will just redistribute the dust.

If your child sleeps with a soft toy, freeze it for at least 72 hours every four to six weeks, then wash and dry thoroughly - a hot tumble drier is ideal. If your child sleeps on a set of bunks, they should sleep on the top bunk and not the bottom. A used typical mattress may have anywhere from 100,000 to 10 million mites inside! 10% of the weight of a 2 year old pillow can be composed of dead mites and their droppings.

*Some information obtained from 'Southern Monitoring Services Ltd' and 'Asthma and Respiratory Foundation New Zealand'.*

# Invited to a Christmas Party and asked to bring a plate? Ditch the club sandwiches and get creative!

## Reindeer droppings



1 ½ cups rolled oats  
1 ½ cups dessicated coconut  
½ cup cocoa  
1 cup dates or dried apricots  
120 g butter

**Method:** Blitz it altogether in the food processor until smooth and well mixed. Roll into small balls, about the size of large marbles. Refrigerate.

Melt some dark chocolate. Dip the balls into the chocolate and place on greaseproof paper or baking paper on a tray to set (or pop in the fridge).

Delicious just as they are or make them smaller to decorate a pavlova. If you leave them undipped or use sugar-free chocolate, they contain no actual refined sugar.



## The four stages of life

1. You believe in Santa Claus.
2. You don't believe in Santa Claus.
3. You are Santa Claus.
4. You look like Santa Claus.



# A big shout out 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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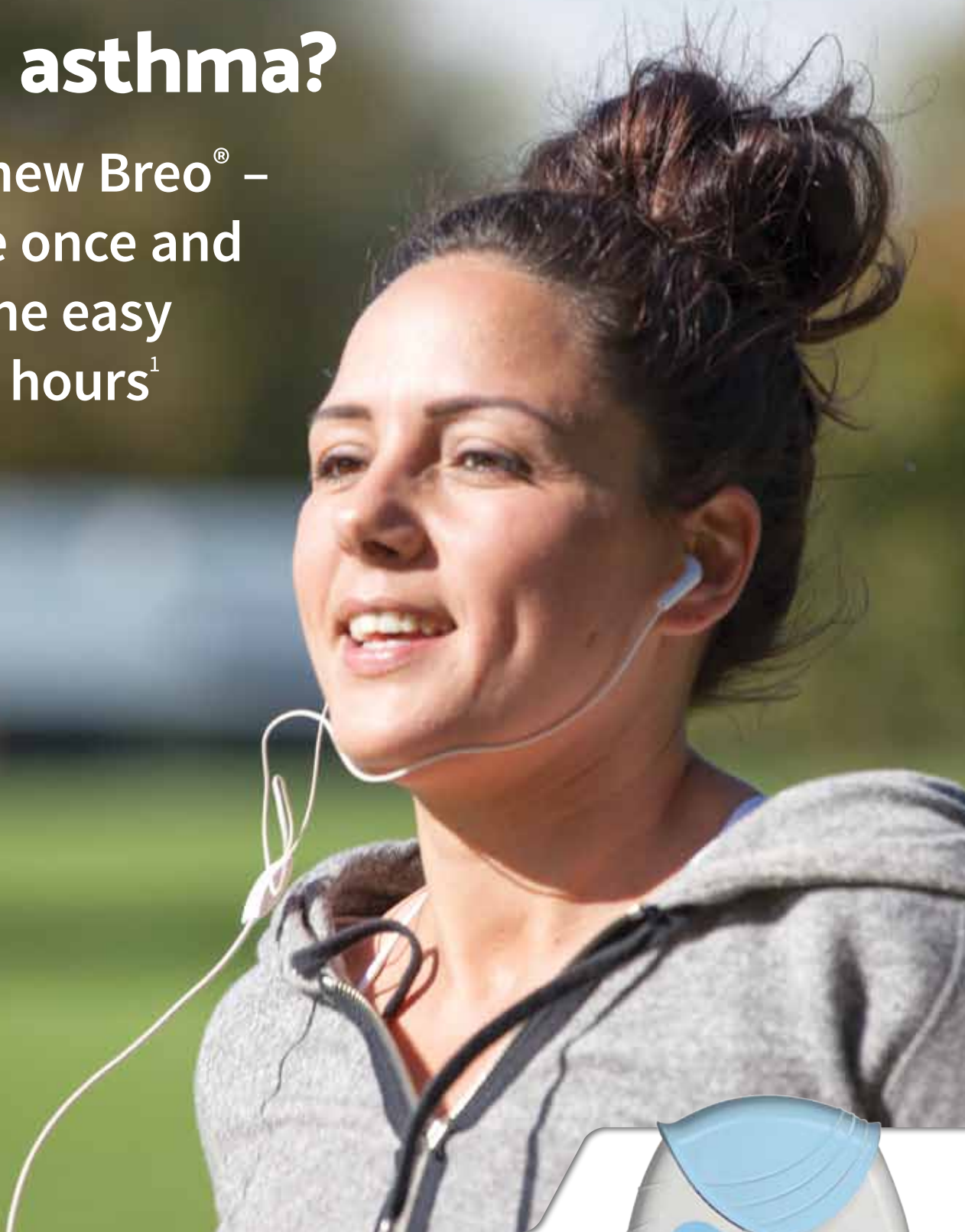
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for 24 hours<sup>1</sup>



## Ask your doctor if Breo is right for you

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](http://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**

