



## 2011 Volunteer of the Year Nominee



Deputy Mayor, Gordon Chesterman presents our Volunteer Extraordinaire Nancy Illing with her certificate at the 2011 Waikato Volunteer Excellence Awards on 22 June 2011

### Issue Highlights

- ✿ Influenza
- ✿ Vitamin D & Asthma
- ✿ Exercise and COPD
- ✿ Congratulations Nancy



## How we have helped

### We can help link you with other Health Professionals

Recently I had a client who lived in an older freezing home. Both she and her two small daughters have asthma with one having frequent ICU admissions. The new baby girl had several attacks of bronchiolitis with one admission to ICU. Even though she was under 1 year of age, because of the family history, a diagnosis of asthma was made and she was commenced on preventer medication.



*Baby Anaiya in hospital*

The family moved house into a warmer home, insulated and with efficient heating. This has improved the children's health and the mum was making an effort to give the preventer medication regularly to the children.

*"I contacted the nurse at the Clinic and sent in a referral for the whole family."*

The older daughter had an appointment with a paediatrician at the hospital and the mum rang me and asked if there was any chance that she could have the baby seen at the same time. I contacted the nurse at the Clinic and sent in a referral for the whole family. **Both** children were seen and everyone was happy. Just another small way that we can make things easier for families with asthmatic children.

*Val Hollands - Community Respiratory Nurse*

## Families Moving Overseas

A Mum recently phoned us about her daughter's asthma on the advice of her GP's Nurse.

Her daughter is 7 years old and is newly diagnosed with asthma. There is no asthma in the family and Mum was a bit overwhelmed. She had gone through the stage of denial and was now ready to accept the diagnosis.

I visited the family and gave basic education on asthma. It was obvious that English was the Mum's second language, so over the course of the visit I asked what country the family came from. They were from Mongolia and had been in NZ for 3 years while Mum was studying here at the University. They were due to return to their home country in 3 weeks time.

*"They are returning to a country in another hemisphere with different weather patterns and living conditions"*

Now this posed some problems. This is a family with a newly diagnosed asthmatic and until my visit was unfamiliar with both the condition and the medications. They are returning to a country in another hemisphere with different weather patterns and living conditions. There is no certainty whether the medications will be available and if they are, whether they are known by different brand names.

I advised her to return to the GP and to get enough medication to cover them for a couple of months until they were settled in their new home and to also ask if it would be worthwhile for their daughter to have the flu vaccine before they leave. I also explained that in the different climate, the child's asthma may either; stay the same, improve, completely disappear or get worse. The summers in Mongolia are hot and there is a lot of snow in the winter. They will be living in a rented apartment in a city where there is a lot of coal dust, as coal is burned for heating.

On returning to the Asthma Centre, I rang **The Worldwide Travellers Health Centre at Anglesea Clinic** and explained the situation to them. The doctor said that there was an International SOS Clinic in Ulan-Bator, the Capital City of Mongolia which is where the family would be living. I also looked up a website where people are able to purchase medications on line and they did have the same medication as the child was using available. Our medications are subsidized in NZ by Pharmac. I was dismayed at the cost they would have to pay without the NZ subsidy. The medication would come from India for Mongolia.

I emailed this information to the Mum and also wrote an asthma management plan for them to follow through the asthma process, so that the parents would know what to do in every situation. On the back, I included both the brand names and generic

*"I also wrote an asthma plan for them to follow through the asthma process, so that the parents would know what to do in every situation."*

names of all the asthma medications, so if the same brand names were not available, Mum would know which appropriate generic medications she could use as a reliever and preventer. This was laminated and posted out to her.

The Mum was happy with all the information given and aims to keep in touch by email, once they are settled in their new home on the other side of the world. Modern communication really is a wonderful thing.

Val Hollands - Community Respiratory Nurse

*If you are travelling overseas, or relocating internationally and are concerned about managing your asthma, call the Asthma Centre 838 0851 before you leave.*

## TIPS

### FOR FAMILIES MOVING OVERSEAS

- If you have a child with asthma (or other conditions), make sure you fully understand the condition and medication before departing New Zealand. Contact the various support groups for advice eg: Asthma Waikato.
- Have a plan to follow for good days and bad and know at what stage of the illness to see a doctor.
- Contact a Travel Doctor to enquire what medications are available where, in the country where you will be settling. Also what vaccines it is best to have before leaving NZ shores.
- Check the web to see if you can purchase the medication online.

Take a look at  
[www.spacetobreathe.co.nz](http://www.spacetobreathe.co.nz)  
It's full of useful information



## Got COPD? Exercise will help most of you

COPD is a chronic lung disease, which affects breathing and energy levels. If these symptoms are increasingly evident on a day to day basis, your quality of life can be affected. Fear of leaving your home due to breathlessness, can lead you down a spiral of emotionally isolating feelings of hopelessness. This is why exercise is one of the components vital in the management of COPD (along with stopping smoking).

I had a client who was diagnosed with COPD 2 years ago. When I first visited her, she was experiencing frequent persistent shortness of breath limiting what she could do around the house. Everything was an effort, which caused frustration because in the past she was a farmer and a hardworker. Not long after my visit she was enrolled in to our 10 week Respiratory Rehabilitation Programme for people with COPD. Nearly a year later she is still exercising. In her words: "The biggest things I have noticed about me; I can help my husband around the house more, and my breathing is better now I know how to breathe properly. I don't run out of breath as fast. When I get in a rush, I can get back my breath. I am happy."

## YOU CAN DO IT!



3 participants that did our 10 week Community Pulmonary Rehabilitation Programme in Hamilton

## TIPS

### EXERCISE FOR PEOPLE WITH COPD

- Exercise at least 3 – 4 times a week. This helps to maintain what you have gained eg. fitness and energy levels, and improved well being.
- Exercise reduces breathing difficulties.
- If your muscles (including your heart and those you use for breathing) are in good shape, they can work well with less oxygen.
- Exercise increases your independence; you have more energy to do daily activities and feel more motivated.
- Exercise stops the vicious cycle of inactivity which can lead to moderate depression.
- Call Asthma Waikato for an exercise programme or support group in your area. Talk to your G.P.
- Keep your focus. The hardest thing about exercising is maintaining what you have gained.

Tracy Keelan - Community Respiratory Nurse



## News

## Balloon Week 28th/29th April 2011



Once a year, the Asthma Foundation (based in Wellington) organises a National Balloon week to raise money for asthma awareness. All donations collected by Asthma Waikato are used in our area.

As part of this event, on Thursday 28th April a team of experienced volunteers and an asthma educator staked out their ground at Westfield Shopping Centre, Chartwell, to raise the profile of Asthma Waikato and the services we provide. We had a tremendous day speaking with many families. It was the school holidays so Westfield was buzzing with children and very few allowed their parents to pass by without donating towards a bright red balloon.

It is still a concern how many people do not know we exist or what we can do to help so please let people know how we have helped you. Most families spoken to felt they had their asthma under control and were managing the condition well. This was backed up when I asked questions about their use of medication particularly the preventers. Due to the continued fine weather, there were a few people who hadn't started on their winter regime. **If you haven't started your preventer regime it is time to do so now and get that vital protection into the airways before winter really sets in.** Remember it takes a week or more for the preventer to "kick" in and establish protection. Most people using a MDI (metered dose inhaler i.e. Ventolin, Flixotide, Beclozone etc) are now using a spacer.

This is an important development as 50% more medication is deposited in the lungs when you use a spacer.

Spacers are free for all people using an MDI regardless of age, so ask your G.P. for one.

Over the lunch time and early afternoon we had the HRV Waikato mascots visit us. These were a rather large green house dust mite and an equally tall bright blue Sensitive Choice Butterfly. Hats off to the guys for appearing, your identities are safe with me! The mascots caused quite a stir as they wandered around



HRV Waikato's Sensitive Choice Butterfly and House Dust Mite Mascots



the area and pointed people back to the "asthma base" for education. Many, many thanks to all our volunteers who made the day a resounding success.

The next day we went to The Base and positioned our table outside the Warehouse. We had two volunteers from Genesis Energy to help us. Other Genesis Energy staff also volunteered for the day and had a stand at Civic Square in the city. The weather was fine and again we met a lot of people to talk asthma with. The HRV mascots turned up again and created a following of younger people trailing them around the area. They certainly lifted our profile out there. It was a quieter day than at Westfield but we were still busy inflating balloons and talking with people about their asthma. A big thank you to the Genesis Energy employee volunteering team and the great guys from HRV Waikato.

Barbara Lawrence - Community Respiratory Educator

## Greetings from Matamata

We have held another successful stall at the local flea market as part of our fund raising for Balloon Day. My thanks to all who supported or helped on the day. It is this co-operation within our group which augurs well for the continuation of Asthma Matamata.

Our Biennial General Meeting combined with our mid-year luncheon was also very well supported and our guest speakers, local members Bruce and Audrey Lennox who spoke about their experiences in Romania, was very well received and provided an insight into a country that most of us knew little about. Audrey dressed in National costume and photos and mementoes were of great interest. Thanks to you both.

On a personal note I would like to thank everyone for their love and support during my husband Bill's illness and subsequent passing. Your love and concern has been very important to me as I cope with my new life on my own. It has enabled me to return to the gym which was such a big part in our lives over the past 9 years. Thank you Gillian for the beautiful tribute to Bill in the last news letter and in return I hope you will return to full health yourself. We from the gym wish you well.

Judi Hamilton on behalf of Matamata Huffer and Puffin Friends



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## Nancy Illing: Asthma Waikato's 2011 Volunteer of the Year nominee

Asthma Waikato is delighted to have nominated Nancy for this year's awards. We love to recognise the extraordinary contribution that all our volunteers make. You will have noticed Nancy being mentioned in previous AsthmaLinks as she works tirelessly 'behind the scenes' helping to fundraise and let people know how we can help if you have a respiratory condition.

Nancy is a community minded woman who is involved with numerous community organisations in Hamilton. Hamilton Gardens and her Church minister supported our nomination and we are proud that someone of Nancy's standing chooses to volunteer for us.



*Look out for Nancy (right) and her 'sausage sizzling team' outside The Warehouse – Hillcrest. They have a reputation for being amongst the best there.*

Nancy is a fabulous caterer too. She and her husband Don owned Neptune's in Grey Street for many years and so it is often Nancy who offers her catering services for our special events. I'm sure many of our members appreciate the hot soup which she so kindly makes every year for our General Meetings.

"It is a real honour to be nominated for this award. I didn't expect it, but I am honoured" says Nancy. It was notable that like Nancy, the volunteers recognised at the Excellence Awards, were all particular in acknowledging the efforts of others while humbly accepting recognition for themselves. Asthma Waikato is proud to have nominated Nancy this year and to publically recognise the exceptional difference she makes to us.

**Sadly, we have had to say farewell to four long term supportive members who have passed away this year:**

*Keith Fraser* – always in the front seat at our AGM's and past member of the Hamilton Asthma Support Group  
*Molly Gee* – past active committee member who worked quietly in the background. Our mailouts used to be processed at her home.  
*John & Joycelyn Graham* – were current and very helpful members of the Hamilton Asthma Support Group

We value the contribution that they made to the workings of our Society and sincerely thank their families for the donations in lieu of flowers at their funerals.

*Shona Bramley, Board member & Life member*

## What you need to know

### Keeping Winter Blues at Bay

**As winter is approaching it is important you get all the protection from your preventer that you can.**

1. You need to take your the medication as prescribed.
2. You need to check that your inhaler technique is correct.

One of the biggest pitfalls with inhaler medication is incorrect technique.

If you have a metered dose inhaler (Flixotide, Beclozone, and Seretide) **you really need to use a spacer** to get an adequate inhalation of the medication. When you use an inhaler by itself, with the best "straight to the mouth" technique in the world, you only get 10-15% into your lungs. By using your spacer, you double that deposit. Remember to shake the inhaler for each puff, fire one puff at a time and inhale 5 times (for adults) in a nice relaxed manner. Repeat the process for your second puff.



If you are using a Turbuhaler (Pulmicort, Symbicort) you don't need a spacer but you do need to be able to inhale strongly enough to access the medication. Check next time you are at your doctor's to see if you have enough suck. The Asthma Centre has whistles designed to check this, so pop along and give it a go and make sure you are getting all your medication in.

Many people ask us about the "best" inhaler for them. There is no cut and dried answer. The "best" one is the one that works for you and that you are comfortable using. If you are unhappy with the one prescribed, talk to your doctor about alternatives. It is very rare that there is only one inhaler suitable for you.

*Barbara Lawrence - Community Respiratory Educator*

## TIPS

- **Start your Preventer medication NOW if you haven't already**
- **Get the flu jab, time is running out!**
- **Check your spacer is not damaged. No cracks or bits missing from the body and the rubber seals are not perished.**
- **Clean/prime your spacer by washing in warm soapy water and air drying especially if you haven't used it for some months.**
- **Check your ability to suck in if on a Turbuhaler.**
- **Check ALL medications are up to date and still have medication in them.**
- **Review your asthma management plan and decide whether it needs updating.**

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

### Influenza

Influenza affects 10-20% of the population each year and those with chronic conditions are more than 3 times more likely to be hospitalised than healthy people. Vaccination provides immunity to 70-90% of healthy adults under 65yrs, results in an approximate 30% reduction in hospitalization for pneumonia in elderly people and is 48% effective in preventing influenza-related death. In 2009, people with chronic health conditions were significantly more likely to die due to influenza and associated complications, than healthy people.

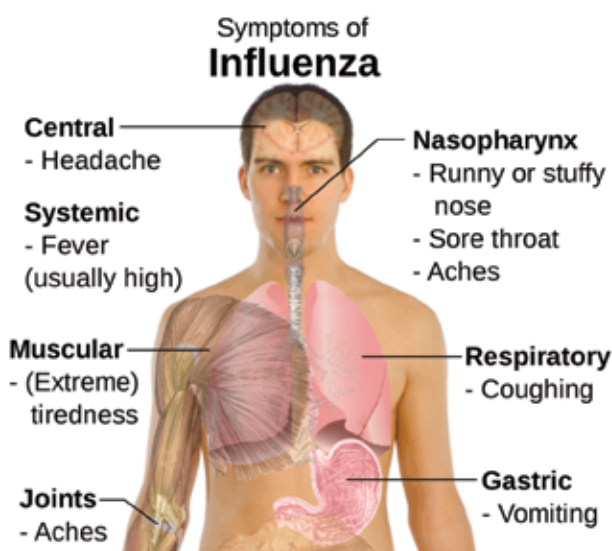
Influenza's effects are much more severe and last longer than those of the common cold. Most people will recover completely in about one to two weeks, but others will develop life-threatening complications (such as pneumonia). Influenza, thus, can be deadly, especially for the weak, young and old, or chronically ill. The flu can worsen chronic health problems.

**People with emphysema, chronic bronchitis or asthma may experience shortness of breath while they have the flu,** and influenza may cause worsening of coronary heart disease or congestive heart failure.

### TIPS

#### The most common flu symptoms are:

- chills,
- fever,
- sore throat,
- muscle pains,
- severe headache,
- coughing,
- weakness/fatigue and general discomfort.



It can be difficult to distinguish between the common cold and influenza in the early stages of these infections, but influenza can be identified by a high fever with a sudden onset and extreme fatigue.

### TIPS

#### Treatment:

People with the flu are advised to:

- get plenty of rest,
- drink plenty of liquids,
- avoid using alcohol and tobacco and,
- if necessary, take medications such as paracetamol to relieve the fever and muscle aches associated with the flu.

**Since influenza is caused by a virus, antibiotics have no effect on the infection; unless prescribed for secondary infections such as bacterial pneumonia**

#### Spread of disease:

Typically, influenza is transmitted through the air by coughs or sneezes, creating aerosols containing the virus. Influenza can also be transmitted by direct contact with nasal secretions, or through contact with contaminated surfaces. The virus can persist outside of the body and can also be transmitted by contaminated surfaces such as banknotes, doorknobs, light switches and other household items.

Influenza viruses can be inactivated by sunlight, disinfectants and detergents, therefore frequent hand washing reduces the risk of infection. How long influenza survives in airborne droplets seems to be influenced by the levels of humidity and UV radiation: with low humidity and a lack of sunlight in winter aiding its survival.

#### Prevention:

**The influenza vaccine is recommended for high-risk groups, such as the elderly, or those with chronic respiratory problems.**

Every year, the World Health Organization predicts which strains of the virus are most likely to be circulating in the next year, allowing pharmaceutical companies to develop vaccines that will provide the best immunity against these strains. The good news this year is that the early flu cases are of a strain that is in this year's vaccine – the prediction was right!

Vaccines can cause the immune system to react as if the body were actually being infected, and general mild infection symptoms can appear. The most dangerous (but extremely rare) side effect is a severe allergic reaction to either the virus material itself or residues from the hen eggs used to grow the influenza.

Reasonably effective ways to reduce the transmission of influenza include good personal health and hygiene habits such as not touching your eyes, nose or mouth, frequent hand washing (with soap and water, or with alcohol-based hand rubs) covering coughs and sneezes; avoiding close contact with sick people; and staying home yourself if you are sick. Surface sanitizing may help prevent some infections.

**Last year in New Zealand the flu season ran from late June and did not start tapering off until September. It is not too late to get the flu vaccine – make an appointment at your medical centre now!!**

Sally Newell - Clinical Nurse Specialist Respiratory - Waikato Hospital



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**is all you need.\***



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

### Vitamin D's link to Asthma

Lately I have noted a spate of articles on vitamin D in respiratory, asthma and allergy magazines/newsletters. It is a topic that has captured my interest in a fairly recent phenomena that has hit the wider respiratory health community over recent years, and as a result, awareness in the public arena is growing – no doubt! Basically, research around vitamin D and its link to asthma could be influential in the management of asthma. The general consensus among the literature on this topic suggests further studies to be done to better understand vitamin D's effect on asthma.

#### What is vitamin D?

According to the Ministry of Health Vitamin D is a fat-soluble vitamin, which means it can be stored in the body. It functions as a hormone and has an important role in;

- Bone and teeth formation
- Controlling calcium levels in the blood (calcium balance)

#### How do we get vitamin D?

Vitamin D is an essential nutrient that people obtain primarily through exposure to sunlight (UVB rays) and secondarily through dietary intake (including supplements). There are few foods that contain vitamin D, but it can be found mainly in oily fish (eg. salmon, tuna, sardines, eel and warehou) and in fortified grain and dairy products (eg. milk, milk products, eggs and liver). (Ministry of Health).

Fish oil supplements are not recommended due to concerns about excessive vitamin A with contaminated toxins such as mercury (Ministry of Health).



## “There are few foods that contain Vitamin D”

#### How much vitamin D is recommended?

Ministry of Health recommendations are that New Zealanders consume Vitamin D at the following rates:

- Birth to 50 years - 5mcg
- 51 to 70 years - 10mcg
- 70 + years - 15mcg

These recommended intakes assume little or no exposure to sunlight.

#### Why do we need vitamin D?

Adequate vitamin D levels are necessary for the body to absorb essential minerals, calcium and phosphorus. It is also important for immune system function and healthy bones and teeth (www.naturalstandard.com). Vitamin D deficiency can lead to rickets in young children causing bowed legs and knocked knees. In adults, deficiency can lead to bone weakness called

osteomalacia (soft bones). 3% of adults and 4% of children in New Zealand have vitamin D deficiency, meaning that the level of vitamin D in the blood is very low (<17.5nmol/L) (Ministry of Health).

#### What are the common risk factors for vitamin D deficiency?

In New Zealand the following risks are;

- Increased skin pigmentation / dark skin colour
- Skin not regularly exposed to sunlight
- Increased clothing coverage over the body
- Winter season (and possibly spring), especially in the South Island
- Low intake of foods containing vitamin D

#### So what about vitamin D and its link to asthma....?

Until recently, many health professionals believed that the major health problems resulting from vitamin D deficiency were limited to bone health. However, over recent times interest has grown in the role in vitamin D in many nonskeletal medical conditions such as asthma (Ginda, Mansbach, & Camargo, 2009).

Asthma is one of the most common chronic medical conditions worldwide and has been increasing in prevalence over the last few decades (**New Zealand has one of the highest prevalence rates of asthma in the world. 1 in 4 children, 1 in 7 adults**).

Its exact cause remains unknown and likely has its origins in genetic and environmental factors (Lange, Litonjua, Hawrylowicz, & Weiss, 2009).

The common risk factors for both asthma and vitamin D deficiency are; urbanised westernised lifestyle, race/darker skin pigmentation and obesity, along with increasing evidence of the complex role vitamin D has on the body's immune system (protects us from allergies and other diseases) (Lange et al).

#### Research

Two studies demonstrated an association between pregnant woman with lower vitamin D intake and high risk of wheeze in their children. Each study involved 1000 mothers and both showed that in mothers who had the highest vitamin D intake, there was a greater than 50% reduction in the risk of recurrent wheeze in their children. (Lange et al, 2009).

In another study, non smoking adults with asthma were involved in assessing the relationship between vitamin D serum levels in their body and lung function, airway inflammation, and corticosteroid activity (response). This study concluded that in asthma, reduced vitamin D levels are associated with impaired lung function, increased inflammation and reduced corticosteroid activity (response). (Sutherland, Golera, Jackson, Stevens & Leung, 2010).

Overall, most research literature suggest that vitamin D deficiency may be linked to airway inflammation, decreased lung function and poor asthma control. This has led to the hypothesis that vitamin D supplementation may improve the anti inflammatory function of corticosteroids (help reduce inflammation) naturally made by the body and the synthetic (man made) corticosteroids used to treat asthma, in turn helping asthmatics achieve better control of their asthma on less medication.

#### How do I know if I am Vitamin D deficient?

Talk to your doctor. You maybe asked questions around your vitamin D food intake and sun exposure as these are the two sources that provide vitamin D to your body.

Tracy Keelan - Community Respiratory Nurse





Live life...not a COPD life.

**Are you** (All 3 parameters)

- ✓ 45 yrs +
- ✓ Smoker / Ex Smoker
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- ✓ Bring up phlegm or mucus most days?
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**Seretide**<sup>®</sup>  
Fluticasone propionate/Salmeterol xinafoate



Ask about the purple inhaler – Seretide<sup>2,3</sup>



**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

**Seretide**<sup>®</sup> (fluticasone propionate/salmeterol xinafoate; available as a 50/25 or 125/25 micrograms per actuation inhaler, or as a 100/50 or 250/50 micrograms per actuation *Accuhaler*) is a **Prescription Medicine** for the treatment of reversible obstructive airway disease (ROAD) including asthma, and for the treatment of chronic obstructive pulmonary disease (COPD). **Seretide is a fully funded medicine; Special Authority criteria apply. Seretide 250/25 microgram inhaler is a private purchase medicine that you will need to pay for. Use strictly as directed.** Seretide is not for relief of acute symptoms. Always carry your reliever inhaler. **Do not discontinue Seretide abruptly. Tell your doctor if:** you are taking any other medicines or herbal remedies; you have pulmonary tuberculosis (TB), a thyroid problem or a heart problem; or you are having treatment for high blood pressure; **Side Effects may include:** 'shaky' feeling; headache; fast heart rate; irritation in the nose and throat. **If symptoms continue or you have side effects, see your doctor, pharmacist or health professional.** For more information, see *Seretide* Consumer Medicine Information at [www.medsafe.govt.nz](http://www.medsafe.govt.nz). Normal doctor's office visit fees apply. Seretide is a trade mark of the GlaxoSmithKline group of companies. Marketed by GlaxoSmithKline NZ Limited, Auckland. TAPS NA4463-10SE

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## 2011 Asthma support groups

For more information on any of our support groups, contact Asthma Waikato

### HAMILTON

- Exercise (led by a 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: Richmond Villas  
82 Richmond Street, Thames

Gold coin donation please

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 Huongo



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  
Pub Charity  
Sir John Logan Campbell Residuary Trust  
Southern Trust  
Trust Waikato  
Waikato Asthma & Respiratory Trust  
WEL Energy Trust

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Hauraki Plains Lioness Club  
Morrinsville Lions Club

Asthma Waikato wishes to thank the generous support of the following businesses/Organisations - Please support them too

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Brendon Barwick-Johnston	Ngaruawahia Golf Club
Care Medical	Nga Pae Amua
CB Richard Ellis Ltd	NZ Steel
Concept Joinery	Pharmacy 574
Community Waikato	Powder Room
Design Buzz Ltd	Pro Range Golf
Evans Bailey, Solicitors	Reliance
Greenworks	Ricoh
Hamilton Press	South Pacific Pictures
Hauraki Herald	St Francis Church
HRV Waikato	Te Pahu Cooking School
Ingham Motor Group	This Week
James & Wells Intellectual Property	Volunteering Waikato
Mc Laren Medical	Waikato Times
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## Golden Plum Pork Loin Chops

Serves 4-6



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

### Ingredients

12-16 prunes  
2 tbsps port or red wine  
6-8 lean Pork boneless loin chops  
1/2 cup Plum Sauce  
1/4 cup sour cream

### Method

1. Soak the prunes in the port or red wine for about 30 minutes.
2. Arrange the 100% New Zealand pork loin chops and prunes in a 6 cup capacity lasagne style baking dish.
3. Pour over the Plum Sauce.
4. Bake at 200°C for 25-35 minutes until the chops are cooked and golden.
5. Finely chop the spring onion and cashews and sprinkle over the pork just before serving with the sour cream plum sauce, mashed potatoes and your favourite vegetables.

### \*Sour Cream Plum Sauce

Blend the Plum Sauce and sour cream together.

### Topping

2 spring onions  
1/2 cup toasted cashews (preferably unsalted)  
\*Sour Cream Plum Sauce



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- \* Community based Respiratory Rehabilitation Programs - conditions apply

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