



FLU SEASON AHEAD

Issue Highlights

- ✿ Dear Nurse
- ✿ Out and About
- ✿ Tips for Healthy Homes
- ✿ Second Hand Smoke
- ✿ Occupational Asthma



asthmawaikato
Better respiratory health for New Zealanders

Are you on treatment for COPD and still experiencing symptoms?

Introducing new once-daily SPIOLTO[®]

Ask your doctor* if SPIOLTO[®] is right for you.

SPIOLTO is delivered by the first Soft Mist[™] Inhaler.¹⁻⁴



NEW ONCE-DAILY
SPIOLTO[®]
RESPIMAT[®]
TIOTROPIUM & OLODATEROL



*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.

SPIOLTO[®] RESPIMAT[®] is fully funded. Special Authority criteria apply. Normal doctor's fees and a pharmacy charge apply. SPIOLTO RESPIMAT (per puff: tiotropium 2.5mcg + olodaterol 2.5mcg) is a PRESCRIPTION MEDICINE. SPIOLTO RESPIMAT has risks and benefits. It is used for the treatment of chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema. SPIOLTO RESPIMAT helps to make breathing easier. SPIOLTO RESPIMAT should not be used to treat asthma, or a sudden attack of breathlessness or wheezing. SPIOLTO RESPIMAT should be used with caution in patients with glaucoma (high pressure in the eye), liver, kidney and prostate gland problems and in patients with heart problems or overactive thyroid gland. SPIOLTO RESPIMAT may interfere with other medicines – always inform your doctor if you're taking any other medicines. Care must be taken not to allow the spray to enter into the eyes. SPIOLTO RESPIMAT like all medicines can cause unwanted side effects in some people. These may include dry mouth, sore throat, constipation, difficulty passing urine, blurred vision, fast heartbeat, palpitation, nervousness, headache, tremor and allergic reactions. If symptoms persist or you have side effects talk to your doctor. Always read the label and use strictly as directed. Ask your doctor if SPIOLTO RESPIMAT is right for you. A copy of the Consumer Medicine Information leaflet can be obtained from Boehringer Ingelheim or from the Medsafe website www.medsafe.govt.nz. Contact details: Boehringer Ingelheim Level 1, unit 9, 42 Ormiston Road, East Tamaki, Auckland 2016 phone 0800 802 461. TAPS PP7820 NZ/SPO -161086

From the Manager

Welcome to the first edition of Asthmalink for 2016. You will see from the articles inside that things have been busy here at Asthma Waikato for this first quarter of the year. The Respiratory nurses have been working hard to see as many clients as possible by holding clinics and through visiting homes, Marae's, community centres, pharmacies and schools.

Funding is making it increasingly harder for us to reach all these communities so we are working on grants and looking to come up with ideas on how to bring more funds through the door. If you have any contacts, ideas or thoughts on how to assist us with funding then please do give us a call we are more than happy to look at your idea – you may have thought of something we haven't.

With Winter approaching its time to think about ways you can stay on top of your respiratory needs by getting prepared with the flu injection, ensuring your home has the ability to stay warm and dry and if you haven't had a review of your medication in the past 6 mths then it might be a good time to do this while you get your flu injection.

We have had a number of changes on our Asthma Waikato Board and we had the resignation of our long standing member Ian McMichael of Pharmacy 547.

I would just like to say a big thank you from all of us here at Asthma Waikato for the huge contributions you have made to Asthma Waikato from biking around the Waikato to fundraise to being a long standing member of the board. You have been a great asset to our organisation and I am pleased that we are still able to have a strong working relationship with you and hope that this continues throughout the future of Asthma Waikato. We certainly wish you well with your business endeavours and that you get to spend more time with your lovely family.

In the next edition we will have a page dedicated to our board where we will introduce you to our newest board members and share with you their reasons for being a part of our organisation. I am sure you will be with me in welcoming them to Asthma Waikato. Please also note that we are holding a Special General Meeting on the 25th May 2016 – please see advert on page 11.

So go and grab yourself a hot drink and sit back and read this edition. Stay warm over winter and we will be back just after winter with another edition.

Kelly McDiarmid- Service Delivery Manager

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



Beerescourt Pharmacy

Grey Street Pharmacy

1365 Victoria Street | Hamilton | **Ph:** (07) 838 2319

354 Grey Street, Hamilton East | Hamilton 3216 | **Ph:** (07) 856 6422

Dear Nurse

Respiratory Nurse Victoria Johnstone

I was commenced on a combination inhaler a couple of months ago. I sing in a choir every week but now I am finding I cannot reach any soprano notes at all, to the extreme that no sound comes out! This is quite embarrassing as my voice has become quite husky too. Should I discuss with my GP a change in my combination inhaler?

Some people are completely unaffected by the steroid that is part of the medication in your combination inhaler. Side effects of combination or preventer medication is a husky/croaky/hoarse voice, sore or red throat, white patches of thrush at the back of the mouth (featured in the Summer Asthma Link magazine). All of these can easily be prevented or treated. Ensuring that you rinse, gargle and spit after taking combination/preventer medication will ensure that your soprano notes return. Be vigilant in this routine and you should eradicate side effects. If any do remain I would advise you to speak to your GP to discuss an alternative device and or medication.

I have a very active job which requires me to be at the peak of my fitness level. For me to use my blue reliever medication with a spacer is totally inappropriate when I need it at work. I find that using it without a spacer is not very effective, the medication shoots to the back of my throat and I can't stand the taste!

Totally understandable! Some jobs just are not the ideal environment to use a multi-dose inhaler (MDI) with a spacer. And, quite true using a MDI alone does not deliver the optimal amount of medication into the lungs, by using a spacer it can deliver up to 70% more medication than an MDI alone. I would advise that you discuss a change of device with your GP. A reliever called Bricanyl comes in a device called a Turbuhaler, this can be more suitable for people in your situation. The breath activated device does not require a spacer and fits quite easily into a pocket. You will need to discuss the difference in technique and dosage for this type of reliever medication.

My son is 14 years old and attends a High School in Hamilton. He is vigilant at taking his preventer medication via a spacer morning and night but finds the spacer bulky to carry during school physical education (PE) so won't use one. He 'hates' tasting all the reliever medication left in his mouth and he is aware that the spacer minimises this. Do you have any suggestions?

I would advise your son to hand his spacer and reliever to the PE teacher to hold on to during the class. The 'summer 2015' Asthma Link magazine featured suitable styles of carry cases for this purpose. Also, the teacher will then be aware when he is needing his reliever and ensures he is safe while experiencing asthma symptoms. If your son experiences asthma symptoms during physical exercise

it would be recommended for him to take his reliever just prior to commencing physical activity. Ensure that he has an updated Child Asthma Plan completed by his GP.

In my last job I had to work around a lot of people that smoked cigarettes. I have had an ongoing cough and lots of mucous. Could this be because of my exposure to cigarette smoke?

Yes, it is important to reduce your exposure to second hand cigarette smoke. You have just as much risk to the same diseases as regular smokers, for example coronary heart disease, lung cancer, acute stroke, eye and nasal irritation and nasal sinus cancer.

Smoke-free workplace policies are the only effective way to eliminate second hand smoke exposure in the workplace. Separating smokers from non-smokers, cleaning the air and ventilating buildings cannot eliminate exposure, but this will certainly help to reduce it.

It is important to recognise that a daily cough and increased mucous production are not normal and should be investigated by your GP.



My cousin never goes to the doctor to get more blue inhalers, he always asks around the extended family for a spare one he can have. Is this ok?

No this is not ok.

Firstly, he is using someone else's medication that is not prescribed for him and that person takes the risk of running out for themselves. It also creates a false indication that this person is poorly controlled requiring more reliever than what they are actually using.

Secondly, if your cousin is needing a lot of reliever medication, that is, regularly using the reliever more than three times per week his asthma may be uncontrolled. If this is the case, I would strongly suggest that he visits his GP to have his medication reviewed. He may require commencement of a preventer medication. I would also advise for him to have his inhaler technique checked and inquire if he is using a spacer device.

Influenza.
Don't get it.
Don't give it.

FLU

**CAN BE
ANYWHERE**

You could come in contact with influenza
anywhere at anytime. Get immunised today
– it may even be FREE!

The influenza vaccine is also available from vaccinating pharmacies for those not eligible for free immunisation. Go to fightflu.co.nz to find out more. The influenza vaccine is a prescription medicine. Talk to your doctor or nurse about the benefits and possible risks or call 0800 IMMUNE. TAPS CH4221. IMAC1501.

FOR MORE INFORMATION:
FIGHTFLU.CO.NZ
0800 466 863

 **IMMUNISATION
ADVISORY CENTRE**
THE UNIVERSITY OF AUCKLAND
Te Whare o te ōhanga o Āwhioria

 **MINISTRY OF
HEALTH**
MANATU HAUORA

Second Hand Smoke

More than 350 New Zealanders die each year due to exposure of second-hand smoke.

Second-hand smoke contains a lethal mix of more than 4,000 chemicals such as arsenic, hydrogen cyanide, ammonia and carbon monoxide. Two hundred of these chemicals have been identified as poisonous and can cause cancer.

Second-hand smoke is when you are exposed to the harms of tobacco being smoked near you. This can be from exhaled smoke or from a lit cigarette. Second-hand smoke is the leading environmental cause of death in this country. There is no safe level of exposure to second-hand smoke and those who are exposed may suffer from many of the same diseases as regular smokers, such as coronary heart disease, lung cancer, acute stroke, eye and nasal irritation and nasal sinus cancer.

Children are our most valuable asset and are particularly vulnerable to second-hand smoke due to their smaller lungs and lower body weight.

Children need to be protected from second-hand smoke as much as possible as it can cause:

- middle ear infections (including glue ear/otitis media)
- lower respiratory illnesses (including croup, bronchitis, bronchiolitis and pneumonia)
- the onset of asthma and worsening of asthmatic symptoms
- reduced lung growth
- sudden unexpected death in infancy (SUDI also known as SIDS or cot death)
- meningococcal disease
- and may effect a child's learning development and behaviour.

Exposure to second-hand smoke during pregnancy can reduce foetal growth and other complications.

For more information about health effects of smoking see smokefree.org.nz/health-effects and <http://smokefree.org.nz/smokefree-cars-and-homes>.

What You Can Do

You can protect yourself and your family from secondhand smoke by:

- Quitting smoking if you are not already a nonsmoker
- Not allowing anyone to smoke anywhere in or near your home

- Not allowing anyone to smoke in your car, even with the windows down
- Making sure your children's day care center and schools are tobacco-free
- Seeking out restaurants and other places that do not allow smoking (if your state still allows smoking in public areas)
- Teaching your children to stay away from secondhand smoke
- Being a good role model by not smoking or using any other type of tobacco

(CDC-Centres for Disease Control and Prevention)
www.cdc.gov/tobacco/data_statistics/factsheets

Did You Know?

Smoking is an expensive habit. Smoking one pack a day costs around \$8,300 per year or approximately \$160 a week. This is based on one pack of 20 that costs \$22.80 (the average cost in January 2016).

Information and images obtained from:
<http://www.quit.org.nz/21/reasons-to-quit/money-benefits>



Out and About

HUNTLY WEST COMMUNITY HUB:

Asthma Waikato was invited by Huntly Plunket Nurse Donna Berends to offer education on asthma at the Huntly West Community Hub. The Hub is based at the old Huntly West Post Office on Harris Street, it was set up by Project Harmony and the Huntly neighbourhood Policing Team to create a central meeting place for the community.

Victoria Johnstone (Asthma Waikato nurse) was joined by Donna, Plunket Family Worker Paula Begley, Community Hub 'Kids Kitchen' volunteer Hine Timothy and Huntly based Public Health Nurse Barbara Phillips-Walters.

Hine Timothy works together with Joy Tengu, they offer their free time and energy to prepare food in the kitchen and teach about healthy eating for children and their families. Fresh vegetables for the kitchen are picked from the local community garden. During school holidays meals are prepared for children, pop in and enquire, the ladies would love the extra hands and enthusiasm. PHN Barbara visits schools throughout the Huntly and Ngaruawahia area, she also works with the Whare Ora programme which is run through Waikato Hospital assessing homes, making applications when necessary to establish living environments which are dry, warm and healthy.

Asthma Waikato will be back visiting the Hub with the rest of the group on the 14th October between 12-1pm. Asthma Waikato would love to see anybody who has any questions about their own or their whanau's asthma. A recommendation is to have your spacer and inhaler technique checked every 6months to ensure optimal correct administration of the medication. A spacer device should be replaced yearly – inspect yours today!



L/ to R/: 'Kitchen' Hine, Huntly Social Worker Paula, PHN Donna Berends, and PHN Barbara Phillips-Walters. Volunteer - (name not supplied) (Photo taken by: Asthma Respiratory Nurse Victoria Johnstone)

ASTHMA WAIKATO CLINIC

Asthma Waikato is very fortunate to continue holding their clinics at Pharmacy 547 which is located at 533 Grey Street, Hamilton East. Pharmacist Ian McMichael and the team at Pharmacy 547 are very welcoming, friendly and are helpful with any pharmacy queries you may have. Pharmacy 547 is well positioned for access and offers a private room for consultations. The clinics have been extremely beneficial allowing the nurses to have the opportunity to see a larger number of clients and thus decreasing waiting times to be visited by an Asthma Waikato nurse. Home visits are still most effective for clients that are not able to travel or have no access to a vehicle.



Ngamihi Lyndon – 11yrs old with her mother Cheyanne McConnell. Ngamihi uses sign language to communicate with her mother who is deaf to translate the asthma consultation at a recent clinic.



Siferra Mounsey 6yrs old and her mother Nicole

RAGLAN

Asthma Waikato's respiratory nurse Victoria Johnstone was delighted to be invited back to speak about asthma at the Poihakena Marae in Raglan on the 13th April.

The session generated a lot of questions from the Kaumatua who attended. This led to sharing of their own experiences, their friends and whanau's too. This particular session was aimed at understanding what medication/inhaler device they use, how and why a spacer should be used to ensure correct and optimal distribution of the medication into the lungs.

Highlighted points included: pathophysiology of asthma, correct inhaler/spacer device technique, correct administration of the inhaler for puff to breath ratio, checking expiry dates of inhalers and creating healthy home environments for people with respiratory illnesses. Asthma Waikato recommends that anyone who has asthma to have either an Adult Management Plan or a Child Asthma Plan completed by their GP.



Some of the attendees



OUTDOOR PURSUITS

Waikato has experienced a supreme extended summer. If you are like me and my active family we have made the most of it, we try and squeeze every last bit of what we can get out of the last of the sunny days. And that involves lots of physical activity. If you or your child experiences asthma it is essential to always carry your reliever (blue inhaler) and if compatible with the inhaler, a spacer device also. Utilise carriers such as back packs, 'bum' or belt bags to transport your medication and spacer inside to ensure you have it when you may need it most. If you and/or your family member/s who suffer from asthma are in the great outdoors and in an isolated area, also ensure that you carry a cell phone and inform friends/family where you have gone and when you intend to return.

As the colourful, crisp days of autumn depart, the cold and damp winter sets in. It is important to ensure appropriate clothing is taken with you in preparation for the changing elements, a light scarf can be used to filter cold air that is inhaled and a warm beanie to retain body heat. Be prepared when you are getting out of a warm vehicle and stepping out into the cold air. Consider doing exercises in the warmer part of the day and not the early morning or evening.



Being prepared: family mountain biking at Whangamata tracks, 12yr old girl and mother (obscured from photo) suffer from asthma. They have their reliever devices on hand if required. They are carrying their reliever medications; spacer and MDI (multi-dose inhaler) and turbuhaler. Their backpack contents also include; cell phone, water, puncture kits, jumpers, rain jackets and healthy snacks.

WINTER SCHOOL SPORTS SUPPORTERS

Not only do we have to look after our children, grandchildren etc on fields or courts during winter school sports, we must also look after the side line supporters too! Scarves, jackets, rain coats, umbrellas and appropriate footwear and a thought for those weary legs – it's tiring and sometimes very chilly cheering on from the side line. Stay at home if you are feeling unwell, rest, recover and rejuvenate. Don't spread viruses, sneeze into your arm, dispose of used tissues in rubbish bins and wash your hands after sneezing and/or blowing your nose. Remember to always carry your reliever inhaler and spacer device.

Medications expire! Know where to look for the expiry dates and don't leave it to chance.



TIPS FOR A HEALTHY HOME



A healthy home is one which is dry and warm, follow our tips to minimise dampness and maximise a warm environment.

- Dry clothes outside or in a vented clothes dryer, try not to use an indoor airing rack as the moisture from the clothes remains in your home.
- Air your home during the warmest part of the day and close windows and curtains back up at dusk to trap and retain the heat before the air temperature drops. The most effective curtains to have are thick, well-fitted, covering the entire window and reach the floor.
- When cooking use extraction fans and vents or open windows during or after cooking if this is not available.
- Shower or bath with the bathroom door closed and bathroom vented to outside. Wipe shower doors down with a 'squeegee' to prevent excess condensation and mould growth in the shower.
- Remove mould or mildew from walls, shower curtains etc with a fungicide eg, a very diluted household bleach or use trusted natural remedies.
- Every morning remove formed condensation from windows, doors and frames with a 'squeegee' and old rags/towels that can be soaked and washed.

- Sleep with beds away from external walls in the bedroom, if this is not possible, pull the bed away from the wall for airflow and sleep with your head at the opposite end to the windows.
- Consumer NZ states: "Household air temperature should ideally be between 20-24 °C, and not drop below 18 °C, but New Zealand homes are often much colder than this. When temperatures drop below 16 °C, levels of condensation, mould and mildew increase, resulting in an increased risk of respiratory diseases. Keeping the home warm reduces the build up of moisture."

Did you know?

- A 15 minute shower costs around \$1, a 5 minute shower is around 33c. A family of 4 could be saving around \$18 a week just by taking shorter showers. That is \$900 a year!
- Use cold water instead of warm for laundry washes. A shower is more efficient than a bath as it uses less water. Make sure that your hot water cylinder is at the right temperature.
- A hot water laundry wash uses 90% more electricity than a cold wash.
- Replace incandescent light bulbs with energy efficient ones and save \$100 or more a year on electricity in your house.
- Heated towel rails do not need to be left on all the time. By having it on for 4 hours a day rather than all the time could save you \$130 a year. Install a towel rail timer that comes on automatically at certain times of the day.

(Information obtained from EECA energywise website)



Workplace exposure to chemicals:

ACC May 2007

Obstructive Respiratory Diseases of Occupational Origin: Asthma and Chronic Pulmonary Disease.

It is estimated that 15% of both chronic obstructive pulmonary disease (COPD) and adult asthma can be attributed to occupational exposures.

Within certain occupational subgroups of the population the incidence of occupational disease is much higher.

More than 250 agents have been identified as causes of occupational asthma, while exposures to vapours, gases, dusts and fumes in the workplace contribute to the development of COPD.

Occupational diseases are preventable and can be avoided by controlling exposure to causal agents.

Recognition and control of the exposure is the most important means of managing your condition.

COPD:

Cigarette smoking is the predominant cause, although it does occur in people who have never smoked, and there is strong evidence of risks associated with occupational exposures to vapours, gases, dusts and fumes.

At risk occupations include:

- Construction and demolition (asbestos/other fibrous materials, solvents, pigments, ceramics cement, wood dust, welding fume, metal and polymer fume, vehicle exhaust, and asphalt)
- Mining, smelting and mineral processing (similar to construction, plus ore-containing materials)
- Manufacturing of complex materials (rubber, furniture, clay, or ceramic products)
- Food processing and animal confinement (complex mixtures of both organic and inorganic substances)
- Maintenance workers (solvents, metal fumes and dust, mineral oil products)
- Firefighters and emergency response workers (complex mixtures including combustion products)
- General labourers

Occupational Asthma:

Asthma due to exposure to airborne dusts, vapours or fumes in the work environment. This includes new-onset

adult asthma and workplace exacerbation of pre-existing asthma.

New onset asthma results from either an immunological response to sensitising agents (after a latency period), or an inflammatory response to irritants or inflammatory agents after single or multiple exposures.

Asthma Foundation: Asthma in the workplace:

Symptoms may include:

- Cough (either a dry cough or one that produces mucus). Often people whose asthma is caused by work or whose asthma is made worse by work will notice the cough predominantly at night.
- Shortness of breath or chest tightness
- Wheezing

If symptoms tend to arise closely after exposure, the person will often be very aware of the substance or area of the worksite which makes their problem worse.

All of these symptoms may improve when the person isn't at work.

What Can You Do If You Suspect Something At Work Is Causing You To Develop Asthma Or Is Making Your Asthma Worse?

1. Talk with your doctor or occupational health nurse.
2. Elimination; Can the substance or process be changed for something less harmful.
3. Isolation; Can the substance or process be isolated to a special place in the worksite or time of day when most people will not be exposed?
4. Minimisation; Can the equipment be improved to reduce the exposure.

WHAT CAN YOU OR YOUR EMPLOYER DO IF YOU ARE NOT SURE IF THERE IS A PROBLEM AT WORK?

The occupational Safety and Health Service of the Department of Labour (OSH) can be contacted under "L" (Labour, Department of) in the telephone book for advice. www.WorksafeNZ

Your union may also be able to help.



021 1500 894

shelly@designbuzz.co.nz

www.designbuzz.co.nz

Asthmalink was proudly produced by Design Buzz Ltd.
This Newsletter is printed on paper milled from sustainable forests.

Brand
▶ Design
▶ Print
▶ Web



Thank you to all our Asthma Champions for the last Financial Year

Asthma Champions come in all shapes, sizes and forms and we would like to extend our thanks, acknowledgment and gratitude. It is impossible to individually acknowledge all those who have supported our work over the years. If your name is not below please know we still appreciate you.

GRANT FUNDERS/DONATIONS

Altrusa International Te Awamutu
BP
Cambridge Union Op Shop
COGS
Gallagher Trust
Grassroots Trust
Hamilton City Council -
Community Wellbeing

Lion foundation
Sargood
Spark - Give a little website
NZ Post
Trust Waikato
Waikato Asthma & Respiratory Trust
WEL Energy
Waikato Lyceum Charitable Trust

GENEROUS SUPPORT

Astra Zeneca
Boehringer-Ingelheim
Brendan Barwick-Johnston
Colonial City Motel
Design Buzz Ltd
GlaxoSmithKline Australia and New Zealand
Pharmacy 547
Renarda Tukukino

Asthma Clinics 2016

Asthma clinics are held at Pharmacy 547,
533 Grey Street, Hamilton East

Pharmacy 547	Wed 25th May
Pharmacy 547	Wed 29th June
Pharmacy 547	Wed 27th July
Huntly West Community Hub	Fri 14th October 12-1pm

Note: some clinics will be run at fortnight intervals, dates TBC,
contact Asthma Waikato 07 838 0851

Dates for your diary

World Asthma Day	3rd May
World Allergy Week	4th – 10th May
World Smokefree Day	31st May
Maori Language Week	4th-10th July
Asthma Week	29 August-4 September



021 1500 894
shelly@designbuzz.co.nz
www.designbuzz.co.nz

Asthmalink was proudly produced by Design Buzz Ltd.
This Newsletter is printed on paper milled from sustainable forests.

Brand ▶ Design ▶ Print ▶ Web

Please contact us Asthma Waikato

P O Box 7013, Hamilton East, Hamilton 3247
Phone 07 838 0851 Fax 07 838 0852
info@asthmawaikato.co.nz
www.asthmawaikato.co.nz
www.sailorthePufferfish.co.nz

SPECIAL GENERAL MEETING

Wednesday 25th May 2015

At Beerescourt Bowling Pavilion, 68a Maeroa Road

SGM starts at 1.00pm to appoint the President, Vice President and Board Members

All welcome

Ample parking available

For any enquires please Ph: 07 838 0851



asthmawaikato

Better respiratory health for New Zealanders

Asthma & Respiratory Services (Waikato) Inc



BREATHE EASY AND ASK FOR VENTOLIN

THE ALCOHOL-FREE INHALER¹



References: 1. Ventolin Data Sheet, GSK New Zealand.

Ventolin® (salbutamol) is available as an alcohol-free and CFC-free Inhaler, 100mcg per actuation. **Ventolin is a partially funded Prescription Medicine.** **Ventolin** is a short acting bronchodilator for the management and prevention of mild asthma attacks and for the acute management of reversible airways obstruction due to asthma, chronic bronchitis and emphysema. **Dosage:** Acute bronchospasm – 1 or 2 puffs, Chronic therapy – may take up to 2 puffs four times daily. **Contraindications:** Hypersensitivity to this medicine, threatened abortion, toxemia of pregnancy, antepartum haemorrhage, placenta praevia. **Warnings and Precautions:** Do not use as the only or main treatment. Consider using maximum doses of inhaled steroids and/or oral steroids if short-acting bronchodilators become less effective or use increases. Hypokalaemia may occur, particularly in acute severe asthma, potentiated by xanthine derivatives, steroids, diuretics and hypoxia. Caution in hyperthyroidism, hypertension, cardiovascular diseases and diabetes. Avoid beta-blockers, tricyclic antidepressants, MAOIs, digitalis. **Common Side Effects:** Headache, mild tremor, mouth and throat irritation, tachycardia and peripheral vasodilation, paradoxical bronchospasm. Before prescribing **Ventolin**, please review the Data Sheet at www.medsafe.govt.nz. **Ventolin** is a registered trade mark of the GlaxoSmithKline group of companies. Marketed by GlaxoSmithKline NZ Limited, Auckland. TAPS DA1512IG/15MY/SAL0006

Adverse events involving GlaxoSmithKline products should be reported to GSK Medical Information on 0800 808 500.

