

Better breathing

Better living



E-cigarettes - a potential public health disaster if not effectively regulated

Updated asthma guidelines for children and adolescents make their mark

PLUS

World Asthma Day, Tuesday 1 May
Get involved!

**Asthma
+ Respiratory**
FOUNDATION NZ

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Better breathing, better living is a triannual magazine distributed by the Asthma and Respiratory Foundation NZ in March, July and November.



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Letitia O'Dwyer, Chief Executive

Chief Executive's message

Last year was very productive for Asthma and Respiratory Foundation NZ as we launched numerous initiatives and projects that worked towards improving the lives of more than 700,000 New Zealanders with a respiratory condition. Taking a moment to reflect on 2017, it's amazing to see what we have achieved nationally with the generous financial support of our donors, funders and sponsors - and yet no government funding.

In 2017 we:

- educated more than 19,000 children at primary schools
- created the 'My Asthma' app
- launched the resource 'Managing your child's asthma' for parents to learn more about their child's asthma
- printed 59,600 educational resources
- launched the Child and Adolescent Asthma Guidelines (used by health professionals)
- held the New Zealand Respiratory Conference
- updated the Asthma & COPD Fundamentals course
- facilitated more than 200 news articles and media interviews
- received more than 122,500 individual visitors to the Foundation website
- promoted 'Breathe Better September' - national respiratory awareness month.

To continue the important work we do, we call for government support in 2018 and a national respiratory health target that focuses on reducing emergency visits for acute respiratory illnesses by 20% within the next five years.

Position statement on e-cigarettes/vaping

At the end of last year, we publicly launched our position statement on e-cigarettes/vaping to the New Zealand media. This is an emotive topic that gained a huge amount of interest and resulted in many appearances including on Breakfast TV and Māori Television.

Our concerns are around the damage these products may cause to the lungs, as they are new to the market and we simply don't yet have the long-term scientific evidence on their safety.

We recognise that for a small number of current smokers, who have tried all other quitting options, the use of e-cigarettes may be beneficial, but we need to make sure that we're targeting that group. We recommend that the sale of e-cigarettes is actively promoted only to those people who want to use e-cigarettes to give up smoking, or reduce harm as part of a smoking cessation program. They should not be promoted to youth or non-smokers.

To protect our youth, there should be no point-of-sale advertising for e-cigarettes

and vaping products, and there should be restrictions and regulations put in place as to where and how they are sold.

I'd like to thank our Medical Director, Dr Stuart Jones and the Thoracic Society of Australia and New Zealand (TSANZ) for contributing their expert advice on this topic.

International and trans-Tasman partnerships

I'm pleased to announce that the Foundation is now part of the Global Alliance Against Chronic Respiratory Diseases (GARD) which is housed at World Health Organization (WHO), and we are also in partnership with TSANZ.

By aligning with reputable scientific organisations and key opinion leaders in the field of respiratory illnesses, it brings even more credibility to the position statements we release to the public.

Our partnerships and collaboration with both GARD and TSANZ demonstrate that Asthma and Respiratory Foundation NZ is committed to improving respiratory health outcomes for all.

We have many more exciting initiatives and projects taking place this year, which we can't wait to share with you all. Stay tuned.

Letitia O'Dwyer

Community news



World Asthma Day – taking place on Tuesday 1 May – is an annual event organised by the Global Initiative for Asthma (GINA) to improve asthma awareness and care internationally.

Find out on page 9 how you can get involved!

Protect your friends and whānau this winter

Around one in four New Zealanders are infected with influenza, or the 'flu', each year. Many people won't feel sick at all, but can still pass it on to others. Getting a flu vaccination before winter offers you, and those around you, the best protection from the virus. From March, the flu vaccine is available free to everyone with a respiratory condition, such as asthma, or who is on regular preventative therapy. See your GP or pharmacist to organise your vaccination.



'My Asthma' app update

We are pleased to announce that \$10,000 of funding has been generously granted by The Lion Foundation for an exciting new update to our 'My Asthma' app. Our free app enables New Zealanders to have asthma information and emergency help at their fingertips. A huge thank you to The Lion Foundation for their support.



Teachers' resource

One in seven children suffer from asthma, and it's estimated 586,000 school days are lost each year due to the condition. The Foundation is currently working on a new resource for teachers aimed at raising the awareness and knowledge of asthma in schools. Amongst other things, the resource will cover:

- how asthma affects education
- what asthma is, triggers in school, how asthma is treated and what to do in an emergency
- ideas and content to bring this information to the classroom.



If you're a teacher, keep your eye out for this resource due to be launched mid-2018!

Free asthma bags from Asthma Waikato

Asthma Waikato operates in the greater Waikato region and provides education and support services for families so they can take control of their respiratory condition.



Thanks to the generous funding of GSK Pharmaceuticals and The Sargood Bequest, Asthma Waikato has been able to provide asthma bags to every child that is referred to it. The asthma bags are designed to be a safe place to keep inhalers, a spacer and an Asthma Action Plan, together in one place.

Sheryl Long, Manager of Asthma Waikato, says: "Being a mum of asthmatic kids myself, I know how many inhalers and spacers can end up all around the house and become misplaced. They have had a fantastic response and kids love them!"

To find out more about Asthma Waikato visit: www.asthmawaikato.org.nz

Tap to donate

Donation Point Tap is an affordable contact-less counter-top device that enables charities to quickly accept low-value card donations, processing a 'set' donation amount, such as \$2. It can be placed on counters in the likes of supermarkets or cafés and donors simply tap their card to make a donation.

The Foundation's first charity partner for this initiative is GroundUp Café in Pauatahanui, Porirua, Wellington. One of their customer reviews says: "Awesome food, good staff, nice coffee and good service." If you're in the Porirua area, be sure to support GroundUp Café, and tap your card on the Donation Point Tap to make a donation!

If you own a retail business with a lot of foot traffic and are interested in a Donation Point Tap, please call Judy on 04 495 0091 or email: judy@asthmaandrespiratory.org.nz



Need technology or appliances?

We have teamed up with Noel Leeming to give our supporters selected products at cost price plus 7.5%. Noel Leeming will also donate 2.5% of total sales towards the Asthma and Respiratory Foundation NZ. The promotion will take place in May 2018, for one week only - dates will be announced on our social media channels and e-newsletter. Watch this space!



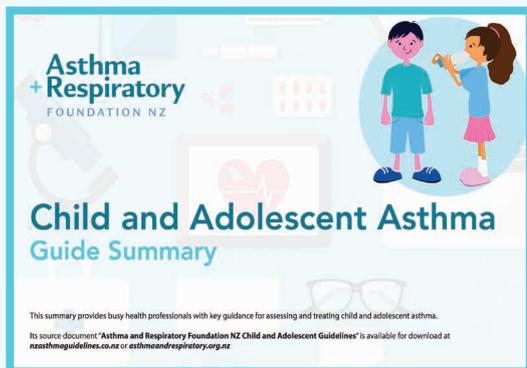
Community news for health professionals

Asthma & COPD Fundamentals eLearning Series

The Asthma & COPD Fundamentals eLearning Series is an interactive online course for health professionals that covers asthma fundamentals, asthma management, COPD management and health-promoting practices.

With more than 521,000 people in New Zealand taking medication for asthma, and more than 35,000 New Zealanders estimated to be living with severe COPD, we believe this is a highly relevant professional development opportunity. The eLearning Series is an online course, which allows the participant to study at any time, on any device, and at their own pace. Complete the course and gain 12 continuing professional development (CPD) hours.

Throughout April 2018, the Foundation is offering a 25% discount on the eLearning Series. Register at: cpd.whitireia.ac.nz



Child and Adolescent Asthma Guidelines

The long-awaited Child and Adolescent Asthma Guidelines were launched nationally in November 2017, and published in the New Zealand Medical Journal on 1 December 2017.

The full guidelines have been condensed into a six-page summary – the Child and Adolescent Asthma Guide Summary, which provides a straightforward account of the diagnosis and treatment of asthma. A child asthma action plan and child asthma symptom diary accompany the new guidelines. Printed copies of these accompanying resources can be ordered at: online.printstop.co.nz/AsthmaFoundation

Read more about the new guidelines on page 14, and visit nzasthmaguidelines.co.nz to find out more.

New Zealand Respiratory Conference 2018

Dates have been confirmed for the New Zealand Respiratory Conference on 22-23 November 2018 at the Pullman Hotel, Auckland. The conference is designed for all health professionals with an interest in respiratory health and, for the first time, the 2018 conference will include a one-day parallel session specifically for GPs.

Registrations open 1 May 2018, visit NZRC2018.org for more information.



There are sponsorship opportunities available. Email teresa@asthmaandrespiratory.org.nz for more information.

General Practice Conference & Medical Exhibition (GPCME)

The Foundation will be running Respiratory Workshops at GPCME meetings this year in Rotorua and Christchurch, with presentations being given by Prof Richard Beasley, Prof Innes Asher, Dr Conroy Wong, Dr Sarah Mooney and Dr David McNamara. Head of Education and Research Teresa Demetriou will also be exhibiting at both these GPCME meetings. If you're attending, come and visit the stand to find out more about tools and resources available to health professionals to treat and diagnose asthma.

GPCME - North Island – Rotorua 7-10 June 2018

GPCME - South Island – Christchurch 16-19 August 2018

Awareness Calendar 2018

- Bronchiectasis Day (NZ) 7 April
- World Allergy Week 22-28 April
- World Asthma Day 1 May
- World Smokefree Day 31 May
- Breathe Better September 1-30 September
- World COPD Day 14 November

Research from the world of science



Top international and local respiratory experts gathered at the New Zealand Respiratory Conference in Auckland in November, where they presented the latest research and trends.

It was another highly successful conference, and 96% of delegates surveyed said they would attend the conference again or recommend it to a colleague.

“It’s essential for health professionals to get the latest research.”

“Highly recommend to anyone who has an interest in respiratory health.”

Expert reports and opinions

Rhonda Zielinski, Clinical Operations Manager, Te Hā Oranga spoke about wrap-around services from a kaupapa Māori perspective.



“Don’t let contracts be the driving force of your service delivery or scope of practice. View the world through Te Ao Māori, stay connected to your community and whānau, whom you serve, and listen to them. Allow

your services to be responsive to their needs.”

Dr David McNamara, Paediatric Respiratory Specialist, Starship Children’s Hospital spoke about the new Child and Adolescent Asthma Guidelines.



“To reduce inequality and improve outcomes in childhood asthma, children need time and repeated effort for effective asthma education. Increase rapport by building a partnership, incorporate a variety of media, use a shared language for better understanding such as ‘puffers’, ‘relievers and preventers’ and ‘flare-ups’. The goal is improved self-management.”

Dr Liz Edwards, Paediatric respiratory and sleep specialist, Starship Children’s Health, says:



“Depending on their age, children sleep as much as 50% - 65% of their lives. Snoring needs to be taken seriously – it’s common and occurs in up to 35% of children. Know who may be at risk, ask about it, look at the throat and refer when necessary. Medically treating sleep apnoea in children can only improve their health and development.”

Dr Ben Brockway, Consultant in Respiratory Medicine and Senior Lecturer, Dunedin Public Hospital and School of Medicine, said:



“Idiopathic Pulmonary Fibrosis (IPF) is an incurable, progressive form of Interstitial Lung Disease (ILD). The factors that make me suspicious are usually a degree of breathlessness compared to spirometry, and persistent ‘velcro’ crackles audible through the stethoscope.”

Visit the ‘Health Professionals’ section of our website, asthmaandrespiratory.org.nz, to watch the NZRC 2017 presentation videos.

Visit NZRC2018.org to register your interest for this year’s conference on 22-23 November 2018 at the Pullman Hotel, Auckland.

Thanks to our sponsors:

- Rex Medical
- Pub Charity
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- AstraZeneca
- Novartis
- Roche
- Boehringer Ingelheim
- GlaxoSmithKline

Unregulated e-cigs and smoking cessation

Recent decisions by the Government have seen it take a 'less harmful than smoking tobacco' approach on the regulation of e-cigarettes and nicotine-delivery products.

Letitia O'Dwyer, Chief Executive of Asthma and Respiratory Foundation NZ (ARFNZ), says: "We know that there is a growing body of evidence demonstrating that these products cause damage in the respiratory tract. The efficacy of e-cigarettes as a cessation tool, along with the known risks of these products, is too important to not drill down on the evidence."

At the end of 2017, ARFNZ publicly launched its position statement on e-cigarettes as follows:

There is no evidence for a public health claim for an unregulated approach to e-cigarettes and personal vaporisers. ARFNZ recommends that if there is support for e-cigarette use in New Zealand as a smoking cessation device, then these products should be classified as therapeutic devices and regulated through Therapeutic Goods Administration (TGA), Medsafe and PHARMAC. If not intended as part of a smoking cessation plan, then e-cigarettes should have the same restricted sale and accessibility placed on them as conventional cigarettes e.g. prohibit sale and supply in public places, not sold to under 18-year-olds and no point-of-sale advertising of e-cigarettes and e-liquids.

Dr Stuart Jones, President of the Thoracic Society of New Zealand and Medical Director of ARFNZ, comments: "The position of the Thoracic Society is that these products are likely to cause some harm to the lungs long-term. They will cause less harm than cigarettes, but they won't be harm-free. We cannot think of any other product which is manufactured to be inhaled that has not been through stringent regulatory controls.

"We do recognise that for a small number of current smokers, who have tried all other quitting options, the use of e-cigarettes may be beneficial, but we need to make sure that we're targeting

that group. The current situation in which e-cigarettes can be marketed, including through 'Thomas the Tank' shaped vaporisers and fruit loop flavoured liquids, is clearly not designed as a marketing strategy for cessation but rather to attract a younger generation of New Zealanders. There is no good reason for children, or indeed non-smokers, to use these products as they will cause damage in the lungs."

"Marketing e-cigarettes as a 'safer' alternative to smoking may be interpreted by the general public that they are indeed 'safe' and reduce the perceived level of risk-taking associated with their use. This is reflected in overseas studies showing an increase in the use of e-cigarettes among

adolescents. Worryingly, these adolescents have also been shown to have a higher rate of smoking combustible cigarettes on follow-up. We cannot afford to allow smoking to be 'normalised' again."

"We recommend restricting the sale of e-cigarettes to only those people who are smoking and want to use e-cigarettes to give up or reduce harm – this is the only group in our population in which a reduction in harm will occur through the use of e-cigarettes. We also recommend that they are part of a proper smoking cessation programme approved by the Ministry of Health – a wraparound service involving health professionals at a primary and community care level," says Dr Jones.





Do you have asthma?

What is asthma?

The word asthma comes from the ancient Greek word for 'panting attack'. Your lungs are made up of thousands of tiny airways, which carry oxygen to the air sacs (alveoli), where it enters the bloodstream. People with asthma have very sensitive airways that react to asthma triggers and become tight and narrowed. This reduces the amount of air that you can get into your lungs.

What happens when I have asthma?

- The muscles around the airways tighten.
- The lining inside the airways swells and becomes red and inflamed.
- Mucus pours in from the lining and clogs up the airways.

Narrowed airways may cause you to cough, wheeze, feel tight in the chest or get breathless. You may wake in the night or early morning coughing or unable to breathe. You may not be able to exercise or do all the things in the day that you want to without getting short of breath. Everyone reacts differently and has different triggers.

What is an asthma trigger?

An asthma trigger is something that causes you to have an asthma attack or makes your asthma worse. Some common triggers are:

- colds and flu
- cigarette smoke
- cats and other furry animals
- house dust mites (that live in dust and soft furnishings)
- exercise
- pollens
- changes in temperature
- stress or excitement.

Read more about asthma and triggers on our website:
asthmaandrespiratory.org.nz

E whai huangō noa koe?

He aha te huangō?

Ahu mai ana te kupu 'asthma' i te kupu Kirihi o neherā mō te 'hēmanawa'.

He tini mano ngā arahau o ō pūkahunahau, e kawē hāora ana ki ngā pūkoro hau (ngōiti), i te wāhi uru atu ai ki te iatoto. He tino tauangi ngā iatoto e hohe ana ki ngā pūtake huangō kātahi ka kiki me te whāiti haere. Ka whakaiti tēnei i ngā hau ka uru ki o pūkahunahau.

Ka aha ina pā mai te huangō?

- Ka kiki haere ngā uaua o waho o ngā arahau.
- Ka pupuhi haere ngā pairi i roto i ngā arahau kātahi ka whero me te kakā haere.
- Ka kaha te uru mai o te hūpē mai i ngā pairi me te purukati i te ngongo.

Ka maremare pea koe i ngā arahau whāiti, ka ngae, ka kiki haere te uma, te hēmanawa rānei. Ka oho ake pea koe i te pō, moata rānei i te ata e maremare ana, te kore whakahā rānei. Kāore pea koe e taea te korikori tinana, te mahi i ō mahi rānei i te rā me te kore hēmanawa. Ka rerekē te pā ki ia tangata, me te pā anō o ngā pūtake.

He aha te pūtake huangō?

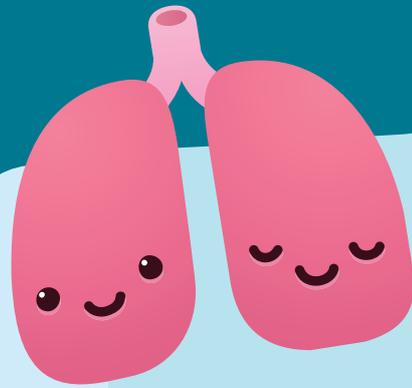
Ko te pūtake huangō tētahi mea e pupū mai ai te mate huangō, e kaha ake rānei tō huangō. Ko ētahi pūtake noa:

- te kauanu me te rewharewha
- te auahi hikareti
- ngā ngeru me ētahi atu kararehe whai huruhuru
- ngā ngaoki puehu ā-whare (e noho ana i roto i te puehu me ngā taonga ngohengohe ā-whare)
- te korikori tinana
- te rehupua
- te rerekē haere o te pāmahana
- te kōhukihuki, whakaongaonga rānei.

Pānui haere anō mō te huangō me ngā pūtake i tā matau
paetukutuku.asthmaandrespiratory.org.nz

World Asthma Day

1 May 2018



Get your school involved in World Asthma Day

In New Zealand one in seven children suffer from asthma, and in 2015 more than 3,500 children were admitted to hospital with a potentially life-threatening attack. It's estimated 586,000 school days are lost each year due to asthma.

World Asthma Day will take place on Tuesday 1 May 2018 to raise awareness of asthma in the community, and we're inviting your school to get involved by taking part in some fun and educational activities. Ideas on how your school can get involved:

- educational activities with balloons
- coin trail - in the shape of a balloon
- mufti day with gold coin donation.

Balloons as symbols

Balloons are a positive symbol that convey a serious message. Asthmatics struggle to breathe out, such as when blowing up a balloon.

In recent years, the Foundation has held Balloon Day in September. This year we will not be promoting a Balloon Day in September but instead using balloons as symbols on World Asthma Day, Tuesday 1 May 2018.

Get your school involved

All primary, intermediate and secondary schools are invited to take part. Talk to your local school's staff and see if they are willing to take part. School staff may register for a free pack of balloons, activity ideas and downloadable resources at:

asthmaandrespiratory.org.nz

Registrations close 2 April 2018.

Prize to be won

Erin Simpson, television personality and celebrity ambassador for the Foundation for the past eight years, knows all too well what it's like living with asthma.



"I've had a couple of scary asthma attacks. One took place half way into a 2000 metre rowing race, when an asthma attack suddenly hit me. I was in a boat with three other rowers and they had to carry me over the finish line," says Simpson.

The school that raises the most funds will win a visit from Erin, who is known for television shows such as Sticky TV, What Now and The Erin Simpson Show.

Baradene College fundraiser



Baradene College has been involved in fundraising for Asthma and Respiratory Foundation NZ for many years. One of their previous fundraisers had a prize draw, where students purchased one balloon as an entry to win a main prize!

Emergency kits at Tasman schools

Asthma and Respiratory Foundation NZ, Nelson Asthma Society and Mainland Foundation have collaborated on an initiative to help prepare local schools in case of an asthma emergency. Students should have ready access to their own inhaler at all times, but every school should also have an asthma emergency kit.



An asthma emergency kit has everything needed to deal with an asthma attack, including the forms required to get an asthma reliever inhaler from a pharmacy without needing a prescription.

The asthma emergency kits contain:

- Space chamber
- Alcohol wipes
- Letter of Authorisation for inhaler
- How to Use Kit instruction booklets.

Nelson Asthma Society are pleased to have secured funding from the Mainland Foundation for 50 kits for Tasman schools. If your school doesn't have an asthma emergency kit, please contact Sue from Nelson Asthma Society at asthma.nelson@xtra.co.nz or 03 544 1562.

Inosandreia and bronchiectasis



Bronchiectasis is a form of lung scarring which is common in children. It occurs with repeated chest infections or even a single severe infection requiring a hospital admission.

Bronchiectasis is a growing problem in New Zealand – between 2000 and 2015, hospitalisations for this disease increased by 36%. A total of 1315 people were hospitalised due to bronchiectasis in 2015.

Inosandreia Nesi Tike is a 9-year-old from West Auckland. Her mother Kendra is sharing her story to bring more awareness to respiratory conditions, especially for children like Inosandreia.

Inosandreia was born prematurely at 24 weeks. Just after her first birthday, she was diagnosed with both chronic asthma and chronic bronchiectasis. Her lungs weren't fully developed, which meant recurring infections led to bronchiectasis.

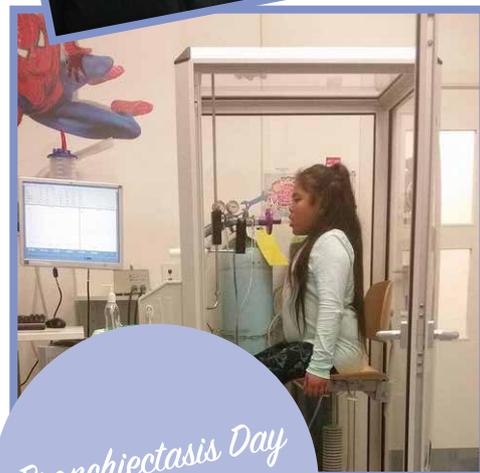
To manage her daughter's condition, Kendra focuses on Inosandreia taking her medication as prescribed, physiotherapy and staying well. Healthy people move their phlegm naturally, but in people with bronchiectasis this doesn't happen naturally. Inosandreia does positive expiratory pressure (PEP) physio twice a day when well, to help bring out the phlegm from her lungs.

Staying well is very important for anyone with a respiratory condition. Inosandreia's

right lower lung is very damaged, which means she is sensitive to any infection, snotty nose and cold or hot air. To manage this, she is on antibiotics most of the year, especially over the three winter months. It's hard when she goes to school, as that is where a lot of infections are.

Kendra says one of her biggest challenges is that it's hard for doctors to distinguish between asthma and bronchiectasis. Another challenge is people staring when her daughter is coughing loudly in public places such as the supermarket, and bringing up phlegm. "People have commented that it looks like we are forcing her to cough, but it is part of Inosandreia's physio."

As people are not usually aware of bronchiectasis, Kendra and Inosandreia are keen to raise awareness in the Auckland area among all communities, including Pasifika people.



Bronchiectasis Day
7 April 2018



Spotlight on rare respiratory disease - Idiopathic Pulmonary Fibrosis

Idiopathic Pulmonary Fibrosis (IPF) is a serious condition that affects the delicate tissues of the lungs. Normally the lung tissue is soft and flexible, which means it is easy to breathe, but in someone with IPF the lung tissue becomes stiffened and damaged from scarring. The process of the scarring of the lungs is called fibrosis, and once it has occurred the tissue does not recover.

IPF is caused by repeated injury to the lungs, leading to scarring. Scars generally serve a good purpose on the skin – they heal injured areas – but in the lungs, scar tissue stops the lungs doing their job of taking oxygen from the air that we breathe in, and passing the oxygen that the air contains across into the blood. The amount of lung scarring usually increases and is generally irreversible.

The speed at which the condition progresses varies: some people with the condition stay stable for many years, and others worsen more quickly. Unfortunately, IPF is a terminal disease with an average life expectancy of about 3-5 years after an early diagnosis. However, within that average,

there are a small group of people who get worse very quickly and appear to have a disease very resistant to treatment, and another group who have a much more gentle time course with a slow reduction in physical condition over many years. About 20% of IPF patients, or one in five, are alive five years after diagnosis. This makes estimating life expectancy for an individual quite difficult.

Symptoms

Most people develop their symptoms after the age of 60 and the disease is uncommon in people below the age of 50. Men are affected more commonly than women.

The most common symptoms are:

- breathlessness, especially when exercising, such as walking up hills or stairs
- a chronic dry or hacking cough
- discomfort in the chest, although rarely is this described as severe pain
- finger “clubbing”, which is a change in the shape of the fingernails
- fatigue and weakness
- loss of appetite
- rapid loss of weight.

Idiopathic Pulmonary Fibrosis Support Group

The IPF Support Group is a website providing a sympathetic environment for supporting people, and their families/carers, who live with the rare respiratory condition.

Ailsa Pitcher started the support group after her loving husband Robin passed away from the condition in 2010. Throughout Robin's time with the condition, Ailsa saw a need for support and information for those living with this condition in New Zealand, and a need for further information and knowledge for health professionals too, which motivated her to set up the website.

Ailsa recently asked the Foundation to take over the website for her, by providing this information on our website and helping to create awareness about the condition. We are looking forward to helping create more awareness of IPF.

Visit www.asthmaandrespiratory.org.nz to find out more about IPF.



Ask a pharmacist

Getting asthma under control



Pharmacist Linda Joe from Pharmacy Guild of New Zealand talks about how community pharmacies can help patients get their asthma under control.



Asthma is a long-term chronic disease. Over 50% of New Zealanders with asthma do not have it well controlled due to poor adherence. This can be due to lack of understanding about their level of asthma control, incorrect beliefs around long-term steroid use, or poor inhalation technique.

There are a number of things that both health professionals and patients can do to help improve adherence and get asthma under control.

The first step patients can take towards living free from the symptoms of asthma is to understand their own level of asthma control. There is an Asthma Control Test™ at the website www.asthmacontroltest.com that we recommend our member pharmacies complete with their patients each time they collect their repeat prescriptions. Patients aged 12 years and over can use this test to work out their level of asthma control. The test takes under five minutes to complete and has five simple questions. The results can be printed out which provides a good opportunity for discussion about whether the patient's asthma is controlled, or if there is room for improvement.

If there is room for improvement, pharmacists can review their patient's inhalation technique or provide education on medication

use to optimise symptom control. Patients can ask their pharmacist for personalised instructions on how to use their inhaler and it is useful if these instructions can be printed on a sticky label that can be attached to the inhaler. A study has shown that attaching personalised information to an inhaler that explains how to use it correctly can help patients maintain good technique over time.

Managing asthma

Inhaled medicine is usually needed to relieve the symptoms of asthma (reliever medicine) and to prevent an attack from occurring (preventer medicine). It is really important that preventer medicine is used regularly, as prescribed, as it will prevent, or at least reduce, attacks occurring. Patients can discuss their asthma action plan with their pharmacist, as well as what they should do if they have an attack.

Some tips pharmacists recommend to their patients to help manage asthma include:

- See your pharmacist if you need to use a reliever inhaler more than three times a week.
- Keep a diary of your symptoms and inhaler use.
- Use preventer inhalers every day.
- Measure your breathing using a peak flow meter.
- Use a spacer especially when you have an attack.
- Exercise regularly and use your reliever before exercising, if needed.
- Wash your inhaler and spacers regularly so they work well when you need them.
- Do not smoke or be around others who are smoking.

If patients have any questions or concerns, their local community pharmacist is a highly-trained health professional who is available to discuss the management and treatment of asthma.

Climate control in your home



House dust mites and mould – two of New Zealand's leading asthma and allergy triggers – thrive in humid conditions. A dry, well-ventilated home can help your family breathe easier, which is especially important to consider now that winter is approaching.

Tips for climate control inside your home

- Make the most of natural ventilation and air circulation.
- As well as ceiling insulation, don't forget wall and floor insulation.
- Replace any unflued gas heaters.
- Make sure any wood fired heaters or open fireplaces have chimneys that are working properly so smoke doesn't drift into the room.
- If installing a new air conditioning, heating or ventilation system, consider choosing one that filters out pollens and other airborne allergens.
- Let your bedding air in the sunshine – nice for you, not so nice for the dust mites.

Many people who are sensitive to pollens can still throw open a window or air linen on the clothesline if they choose the right time of day. Try to do this in the early morning when pollen levels tend to be lowest.

Mould and mildew

Living in a home that is damp or has visible mould, mildew or a musty smell can cause problems if you are allergic to mould or have asthma that is triggered by mould. Mould is commonly found in bathrooms and fridges. It's also found in places with little air circulation such as walk-in and built-in wardrobes, and in bedrooms with ensuite bathrooms.

Ways to deal with mould

- Remove visible mould by cleaning with naturally fermented white vinegar solution.
- Seal any leaks in bathrooms and roofs.
- Use extractor fans in the bathroom and kitchen.
- Clear overflowing gutters and blocked underfloor vents.
- Remove indoor pot plants (these can promote mould growth).
- A ventilation system can help to prevent mould growth.

If you are very sensitive to mould, you may need to wear a facemask while cleaning or have someone else do it for you.

Visit sensitivechoice.co.nz to find out more.



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HRV



Updated asthma guidelines for children and adolescents make their mark

The long-awaited Asthma and Respiratory Foundation NZ Child and Adolescent Asthma Guidelines were launched at the New Zealand Respiratory Conference in November 2017.

Commissioned by Asthma and Respiratory Foundation NZ, and developed by a multidisciplinary group of respiratory health experts under the leadership of Professor Innes Asher, the guidelines were published in The New Zealand Medical Journal on 1 December 2017.

No funding was sought or obtained from pharmaceutical companies.

The guidelines, honed into a concise Child and Adolescent Asthma Guide Summary for busy health professionals, providing simple, practical and evidence-based information in the assessment and management of asthma in children and adolescents (aged 15 and under) in clinical practice. The intended users are health professionals responsible for delivering asthma care in the community and hospital emergency department settings, and those responsible for the training of such health professionals.

Working group member David McNamara says the guidelines address the biggest challenges in asthma management: patient education, follow-up, motivation and improving adherence.

“By focusing on these we hope to lift the health and quality of life of children with asthma and reduce the burden of acute sickness and hospitalisation.”

Prior to this project, New Zealand's Child and Adolescent Asthma Guidelines had not been updated since 2005, with the old guidelines having a strong 'medical' focus. Significant research in asthma that has emerged over the past 12 years is now incorporated into the new guidelines.

The content will also be used for asthma action plans for patients, as well as training courses and tools for health professionals.

Reducing asthma disparities

By far the highest number of people being admitted to hospital with asthma are Māori, Pacific peoples and those living in the most deprived areas: Māori are 3.4 times and Pacific peoples 3.9 times more likely to be hospitalised than Europeans or other New Zealanders.

The new guidelines were developed with the underlying goal of eliminating inequalities and variations in asthma care in New Zealand. They align the latest research with specific information for the New Zealand context, including available medications and relevant content for treating Māori and Pacific children and adolescents with asthma.

The new guidelines also include the 'bigger picture' factors that contribute to child asthma.

Peer-reviewed

The draft guidelines were peer-reviewed by a wide range of respiratory health experts and key professional organisations, including the New Zealand Nurses Organisation Te Rūnanga o Aotearoa and Respiratory sections, the Pasifika GP Network, PHARMAC, the Royal New Zealand College of General Practitioners, the Thoracic Society of Australia and New Zealand and the Internal Medicine Society of Australia and New Zealand.

The guidelines were published on the Asthma and Respiratory Foundation NZ website (nzasthmaguidelines.co.nz) in December 2017, and disseminated widely through a range of publications, training opportunities and other communication channels, and to health professionals, nursing and medical schools, PHOs and DHBs.

The expiry date for the guidelines is 2022.

Download the Child and Adolescent Asthma Guidelines and resources at: nzasthmaguidelines.co.nz

Printed copies of the Child and Adolescent Asthma Guide Summary, Child Asthma Action Plan and Child Asthma Symptom Diary can be ordered online at: <http://online.printstop.co.nz/AsthmaFoundation/>

Top 10

actions to help children and adolescents with asthma



These are the top 10 ways health professionals can help children and adolescents with asthma, aside from prescribing medicines.

1. Relationships

Encourage the continuity of care with doctors and nurses in your practice and secondary care, and make follow-up appointments - relationships help. Easy access to a trusted nurse and telephone follow-up is recommended.

2. Wellness

Work with families to attain and maintain wellness, and not accept sickness as the norm.

3. Smoke exposure

Ask about smoke exposure, encourage reducing tobacco smoke exposure in the child's environment (home and car) and recommend smoking cessation. If appropriate, give advice and refer to a local smoking cessation service or Quitline (0800 778 778). Provide Health Sponsorship Council's pamphlet 'A Guide to Making Your Home and Car Smokefree'.

4. Housing

A lot of New Zealanders live in unhealthy housing, and conditions are worse in private rental housing. Some families are homeless. Ask about housing and unhealthy features (crowding, cold, damp, mould, unflued gas

heater). Provide the family with information about having a healthy home ("Tips for healthy living" available at: asthmafoundation.org.nz/your-health/healthy-living) and if relevant, refer for healthy housing assessment, if available in your region.

5. Income

Assume that most families struggle with income and ask about it. Inquire about the ability to access the doctor, the pharmacy and paying for prescriptions. Does the child have partly or uncontrolled persistent asthma and meet criteria for Child Disability Allowance? It is important for all family members to use the same pharmacy because once patients and their families have collected 20 new prescription items in a year, they won't have to pay any more prescription charges until 1 February the following year.

6. Health literacy

Assume little health literacy, and use steps described in He Māramatanga Huangō: Asthma Health Literacy for Māori Children in New Zealand. Specifically ask the child and whānau what they understand, what they want to know, and use simple language to explain about asthma. For example, use the term 'asthma flare-up' rather than 'asthma exacerbation'.

7. Adherence

Firstly, assume inhaler device technique is poor and check it. Secondly, assume adherence is imperfect and don't judge. Ask questions in an open way, such as "Many people take less preventer medicine than the doctor prescribes - about how many times a week do you take your asthma preventer?"

8. Asthma action plan

Develop an appropriate asthma action plan with the child and family and check on each visit. Plans should be made available to schools and child care facilities where appropriate. See: www.asthmaandrespiratory.org.nz/resources

9. Access

Help the family to understand how to access care appropriate to asthma severity and identify any barriers they have. Consider referral to an asthma educator, Māori provider or a paediatrician where available and appropriate.

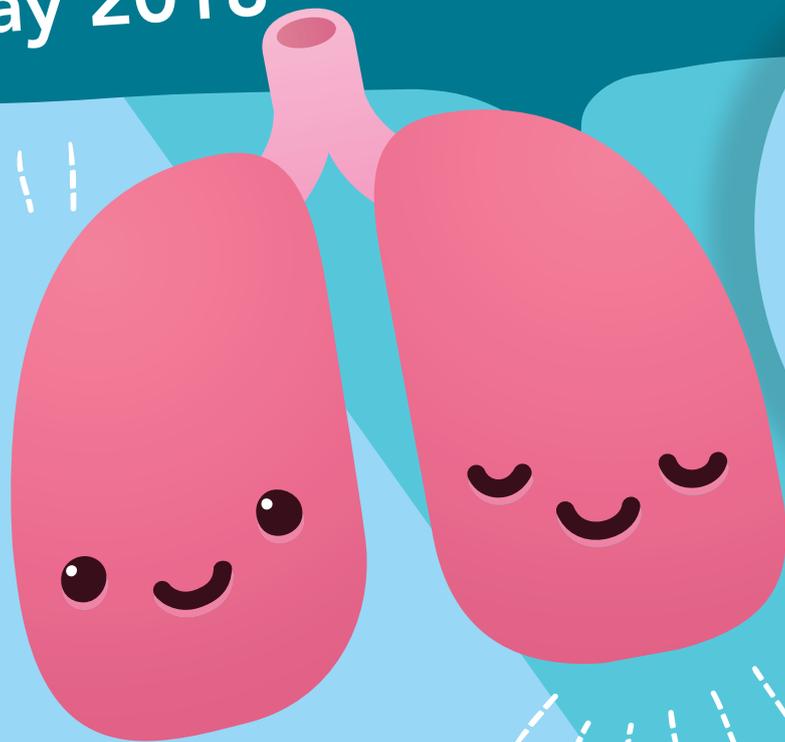
10. Ambulance

Ensure the family know when and how to call an ambulance. In some regions this service may incur a charge.

Find out more about the diagnosis, assessment and management of asthma in children and adolescents (aged 15 and under) in the Child and Adolescent Asthma Guidelines.

World Asthma Day

1 May 2018



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asthmaandrespiratory.org.nz

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