

Keeping in Touch

Asthma and Respiratory Foundation NZ

Autumn 2016



Featuring **Asthma sparks storytelling career**

How suffering from asthma
turned into a life-changing career

- #Hard2Breathe
Spreading the message
- Bronchiectasis – a growing
problem that goes unnoticed
- Why 70 per cent of adults
aren't taking asthma
medication as prescribed

Better breathing, better living

**Asthma
+ Respiratory**
FOUNDATION NZ

Respiratory disease in New Zealand

The big problem that no one is talking about.

Respiratory disease includes a number of different illnesses...

childhood bronchiolitis
bronchiectasis COPD
asthma
lung cancer
obstructive sleep apnoea
childhood pneumonia



That's
700,000
people



Asthma

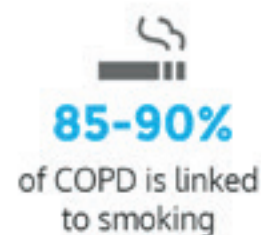
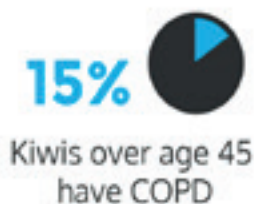


That's
69,000
admissions



That's
23,000
kids

COPD



**Asthma
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Asthma and Respiratory Foundation NZ

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Make a donation via electronic transfer, stating your name and phone number as the reference.

Asthma and Respiratory Foundation NZ's bank account:

03 0518 0186452 00

**Asthma
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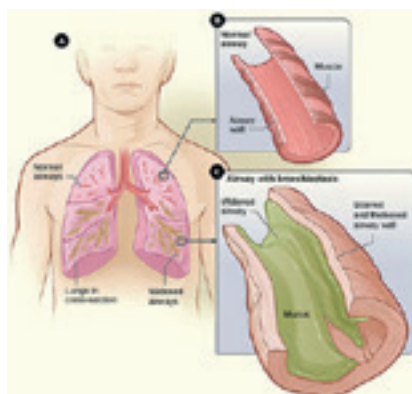
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Chief executive's message

We are well into the year 2016 and it is full steam ahead. The Asthma and Respiratory Foundation NZ is working on many new initiatives to reduce the impact of respiratory disease across New Zealand.

There's a lot going on behind the scenes, and we're excited about the year ahead and improvements in respiratory health. We look forward to working together.

Strategy and advocacy

Te Hā Ora: National Respiratory Strategy was launched in November 2015, so this year we are focusing on a leadership role in encouraging organisations to implement the recommendations that are laid out in the Strategy.

We are advocating to the Ministry of Health to take a lead role in acknowledging respiratory disease as a national health priority. In February, we alerted the media about the increasing hospitalisations and deaths of bronchiectasis over the past decade, which resulted in significant national media coverage. This all helps to increase awareness by putting a spotlight on respiratory health in our country.

The Foundation is also focusing on other conditions outlined in the Strategy – not just asthma and COPD. This year, you will see more campaigns from us to increase awareness about these conditions, which include bronchiectasis, bronchiolitis and obstructive sleep apnoea.

Refreshed brand and website

April marks the launch of our new brand, which you may have noticed on the cover of this magazine. We are moving away from the name 'Asthma Foundation' to 'Asthma and Respiratory Foundation NZ' to better reflect all areas of respiratory health that we cover.

In April we will also be launching the revamp of our website, which will include the latest research, useful resources, personal stories and health management advice in a user-friendly format.

Regional support service for Māori youth

One project already underway is a pilot scheme to support Māori youth in engaging with their asthma. The regional support service aims to facilitate community support and deliver best-practice clinical services for tamaraki/rangatahi.

Once we have set up this pilot we will expand the support service model to incorporate disadvantaged children and teenagers, particularly Pacific youth in the South Auckland community.

New Zealand Health Strategy

The New Zealand Health Strategy identifies the government's priority areas to focus on going forward.

We firmly believe that the New Zealand Health Strategy should align with Te Hā Ora: National Respiratory Strategy.

A revision of the existing Health Strategy is now being undertaken by the Ministry of Health.

The Asthma and Respiratory Foundation NZ submitted a strong case in response to the

draft document. We argued that the final Strategy needs to have a much stronger and more explicit focus on:

1. Respiratory disease as a priority long-term condition and a national health target.
2. Equity in service quality, access, workforce and other areas.
3. Preventative measures to address the social determinants of health, including healthy housing and a roadmap to Smokefree 2025.
4. Actions are needed to lift health literacy, including better information resources and upskilling health professionals in health literacy and cultural competency.
5. Better access to primary care for all New Zealanders.

The final version of the updated New Zealand Health Strategy is due for release in mid-2016 – watch this space.

John Wills

Chief executive
Asthma and Respiratory Foundation NZ

New logo

**Asthma
+ Respiratory**
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Sir Mason Durie speaks at the Strategy launch



Sir Mason Durie, John Knight and Kathy Lys



Te Hā Ora: National Respiratory Strategy



Te Hā Ora: National Respiratory Strategy

Sir Mason Durie calls for action on respiratory disease

Respiratory disease not only reflects the health status of individuals but is also a comment on the environments in which we live, work and play, says Sir Mason Durie, a renowned professor of Māori studies and academic researcher from Massey University.

Sir Mason, who launched Te Hā Ora: National Respiratory Strategy last year and wrote the foreward, believes the Strategy has the potential to “greatly improve the health and wellbeing of thousands of New Zealanders”.

His comments emphasise the broader context of respiratory disease in New Zealand, which despite being largely preventable in a developed country, is our third leading cause of death.

Health sector must work together

The importance of organisations and health professionals supporting each other to combat our respiratory problem was also highlighted by Sir Mason.

“The complexities surrounding respiratory diseases are such that no single profession, sector or agency can effectively reverse the

current trend that is accounting for escalating levels of disability, suffering, and death.”

Addressing the respiratory problem demands close links between the various components of the health sector, he says.

Te Hā Ora outlines clear steps that need to be taken in order for change to occur. Taking these steps is not the responsibility of one organisation, he says, but should be a collective effort from groups and individuals across the country.

Targeting change in groups where respiratory disease rates are high is another important step, says Sir Mason. He feels New Zealand is now in a position where education and literacy can extend beyond the health sector and begin on a personal level.

The aim is to prevent disease rather than just manage it, he says.

“Enough is known about the causes of respiratory diseases to justify action at family, school, community, marae, iwi and national levels.”

The Asthma and Respiratory Foundation NZ would like to offer enormous thanks to Sir Mason for his support and comments. Only with the “wide support and prompt implementation” that he mentions can the Strategy result in change.

We look forward to working together this year to help change the lives of the 700,000 New Zealanders needlessly suffering from respiratory disease.

DOWNLOAD

Te Hā Ora:
National Respiratory Strategy
at asthmafoundation.org.nz

or email marketing@asthmafoundation.org.nz

New research

The importance of asthma medication

The role of medication in the management of asthma is central to good asthma control. When asthma is managed well, patients don't experience any asthma symptoms, says Sinthia Bosnic-Anticevich, an international expert on inhaler devices and an Associate Professor from Sydney Medical School.

She has found surprising results in regards to asthma medication and adherence.

"Up to 70 per cent of adults with asthma do not take their medication as prescribed, which they need to for a condition such as asthma," says Dr Bosnic-Anticevich, who presented at the National Respiratory Conference, 2015.

"A patient should be taking their medication morning and night, for most of their inhalers, every single day."

Not taking medication as directed

In a study looking at asthma medication compliance, Dr Bosnic-Anticevich says it was found that more than 90 per cent of the 500 people surveyed were not visiting the pharmacy regularly enough to indicate they were using their medication on a daily basis.

"Over three-quarters of [these] patients were still experiencing symptoms of asthma."

Why is this happening?

The authors of the study found that people with asthma who weren't taking their medication as prescribed often had a perception their condition wasn't serious, and also had concerns about the side effects of medications.

Patients question whether they need to take their treatment and whether they need to take it all the time, especially when they are feeling well and have no symptoms, says Dr Bosnic-Anticevich.

"One thing that we notice in practice is that patients get used to having some levels of symptoms. They think that that's normal for a person who has asthma. They don't expect that they could live symptom-free."

Side effects from medications are also a concern for many people who are prescribed asthma medication, she says.

"This is particularly obvious and evident in children, where parents have concerns about using medications long term, especially inhaled corticosteroids. We know these are so incredibly effective and safe but patients, and parents in particular, have concerns about giving this medication to their children on a daily basis. So then, there's a negative association with the use of medicines."

Up to **70%** of adults don't take their asthma medication as prescribed

Dr Sinthia Bosnic-Anticevich



To view the full presentation, search for:
"Sinthia Bosnic-Anticevich: Improving inhaler technique" on YouTube.com,
or subscribe to the Asthma and Respiratory NZ Youtube channel.

Health professionals

Bronchiectasis in New Zealand – a growing problem that goes unnoticed

Bronchiectasis is a growing problem in New Zealand, affecting more than 4000 Kiwis. Deaths from the disease doubled between 2000 and 2013, and hospitalisations for the condition increased by 30 per cent.

What is it?

Bronchiectasis is when the lungs are damaged and scarred from chest infections. It usually occurs from repeated chest infections but can also be caused from a single severe infection that requires a hospital admission. It is considered to be an 'old world' disease but unfortunately, is common among children in New Zealand.

Every year, 136 children are admitted to hospital with the disease, which kills a Kiwi child every 18 months. These statistics are on par with rheumatic fever, a condition which receives far more recognition in the health community and the media.

Because health care workers can be unaware of the prevalence of bronchiectasis, diagnosis of the disease is often only made when the condition is established and sometimes severe, says paediatrician Dr Cass Byrnes, from Auckland University.

"A wet or mucousy-sounding cough in children that lasts for several weeks is not normal. It suggests ongoing infection which may be doing permanent lung damage," says Dr Byrnes.

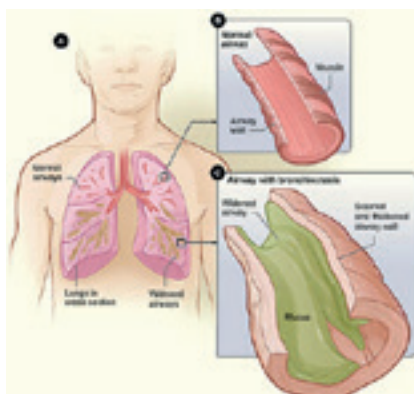


Illustration of bronchiectasis courtesy of National Heart, Lung and Blood Institute (US)

Early diagnosis is important

Early diagnosis and treatment is vital in order to lessen the lung damage caused by bronchiectasis.

"Children will often have symptoms for two years before the diagnosis is made, which is far too long. We set the bar too high – children could be diagnosed earlier and get the appropriate treatment, with the potential in childhood to actually reverse the disease, which is not possible in adults."

The signs and symptoms traditionally associated with bronchiectasis are growth, clubbing in the nails, chest deformities and crackles.

"Once again the bar has been set too high," says Dr Byrnes. "In the most recent guideline, we have suggested that a wet cough not responding to four weeks of antibiotics, or three episodes of cough, or a persistent chest abnormality, should get a referral. We need to target and rescue this problem in New Zealand."



PHARMAC funds more treatments for respiratory disease

PHARMAC is funding six new medicines that will improve treatment options for people with chronic obstructive pulmonary disease (COPD).

The new funded medicines, which have resulted from negotiations with two suppliers, will be listed on the Pharmaceutical Schedule from March 1, 2016.

About 22,000 New Zealanders currently receive funded COPD medicines, but the new additions mean that figure will hopefully double in the next five years, says PHARMAC director of operations, Sarah Fitt.

"PHARMAC currently funds four products specifically for COPD. The new agreements grow this number significantly, giving choice to patients and clinicians treating them," she says.

"The agreements also enable PHARMAC to list some of the products without restriction, which will mean that some people currently unable to access funded treatment will be able to do so."

PHARMAC is also freeing up prescribing rules for some currently funded COPD products so they will be available to more people – including allowing prescribing by qualified nurse practitioners.

The extra funding has been welcomed by the Asthma and Respiratory Foundation NZ.

"It's great news that PHARMAC is funding new medications to treat this debilitating disease," says Teresa Demetriou, national education services manager.

"People with COPD will now have other treatments available to relieve their symptoms, making day-to-day living a little easier. COPD is often undiagnosed, and for this reason at least 200,000 (15 percent) of the adult population may be affected. These medications will widen the treatment options available to doctors."

Sleep in Aotearoa 2016

Presentations and workshops highlighting strategies to improve sleep health services and access.

Date: 7-8 May 2016

Location: Wellington

More info at sleep.org.au/sponsors/sleep-in-aotearoa



Sailor the Pufferfish



Sailor the Pufferfish is a great initiative from Asthma Waikato – an interactive show which educates children about asthma, how to manage it better and educate children without the condition to understand more about it.

We would like send a huge thank you to T G Macarthy Trust and Auckland Airport for funding that will enable 50 Sailor the Pufferfish shows to be performed in the lower North Island in Term 2.

In addition, the funding from Auckland Airport will enable 27 shows to be delivered to low decile schools in Auckland, which is fantastic news.

#Hard2Breathe

The Hard2Breathe social media campaign to raise awareness of respiratory illnesses was a great way to start 2016. The posts and ads in the February campaign received tens of thousands of views, retweets, likes, shares and comments.

We also had some really creative video entries from people of all ages (and species, including cats and guinea pigs!), which helped bring attention to New Zealand's shocking respiratory disease rates.

Best of all, we ended the campaign touring schools with TV personality Erin Simpson and basketballers Brook Ruscoe and Mika Vukona. We visited some awesome schools in South Auckland and helped more than 800 kids to talk openly about asthma. We also gave out balloons, drink bottles and bubble wands for the kids, and filmed some fun Hard2Breathe videos together.

The fun included asking students with asthma to take part in a balloon blowing competition to demonstrate the difficulty of exhaling with restricted airways.

After the Foundation funded Sailor the Puffer Fish Shows in May 2015, many students went home and talked to their parents about asthma, resulting in at least three being tested and then diagnosed with asthma. We can only hope the Hard2Breathe campaign will have a similar result for more Kiwi children.

Thank you to everyone who got involved with this campaign and helped us to raise awareness.



Brook Ruscoe at Kereru Park School



A huge thank you to Pub Charity for their generous support, by providing vital funding for numerous projects including Hard2Breathe, branding, and our new website. Without your ongoing support these projects wouldn't be possible.



Balloon demonstration at Manurewa West School



The team at Kelvin Road School

School asthma checklist

Use this checklist of preventative measures to help reduce the risk of asthma-related sickness at school.



Get vaccinated ☐



- Get a flu vaccination every year, as there may be new strains.
- The flu vaccine is free for people with respiratory conditions.



☐ Medication

- Make sure inhalers aren't empty or out of date.
- Take medication as prescribed and use a spacer if your inhaler allows it.
- Ensure children always carry medication in their school backpack.
- Check technique with a doctor or nurse.



Asthma management plan ☐

- Have an up-to-date asthma management plan.
- A plan helps identify what to do when well, unwell or need help in an emergency.



Talk to your child's teacher ☐

- Make sure your child will tell a teacher if feeling unwell.
- Give teacher copy of asthma management plan.
- Make sure school has your emergency contact details.



Know the triggers ☐

Triggers can be:

- Stress and/or anxiety
- Change of environment
- Allergens in classrooms
- Mould spores
- Dust
- Cleaning products.



Reduce exposure to germs ☐

- Wash hands with soap.
- Provide hand sanitizer.
- Teach kids 'germ etiquette'.



Asthma sparks storytelling career

Derek Gordon, aka Bringwonder the Storyteller

Derek Gordon from Waiwera tells his story about life with asthma, and how the 'ill wind that blows nobody any good' resulted in him becoming New Zealand's first professional storyteller, aka Bringwonder the Storyteller.

I am a long-term asthmatic. I'm 68 now, mostly retired, although I still do an occasional teaching contract at Massey University.

I was born in Hamilton in 1947. At two weeks of age, I developed extreme eczema, which I had until I was about four years old. I still remember the violent itching. My mother would bind me with bandages to prevent bleeding from itching, and I have memories of being lowered into the sarcophagus of my cot, swathed in cloth bandages.

When I was aged about four and a half, Mum took me to a gala day where there were horse rides. She gave me one, and the horse triggered a huge attack of asthma: my first. I remember they put me on a stretcher in the front room, and while under instruction from the doctor, they sponged down the walls of my room and frantically vacuumed for dust. The first attack is etched into my memory.

Fortuitously, the angels became aware of what was happening and sent a visitor in the form of a family friend, a lovely man, a Scotsman (called Jock!). He sat down beside me and told me a beautiful story. It was about an enchanted castle. This was to become a pattern. My mother would sit on my bed during the attacks and tell me stories to keep me conscious. I always wanted to know what happened next, and I struggled to stay breathing, I think, so as to hear what happened in the end.

The eczema disappeared within two weeks of my developing asthma. I was glad of that.

The asthma attacks began every night sometime after I'd gone to bed. They were life threatening with no relief until I was 11 years old, when I was presented with the then newly invented inhaler, which was like a miracle. The doctor occasionally gave me an adrenaline injection, totally out of favour now, of course. My sister was a bad asthmatic as well. It affected my parent's marriage terribly, because our mother was constantly exhausted from being up all night to us both.

I had two out of body experiences

I had two out of body experiences. Some people dismiss that kind of thing, and I'm sure they would say that it was oxygen deprivation, but when I was about 10 years old I woke up one night and realised I was looking at the ceiling six inches above.

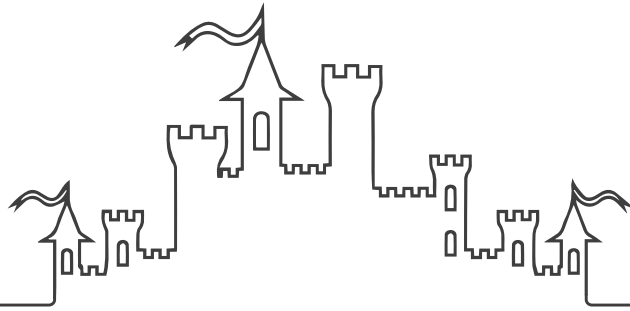
I looked down and saw my body lying in bed, which I zoomed back into!

My mother was a well-known dramatic performer in Hamilton. She acted in the Hamilton Light Operatic and Playbox, and did many solo performances professionally, so her storytelling was top-notch. This helped enormously, to be entertained by such a talented mother while struggling to stay alive.

Of course I spent huge chunks of time away from school. When I was 10 years old my sister and I were sent to Bryant Home at Raglan, a health camp. My sister hated it and wept bitterly until they took her home, but I loved it. We didn't have to do school work in those days, and the nurses put on concerts for us. We adored those nurses, even though the matron was a dragon. Both the nurses and children colluded against her!

Bringwonder the Storyteller





Dramatic training

The storytelling had a permanent effect upon me. I acted in the play Hamlet at aged 17, at Hamilton Boys High, and after I'd completed my degree and taught in secondary schools for 10 years, I left teaching and became New Zealand's first full-time storyteller – Bringwonder the Storyteller. I travelled around schools and festivals supporting my family entirely through storytelling.

So you see, asthma is not an 'ill wind that blows nobody any good!' If the asthma had not existed, I wouldn't have had all that subconscious dramatic training

So you see, asthma is not an 'ill wind that blows nobody any good!' If the asthma had not existed, I wouldn't have had all that subconscious dramatic training – because my storytelling is strongly theatrical with audience involvement and enormous energy output.

Physically I became quite fit. I still am and have to say that if an asthmatic becomes unfit, the asthma increases. I see greater numbers of unfit kids around now, sitting in front of screens, chomping on junk foods. That's no good for asthma.

I know that asthma these days is associated with damp houses and poverty. However, we were not in that category. We did not have much money but we were, as they used to say, 'comfortable'. However, the fact

that I lived in Hamilton, very foggy in those days, did not help.

But I must reiterate: hard exercise is important, and a good diet. Using medication wisely helps, too. Modern

asthma medication is brilliant. I'm sure it's helped to keep me alive! Our doctor told my father that I might be dead before I was 20, I was that bad.

Give her oxygen NOW!

There was a lot of ignorance for a long time about asthma. My sister was wheeled into Waikato Hospital in 1975 with such bad asthma she couldn't speak. Yet, a doctor bent over and said, "Have you been worrying about anything lately?" Her husband said, "Give her oxygen NOW!" They did and she lived. I think doctors like that still exist but I hope they're rare.

I also had some pretty inspiring personalities around me while growing up, and I believe that helped.



Derek Gordon

What a wonderful story Derek – thank you for sharing it with us. It's incredible to hear that suffering from asthma was the onset of a unique chain of events that resulted in Bringwonder the Storyteller and your professional storyingtelling career.

We really do hope your story will inspire others.

Do you have a story you'd like to share?
email marketing@asthmafoundation.org.nz
or phone 04 495 0097



Sensitive Choice®

Three ways to reduce asthma and allergy symptoms

Asthma and allergies go hand in hand – up to 90 per cent of people with asthma also have allergic rhinitis.

A healthy home with good air quality is important to reduce asthma and allergy symptoms. Changes can be made in your home to avoid or reduce common triggers such as mould, poor air quality, dust mites and their faeces, animal dander (dead skin cells), pollens and plants.

1 Keep your home dry

A cold and damp home is a major trigger for asthma and allergies, so it's really important to keep the home dry and healthy.

Damp homes are likely to cause health problems and are also more difficult to heat. They need to be insulated, well ventilated and adequately heated to prevent dampness and mould growth. For ventilation during warmer weather, windows can be opened a small amount over long periods of time. Ventilation systems and dehumidifiers can help achieve a better outcome and can be used year round.

2 Have a warm home

Keep your home warm and cosy. The World Health Organization recommends a minimum internal temperature of 18°C, as temperatures below 16°C increase the risk of respiratory disease. Here are ways to keep your home as warm as possible.

- A heat pump is an efficient way of using electricity to heat the home.
- Double-glazed windows can halve the heat loss occurring in single-glazed windows.

- Use well-fitting curtains to reduce heat loss at night and keep in heat from the day.
- Insulate your ceiling and under the floor – 40 per cent of heat can be lost through an uninsulated ceiling and 10 per cent through the floor.

3 Improve air quality

Make sure the “inside” air you’re breathing is healthy and free of particle pollution.

Ways to achieve this include:

- Ensure the filters on air-conditioning systems and air purifiers in your home and car are clean. Maintain them by servicing them regularly.
- Ask your employer to check and maintain any air-conditioning systems to ensure the air in your work environment is as clean as possible.
- Use sealed vacuum cleaners with an authentic high-efficiency particulate air (HEPA) filter. These are effective at cleaning your home and removing allergens, such as pollen and dust mite faeces.

Fujitsu



We have long admired the work that the Asthma and Respiratory Foundation NZ has been doing in New Zealand, and so we are delighted to now be part of NZ's Sensitive Choice® programme.

Fujitsu is a specialist heat pump company that takes extraordinary care in developing products that contain added features to create a comfortable and healthier home.

In addition to being highly effective and efficient, the full range of Fujitsu Hi-Wall Heat Pumps and compact floor models offers benefits for asthma and allergy sufferers. They contain advanced catechin air filters that have been independently tested to reduce airborne allergens, such as mould spores, dust mite carcasses and of course, pollen.

As well as helping to keep your home warm and dry in winter, the pumps also can be used to cool the home during summer, which reduces the humidity that encourages dust mites and mould.

To learn more about Fujitsu heat pumps and how they can give you a comfortable and healthier home, talk to a Fujitsu specialist or visit fujitsugeneral.co.nz.

Awareness week



Penny Jorgensen from Allergy New Zealand talks about the upcoming World Allergy Week. The focus this year is around pollen allergies and adapting to a changing climate.

World Allergy Week 4-10 April 2016

Launched by the World Allergy Organization (WAO), this annual campaign is to raise awareness of allergic disease and asthma. These non-communicable diseases are rising in prevalence around the world and carry a very substantial burden, particularly on children. WAO and its members advocate for allergy to be recognised as a global public health problem, and for efforts to be made towards prevention and optimal treatment.

Pollen allergies

This year's focus is on pollen allergies and the impact of climate change. It is estimated around 500 million people worldwide suffer from allergic rhinitis (hay fever), with the most common triggers being pollen and fungal spores. Studies to date indicate the potential for climate change to result in an increase in the aggressiveness of pollen particles and/or an extension of the pollen season, leading to worsening symptoms for longer periods. There is also concern that high summer

temperatures have an impact on rates of acute exacerbation (sudden worsening of symptoms) and hospital admission for elderly patients with breathing problems, which may cause unexpected death.

Around 40 per cent of patients with allergic rhinitis are believed to have asthma and up to 90 per cent of people with asthma will also have allergic rhinitis. However, allergic rhinitis itself is often under-treated because of a perception it is not a 'serious' chronic disease. The WAO therefore believes the 'one airway' concept needs to be better understood by everyone in the community, particularly given the impact allergic rhinitis and asthma have on the daily life of patients and their families, including at school, work or social activities. For example, studies have shown that in patients with both asthma and allergic rhinitis, treatment of allergic rhinitis with intranasal steroids reduces the risk of asthma-related emergency department visits and hospitalisations.

While genetics play a significant role with many people having a predisposition to the development of allergic diseases, the exposure to environmental factors, including allergenic pollen, is also




recognised as important. WAO notes that migration from one country to another involves exposure to a new set of allergens, which often affect migrants' health.

Recommendations by the WAO and member societies include the need for comprehensive pollen monitoring, as part of measures to assess and manage the impact of climate change on human health. Another recommendation is that migration studies might provide information on the role of environmental factors on the development of allergies and asthma.

Allergy New Zealand is calling for research, as per these recommendations, to be done in New Zealand, particularly given we have some of the highest rates of allergies in the world.



Penny Jorgensen is the Allergy Advisor at Allergy New Zealand and has had many years' experience in the health and disability sector.



How can I ensure I'm managing my asthma in the best way?

Registered nurse Teresa Demetriou shares asthma management tips

It's a well-known fact that cold weather causes a lot of asthma flare-ups, so it's important to be prepared. Follow these tips to ensure you're prepared for the cooler weather.

1 Flu vaccinations

Flu vaccinations for the upcoming autumn and winter seasons should be done from March onwards. Influenza is caused by a virus and results in aching muscles, headache, fever and weakness – which everybody wants to avoid – but particularly those who have respiratory conditions and their family members.

Why? Flu can settle on the chest, causing a chest infection which could potentially lead to pneumonia. It's necessary to get a flu vaccination once a year to stay protected, as strains may vary from year-to-year.

Vaccinations are free of charge for people with asthma and can be done at your doctor's surgery or local participating pharmacy. A list of pharmacies that give flu vaccinations can be found at influenza.org.nz.

2 Medication

Asthma medication always needs to be taken as directed. It's important to check whether you're taking your medication correctly. Many people don't realise they're not using the right technique. A doctor or nurse can check your technique and advise whether it's as effective as possible, and advise any changes that need to be made. Also, make sure you have a sufficient supply of inhalers, and be sure to check the amount of medication inside them.

3 Spacers

Some inhalers should be taken using a spacer. This is relevant to people of all ages, from children to adults. Why? A spacer helps deliver the medicine to the airways of the lungs, instead of the mouth, which increases the effectiveness of medication by up to 70 per cent. Spacers are available for free from your GP.

4 Asthma management plans and peak flow measurement

People with asthma should have an up-to-date asthma management plan, and peak flow measurements should be carried out on a regular basis. Peak flow measurements can be recorded on your management plan and will help you identify if your asthma is getting worse. Ask your doctor or nurse how to fill this in on your plan. Your management plan can help you to identify what to look for if your asthma is getting worse and when to seek help in an emergency.

Asthma management plans and peak flow meters are available from GPs, and the plans can also be downloaded at asthmafoundation.org.nz.



Teresa Demetriou is a registered nurse with many years' experience working in primary health. She is responsible for the Asthma and Respiratory Foundation NZ's education portfolio, which includes educating on respiratory conditions and providing professional development and training.

News



World Asthma Day Tuesday 3 May 2016

World Asthma Day is an annual event which takes place on the first Tuesday in May, and is organised by the Global Initiative for Asthma (GINA). The day has been in place since 1998 to improve asthma awareness and care around the world. This year's theme is, "You can control your asthma".

It is now estimated that as many as 300 million people of all ages and ethnic backgrounds suffer from asthma. The burden of this disease to governments, health care systems, families and patients is increasing worldwide.

If you'd like to take part in raising awareness about asthma, World Asthma Day is a great opportunity to organise a fundraising event for the Asthma and Respiratory Foundation NZ, or your local society.

This year World Asthma Day takes place on Tuesday 3 May.



REGISTER YOUR
SCHOOL FOR
DANCE4ASTHMA
NOW!



Winners of the Dance4Asthma 2015
Intermediate school category

Registrations open for Dance4Asthma 2016

Dance4Asthma is a fun health promotion activity which takes place in Term 2 (May) to raise awareness of asthma. Schools are invited to put together a dance video to the 2016 Dance4Asthma song and post it on YouTube.

Dance4Asthma can involve one class or the whole school, with many prizes up for grabs. Entries are open to preschools, primary, intermediate, secondary schools and dance schools, and can be submitted between 2 May and 24 June, 2016.

Results from last year were positive, with the videos receiving more than 14,000 hits. The feedback from teachers has also been excellent.

To register visit asthmafoundation.org.nz, phone 04 495 0097 or email marketing@asthmafoundation.org.nz.



The late Esther-Jordan Muriwai,
founder of the Bronchiectasis Foundation

National Bronchiectasis Day Thursday 7 April 2016

The first National Bronchiectasis Day will be held on 7 April, 2016. This year Auckland and Northland will be celebrating with children and their families to bring about more education of the condition and raise awareness, says Camron Muriwai, chairman of the Bronchiectasis Foundation.

"We are celebrating with entertainment, quizzes, information, resources and fundraising activities on this day."

The Bronchiectasis Foundation was founded by the previous Respiratory Achievers Award winner, Esther-Jordan Muriwai, who sadly passed away from the disease in June 2014.

"She was a beautiful young woman who lived every moment to its fullest. It was inevitable she would find her calling, her destiny and leave something behind," says Camron, Esther's Dad.



Māori Language Week

The 2016 Te Wiki o te Reo Māori or Māori Language Week will run from **4-10 July**.

In celebration of the language, here are some key respiratory terms for you to learn!

Te wiki o Māori te reo

Asthma/

Asthmatic

Wheezing

Chest

Blood

Lungs

Windpipe

Health/wellness

Respiratory

To breathe/

inhale

Respiratory

disease

Huangō/Kume

Ngoio

Uma/Poho

Toto

Ale wharowharo

Pūkorokoro

Hauora/oranga

Romahā

Whakangā/

whakahā

Mate romahā

The kaupapa or theme this year is the **Olympics**.



Sport and exercise is important for everybody, but for those with a respiratory condition it can make a big difference on wellbeing as it improves lung capacity, blood flow, and is calming, fulfilling and fun!

Yes, I want to support better respiratory health for New Zealanders.

Online: www.asthmafoundation.org.nz

Electronic transfer: Bank account 03 0518 0186452 00

☐ Please accept my donation of:

☐ \$40 ☐ \$55 ☐ \$75 ☐ \$100 ☐ \$250 \$ Surprise us! (Donations of \$5 and over are tax deductible.)

☐ Please find enclosed my cheque (please make cheques payable to the Asthma and Respiratory Foundation. The Asthma and Respiratory Foundation is a registered charity no. CC22906)

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NAME ON CARD

☐ Monthly pledge partner programme. Please accept my regular monthly donation of:

☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 Other amount \$

☐ Please send me information about leaving a bequest in my Will for the Asthma Foundation ☐ I have already left a bequest to the Asthma Foundation

☐ Please charge my credit card monthly (details above)

☐ Please send me information on making a monthly contribution through my bank

Name

Address

Postcode

Tel Number

(Please return this slip with your donation to: Freepost 140226, The Asthma Foundation, PO Box 1459, Wellington 6140.)

Phone 0900 4 ASTHMA (0900 4 278462) to make an automatic \$20 donation