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How impressive! Otago Asthma Society's community exercise programme crew recently combined forces to effectively walk 36km, bike 140km and row 67km working on gymnasium machines. This is the equivalent of the annual Speights Coast to Coast multisport event that traverses the South Island. Continued on page 3.

Audrie Leslie (left) and Paul Steele. Photo by Eric de Leeuw.

The dates for Balloon Day and Asthma Awareness Week 2011 have been announced:
Friday 29 April, and 27 April to 3 May respectively.

Watch out for more information at
www.asthmafoundation.org.nz.

Meri Kirihimete and a Happy New Year from the Asthma Foundation



The Government is introducing legislation to ban retail tobacco displays. See page 8.



the asthma foundation
Better respiratory health for New Zealanders

Respiratory News

12/10



the asthma foundation
Better respiratory health for New Zealanders

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The Asthma and Respiratory News is produced with the assistance of the New Zealand Lottery Grants Board. The Asthma Foundation greatly appreciates their support.



The Asthma Foundation is committed to making a difference for Maori with respiratory conditions

Canterbury earthquake report

On Shaky Ground?

By Teresa Chalecki,
Manager, Asthma Canterbury

At 4.35am on 4 September things changed dramatically in Canterbury.

The once practically “quake free” zone was suddenly the centre of the biggest seismic event in New Zealand for many years. While some areas sustained severe damage, others appeared relatively minor but the population was universally “well shaken”. The response of the emergency and infrastructure services was amazing. Hospitals and community services immediately implemented their emergency plans and while most households were initially without power and/or water these services were quickly restored to the majority of areas, most within the first few days. Within the first few hours the Kiwi “can do” approach was very evident with family, friends and neighbours supporting each other and coping with the shock and initial damage.

The office of Asthma Canterbury is located within “the four avenues” of central Christchurch but miraculously suffered virtually no damage – probably thanks to being on the ground floor of a relatively new, and earthquake sound building. The damage around in the nearby streets was more evident however. We are only a block and a half from the initially cordoned off area of the central city and although our office was open and it was business as usual on the Monday morning there was an eerie quality to the city which took several days to pass.

Some of us had to find a different route to work and traffic congestion on the roads was a challenge at times. There was some degree of uneasiness in the first few weeks with some significantly sized aftershocks. Taking the time to talk about our own experiences and ease back into our normal routines was helpful for all of us and for our clients.

With regard to our services, on Monday 6 September we had power, water and phones so we opened for business. I emailed around other societies and services to let them know we were okay and it was great to receive all the responses wishing us well. We were conscious that many of our clients had other priorities or had temporarily left town and we did get a few clients postpone appointments in the first couple of weeks.

Some of our smoking cessation clients not surprising “fell off the wagon” for a short time but were equally determined and have resumed their non-smoking status. Also, contact from schools regarding asthma education has been reduced since their focus has been more on helping children to cope with the psychological impact of the quake. The information provided by the Canterbury District Health Board’s anxiety disorders unit – *Possible Psychological Reactions to an Earthquake* – was excellent and we have passed this on to many of our clients, as well as reading it thoroughly ourselves.

Now over two months and more than 2000 aftershocks later I still take a different route to work and there are still cordons on a few of the central city areas as buildings are repaired or demolished.

Here at Asthma Canterbury it is business as usual – we had Medtech installed in September, ran an Asthma Fundamentals course in September and October and have a busy November ahead with a World COPD Day expo and the Gluten Free Food and Allergy Show.

We have been shaken but not stirred.



The Asthma Canterbury buildings in Christchurch were not badly damaged by the Canterbury earthquake of 4 September.

Respiratory News

Most Scottish A and E asthma trips 'avoidable'

(This story is from www.bbc.co.uk).

There are 368 000 people in Scotland currently receiving treatment for asthma.

Three quarters of hospital admissions due to asthma would be avoidable if the condition was managed properly, according to a charity.

Asthma UK Scotland has published figures which showed 6000 people go to accident and emergency each year after suffering an asthma attack.

It said there had been no improvement for a decade, costing the NHS £100 million (\$NZ200 million).

The charity, which has published a new guide for people with asthma, said new approaches were urgently needed.

It has urged people with asthma to follow guidelines on proper care, and has asked health boards to review how they monitor asthma in the community.

Asthma UK Scotland said the cost of an emergency admission was three-and-a-half times more than the cost of treating somebody in primary care, and amounted to more than £10 million (\$NZ20 million) a year.

The charity's director, Gordon Brown, told BBC Radio Scotland's Good Morning Scotland programme that a number of people needed to be involved in managing the condition, not least the person with asthma themselves.

He said: "The underlying message is a dialogue, a dialogue between health professionals, people with asthma and hopefully sharing the burden of care."

Comment by the Asthma Foundation's Medical Director, Dr Bob Hancox:

"The situation is likely to be very similar in New Zealand. Many, but not all, asthma admissions to emergency departments could be avoided by following the treatment guidelines."

Peter Renshaw



Born 19 October 1918. Died 23 September 2010.

Peter Renshaw, a life member of the Asthma Foundation, passed away in September just before his 92nd birthday.

Peter became involved with the New Zealand Asthma Society on the prompting of another figure in the New Zealand respiratory world who would become a life member himself, Tony Ryan. Peter became the secretary of the society in 1973, while practising as a Chartered Accountant. He continued as secretary until 1980 and as treasurer from 1980 until 1984. In his retirement he continued to do the accounts for the Foundation for a number of years.

We enjoyed seeing Peter and members of his family at events such as the Asthma and Respiratory Achievers Awards. The Asthma Foundation acknowledges his work with gratitude and we offer our condolences to his family – his children, grandchildren and great-grandchildren.

Otago's good sports

continued from page 1

On 8 September – World Physiotherapy Day – the Breathtaking Sea to Sea Challenge was done in 2 hours 56 minutes on equipment in a gym at Dunedin Hospital by 26 participants, encouraged by a group of vocal physiotherapy students from Otago University, and physiotherapy tutor, Martin Kidd.

From Twitter recently:

Asthma Canada says 80 percent of asthma deaths could be prevented by education.

A recent media statement from the European Respiratory Society

14 October 2010 was World Spirometry Day.

550 people across Europe will die today from a preventable lung disease.

With new data revealing 23 Europeans die each hour from a preventable lung condition, the European Respiratory Society (ERS) is calling on people across Europe to get their lungs tested on the first ever World Spirometry Day – 14th October.

Lung disease is the second biggest killer in Europe, and is rapidly becoming the third biggest cause of death worldwide.

Doctors and nurses across the continent are championing spirometry testing as the only way to overcome the widespread under-diagnosis of serious lung conditions like asthma and Chronic Obstructive Pulmonary Disease (COPD).

The most prevalent and debilitating lung disease, COPD is under-diagnosed in 75 percent of cases, and global figures show half of patients remain undiagnosed. Widespread under-diagnosis means sufferers only realise they have a serious lung disease once it is too late to prevent major damage, leaving them unable to carry on a healthy and active life. People most at risk are over 40 and current or ex-smokers.

Regular and early lung testing helps people to identify potentially debilitating lung conditions before too much damage is done, giving

them a chance to slow the disease's progression before it completely ruins their lung function.

A WOF for the lungs

Doctors and nurses are taking to the streets across the globe today to run hundreds of public lung testing events to raise awareness of spirometry testing – the most accurate way to reassure people that their lungs are healthy, or to identify any potential danger.

“Living with a chronic lung condition can be no life at all,” said ERS President, Professor Marc Decramer. “In the same way we take our cars for regular engine checks, people need reminding that their lungs are the engines of their bodies. Taking regular tests to identify problems early can save millions from being forced to live large portions of their lives with painful, but preventable, conditions.”

“In the time it takes to read this, someone will have died from a preventable lung disease in Europe,” said Monica Fletcher, Chair of the European Lung Foundation. “Even scarier to consider are the millions of sufferers living with impaired quality of life because their conditions were not identified early enough. On Spirometry Day we want people to know that their doctors and nurses are here to help – early testing is a positive first step and can dramatically improve outcomes. The message should be: don't be afraid to find out.”

(abridged version)

Volunteers Wanted for NRT Trials

Zonnic mouth spray, a fast-acting Nicotine Replacement Therapy (NRT), is being tested together with already-marketed nicotine patches and snus oral tobacco in two Wellington studies.

The research team from the medical school at Otago University, Wellington, with support from Capital and Coast District Health Board, are using nicotine patches and Zonnic oral spray in tandem to see if adding Zonnic to a recognised NRT will be more effective for people trying to give up smoking.

Zonnic is a flavoured, nicotine mouth spray which helps to control the urge to smoke. A spray of Zonnic can be used in place of a cigarette, because it is absorbed into the bloodstream within a few minutes.

The researchers are looking for participants from all walks of life and can be contacted on (04) 918 6041 or 0800 318 167. Volunteers will be supported in quitting for up to a year.

A second study involves Capital and Coast DHB patients with smoking related conditions, whom have tried other NRTs, are aged 18 to 70 and want to give up smoking.

This study is testing Zonnic in a pouch form, used with snus (a Swedish oral tobacco, which is placed under the lip); both products that can help reduce the craving to smoke within minutes.

The researchers will support participants with phone calls and face-to-face appointments, and follow their progress for up to a year.

Researchers Angela and Vicki can be contacted on (04) 806 0556.

- **Professors Julian Crane and Carl Burgess, and Dr Brent Caldwell, from Otago Medical School, are continuing to investigate the effects of a variety of NRTs (previous article in A and R News March 2010).**



Zonnic pouches.

MED recommends against LPG heaters

Is your home a performer?

In September the Ministry of Economic Development (MED) recommended against the use of unflued LPG cabinet heaters in the homes of children with asthma.



The recommendation followed the release of a review done for the MED by the New Zealand Institute of Economic Research, weighing up the quantifiable costs and benefits of these heaters – the most common form of gas heating in New Zealand households.

The review concluded that in 2008 the cabinet heaters had a quantifiable benefit of \$15 million and quantifiable cost of between \$19.4 million and \$48.9 million, and that 90 percent of the costs were attributable to the health effects on people with asthma. Therefore measures targeting the asthma-related aspects of the heaters could ensure a net benefit to the wider population.

The recommendations, which Energy Safe – a branch of the MED which monitors and encourages compliance to recommendations – is planning to implement by next winter include:

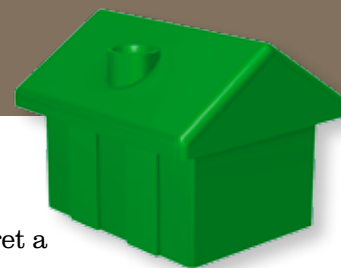
- compulsory safety and health labelling on LPG cabinet heaters
- MED working with the LPG Association and industry to develop mandatory safety messages
- working with the Ministry of Health to develop mandatory safety messages
- strengthening the safety and health message through websites and brochures.

The Asthma Foundation's response:

Chief Executive, Jane Patterson:

"The measures seem inadequate given the significant harm that unflued gas heaters do as evident in this report and Professor Philippa Howden-Chapman's research. It is therefore really important that the messages advising against their use are strong and effective and reach consumers effectively."

A new website allows you to fill out a questionnaire and get a rating on your home's performance – its relative warmth, dryness, heating, insulation and energy use, among other factors.



www.homestar.org.nz

This will be useful for people deciding whether to buy or rent a particular dwelling and landlords or vendors who want to assure potential tenants or buyers that the dwelling isn't unhealthy or costly to live in and maintain.

After filling in a multi-choice questionnaire that usually takes 15 to 20 minutes and being rated from 1 to 10 (with 10 as best), visitors to www.homestar.org.nz are provided with tips on how to bolster the dwelling's performance rating by, for instance, changing from using an unflued gas heater, which dampens the air, to a wood burner, which dries out the air surrounding it.

The ratings are based on the activities of the occupants as well as the dwelling's features, such as the quality of the insulation and whether the windows are single or double glazed. The activities include whether the occupants smoke inside, how much of the household's waste is recycled, whether there is a vegetable garden and other lifestyle and sustainability factors. Water usage is covered with a mind to the environmental impact involved and bringing down utility bills.

Homestar™, a venture by building industry consultants BRANZ, research consortium Beacon Pathway and the New Zealand Green Building Council, is supported by a number of government agencies, industry companies and professional associations.

The Asthma Foundation has for years backed the idea of such a home rating system, including factors that affect respiratory health.

Our Chief Executive Jane Patterson says she is thrilled by the website and recommends that people have a look at www.homestar.org.nz.

People can undertake a simple self review free of charge, or pay for an independent assessment.

From www.homestar.org.nz

Systems such as heating or water heating in a house affect how the other systems work. For example:

- If you install insulation but do not have an efficient heater, your insulation will keep the cold in – just like a fridge!
- If you have an efficient heater but badly fitting windows and gaps under your doors, the heat will escape, you will feel colder, and you will spend more energy heating your home.
- You could have efficient water heating but, without appliances and taps which use less water, you will be spending more than you need on both energy and water bills.

Smoke-free Legislation and Hospitalisations for Childhood Asthma

06

Steel framing and breathing easier

An article from September's New England Journal of Medicine

N Engl J Med 2010; 363:1139-1145 September 16, 2010

Daniel Mackay, Ph.D., Sally Haw, B.Sc., Jon G. Ayres, M.D., Colin Fischbacher, M.B., Ch.B., and Jill P. Pell, M.D.

Abstract

Background

Previous studies have shown that after the adoption of comprehensive smoke-free legislation, there is a reduction in respiratory symptoms among workers in bars. However, it is not known whether respiratory disease is also reduced among people who do not have occupational exposure to environmental tobacco smoke. The aim of our study was to determine whether the ban on smoking in public places in Scotland, which was initiated in March 2006, influenced the rate of hospital admissions for childhood asthma.

Methods

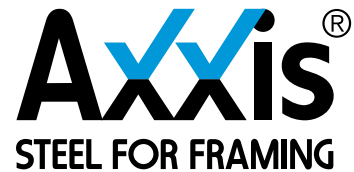
Routine hospital administrative data were used to identify all hospital admissions for asthma in Scotland from January 2000 through October 2009 among children younger than 15 years of age. A negative binomial regression model was fitted, with adjustment for age group, sex, quintile of socioeconomic status, urban or rural residence, month, and year. Tests for interactions were also performed.

Results

Before the legislation was implemented, admissions for asthma were increasing at a mean rate of 5.2 percent per year (95 percent confidence interval, 3.9 to 6.6). After implementation of the legislation, there was a mean reduction in the rate of admissions of 18.2 percent per year relative to the rate on March 26, 2006 (95 percent CI, 14.7 to 21.8; $P < 0.001$). The reduction was apparent among both preschool and school-age children. There were no significant interactions between hospital admissions for asthma and age group, sex, urban or rural residence, region, or quintile of socioeconomic status.

Conclusions

In Scotland, passage of smoke-free legislation in 2006 was associated with a subsequent reduction in the rate of respiratory disease in populations other than those with occupational exposure to environmental tobacco smoke. (Funded by NHS Health Scotland.)



New Zealand Steel's AXXIS® Steel for framing is an Asthma Foundation Sensitive Choice product. The Asthma Foundation values its Sensitive Choice partnership with New Zealand Steel very highly. Sensitive Choice, which is a programme offered by the Asthma Foundation and the National Asthma Council, Australia, helps people identify companies that are committed to reducing asthma and allergy triggers.

AXXIS® Steel for framing components don't let off gas or rot or grow toxic mould and they can't be attacked by vermin or insects. As a result, they are considered non-allergenic, with neutral impact to indoor air quality, and so contribute positively to a healthy environment.

AXXIS® Steel for framing was launched into the marketplace two years ago by New Zealand Steel and is now the framing of choice in many construction projects throughout the country, the advantages of building with this all weather material being so numerous.

Not only can steel frames be used in all climate conditions, with properties that make them an excellent material to resist earthquakes, they're strong yet lightweight, making them easy for installers to handle. They don't absorb moisture and steel does not twist, warp or split. This consistent quality and dimensional stability contributes to better drywall and exterior appearance and performance, resulting in fewer time-consuming call backs to fix cracks in interior and exterior linings.

Steel resists fire, deforming but not burning under high heat.

New Zealand Steel in the community: a case study

"Rolleston-Lincoln's school age population is expected to grow by more than 2700 students by 2026," said Education Minister Anne Tolley in mid April, acknowledging that the Government needed to make sure there were enough schools to cater for this increase in students.

More than \$10 million was invested in Clearview Primary School which was needed urgently to meet demand for a primary school in Rolleston.

By using steel framing, manufactured from New Zealand Steel's product AXXIS® Steel for framing and supplied and pre-fabricated off-site by Rolleston firm, N-Steel Framing Solutions, the typical

Smoke free by 2025?

Dr Bob Hancox, Medical Director, the Asthma Foundation

For those who sometimes doubt our politicians ability to do the right thing and show leadership, the release of the Parliamentary Māori Affairs Select Committee report on smoking should be a pleasant surprise.¹ The report recommends that the Government set the goal of halving smoking by 2015 and making New Zealand smoke free by 2025. Within a day of the release of the report, the Government had announced that it would take action on at least some of the proposals.

If these goals seem rather unrealistic, the report suggests a package of evidence-based measures to achieve them. The long-term goal of smoke free by 2025 is described as “aspirational”: they are not proposing that tobacco should be made illegal, but that the measures that they recommend will make smoking so unpopular that very few people will do it.

The measures proposed include measures to reduce the visibility of tobacco by banning tobacco displays in shops and plain packaging of cigarettes, reducing availability by restricting the amount of tobacco imported and reducing the number of shops selling tobacco, and increasing penalties for retailers who sell to children. Importantly, the report recommended that the tobacco industry is made more accountable for its lethal product and funds the cost of smoking cessation treatment. The use of additives – added to tobacco to make it more addictive – should be regulated. Probably the most effective method of reducing smoking is to increase the cost – by reducing supply and further increasing taxes.

An equally important series of recommendations call for more support for smoking cessation: enhanced smoking cessation programmes and

improved access to Nicotine Replacement Therapy (NRT) by, among other measures, requiring all shops selling tobacco to also sell nicotine replacement alternatives.

The best way to reduce smoking is by stopping people from starting in the first place. Reducing adult smoking and promoting smoke free environments is a central part of this strategy. The report points out that the average New Zealand smoker starts smoking at 14 years old and is likely to be addicted long before adulthood. De-normalising smoking in families and society and reducing easy access to tobacco products is essential to reducing this.

Despite the real gains in reducing smoking over recent years, tobacco products are estimated to kill 5000 New Zealanders each year and remain our biggest preventable cause of death. We all know someone who has been harmed by smoking. As a respiratory doctor I see the consequences of smoking every time that I visit the wards or do an out-patient clinic. The report estimates the direct health care costs of smoking to be nearly \$2 billion, but the main cost is the impact on our health and society. Māori bear the brunt of the harm done by tobacco with high rates of lung cancer and chronic lung and heart diseases. It is no coincidence that this report was written by Parliament’s Māori Affairs Select Committee: Māori tend to start smoking younger and overall twice as many Māori as non-Māori smoke. This has devastating consequences for Māori economic, social, and cultural wellbeing and is a major impediment to Māori development.

The Māori Affairs Select Committee has shown great leadership in this report. They drew on the advice of many experts and organisations (including a submission from the Asthma Foundation). The report is worth reading. More importantly it is worth supporting. Will this and future governments be bold enough to implement its recommendations? We should demand that they do.



¹ Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use.

Tobacco displays in shops: the end is in sight

Legislative amendments to ban tobacco displays in shops will hopefully be introduced to Parliament before Christmas, the Associate Health Minister, Tariana Turia, announced recently.

Health not-for-profits, public health organisations and other tobacco control advocates followed with great interest the recently concluded Māori Affairs Select Committee inquiry into the tobacco industry in New Zealand and the consequences of tobacco use for Māori. They were thrilled to hear that Mrs Turia has Cabinet backing to change the Smoke-free Environments Act and have heaped praise on her and the Government.

Cabinet's backing to ban retail displays comes despite a cool initial response by Prime Minister John Key to the Select Committee recommendation that New Zealand is tobacco free by 2025 (tobacco free is generally agreed to mean about three percent or less of the adult population smoking).

The tobacco control sector, including tobacco control workers in DHBs across Aotearoa, and the Smokefree Coalition, which the Asthma Foundation belongs to, is now stressing the importance of the select committee process for the display ban amendments. The pressure needs to be kept up when it seems the tobacco industry is prepared to go to any length to muddy the waters.

Mrs Turia is considering banning smoking in cars containing children and has Cabinet backing



Smoking hurts children.

to investigate cigarettes being sold in plain packaging with health warnings, as planned in Australia from 2012. She also wants the tobacco companies to pay for Nicotine Replacement Therapies (NRT).

The Select Committee's main recommendations to the Government, in addition to banning retail displays, were to:

- set the goal of making New Zealand smoke free by 2025
- consider a counter-marketing campaign to "de-normalise" tobacco in the public mind
- annually reduce the amount of tobacco that can be imported and that each outlet can sell
- force loose tobacco and cigarettes to be sold only in plain packaging with health warnings, in line with Australia's plans
- increase the maximum fine for selling tobacco products to those under 18 to \$10 000, from \$2000 now
- permit instant fines to be issued to errant retailers
- allow local councils to control the number and location of tobacco retailers.

- More than an estimated 200 000 New Zealanders aged over 45 have Chronic Obstructive Pulmonary Disease (emphysema, or chronic bronchitis or chronic asthma), between 85 and 90 percent of which is attributable to smoking.
- Cigarette smoke contains 4000 harmful chemicals, and is a major asthma trigger.

Spring cleaning? We can help!

The Asthma Foundation is now a partner charity on The Collection, a fabulous new website where you can auction quality clothes with a percentage of the price (determined by you) going to one of the partner charities.

You can also browse and buy at www.the-collection.co.nz and the Foundation highly recommends that you have a look. You may find exactly what you have been yearning for!



The Muriwhenua Maidens are a very knowledgeable bunch. They out-smarted most of us to take second place in the quiz night at the Respiratory Educators Conference (see story, page 11).

Our family's experience: Alpha-1 Anti trypsin Deficiency

Alpha-1 Anti trypsin Deficiency is a little known condition which, although uncommon, is a time bomb in the lives of many New Zealanders. Here is one family's story about their daughter, who died from the condition earlier this year.

From www.alpha1.org.nz

"Alpha-1 Anti trypsin (AAT) is an inherited condition*. A mutation in the AAT gene gives rise to absent, abnormal or decreased levels of the AAT protein. Without functional AAT protein, the small air sacs of the lungs become damaged, causing shortness of breath, wheezing and lung disease."

*The condition is severely exacerbated by smoking.

A father tells his family's story:

"Our daughter was born in Christchurch in 1968.

"During my wife's pregnancy the doctor was aware of the RH negative syndrome that had been evident at the birth of her second child, our son, born in 1962.

"Because of the perceived risk to the new baby, a blood sample was taken and a decision made to conduct a blood transfusion immediately after her birth. She was in Intensive Care for two days.

"Our daughter's childhood and youth were uneventful with no evidence of any respiratory difficulty. Around the age of 15, like so many other young people, she started smoking. Peer pressure was the motivator although she received considerable encouragement from her family to quit.

"At age 19 she started work in the clothing garment industry [recognised as a dusty environment].

"About eight years ago she occasionally showed symptoms of asthma, which during the next couple of years caused her to be admitted overnight to hospital with breathing difficulties. In mid 2004 she was again admitted to hospital and was seen by a registrar who had only that week arrived from the UK. He was not satisfied with her condition and said 'I think there is something different here' and ordered a simple blood test, which picked up the deficiency.

"Following this diagnosis, our daughter was advised that her lungs were so badly damaged that the only remedy was for her to undergo a lung transplant. This dramatic information was sufficient for her to immediately stop smoking.

"Sadly the damage was already done.

"The important detail here is that smoking does not cause this problem but there is no doubt that it certainly dramatically

advances the damage to the lungs.

"She was placed under the supervision of the respiratory department at Auckland Hospital.

"Over the last three years she took the advice of the medical staff and attended a local gym. Her gym activity was undertaken while using oxygen. She invested in a treadmill for use at home, again with oxygen support.

"Over the past two years her typical situation was that in the small hours of the morning, she would wake and need to have a cough. Often she would need to use a nebuliser and often oxygen. She would get back to sleep and then rise around 8am and have a good cough.

"Then, she was off to work where she had a very senior position with a supportive private company.

"When she visited the lung transplant unit in around August 2009 she was advised that her condition had deteriorated and there was some damage to her heart. The forecast for her transplant was recorded as around five to six years.

"She and her family were told that only 50 percent of transplants were successful and of those only 20 percent of patients survived after two years.

"Armed with this knowledge, our daughter and her family were extremely positive for the future.

"In March of 2010 she and her family were told that her condition had significantly improved and that now the forecasted date for the transplant was eight to ten years. This was great news.

"Mid June, she got a lung infection and was taking antibiotics. In late July she told us that she was still having problems and that the medication did not appear to be having an effect.

"In the early hours of a day in late July she awoke and had a cough. She urgently called on her husband to get her oxygen and then to call an ambulance.

"Two ambulances arrived very promptly and transported her to hospital with two paramedics administering CPR en route.

"Shortly after being admitted she suffered a cardiac arrest and was transferred to Intensive Care.

"Over the next week she was in a coma and on life support, dialysis, ventilator and full monitoring.

"Sadly, even though some of the bodily functions appeared to be returning, the advice of the consultant was that the cardiac arrest meant that she had been starved of oxygen for around 40 minutes. Following various tests the decision was taken to allow her to pass away. She passed away peacefully with her family around her."

World COPD Day

Asthma Societies around Aotearoa held awareness raising events on 17 November for World COPD Day.

COPD stands for Chronic Obstructive Pulmonary Disease, and is also commonly known as CORD, or Chronic Obstructive Respiratory Disease. An umbrella term covering emphysema, and chronic bronchitis and chronic asthma, COPD is one of the biggest killers worldwide. Between 80 and 90 percent of COPD cases are attributed to smoking as the main cause.

The theme of this year's World Day was encouraging people to take a simple test, spirometry, to test their lung health. A huge proportion of New Zealanders with COPD are undiagnosed. Without knowing that they have COPD, people may continue to smoke and not exercise sufficiently for example, which may worsen their condition drastically.

The Asthma Foundation issued a News Release on 16 November urging people over 35 who smoke or used to smoke to follow up spirometry through their GP.

- Asthma Canterbury's World COPD Day expo received more than 60 visitors and was covered by regional television channel, Canterbury Television (CTV).
- In the Bay of Plenty, Asthma and Respiratory Management BOP offered free spirometry testing at a number of health centres and pharmacies.
- In Timaru and Dunedin, Puff, the Asthma Foundation's hot air balloon, promoted awareness of respiratory conditions via a number of school visits.
- In Timaru a COPD walk was held in Northtown Mall by volunteers.
- In the Waikato, a woman who had benefitted greatly from pulmonary rehabilitation courses offered by Asthma and Respiratory Services (Waikato) Inc, was interviewed by the Waikato Times.

To see what happened in other countries on World COPD Day visit: www.goldcopd.com.

We want your feedback.

**Like the A and R News?
Think it could be improved?
Tell us about it at info@asthmafoundation.org.nz**

Steel framing and breathing easier

continued from page 6

weather problems associated with conventional timber framing were eliminated.

According to the school's principal, the entire construction, from the steel componentry and Colourbond® pre-painted roofing to the James Hardie products and cedar interiors, had low-maintenance appeal: "Our 10-year maintenance plan is more about cleaning and washing the surfaces than about repairing and repainting," he said.

"Once we'd got the roof on," said Mainzeal project manager, Graeme Earle, "we knew for certain we could get on with constructing the interior. If we'd used timber we'd have had three to five weeks down time waiting for the moisture content to dry out."

A message from New Zealand Steel

Because steel is a good thermal conductor it is important to use effective thermal breaks to maintain a comfortable living environment. The National Association of Steel Framed Housing (NASH) provides technical guidance with good/better/best solutions for thermal breaks, which will enable you to meet or exceed the NZ Building Code requirements. Refer www.nashnz.org.nz for more information including the documents available through the Publications link.



North Otago Asthma Society president Murray Leadley (right) and field worker Debbie Huls (left) present Robertsons Mitre 10 Home and Trade, Oamaru manager Grant Yockney (second from right) and assistant manager Nicky Kofoed with an Asthma Foundation's Advocacy Award. Oamaru Mitre 10 have supported the society's Balloon Day since 2006. "Grant, Nicky and staff have done an outstanding job," Mrs Huls said. Photo by Oamaru Mail.

Respiratory Educators Conference 2010

The third annual Respiratory Educators Conference was held at the Michael Fowler Centre in Wellington on 9 and 10 September 2010. The conference theme was “Cough, cough, coughing. All ages, many causes.”

This year’s conference programme was varied and presenters were international and national experts in the care and management of cough and respiratory health. Current treatment and best practice for the care of both adult and paediatric patients with respiratory disease was discussed. Researchers presented their latest findings and delegates were often among the first in the world to hear about them. We are indeed lucky that respiratory health professionals are very generous with their time and expertise and always happy to present at the Respiratory Educators Conference.

Professor Peter Sly, from the Queensland Children’s Medical Research Institute and the Queensland Royal Children’s Hospital opened the conference with “What have we learned from asthma research: Where are we and where are we going?” He presented on some major research questions:

- who gets asthma?
- why does some persist?
- are all children at risk of exacerbations?
- what are the best treatments?
- what is on the horizon?

Some other topics covered included tuberculosis, swine flu, oxygen — a new look at an old treatment, and end of life issues.

Practical workshops included spirometry, incontinence — the downside of coughing, reducing nebuliser and bronchodilator use, and ways to improve the home environment for children with respiratory disease.

The McLaren Medical Poster Competition was held again this year and the number and quality of the entries were amazing. Congratulations to everyone who entered this competition, but there can only be one winning poster. The winners were Laura Campbell and Shirley Clover from Waitemata DHB with their poster — The blind leading the blind: an audit of inhaler medications and inhaler techniques on general medical wards. You can access most of the presentations and the posters on our website at www.asthmafoundation.org.nz

For the first time at a Respiratory Educators Conference we employed a professional MC — Dean Lester, from Canterbury. Dean is also a quiz master and ran a most enjoyable quiz evening on the Thursday night. The quiz was won by the five Southern Belles and Bob Hancox, our Medical Director.

Prizes for the quiz night and the passport competition run during the conference — delegates had to answer questions, the answers could be found at the trade exhibitors stands — were provided by our Sensitive



Waitemata DHB respiratory nurse specialist, Laura Campbell, receives her prize for her winning conference poster from McLaren Medical Ltd’s business development manager, Steven Scrivens.

Choice partners ENJO New Zealand Ltd and Ellis Fibre, and our Balloon Day sponsor, Mitre 10.

We could not host a conference of this size, with the quality of guest speakers, without the support of our sponsors to whom we are very grateful.

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Planning is underway for the 2011 Respiratory Educators Conference which will be in Wellington on 1 and 2 September 2011.

