



Currents

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Your Asthma Action Plan

BY LISA FERLAINO

Dr. Robert Cowie sees a pattern among new asthma patients who've ended up in the emergency room. The specialist, who's director of the Calgary COPD and Asthma Program, asks these patients a simple question: Why do you take your medication? He invariably gets the answer "to make me feel better," rather than the correct answer: to gain control of the disease.

Those patients' quick-fix approach to asthma is widespread; the latest studies show 59 percent of Canadians with the disease don't have control. But the individual situation can be vastly improved, and one of the essential tools to getting there is a good Asthma Action Plan or AAP. This is no lowly piece of paper, notes Heather Sharpe, a Calgary nurse, Certified Respiratory Educator and project manager of the Alberta Strategy to Help Manage Asthma and COPD. "I like to think of it as a kind of living document," she says. Especially with children, a plan "is always changing and evolving."

An AAP is filled out with a health-care provider: a doctor or specialist, pharmacist or Certified Respiratory Educator. It's simple to do, but only 11 percent of asthmatics have a written AAP, revealing a chasm rather than a gap in asthma care.

While there are several good action plans online, Sharpe is



With kids, asthma action plans are always evolving.

a fan of the Alberta AAP. It includes images of triggers for the patient to circle and personal asthma management goals. The plan works on three colour zones: green signals control, yellow indicates loss of control, and anyone in the red zone is facing an emergency.

The patient can easily see what constitutes control and when you're slipping into the yellow, or even the alarming red

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Spring Allergies: I Feel Your Pain

BY SUSAN O'NEIL

For years, spring meant a cold that never wanted to leave me. And what a cold! Cough with chest tightness and sneezing with itchy, watery eyes. On the third year of turning up at my doctor's office in late March for "cold" relief, he asked: "Do you have a birch tree?"

I was stunned. How had he known? Testing confirmed the "cold" was actu-

ally an allergic reaction to birch tree catkins, those flowering spikes loaded with pollen.

Yet I adored my house with the lovely birch tree in the garden, so I continued to suffer every spring. Allergy injections didn't seem to help. (This was my own fault; I'd missed more sessions than I attended.)

It took me a long time to come to terms with the fact that it was my health or that pretty tree. I suffered for two more springs until circumstances forced the issue.

Our family moved to a different city. We made sure our new home was not near any birch trees. What a difference not having that tree under my nose has made!

I'm here to tell you that allergen avoidance – whether pollen, pets or dust – is the way to go. It's an essential piece of your allergy management. I still can't get over how wonderful it is to feel "normal" on the lovely days of spring.

Susan O'Neil is a respiratory therapist and CRE based in Mississauga.

Take Action

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zone. In the green zone, daytime symptoms are fewer than three times a week, there are no nighttime symptoms and the person is using their reliever or puffer fewer than three times a week. Peak flow values are in the 85 to 100 percent range. In the yellow zone, things are deteriorating and the health provider has clearly spelled out how and when to increase medication.

Sharpe says that before having a plan, most patients rate their asthma as better than it is, and many consider waking up with symptoms normal, when it's not. The plan clarifies and helps the patient stay on track. Dr. Cowie says an action plan should also prevent exacerbations. For example, if spring pollen is a trigger, prepare with the proper changes in medication and dosages, as your health provider has specified. Don't wait to make such changes, he advises.

Everyone with asthma should have an action plan, he says. Even if you're classed as having mild asthma, everyone can experience flare-ups and it's important to be prepared.

See www.canahome.org for the Alberta AAP.

QUIZWHIZ

1 True or False: Once you have a treatment plan for allergic rhinitis, you don't need much follow-up with your doctor.

2 True or False: Saline nasal rinses are helpful in treating allergic rhinitis.

3 True or False: Antihistamines are more effective when started early in the allergy season.

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THE ASTHMA EXPERT

With Dr. Harold Kim

For years, people with asthma and allergies have been telling their doctors that their symptoms often affect them simultaneously. Each spring, as the snow melts and mold and tree-pollen counts quickly climb, the nasal troubles start, including a runny nose and sneezing, as well as symptoms in the lungs, such as wheezing, shortness of breath and coughing. This double whammy is an annual occurrence for many, since 80 percent of kids with asthma also have allergies, and in adults, it's about 70 percent.

Once considered separate, we now know that lung and nasal symptoms are connected. When you inhale an allergen into your nose, your lungs will actually become inflamed, and vice versa. And when you treat the nose with nasal steroids, the asthma symptoms will improve, and vice versa. Today, doctors diagnose and treat the nose and lungs together; we call it "the united airway."

Are hay fever and asthma symptoms a reality for you each spring? Here's what I recommend. First of all, schedule an allergy assessment to confirm that you do, in fact, have allergies. Meantime, keep your windows closed to prevent pollen and mold from entering your home. Next, asthmatics with a predictable return of spring asthma should stay on their main-



tance asthma medication to prevent the airway inflammation that causes wheezing, coughing and shortness of breath. Finally, use a nasal steroid spray if your nasal allergy symptoms bother you in the day or night.

If your symptoms persist, then you should return to your doctor for a reassessment. Consider seeing a Certified Respiratory Educator or Certified Asthma Educator.

For more information about CNRC, contact us at: www.cnrchome.net or 905-880-1092.

CNRC: ABOUT US

The Canadian Network for Respiratory Care is a non-profit organization and registered charity that works to improve the lives of those living with respiratory disease. We conduct exams and certify health-care professionals as Certified Asthma and Respiratory Educators (CAEs and CREs).

Our CAEs and CREs work to help patients with their asthma, COPD, allergies and smoking cessation efforts.

For more information about CNRC or to locate a CAE or CRE, please see www.cnrchome.net or phone: 905-880-1092.



Todd Gale

Debra Morris

Shirin Jetha

Q&A

Certified Educators take your asthma and allergy questions.

Send questions to: editor@allergicliving.com

Q. How do you calm a child during an asthma attack? My daughter had one and started to panic, which made her breathing worse.

Todd Gale: Calming a frightened asthmatic child requires a rehearsed plan and solid knowledge of asthma care. Asthma attacks vary in severity and cause – talk to your doctor and a respiratory educator about developing an action plan for both loss of asthma control and single-event asthma attacks.

Some soothing actions include acting and speaking calmly with a relaxed voice; evoking your action plan; explaining what’s happening; checking in with your child often; and providing reassurance. I recommend practising your daughter’s asthma action plan when her asthma is controlled – you’ll attain some mastery and experience solution-focused problem solving.

Q. How can I spring clean without triggering an asthma attack? Dust and pollen are both big triggers.

Debra Morris: Spring cleaning can be difficult with asthma. Your asthma should be well-controlled at all times, but especially prior to cleaning. Once those sleeves are rolled up, avoid cleansers with chemical fumes or fragrance. Decrease the amount of dust that’s stirred up by damp-wiping surfaces with an unscented product; you may even want to wear a mask. Since pollen is a trigger, avoid opening windows while cleaning.

Finally, it also helps to clean more regularly in order to avoid the big seasonal cleanup in spring.

Q. My husband has been prescribed a corticosteroid inhaler for asthma. Aren’t these drugs dangerous?

Shirin Jetha: No. Some people mistakenly think that corticos-

teroid inhalers must be dangerous, just like the anabolic steroids that some athletes take illegally for building muscle. In fact, these two drugs have quite different effects.

The underlying cause of asthma is inflammation of the airways, which causes swelling and excess mucus production and leads to asthma symptoms such as shortness of breath and cough. Corticosteroids, commonly referred to as “controller” medications, help control inflammation and decrease swelling and excess mucus, thus relieving asthma symptoms.

To be effective, it is important that your husband take his inhaled corticosteroid daily, as directed. It will take two to three weeks of continued use before he will feel a marked improvement of his symptoms. With time, his asthma attacks should decrease, and he will need less and less of his other “reliever” medications. Since most of the dose of inhaled corticosteroids gets delivered straight into the lungs, they have minimal side effects. Your husband can easily prevent the most common ones – local throat irritation, hoarseness and thrush, a common yeast infection – by rinsing or gargling with water after each dose.

Q. Is it true that showering before bed is important for removing pollen? It sounds like an old wives’ tale.

Todd Gale: It is true. When you’re outdoors in spring and summer, pollen grains may accumulate on your skin, hair and clothes. Washing before sleep will keep pollen out of your bed where it can contact your eyes, nose and mouth.

Nightly showers are part of a wider approach to reduce, remove and avoid pollens. So along with the shower, think about changing your clothes after being outdoors, staying indoors when pollen counts are highest (when the sun is high, the air is dry or a breeze is in your eye), machine-drying clothes instead of hanging them outside and washing your hands frequently.

Q. I’ve developed asthma in menopause. Any tips on how I can still garden without affecting my breathing?

Debra Morris: If your asthma is flaring up while you’re gardening, then your asthma control may not be optimal. As you’re new to asthma, you may need to visit your family doctor or specialist to see about adjusting your medication in pollen season.

When gardening, you can reduce allergy exposure by avoiding wind-pollinated plants that produce great amounts of pollen, and by choosing female trees for your garden, as they don’t pollinate. Still, keep in mind that no matter how carefully you choose your plants and trees, you have no control over what’s in your neighbours’ gardens – and pollen can really travel.

Finally, avoid gardening on high pollution days. You can find the Air Quality Health Index for many parts of the country at www.ec.gc.ca (click on “Air”, then “Air Quality”, then “Air Quality Health Index”). Happy gardening!

Todd Gale is a registered respiratory therapist, CAE and section head of the respiratory therapy program at Community Integrated Health Services in Kelowna, B.C. Debra Morris is a nurse and CAE at Halifax Allergy & Asthma Associates in Halifax. Shirin Jetha is a pharmacist and CRE in Toronto.

Could Asthma Turn Into COPD?

Asthma and chronic obstructive pulmonary disease (COPD) share many of the same symptoms, including coughing and shortness of breath. Here's how they're different: in COPD, the lung tissue is permanently damaged and the breathing obstruction never fully goes away. In asthma, airway obstruction can be reversed with medications.

But no, asthma will not turn into COPD. However, it *can* lead to more serious breathing issues that closely resemble COPD – including permanent lung damage.

Dr. Ken Chapman, director of the Asthma and Airway Centre of the University Health Network and president of the Canadian Network for Respiratory Care, says there are three groups of asthmatics at risk for developing this COPD-like disease. There are those who are exposed to long-term irritants such as cigarette smoke; those with late onset asthma (especially when coupled with allergies); and those with early onset (in the first seven or eight years of life) who never gained full control while their lungs were still growing. Genetics will also play an important role.

While the turn from asthma to more serious lung problems is uncommon and usually occurs late in life, Dr. Chapman strongly recommends gaining control over your asthma as early as possible to avoid this risk, and to enjoy good quality of life. – *Lisa Ferlaino*

QUIZ ANSWERS *from page 32*

- 1. False.** Symptoms can change with the seasons and with age. Medications require frequent assessment and adjustment.
- 2. True.** Saline irrigation rinses allergens out of the nasal passages. Many people find this an effective strategy in the control of allergic rhinitis.
- 3. True.** Antihistamines aren't as effective once pollen counts are high, and nasal congestion has developed.

Contributed by Maria Muirhead, CRE and author of My Asthma Book and Smoking = Problems (Big Problems!)

Teens' Corner



If your date has a cat, don't sit on her couch.

Be Asthma Safe for a Great Date

Dating is an exciting milestone in a teenager's life. But when you have asthma, it can be awkward, too. Mary Kate Mathews offers tips to make dating fun, comfortable and, of course, safe.

- Be upfront. You might feel tempted to hide your asthma from your date to avoid being perceived as "different". But it's essential that your date know how to recognize when you're in danger from an inability to breathe. It could be a matter of life or death.
- If your date has a cat and you are terribly allergic, arrange to meet at another location or invite her to your house. If you must go to her house, sit on a wooden chair as opposed to a couch that holds dander, and use your bronchodilator inhaler about 15 minutes before you arrive. Keep the visit brief.
- Guys can carry their reliever medication in a messenger bag, computer bag or cell phone pouch. There are even under-the-pant-leg carriers. Or, ask your date to carry the reliever in her purse.
- If you end up at a smoke-filled house party, in a home with a cat or tempted by a marijuana joint, be confident enough to tell your date, "Sorry, I can't." Avoid making in-the-moment excuses, like, "This one time won't kill me."
- There's nothing attractive or romantic about a date with someone who is wheezing or coughing, so remember that good asthma control supports a healthy love life!

Mary Kate Mathews is a registered nurse and Certified Respiratory Educator at the Hamilton Family Health Team in Hamilton, Ont.

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