



Currents

CANADIAN NETWORK FOR RESPIRATORY CARE SPECIAL SUPPLEMENT • SUMMER 2010

TAKE YOUR MEDICATION ON VACATION

BY KRISTINA BERGEN

Last fall, 14-year-old Jessica Amin spent a week on oxygen in the hospital following a severe asthma attack. “Over the summer I felt like my asthma went away, so I didn’t take my controller inhaler,” she admits. But after returning to school in the fall, Jessica caught a cold and ended up in the emergency department of Credit Valley Hospital in Mississauga, Ontario. She was admitted when she couldn’t stop wheezing. “I’ve been in the hospital before, but it was never this bad. My lungs just wouldn’t open up.”

Jessica is not the only person to wind up in the emergency department after letting asthma medication lapse over the summer. Doctors have known for years that urgent care for asthma peaks in September and October, says Dr. Ken Chapman, director of the Asthma and Airway Centre at Toronto Western Hospital. With fewer viral infections or seasonal allergy triggers in the summer, the average asthma patient takes less than half of the medicine prescribed for him or her, Chapman says.

That results in a low rate of prescription renewal. In fact,



the University of Alberta last year identified a 60 per cent drop in the use of inhaled corticosteroids over the summer. “People consider summer a reprieve from their asthma symptoms, a little vacation from the problem,” says Chapman. “A patient will tell me, ‘I missed taking my medicine and nothing happened, so I figured I didn’t need to take as much.’”

Asthma continued on page 38

Convenient Counsel

BY KRISTINA BERGEN

Pulling into the parking lot of your local pharmacy could be all you need to do to find an asthma expert.

While nurses in Canada are the most well-known and numerous medical professionals certified as asthma educators, you might be surprised to learn that pharmacists make up the second

largest professional group. Kathy Hayward, a Calgary-based pharmacist and certified respiratory educator (CRE), says finding a convenient, reliable way to access specialized expertise is critical to controlling asthma. Seeing an expert regularly will keep you up to date on the latest treatments, and more in control of your health.

“Pharmacies are great places for respiratory educators because people know where to find me and can phone or drop by quickly with a question,” says Hayward, who has been educating

people about asthma and other respiratory illnesses for the past nine years.

She works from a pharmacy in a Safeway grocery store and the perks of speaking to her about asthma include the easy access, extended hours and free parking. What’s more, she has a dedicated private office for discussing an asthma action plan or reviewing the proper use of medication devices. To find out whether there’s an asthma educator at your local pharmacy, check the store’s website or look for a sign posted at the pharmacy counter.

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CNRC: ABOUT US

The **Canadian Network** for Respiratory Care is a non-profit organization and registered charity that works to improve the lives of Canadians 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 in the community to help patients with their asthma, COPD, allergies and smoking cessation efforts.

To learn more about CNRC, to locate a CAE or CRE near you or to inquire about certification, contact us through www.cnrchome.net or call 905-880-1092.

QUIZWHIZ

1 True or False: I can tell if my Turbuhaler is empty by shaking it.

2 True or False: My pet can suffer from asthma, too.

3 True or False: I shouldn't hold in a sneeze.

Answers page 38

THE ASTHMA EXPERT

With Dr. Harold Kim

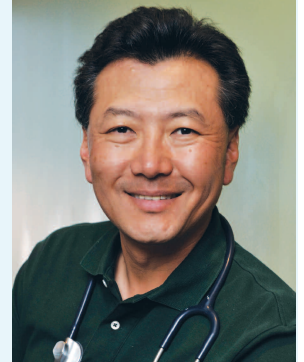
Summer is the favourite season for most people. This is particularly the case for asthma patients, who often experience improved control and fewer flare-ups in July and August. But the feel-better factor unfortunately leads those with asthma to reduce or stop using their maintenance medications.

Then September arrives with its dose of harsh reality. Our children return to school and within a week or two, upper respiratory infections begin. Coincident with this, the mould season hits. So we have the perfect storm for what is called the "September Spike" of asthma across Canada in late September. The toll of it is evident in the endless emergency visits and hospital admissions.

During my decade of practising emergency medicine, followed by over a decade as an asthma specialist, the most severe asthma attacks seem to strike in late September. With clinical studies confirming the September Spike, preceded by reduced use of asthma medication, all asthma specialists and Certified Respiratory Educators (CREs) and Certified Asthma Educators (CAEs) believe that this spike can be blunted with some simple recommendations to our patients.

There is no better time for an asthma patient to see his or her doctor and asthma educator than in early August. The solution is simple: asthmatics should take their maintenance medications regularly and receive proper education regarding asthma from CREs and CAEs. After all, without all its elements, the perfect storm cannot occur.

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



Long-Acting Drugs Debate

You may have heard news reports that the U.S. Food and Drug Administration is concerned about the use of long-acting beta agonists. These drugs, called LABAs for short, relax muscles in a patient's airways and allow for easier breathing. Unlike inhaled corticosteroids, however, they do not control the underlying inflammation. If you're on Foradil or Serevent you're taking a LABA on its own (and are likely also taking an inhaled corticosteroid). If you're prescribed Advair or Symbicort, you're taking both the LABA and inhaled corticosteroid in one

medication. Not all asthma patients will be taking a LABA.

The FDA announced in February that it would require new U.S. package warnings due to concern that LABAs could increase the risk of both asthma-related death and severe asthma exacerbations. It says this drug type should never be used on its own as a treatment for asthma. This is in keeping with the asthma guidelines in both Canada and the United States, which say that LABAs should always be prescribed in conjunction with an inhaled corticosteroid.

However, the FDA also said that when a LABA is prescribed, it should be discontinued *after* the patient gains control of his or her asthma.

Medical experts who developed the current asthma guidelines in the United States raised some key objections to the FDA's advisory at a panel convened in March at the American Academy of Allergy, Asthma & Immunology annual meeting. They said that discontinuing the use of LABAs in combination with inhaled corticosteroids could result in many patients losing asthma control. They questioned the FDA's interpretation of study results, which contain the same data as was used to develop the current guidelines for treating asthma.

If you're taking a long-acting beta agonist, speak to your doctor about what the FDA's recommendations mean to you. — *Claire Gagné*



Rena Sorensen

Donna Andrade

Marie-France
Beauchesne

Q&A

Certified Educators take your asthma and allergy questions.

Q. Is spirometry enough to diagnose asthma in my child?

Rena Sorensen: Not always. Mild to moderate asthma is sometimes difficult to detect with a simple breathing test. Asthma is a variable disease, and on a “good” day when a person is symptom-free, test results may be normal. Spirometry is much more likely to detect asthma when the person is experiencing symptoms. Physicians can look at spirometry results as well as history of breathing symptoms or the response to a trial of asthma medications to make a proper diagnosis. In some cases, respirologists will perform bronchial challenge tests or exercise challenge tests.

Q. What signs should I watch for to recognize when my daughter needs emergency asthma treatment?

Donna Andrade: Symptoms that need immediate medical attention include severe wheezing or coughing, difficulty talking (perhaps grunting), blue colour to lips or nails and pulling in of the muscles between the ribs or above the breast or collar bone. Call 911 if your daughter experiences any of those. Severe asthma can develop abruptly but, more often, symptoms worsen gradually. Always follow the asthma action plan and have your child use her rescue inhaler as needed. If you’re unsure she’s responding to the inhaler, seek emergency treatment.

Q. Is it safe to take asthma medication while pregnant?

Marie-France Beauchesne: Many women are tempted to stop asthma medications when they become pregnant because

of concern about potential side effects on the baby. However, stopping the medication may be harmful to the baby if, for example, you have an asthma exacerbation that leads to a drop in oxygen. Most rescue medicines and controller medications are safe to use in pregnancy, even the first trimester. Long-acting bronchodilators will continue to be recommended if the asthma is moderate to severe. Anti-leukotriene drugs (montelukast, zafirlukast) are usually stopped because of a lack of data on their safety during pregnancy.

Q. I like to run and cycle, but find my breathing becomes laboured on hot, humid days. My asthma is generally well-controlled. What can I do?

Rena Sorensen: The best way to control asthma is to avoid triggers wherever possible. Therefore, consider choosing an indoor activity like swimming for hot and humid days. If you find that on many days this summer the humidity causes your asthma to flare up, you may need to increase (or start using) controller medications. Another option is to take a couple of doses of your reliever medication 15 minutes before you go outside to exercise. Remember, these doses don’t count when you’re monitoring your level of asthma control.

Q. How can I help my asthmatic son to quit smoking? I worry about his symptoms getting worse.

Donna Andrade: Smoking cigarettes causes increased airway inflammation which further restricts air flow and may trigger a severe asthma attack. Information about the risks and benefits of quitting can be obtained from the Smokers’ Helpline (www.smokershelpline.ca). Encourage your son to speak with his pharmacist or health-care provider about medications to help with nicotine withdrawal. He will need to develop strategies to deal with habits associated with smoking. For example, if he links coffee drinking and smoking, he may need to avoid coffee temporarily. Most of all he will need plenty of support.

Q. In the past I’ve gotten thrush from my controller medication. How can I prevent this?

Marie-France Beauchesne: Oral thrush is one of the most common side effects associated with the use of inhaled corticosteroids. To prevent it, rinse your mouth with water after each use. If you’re taking an inhaled corticosteroid in a metered-dose inhaler or “puffer”, it is recommended that you use it with a spacer. This will reduce the amount of medication that ends up in your mouth and ensures that the right amount gets into the lungs. If the thrush persists, speak to your doctor about changing your inhalation device or the type of corticosteroid. Review the use of your inhalation device with an asthma educator and your pharmacist.

Rena Sorensen is a Registered Respiratory Therapist and CAE who works in central and northern Alberta. Donna Andrade is a Nurse Practitioner and CRE in the Primary Care Clinic at the Canadian Mental Health Association in Oshawa, Ont. Marie-France Beauchesne is a pharmacist and CAE at the Centre hospitalier universitaire de Sherbrooke in Quebec. Send your respiratory question to: editor@allergicliving.com

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Asthma in Summer *continued from page 35*

But asthma never takes a break and neglecting anti-inflammatory controller medications can be disastrous, says Mississauga-based nurse and certified respiratory educator Suzanne Murphy. She explains that even if you don't have symptoms like wheezing or a tight chest, you may still have underlying lung inflammation. Then the arrival of fall and the resurgence of viruses and allergens wreak havoc on the inflamed airways, causing asthma patients to race to the emergency room coughing, short of breath, and often claiming their inhalers are not working.

It's not that the inhalers aren't working, says Murphy, but that controller medications take time to do their job. If you wait until you are experiencing severe symptoms before using a prevention inhaler, then it's too late. Your asthma is out of control. Therefore the best way to manage asthma is to figure out what your triggers are, and develop an action plan for year-round preventative care.

Over the years Jessica Amin was reluctant to use controller medications and treated her asthma symptoms with an emergency inhaler. The swelling in her airways went unchecked, resulting in annual fall trips to the emergency room. But after her hospital experience last year, she met with an asthma educator and learned that controller medication really makes a difference in managing her condition. Her new advice for a healthy and happy summer? "Always take your asthma medications."

QUIZ ANSWERS *from page 36*

1. **F** You are hearing a powder that keeps away moisture. The counter window will accurately show how many inhalations are remaining.
2. **T** Dogs and cats can have asthma symptoms and attacks. See your veterinarian.
3. **T** Sneezing is a natural way to expel irritants like bacteria, viruses and allergens. Sneeze into your sleeve or a handkerchief and wash your hands.

Contributed by Jolanta Piszczek, CAE and pharmacist

Kids' Corner



SUMMER SPORTS AND ASTHMA

An active lifestyle is both healthy and fun. As Lindsay Douglas, certified asthma educator explains, you can keep asthma under control while enjoying summer sports.

Warm up and cool down: With asthma, a proper warm-up and cool-down are important. Warm up 5 to 10 minutes, starting off slowly. Begin slowing down before you finish, and stretch out when you're done. If you can still talk during the warm-up and cool-down, you are at the right pace.

Medication: Your health-care provider may suggest you take your rescue medication (blue inhaler) 10 to 15 minutes before starting an activity. If you still experience difficulty breathing, stop all exercise, and wait to see if your symptoms improve. If they do, start again slowly. If they don't, use your rescue inhaler and wait another few minutes. If you still can't breathe, seek help right away.

Weather and Allergies: Know what your allergy triggers are when choosing the time of day to be active. When pollen counts are elevated, select a less intense activity. Pollen counts are highest in the morning before 10 a.m., and if you are outside on a smoggy afternoon, take frequent breaks in an air-conditioned room.

Picking Sports: If high-paced activities bother you, try a sport that gives you a rest like baseball, golf, biking or tennis. Swimming can be good for asthma, just watch that chlorine isn't a trigger. Asthma shouldn't keep you from enjoying summer activities. Talk to your health-care provider about control – and getting back in the game.

Lindsay Douglas, RPN and CAE, works at the Windsor Allergy Asthma Education Centre in Windsor, Ont.

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