

BREATH EXPRESS

SPRING 2020

Nelson Asthma Society
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Richmond
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Email:
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Website:
www.nelsonasthma.co.nz

What the Society Offers
Current Membership: 240

- Better Breathers Club exercise groups
- Free Pulmonary Rehab course
- Asthma Education Centre
- Telephone advice
- Free local newsletters
- Free national newsletters
- Up to date asthma information
- Programmes, fact sheets and information pamphlets
- Speaker available
- Dust Mite covers for sale

Nelson Bays Primary Health Respiratory Educator

Jacquie Westenra

Our Medical Advisers
Dr Suzanne Washington

Our Committee

Rosalie Adamson,
-President
David Kenning,
-Treasurer
Lynn McNeil,
-Secretary
Judy Kelly
John Russell
Peter Soundy

Manager
Sue Alsop

PRESIDENT'S PIECE

"Koanga is the Maori word for Spring (September to November). The word ko is a digging implement, spring being the time for digging the soil"

Welcome to our spring newsletter.

This spring has included both summer and winter conditions. Yesterday we had an unusual fall of snow on the hills around us.

It is also hay fever season. I hope you are all well equipped with your nasal sprays, inhalers, preventers and relievers to manage this time of year.

Hay fever/Allergic rhinitis

Did you know that hay fever is the common name which describes allergic rhinitis.

Symptoms include ongoing runny/stuffy/itchy nose with frequent sneezing that can also affect eyes, sinuses throat and even your ears.

Like any allergy, hay fever is an immune system response to allergens like dust mites, pets, pollen and moulds.



So as soon as any of these hit the inside of your nose and sinuses, it sets off an allergic reaction. It is known that these are also common triggers for asthma.

Approximately 80% of people with asthma also suffer from hay-fever/allergic rhinitis.

So, to cut a long story short, you need to look after your upper airways. There is good evidence to suggest that if you look after your upper airways well, you may not need as much of your asthma medication, and will have fewer GP and hospital admissions.

If you have a computer, go onto asthmafoundation.org.nz and search under allergies—there is some good information on hay fever or allergic rhinitis.

And if you're not managing, then I suggest you have a review with your GP or nurse.

Better Breather/Pulmonary Rehabilitation/Circuit Classes

Well, classes keep growing. Compared to this time last year we have had a 50% increase in attendance numbers.

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**FROM EVERYONE AT NELSON ASTHMA SOCIETY
HAVE A VERY MERRY CHRISTMAS AND HAPPY,
HEALTHY NEW YEAR!**

**The NAS Office will close
Friday 18 December, and reopen
Wednesday, 6 January 2021**



We will review our class sizes and attendance on a regular basis, and if we need to make changes we will. Feedback is great, so let us know how we can improve anything for you.

The Pulmonary Rehabilitation course in Richmond is over half way through now. Well done to all of you who have attended this course. Talk to Sue or Deborah as to the next step in your exercise programme.

Excitingly, the Asthma Society will have its first Pulmonary Rehabilitation Course commencing in Golden Bay in November. Thanks to Sue for all the extra work she has put into setting this up.

Quiz Night



This night has happened at last. Thank you for all the donations of goods and prizes and those who came along for the quiz.

A special thank you must go to Etta and her son Andrew, for all their time and effort in making this happen. Thank you to Kevin at the Sprig and Fern Brightwater for the venue, and his staff for their hard work on the night.

Committee

We have a great committee, but are always looking for fresh ideas and input. Please contact one of our committee members or myself to have a chat.

So enjoy spring (kaonga)

Maimoatia e te iwi e (Cherish it one and all)

Regards,

Rosalie Adamson

Rosalie Adamson, President

A Request for Members

Can you please email the office, asthma.nelson@xtra.co.nz, so you can receive newsletters and invoices electronically in the future. Thanks, NAS

The Society passes on its condolences to the families of members and friends who have recently lost loved ones, or who are unwell at present.



IS YOUR HOME WARM AND DRY?

CEILING and UNDERFLOOR INSULATION

Government grants of 90% are now available for ceiling and underfloor insulation

To be eligible, you must

- Live in your own home
- Have a home built before 2008
- Live in the Nelson, Tasman or Marlborough areas
- Have a current Community Services Card or Super Gold Card endorsed CSC

OR

- Live in a designated grant area

It is possible to self-refer by contacting Absolute Energy for a no obligation quote Free Phone Absolute Energy at 0800 423454.

For more information contact Hilary Genet, Public Health Service, 03 543 7933.

HEATING

To be eligible you must meet the criteria above and:

You must not have an existing fixed heater in the main living area - e.g. a heat pump, wood or pellet burner, flued gas heater or central heating system.

Grants covering 90% of the cost of an efficient wood burner, pellet burner or **heat** pump (capped at \$3000 including GST) provided your home has been insulated to the EECA standard.

Absolute Energy is NOT the service provider for heating.

Contact Warmer Kiwi Homes programme free phone 0800 749 782 or visit energywise.govt.nz for information related to heating.



November—March

CHRISTMAS BREAK-UP CELEBRATE WITH US!

**BRING-A-PLATE TO
SHARE, ON THE
FOLLOWING DATES!**



- ☉ **Motueka BBC** - 14th December, 12.30pm at the Tokomaru Rooms
- ☉ **Better Breathers Circuit** - 15th December, 11am at Club Waimea
- ☉ **Nelson BBC** - 16th December, 2pm at the Reformed Church



Merry Christmas!

From Sue, the trainers
Deborah and Leigh, and the
Committee



**A special thanks to
Ray Aynsley for all his
hard work at Better
Breathers circuit and
Pulmonary Rehab**

BETTER BREATHERS CIRCUIT

Club Waimea, 345 Queen Street, Richmond
Every Tuesday and Friday during school terms
10.00—11.00 am

November 3rd, 6th, 10th, 13th, 17th, 20th, 24th and 27th
December 1st, 4th, 11th and 15th—NO CLASS 8th Dec
January 19th, 22nd, 26th and 29th
February 2nd, 5th, 9th, 12th, 16th, 19th, 23rd and 26th
March 2nd, 5th, 9th, 12th, 16th, 19th, 23rd, 26th and 30th

\$5 per class

**PERFECT FOR THOSE WHO HAVE COMPLETED THE
PULMONARY REHABILITATION PROGRAMME**



BETTER BREATHERS NELSON

**Reformed Church, 15 Burrough Place,
Enner Glynn.**

Every Wednesday during school terms
1.00 — 2.30 pm

November 4th, 11th, 18th and 25th
December 2nd, 9th and 16th
January 27th
February 3rd, 10th, 17th and 24th
March 3rd, 10th, 17th, 24th and 31st

**The Respiratory Support group meets at
12pm before this class starts –
everyone is welcome!**

BETTER BREATHERS MOTUEKA

**Te Awhina Marae, Tokomaru Rooms,
117 Pah Street, Motueka**

2nd & 4th Monday of the month.
11.30am—12.30pm

November 9th and 23rd
December 14th
January-No class
February 22nd—NO CLASS 8th FEB
March 8th and 22nd



Please note the increase of fee for BBC Nelson and Motueka (now \$3)

\$5 PER CLASS, OR \$3 IF YOU HAVE A NELSON ASTHMA SOCIETY MEMBERSHIP!

Contact Sue at the Nelson Asthma Society 03 544 1562 or email asthma.nelson@xtra.co.nz
for more information. Also visit our website at <https://nelsonasthma.co.nz>

WHAT YOU NEED TO KNOW ABOUT DEHYDRATION

-by GP and Asthma Society medical advisor Dr Suzanne Washington.

Dehydration is the loss of water and salts from the body, faster than it can be replaced. Our body is made up of 70% water, so it is very important to maintain a good fluid balance.

As we come in to the warmer seasons of the year, this is particularly topical. The people at most risk of the effects of dehydration are the very young, and elderly people, especially those with other medical conditions (including respiratory ones), for which they may be taking medications.



Dehydration can come about if not enough water is taken in or too much is lost, over a period of time. This could be due to doing strenuous activity outside, so you sweat excessively; it could be due to feeling unwell, so you don't feel like drinking as much, for example, diarrhoea and/or vomiting. Humid weather can often trick the body into not feeling thirsty, which is usually the first sign of dehydration. This is because sweat does not evaporate and cool the skin in the usual way; it remains on the skin and so the usual signals don't occur.

Symptoms of moderate-severe dehydration include:

- ◆ Dry sticky mouth and cracked lips
- ◆ Feeling thirsty
- ◆ Reduced urine production, for example not passing urine for 6-8 hours at a time
- ◆ Dark, smelly urine
- ◆ Dizziness/faintness on standing up which doesn't go away after a few seconds
- ◆ Feeling extremely tired
- ◆ Muscle cramps
- ◆ Fainting or passing out
- ◆ Confusion
- ◆ Headache



It is important to drink enough water daily to prevent dehydration. It is commonly stated that 6-8 glasses a day is about right. Actually, this depends on how old you are, which medications you are taking, how much activity you are doing, and what the climate or environment is like, among other things.

Generally, a better way to tell whether or not you are hydrated enough, is to check the colour of your urine. This should ideally be almost colourless through to pale yellow. Anything darker than this suggests you should drink more water. Ensure you drink water before, during and after exercise; ideally exercise should be taken in the cooler times of day.

Patients often ask me-does it have to be water? Can I drink other fluids instead, and will that count? I advise that it's best to avoid processed fluids like fizzy drinks, sports drinks/powerade etc or undiluted fruit juices as these are often high in sugar and less hydrating than water. They have other negative impacts on health as well like dental disease and obesity.

Diluted fruit juice is ok, as is flavoured water ("water drops", available from the supermarket, are good; also try lemon, mint or fruits), herbal tea or infusions. Coffee and tea (the "normal" kind) is caffeinated, and this actually causes more water loss than replacement, so this cannot be counted in your daily fluid intake. Similarly alcoholic drinks cause more water loss than replacement.

Some medications, such as diuretics (frusemide, bumetanide, or bendrofluazide), blood pressure medications (eg candesartan, losartan, bendrofluazide), and anti-inflammatory pain killers (NSAIDs-ibuprofen, diclofenac/voltaren; COX2 inhibitors-celecoxib) are all more dangerous to the kidneys and may cause very low blood pressure and salt imbalances if a person is dehydrated. Spironolactone is another drug which can be toxic to the kidneys in the dehydrated patient. It is used for heart failure, fluid retention and sometimes for excessive body hair, or polycystic ovarian syndrome in women. It can also be used in transgender patients who are trying to reduce the effects of the male hormone, testosterone.

If someone taking medications such as these becomes suddenly dehydrated, for example, from having gastroenteritis, they should seek advice about whether to continue or temporarily stop them, from their GP or

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practice nurse, or Healthline. Your GP will usually give advice about such scenarios when commencing patients on certain combinations of medications—often termed the “triple whammy”—drugs called ACE inhibitors or ARBs, (for example cilazapril, perindopril, losartan) non-steroidal anti-inflammatory drugs (NSAIDs) and diuretics. This trio can be particularly dangerous in the dehydration setting and can cause kidney failure.

I have not included every drug which can be dangerous in the dehydration setting—if you are unsure, please ask your GP when you next attend for review, or contact the practice nurse who will be able to advise.

It can be difficult to remember to keep your fluid intake up throughout the day, as we all get busy. It might be a good idea to carry a water bottle around with you, have it on your desk at work, or outside in the garden while you are working there. Another way might be to set a regular alarm on your device to remind you to drink at intervals. Try to have at least 1 glass of water with each meal.

Patients also say to me that if they drank more water, they would be going to the toilet all day. It is true that your body adjusts to the usual amount of fluid you take in and any sudden increase will make you pass more urine, more often. However, with perseverance, your kidneys and the parts of your brain which detect how much fluid is in your body, will adjust and you will feel better for being well-hydrated. It is reasonable to not take in fluid after evening, as this may cause you to have to get up in the night to pass urine. Just try and fit it in throughout the remainder of the day.



Lastly, feeling constantly dehydrated and thirsty, having to drink large amounts of fluids, and passing a lot of urine is an important group of symptoms which can signify diabetes. If you are concerned about this possibility, please contact your GP or practice nurse, as a test is easy to arrange.

Have a wonderful spring and summer and keep those fluids up!

Thanks to all our supporters, including the following:



♦ *MacDonald Trust*

REMINDER



Although summer is now upon us, and warmer weather prevails, asthma flare ups can still happen, so please remember to keep taking your preventer inhaler.

Even if your asthma appears under control, it is important to keep taking preventers every day, as they make sure it stays that way.

Also, if you are going away on holiday, be aware of the potential for exposure to new or different environmental triggers. It's important to have your reliever inhaler on hand, and ensure you have sufficient medication to cover you over the holiday period.

For those with dust mite allergies, remember to take your allergy bedding covers with you for overnight stays.



Are you wanting accurate information on respiratory health??

www.healthnavigator.org.nz is a fantastic resource!

ALSO, REMEMBER TO CHECK OUT OUR WEBSITE!

<https://nelsonasthma.co.nz>



EVERY DAY I FIGHT FOR BREATH

I WILL NEVER GIVE IN

Ask your doctor to review your emphysema
treatment and find out if ANORO is right for you.



ANORO ELLIPTA
umeclidinium/vilanterol

INNOVIVA Anoro® Ellipta® (umeclidinium bromide/vilanterol trifluoroacetate inhaler 82.5/25mcg per inhalation) is a Prescription Medicine. Anoro Ellipta is used for long-term regular treatment to relieve symptoms in adults with Chronic Obstructive Pulmonary Disease (COPD). Anoro Ellipta is a fully funded medicine. Use strictly as directed. Do not take Anoro Ellipta to treat asthma or to relieve acute symptoms. Always carry your reliever inhaler. This medicine has risks and benefits. Tell your doctor: if you are taking other medicines or herbal remedies, you have heart problems or high blood pressure, liver or thyroid problems, epilepsy or other seizure disorders, difficulty passing urine, a blockage in your bladder or other bladder problems, chronic or untreated infection, narrow-angle glaucoma or diabetes. Side Effects: Sore throat with or without a runny nose, cough, constipation, dry mouth, painful and frequent urination, pain and irritation in the back of the mouth and throat, infection of the upper airways, pain of the sinuses. If symptoms continue or you have side effects, see your doctor, pharmacist or health care professional. For more information see Anoro Ellipta Consumer Medicine Information at www.medsafe.govt.nz. Normal doctor's charges apply. Ask your doctor if Anoro Ellipta is right for you. Anoro and Ellipta are registered trade marks of the GlaxoSmithKline group of companies. Anoro Ellipta was developed in collaboration with Innoviva Inc. Marketed by GlaxoSmithKline NZ Limited, Auckland. Adverse events involving GlaxoSmithKline products should be reported to GSK Medical Information on 0800 808 500. TAPS 10777NA-PM-NZ-UCV-ADVT-190004