



Currents

CANADIAN NETWORK FOR RESPIRATORY CARE SPECIAL SUPPLEMENT • FALL 2011

Teacher, Where's My Inhaler?

BY JACLYN LAW

Imagine having an asthma attack and not having quick access to your reliever inhaler. That's the unsettling risk for children with asthma at schools where medications are routinely locked up.

Across the country, many schools have lock-up policies in place, and asthma educators and many parents believe the practice could endanger students by delaying treatment. "This disease needs rapid access – that doesn't mean 15 to 20 minutes later," says Mike Peta, a Certified Asthma Educator in Lethbridge, Alberta. "Schools need to work with health authorities to design a better way of administering medication," he says.

Peta's daughter Ashlyn has asthma, and her school's principal insisted on locking up her medication. So, on the advice of her dad, she carried it secretly



in her backpack. Peta isn't alone in seeking change. In a recent survey for the National Asthma Patient Alliance, the Asthma Society's patient and parent group, 95 percent of participants said

school policies should allow students, once capable, to carry their medications.

Access varies among provinces, school boards and even schools of the same board. There is no consistency. "We need legislation to protect children with asthma," says Cheryl Connors, executive director of the Canadian Network for Respiratory Care. She thinks Ontario, for example, missed an opportunity in 2005 when it passed Sabrina's Law, which ensures (among other things) that allergic students can carry EpiPens, but it doesn't cover asthma and inhalers.

"Asthma is life-threatening as well," says Connors. "Parents should not be forced to hide medication, afraid children won't be able to access it as soon as they need it." That said, if a child requires the reliever regularly, the asthma likely isn't well-controlled and a visit to a doctor or Asthma Educator is in order.

Talking to the School

• Before you do, speak to an Asthma Educator about your child's asthma action plan and what will be required at **School Talk** *continued on page 40*

THIS SHOT IS SMART

BY LISA CRAIG & ANGIE LE

If you have asthma and are pondering whether to get the flu shot, stop wondering. The answer is yes. Everyone with asthma should get the vaccine. Here's why:

- The flu can aggravate asthma symptoms.
- Asthmatics have a higher risk of

developing serious respiratory complications from the flu, such as pneumonia.

Yet most adults with asthma don't get the shot. According to the Centers for Disease Control and Prevention, only one-third of adults with asthma and one-fifth of that group under 50 years of age get it. Some people fear they'll get sick from the shot. This is a misconception: the vaccine is prepared from inactivated viruses and can't cause the flu. Others worry about side effects. But they are generally minor, such as soreness at the injection site.

The only people with asthma who shouldn't get the vaccine are: infants under six months; those with an allergy to a preservative in the vaccine; or anyone who has had Guillain-Barre Syndrome. (For egg allergy, speak to your allergist.) The benefits to reducing the risk of hospitalization and infection far outweigh any small risks associated with the flu shot.

Lisa Craig is a pharmacist and CAE in Cambridge, Ont. Angie Le is a pharmacy student.

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CNRC CONFERENCE

The Canadian Network for Respiratory Care's 10th anniversary conference takes place Nov. 10-12 in Gatineau, Quebec, near Ottawa. The program for this national respiratory care and education conference includes engaging sessions on asthma, COPD, allergy, smoking cessation and education.

There will be three days of sessions and 27 workshops, not to mention keynote speakers including teacher and author Michael Reist, and alternative health expert Bryce Wylde.

The conference is targeted at health professionals, including respiratory therapists, pharmacists, nurses, physiotherapists and MDs, but the public may also attend. Visit www.cnrchome.net for information.

School Talk

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school. (To locate a CAE or CRE in your area, call 905-880-1092.)

- Shawna McGhan, a Certified Respiratory Educator at the Alberta Asthma Centre, highly recommends the online resource Creating Asthma-Friendly Schools (<http://asthmain-schools.com>). Parents can bone up on best practices and expert recommendations on inhaler access before speaking to the school.

- No matter what the school's policy, parents need to discuss their child's triggers and symptoms with the principal and teachers and provide a copy of a child's asthma action plan. If you don't have one, speak to your Asthma Educator about how to get one made up with your doctor. It's an essential tool.

QUIZWHIZ

- 1 True or False: About 50% of children experience wheezing in their first year of life.
- 2 True or False: Taking antibiotics during an asthma attack will lessen its severity and duration.
- 3 True or False: Acid reflux from the stomach can worsen asthma.

Quiz answers, page 42

THE ASTHMA EXPERT

With Dr. Harold Kim

Canada has one of the coldest climates in the world and that prompts us to spend a great deal of time indoors. This means reduced sun exposure, which may lead to lower metabolism of vitamin D. Researchers now feel this may be a reason for the high rates of asthma – and severe asthma – in Canada.

People tend to think of bone health as vitamin D's key contribution, but more recently allergists have become aware that vitamin D levels may impact the onset of food allergy. Now in the past year, studies are suggesting the vitamin is also important in asthma.

One study in the United States showed that children with asthma were likely to have low vitamin D levels, and the vitamin's presence was even lower in children with more severe asthma. As well, a study from Europe confirmed that treating asthmatics with vitamin D resulted in fewer asthma exacerbations from upper respiratory infections. Vitamin D may play a role in decreasing allergen development, improving general immunity and improved protection from viral infections.

These studies suggest doctors should be measuring vitamin D



levels in asthmatics and we should advise those with low levels to take vitamin D supplements.

Identifying and treating patients with low vitamin D might well improve their asthma and allergies. It's feasible that this common vitamin might even decrease asthma medication requirements.

We don't have all the answers on vitamin D and there will be larger studies that refute or support the findings so far. But in the early going, the outlook for vitamin D is most sunny.

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 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 or to find a CAE or CRE near you, please see www.cnrchome.net or phone: 905-880-1092.



Paula Smith

Ryan Chan

Elizabeth Gillespie

Q&A

Certified Educators take your asthma and allergy questions.

Send questions to: editor@allergicliving.com

Q. I've begun taking public transportation to work and I'm finding my asthma is worse because of all the fragrance. Mornings are bad because people have just applied perfume. What should I do? Use my quick reliever before I get on the bus?

Elizabeth Gillespie: Airborne chemicals, such as fragrance, can worsen asthma symptoms. Since the ideal solution is avoidance, I suggest trying another method of "green" transportation, such as a car pool. If you need to take public transportation, it's important to make sure your asthma is under good control. Are you taking controller medications daily?

It's a good idea to review with your doctor whether your controller medication needs adjusting. I don't recommend taking your quick reliever every morning before getting on the bus; using reliever medication more than four times per week is a sign asthma is not under control. (That said, of course bring it with you and be prepared to use it if necessary.) Finally, make sure that your written asthma action plan is up to date and available.

Q. I've read that corticosteroids can slow a child's growth. Is there any truth to that?

Ryan Chan: Growth is much more likely to be affected by uncontrolled asthma, since that can cause inadequate oxygen delivery to developing tissue. A few studies of corticosteroid medications show there may be occasional and minor effects on height, but only when medication must be given at high doses for extended periods to achieve asthma control.

Simply put: the better the asthma control, which is achieved through the corticosteroid medication, the less medication is used and the less chance of any small height differential. Corticosteroids prevent uncontrolled asthma, removing the

risks of coughing, wheezing, missed school and even emergency room visits. The balance tips strongly in their favour.

Q. I'm 22 and have just been diagnosed with asthma by my family doctor, who prescribed a controller and a rescue inhaler. Should I also be seeing an asthma specialist?

Paula Smith: More important than which doctor sees you is to ensure that your asthma diagnosis is confirmed through spirometry testing. This may be done at your doctor's office or at a pulmonary function clinic. For difficult-to-control asthma, a patient will often then be referred to a respirologist.

A visit that is also most important is to a Certified Respiratory Educator or Asthma Educator. (Locate one at 905-880-1092.) The educator helps you to gain a strong understanding of asthma and management and works alongside the doctor to create your individualized asthma action plan.

Q. I mean to take my daily asthma medication, but forget a lot. Do you have any strategies to help me remember?

Elizabeth Gillespie: It is important to establish a routine. For instance, you could leave your medications on your kitchen table, provided you regularly eat breakfast and dinner at home. Or buy a toothbrush that's the same colour as your inhaler, to visually remind you. You could pair this strategy with a note taped to your bathroom wall. Or, if you have a smartphone, you could program a daily alarm as a reminder. Finally, make sure to have your rescue inhaler with you at all times.

Q. How young can a child be diagnosed with asthma? My 9-month-old has been wheezing a lot lately.

Ryan Chan: Asthma diagnosis in infants is tough. Due to their tiny airways, there may be a higher incidence of wheezing and shortness of breath, and this can mimic asthma symptoms. Secondly, an infant's immune system is in the "priming stage," where viral infections can also mimic asthma symptoms.

There is no definitive age when asthma can be diagnosed. Your physician will watch for consistency and duration of symptoms. Although minor conditions can mimic asthma, parents should still bring babies in for a check-up if there is any wheezing at all.

Q. My 14-year-old with asthma is learning to play the saxophone. If she practises a lot, she has shortness of breath afterward and sometimes the next day. Should she choose a different instrument?

Paula Smith: There's no reason to give up the saxophone. Asthma can be well-controlled to allow your daughter to engage in any activities she desires. Asthma-control definitions include being able to participate in normal physical activity, and that includes playing a musical instrument. Speak with your physician about ways to optimize your daughter's asthma treatment so that she is able to play and practice – without any symptoms.

Elizabeth Gillespie is a senior respiratory therapist and CRE in Thompson, Manitoba. Ryan Chan is a pharmacist and CAE in Winnipeg. Paula Smith is a registered respiratory therapist and CAE in Orillia, Ontario.

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RAGWEED: The Bane of Fall

Bad news for ragweed allergy sufferers: a new study proves that ragweed pollen season is now up to a month longer than it was 15 years ago, thanks to a delay in the onset of the first fall frost.

Ragweed is commonly associated with sneezing and itchy eyes, but it can also trigger asthma. “As soon as the ragweed pollen counts spike, we see patients go from being fine to wheezing and having shortness of breath,” says Lindsay Douglas, a nurse and CAE at the Windsor Allergy Asthma Education Centre in Windsor, Ontario.

What to do? Avoid ragweed as much as possible. Check pollen forecasts and plan outdoor activities when counts are low. Wash your hands frequently, and take a shower and change clothes after being outside.

Still, if ragweed triggers your asthma, take action to get it under control. Don’t rely on your reliever inhaler, says Douglas. Rather, make sure your asthma action plan advises how to increase your controller medication for the ragweed season.

If ragweed also makes you sneeze, turn to a daily antihistamine. Steroid-based prescription nasal sprays are also helpful. Be sure to speak to your doctor about severe ragweed allergy symptoms; just as with asthma, they can be controlled. —*Kim Shiffman*

QUIZ ANSWERS *from page 40*

- 1. True:** But only about 20% will continue to experience wheezing, and a small fraction of those will receive an asthma diagnosis.
- 2. False:** Most exacerbations are caused by asthma triggers or viruses, so antibiotics won’t help. Refer to your asthma action plan to guide you on what to do during an exacerbation.
- 3. True:** Reflux is a known trigger. It worsens asthma because a small amount of acid is actually inhaled.

Contributed by Jolanta Piszczek, pharmacist and Certified Respiratory Educator.

Teens' Corner

Controlling the September Spike

Brooke is 13 and loves music, drama and being physically active. She also has asthma – which tends to flare in September with the return to school. Asthma Educator **Jan Neumann** offers her advice.



Jan Neumann

Jan: Asthma flare-ups are not uncommon in September. In fact, the highest number of hospital admissions due to asthma occurs during the third week in September. How does it feel when your asthma gets worse?

Brooke: I feel tightness in my chest, or get a lasting cough, especially at night. I feel uncomfortable, almost like I have a bad chest cold.

Jan: Recognizing when asthma is flaring up is so important! What do you do when your asthma gets worse?

Brooke: I increase the amount of preventer medication I take until things settle down. Then I go back to my regular dose, so that my asthma stays in control. And I always have my rescue medication – just in case.



Brooke

Jan: That’s great. I like that you have an asthma action plan that helps you both recognize worsening symptoms and know what to do to regain control. Another thing to consider for next year is increasing preventer medication in mid-August instead of waiting for trouble. Also, back to school means an increased risk for catching viruses, which can trigger asthma, so wash your hands often.

Brooke: Thanks Jan. Being proactive means my asthma doesn’t slow me down. I’m inspired by the singer Pink – if she can sing, dance and live her dream while managing asthma, then so can I!

Jan Neumann is a Certified Respiratory Educator at the Lung Association of Saskatchewan.

CNRC thanks GlaxoSmithKline for helping to make *Currents* possible through an educational grant.

