



Currents

CANADIAN NETWORK FOR RESPIRATORY CARE SPECIAL SUPPLEMENT • SPRING 2010

SPRING ALLERGIES A TRIPLE THREAT

BY KRISTINA BERGEN

A Scout leader for 30 years, Kathy Howard is comfortable in the forest, teaching children to build shelters and identify animal tracks. But with the arrival of the spring pollen season, she'll be heading indoors. "When all the tree pollen is flying around my eyes itch, I get stuffed up and my throat swells so I feel like I'm choking," says Howard, a native of Cobourg, Ontario, who finds her asthma difficult to control this time of year. "The wheezing starts and I know I'm in trouble."

Spring allergies are among the toughest to cope with because of the dramatic change in pollen count. As



vegetation comes back to life and trees start to bud, pollen levels soar from "virtually nothing to a very high count," explains Dr. Harold Kim, President of the Canadian Network for Respiratory Care and an allergist in Kitchener, Ontario. Worse still, many people don't consider the whole picture when treating their disease.

Asthma and allergies are related ailments that obstruct breathing at opposite ends of the airway – your nose

and lungs. A third organ is also strongly affected: the eyes. A person with allergic rhinitis (or hay fever) can have a range of symptoms to pollen – itchy red, watery eyes and runny nose are common complaints. For a person with allergic rhinitis *and* asthma, spring may be heralded in with constriction, coughing or wheezing. "Your nose has the same types of tissue as your lungs and responds the same way to allergens as your lungs, by producing *Triple threat continued on page 46*

Centre's Revolution in Asthma Teaching

BY KRISTINA BERGEN

Sporting a cheeky grin and a sky-blue sweater, a friendly alligator peers from the windows of The Children's Asthma Education Centre in Winnipeg. Asthma Allie, as the gator is known, is the mascot of this innovative space dedicated to helping kids under 17 and their parents learn how to control asthma.

Cathy Gillespie, a clinical nurse specialist and Certified Asthma Educator, says the new facility has revolutionized the way certified educators teach families about asthma management. *Asthma teaching continued on page 47*





Ann Bartlett

Jolanta Piszczek

Kim Cook

Q&A

Certified Educators take your asthma and allergy questions.

Q. My daughter has asthma, and her grandfather's a smoker. Is it OK for him to smoke in a different room?

Ann Bartlett: Tobacco smoke – either first or second-hand – is a strong trigger of asthma symptoms. Second-hand smoke can increase airway inflammation and reduce the effects of asthma drugs. Going into another room will not protect your child as the dangerous chemicals from second-hand smoke remain long after smoke can no longer be seen or smelled.

The only way to avoid the dangers of second-hand smoke is to not let anyone smoke inside. Often by explaining the danger to relatives, they will understand – and hopefully consider quitting! I recommend a sign that says: “Welcome to Our Smoke-Free Home.”

Q. I don't have an asthma action plan. Are they really necessary?

Jolanta Piszczek: An asthma action plan contains written, personalized instructions to help you recognize when your symptoms are worsening and regain asthma control. It classifies how you are feeling into three zones: green, yellow and red, and tells you how to adjust medication or when you need

to seek immediate medical attention. Even with mild asthma, there is a risk of losing symptom control, and therefore an action plan is necessary and beneficial to anyone with the condition. It can be written with any health-care professional who offers respiratory care, but must be reviewed by your physician.

Q. I feel like my asthma is under control, but my doctor says I need to keep taking my controller medication. Why?

Kim Cook: People with asthma don't always realize that there's some inflammation in their airways or that their lungs are not functioning at peak capacity. When they're exposed to a trigger, such as a virus or an allergen, this underlying inflammation will worsen, leading to asthma symptoms.

Controller medication reduces this inflammation on an ongoing basis. Think of blood pressure medication: a person doesn't always “feel” high blood pressure, but the medication is needed to keep it in check. That said, if you haven't had symptoms for a long time, you may be able to decrease the amount of medication. Regular follow-up with your doctor or CAE will help you to keep on top of this.

Q. Why does my doctor want me to start using a peak flow meter?

Ann Bartlett: A peak flow meter is a device you hold in your hand to measure how fast you can blow air out of your lungs. It provides an objective measurement that indicates if your asthma is under control.

When your peak expiratory flow rate drops below the level set by your health-care provider, it's an indication that you must change your medication or consult your doctor. A peak flow meter can also help identify the factors that trigger your asthma – at home, at work or on vacation.

Q. I don't like to take a lot of medications. Is it dangerous to leave my spring allergy symptoms untreated?

Jolanta Piszczek: For those who don't have asthma, seasonal allergy symptoms are rarely dangerous or life-threatening. They can, however, be bothersome and affect your day-to-day activities. If your symptoms are mild, you don't need medications on a regular basis. There are many non-medicinal treatments for allergies such as allergen avoidance, using saline
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QuizWhiz

1 True or False: Spacers aren't necessary, my kids can do fine without them.

2 True or False: Since the blue puffer works quickest, it's the only one I need.

3 True or False: Quitting smoking makes a big difference in asthma control.

Answers page 46

THE ASTHMA EXPERT

With Dr. Harold Kim



Welcome to *Currents*

Welcome to the inaugural edition of “*Currents*”. This regular supplement in *Allergic Living* magazine will focus on up-to-date information on respiratory and allergic conditions that affect a significant proportion of Canadians. The articles will aim to provide valuable information, education and guidance to those of you with respiratory disease.

Members of the CNRC are Certified Respiratory Educators (CRE) and Certified Asthma Educators (CAE) who practise across the country. The CREs and CAEs are health professionals who have completed special courses in respiratory health and passed rigorous examinations in this field. These educators work in partnership with physicians and other health professionals to provide reliable education to thousands of patients. The CREs and CAEs may work in hospitals, pharmacies or in community-based medical clinics throughout Canada.

An area that the CREs and CAEs often address with their patients is allergic disease. We all know that

allergic conditions may be very problematic for people in the spring and summer months. In this first edition of *Currents*, we discuss how many people with allergic nasal symptoms suffer from associated problems like allergic eye symptoms (conjunctivitis) and/or asthma. With these problems as well as most of the conditions we will focus on later, there are often highly effective and safe treatments available.

Those of us at CNRC are confident that *Currents* will be a beneficial source of information and education to all of you. We are delighted that the launch of *Currents* is coinciding with *Allergic Living*'s fifth anniversary. And we are grateful to GlaxoSmithKline for providing an unrestricted educational grant to support our exciting new publication.

Dr. Kim is the president of the CNRC and an allergist based in Kitchener, Ont.

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

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inflammation,” explains Amy Kropf, a registered respiratory therapist and Certified Asthma Educator (CAE) in Kitchener.

Experts say a “one airway, one disease” approach is the best way for people like Howard to get back outside to enjoy spring. That’s because your nose and lungs *also* work the same way when it comes to treatment: caring for one end of the airway can improve what’s going on at the other end. For example, notes Kim, if you treat your nose with a nasal spray that blocks inflammation, you’ll have fewer episodes of severe asthma symptoms. On the other hand, if you treat your lungs with a corticosteroid, the inflammation in your nose often improves.

Allergic eye symptoms (conjunctivitis) may also benefit from treating the airway. Kim says that decreasing the inflammation in the nose reduces an irritating nerve reflex that triggers eye symptoms. “If you can improve things in your nose, it can reduce itching and tearing in your eyes.” Spring pollen packs a nasty punch, but is no match for a well-informed treatment plan. Talk to your respiratory educator or physician about developing a plan to keep your spring allergies and asthma symptoms at bay.

Asthma teaching *continued from page 45*

What’s made all the difference? “SMART boards brought us into this century,” says Gillespie, who explains that the new centre has two classrooms with state-of-the-art teaching technology.

One popular use of the SMART boards is asthma bingo, a game and knowledge test about managing asthma triggers. As the “caller” shows images depicting triggers, class members battle to finish first. “When working with children or teens, such technology really helps to get them involved,” she says.

Located in The Children’s Hospital, the new facility is a hub of expertise. Formerly scattered throughout different buildings, the CAEs and Certified Respiratory Educators are now centralized with immediate access to allergists, a nurse clinician, and support staff. “Our team is terrific,” Gillespie says. “And you can’t imagine the difference between the new centre and where we were before.”

Q&A *continued from page 45*

rinses, and allergy-proofing your home, which should always be the basis of any allergy treatment regimen. If you find that your symptoms interfere with your sleep or ability to breathe, however, they should be treated. Never discontinue or modify any allergy treatment prescribed by your doctor before discussing the issue with him or her.

Q. My son's asthma flares up at night. How can I help him?

Kim Cook: There are many reasons why asthma can be worse at night. Culprits include allergens in the bedroom, post-nasal drip (the mucous or phlegm that runs down the back of your throat from the nose and sinuses), gastroesophageal reflux disease (GERD), and even a drop in body temperature, lower circulation of some hormones, or a reaction to something exposed to earlier that day.

It's important to speak with your doctor or an asthma educator to zero in on a cause. Nighttime symptoms are a sign that your son's asthma is not well-controlled. In the meantime, administer your child's reliever puffer as directed, and do your best to avoid triggers.

Ann Bartlett is a Respiratory Nurse Clinician and CRE at St. Joseph's Health Care in Hamilton; Jolanta Piszczek is a clinical pharmacist and CRE at Cornwall Community Hospital; Kim Cook is a Clinical Nurse Specialist and CAE at the University of Alberta in Edmonton. To submit a question to the CAEs and CREs, write to: editor@allergicliving.com and put Q&A in the subject field.

QUIZ ANSWERS *from page 46*

1. F Spacers ensure the medication gets into the child's lungs.
2. F Controller medications are needed to reduce inflammation.
3. T Smoking is a potent asthma trigger.

Contributed by Andy Shi, CAE and pharmacist

Kids' Corner

TWEEN-AGE ASTHMA

Sometimes at school, you don't want other kids to see you with your inhaler. But you need your medication. What to do? We asked asthma educators Ingrid Baerg and Angela Alexander for some tips.



First tip: The great thing about asthma is that if you learn to control it, asthma won't control *you*. Some kids ask us why they have to take the controller inhaler when their asthma doesn't seem to be acting up. This is because using that controller every day is the best way to get a "handle" on asthma; it keeps swelling and mucous away.

Grief Relief: With that control, you shouldn't have to get out your reliever inhaler as often. But when you do need it, don't be embarrassed. After all, it really *is* a relief. And consider: almost 1 out of 10 kids have asthma; you aren't alone!

Friends: Talk to close friends about your asthma and why you take medication. In your class, you may also be surprised to discover how many kids have medication for asthma or other health issues.

Puffer: If you do need your reliever inhaler, it will work best if you use a spacer. Why? More medicine will get down into your lungs. If you're *not* comfortable with your current inhaler/puffer, speak to a parent about seeing an asthma educator and your doctor, and possibly switching to a different medication. There are dry powder inhalers available that work without a spacer. Remember, getting the medicine into your lungs helps you control the asthma with the goal of using less medication. Control means you are active and doing things you love – hanging out with friends, playing sports – or maybe a guitar.

Ingrid Baerg, RN, CAE and Angela Alexander, RN, CAE work at the Asthma Education Clinic at B.C. Children's Hospital.

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