



*Hongihongi te rangi hou'*  
*'Smell the fresh air'*

## Newsletter of the College of Respiratory Nurses (NZNO)

August 2019

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# Chair Report

Kia Ora Koutou



Welcome to our winter issue of AIRWAYS, July 2019. We have had the shortest day and we are now welcoming in Matariki. The committee for the College of Respiratory Nurses is continuing to enjoy a busy and challenging time with their own day to day work and ensuring Respiratory health is still prominent topic within the Ministry of Health. For the first time we have a full committee. The team is doing fantastically well working together to ensure our Aotearoa nursing colleagues receive the most up to date information on Respiratory conditions.

The Respiratory Adult Knowledge and Skills framework is currently being reviewed and updated to reflect current pathways and management. The NZ Asthma guidelines will also be reviewed this year again to ensure we all have consistent and up to date management information.

Management guidelines for COPD specifically for New Zealand are currently being reviewed and there is committee members of the college involved in this review.

Planning for the College of Respiratory Nurse's biennial Symposium for 2020 is well underway. The theme "Bronchiectasis – changing the focus" will coincide with the Bronchiectasis Foundations "Bronchiectasis" week. The symposium is being held in Whangarei on 17<sup>th</sup> April 2020, so keep that date clear. There are scholarships available to attend if required.

The committee continues to comment and make submissions on draft documents from NZNO and the Ministry of Health. We are continuing with SniPs which you will find on the website.

Membership to the College continues to grow steadily and it is rewarding to see the work the College is involved in being recognised with increasing membership

The winter months are proving arduous for our nursing colleagues with influenza and chest infections rife across the country. The country has seen a huge increase in the numbers admissions to our hospitals for influenza and now we are hearing that the national stocks of the Flu vaccines are low. Be assured though, that there are still Flu vaccines available. This is a time that you need to be looking out for yourselves and keeping yourselves well.

As always, a huge thanks to all members for your continued support. The committee is open to all your comments and suggestions as this keeps the committee aware of what is happening out there. Keep well and safe over these wet and cold months

Hongihongi te rangi hou

## Editors Report

Thankfully we are moving ahead, with spring around the corner. We have vaccinated communities, focused on reducing infection, optimising management and supporting rehabilitation of our clients throughout the winter. In this edition I have been challenged to continue to update evidence- based practice. In addition, I continue to be impressed at the development of nurses in their professional roles as we grow advanced practice. I know there are some amazing projects, studies and practices happening in your work place. It would be great to present these in Airways. Contributions can be sent to [Carol@hcp.co.nz](mailto:Carol@hcp.co.nz) for review. Thanks, have fun as we head out of winter towards spring.

Carol George NP

## The Challenge of Evidence Based Practice in Smoking cessation.



## Smoking Cessation 5 Evidence Based Tips

1. Offer Nicotine Replacement Therapy (NRT) as combination generally first line.
2. Use both pharmacological and non-pharmacological approaches
3. Combination pharmacological supports quit attempts
4. Counselling/ Coaching increases quit rates including one to one and telephone
5. Incentives improve smoking cessation rates at long-term follow-up.

## Smoking Cessation Coaches

Smoking cessation coaches can provide the one to one and telephone counselling that facilitate quitting. New Zealand has a national and regional approach to quit coaches.

Quit line

Quitline offers face to face support, Pacifica support, information, Nicotine

Replacement Therapy (NRT). therapy and online support.

Regionally coaching groups provide local quit support. One groups TOAM, A Stop

Smoking Service aims to support people who are interested in quitting smoking, through-out Tararua, Manawatū, Horowhenua and Ōtaki regions.

Lupa Daly-Pene,

Auahi Mutunga Stop Smoking Service or better known as TOAM. Our services are made up of 6 Māori and Iwi Health Providers, with an Invited Partner Central PHO which covers Manawatu, Horowhenua, Otaki, and Tararua regions. TOAM has been utilising the Te Ara Whānau Ora approach alongside Clinical Nicotine Addiction treatment in settings that meet the needs of the smoking population.

Quitting smoking is better for your health, we can support you by offering FREE quit smoking advice, FREE one on one support and FREE NRT such as Patches, Lozenges and/or Gum.

For more information please contact us on 0800405011 or at [toam@tewakahuia.org.nz](mailto:toam@tewakahuia.org.nz)



## Pharmacological Approach to Quitting

Smoking cessation is associated with increased morbidity and mortality, including lung disease and cancer. Pharmacological options have been effective in supporting cessation. This is a brief introduction to pharmacological options. It is not intended for treatment or prescribing.

### First line aid is Nicotine Replacement Therapy (NRT).

NRT is available as patch, gum, lozenge, oral spray and inhaler. NRT patches are used to cover the baseline nicotine with gum and lozenges assisting with cravings. These products are subsidised with inhaler and oral spray being general sales.

**Varenicline and Bupropion** are options that effect withdrawal symptoms. These agents have to be used with caution with particular warnings for psychiatric disorders.

Varenicline is a nicotine-receptor partial agonist, reducing withdrawal symptoms. Varenicline comes with a warning that there have neuropsychiatric reactions. Varenicline is subsidized if people have had 2 failed quit attempts with NRT.

Bupropion for use as second line option in smoking cessation. It is an anti-depressant that has some efficacy in cessation, reducing the severity of withdrawal and is a subsidized product.

**Nortriptyline** is another option. As a tricyclic Antidepressant (TCA) it shows benefit when used with NRT. Nortriptyline may be a useful option where weight gain is a concern.

**E Cigarettes** are being introduced as a pharmacological option for smokers who are trying to quit. The evidence remains in early stages, with initial results demonstrating increase in smokers quitting. Recent studies indicate some concerns around effects vaping. Vaping is discussed further in this edition.

Special considerations for tobacco cessation treatment for patients with severe mental illness are outside scope of this introduction. Pregnant, lactating women and light smokers need special consideration with pharmacological approach to smoking cessation. For further information review Up to Date and NZ Formulary as well as your organisation policies and prescribing guidelines.

Carol George NP

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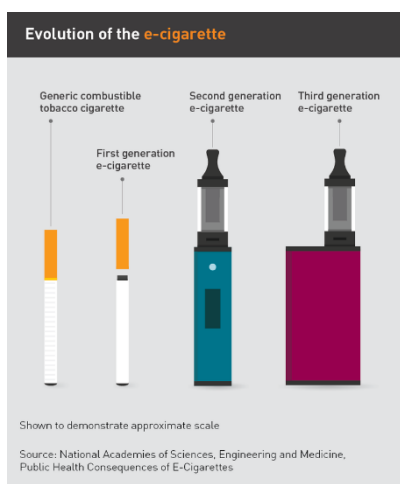
## Vaping the Good the Bad and the Ugly

Carol George NP

### Introduction

As a practitioner, I am having to face the growth of vaping, both in New Zealand and globally. However, the conflict is that the respiratory nurse in me doesn't want anyone putting anything into their lungs, vaping or otherwise. Conversely, as a professional, I need to acknowledge the Ministry of Health's position statement (MOH, 2018) consider vaping for clients as a smoking cessation strategy and a primary alternative. As such, the increase of vaping in New Zealand requires an overview of the literature and guidelines to direct practice. This article will briefly consider the impact of vaping on health for New Zealanders... the good, the bad and the ugly.





Vaping is the use of electronic devices to vaporise an inhalation product. It is a non-combustible method of inhaling solutions, including nicotine. The electronic device is commonly called an ‘e cigarette’ and different devices are known collectively as ENDS , Electronic Nicotine Delivery Systems, (American Lung Foundation, 2019). The MOH describes the three generations of ENDS; 1, 2 and 3 respectively (MOH, 2016). The first generation looked like a cigarette and used low wattage. The second generation had increased wattage, a battery and could be used with clearomizers as well as atomizers. Third generation devices describe a range that can be custom built. They have Mods (brains) and a power source. More recently, a 4<sup>th</sup> generation END has been developed, these devices have temperature regulatory mods, which enables users to optimise inhalation (Chaumont et al., 2019).

## Good

The positive aspects of vaping, as promoted by MOH, is that of smokers reducing use of combustible cigarettes through use of vaping (2018, McNeill, Brose, Calder, Bauld and Robson). The New Zealand MOH identifies vaping as a smoking cessation tool and in their 2019 position statement recommend vaping as preferable to cigarette smoking and requires health professionals to be familiar with vaping as smoking cessation strategy (MOH, 2019, MOH 2016). Cochrane also describes vaping as an effective smoking cessation tool (Hartmann-Boyce et al., 2016). The primary emphasis in these studies is to promote vaping to reduce the use of tobacco use, with the aim of reducing harmful outcome from cigarette smoking. In reflection, ongoing review of the outcomes of vaping as a smoking cessation tool using current methods of delivery and larger sample sizes will inform the body of literature around vaping as a smoking cessation aid.

## Bad

Less positive aspects of vaping have been slowly emerging from the literature. Notably, there is clear evidence that identifies the link with adolescents starting to vape and an increased use of cigarettes (Conner et al., 2018). Some describe a skyrocketing of use of e cigarettes amongst young people, with the American Cancer Society quoting a 78% increase of vaping amongst teens (Simon, 2018). In America, an increase use of smoking amongst youth who vape been acknowledged (Olfson et al., 2019). Significantly, reducing harmful effects that vaping can potentially have on adolescents is a clear priority for the MOH (2019). One UK study suggests that factors associated with increased cigarette use amongst this group include having smoked opportunistically before, having friends and family members who smoke (Conner et al 2018). Understanding these features can inform our recommendations around e cigarette use with adolescents to minimise harm.

## Ugly

There is a growing body of evidence demonstrating lung damage from vaping (American Lung Foundation, 2019). In part, the vaping solutions are known irritants and toxins in such as propylene glycol and vegetable glycerine (2019). Vaping solutions can produce aldehydes acrolein, and formaldehyde, which can contribute to lung damage (2019).

Moreover, varying lung disorders are arising in the literature related to vaping, including alveolar haemorrhage (Agustin, Yamamoto, Cabrera & Eusebio, 2018) and lipoid pneumonia (Viswam D, Trotter, Burge & Watters, 2018). others have discussed the potential for vaping to contribute to asthma symptoms of youth (Bayly, Bernat, Porter, & Choi, 2019).

The position statement of Asthma New Zealand (2019) is that [ e - cigarettes] are likely to be harmful in the long term ( 2019). Recent studies from the Thoracic Society describing pathological changes from vaping that contribute to lung diseases, such as Mucociliary dysfunction which is a feature of COPD (The American Thoracic Society, 2019). They conclude that vaping is not harmless, as previously thought (The American Thoracic Society, 2019).

## Conclusion

So how do we make sense complex and somewhat ambiguous information available around vaping for our clients? Understanding the MOH's goal to reduce smoking and to minimise harm to young people, we can apply evidence-based practice to our clinical reasoning. However, it must also be accepted that the evidence is limited, for this relatively new smoking cessation strategy. Whereas, there is considerable research around the benefits of Nicotine replacement Therapy and counselling for success in smoking cessation and it is important not to forget these in our smoking cessation toolbox (Hartmann-Boyce et al. (2016; Lancaster and Stead, 2017).

The monitoring of marketing and regulating vaping solutions are important mechanisms to reduce harm from vaping. New Zealand has made a start in this direction with requiring regulation of vaping solutions in 2019. A robust strategy to reduce uptake of vaping by adolescents is essential moving forward. Merry, S. & Bullen, C. (2018). New Zealand, Public Health goals remain consistent with the goal to be smoke free 2025 and to ensure harm reduction for our population we need to continue to apply evidence, synthesising latest research into our practice. The challenge is to remove the bad and the ugly and focus our activity on good evidence around smoking cessation.

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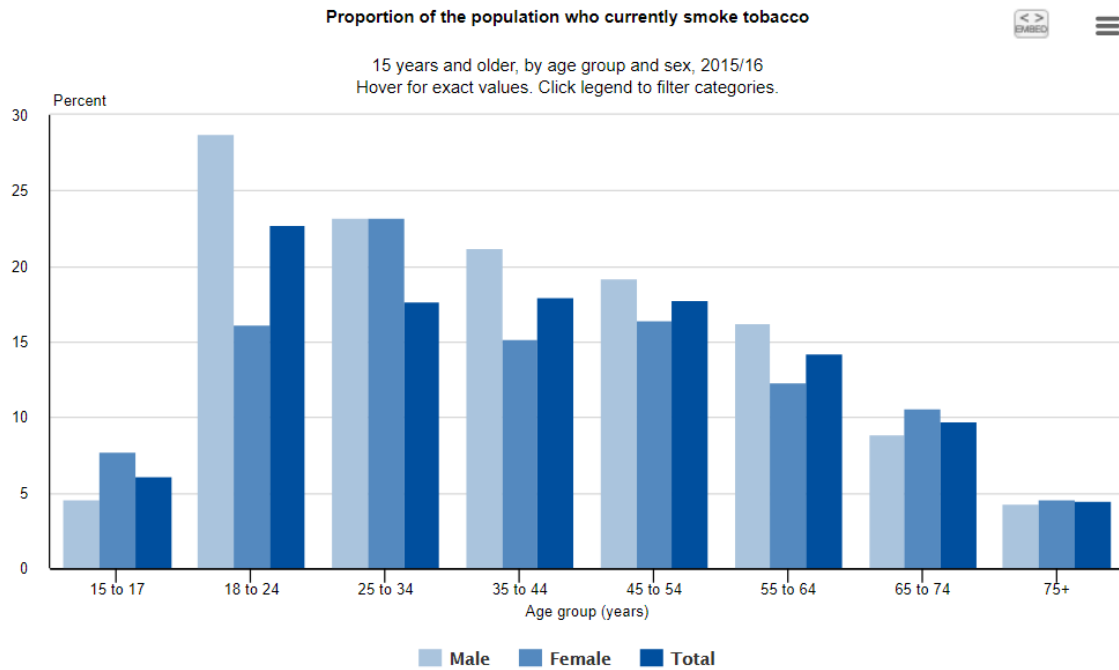
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# Brief Glance: NZ Smokers 2016

Stats NZ



Source: Ministry of Health

Statistics NZ:

[http://archive.stats.govt.nz/browse\\_for\\_stats/snapshots-of-nz/nz-social-indicators/Home/Health/tobacco-smoking.aspx](http://archive.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/tobacco-smoking.aspx)

## Ethnicity and Smoking Cessation

## New Zealand's smoking rates<sup>39</sup> are:

Demographic	Percentage
Adult smokers (15+)	<b>13%</b> (down from 18% in 2006/07) - With higher smoking rates among men (14%) than women (12%)
Youth aged 15–17	<b>3%</b> (down from 14% in 2006/07)
Young adults 18–24	<b>16%</b> (down from 25% in 2006/07)
Māori adults	<b>31%</b> (39% in 2006/07)
Pacific adults	<b>20%</b> (25% in 2006/07)
European and other	<b>12%</b>
Asian adults	<b>7%</b>

Used with Permission from Health Promotion Agency  
<https://www.smokefree.org.nz/smoking-its-effects/facts-figures>

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## Respiratory Symposium 2020 – Whangarei Save The Date - April 17<sup>th</sup>, 2020



**BRONCHIECTASIS**  
CHANGING THE FOCUS

The College of Respiratory Nurses and the Bronchiectasis Foundation cordially invites you to attend the 2020 Respiratory Symposium

To be held at Tai Tokerau Wananga, Raumanga Valley Rd  
Whangarei on Friday 17<sup>th</sup> April 2020.

Keynote speaker: Margarethe Broodkorne

Topics include: Community care  
Management of Bronchiectasis  
Family journeys with Bronchiectasis  
Physiotherapy management of Bronchiectasis

Registration fees: Early Bird - \$130.00 closes Feb 29th Late - \$150.00 Registrations close 31st March 2020  
Registrations restricted to 120

Scholarship for Symposium fees may be available at [https://www.nzno.org.nz/groups/colleges\\_sections/colleges/college\\_of\\_respiratory\\_nurses/scholarships\\_and\\_grants](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_respiratory_nurses/scholarships_and_grants)

For further information please contact Marilyn Dyer at [marilyndyer@hotmail.com](mailto:marilyndyer@hotmail.com) 021 711567



**See Bronchiectasis and its management in a new light.**

## Meet Your Committee



**College of Respiratory Nurses Committee, April 2019**

**Standing L-R:** Moira Haycock, Jill West, Marilyn Dyer (Chairperson), Nicola Corna, Vineeta Prasad  
**Sitting L-R:** Carol George, Annie Bradley-Ingles, Mary Cox, Dawn Acker

## Contact us

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