



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

## **NZNO College of Respiratory Nurses Monthly News Bulletin Friday 24 November 2017**

### **Consultation**

NZNO regularly seeks members input on a range of documents up for consultation. The listing is regularly updated and can be found at:

[http://www.nzno.org.nz/get\\_involved/consultation](http://www.nzno.org.nz/get_involved/consultation)

### **MEDSAFE**

NZNO seeks your feedback MEDSAFE's consultation on the process for observers at Ministerial Advisory Committees ie Whether the

- Medicines Classification Committee should not change, whether observers representing applicants are no longer allowed to attend or whether the observers are widened;
- Medicines Assessment Advisory Committee should not change or whether observers representing the sponsor are no longer allowed to attend;
- Medicines Adverse Reactions Committee should not change, whether there should be no observers other than from the Ministry or whether sponsors should be allowed to attend for section 36 issues to provide a presentation and answer questions; and
- Medicine Review Committee should not change or whether applicants for a review are allowed to present their case to the Committee.

MEDSAFE is also updating its Guidance document: How to change the legal classification for Medicines in NZ

FEEDBACK DUE

Please send feedback to [mailto: marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by December 20, 2017.

### **NZ News**

#### **Inhaling information on how to tackle lung diseases in South Canterbury**

Breathing in the knowledge of what a respiratory illness might feel like and how to spot it is the message coming out of this year's Chronic Obstructive Pulmonary Disease (COPD) Awareness Day.

COPD covered a range of chronic lung conditions such as emphysema, bronchitis and asthma.

[Read more here](#)

## General news and items of interest

### **Scientists Pinpoint Genetic Risk Factors for Asthma, Hay Fever And Eczema**

A major international study has pinpointed more than 100 genetic risk factors that explain why some people suffer from asthma, hay fever and eczema.

[Read more here](#)

### **Literature review: the economic costs of lung disease and the cost effectiveness of policy and service interventions**

"This report describes the conduct and results of a literature review of the available evidence on the economic costs of lung disease and the cost effectiveness of policy and service interventions." Source: British Lung Foundation

[Read more here](#)

## Asthma

### **Opinion: Culturally based programmes needed to reduce asthma**

Culturally targeted healthcare programmes based in churches and on marae are needed to help reduce the impact of severe asthma in Pasifika and Maori communities according to local experts.

[Read more here](#)

### **A Community Health Worker Model to Address Childhood Asthma: Perspectives of Program**

Participants "This report, from the Academy and Little Sisters of the Assumption Family Health Service, focuses on an innovative Community Health Worker program which assists low-income families in addressing conditions that exacerbate childhood asthma. It describes program services and their impact from the perspective of participants, who note the importance of education, skill-building and advocacy for addressing unhealthy housing conditions. The findings and recommendations offer useful insights for modeling similar programs in cities nationwide." Source: New York Academy of Medicine

[Read more here](#)

*The item below is not available full text but may be sourced via a DHB library through databases like CINAHL or Proquest, or through the NZNO library service*

### **Improving adherence in adolescents with asthma**

Ann McMurray

Practice Nursing, Vol. 28, No. 9: 374-379.

### **Improving adherence to asthma treatment through patient education**

Hetal Druve

Independent Nurse, Vol. 2017, No. 13: 17-20.

### **The role of upper airway pathology as a co-morbidity in severe asthma**

Amelia Licari, Ilaria Brambilla, Maria De Filippo, Dimitri Poddighe, Riccardo Castagnoli & Gian Luigi Marseglia

*Expert Review of Respiratory Medicine* Vol. 0 , Iss. 0,0

**Introduction:** Severe asthma is a complex heterogeneous disease that is refractory to standard treatment and is complicated by multiple co-morbidities and risk factors. Several co-morbidities may contribute to worsen asthma control and complicate diagnostic and therapeutic management of severe asthmatic patients.

**Areas covered:** A prevalent cluster of chronic upper airway co-morbid diseases is recognized in severe asthma. Evaluation for these disorders should always be considered in clinical practice. The aim of this review is to provide an updated overview of the prevalence,

the pathogenetic mechanisms, the clinical impact and the therapeutic options for upper airway pathology in severe asthma, focusing on chronic rhinosinusitis and allergic rhinitis. **Expert commentary:** In the context of severe asthma, the clinical significance of upper airway co-morbidities is based on mutual interactions complicating diagnosis and management. A better analysis and understanding of phenotypes and endotypes of both upper and lower airway diseases are crucial to further develop targeted treatment.

## **COPD**

*The item below is not available full text but may be sourced via a DHB library through databases like CINAHL or Proquest, or through the NZNO library service*

### **REM Sleep Imposes a Vascular Load in COPD Patients Independent of Sleep Apnea**

Grote L, Sommermeyer D, Ficker JH, Randerath W, Penzel T, Fietze I, Sanner B, Hedner J & Schneider H

*COPD: Journal of Chronic Obstructive Pulmonary Disease* Vol. 0 , Iss. 0,0

Arterial stiffness, a marker for cardiovascular risk, is increased in patients with Chronic Obstructive Pulmonary Disease (COPD) and Obstructive Sleep Apnea (OSA). The specific influence of both on arterial stiffness during sleep is unknown. Nocturnal arterial stiffness (Pulse Propagation Time (PPT) of the finger pulse wave) was calculated in 142 individuals evaluated for sleep apnea: 27 COPD patients ( $64.7 \pm 11y$ ,  $31.2 \pm 8 \text{ kg/m}^2$ ), 72 patients with cardiovascular disease (CVD group,  $58.7 \pm 13y$ ,  $33.6 \pm 6 \text{ kg/m}^2$ ) and 43 healthy controls (HC group  $49.3 \pm 12y$ ,  $27.6 \pm 3 \text{ kg/m}^2$ ). Sleep stage related PPT changes were assessed in a subsample of COPD patients and matched controls ( $n = 12/12$ ). Arterial stiffness during sleep was increased in COPD patients (i.e. shortened PPT) compared to healthy controls ( $158.2 \pm 31$  vs.  $173.2 \pm 38$  ms,  $p = 0.075$ ) and to patients with CVD ( $161.4 \pm 41$  ms). Arterial stiffening was particular strong during REM sleep ( $145.9 \pm 28$  vs.  $172.4 \pm 43$  ms, COPD vs. HC,  $p = 0.003$ ). In COPD, time  $\text{SaO}_2 < 90\%$  was associated with reduced arterial stiffness (Beta  $+1.7$  ms ( $1.1\text{--}2.3$ )/10 min,  $p < 0.001$ ). Sleep apnea did not affect PPT. In COPD, but not in matched controls, arterial stiffness increased from wakefulness to REM-sleep ( $\Delta\text{PPT}$ - $8.9 \pm 10\%$  in COPD and  $3.7 \pm 12\%$  in matched controls,  $p = 0.021$ ). Moreover, REM-sleep related arterial stiffening was correlated with elevated daytime blood pressure ( $r = -0.92$ ,  $p < 0.001$ ) and increased myocardial oxygen consumption ( $r = -0.88$ ,  $p < 0.01$ ). Hypoxia and REM sleep modulate arterial stiffness. In contrast to healthy controls, REM sleep imposes a vascular load in COPD patients independent of sleep apnea indices, intermittent and sustained hypoxia. The link between REM-sleep, vascular stiffness and daytime cardiovascular function suggests that REM-sleep plays a role for increased cardiovascular morbidity of COPD patients.

### **Requirements, Strengths and Weaknesses of Inhaler Devices for COPD Patients from the Expert Prescribers' Point of View: Results of the EPOCA Delphi Consensus**

Francisco García-Río, Juan J Soler-Cataluña, Bernardino Alcazar, José L Viejo & Marc Miravittles

*COPD: Journal of Chronic Obstructive Pulmonary Disease* Vol. 0 , Iss. 0,0

The study aimed to assess the preferences of expert physicians about the requirements for inhalation devices for patients with chronic obstructive pulmonary disease (COPD) and to identify the most relevant advantages and disadvantages to their prescription. In a two-round Delphi survey, 96 Spanish COPD-expert pulmonologists completed an internet-based questionnaire to evaluate the degree of importance of the characteristics of the inhaler devices in their choice for COPD. The requirements needed for use in COPD were that the device permits a high pulmonary deposit of the drug, allowed its dispensation at low inspiratory flows, did not require hand-mouth coordination, generated an exact and reproducible dose, its operation was easy to teach, provided the perception of a correct inhalation, had an intuitive use mechanism and security mechanisms to prevent overdosing

and generates a reduced oropharyngeal deposit (very good consensus). Modulite®, RespiMat® and NEXThaler® were associated with high pulmonary deposit, and RespiMat® showed correct dispensation at low inspiratory flows. All dry-powder inhaler devices were associated with the advantage of not requiring coordination, and RespiMat® was the only device considered as difficult to teach by more than 50% of the experts. Breezhaler® and Genuair® were positively associated with patients' awareness of correct inhalation, whereas Spiromax® stood out for its intuitive use mechanism. In conclusion, our study contributes to defining the inhaler device properties required for their use in patients with COPD, and to identify the devices that, in the opinion of experts, best meet each requirement.

## Influenza

### **Flu Shot Could Help Your Kid Avoid Hospital**

FRIDAY, Nov. 17, 2017 (HealthDay News) -- There's an easy way for parents to help cut their child's chances of ending up in the hospital with the flu -- get them vaccinated, researchers say.

For the new study, the Canadian researchers analyzed the medical records of nearly 10,000 children, aged 6 months to under 5 years, over the four flu seasons between 2010 and 2014. All lived in the province of Ontario.

[Read more here](#)

## Lung transplants

### **'Old' Lungs May Be Good Transplant Options**

THURSDAY, Nov. 9, 2017 (HealthDay News) -- Lungs from older donors are a viable option for lung transplants and should be considered more often, a new study suggests.

[Read more here](#)

## Smoking (general)

### **Vaping helps reverse smoking harm - asthma expert**

Smokers with asthma or chronic obstructive respiratory disease have the most to gain from switching to vaping, says international asthma specialist Professor Riccardo Polosa, who is speaking at Massey University next week.

[Read more here](#)

### **E-cigarettes and vaporisers not without risk - Asthma and Respiratory Foundation NZ**

The Asthma Foundation says unregulated e-cigarettes to reduce tobacco smoking is akin to introducing stoats to control rabbits. It follows the government's move to take a "less than harmful" stance to e-cigarettes and nicotine delivery products.

After smoking cigarettes for 16 years, Peter Koti says using a vaporizer helped him kick the habit.

[Read more here](#)

### **'Statistics show lack of progress toward Smokefree 2025'**

Nearly seven years since the last government agreed to a goal for a Smokefree New Zealand by 2025, there is a concerning lack of progress. The latest New Zealand Health Survey figures released by the Ministry of Health show that smoking has only declined by 2.5% since 2011/12. There is no significant change in smoking rates since the last figures were published in 2016.

[Read more here](#)

Research review **Smoking cessation** latest news bulletin is [available here](#)

## Health, safety and wellbeing

### **Meditative Walking and the Importance of Self-Care**

During my 38-year career in nursing practice I have been privileged to work at the bedside, in the classroom, and as a nurse researcher. I am one of those nurses who believes that nursing is in my genes!

[Read more here](#)

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of the NZNO College of Respiratory Nurses. It is for NZNO College of Respiratory Nurses only and must not be reproduced without their permission.

It is provided on the last Friday of each month and contains an overview of news items, articles and research papers of interest to the College members. All links are current at the time of being compiled and distributed.

For feedback please contact your section administrator: [DianaG@nzno.org.nz](mailto:DianaG@nzno.org.nz)

### **To learn more about the College go to:**

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