Hongihongi te rangi hou'
'Smell the fresh air'

NZNO College of Respiratory Nurses Monthly News Bulletin
Friday 23 February 2018

For feedback please contact your section administrator: DianaG@nzno.org.nz

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

Proposed changes to the Pharmaceutical Schedule Rules

NZNO is seeking feedback on proposed changes to the Pharmaceutical Schedule Rules, making them easier to find, use and apply, including:

- tidying and consolidating the existing hospital and community schedules, and
- developing practical resources to assist interpretation of key rules.

PHARMAC does not intend to change the meaning of any rules or review any restrictions. Details of the proposed new rules can be found here: https://www.pharmac.govt.nz/
Feedback due to policyanalysts@nzno.org.nz by **19 March 2018.**

Misuse of Drugs (Medicinal Cannabis) Amendment Bill

This Bill seeks to amend the Misuse of Drugs Act 1975 to:

- introduce an exception and a statutory defence for terminally ill people to possess and use illicit cannabis and to possess a cannabis utensil;
- provide a regulation-making power to enable the setting of standards that products manufactured, imported and supplied under licence must meet; and
- amend Schedule 2 of the Act so that cannabidiol (CBD) and CBD products are no longer classed as controlled drugs.(See WHO statement http://www.who.int/features/qa/cannabidiol/en/)

Note that the Bill is intended as an interim, compassionate measure until affordable quality products are available under a proposed medicinal cannabis scheme.
Member feedback is sought on both the narrowly focused bill, and what should be considered in developing the wider medicinal cannabis scheme. NZNO's position statement on cannabis
Link here to the bill

and to NZNO's Position Statement on Medical Marijuana (cannabis)

FEEDBACK DUE	Please send feedback to marilynh@nzno.org.nz by March 21, 2018.

NZ News

University report shows support for exclusive tobacco sales at pharmacies
Pharmacies may consider selling tobacco to help achieve New Zealand's "bold measures" of being smokefree by 2025, a research survey finds.
Read more here

Asthma

FEV_1 reversibility for asthma diagnosis: a critical evaluation
Qian Ye, Amy Liao & Anthony D'Urzo
Expert Review of Respiratory Medicine Vol. 0, Iss. 0, 2018
Asthma is a chronic inflammatory disease of the airways characterized by varying degrees of bronchoconstriction and airway hyperresponsiveness, leading to classic symptoms of airway obstruction that is often reversible. The current standard for asthma diagnosis is based on the typical clinical features in addition to presence of airway dysfunction documented objectively with a significant change in forced expiratory volume in 1 second (FEV_1) after bronchodilator administration or with airway hyperresponsiveness (i.e. bronchoprovocation with methacholine or mannitol). The American Thoracic Society defines a significant post-bronchodilator response as an increase in FEV_1 of 200 ml or greater and 12% improvement from baseline after inhalation of short acting beta2-agonists
[1Crapo RO, Hankinson JL, Irvin C, et al. Standardization of spirometry, 1994 update. American Thoracic society. Am J Respir Crit Care Med. 1995;152:1107–1136.[Crossref], [PubMed], [Web of Science ®], [Google Scholar]]. Although the reversibility criteria are included in many guideline documents
[2Reddel HK, Bateman ED, Becker A, et al. A summary of the new GINA strategy: a roadmap to asthma control. Eur Respir J. 2015;46:622–639.[Crossref], [PubMed], [Web of Science ®], [Google Scholar]], there are other definitions of bronchodilator reversibility described in the literature [3Ward H, Cooper BG, Miller MR. Improved criterion for assessing lung function reversibility. Chest. 2015;148:877–886.[Crossref], [PubMed], [Web of Science ®], [Google Scholar]]. The need for bronchoprovocation testing often arises when patients with symptoms compatible with asthma present with normal baseline lung function and a lack of FEV_1 reversibility.

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

The Effects of Music Therapy on the Physiological Response of Asthmatic Children Receiving Inhalation Therapy
Riau Roslita, Nani Nurhaeni & Dessie Wanda
Comprehensive Child and Adolescent Nursing Vol. 40, Iss. sup1, 2017
The clinical manifestation of asthma in children can interfere with their daily activities. Music therapy may become one of the alternative approaches to making children feel comfortable during inhalation therapy. The aim of the study was to identify the effects of music therapy on the physiological response of asthmatic preschool and school-age children receiving inhalation therapy. This study used a quasi-experimental, nonequivalent control group with a pre-test–post-test design. The 44 respondents consisted of preschool and school-age children assigned to intervention and control groups. The results showed a significant difference in average oxygen saturation, heart rate, and respiratory rate between the control and intervention groups before and after intervention ($p < \alpha; \alpha = .05$). Music therapy can

be used as a nursing intervention to improve the physiological response of children with breathing problems.

Bronchiectasis

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Lorente Sánchez S, Gimeno R, Losilla J-M, Garzón S, Vives J. **Benefits of the humidified low-flow oxygen therapy in infants with mild–moderate bronchiolitis**. J Clin Nurs. 2018;00:1–9. https://doi.org/10.1111/jocn.14140
Aims and objectives

To investigate the clinical benefits of using humidification in low-flow oxygen therapy. Specific objectives were to investigate via an assessment of the number of nasal lavages whether humidification can help to decrease the nasal mucus viscosity, to determine whether it can relieve feeding difficulties by comparing the weight gain in infants, to ascertain whether it can relieve respiratory distress by assessing the heart and respiratory rates and contribute to improved clinical outcomes, measured by the length of stay and oxygen requirements.
Background

There is no evidence to support the use of humidification in low-flow oxygen therapy as a usual clinical practice in the management of bronchiolitis

COPD

Study: Long-term use of inhaled corticosteroids may heighten risk of bone fractures in COPD patients
Researchers reported this month that in men and women with chronic obstructive pulmonary disease, long-term use of inhaled corticosteroids may be linked to an increased risk of bone fractures.
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

Rosa F, Bagnasco A, Ghirotto L, et al. **Experiences of older people following an acute exacerbation of chronic obstructive pulmonary disease: A phenomenological study**. J Clin Nurs. 2018;00:1–10. https://doi.org/10.1111/jocn.14189
Aims and objectives
To explore the experience of patients affected by chronic obstructive pulmonary disease following hospitalisation due to an acute exacerbation event.
Background
Chronic obstructive pulmonary disease is a progressively debilitating disease, often with very burdensome symptoms such as acute and chronic breathlessness and fatigue. Acute exacerbation often creates a life-threatening event. Exacerbation can also have substantial psychological effects including anxiety and depression although this aspect is less well researched—especially amongst people with chronic obstructive pulmonary disease recovering from an acute event and facing a return home.

The Unmet Needs of People with Chronic Obstructive Pulmonary Disease: A Systematic Review of Qualitative Findings

Marco Clari, Dhurata Ivziku, Riccardo Casciaro & Maria Matarese

COPD: Journal of Chronic Obstructive Pulmonary Disease Vol. 15, Iss. 1, 2018

The complexity of chronic obstructive pulmonary disease (COPD) can negatively impact the lives of people with the condition and compromise their capacity to take care of their needs. Unmet needs can then lead to significant morbidity, unpleasant emotional experiences and a poor quality of life; thus this systematic review aimed to identify, evaluate and synthesise the qualitative literature on the unmet needs of people with COPD. A qualitative meta-synthesis was performed according to the Joanna Briggs Institute method. A systematic search of five databases was conducted, searching for articles published from January 1995 to May 2017. Eight papers were identified. Two researchers extracted the data and independently assessed their quality. The total sample of people with COPD included was 108. Nine categories were derived from 49 findings, and aggregated into three synthesised findings: (1) people with COPD have unmet needs regarding information about the disease; (2) people with COPD have unmet physical, emotional and social needs, due to the disease symptoms and treatments; and (3) people with COPD have unmet care needs. This review showed qualitative evidence regarding the dimensions in which people with COPD express their unmet needs. The needs that are mainly unsatisfied include physical, psychosocial, informational and practical aspects, as well as the need for healthcare professional care. A global approach, which includes the areas identified by our findings, could lead to an improvement in the care of people with COPD and could improve the self-care management of those individuals who do not correctly identify their needs.

Teamwork and Adherence to Recommendations Explain the Effect of a Care Pathway on Reduced 30-day Readmission for Patients with a COPD Exacerbation

Deborah Seys, Luk Bruyneel, Walter Sermeus, Cathy Lodewijckx, Marc Decramer, Svin Deneckere, Massimiliano Panella & Kris Vanhaecht

COPD: Journal of Chronic Obstructive Pulmonary Disease Vol. 0, Iss. 0, 2018

This study aimed to increase our understanding of processes that underlie the effect of care pathway implementation on reduced 30-day readmission rate. Adherence to evidence-based recommendations, teamwork and burnout have previously been identified as potential mechanisms in this association. We conducted a secondary data analysis of 257 patients admitted with chronic obstructive pulmonary disease exacerbation and 284 team members caring for these patients in 19 Belgian, Italian and Portuguese hospitals. Clinical measures included 30-day readmission and adherence to a specific set of five care activities. Teamwork measures included team climate for innovation, level of organized care and burnout (emotional exhaustion, level of competence and mental detachment). Care pathway implementation was significantly associated with better adherence and reduced 30-day readmission. Better adherence and higher level of competence were also related to reduced 30-day readmission. Only better adherence fully mediated the association between care pathway implementation and reduced 30-day readmission. Better team climate for innovation and level of organized care, although both improved after care pathway implementation, did not show any explanatory mechanisms in the association between care pathway implementation and reduced 30-day readmission. Implementation of a care pathway had an impact on clinical and team indicators. To reduce 30-day readmission rates, in the development and implementation of a care pathway, hospitals should measure adherence to evidence-based recommendations during the whole process, as this can give information regarding the success of implementation

Lung function

Otago study links childhood fitness to healthy lungs in adulthood
Fit children whose fitness improves during childhood and adolescence have better lung function as young adults, according to a University of Otago-led study.
Read more here

Unable to quit smoking? Exercise daily to boost lung function
LONDON: If you are a smoker try doing regular ph leisure-time vigorous physical activity is associated with better lung function among smokers.ysical activities as it may help you to have better lung function, a new study suggests.
Read more here

Medication / pharmacy

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Symbicort® Maintenance and Reliever Therapy (SMART) and the evolution of asthma management within the GINA guidelines
Jiangtao Lin, Xin Zhou, Changzheng Wang, Chuntao Liu, Shaoxi Cai & Mao Huang
Expert Review of Respiratory Medicine Vol. 12, Iss. 3, 2018

Introduction: The Global Initiative for Asthma (GINA) annual report summarizes the latest evidence for asthma management. GINA recommends stepwise pharmacological treatment, advocating inhaled corticosteroids (ICS) plus rapid, long-acting β_2-agonists (LABA) delivered in a single inhaler for maintenance and relief at Steps 3 (moderate persistent asthma requiring 1–2 controllers plus as-needed reliever), 4 (severe persistent asthma requiring ≥2 controllers plus as-needed reliever), and 5 (higher level care and/or add-on treatment).
Areas covered: Randomized controlled trials and real-world evidence demonstrate that flexibly dosed budesonide/formoterol for maintenance and relief (Symbicort® Maintenance And Reliever Therapy [SMART]) is associated with reductions in severe exacerbations, prolongs time to first exacerbation, and provides fast symptom relief.
Expert commentary: SMART provides greater or equal levels of sustained asthma control than similar or higher fixed doses of ICS/LABA plus short-acting β_2-agonist (SABA) as needed or higher ICS plus SABA as needed, with lower overall ICS doses and cost. The simplified dosing strategy may improve adherence and overall asthma control but relies on patient education. Budesonide/formoterol as needed in mild asthma (patients qualifying for regular low-dose ICS) is currently under investigation in two double-blind randomized studies, SYGMA1/2 (NCT02149199/NCT02224157), comparing budesonide/formoterol as needed with budesonide plus SABA and SABA alone.

Sleep apnoea

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

Gong F, Chen X, Wu Y, et al. **Nurse vs. physician-led care for obstructive sleep apnoea: A systematic review and meta-analysis of randomized trials**. J Adv Nurs. 2018;74:501–506. https://doi.org/10.1111/jan.13346
Aim
To evaluate the effectiveness of nurse-led care for obstructive sleep apnoea compared with physician-led care.

Background
The incidence of obstructive sleep apnoea is increasing worldwide. There is a need for cost-effective care models to ease off the pressure on tertiary care centres and divert care to the community.

Smoking (general)

New study warns: Vaping causes cancer
Vaping causes DNA mutations which lead to cancer, a new study warns.
Researchers subjected cultured human bladder and lung cells to e-cigarette vapor which is designed to avoid the carcinogenic byproducts of tobacco.
Read more here

Switching to vaping not always straightforward: Otago Research
Smokers attempting to quit the habit by vaping or using e-cigarettes do not always find the process plain sailing, according to new University of Otago research published in the international journal, Tobacco Control.
Read more here

Stopping smoking key reason for e-cigarette use
New research has been released which shows that vaping in New Zealand is a popular alternative for those wanting to quit smoking tobacco. A recent survey on vapers was conducted by Dr Penny Truman and colleagues at Massey University. The study found that the majority of participants started vaping in order to quit cigarettes. Results also demonstrated that vaping may be less addictive than smoking, as shown by longer delay times in the morning before vaping and a trend of reducing nicotine levels in e-cigarette liquid over time.
Read more here

E-cigs could help relieve stress for hospital patients
Electronic cigarettes could relieve the stress for patients and even staff at hospitals where smoking is banned, a new study says.
Read more here

Public Health Consequences of E-Cigarettes. National Academies of Sciences, Engineering, and Medicine. 2018. Washington, DC: The National Academies Press. https://doi.org/10.17226/24952.
680 pages | 6 x 9
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Paperback (forthcoming): 978-0-309-46834-3
Millions of Americans use e-cigarettes. Despite their popularity, little is known about their health effects. Some suggest that e-cigarettes likely confer lower risk compared to combustible tobacco cigarettes, because they do not expose users to toxicants produced through combustion. Proponents of e-cigarette use also tout the potential benefits of e-cigarettes as devices that could help combustible tobacco cigarette smokers to quit and thereby reduce tobacco-related health risks. Others are concerned about the exposure to potentially toxic substances contained in e-cigarette emissions, especially in individuals who have never used tobacco products such as youth and young adults. Given their relatively recent introduction, there has been little time for a scientific body of evidence to develop on the health effects of e-cigarettes.

A free pdf format can be downloaded with site registration
See more here

Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke
Cochrane Database of Systematic reviews
Background
Children's exposure to other people's tobacco smoke (environmental tobacco smoke, or ETS) is associated with a range of adverse health outcomes for children. Parental smoking is a common source of children's exposure to ETS. Older children in child care or educational settings are also at risk of exposure to ETS. Preventing exposure to ETS during infancy and childhood has significant potential to improve children's health worldwide.
Objectives
To determine the effectiveness of interventions designed to reduce exposure of children to environmental tobacco smoke, or ETS.
Read more here

Newsletters

Smoking cessation research review
Issue 29 can now be downloaded here

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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

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http://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_respiratory_nurses

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