

# STATE OF THE ASTHMA NATION: THE NATIONAL CASE STUDIES BULLETIN

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## Asthma Across the Nation Communication is the Key to Better Asthma Control

By Dr. Mark Greenwald,  
M.D., FRCPC



Canada has one of the highest incidences of asthma in the world,<sup>1</sup> with an estimated three million Canadians living with this disease.<sup>2</sup> Recent findings from the Control of Asthma and Side Effects (CASE) study revealed that six out of 10 Canadians with asthma do not have their asthma under control.<sup>3</sup> Clearly, we need to do a better job at managing asthma and its debilitating symptoms.

People with asthma face many difficulties in the management of their condition and symptoms. One of the most common hurdles is quite simple: a lack of communication between patients and their physicians regarding the symptoms of asthma and the side effects of drug treatment. A recent Asthma Society of Canada survey revealed that 83 per cent of asthma patients surveyed reported that they have not had a conversation with their physician about a personalized Asthma Action Plan to manage their symptoms.<sup>4</sup> Many asthmatics also have questions about their prescribed asthma medication, yet only 34 per cent of those surveyed reported discussing the risks and benefits of inhaled corticosteroids (ICS) with a healthcare practitioner.<sup>4</sup>

In order to more successfully manage asthma symptoms, patients and healthcare professionals need to adopt a team approach to treatment. Healthcare providers need to become “partners in care” with patients by providing them with up-to-date information and advice about

asthma, allowing patients to make informed choices and achieve their individual asthma action goals. People with asthma also need to take an active role in the management of their asthma and enlist the support of physicians, pharmacists, nurses and asthma educators to better control their disease.

This edition of the *State of the Asthma Nation: The National CASE Studies Bulletin* brings together a variety of perspectives and insights from across the spectrum of respiratory care in an effort to help Canadians gain better control of

their asthma. This Bulletin is an important educational resource for beginning a discussion regarding some of the challenges to asthma management. Canadian patients and healthcare providers have contributed information and advice for managing common side effects of asthma treatments (such as oral side effects), identifying and eliminating common asthma triggers, as well as caring for inhalers.

The reality is that Canadians with asthma are still poorly controlled, and each year, about 500 people die from asthma in this country.<sup>5</sup> Ninety per cent of asthma deaths and 75 per cent of asthma hospital admissions could be prevented with proper education and management.<sup>4</sup> By engaging physicians, pharmacists, asthma educators and patients, we can work together to establish a national system that sets and monitors goals for asthma management in Canada, to ensure patients gain lifelong control of this serious disease.

**“One of the most common hurdles is quite simple: a lack of communication between patients and their physicians regarding the symptoms of asthma and the side effects of drug treatment.”**

### **Asthma doesn't have to control your life. Instead, you can control your asthma by:**

- **Becoming educated about asthma**
- **Taking your medications as directed**
- **Avoiding your triggers**
- **Developing a personalized action plan**
- **Discussing your symptoms, or concerns regarding your medication and side effects with your physician, pharmacist, or asthma educator.**

## What's New In Asthma Treatment and Resources?

The field of asthma has recently seen advances in treatments, updates in asthma resources, and steps have been taken to develop an *Asthma Patient Bill of Rights*. This section provides a highlight of the latest developments in asthma.

### Innovations in Medical Treatments

- Health Canada has approved two new treatments for asthma, including Alvesco® (ciclesonide inhalation aerosol) a new generation inhaled corticosteroid (ICS) for the treatment of persistent asthma in adults.<sup>6</sup> Alvesco® is an effective once-daily treatment for most patients and is unique because it activates on-site in the lungs with little activation in the mouth and throat.<sup>7</sup> Patients using Alvesco® in clinical studies experienced an oral side-effect profile similar to that of placebo.<sup>6,8,9</sup>
- Also recently approved is Symbicort® SMART™. Symbicort® SMART™ is a new approach to asthma management that treats the underlying inflammation of the airways, one of the key causes of asthma, with every inhalation – even when used as a rescue medication.
- The Microlife™ “Digital Asthma Monitor” will soon be available in Canada. Patients can take better control of their asthma by monitoring it on a regular basis and taking daily readings of their lung function. Results can be downloaded to a computer using software that allows you to print, export, view your lung function results and discuss them with your healthcare provider.



For more information about the MicroLife™ Digital Asthma Monitor please call the Asthma Society of Canada at 1-866-787-4050 or visit [www.asthma.ca](http://www.asthma.ca).

### Advancements in Asthma Medication Resources

- The Asthma Society of Canada has developed [www.asthmameds.ca](http://www.asthmameds.ca), a Web site that provides an overview of Canadian-approved therapies to help control asthma and presents correct inhaler techniques, updates in treatment, and tips on how to better control your asthma. Visit the site to learn more!

## The Development of the National Asthma Patient Alliance and the *Asthma Patient Bill of Rights*

The Asthma Society of Canada is pleased to report that the National Asthma Patient Alliance (NAPA) was launched in Hamilton, Ontario on January 24th and 25th 2007. At this inaugural meeting, a group of people with asthma from across Canada collectively discussed emerging issues in asthma management.

The group also provided their guidance on the first *Asthma Patient Bill of Rights*. The Asthma Society of Canada initiated the development of the *Asthma Patient Bill of Rights* in 2005 and the process was led by a group of asthma patients drawing on the expertise and resources of asthma experts from across Canada and from around the world. The purpose of the *Asthma Patient Bill of Rights* is to act as a catalyst and backdrop for the fundamental rights and direction of asthma sufferers in Canada.

**“All patients with asthma have the right to strive for complete control of their asthma and live a normal life free of symptoms and limitations.”**

**~Mary Lu Spadgrad, asthma patient and member of the National Asthma Patient Alliance (NAPA)**

The *Asthma Patient Bill of Rights* will soon be available to asthma patients, caregivers, and the healthcare community. Stay tuned to [www.asthma.ca](http://www.asthma.ca) for more information.

## Steps to a Clean Inhaler<sup>6,10</sup>

It is important to care for your inhaler to ensure it works effectively. To clean your metered-dose inhaler (MDI), follow the instructions that accompany it. Inhalers should be cleaned once a week. No part of the inhaler should be washed or put into water.

1. Remove the mouthpiece cover.
2. Do not remove the container from the plastic casing.
3. Wipe the inside and outside of the mouthpiece and the plastic casing with a dry cloth, tissue or cotton swab. Do not put the metal container into water.
4. Replace the mouthpiece cover.



## Patient CASE Study

Lisa Hurshman is a Registered Respiratory Therapist and has had asthma all her life. After a period of taking a rescue inhaler daily for shortness of breath, Lisa realized this was a sign that she did not have control of her disease. She finally gained control by taking inhaled corticosteroids (ICS), the recommended first-line anti-inflammatory therapy according to the *Canadian Asthma Consensus Guidelines*.<sup>11,12</sup> Although ICS therapies are considered the most effective, many asthma sufferers who take them experience short-term side effects such as oral thrush, pharyngitis or hoarseness.<sup>13</sup>



“I had a very hoarse voice which would worsen if I had to increase my dose,” says Lisa. “I hated this side effect the most. I constantly had to clear my throat, which was so frustrating when I was having a conversation. I felt embarrassed because I sounded like I smoked two packs of cigarettes a day!”

Lisa found she was easily susceptible to many of the oral side effects associated with ICS therapy, such as a latent yeast infection on her vocal cords, and a gruff and scratchy voice. In an attempt to minimize these side effects, Lisa would gargle with an antifungal treatment every day.

“About four months ago, I switched therapies. I am currently on Alvesco® and this drug is working wonders for me,” stated Lisa. “My respirologist and I recently performed a pulmonary function test and my results have never been better! I have very good asthma control and no side effects.”

It’s important for asthma sufferers to follow your healthcare provider’s recommendation, and report back about your treatment progress describing the nature, severity and frequency of your symptoms and whether you are experiencing any side effects. If you don’t know how to differentiate asthma symptoms from treatment side effects, talk to your doctor, certified asthma educator, nurses, pharmacist, or contact the Asthma Society of Canada at 1-866-787-4050 or visit [www.asthma.ca](http://www.asthma.ca).

## Opening The Dialogue About Asthma Triggers: A Conversation Between A Patient and Physician.

**Sally Banks** currently resides in Calgary and is a retired freelance broadcaster for CBC Radio.

**Sally:** I have been living with asthma for 15 years. Although I have my asthma under control most of the time, there are certain triggers which seem to aggravate my condition. As a resident of Alberta, the -10 C winter temperatures often have a detrimental impact on my breathing. To escape the cold weather, I travel to the southern United States for the duration of the winter months.

Dr. Field, are there any more asthma triggers I should be aware of? And what are your recommendations to help me reduce and eliminate these triggers?

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**Dr. Stephen Field** is a respirologist in the Pulmonary Division at the Foothills Hospital in Calgary and a clinical professor of medicine at the University of Calgary.

**Dr. Field:** Triggers can often bring on asthma attacks. A trigger is any thing or condition that causes inflammation in the airways, which then leads to asthma symptoms. One of the greatest concerns with asthma is poor asthma control from ongoing exposure to triggers such as cigarette smoke, air pollution and allergens.

Avoiding asthma triggers and taking medications as prescribed are the best ways to improve asthma control. However, there are some conditions, such as cold temperatures, which can’t be avoided. Springtime can also be a particularly challenging season for those who suffer from allergic asthma or seasonal allergies. The best way to find out if you are allergic to something is to have an allergy assessment done.

Your personal triggers can be very different from those of another person with asthma. For this reason, it is important for patients to consult with their healthcare provider to identify their individual asthma triggers and how best to manage them.

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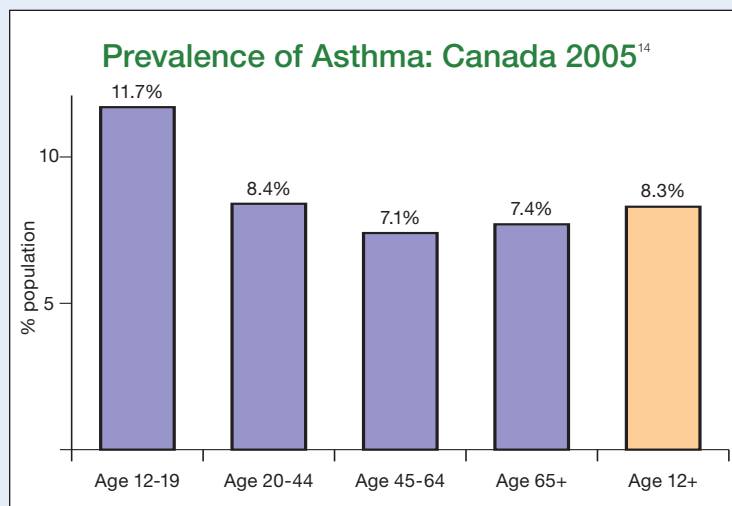
By following your physician’s, pharmacist’s and asthma educator’s advice, and by avoiding your triggers, you can take control of your asthma and its symptoms. For more information about asthma triggers you should consult your healthcare provider or contact the Asthma Society of Canada at 1-866-787-4050 or visit [www.asthma.ca](http://www.asthma.ca).

## Your Pharmacist: A Key Partner in Asthma Care

By Marie-France Beauchesne

In Canada, an estimated three million people have asthma<sup>1</sup> – one of the highest incidences of asthma in the world.<sup>2</sup> These statistics are not surprising to me after witnessing the number of patients that seek assistance from me or their physician. I have seen first hand a lack of communication between patient and healthcare provider in a number of different instances. I have met individuals who have not properly understood how to use their inhaler or deliver a sufficient amount of medication to bring relief to their respiratory difficulties. As a pharmacist and asthma educator, I support patients by teaching them about their disease, answering questions about their medication, helping them to identify and avoid personal asthma triggers and develop a personalized action plan. By working with your pharmacist, physician, asthma educator and nurse practitioner, patients can get the information they need to achieve and maintain acceptable levels of asthma control.

**For questions about your medication and/or side effects, consider talking to your pharmacist.**



Canada		June 2005	
Age	Population	With Asthma	Percent
Age 12-19	3,353,635	392,356	11.7%
Age 20-44	11,510,401	970,011	8.4%
Age 45-64	8,339,620	595,589	7.1%
Age 65+	3,928,308	291,748	7.4%
All Ages 12+	27,131,964	2,249,703	8.3%

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The Asthma Society of Canada is a nationally registered, voluntary health organization with a 31 year reputation of providing respiratory support services to patients and health professionals. Our vision is to ensure that every Canadian child and adult diagnosed with asthma, associated allergies and COPD enjoys a high quality of life.

For more information about the Asthma Society of Canada and our services, visit [www.asthma.ca](http://www.asthma.ca), or email us at [info@asthma.ca](mailto:info@asthma.ca), or call toll-free support line 1-866-787-4050.