Dear Colleagues

For those of you who live and work in Gauteng and surrounds, may I invite you to the first of our Gauteng ALLSA Focus Group Meetings. On the 5th March at the Aspen Offices in Woodmead, Sandton, we have two special guests. Dr Di Hawarden and Dr Ray Friedman. The topics are ‘Mastocytosis’ and ‘Nasal Allergy, an ENT’s Approach’.

I am including the usual pages in this edition of the Newsletter. We start with an introduction to Professor Matt Haus. Matt is the longest serving member of the ALLSA Excom and has been an editor of our Journal for some years now. Following this Dr Ahmed Manjra has written a ‘Focus On’ Prof Cas Motala. Cas passed away unexpectedly a few years ago but he remains in our hearts. He left a great legacy for Allergy in South Africa. The patient education section highlights another aspect of asthma, namely ‘Asthma and Sport’ and addresses some frequently asked questions that patients may have. Finally I am including the Algorithm for managing Chronic Paediatric Asthma that appeared in our 2009 Guideline.

Enjoy this issue of the Newsletter. Remember to register for our Congress in June.

Robin J Green
After graduating from the University of Cape Town in 1974, Professor Haus spent seven years in private general practice in the Western Cape Town of Stellenbosch and five years training in Paediatrics at the Red Cross War Memorial Children's Hospital, during which time he obtained a research doctorate (M.D.) from UCT.

He holds two post-graduate Diplomas from the Colleges of Medicine of South Africa in Paediatrics, and Obstetrics and Gynaecology, and is a Fellow of both the Royal College of Physicians (UK) and the College’s of Medicine of South Africa. Professor Haus has been awarded the Claude Harris Leon Medal of the Colleges, for which body he was previously a College and Senate Member, Examiner and Editor of Transactions, the Colleges’ Journal.

He was awarded the Financial Mail Rare Achievers Award for Science and Technology in 1989, and also awarded the 2003 FARMOVs prize for his contribution to Medical Research in South Africa from the South African Academy of Science and Technology, and the 2005 National Wits University Award for his contribution to Cancer Research and Patient Care. In 2012, he was certified as one of the first seven Sub Specialists in Allergology in South Africa by the HPCSA (Health Professions Council of South Africa) and the only Adult Allergologist in the country.

His academic research has been widely published and he has managed collaborative research projects with the NIH (Atlanta), the University of Cape Town, the British Medical Research Council's Epidemiology Unit and the Karolinska Institute at the University of Stockholm. He has a special scientific interest in the Epidemiology and Immunology of the Allergic Response, and has published and lectured widely, both nationally and internationally, on academic, pharmaceutical, leadership and organisational development and philosophic related topics. Over the past 25 years, he has directed clinical pharmaceutical research in South Africa, the Asia Pacific region and in Latin America with more than 150 New Chemical Entities for the Johnson and Johnson Company, ICI Pharmaceutical Division and both the Zeneca and the AstraZeneca group of companies. In 2004, he was seconded to the People’s Republic of China as Vice President for Research and Development for AstraZeneca, China.

Apart from his academic career, Professor Haus has been active in many areas of Commerce, Industry and the Financial Services Sector. He was a non-executive Director of the Professional Provident Society for ten years, Deputy Chairman of the PPS Holding Company, and Chairman of both the PPS Holding Company and PPS Insurance Company from 1998 till 2004.

Professor Haus is past Chairman of the Allergy Society of South Africa, a Director and Trustee of various other companies, including his appointment in 2012 as an Independent Non Executive Director of the South African listed public Company, Adcock Ingram Holdings. He was appointed Adjunct Professor (Faculty of Health Sciences, UCT) in 2000 and an Extraordinary Professor in Paediatrics at the University of Pretoria in 2012. He served on a World Health Organisation Task Force compiling guidelines for the Prevention of Asthma and Allergic Diseases. He has worked closely with the Singapore based INSEAD Business School on the steering committee of an Asian initiative to introduce best business practice in medical R and D to the AstraZeneca group of companies in the region, and has lectured at INSEAD on Consumer Branding, and at both Oxford and Cambridge University on Clinical Immunology and Allergology .

In 2011, he took mandatory retirement as Executive Director responsible for Clinical, Medical and Regulatory Affairs for AstraZeneca (South Africa). Apart from his Non Executive Directorship of Adcock Ingram Holdings, he now retains his professorial duties at the Universities of Cape Town and Pretoria. He is a Trustee of the Colleges of Medicine of South Africa, a Senior Consultant at Gateways Consulting, and practices Clinical Medicine in Allergology with the Netcare group. He is a Board Member of the Lonehill Residents Association, and was appointed Editor of the Journal “Current Allergy and Clinical Immunology” in 2012.
FOCUS ON: PROFESSOR CAS MOTALA

Professor Cas Motala was born in 1947 in Ventersdorp, grew up in Stanger where he did his high schooling and studied medicine at the University of Natal Black Section, as it was then known. He was a GP in Vryburg for many years and thereafter trained in Paediatrics followed by Allergy at the Red Cross Children’s Hospital in Cape Town. He remained at this institution until his untimely death.

Cas served two terms as ALLSA Chairman. He was an icon in the field of Paediatric Allergy, making an enormous contribution to this field. He trained, as the first person of colour, under Prof. Eugene Weinberg at the Allergy Clinic at RCWMCH in 1984-5 and remained within the Department to become Head of the Allergy Service on Eugene’s retirement in 2004. Here he trained many doctors in the field of allergy and published extensively both in local and international journals. He also published widely in CME journals so that GPs could benefit from his vast knowledge and experience.

Cas was a founder member of ALLSA. He served the society with distinction from its inception right up to his death in 2010. He was involved in every single portfolio in ALLSA at various times. One of Cas’s dreams was to see our research fund reach the R5 million rand mark – a target that we have reached thanks to his efforts. For all his tireless efforts he never sought fame, or fortune for that matter.

Cas together with Prof. Robin Green and Prof. Paul Potter published the 3rd edition of the Handbook of Allergy in 2010. He was very proud of this achievement and took 20 copies to Singapore and gave out signed copies to his close friends and colleagues. This work of his, like everything else he did was a self-portrait – it was autographed with excellence.

He also edited the Handbook of Paediatrics which he co-edited with Mike Levin, Alan Donaldson and Anthony Figaji.

Cas was also instrumental in the recognition of Allergy as a Sub-specialty of Paediatrics, Internal Medicine and Family Medicine.

Cas was internationally respected as an Allergologist and was a regular speaker at many international and regional congresses. He was the first South African to be awarded the International Distinguished Fellowship in Allergy and Clinical Immunology from the American College of Allergy, Asthma and Clinical Immunology (ACAAI) in 1998, in recognition of his outstanding achievements and contributions in Clinical Allergy and Immunology. Cas was also an International Fellow of the American Academy of Asthma, Allergy and Clinical Immunology. He was also the first South African to be elected to the board of the World Allergy Organization (WAO), where he served from 2000-2007 and was awarded the Distinguished Services Award in 2007 for his outstanding contribution to allergy at a global level.

Cas delivered his final lecture in Singapore on the 9th November 2010, two days before his death. Cas was in Singapore as a guest of the Asia-Pacific Society of Allergy and Clinical Immunology. He died in the line of duty. He died doing what he enjoyed most – promoting Allergology and travelling.

Despite his successes, Cas remained humble and compassionate and continued serving his patients, most of whom came from disadvantaged backgrounds. He always avoided controversy and was a peacemaker at times of conflict both in ALLSA and elsewhere. He was always calm and dignified even when others were not always very good to him.

He has made an enormous contribution to allergy and his legacy lives on.

Written by: Dr. Ahmed Manjra
Some common questions and answers about asthma, sport and exercise

Reprinted from NAEP Brochure – Asthma and Sport

(kind permission Prof R. Masekela – NAEP Chair)

If I or my child has asthma should we be allowed to play sport?

Definitely yes. This is one of the goals of successful asthma management. Correct use of controller medications should prevent symptoms that occur with exercise in asthmatic people (cough, chest tightness). Asthma cannot be cured but can be kept under control so that those affected are able to live normal lives enjoying full involvement in sport and all other activities.

How should I treat my asthma once the exercise-related coughing or wheezing has already happened?

Use a reliever bronchodilator. Controller medications will not relieve symptoms once they have started.

If we get an asthma attack during a sporting event, when should the exercise be stopped?

Prevention is always better than cure. If the attack occurs despite the use of a reliever medication before exercise, repeat this medication during the exercise when the chest gets tight. If the symptoms continue, the exercise should be stopped.

Is it important to recognise ‘exercise-induced’ asthma?

Yes. This is an important clue for diagnosing asthma. It can be treated easily and effectively. If an asthmatic person has difficulty with exercise, your asthma may not be properly controlled. You may need more medication or a change in medication. You will need to see your doctor. He or she will check if you have symptoms at other times, how frequently you are taking your controller medication and may assess your technique of using your pumps.

Are any asthmatics famous for sporting achievements?

Many Olympic medals have been won by people with asthma. Also many people with asthma achieve provincial and national colours for their sport. Schalk Burger has achieved sporting excellence despite having asthma and has become NAEP’s “asthma ambassador”, spreading the message that people with asthma should have no limitation on their activities at all. By regular use of controller medication every day, asthmatics can take part and even excel in any sport they wish.

What about Sporting Drug Control Units and the legality of inhaled corticosteroids used for asthma?

Inhaled corticosteroids are not the same as anabolic steroids used by some athletes to improve their performance. Inhaled corticosteroids and reliever medications are allowed by sporting regulating agencies if the sportsman / woman have asthma. However, the sporting authorities need to be informed about the use of all medications and permission obtained for their use before the event(s).
How do I decide if I or my child has exercise-related asthma or not?

All people get breathless after exercise. If exercise is followed by coughing, wheezing or chest tightness, exercise-induced asthma is very likely. You can blow into a peak flow meter for measuring breathing before and after exercise. If the reading (peak flow) on the meter drops by 15% or more, it confirms that you are getting exercise-induced asthma.

How soon can we resume exercise after an attack?

If your peak flow reading has returned to within 80% of your personal normal value, you are able to exercise normally and safely. Your doctor can assist you in making this decision.

Should we be encouraged to lead a completely normal life with regular competitive exercise?

YES.

Are there any ways of preventing ‘exercise-induced asthma’ without using medications?

As the medications are safe, using them is the best way to control exercise-induced asthma. However, if you warm up first with some stretching and slow running, the exercise that follows will be managed better.

What if we get asthma all the time and cannot do strenuous exercise?

This probably means that asthma is poorly controlled. Consult your doctor to choose the controller treatment best suited to your needs or to review the medication you are on.

Are there any sports that asthmatics should avoid?

If your asthma is correctly managed and well controlled, you can usually play any sport. The only sport that asthmatics should participate in with caution is scuba diving.
# ASTHMA GUIDELINE

<table>
<thead>
<tr>
<th>Level of control</th>
<th>Treatment action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled</td>
<td>Maintain and find lowest controlling step</td>
</tr>
<tr>
<td>Partly controlled or uncontrolled</td>
<td>Step up until controlled</td>
</tr>
</tbody>
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**Before stepping up treatment:**
- Check adherence
- Check inhaler technique
- Assess for co-morbid conditions
- Review diagnosis

## Controller treatment (Level 1)
- Low-dose inhaled corticosteroid (ICS) – any age
  Alternative: Leukotriene receptor antagonist (LTRA)

## Controller treatment (Level 2)
- ≤5 years: Medium-dose ICS
  Alternative: Low-dose ICS plus LTRA
- >5 years: Medium-dose ICS or low-dose ICS plus long-acting β₂-agonist (LABA)*
  Alternative: Low-dose ICS plus LTRA

## Controller treatment (Level 3) – Specialist care
- ≤5 years: Medium-dose ICS plus LTRA
- >5 years: Medium-high dose ICS plus LABA*
  Alternative: Medium-high dose ICS plus LTRA
  Consider adding oral steroids (alternate-day regimen) if asthma is poorly controlled on medium-high dose ICS plus another controller

## All patients
- Asthma education
- Environmental control
- As-needed reliever

Preferred controller options are shown in grey-shaded areas
*LABA approved in children >4 years old, but must only be used in combination with ICS
Sustained-release (SR) theophylline may be used as alternative adjunctive therapy with ICS in children >5 years old if other controllers unavailable