Dear Colleagues

May marks World Asthma Day (Tuesday 7 May) and I thought I would highlight Asthma in this issue of our Newsletter. ALLSA have always joined with the South African Thoracic Society to support the National Asthma Education Programme in promoting World Asthma Day.

May I suggest again that you visit our website – www.allergysa.org or the website of NAEP (www.asthma.co.za) to see what’s new and news in the asthma world.

I am introducing to you Dr Claudia Gray. Claudia is a new member of the ALLSA Executive Committee. I am also focusing on the Chairman of NAEP – Professor Refiloe Masekela. It is truly a privilege to introduce her especially seeing that we work so closely together.

Therefore our focus this month is back on Asthma. Remember Asthma is a common (in fact one of the commonest) chronic conditions in our country and we still have a bad track record in asthma mortality in this country. Mortality from Asthma ranks 5th in the world in South Africa. However, despite problems with mortality, we are in bad shape in this country with getting our asthmatics to live a normal life. Quality of life is a pipe dream for many of our patients. Let’s try to make this “World Asthma Day” a time to renew our endeavours to assess control in our patients and when lacking to pay attention to educating them. Educated asthmatics are well controlled asthmatics!

Enjoy reading this issue of the newsletter.

Regards

Robin Green
Claudia Gray is a Paediatrician with Subspecialist training in both Pharmacology and Allergology. Claudia was born and schooled in Pietermaritzburg, KZN, then undertook her medical degree (which she was awarded *summa cum laude*) at the University of Cape Town. She then spent a cold but colourful decade in London undergoing Specialist training as a Paediatrician with a Subspecialty in Paediatric Pharmacology.

She also undertook a Masters degree in Allergy at the University of Southampton during this time, which clinched her interest in Allergy as a Clinical Subspecialty.

Back in Cape Town for nearly 4 years now, Claudia is delighted to be able to practise in Paediatric Allergology both at an academic hospital and in private practice whilst continuing to pursue her interest in research. She is currently the Principal Investigator of a research study looking into food allergies in children with eczema. Preliminary results of this study have given us the first glimpse of a true increase in food allergy in South Africa, mirroring the food allergy epidemic in the western world. Claudia is currently writing up her PhD thesis based on the findings of this study. Other research interests include Allergy Pharmacology and Nutrition.

Claudia has a private Paediatric and Allergology practice at Vincent Pallotti Hospital in Cape Town. She is also a part time consultant at the Allergy and Asthma clinic at Red Cross Children’s Hospital, and an Honorary Senior Lecturer at the University of Cape Town.

Claudia has numerous publications in peer reviewed journals in the fields of Allergy and Pharmacology, and presents regularly at local as well as international conferences. She is on the Editorial Board of “Current Allergy and Clinical Immunology,” and a regular Examiner at the Postgraduate Diploma in Allergy exams.

Claudia lives in Cape Town with her husband, Paul, and 3 beautiful children, from whom she continues to learn many daily lessons on “life,” which no amount of studying and degrees can teach you!
FOCUS ON: PROF REFILOE MASEKELA

Prof Refiloe Masekela has completed training as a Fellow in Paediatric Pulmonology at the University of Pretoria. In fact she was the first South African doctor to achieve this distinction by examination. She is a dedicated and hardworking Paediatrician, paying special attention to our patients with lung disease. She is much loved by our children with chronic lung diseases. She has instituted a number of unique treatment programmes and strategies which have made care for these patients enormously successful.

She has been awarded her PhD for research into improving the quality of life of HIV-infected children with chronic lung disease.

She has published a number of scientific articles in prominent local and international peer-reviewed medical journals. She is one of few Clinician Scientists in the School of Medicine at the University of Pretoria, who, despite a heavy clinical commitment, maintains a prominent publication and research record. During 2012 she was primary or senior author on 5 high Impact Factor articles. She has presented her research work at both local and international congresses and has received acclaim for her work. She is now a sought after speaker at medical meetings. She was voted to membership, by peer-review, of the prestigious American College of Chest Physicians.

Refiloe has a number of teaching commitments to Post-Gra duate students in the Department of Paediatrics and is mentoring a number of Registrars through MMed project completion. She is involved in a programme of teaching to Registrars and she is a regular Examiner for the Colleges of Medicine of South Africa.

During 2012 Refiloe was identified by the University to be invited to participate in the HELM Leadership Academy as a Fellow.

Refiloe has been Chair of the National Asthma Education Programme for the last 2 years and she has done a great deal to elevate the status of both this organisation and Asthma in South Africa.

Refiloe it has been a true pleasure working with you!
Asthma Treatment

**COMBINATION MEDICATIONS**

Combination products may be considered for patients requiring treatment for moderate persistent asthma or those who have not responded to monotherapy. They may also be useful in patients who require both inhaled corticosteroids and long-acting bronchodilators.

**LONG-ACTING BRONchodilators**

Long-acting bronchodilators are often used in combination therapy. They may be considered for step-down therapy in patients with persistent asthma who have been treated with inhaled corticosteroids.

**ANTI-INFLAMMATORYs**

Inhaled corticosteroids are the most effective controller therapy for asthma. They are the mainstay of long-term management and have been shown to reduce the risk of severe asthma attacks and hospitalizations.

**Controllers**

Controllers should be used every day, even if you feel well. When used daily, controllers will control the inflammation in your lungs that can lead to symptoms and asthma attacks.

**Relievers**

Relievers are used only when you have symptoms. If you have asthma, you are not well controlled. Consult with your doctor about your medication and technique and then if you are getting enough controller medication. If you are getting enough controller medication but still having symptoms when using your reliever, see your doctor for additional suggestions.
PATIENT EDUCATION: SPORTS AND ASTHMA

People with asthma should be encouraged to take part in any sport they choose. If someone with asthma is having difficulty with sport, it means their asthma may not be under control. You will need to see your doctor to review your controller treatment and the way you use your medications in order to allow you to live your life to the full with no limitations on activities or sport.

How does exercise cause asthma?

• Most people with asthma cough or develop a tight chest after certain kinds of exercise. Cold or dry air may act as triggers causing the air pipes in the lungs to narrow. If they narrow slightly the person simply coughs after the exercise. If they narrow even more, the chest becomes tight.
• This occurs after about six to ten minutes of exercise and may interfere with the continuation of sport. If not recognised, the person will perform the exercise with a partially tight chest. The tight chest may open on its own after an hour or two, or it may become necessary to use a reliever asthma pump.
• This coughing or tightness of the chest after exercise is usually a clue that your asthma is not well controlled. If you get tight chests or coughing with exercise, you need to see your doctor to review your asthma treatment. Problems during exercise are easily prevented with safe medications.
• Some people’s symptoms after exercise are the only sign of asthma as they do not cough or wheeze at other times.

Some common questions and answers about Asthma, Sport and Exercise

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.

What kinds of exercise are better?

• The most important message is that anybody with asthma must be able to exercise freely and must be able to participate in any sport they choose or are good at.
• Swimming is a good sport for asthmatics.
• Short burst types of exercise are better e.g. sprinting.
• Longer distance running, where an asthmatic runs at about three quarters pace for 6-10 minutes, is more likely to cause coughing and tightness of the chest e.g. cross country or marathon running.

Sport and asthma – Extract from a NAEP Publication
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