



Annual Report

**National Asthma Council Australia
Annual Report 2010/11**

The National Asthma Council Australia (NAC), a not-for-profit organisation, is a collaboration of:

- The Royal Australian College of General Practitioners
- The Pharmaceutical Society of Australia
- Asthma Australia
- Australasian Society of Clinical Immunology and Allergy

Vision

A community that recognises the impact of asthma as a social, economic and health issue, whose members share responsibility for the elimination of asthma and minimising the risk of asthma.

Mission

To improve the quality of life and health outcomes of people with asthma and associated conditions by enabling health professionals through education opportunities and the production of resources on best practice, driving asthma management through health promotion and advocacy to government, and setting the standards for asthma care by developing and disseminating the treatment guidelines for asthma.

Corporate Goals

The NAC is the leading authoritative national body for asthma. Its corporate goals are to:

- Maintain asthma on the public and political agenda.
- Play a leading role in advocacy for asthma, collaborating and communicating with stakeholders in order to facilitate change in asthma management to improve health outcomes.
- Provide state-of-the-art evidence-based resources and educational opportunities for health professionals, particularly GPs, pharmacists, asthma educators, practice nurses, allergists, and respiratory, general and paediatric physicians.
- Conduct health promotion activities directed at improving asthma health outcomes.
- Employ staff and engage experts who have the capacity to carry out the NAC's work.
- Ensure financial viability of the organisation.
- Ensure the NAC holds to corporate governance practices in accordance with the Corporations Act and other relevant legislation.

National Asthma Council Australia
ABN 61 058 044 634

Suite 104, Level 1
153–161 Park Street
South Melbourne, Victoria 3205
Australia

Telephone: 03 9929 4333
Facsimile: 03 9929 4300
Order line: 1800 032 495
Email: nac@nationalasthma.org.au
Website: www.nationalasthma.org.au

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Chairman's Message



When the National Asthma Council Australia (National Asthma Campaign as it then was) was formed just over twenty-one years ago, one of its major tasks was to bring together the major stakeholders in asthma to work in a spirit of collaboration, cooperation and coordination. And that is one thing of which we can all

be proud – the concerted and dedicated effort to work on educational initiatives and resource production to keep health professionals, especially those in primary care, informed of the latest evidence-based information on the management of asthma. Successful, evaluated campaigns on asthma management have also been conducted for people with asthma, along with the production of many useful and informative resources available on websites and in hard copy. Since it began, the National Asthma Council Australia (NAC) has also worked consistently with the media recognising the power of the media to provide information on asthma, and importantly, to stimulate interest. We have been committed to assisting the media with information on new research and the delivery of correct and informative asthma messages. The 2009/10 NAC Asthma Media Awards, presented in August 2010, gave us the opportunity to acknowledge and reward excellence in asthma journalism.

At present, work is well underway on the seventh edition of the *Asthma Management Handbook* (AMH), the treatment guidelines for asthma. The first edition in 1989, entitled the *Asthma Management Plan*, was produced by the Thoracic Society of Australia and New Zealand and published in the *Medical Journal of Australia*. The NAC was then asked to produce the guidelines in user-friendly format for primary care and to disseminate them widely. That sent the NAC on a long voyage of discovery and learning with each edition of the AMH improving on the next. As other countries developed national guidelines, and as international ones were produced, we were also able to learn from and inform those processes.

From our work in Asia Pacific countries, we were further convinced that guidelines should reflect a country's health systems and economy. For example if the main providers of asthma care are in primary care, then that should be the focus of the guidelines, alternatively if they are hospital physicians then their needs should be reflected. We learnt from the Bangladeshi guidelines that information on the gold standard for treatment is, of course, important, but that a realistic section on affordable treatment is essential as well – patient needs and preferences must be considered by prescribers.

For development of the last edition of the AMH and for this one, we have commenced with a national survey of users, asking for advice on content, format and the many issues needing consideration. These surveys provide us with important information and feedback, and deliver us few surprises, a reassurance that we do meet our aim of keeping in touch with user needs.

Another useful source of information about guidelines is the process developed by the National Health and Medical Research Council (NHMRC) for the production of guidelines, on which we have provided much comment. It has been encouraging to see the AMH and some other NAC information papers included on the NHMRC's guidelines portal indicating the success of our own evidence processes.

The AMH is probably the most significant example of many asthma stakeholders working together; it is an outstanding instance of national asthma effort. The Guidelines Committee is a multi-disciplinary team with a membership reflecting the importance of primary care, and chaired by Professor Amanda Barnard of the ANU. Not only has she experience in rural primary care but she has also been a member of the NAC's GP Asthma Group for many years, a group that developed the Asthma Cycle of Care, the former 3+ Visit Plan. The Guidelines Committee has been involved in determining the methodology as part of the guideline development, and for the first time we have employed a methodologist to assist us. With each edition of the AMH there has been an increasingly rigorous evidence base, in addition to a thorough process for addressing the included clinical questions, and this rigour continues with the latest edition.

This spirit of working with the NAC to improve asthma health outcomes is shared amongst all those assist us, and we are indebted to many individuals and organisations. The Australian Government Department of Health and Ageing provides us with the necessary funding for our GP and Allied Health Professionals Asthma and Respiratory Education Program, so that we can deliver our well-established primary care and spirometry workshops, and new workshops for Aboriginal health workers, across Australia. The Department's support is not only financial but also collaborative and we are indebted for much good advice.

The pharmaceutical companies in asthma continue to provide us with project funding and we work with them in a number of different ways to provide resources and information. Our Sensitive Choice program conducted in partnership with the Asthma Foundation of New Zealand continues to grow in strength, and gives us many ways to deliver asthma messages to consumers.

I must thank my fellow directors, our member bodies and the GP Asthma Group, Product Advisory Panel and Finance Committee, and our CEO and staff. I cannot name each of the many experts who help us with our work but thank them all. It is also pleasing that we have finished the year in a strong financial position.

Associate Professor Noela Whitby AM
MBBS (Qld), DPD, Grad Dip Hum Nut, FRACGP, FAICD

Chief Executive Officer's Message



We began the year with our first in-country Airways School Asia-Pacific – a 1 day course in Singapore involving 20 GPs, and members of the GP Asia Pacific Respiratory Board (GPAPRB). The course covered asthma, COPD, spirometry and inhaler devices, and was facilitated by Assoc. Prof. Ron

Tomlins, GP. A number of subject experts also assisted, including Dr Chris Worsnop, Dr Tze Lee Tan of Singapore and our own Ms Judi Wicking. We also ran a spirometry workshop for final year medical students. The evaluation results for both courses were extremely positive and we hope to run further Airways Schools in the region.

Whilst in Singapore we also launched the website of the GPAPRB, which features resources specifically produced for use in primary care in Asia Pacific countries. The GPAPRB website is linked to the main NAC website (launched in 1996) which provides an abundance of resources for both health professionals and consumers.

We are also involved in social media, and are constantly monitoring any new information communications technology which may serve to deliver asthma management messages. However, we are aware that, while internet access is increasingly available for health professionals and consumers, access remains limited in parts of Australia and in other countries. Therefore where possible we produce useful paper resources that can be effectively distributed to those who request them.

Our work with the media to maintain the public profile of asthma continues through both regional media (which is our main focus), as well as national services. Regional media, print and radio especially, are constantly responsive to our media releases and we are very grateful to the asthma experts from around Australia who act as our spokespeople. Our media consultant, Kelly Ward, has worked with us for many years and is an expert at media strategy, generating an impressive amount of media coverage for asthma each year.

We are extremely fortunate to receive funding from the Australian Government Department of Health and Ageing for our educational activities in Divisions/Networks of General Practice. Through this support we are able to deliver these in areas of greatest need, including rural as well as very remote regions. We have been observing the lead-up period to the launch of Medicare Locals, and look

forward to working with them.

The NAC has a very full program of educational workshops and resource production, not the least of which is the next edition of the *Asthma Management Handbook*, our national guidelines on asthma. The AMH, currently in progress, involves the Guidelines Committee and around 20 topic working groups, with many people already contributing. Over the next 12 months or so a range of experts will be providing advice including those from general practice, respiratory medicine, respiratory science, asthma education, pharmacy, paediatrics, emergency medicine and other fields, and are all very willing helpers. In the asthma field the AMH is probably the best example of the early NAC philosophy of collaboration, cooperation and coordination.

We are also very aware of the challenges we face in the management of asthma such as how we can increase the ownership and use of written asthma action plans. Our new 'Z card' action plan, which is currently being distributed nationally to GPs and pharmacists, may bring about a temporary increase in this area, but we still need to think of ways to sustain this, such as the use of new technologies. We will be undertaking more work on this issue.

Similarly, we need to consider what innovative strategies can be developed to encourage people to take long term preventer medication. Despite all the education programs conducted by the NAC, the Asthma Foundations and other organisations we still have not found an effective and sustainable answer to this. We look forward to addressing all these issues in the year to come.

We thank the pharmaceutical companies in asthma for their ongoing support and our Sensitive Choice partners for their continued involvement. We also greatly appreciate the program funding from the Australian Government Department of Health and Ageing, which is of incalculable value to our health professional education. We very much thank all the individual experts in asthma – GPs, pharmacists, asthma educators, allergists, respiratory physicians and scientists for their ongoing willingness to work with the NAC as media spokespeople, ad hoc expert panel members, and advisors.

A handwritten signature in black ink that reads "Kristine Whorlow". The signature is written in a cursive, flowing style.

Kristine Whorlow
Chief Executive Officer

Special Features



NAC Media Awards

The who's who of the asthma world gathered in Melbourne on 19 August 2010 to celebrate the 21st anniversary of the National Asthma Council Australia, and to acknowledge the significant role the Australian media play in the fight against asthma, with the presentation of the 2009/10 National Asthma Council Australia Media Awards.

Early media relations activities, commencing around 1989, helped heighten political awareness of asthma and proved to be a key plank in the NAC's successful lobbying to have asthma made a National Health Priority Area.

Today, quality reporting of asthma in the consumer media continues to keep asthma top of mind in the community, reinforces the fact that we need to continue to take asthma seriously and does much to increase understanding of the condition, its triggers and its management.

Recognising the important role the media play in asthma education, we created the National Asthma Council Australia Media Awards in 1998 to acknowledge and reward excellence in asthma journalism and to promote and encourage responsible reporting of issues relating to asthma treatment, management and education.

The 2009/10 Awards again attracted a wide range of entries, from all forms of media, providing the judging panel with a challenging task.

The volume of entries we received was really encouraging and our judges deliberated for quite some time. The final results, however, were unanimous. Each of our winners demonstrated a balanced and accurate report of asthma issues and served to increase consumer awareness, understanding, and ultimately, the quality of life for their readers, listeners and viewers.

Congratulations go to the following journalists for their contribution to quality reporting of asthma in the Australian media in 2009/10.

Overall Winner and Best Print Article

Awarded to: **Ms Jill Margo**
'When exercise has you just running out of puff'
The Australian Financial Review

Best Radio Broadcast

Awarded to: **Ms Madonna King**
'Ask an Expert Asthma' with Assoc. Prof. Charles Mitchell
612 ABC Brisbane

Best Television Segment

Awarded to: **Ms Natasha Beyersdorf** and **Mr Grant McIntyre**

'Babies Lungs'

6pm News Bulletin, NBN Television

Special Commendation

Awarded to: **Ms Katherine Fleming**

'Dust mites: Strange bedfellows'

Australian Geographic

We thank all entrants and Australia's media for their enthusiasm and dedication – and look forward to our next 21 years.

World Asthma Day 2011

The National Asthma Council Australia marked World Asthma Day on Tuesday, May 3 2011 by urging people not to ignore the weighty issue of a wheeze.

By placing the spotlight on obesity and its association with asthma, we are encouraging people to understand that their wheeze or breathing difficulty could be due to asthma and not just the result of carrying around a heavier load. In fact, as Australians' collective weight grows, the link between asthma and obesity is becoming clearer.

NAC spokesperson, Assoc. Prof. Ian Charlton told the media that while the exact determinants between the populations' expanding girth and asthma are still not clearly defined, concerning evidence highlights the fact that excess weight may worsen asthma symptoms and further hinder exercise activity.

'If an overweight or obese person is experiencing breathlessness or wheezing then it's important to obtain a proper diagnosis from a doctor to find out if asthma is involved,' Assoc. Prof. Charlton said.

'Increasingly, we are seeing overweight and obese people more likely to have asthma and requiring more medication to control it. But with the right medication, people should be able to start to increase their activity levels without becoming short of breath.'

A recently published study from The Woolcock Institute of Medical Research identified obesity as a key determinant in controlling asthma. The research showed that response to inhaled steroid treatment was influenced by BMI, indicating patients with asthma who are obese may benefit from losing weight (Farah CS et al. *Chest* 2011).

According to the authors, this study provides evidence in support of national asthma treatment guideline recommendations advocating weight loss as a strategy to improve asthma control.

The *Asthma Management Handbook*, our national guidelines on asthma, has included this recommendation since 2006. Other studies have also found obesity is associated with reduced lung volume, which is linked with airway narrowing.

Assoc. Prof. Charlton emphasised our message to people is that losing weight can improve lung function, exercise tolerance and associated conditions such as sleep apnoea.

Asthma Management Handbook 2012

Work is well under way on developing the new edition of the *Asthma Management Handbook*, the Australian national asthma treatment guidelines. This new edition, the seventh, is due for publication in late 2012.

First published in 1989, the NAC's *Asthma Management Handbook* continues to set the standard for best-practice asthma management in primary care.

Development of the Handbook is a collaborative, multi-disciplinary effort involving more than 70 leading health professionals dedicated to asthma, including respiratory physicians, allergists, general practitioners, asthma educators, pharmacists and respiratory scientists.

Work is progressing under the auspices of the AMH 2012 Guidelines Committee, chaired by general practitioner Professor Amanda Barnard.

An online user survey was conducted in mid 2010 through the RACGP, with more than 1000 responses received from GPs and other primary care health professionals. The short survey captured user feedback on the current Handbook and on aspects of the next edition, including preferred publication format (hard copy or online). The feedback will inform development of the new edition.

A scoping process for the Handbook was completed in early 2011, and a number of multi-disciplinary working groups have now been established. These groups will provide valuable expert advice, and assist us with the evidence review process.

The first contributors' workshop is planned for August 2011, to enable all those involved in this new edition to better understand the process for the development of the Handbook, and to provide an opportunity for contributors to meet and discuss issues with their fellow working group members.

We are looking forward to working with all our contributors who have kindly volunteered their time and expertise, and thank them for their ongoing support.

New look Asthma Action Plan

A new look and innovative format are key features of the updated Asthma Action Plan we released in March 2011.

An important tool in asthma management, this revamped Asthma Action Plan template now comes in a handy z-card format, which folds down to credit-card size, making it easy to carry in a wallet or pocket.

The clear, patient-friendly design also provides guidance for GPs so they know what to write where, along with space for noting extra information, such as when to take allergic rhinitis medication. There is a space for the patient to record their doctor's contact details, emergency contact details and date of their next asthma review appointment.

Development of the new Asthma Action Plan was undertaken in consultation with a multidisciplinary expert panel, supported by an experienced medical writer.



New Asthma Action Plan

The ad hoc expert panel members were:

- Adult respiratory physician – Assoc. Prof. Helen Reddel
- Paediatric respiratory physician – Dr Andrew Tai
- Allergist – Assoc. Prof. Janet Rimmer
- General practitioner – Assoc. Prof. Ian Charlton
- General practitioner – Dr Grant Connoley
- Pharmacist – Mr Stephen Hughes
- Asthma & respiratory educator – Ms Judi Wicking

User testing of the draft action plan template was undertaken via the NAC website. Many health professionals (including GPs, practice nurses, respiratory specialists and pharmacists) and patients/carers completed the online survey. The feedback from both groups was positive with several helpful suggestions made by respondents.

Written asthma action plans are one of the most effective asthma interventions available. Research shows that written action plans keep people with asthma in control of their condition, as they are better equipped to recognise deterioration of their symptoms and can respond appropriately.

In support of the launch of the new Asthma Action Plan template, we also embarked on a public education campaign to urge people with asthma to visit their doctor to ensure they have an up to date Action Plan.

Short on Air assessment

One of the largest national assessments of adults with moderate to severe asthma has uncovered that while Australians of all ages continue to struggle with this chronic condition, Gen Ys have the most sensible asthma attitude – they are much more likely to recognise the significant impact of their breathing battles compared to Gen X-ers and Baby Boomers.

The Short on Air assessment, conducted in July 2010, showed the average adult with moderate to severe asthma has been living with the condition for a quarter of a century and it evaluated how they view their disease, how they live with it, and uncovers important clues about how they unintentionally let their disease take control.

While all are being hit hard, Gen Ys were found to be almost twice as likely to admit their asthma is out of control versus the Baby Boomers (55+). Yet the over 55s tolerate more asthma attacks, have a higher use of reliever medications and need more impromptu GP appointments than their younger counterparts.

Like the Baby Boomers, this review shows those in the middle group (35–54 year olds) are also struggling, with almost one-third (31%) of both groups equally suffering three or more asthma attacks in the last month.

Respiratory experts say important lessons can be learnt from this younger generation's far less accepting attitude towards the impact of their asthma. Assoc. Prof. Peter Wark, NAC spokesperson, also commented to the media that:

'It's imperative all people with asthma don't rely on their own assessment of their condition, but consult their GP at least once a year for a lung health check, even if they feel well. An asthma action plan is also a must to help detect when they're losing control and ensure they know what to do when this happens,' said Assoc. Prof. Wark.

Crucial signs highlighting poor disease control investigated in this assessment included an over-reliance on reliever medications, exercise limitations, night waking and lack of regular asthma health checks.

Short on Air was developed in partnership with Australian respiratory experts and in consultation with the NAC, Asthma Australia, the Woolcock Institute of Medical Research and the Pharmacy Guild of Australia. It was conducted by So What Research Pty Ltd and was sponsored by AstraZeneca Australia.

Members of the expert working group were:

- Assoc. Prof. Jo Douglass, respiratory physician and allergist
- Dr Kerry Hancock, general practitioner and GP Asthma Group chair
- Mr Peter Holder, community pharmacist and Pharmacists' Asthma Group member
- Prof. Christine Jenkins, respiratory physician
- Ms Debra Kay, Chief Executive Officer of Asthma Australia
- Assoc. Prof. Peter Wark, respiratory physician and NAC spokesperson

The *Short on Air* report was launched in September 2010 and published on the NAC website.



Short On Air Assessment

Ongoing Activities



GPAHPAREP – Asthma & Respiratory Education Program 2009–2013

Our GP and Allied Health Professional Asthma & Respiratory Education Program (GPAHPAREP) provides education and training for primary healthcare practitioners to increase best practice management of asthma and linked chronic respiratory conditions. It is a continuation of similar education programs that we have been conducting for the past decade.

GPAHPAREP is part of the Australian Government's Asthma Management Program, funded by the Department of Health and Ageing for 2009–2013. A feature of the new program is the inclusion of linkages between asthma and other linked respiratory conditions, including allergic rhinitis, COPD and bronchiectasis.

Other activities funded under the Asthma Management Program include those of Asthma Australia (the Asthma Child and Adolescent Program and the Community Support Program) and the Australian Centre for Asthma Monitoring.

Workshop types

The NAC offer five workshop types under GPAHPAREP, delivered via a unique and effective model that provides both national consistency and local flexibility.

A-Team: Primary Care Asthma Update (2 hours) – best-practice essentials for all primary care health professionals

Asthma & Respiratory Management Seminar for Practice Nurses (6 hours) – role-specific education

Spirometry Training Course (6 hours) – comprehensive training in the application, measurement and interpretation of spirometry for GPs and practice nurses

Spirometry Training Update (2.5 hours) – refresher training for GPs and practice nurses who have undertaken formal spirometry training previously [new workshop]

Asthma Update for Aboriginal Health Workers (2–3 hours) – role-specific education [pilot workshop]

Implementation update

Our schedule of activities has rolled out as planned, with many successful workshops held across the country with local GP networks/divisions.

ONGOING ACTIVITIES

From the start of the program to end June 2011, the following workshops have been conducted:

- A-Team: Primary Care Asthma Update – 26 workshops
- Asthma & Respiratory Management Seminar for Practice Nurses – 29 workshops
- Spirometry Training Course – 25 workshops
- Spirometry Training Update – 4 workshops

The feedback to date from the participants and host GP networks/divisions has been extremely positive, and we look forward to continuing to provide these important and effective training activities.

*Great workshop, good resource booklet.
Having presenters who are working in general
practice gives greater understanding of obstacles
experienced daily by practice nurses*

**Participant, ARM Seminar for Practice
Nurses, Tweed Heads**

Professional development recognition

Our workshops received professional development recognition from a range of relevant professional associations including:

- Royal Australian College of General Practitioners – notably recognising the Spirometry Training Course as a Category 1 QI&CPD activity for 40 points
- Australian College of Rural & Remote Medicine
- Australian Asthma & Respiratory Educators Association
- Australian Practice Nurse Association
- Royal College of Nursing Australia
- Pharmaceutical Society of Australia
- Society of Hospital Pharmacists of Australia

Train the trainer sessions

A number of presenter 'train the trainer' sessions have been held this year with new and existing presenters of our training workshops to ensure they are up-to-date with the latest information and to exchange tips and advice on working with multidisciplinary groups of adult learners.

Feedback indicates that these fun and informative sessions are valuable collegiate learning experiences for the presenters.

Aboriginal health worker education

A new workshop type, the Asthma Update for Aboriginal Health Workers, is currently in development with pilot sessions planned for late 2011.

An Aboriginal Health Worker Education Program Advisory Group has been established and held its first meeting in early April 2011.

With assistance from this Advisory Group, we intend that the Aboriginal health worker education program will be expertly tailored to meet the specific learning needs of these health professionals working within Aboriginal and Torres Strait Islander communities.

A number of sites have already expressed an interest to be involved in the pilot, including Echuca Vic, Carnarvon WA, Mackay Qld and Darwin NT.

Media relations

The NAC has enjoyed another successful year of media relations, maintaining a high profile in both consumer and health industry media through its proactive strategy of regular releases and its expert spokesperson program.

The year was characterised by the release of a large number of new and updated asthma management resources which were launched to stakeholders and the public via media releases, achieving subsequent high profile media coverage.

Resources featured included the new online spirometry training video; new look asthma action plan; updated asthma and COPD medications chart; the online intranasal spray technique video and information paper; and, an updated LTRAs and childhood asthma information paper.

The steady stream of resource launches was supplemented with a range of timely media releases highlighting seasonal asthma triggers ranging from Christmas allergies, to the autumn peak in dust mite populations and the issue of mould in Australia's flood-struck regions.

Our dual approach of proactively issuing topical media releases supported with our expert commentary service has allowed our spokespeople to maintain a strong relationship with the media and the NAC remains a leading advisor for journalists developing asthma-related stories.

In all, 13 media releases were released across the twelve month period with combined coverage reaching more than eight million Australians. This regular proactive media relations strategy is fundamental in keeping asthma management on the public agenda and will continue into the next financial year.

Online presence

The NAC website (www.nationalasthma.org.au) continues to support health professionals, people with asthma and their carers by providing information and practical tools to improve asthma management.

Over the past year the number of visitors to the website continued to increase, reflecting the ongoing popularity of the website among Australian and international users.

Our range of evidence-based resources including online brochures and information papers has also grown over the past 12 months, with the *Asthma Management Handbook 2006* continuing to build on its user base with strong growth in both web pages viewed and PDFs downloaded.

Our commitment to making sure that visitors to our site always have access to the most up-to-date information has seen the addition of several new and revised resources this year including the new look Written Asthma Action Plan, the revamped asthma medication wall chart, and the intranasal spray technique video.

This year also saw the introduction of Google Analytics, a newer, more sophisticated data collection and reporting system. This means that we will now have access to more accurate statistics about information such as number of unique visitors, page views and resource downloads.

With plans currently underway to enhance our online presence, we are looking forward to launching our freshly redesigned website in late 2011, complete with an improved navigation menu system, more flexible search options and new resources.

Sensitive Choice

In April 2011, Sensitive Choice® celebrated a significant milestone – it is now 5 years since the program was launched in 2006 with just six foundation Partners. Since then, the program has achieved remarkable success as a guide to products and services that may be helpful in managing asthma and allergies. Today the program approves more than 170 products and services, generating a significant income to support the important work of the NAC.

In the last 12 months, we have accepted a number of new products into the program. There has also been an increase in product approval for our existing partners.

We thank the volunteer members of the Sensitive Choice® Product Advisory Panel for their continued expert assistance in reviewing all product applications against our criteria and helping determine whether products and services might be suitable for acceptance into the program.

Promotional activities

We are committed to increasing awareness of the blue butterfly, and we have undertaken a range of activities around Australia to this end.

An annual highlight is the publication of 'Living with Asthma & Allergies'. The latest edition was published in the October 2010 edition of *Australian Women's Weekly*, which has an

audience of more than 2 million readers. The colourful 16-page zip-out guide included tips and advice on managing asthma and allergies, and also showcased a range of Sensitive Choice® approved products.

The Sensitive Choice® website (www.sensitivechoice.com.au) underwent a major redesign and relaunch in June 2010. A major focus of the past year was the continuing development and enhancement of the website, which is attracting more and more visitors every month.

A multifaceted promotional campaign is being implemented to raise awareness of the website and further increase visitor numbers. Strategies include email promotions, improved search engine optimisation and use of Google AdWords.

Public relations initiatives by the NAC – both alone and in conjunction with individual Partners – remain a key component of our integrated marketing support program for Sensitive Choice®. As a result, we enjoyed widespread and effective media coverage of the program throughout the year.

Partner relationships

The success of the Sensitive Choice® program is largely due to the close partnerships that we enjoy with the companies who produce the approved products and services. We thank our Sensitive Choice® Partners for their support and for providing us with such a unique avenue to promote good asthma management messages.

Our annual Partner Forum was held in Sydney in October 2010. The Forum featured six of our partners presenting insights as to how they are utilising the blue butterfly and provided a valuable learning opportunity for both the NAC and our Partners.

Through our partnership with the Asthma Foundation of New Zealand, people with asthma and allergies in New Zealand are also able to benefit from the program. A range of meetings and promotional activities have been conducted under new CEO, Ms Angela Francis, to support the Sensitive Choice® Partners and products in New Zealand.

We look forward to continuing working with all our Sensitive Choice® stakeholders in supporting asthma care.



Sensitive Choice logo



www.sensitivechoice.com.au

Activity Highlights



Education resources

Spirometry training video

To coincide with World Spirometry Day on 14 October 2010, we launched a spirometry demonstration video for GPs and practice nurses. The online video 'Performing spirometry in primary care' is designed as a refresher tool for health professionals to reinforce correct technique and gives clear advice and directions to ensure good quality spirometry every time.

This free 5-minute video features NAC asthma educator Judi Wicking carefully demonstrating the correct technique for performing spirometry with an adult patient using the open circuit method. The captioned footage is supported with relevant online text, including checklists of correct steps for both the open and the closed circuit spirometry methods.

"The video highlights clear advice and directions to ensure good quality spirometry every time."

Judi Wicking, NAC Asthma Educator

As well as being available on the NAC website, the video will be used by presenters of our health professional education workshops, such as the Seminar for Practice Nurses and Spirometry Training Course.

Development of the video was supported by an unrestricted educational grant from Novartis. The NAC retained editorial control.

Intranasal spray technique video

We extended our online series of instructional 'How-To' videos with the launch of the video, Using Your Nasal Spray, in December 2010.

The new video equips health professionals and allergic rhinitis patients with simple instructions on how best to administer intranasal corticosteroid sprays.

Accessible for free on our website, the online video demonstrates the correct technique for the three most commonly used intranasal corticosteroid sprays on the market: *Nasonex*, *Rhinocort* and *Avamys*.

Each short clip features asthma educator, Marg Gordon, carefully demonstrating the correct technique with an adult patient. The video also includes captions to reinforce the right steps.

An accompanying information paper for health professionals, 'Intranasal corticosteroid spray technique for people with allergic rhinitis', was also developed to provide doctors, practice nurses and pharmacists with a summary of supporting evidence, key messages for patients and details of the most common usage errors to avoid.

It highlights that nosebleeds, which are the most commonly reported adverse effect of intranasal corticosteroid sprays, tend to be due to mechanical injury or poor positioning of the device rather than an adverse reaction to the medication.

The resources were produced in consultation with an expert advisory panel:

- Ear, nose and throat surgeon – A/Prof. Richard Harvey
- Allergist and immunologist – Prof. Connie Katelaris
- General practitioner – Dr Simon Young
- Pharmacist – Ms Cheryl Tite

Development of the video and information paper was jointly supported by AstraZeneca, GlaxoSmithKline and MSD Australia. The NAC retained editorial control.

Allergic rhinitis patient awareness resource

A new *Asthma and Allergic Rhinitis Patient Awareness Resource* for GPs and pharmacists was launched by the NAC in late July 2010.

The resource kit features a poster for waiting rooms and pharmacies which asks: 'Is your nose making your asthma worse?' and a checkbox screener card for patients to help them identify common symptoms and understand the link between asthma and allergic rhinitis.

Up to 80 per cent of people with asthma have allergic rhinitis, but many are unaware of the connection and don't realise that effective treatment of one condition can help with the management of the other.

The new materials are designed to raise awareness and prompt people who have experienced symptoms to seek advice from their doctor and pharmacist.



Intranasal inhaler training video

The resources were developed in consultation with an allergist and content was based on the NAC's existing allergic rhinitis information paper and consumer brochure.

An ad hoc expert panel was also consulted to help finalise the resources:

- Allergist – Assoc. Prof. Janet Rimmer (lead contributor)
- General practitioner – Assoc. Prof. Ian Charlton
- Pharmacist – Mr Marcus Weidinger

Development of the resource kit was supported by an unrestricted educational grant from MSD Australia. The NAC retained editorial control.

During August and September, MSD distributed copies to GPs, pharmacists and respiratory physicians via their representatives. The resources were also published on the NAC website.



Allergic rhinitis patient awareness resource

LTRA information paper update

In August 2010 the NAC published an update of our information paper *Leukotriene receptor antagonists in the management of childhood asthma*.

The paper, which was last updated in 2007, details the role of leukotriene receptor antagonists (LTRAs), such as the PBS-listed montelukast (*Singulair*), in the treatment of children aged two to 14 years with mild persistent asthma, intermittent asthma, exercise-induced asthma or allergic rhinitis.

New evidence, contained in the paper, supports the use of LTRAs to protect against exercise-induced bronchoconstriction in children, recommending that montelukast therapy be considered, in addition to inhaled corticosteroids, in children with exercise-induced bronchoconstriction that is not controlled by ICS at an optimal dose.

The paper recommends that montelukast therapy also be considered in children with seasonal allergic rhinitis, based on good evidence from recent clinical trials.

It also explores the role of montelukast therapy for children with intermittent asthma or viral-induced wheeze, which accounts for around 95 per cent of childhood asthma. Key findings from clinical trials indicate that LTRAs may help protect this group against asthma exacerbations associated with respiratory infections, when given as continual therapy or as short courses in response to the onset of infections.

The paper was updated in consultation with members of the expert panel who developed the previous version. The members of the multidisciplinary panel were:

- Paediatric respiratory physician – Prof. Colin Robertson (lead contributor)
- Paediatric respiratory physician – Prof. Craig Mellis
- Paediatric respiratory physician – Prof. Peter van Asperen
- General practitioner – Dr Kerry Hancock

Development of the updated paper was supported by an unrestricted educational grant from MSD Australia. The NAC retained editorial control.

The paper was distributed as an insert in *Australia Doctor* in August and MSD distributed copies to GPs, pharmacists and respiratory physicians via their representatives. The resource is also available on the NAC website.

Asthma and COPD Medications Chart

In April 2011, we released an updated version of our popular asthma medications wall chart, which is designed to assist health professionals discuss respiratory medications and inhalers with patients.

The revamped chart, which is our second most-requested resource (after the *Asthma Management Handbook*), has been retitled: 'Asthma & COPD Medications' to reflect the inclusion of the latest COPD medications.

Featuring up-to-date products and packaging imagery, the chart provides a practical guide to the main types of medications prescribed in Australia including relievers, non-steroidal preventers, corticosteroid preventers, symptom controllers, combination medications and COPD-only medications.

The asthma medications chart is a popular education tool for health professionals and patients due to its simplicity



Asthma and COPD Medications Chart

and relevance, and more than 20,000 copies of the previous version of the chart were distributed. It continues to be one of the most popular downloads on the National Asthma Council Australia website.

Thanks to an unrestricted education grant from MSD, we have been able to update and reissue the chart, making it available nationally at no cost. The NAC retained editorial control.

We are grateful to all the companies whose products appear on the chart for their assistance during the chart's development.

Distribution of the new 'Asthma & COPD Medications' chart occurred nationally via MSD representatives and through our office, plus a PDF download is available from our website.

Conferences

PAC Melbourne 2010

At the request of Pharmaceutical Society of Australia, we organised a session for the asthma stream at the Pharmacy Australia Congress (PAC) in Melbourne in October 2010.

Ms Juanna Ford, asthma & respiratory educator, presented a 45-min session on asthma inhaler device technique. Around 60–70 pharmacists attended, with many staying to ask questions of Juanna after the session.

The asthma stream also included a 45-min presentation by Dr Jenny Gowan, pharmacist, on 'Latest developments in and use of respiratory medications.'

GPCE Melbourne 2010

Our seminar at the Melbourne General Practitioners Conference and Exhibition (GPCE) in November was presented by Dr Andrew Tai, paediatric respiratory physician, on the topic of 'A is for Asthma – Management options for kids with asthma'.

The presentation addressed asthma assessment in primary school-aged kids, including patterns, triggers and commonly confused diagnoses. The seminar also covered the latest in childhood asthma management, including the role of combination therapy, risks and benefits of corticosteroids, and non-steroidal alternatives.

The presentation was supported by an unrestricted educational grant from MSD Australia.

GPCE Sydney 2011

Dr Andrew Tai, paediatric respiratory physician, presented a similar session at the Sydney GPCE in May 2011, titled 'Childhood asthma update'.

The presentation was again supported by MSD Australia.

TSANZ Annual Scientific Meeting 2011

We once again presented the Asthma and Allergy Special Interest Group/NAC breakfast session at the TSANZ Annual Scientific Meeting. Professor John Wilson (past Chairman of the NAC) facilitated this interactive discussion, addressing the topic of difficult cases of airway disease.

Asthma awards

NAC Asthma Research Awards

The NAC funds annual awards to encourage research into asthma. Offered via our stakeholder bodies, the awards focus on asthma research presented at each organisation's annual/biennial scientific meeting or conference.

The winner of the 2010 ASCIA and NAC Asthma Research Award was Ms Bronwyn Brew, from the Woolcock Institute of Medical Research, Sydney. Her winning presentation was 'Systematic review and meta-analysis investigating breast-feeding and childhood asthma'.

The winner of the 2011 TSANZ and NAC Asthma Prize was Dr Jay Horvat from the Priority Research Centre for Asthma & Respiratory Diseases, University of Newcastle. His winning presentation was 'Investigation of infection-induced steroid-resistant asthma'.

Further details on these presentations can be found on the NAC website.

NAC Travel Awards

National Asthma Council Australia was pleased to sponsor three awards at the recent Bangladesh Lung Foundation Conference. NAC Travel Awards were presented to the top three abstracts on research in the asthma/respiratory area to enable the winners to attend the 16th Asia Pacific Society of Respirology Conference in Shanghai in 2011.

First prize: Dr Neelima Das, ICCCD & James P. Grant School of Public Health, BRAC University, Bangladesh, for: 'Respiratory morbidity of women exposed to different levels of indoor air pollution in rural Bangladesh: A cross-sectional study'.

Second prize: Dr Md. Naimul Hoque, Assistant Professor of Respiratory Medicine, NIDCH, Dhaka, for: 'Influence of asthma in pregnancy on labor and the neonates'.

Third prize: Dr Ashraf Alam Khan, Medical Officer, National Asthma Centre, Dhaka, for: 'Trends of asthma in Bangladesh: Findings of the National Asthma Prevalence Study 1999 and 2010'.

International activities

GP Asia-Pacific Respiratory Board website launch

The GP Asia-Pacific Respiratory Board (GPAPRB) consists of GPs/primary care physicians from countries in the

Asia-Pacific region, including Assoc. Prof. Ron Tomlins, chair, who represents Australia. GPAPRB was established by the NAC in early 2008 at the instigation of GSK Asia-Pacific, who asked us to form the Board and facilitate its development.

In July 2010, the GPAPRB website was launched in Singapore to improve the diagnosis and management of people with chronic respiratory diseases across the region. The website is designed to be simple but effective, and hosts resources developed by GPAPRB to support GPs. It also provides useful links to relevant guidelines and key organizations in the Asia-Pacific and around the world.

The website is at: www.nationalasthma.org.au/gpaprb

Airways School Asia-Pacific Singapore

The Airways School Asia-Pacific (ASAP) is an educational program established by the NAC with support from GSK Asia-Pacific. Focussing on best-practice respiratory management, the evidence-based curriculum has been developed with GPAPRB to meet the specific needs of doctors from the Asia-Pacific region.

Following on from three short courses held in Melbourne in 2009, the first in-country 1-day ASAP course was held in Singapore in July 2010. The course covered COPD, asthma, spirometry and inhaler devices, and was facilitated by Assoc. Prof. Ron Tomlins.

He was joined at various points by relevant subject experts, including Dr Chris Worsnop, respiratory physician, Ms Judi Wicking, asthma educator, and Dr Tse Lee Tan, GP (Singapore).

More than 20 Singaporean GPs attended and their feedback was very positive. The spirometry practical session was particularly well received.

United Nations Environment Programme

Our CEO is an Australian Government nominee to the Medical Technical Options Committee (MTOC) of the Montreal Protocol, United Nations Environment Program, whose main task is to ensure the global transition from CFC containing to CFC free metered dose inhalers and to protect the interests of patients in the process.

In this capacity, Ms Whorlow attended the annual MTOC meeting in Buenos Aires in March which also involved meetings with the Argentinean Ozone Office, pharmaceutical companies and health officials.



Airways School Asia-Pacific—Singapore

Committees



Board

The Board defines policies and sets goals and objectives, is responsible for corporate governance and regularly reviews progress towards achieving the stated goals.

- Assoc. Prof. Noela Whitby AM, Chairman
General practitioner
The Royal Australian College of General Practitioners representative
- Mr Ian Adams,
President, Asthma Australia
Asthma Australia representative (to February 2011)
- Prof. Charles Mitchell,
Respiratory physician
Asthma Australia representative (from June 2011)
- Mr Peter Holder
Community pharmacist
Pharmaceutical Society of Australia representative
- Assoc. Prof. Janet Rimmer
Respiratory physician and allergist
Australasian Society of Clinical Immunology and Allergy representative
- Assoc. Prof. Peter Wark
Respiratory physician
The Thoracic Society of Australia and New Zealand Representative (to July 2010)

Finance Committee

The Finance Committee supervises budgets, authorises and monitors expenditure, and advises on the acquisition of income.

- Mr Peter Holder (Chairman), NAC Director
Community pharmacist, ACT
- Mr Peter Norman
Accountant, VIC
- Mr Alasdair Norton
Business consultant, VIC
- Mr Robert Yeo
Chartered accountant, VIC

General Practitioners' Asthma Group

The General Practitioners' Asthma Group works to coordinate the expertise, enthusiasm and skills of general practitioners who have a special interest in the management of asthma.

- Dr Kerry Hancock, SA (Chair)
- Prof. Amanda Barnard, ACT
- Dr David Batt, SA
- Assoc. Prof. Ian Charlton, NSW
- Assoc. Prof. H. John Fardy, NSW
- Assoc. Prof. Chris Hogan, VIC
- Dr Steven Rudolph, QLD
- Dr Victoria Smith, TAS
- Assoc. Prof. Noela Whitby AM, QLD
- Assoc. Prof. Sanjiva Wijesinha, VIC
- Dr Russell Wiseman, QLD

General Practitioners Asia-Pacific Respiratory Board

The General Practitioners Asia-Pacific Respiratory Board members works to develop the role of the GP or GP equivalent in Asia Pacific and to improve the management of COPD and asthma in the region.

- Australia – Assoc. Prof. Ron Tomlins (Chair)
- Bangladesh – Dr GM Monsur Habib
- Malaysia – Dr George Gomez
- Philippines – Dr Annie Francisco
- Singapore – Dr Tze Lee Tan
- Thailand – Dr Kraisorn Voradithi
- Vietnam – Dr Vinh Nguyen

Sensitive Choice Product Advisory Panel

The Sensitive Choice Product Advisory Panel considers products and services for acceptance into the Sensitive Choice program. It is supported by Ms Angela Francis, chief executive, Asthma and Respiratory Foundation New Zealand, and Ms Kristine Whorlow, chief executive officer, NAC.

The Panel consists of the following experts:

- Adult respiratory physician (Chair)
- Allergist
- Community pharmacist
- General practitioner
- Industrial chemist

Pharmacists' Asthma Group

The Pharmacists' Asthma Group works to coordinate the expertise, enthusiasm and skills of community and hospital pharmacists who have a special interest in the management of asthma.

- Mr Simon Appel OAM, VIC (Chair)
- Prof. Carol Armour, NSW
- Mr Kingsley Coulthard, SA
- Mr Mark Feldschuh, VIC
- Mr Peter Holder, ACT
- Mr Stephen Hughes, NSW
- Mrs Karalyn Huxhagen, QLD
- Mr Grant Kardachi, SA
- Mr Kevin Morgan, TAS
- Ms Toni Riley, VIC
- Dr Bandana Saini, NSW
- Mr Marcus Weidinger, WA
- Mr Chris Flood (ex-officio)
- Ms Kylie Woolcock (ex-officio)

GPAHPAREP Curriculum Review Panels

Primary Care Asthma Update (A-Team) and Seminar for Practice Nurses

- Ms Marg Gordon, practice nurse
- Dr Jenny Gowan, pharmacist
- Dr Kerry Hancock, GP
- Dr Victoria Smith, GP
- Dr Andrew Tai, paediatric respiratory physician
- Dr Chris Worsnop, respiratory physician
- Dr Simon Young, GP
- Ms Judi Wicking, asthma educator

Spirometry Training Course & Update

- Prof. Amanda Barnard, GP
- Ms Brigitte Borg, respiratory scientist
- Dr Debbie Burton, respiratory scientist
- Dr Kevin Gain, respiratory scientist
- Dr Kerry Hancock, GP
- Assoc. Prof. David P. Johns, respiratory scientist
- Mr Jeff Pretto, respiratory scientist
- Assoc. Prof. Noela Whitby AM, GP
- Ms Judi Wicking, asthma educator



NAC Staff at the NAC Media Awards

Personnel

Staff

- Ms Kristine Whorlow
Chief Executive Officer
- Ms Rhonda Cleveland
Operations Manager
- Ms Siobhan Brophy
Communications Manager
- Ms Judi Wicking
Project Manager
- Ms Melissa Bell
Senior Program Coordinator
- Ms Miriam Hagan
Communications Project Officer
- Ms Leanne Koster
Project Officer
- Ms Alison Coalby
Executive Assistant
- Ms Jessica Groom
Administration Officer (from October 2010)
- Ms Sarah McKendrick
Administration Officer (until October 2010)

Consultants

- Catalyst International Pty Ltd
Mr John Skinner
Ms Janice Shadbolt
- Evolution7
Mr Mack Nevill
Ms Lucy Lloyd
- Impagination
Mr Jeff Grainger
Ms Suzanne Grainger
- Meducation
Ms Jenni Harman
- Ogilvy Public Relations Worldwide
Ms Kelly Ward
Ms Cathy Palfreyman
- Red Edge Solutions Pty Ltd
Ms Jo Burrows

Supporters



Acknowledgments

The NAC is able to carry out our important work thanks to the generosity of our sponsors and supporters. The Australian Government Department of Health and Ageing continues to provide invaluable backing for our GP and Allied Health Professional Asthma and Respiratory Education Program (GPAHPAREP) under the Department's Asthma Management Program 2009–2013.

We thank the Department for their ongoing support of the NAC and asthma management more widely.

Our sponsors from the pharmaceutical and spirometry industry are important allies in spreading the best-practice respiratory management message. We were able to develop many of our latest resources as a result of unrestricted educational grants from these companies and we look forward to their continued support.

We are also grateful to our many Sensitive Choice® Partners who continue to raise awareness of asthma in the community and support our important educational activities.

Finally, we extend our thanks to the many tireless health professionals who help us in all facets of our work. You truly are the cornerstone of the NAC.

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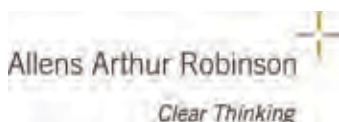
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Is your nose making your asthma worse?



An itchy, runny or blocked nose due to allergies can make your asthma harder to control.

If this sounds like you, talk to your doctor or pharmacist.

Development of this resource was supported by an unrestricted educational grant from MSD.



www.NationalAsthma.org.au