Updated Interactive Asthma Action Plan (iAAP)

The MDH Asthma Program is pleased to announce the availability of the new Interactive Asthma Action Plan (iAAP). It can be found online at www.Asthma-iAAP.com.

The iAAP is a clinical decision support tool for prescribing clinicians. The iAAP program reflects the many assessment diagrams and treatment plan step options defined in the NIH, EPR-3 Asthma Guidelines. These algorithms have been incorporated into a user friendly computerized program that takes the prescribing clinician through an interactive, step by step assessment, treatment and prescribing process.

The outcome is a patient specific printed asthma action plan (AAP) which lists daily and rescue medications and specific steps to take when asthma symptoms are occurring.

The program also offers clinicians the opportunity to print the following documents:
- Triggers Control sheet (English or Spanish)
- Consent to Share Asthma Information (English or Spanish)
- Prescription of asthma medications

IAAP featured on Fox 9 News Morning Buzz

Most people will get two or more chronic conditions like asthma, diabetes, heart disease, arthritis, stroke, cancer, osteoporosis, or depression during their lives. The choices people make in how they care for themselves and live their lives can make a real difference in how their chronic conditions affect them.

The Chronic Disease Self-Management Program (CDSMP) is an evidence-based self management program developed by Stanford University in 1996 to help individuals manage their chronic diseases. The Centers for Disease Control and Prevention in partnership with the National Council on Aging, recently conducted a review of CDSMP outcomes from thirteen studies. The review found that there is strong evidence across studies that CDSMP has a beneficial effect on physical and emotional outcomes, and health-related quality of life. The CDSMP Program consistently results in greater energy, reduced fatigue, more exercise, fewer social role limitations, better psychological well-being, enhanced partnerships with physicians, improved health status and greater self-efficacy.

Minnesota’s CDSMP program, Living Well with Chronic Conditions, is available in many communities. Most participants are adults, and about 15% of participants listed asthma as one of their chronic conditions. The program is six weeks long and consists of weekly workshops. Meetings are held in community settings such as senior centers, churches, libraries and hospitals. Participants learn practical skills that will help them appropriately use medications, reduce pain, stress and fatigue, be more physically active, eat healthier, work with their health care team, make decisions about their health care and feel better about life. Most importantly, individually and together, participants will gain confidence, motivation and find the practical solutions they need to manage the challenges of living with a chronic health condition.

The program is taught by specially trained volunteer leaders, some who have health conditions themselves. It covers a new topic each week and provides opportunities for interaction and group problem solving. Participants choose their own goals and track their progress toward success. For individuals with conditions the Living Well with Chronic Conditions workshop can help them take charge of their life.

To learn more about the Living Well with Chronic Conditions go to [http://www.mnhealthyaging.org/en/SMCC/CDSMP.aspx](http://www.mnhealthyaging.org/en/SMCC/CDSMP.aspx)

If you are interested in implementing these classes in your community, becoming a class leader or participating in a class contact the Minnesota Department of Health’s Healthy Aging Program at health.aging@state.mn.us

### Asthma Management Steps Taken by Adults with Asthma in Minnesota

According to the National Heart, Lung, and Blood Institute’s asthma guidelines, the goals of asthma management include the prevention of recurring asthma symptoms and exacerbations and the maintenance of normal levels of physical activity. Data from the 2008 Minnesota Behavioral Risk Factor Surveillance System (BRFSS) survey provide information on steps taken by Minnesota adults with asthma to manage their asthma.

Among Minnesota adults with current asthma

**Routine checkups for asthma**
54.4% report having seen a doctor or other health professional at least once in the past year for a routine asthma checkup

**Asthma Action Plans**
35.9% report that their doctor or other health professional has ever given them an asthma action plan

**Use of Spacers**
30.9% report using spacers with their prescription inhalers [that require spacers]

**Flu Vaccines**
54.7% report getting a flu shot in the past year

Continued on page 3
Medication Use by Minnesota Adults with Asthma

### Use of Preventive Medication by Minnesota Adults with Asthma, 2008

- **35.1%** use medication every day.
- **5.1%** use medication 8-29 days.
- **17.3%** use medication 1-7 days.
- **42.5%** do not use medication at all.

This question asked individuals with asthma about their use of inhaled long-term control medication. It is possible that some portion of respondents also reported about use of quick relievers, especially prior to exercise.

### Use of Quick Reliever Medication by Minnesota Adults with Asthma, 2008

- **60.9%** use medication never.
- **28.4%** use medication 1-4 times.
- **4.2%** use medication 5-14 times.
- **6.5%** use medication 15 or more times.

This question asked about the use of inhaled quick reliever medication to relax the muscles around the airways during an asthma attack. Frequent use of quick relievers is an indication of the lack of asthma control.

Source: Minnesota BRFSS

---

**Updated MDH Asthma Factsheet**

MDH has updated its asthma data factsheet, *Asthma in Minnesota, Spring 2010*. The updated factsheet can be found at [http://www.health.state.mn.us/asthma/Research.html](http://www.health.state.mn.us/asthma/Research.html)

**Coming Soon**

**New MDH Asthma Data Slide Set**

This slide set provides a cross section of recent data on asthma in Minnesota. It has been developed as a resource for our partners in the asthma community. If you extract slides from this presentation, please reference the MDH Asthma Program.
The U.S. Food and Drug Administration (FDA) has approved the first medical device that uses radiofrequency energy to treat severe and persistent asthma in certain adults. The Alair Bronchial Thermoplasty System is intended for patients ages 18 and older whose severe and persistent asthma is not well controlled with inhaled corticosteroids and long-acting beta agonist medications. The device is composed of a catheter with an electrode tip that delivers a form of electromagnetic energy, called radiofrequency energy, directly to the airways. A controller unit generates and controls the energy.

Inflammation causes the airways of people who have asthma to swell and narrow, making breathing difficult. The Alair system treats asthma symptoms by using radiofrequency energy to heat the lung tissue in a controlled manner, reducing the thickness of smooth muscle in the airways and improving a patient’s ability to breathe. To benefit, patients will require multiple sessions targeting different areas in the lungs.

“The approval of the Alair system provides adult patients suffering from severe and persistent asthma with an additional treatment option for a disease that is often difficult to manage,” said Jeffrey Shuren, M.D., J.D., director of the FDA’s Center for Devices and Radiological Health.

The FDA based its approval on data from a clinical trial of 297 patients with severe and persistent asthma. The trial showed a reduction of severe asthma attacks with use of the Alair system. The FDA is requiring a five-year post-approval study of the device to study its long-term safety and effectiveness. The device manufacturer, Asthmatx, will follow many of the patients who were enrolled in the clinical trial and enroll 300 new patients at several medical centers across the United States.

Possible side effects during the course of treatment may include asthma attacks, wheezing, chest tightness or pain, partially collapsed lung (atelectasis), coughing up blood (hemoptysis), anxiety, headaches, and nausea. The Alair system is designed to reduce the number of severe asthma attacks on a long-term basis. However, there is a risk of immediate asthma attacks during the course of the treatment.

The Alair system is not for use in asthma patients with a pacemaker, internal defibrillator, or other implantable electronic device. Also, those patients with known sensitivities to lidocaine, atropine, or benzodiazepines should not use the device. Alair has not been studied for success in retreatment of the same area of the lung. Currently, patients should not be retreated with the Alair system in the same area of the lung.

Asthma patients considering the Alair system should not be treated while the following conditions are present: an active respiratory infection, coagulopathy (bleeding disorder), asthma exacerbations, or if they have had changes to their corticosteroid regimen 14 days before the proposed treatment.

To read the full news release link to:
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm209909.htm?sms_ss=email

---

**iAAP cont. from page 1**

The iAAP program is available in four versions

1. Web based (kiosk) - which doesn’t maintain any data after the window is closed.

2. Desktop (for smaller offices) - downloadable and maintains data.

3. Network (for large facilities allowing access across multiple clinic sites via a VPN or intranet) - downloadable and maintains data.

4. Electronic health record (E.H.R) compatible - allows the exchange of information to and from the iAAP program. Downloadable and maintains data.

All versions are free for use and/or download and can be accessed at [www.Asthma-iAAP.com](http://www.Asthma-iAAP.com).

The Triggers Control sheet, Consent to Share Asthma Information, and blank Asthma Action Plans for children and adults can be found at the iAAP website under the Resources page.

Information on download requirements for your computer or network server are provided on the technical specifications page. Please contact Susan Ross at Susan.Ross@state.mn.us or 651-201-5629 if you have questions.
Seven Inhalers That Use CFCs Being Phased Out

(excerpts from FDA news release [http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm207864.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm207864.htm))

On April 13, 2010, the Food and Drug Administration (FDA) announced that seven metered-dose inhalers that contain chlorofluorocarbons (CFCs) are being phased out in the United States.

These inhalers use CFCs as propellants to spray the medicine out of the inhaler so patients can breathe the medicine into their lungs. The seven CFC inhalers are used for the treatment of asthma or chronic obstructive pulmonary disease (COPD) or both. Both diseases cause a decrease in air flow to the lungs.

Which CFC inhalers are being phased out, and when?

Dates for the phase-out of each CFC inhaler have been set. After those dates, these CFC inhalers cannot be made, dispensed, or sold in the United States.

The seven CFC inhalers are listed here by their brand names, along with their manufacturers and the last date they can be sold in the United States.

- **Tilade Inhaler (nedocromil)**, made by King Pharmaceuticals, last date for sale: June 14, 2010
- **Alupent Inhalation Aerosol (metaproterenol)**, made by Boehringer Ingelheim Pharmaceuticals, last date for sale: June 14, 2010
- **Azmacort Inhalation Aerosol (triamcinolone)**, made by Abbott Laboratories, last date for sale: Dec. 31, 2010
- **Intal Inhaler (cromolyn)**, made by King Pharmaceuticals, last date for sale: Dec. 31, 2010
- **Aerobid Inhaler System (flunisolide)**, made by Forest Laboratories, last date for sale: June 30, 2011
- **Combivent Inhalation Aerosol (albuterol and ipratropium in combination)**, made by Boehringer Ingelheim Pharmaceuticals, last date for sale: Dec. 31, 2013
- **Maxair Autohaler (pirbuterol)**, made by Graceway Pharmaceuticals, last date for sale: Dec. 31, 2013

Four of the seven CFC inhalers are no longer being made. Three CFC inhalers currently in use, Aerobid, Combivent, and Maxair, will be phased out over the next one to three years. These later phase-out dates give patients time to talk with their health care professionals and switch to another medicine.

What should I do if I use one of the seven CFC inhalers being phased out?

If you use one of these CFC inhalers, talk with your health care professional and switch to a medicine that does not contain CFCs. You cannot be sure how long you will be able to buy your CFC inhaler because manufacturers may stop making them before the last day they can be sold. If you have an inhaler after the last day the inhaler can be sold, you may continue to use it.

What other medicines can I use for my asthma or COPD?

There are many other inhalers available in the United States that don’t contain CFCs. Talk to your health care professional to decide which one is right for you.

To see some of the FDA-approved treatments for asthma and COPD, visit the FDA Web page [http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm082370.htm](http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm082370.htm)

How can I find out more about the phase-out?

For more information about the phase-out of these seven CFC inhalers, and other CFC inhalers that already have been phased out, visit the FDA website page [http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm193896.htm](http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm193896.htm)

Next MAC Quarterly Meeting

**Date:** Thursday, July 15, 2010 at 8:00 am

**Speaker:** Dr Rich Hendershot, Allergist/Immunologist will be speaking on Asthma and Obesity.

**Location:** American Lung Association in Minnesota, 490 Concordia Ave., St Paul, MN
Training Opportunities

**School Indoor Air Quality (IAQ) Coordinator Certification Training**

The Minnesota Departments of Health (MDH) and Education (MDE) are hosting five IAQ Coordinator Certification Trainings this June and October. The training discusses IAQ in schools, how to identify problems, methods to improve IAQ, and implementing an IAQ Management Plan. After completion of the training, attendees will receive a certificate that qualifies attendees to serve as a school district’s IAQ Coordinator. School staff who attended a previous training (and have a certificate number) are not required to attend this training, but are welcome to attend.

This training is intended for public school districts that
- need a certified IAQ Coordinator,
- expect to lose their current IAQ Coordinator, or
- would like a second person to serve as IAQ Coordinator.

Non-public and charter school staff, service providers, health professionals, and others are also welcome to attend.

**Where and When:**
- Bemidji: Tuesday, June 22, 2010
  10:00 am – 2:00 pm
- Marshall: Wednesday, June 23, 2010
  10:00 am - 2:00 pm
- St. Paul: Friday, June 25, 2010
  8:30 am - noon
- Mankato: Wednesday, June 30, 2010
  10:00 am - 2:00 pm
- St. Paul: Thursday, October 28, 2010
  8:30 am - noon

For more information or to register for one of the classes, contact Tina Leland at 651-201-4540 or tina.leland@state.mn.us

---

**University of Minnesota**

**School of Public Health**

**Midwest Center for Occupational Health and Safety**

For more information or to register online for any of the courses listed below, go to [http://www.sph.umn.edu/ce/mcohs/](http://www.sph.umn.edu/ce/mcohs/)

**Hands-On Indoor Air Quality Assessment: A Practical Approach to Investigation, Sampling, and Reporting**

**When:** September 28, 2010, 7:30 am- 4:30 pm
For more information, go to [http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9494](http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9494)

**NIOSH Approved Spirometry Training**

**When:** October 11-12, 2010, 8:00 am -5:00 pm
For more information, go to [http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9120](http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9120)

**NIOSH-Approved Spirometry Refresher**

**When:** October 18, 2010, 8:00 am - 5:00 pm
For more information, go to [http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9119](http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9119)

---

**New National Childhood Asthma Media Campaign**

The Advertising Council, in partnership with the U.S. Environmental Protection Agency (EPA), has launched a new series of Public Service Announcements (PSAs) designed to inform parents and caretakers of children living with asthma that serious asthma attacks can be prevented and to motivate families to learn how to take action. The new television, radio and web PSAs (available in English and Spanish) provide new and simple actions to limit environmental asthma risk factors. To preview the ads and for ordering information visit: [http://epapsa.com/](http://epapsa.com/)
As part of its ongoing participation with a University of Minnesota study of respiratory health issues in Minnesota taconite workers, the Minnesota Department of Health (MDH) has identified four additional cases of mesothelioma in a group of 69,000 people who worked in the state’s iron mining industry between the 1930s and 1982.

Mesothelioma is a rare, fatal form of cancer seen almost exclusively in people who have been exposed to asbestos. Health officials say it’s not surprising to see additional reports of the illness among the miners, since it can take as long as 40 or 50 years to develop mesothelioma following exposure to asbestos. They expected to find additional cases as the Minnesota Taconite Workers Health Study proceeds.

The four new cases bring the total number of workers diagnosed to 63. MDH officials learned about the new cases as they reviewed information about the workers from the Minnesota Cancer Surveillance System (MCSS). The new data are part of the entire cancer profile of taconite miners that will be used by researchers at the University of Minnesota School of Public Health who are conducting the Minnesota Taconite Workers Health Study – a legislatively authorized and funded study signed into law in 2008 by Governor Pawlenty.

“It is important that we find answers to the many long-standing questions about the relationship between taconite mining and respiratory health,” said Minnesota Commissioner of Health Dr. Sanne Magnan. “The Minnesota Department of Health will continue working with the University of Minnesota to complete this important research.”

Previously, MDH conducted a study of mesothelioma in the miners after 17 of them were diagnosed with the rare illness. That study was completed in 2003. Forty-two more cases were subsequently identified, bringing the total to 59, before the Minnesota Taconite Workers Health Study began and the four additional cases were identified. The 2003 study was the first to ever conclusively document the occurrence of mesothelioma in Minnesota mine workers. However, the earlier study was not designed to look at potential exposure of the workers to taconite dust.

For more information about the Minnesota Taconite Workers Health Study, visit http://taconiteworkers.umn.edu/.
BREATHING SPACE, a quarterly respiratory disease newsletter, is produced by the Minnesota Department of Health Asthma Program. The purpose of this newsletter is to provide health professionals, school nurses, and community members with current research, information, and resources on respiratory disease.

This newsletter is supported by Grant/Cooperative Agreement #1U59EH000498-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Questions about lung health?
Call 1-800-548-8252
American Lung Association Call Center

MDH Asthma Staff Contact Information:
Asthma Program Telephone Number: 651-201-5909
Toll Free Number: 1-877-925-4189
Asthma Web Site: http://www.health.state.mn.us/asthma/

Andrea Baeder, 651-201-5896, email: Andrea.Baeder@state.mn.us
Wendy Brunner, 651-201-5895, email: Wendy.Brunner@state.mn.us
Erica Fishman, 651-201-5899, email: Erica.Fishman@state.mn.us
Janet Keysser, 651-201-5691, email: Janet.Keysser@state.mn.us
Laura Oatman, 651-201-5914, email: Laura.Oatman@state.mn.us
Susan Ross, 651-201-5629, email: Susan.Ross@state.mn.us
Janis Smith, 651-201-5909, email: Janis.Smith@state.mn.us