

Breath of life

Asthma is so well known to Māori, we have four words for it. *Mana* looks at why this condition has been so prevalent for so long.

THE WORD 'ASTHMA' was coined by the ancient Greeks but, linguistically, Māori are more prolific when it comes to their descriptors for the condition. There are four words for asthma in te reo and, according to Professor John Moorfield of The National Māori Language Institute none of them are 'loaned' from another language. They pre-date European arrival which means the disease was already wheezing through the country before Cook made his first boot-print on Northland soil.

Huango is the most commonly used word but there's also *kume*, *kumi* and *ngoio*. Whichever way you call it, asthma was, and still is, a significant player in Māori health stakes. Associate Professor Jeff Garrett is Clinical Director of medicine at Middlemore Hospital where he is on the front line of asthma treatment. He believes there's little point in repeating the message that more Māori than other New Zealanders are likely to front up at emergency departments with the condition, or that they'll need to take more time off work or school. Using the statistics as a sledgehammer is not his approach.

Rather he points out that, of those admitted to hospital with asthma, only 30 percent remain on appropriate medication subsequent to discharge and likely, as a consequence 20-30 per cent end up back in the wards. "The information suggests that many patients are not visiting their doctor for review and to pick up further scripts for their preventive medication."

DID YOU KNOW?

Traditional healers crushed the dried leaves of *kūmarahou* (gumdigger's soap) and mixed them with water or ethyl alcohol to create an infusion to treat asthma symptoms.

"SOME PEOPLE LABELLED AS ASTHMATIC SIMPLY HAVEN'T GOT IT. THE INHALER THEY'VE BEEN PRESCRIBED DOESN'T WORK—NO WONDER THEY TOSS IT AWAY."

In so saying, Garrett is not laying the blame squarely at the feet of those admitted to hospital. One third have very difficult-to-manage asthma despite everyone's best efforts. In Garrett's experience, though, about a third have major stressors in their lives and have symptoms of anxiety or depression which, when left untreated, contribute to ongoing asthma problems.

Another issue encountered is the misdiagnosis of asthma. "Some people labelled as asthmatic simply haven't got it. The inhaler they've been prescribed doesn't work—no wonder they toss it away."

Why is this? Because the definition of asthma needs tightening, argues Garrett. Not everyone with a wheeze or chest tightness is asthmatic. It's important, he says, to be able to identify the type of inflammatory cells present that are causing redness and swelling in the airways.

At the New Zealand Respiratory and Sleep Institute (NZRSI), a private clinic,

where Garrett also consults, they take a more in-depth approach to the diagnosis. "Since the late 1990s, research undertaken by ourselves and others internationally has revealed the importance of accurately identifying which inflammatory cells are present and which allows us to target therapy." The NZRSI have established this test in clinical practice. If eosinophils are present we need to use inhaled steroids and we can adjust the dose to ensure good control. Conversely if neutrophils are present they more usually reflect infection. In this setting the use of steroids will often make things worse and the patient should instead be placed on a course of antibiotics.

While this 'gold standard' test is not available to everyone, Garrett's research team have discovered that a straightforward blood test is a reasonable alternative. He is involved in creating a simple step-by-step pathway for GPs in order to guide treatment better for a range of breathing disorders. If inhalers are required, the pathway allows

video links to teach inhaler techniques and self-management plans to be printed (up to 25 per cent of people don't use their inhalers properly and thus fail to gain full advantage from treatment).

When the asthma type is more exactly determined, it can be more diligently managed and future lexicographers may find the need for four separate words to describe the disease simply dissipates into the stuff of memory.

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