New Zealand Respiratory Conference

Today's Research, Tomorrow's Practice.
Auckland
24 & 25 November 2016

Graphic Recordings
By Drawn Together www.drawntogether.net
Linda Gilbert
Jana Lyn-Holly
Mary Brake

Day One

Thursday 24 November 2016

INTRODUCTION

M.C.
CHRIS LAM SAM

WE ARE ALL HERE TO SAVE LIVES

GETTING KNOWLEDGE FROM OUR GUESTS

OPENING

MIHI WHAKATAU

WE ARE ONE PEOPLE

HASHTAG #NZRC

SHARING OUR KNOWLEDGE

WELCOME

NZRC

ISSAC LUKE

FAMILY MAN

RESPIRATORY FOUNDATION AMBASSADOR

RUGBY LEAGUE STAR

USING MY RUGBY PROFILE TO RAISE AWARENESS

MY SOCIAL MEDIA FOLLOWING

AMAZING RESPONSE

SPREADING THE WORD

LEARNING TO DEAL WITH RESPIRATORY ISSUES

FAMILY

SPORTS

SHARING STORIES.....
TRAINING SCENARIOS...

HOW TO BE MENTALLY TOUGH.....

CURRENTLY.....
VODAFONE WARRIORS BROUGHT ME BACK TO N.Z.

LEARNING TO BREATHE!

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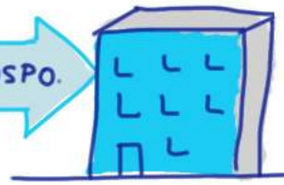
GENETICS + THE IMMUNE SYSTEM

DR. DAVID MARTINO

#NZRC

MURDOCH CHILDREN'S HOSPO.



- TH2 GENES
- WHAT WE KNOW + DON'T
- NEW INSIGHTS

EVOLVED
- TH2 IMMUNE RESPONSE
- TH1 IMMUNE RESPONSE = AUTO IMMUNITY

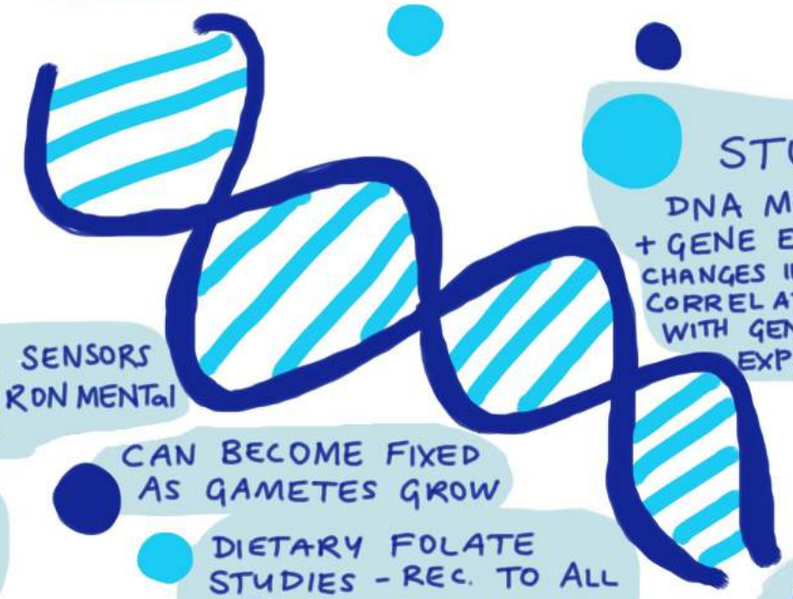
+ CO-RELATIONS WITH PATHOGEN LOADS + ALLELIC DIVERSITY
EVIDENCE (2010)

ALLERGY GENES + PARASITE PREVALENCE -
- OUR GENES THAT SERVED US WELL ARE NOW OUT OF KILTER WITH OUR ENVIRONMENT

- GENOME
  - WHO WE ARE
  - WHERE WE ARE
  - WHERE WE'VE BEEN

COELIAC DISEASE
SHOWS MULTI-GENE DATA + DEV. THE TOTAL GENETIC RISK MAY BE DIAGNOSTICALLY SIGNIF.

- BIOLOG. SENSORS OF ENVIRONMENTal STIMULI
- ALLERGY GENES - SUGGEST ONLY EXPLAIN V. SMALL INCREASE OF RISK DOESN'T MEAN THEY WILL DEF. GET A PARTIC. DISEASE - OUTCOME OF EQUATION ALSO DEPENDS ON THE ENVIRONMENT.



- CAN BECOME FIXED AS GAMETES GROW
- DIETARY FOLATE STUDIES - REC. TO ALL ♀♂ IN AUSTRALIA BUFFERS BABY

STUDY:
DNA METHYLATION + GENE EXPRESSION CHANGES IN METHYLATION CORRELATES WITH GENE EXPRESSION

POPULATION DIFFERENCES - 5,500 CHILDREN - SKIN PRICKS
+= ORAL FOOD CHALLENGES (+ CONTROLS)
2 MAJOR CLUSTERS
- EURO
- ASIAN

HEALTH NUT STUDY

2-3 X HIGHER RATES THAN OTHERS COULDN'T BE EXPLAINED BY ENVIRONMT ALONE

- PHD. STUDENT
  SPNK 5 STUDY GROUP OF SNIPS INHERITED - MODIFY GENE EXPRESSION
- CHALLENGE TO PREDICT THE RISK GIVEN THESE VARIABLES
- HEALTHNUT GWAS PEANUT ALLERGY
  INFERRED ANCESTOR GENETICALLY - RISK AMINO ACID VARIANT...
  CHROMOSOME 6
- WE THINK THERE ARE SPECIFIC FACTORS THAT PROTECT ASIAN POP. IN THEIR HOMELAND. WHEN THEY MIGRATE - UNCOVERS THE RISK
- THOUSANDS OF GENES UNDERPIN GENETIC EXPRESSION + ALIGN TO DIFF. ETHNICITIES
- 7 DIFF. INFLAMMATORY DISEASES UNDER PIN THIS
- PHD STUDENT INVEST. ASIAN PROPENSITY TO FOOD ALLERGIES

DRAWN TOGETHER

ROLE of ENVIRONMENT

PROF. JEROEN DOUWES

WHY DO SOME COUNTRIES HAVE MORE ASTHMA & ALLERGIES

DISEL PARTICLES
RISK FACTORS
AIR BORNE
DUST MITES
ETC

NEW ZEALAND HIGH ASTHMA

MULTIPLE FACTORS

RAW MILK HELP POTENTIAL IN GENERAL POPULATION

TIME REQUIRED TO FURTHER STUDY

EG: EFFECTS OF CLIMATE CHANGE

EG- FLOODING INCREASE DAMP HOMES

STUDY
DAMP HOUSE & RESPIRATORY ISAAC PHASE II

RAW MILK

HIGH EXPOSURE TO WHEY PROTEINS

3 OMEGA FATTY ACIDS

PRELIMINARY STUDY

RAW MILK IN URBAN POPULATION

PEOPLE W/ ASTHMA
LESSER DIVERSITY OF 'BUGS' IN AIRWAY- MORE DIVERSITY IN GUT

IMMUNE SYSTEM NOT STATIC

PRE-NATAL IMPORTANT, TOO

PROTECTIVE EFFECT

MICROBIAL LOAD HELPS DAMPEN DOWN IMMUNE RESPONSES

EXPOSURE TO INFECTION EG: DAYCARE REDUCES RISK

ENDO-TOXIN EXPOSURE...

IMPROVE LUNG CAPACITY

IF YOU GREW UP ON A FARM- LESS LIKELY TO DEVELOP ALLERGIES

EXPOSURE TO FUNGI & BACTERIA HIGHER DIVERSITY

STUDY NETHERLANDS

PIAMA BIRTH COHORT INTERVENTION

RESULTS.....

NO ASSOCIATION
HOUSE DUST MITES — ASTHMA

EXPOSURE EARLY IN LIFE REDUCES RISK LATER IN LIFE

WHEEZING AT AN EARLY AGE NOT NECESSARILY ASTHMA

HAVING A PET IN HOME MAY IMPROVE IMMUNITY

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Questions + Discussion

26% RISK OF FOOD ALLERGIES IN CHILDREN V. HIGH GIVE KIDS AN EXPERIMENTAL TREATMENT OF HELMINTHS

PROBIOTICS? ANY NEW EVIDENCE ABOUT USE OR NOT?

RAW MILK QUESTION

VERY EARLY DAYS - WE HAVE A CONTROL GROUP = NO MILK

WE'RE WORKING WITH S.E. ASIAN GROUP ON THIS - LOOKING AT GENETIC DISPOSITION AS WELL

FOECAL MICROBIAL TRANSPLANTS ARE NOW BEING USED

ANY FEELING RE. ANTIBIOTICS AS CAUSATION?

WHAT ABOUT 2ND HAND ?

PATERNAL SMOKING STUDY - LOOKS LIKE CAN CAUSE WHEEZING IN ADOLESCENCE BUT V. EARLY DAYS FOR THIS

WE DON'T HAVE TOOLS TO LOOK @ BABIES YET - AIRWAY MICRO-BIOME - SOMETHING FOR FUTURE

NOW USING MUM'S MICRO-BIOME FOR CAESAREAN BIRTHS - BUILDING SOME EVIDENCE

WELLINGTON STUDY - 1 FOR REDUCING RISK FOR ECZMA - BUT NOT YET CONCLUSIVE

DUST MITES PUT COVERS ON MATTRESSES?

NO - WE NOW THINK SOME PRESENCE MAY BE OK - eg. WE HAVE NOW CHANGED ADVICE ON PET HAIR

WE KNOW HIGH EXPOSURE OF SOME CAN ACTUALLY HELP.

EARLY LIFE EXPOSURE TO FARM LIFE = REDUCED RISK? BUT WHAT OF BAD PATHOGENS?

CLIMATE CHANGE?

ITALIAN STUDY - WEATHER CHANGES = CONCERN IT WILL INCREASE RESPIRATORY PROBLEMS

WE NEED MICROBIAL LOAD TO DAMPEN DOWN OUR RESPONSES - MOULDS + FUNGI'S CAN BE GOOD + BAD

DRAWN TOGETHER

CHILD ASTHMA GUIDELINES

SIX SECTIONS

GOAL

AIMING FOR EQUITY OF OUTCOMES

2019 UPDATE

UNDER 15's BIG NUMBERS IN NZ HOSPITALS — AGE

MAORI & PASIFIKA BIG NUMBERS IN NZ HOSPITALS — ETHNICITY

PROF. INNES ASHER

PAEDIATRICS UNIVERSITY AUCKLAND

NOT ALL WHEEZY KIDS HAVE ASTHMA

* INFREQUENT PRE-SCHOOL WHEEZE LABEL

* PRE-SCHOOL ASTHMA
TREAT 'AS ASTHMA'
NOT NECESSARILY BECOME ASTHMATIC

* STEPWISE 5-15 YRS.

(x) ADOLESCENTS WITH ASTHMA

TOP 10 WAYS HEALTH PROFESSIONALS CAN HELP

...OTHER THAN DRUG INTERVENTION

RELATIONSHIPS
WELLNESS
SMOKE EXPOSURE
HOUSING
INCOME
HEALTH LITERACY
ADHERENCE
ACTION PLAN
ACCESS
AMBULANCE

RECOMMENDED READING

MAORI HEALTH LITERACY 2015

NATIONAL RESPIRATORY STRATEGY

GINA
ASTHMA SYMPTOM CONTROL

* GETTING IT RIGHT FOR MAORI CHILDREN

* GETTING IT RIGHT FOR PASIFIKA CHILDREN

KIDS ARE THE CENTRE OF THE FAMILY

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VITAMIN D

DOES IT HELP OUR CHILDREN?

DR. CAMERON GRANT

WHAT I WILL DISCUSS:

- RECOGNITION OF VIT. D. DEFIENCY AS A GLOBAL ISSUE
- WHY VIT. D. IS ^ POORER IN NZ
- DEMONSTRATE HOW ITS A DETERMINANT OF RESP. DISEASE

VIT. D. DEFICIENCY = RICKETS (WAS ONCE FASHIONABLE, THEN BECAME A DISEASE OF POVERTY)

VIT. D. (RICKETS + ASTHMA) GOOD FOR PACIFIC; MĀORI + OTHER NON-EURO CHILDREN

RESULTS - NO SIG. DIFFERENCE IN CHCH; SEE SLIDE

RANDOMISED 2 PLACEBO CONTROLLED TRIALS: CHCH + AUCK.

HIGH BOLUS DOSE = NO EFFECT

EVIDENCE: VIT. D + REDUCTION = MODEST PROTECTIVE EFFECT FOR EVERYONE

PNEUMONIA LINK TO VIT. D IT'S A MODULATOR OF THE IMMUNE SYSTEM

FORTIFICATION VARIES ACROSS THE WORLD

4X HIGHER RISK HERE THAN IN THE U.S.

• SUNSHINE • OLIVE OIL • CURE

BUT 1960's — 1980's IT RAISED ITS UGLY HEAD AGAIN... AFRO/AMERICAN WOMEN BREAST FED + STAYED INDOORS, IT WAS SO DANGEROUS.

83% ♀ PREGNANT / 54% NEW BORNS IN OUR REGION DEFICIENT

• 90% VIT D COMES FROM

• LOTS OF

BUT ALSO LOTS OF SKIN CANCER - SO A SUN AVOIDANCE POLICY WHICH DOESN'T HELP...

NZ HAS A VERY LOW VIT. D INTAKE = HIGH PREV. OF DEFICIENCY IN AOTEAROA

DRAWN TOGETHER

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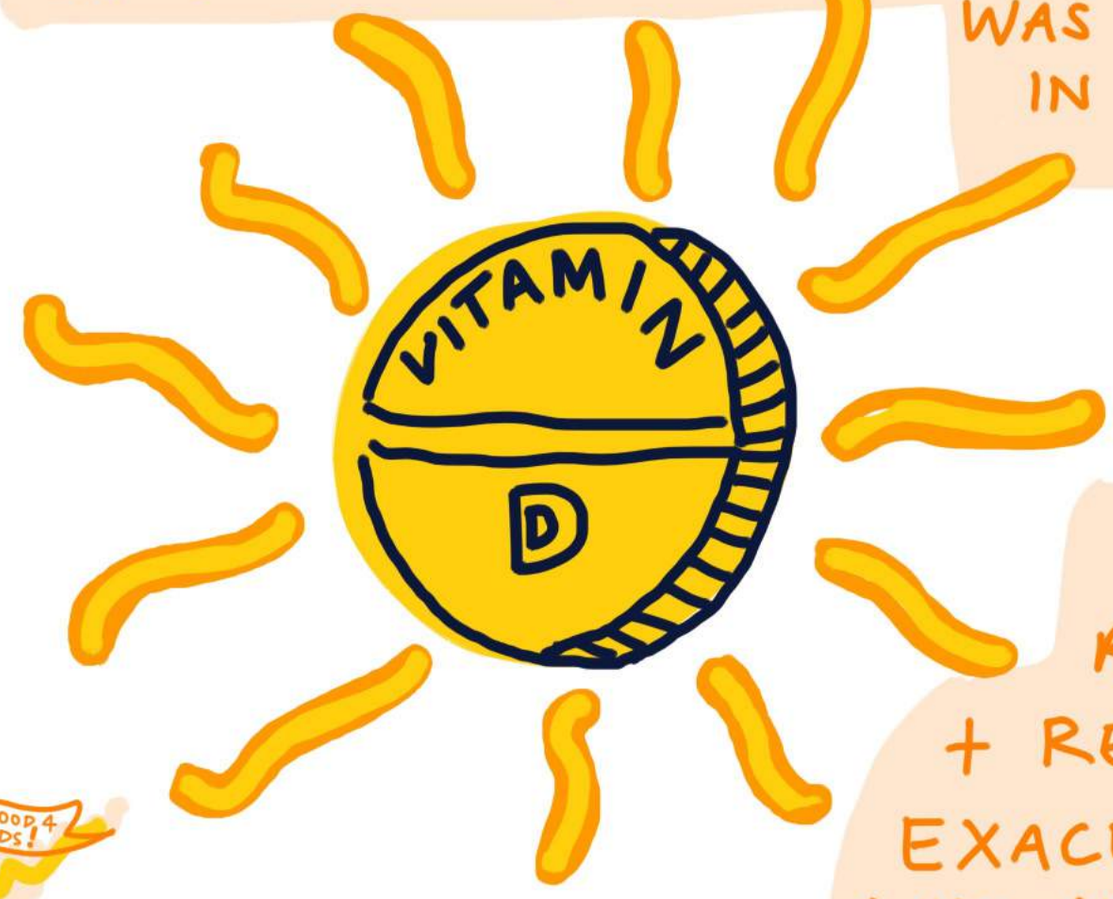
VITAMIN D
DOES IT HELP OUR CHILDREN?

DR. CAMERON GRANT

ANALYSED ALL PRIMARY CARE RECORDS TOO FOR RESP. TYPE SYMPTOMS

ONLY DIFF. WAS THE PROPORTION OF THOSE DIAGNOSED WITH ASTHMA WAS LOWER IN KIDS IN OUR TRIAL



RESULTS SHOW REDUCTION IN ASTHMA EXACERBATION

VIT. D SUPPLEMENTS REDUCES ASTHMA RELATED VISITS TO DR.
+ REDUCES/PREVENTS EXACERBATIONS IN THOSE WHO ARE ALREADY DIAGNOSED

IT'S SIMPLE, CHEAP + UNIQUELY POSITIONED TO REDUCE ETHNIC INEQUITIES

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GRAPHIC RECORDING
www.drawntogether.net

SESSION TWO DISCUSSION

...THANKS, DR. CAMERON GRANT

HEART DISEASE & VITA D ?

PROJECT BEING RUN IN AUCKLAND T.B.A.

ETHNICITY INTERESTING ? QUESTION....!

SOME PEOPLE NEED LESS VITA D

EG: VITA D TOO HIGH CREATES RISKS

WHAT DOSE OF VITA D ?

SOME CHILDREN NEED MORE/OR LESS

EG: 5,000 UNITS PER WEEK UNDER 2s HOSPITALISED

REDUCING ASTHMA RATES IN NZ ?

NZ STARTED WITH A GROUP PRE-DISPOSED TO ASTHMA (EG: COLD DAMP COUNTRIES)

VITA D BLOOD TESTS NOT PARTICULARLY RELIABLE...

PREFER KIDS ARE OUTSIDE MORE

"SOLAR X BOX" ? PERHAPS !

H.D.A. EXPENSE OF VITA D. BLOOD TEST.... WHY $45. ? (MARKET RATE) ?

...DON'T DO BLOOD TESTS...
SUPPLIMENT PREGNANT WOMEN

IMMUNE FORTIFICATION BEFORE BIRTH....

IMPROVE CHILD TREATMENT

HOW DO WE CHANGE POLICY ?

IDEAL... FREE SUPPLIMENTS

APPROACH NEEDS RE-CONSIDERATION

WASTE OF TIME DOING RESEARCH! WITH NO PLACEBO? EFFECTS..!

NZ UNIQUELY POSITIONED

ASTHMA

CLINICANS — BUILDING RAPPORT

STRATEGISING TOGETHER — NON-PARENTAL MEETING

BIOLOGICAL & SOCIAL DRIVERS

TEENAGERS

DR. TERRY FLEMING

HEY CLINICAN

HINT: GIVE TEENAGERS **T I M E**

NEURO-TRANSMITTERS

DOPAMINE RUSH OF ADOLESENCE

MOST OF US DON'T THINK LOGICALLY — CULTIVATE INTUITIVE DECISIONS

HINT: WE WANT TO LEARN FROM OUR OWN MISTAKES

HINT: MYELINATION NEURON GROWTH UNTIL 11 OR 12 YRS

"AH, DON'T EMBARASS ME"..

"COLD COGNITION" : YES I'LL DO THAT" (COMPLIANT)

HEAT OF THE MOMENT — SENSITIVITY TO SOCIAL SETTING "DON'T NEED MY PUFFER"

BEHAVIOUR CHANGES FROM 5 YR. TO 15 YR. OLD ASTHMATICS

"WHAT IT MEANS TO ME IS"..

HINT- ESTABLISH CONFIDENTIALITY

MEDICATION

TAKING RISKS... I VALUE CHALLENGE OVER CONSEQUENCE

BEING SAFE... GRADUATING RESPONSIBILITY OF DRUGS

HEY KIDS HERE'S THE GIST....

ASTHMA MEDICATION FREES YOU

HINT: TEENAGERS PERCEIVE **THREAT** MORE SO THAN ADULTS DO

HINT: COACHING MODEL

HINT- TEENAGERS MORE AT RISK OF DYING OF MENTAL HEALTH ISSUES

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COLLABORATION OF RONGOĀ MĀORI HEALING + MEDICAL HEALTH TREATMENT

DR. GLENIS MARK

- DEFINITIONS
- LITERATURE
- HEALERS
- PATIENTS
- COLLAB.N

- MIRI-MIRI MASSAGE
- KARIKIA - WAIRUA - KAWA KAWA LEAVES - MANUKA HONEY
- RHYS-JONES RESEARCH 16 YEARS AGO

- COLLAB. RESEARCH STEWART ET. AL. 2014
- IMPLEMENT IS WHAT THEY SAY

- 17 HEALERS IN MY PHD USING NARRATIVE + APPLYING MĀORI CULTURAL VALUES AS A FRAMEWORK

HEALERS VIEWS VARIED...
- SUPPORT
- AMBIVALENT
- OPPOSED

- 30 PATIENTS PHOTO-VOICE PICS OF MEDS, PLANTS

- STRONG SUPPORT FOR COLLABORATION
- MAJ. IN SUPPORT, BUT KEEP THEM SEPARATE

IS COLLABORATION POSSIBLE?

RESEARCH OPENS MORE QUESTIONS THAN IT ANSWERS!

ASTHMA - ALTERNATIVE TREATMENT
KUMARAHO GOOD TREATMENT

DIFFERENCES
- PHILOSOPHY
- CULTURAL VALUES BASED
- VALIDATING RESEARCH
- DR's SUSPICION OF RONGOĀ MĀORI

- BUT DR. GLENIS MARK IS COLLABORATING NOW, BASED ON HER OWN HEALTH ISSUES!

WESTERN MODEL + RONGOĀ MĀORI
- BOTH DIAGNOSE PATIENTS
- BOTH TREAT PATIENTS
- BOTH USE A VARIETY OF TREATMENTS

SIMILARITIES

DRAWN TOGETHER

JUMPING TO CONCLUSIONS IS NOT ACTUALLY EXERCISE

TRY THIS –

PLEASE EXPLAIN THE SYSTEMIC KNOWLEDGE OF RESPIRATORY ISSUES

USE REFLECTIVE PRACTICE

WE CAN WORK IT OUT

"TRY TO SEE IT MY WAY YOU CAN GET IT WRONG....."

(BEATLES SONG)

SUSAN REID (TE RARAWA)

HEALTH LITERACY NZ (WEB SITE TOO)

PATIENTS & WHANAU WANT TO BE LISTENED TO....

EVERY GOOD CONVERSATION... STARTS HERE

BELIEF IN A POSITIVE OUTCOME

MOVING FORWARD WITH CONFIDENCE TOGETHER

HEALTH LITERACY INVOLVES EVERYONE

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Questions + Discussion

WE NEED PATIENT'S TO ASK FOR THEIR NOTES – IT WOULD CHANGE HOW WE WRITE + THINK ABOUT OUR PATIENTS

THERE IS SOME RESEARCH HAPPENING IN HEALTH LIT. + ASTHMA WHICH IS GREAT

IS THERE A NEED FOR MORE RESEARCH IN THE AREAS OF:
- HEALTH LITERACY
- RONGOĀ MĀORI
- TEENS?

YES!

COMPLIMENTARY + ALT. MED. BECOMING A LOT MORE IMPORTANT IN SOME OTHER COUNTRIES IN NZ CHEMICAL PROPERTIES OF PLANTS BEING STUDIED

WE ARE REALLY TALKING ABOUT PERSON CENTRED CARE

PRIORITISING TEEN RESEARCH WOULD HELP

CONGRATULATIONS- THANKS FOR ASKING US TO ALL LOOK AT OUR OWN PRACTICES

ON THE COUCH WITH ROCHELLE, DR TERRY FLEMING, DR GLENIS MARK, SUSAN REID

THERE IS SO MUCH OPP. FOR COLLABORATION WITH OTHER INDIGENOUS PEOPLE

PATIENT MOUNTAIN

CLINICIANS NEED TO GO TO THE MOUNTAIN

LET'S CATCH PEOPLE DOING SOMETHING RIGHT

HEALTH LITERACY- IS THERE MUCH WORK FOR ASTHMA M'MENT PLANS TO HELP

WEES SOUNDS LIKE WHEEZE!

ADOLESCENTS NEED ASTHMA PLANS ON THEIR "" NOT ON THE FRIG.

SEE PAMP
PICTORIAL ASTHMA MANAGEMENT PLAN

BE CAREFUL HOW YOU DEFINE PEOPLE THEY ARE
FIRST - THEIR ASTHMA DOES NOT DEFINE THEM

ASTHMA NZ HAS AN APP. (SMART PH.)

TAKE A PHOTO OF THE WRITTEN PLAN

RESPIRATORY FOUNDATION IS DEVELOPING AN APP.

DRAWN TOGETHER
GRAPHIC RECORDING
WWW.DRAWNTOGETHER.NET

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LIVING WITH FOOD ALLERGIES

MOTHER

KIMBERLEY + MIKAYLA MADDEN-SNOAD

DAUGHTER (15)

REAL LIFE STORY

M was an eczma baby + I had to cover her in moisturiser 5 times a day

M was 6 months old when we discovered she was allergic to milk, then eggs... then kiwifruit

we got M an Epi-pen. They're very expensive and need to be regularly replaced. We've spent $3,000 on Epi-pens...

It costs $$$'s to buy food that M can eat

I had to learn to cook from scratch, read every label, organise the refrigerator, etc...

M gets hives at the slightest thing. If her Dad drinks coffee with milk, then gives M a kiss on the cheek she gets hives

When M started kindergarten I had to go in + train the staff about how to use an Epi-Pen.

But when M started school a nurse came with me to train the staff. There were 9 children who had plans.

These allergies have effected M's social life - she isn't invited to so many birthday parties etc.

I'll pick up my story from High School...

I need to carry my Epi-pen with me because many at school don't know about my allergies

I'm older now - I'm 15 so I take more responsibility

I'm a Girl Guide! Yay! I go on Camp + they made food that I could eat for everyone + it was delicious!

INCLUSION IS SO IMPORTANT

I was very anxious last year - about all of my food. But Dr. Steve Harris has helped me to understand my anxiety

There are some silver linings too... best food at camp!

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UNDERSTANDING SKIN PRICK TESTING

DR. JAN SINCLAIR

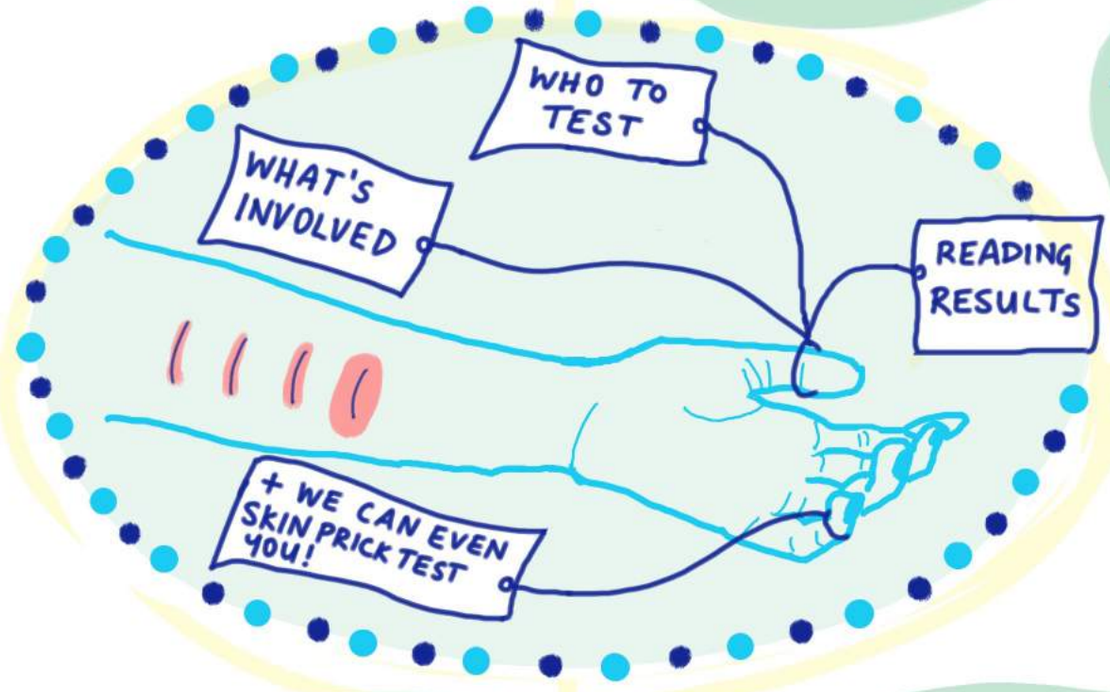
★ Always use a positive + negative control of histamine

★ Take patient history knowing previous tolerances is important

★ Are there any associated factors, e.g. exercise, or is it seasonal, etc.?

★ Is it mild, medium, serious?

★ Measure reactions - anything over 3cms needs further investigation



★ If you are allergic to your cat, our advice is to wash it weekly - until it runs away!

★ Key question: are you evaluating a IgE mediated condition?

★ Allergies aren't new - see JAMA Article from 1936 about allergies rising

★ Eczma is not caused, or managed by, allergy tests

★ Food allergies include:

most common

★ Note the new form says what is not relevant to test

★ Babies under 6 months + toddlers are usually not tested

★ Blood tests specific IgE testing is more costly + won't predict severity

DRAWN TOGETHER MEDICAL ILLUSTRATION www.DRAWNTOGETHER.net

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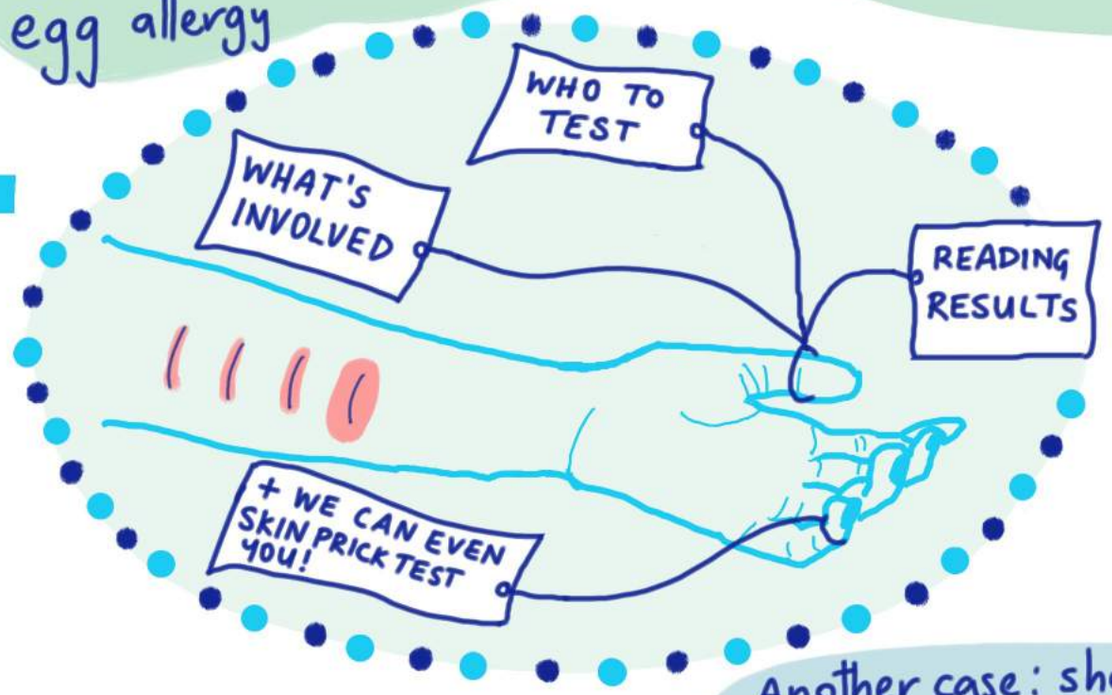
UNDERSTANDING SKIN PRICK TESTING

DR. JAN SINCLAIR

★ What to test? Environmentals, cat/dog hair, plantain, mould, dust, rye, birch

★ Food - egg allergy? a boy had eaten an egg + then had anaphylaxis but it turned out it wasn't egg allergy

★ There is no evidence to support skin tests on infants prior to eating solids



★ The peanut allergy study shows it could increase the chance of allergy by telling them to stop certain foods

INTERPRETATION OF RESULTS

★ If pre-test probability is low, then post-test probability will be low too

★ Does a blood test confirm? NO it's about allergy, not severity, so CHALLENGE them

★ can have big symptoms, but not necessarily

★ The dust mite case shows how important skin prick test are as they can rule allergens out

★ Another case: she is anaphylactic, but the tests are inconclusive, so management is to teach her how to recognise the symptoms + be prepared

★ Patient (7) = milk protein folds are heat sensitive, so she can tolerate cooked egg + milk

★ wheat is different + difficult to diagnose without doing a challenge

Drawn Together

SHARON PIHEMA & JAMES BROWN

KORERO TODAY

OUR JOURNEY WITH CHRONIC ILLNESS

DIAGNOSIS- ALLERGIES

CHILDHOOD

INTERMEDIATE

HIGH SCHOOL

MORE HOSPITAL ADMISSIONS

CHRONIC FATIGUE
BRAIN INJURY
CHRONIC PAIN

IN AND OUT OF HOSPITALS — DIFFICULT TO BE A FAMILY

BROKEN TRUST

IT'S OUR RIGHT TO PARENT OUR OWN WAY

WE'RE IN THE 'SYSTEM'

ARE 'THEY' TAKING OUR CHILDREN FROM US?

FEARFUL

BEYOND NORMAL PARENTING

HORRIBLE

FAMILY BREAKDOWN

NOW WE FEEL LIKE A FAMILY AGAIN

"I HATE YOU — I WISH YOU WERE DEAD"

A DIRECT QUOTE

PLOTTING ME ON A GRAPH...

GOOD DAY

FAMILY HEATH FRIENDS ETC

"I'M SICK OF BEING SICK"

BAD DAY

RIP UP MEDS

"I'M FINE"

"NO TALKING TO DOCTORS

HUGE MELT DOWN

EVERYONE SUFFERS

I'M ANGRY

HELP

OUR WHANAU NEEDS HELP TO CARE FOR HER

WHAT HELPS?

BE PRO-ACTIVE
START EARLY W/ COPING STRATEGIES
FEEL INCLUDED EG: FACE TIME WITH SCHOOL MATES

ALL THESE PEOPLE MAKE DECISIONS ABOUT ME

WHY DO YOU RUN AWAY? SO I CAN BE ALONE

I'M SHAMED OUT MY PARENTS HAVE TO BE WITH ME

IN HOSPITAL

I WANT MY MUM & DAD

I HATE BEING HERE!

STEP FORWARD
SLIDE BACKWARDS

AN AMAZING SOCIAL WORKER

I'M HERE FOR YOU

FLEXIBLE
MANY WAYS TO COMMUNICATE

HELP US AS PARENTS UNDERSTAND OUR DAUGHTER

PAEDIATRIC SOCIAL WORKER

REFERRAL TO CHILDREN'S TEAM

REFERRAL TO CAMPS

PSYCHOLOGIST SUPPORTS US AS PARENTS

TIPS FROM PHYSIOTHERAPY

BRADCLIFF BREATHING

TANIA CLIFTON-SMITH

WHAT IS NORMAL BREATHING PATTERN?

(WHEN IN DOUBT — BREATHE OUT)

BREATHING AFFECTS WHOLE BODY

INHALE - HEART CONTRACTS

EXHALE - HEART EXPANDS

RELATIONSHIP WITH WHOLE PERSON

MOUTH | NOSE | UPPER CHEST | ABDOMINAL

WHAT IS BREATHING DYSFUNCTION?

DISRUPTION
INAPPROPRIATE
CAUSES
SYMPTOMS

WHAT IS UNDER LINING THIS?

OVER BREATHE...
COLD HANDS
DIZZY
ANXIETY
CLAMMY FEELING

POSTURE

ROUNDED SHOULDERS

SMALL CHANGES MAKE A DIFFERENCE

TENSE LEGS

RELAX

WHAT HAPPENS WHEN YOU FEEL BREATH LESS

BREATHE OUT

DROP SHOULDERS

RELAX

EXERCISE IMPROVES BREATHING