Newsletter Highlights

GINA 2024: What's new?

Better Breathing through Nutrition

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MMIT app & Save the Date

GINA 2024: What's New?

The report is updated yearly and is based, to the best of the group's ability, on current best evidence, medical knowledge, and practice. Since 2019, when there was a major paradigm shift away from short-acting beta2 agonists (SABA), GINA has advocated that the safest and most effective approach to asthma treatment in adolescents and adults is access to the combination of inhaled corticosteroids and formoterol (ICS-formoterol) across all asthma severity levels. They go so far as to say in this update, that there is an urgent need to ensure access to affordable inhaled medications as part of health care coverage and that appropriate coverage "must now be prioritized by all relevant stakeholders" (GINA 2024, Full Report, pg 15).

Key Highlights



View the full GINA 2024 Report here

- All patients with asthma, regardless of severity, should receive ICS-containing therapy.
- Peak Flow Monitors –while less reliable, are better than assessing symptoms alone and can be used to help diagnosis and management in areas where there is low or no access to spirometry.
- Cough Variant Asthma has been added as a variant. With cough variant asthma, spirometry
 may be normal and variable airflow present only from bronchial provocation testing. Some
 patients may later also develop wheezing and bronchodilator responsiveness.
- Click below for more key highlights of the GINA 2024 Report



Better Breathing through Nutrition

Most healthcare providers are aware that their patients who consistently eat well are more likely to have positive health outcomes, but they may not understand the specific ways dietary habits impact their unique patient population.

When a person eats, their body changes food and oxygen into energy and carbon dioxide to varying degrees (1). Carbohydrates produce more carbon dioxide than the oxygen used in metabolism (1) which could mean that a very high carbohydrate dietary pattern could make breathing more difficult.

According to University of Michigan Health's pulmonary Dietitian, Emilie Klemptner, there is no protocol for outpatient pulmonary patients that includes limiting consumption within specific carbohydrate targets. "We do recommend that our patients follow the Plate Method which promotes moderate carbohydrate intake with adequate protein, fat, and fiber. We also suggest that they find a consistent eating routine that includes mindful eating practices."

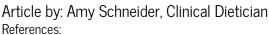
Klemptner also points out that weight management can be a huge challenge. "My patients can be either hypometabolic or hypermetabolic" which means they are at two opposite ends of the spectrum in terms of weight-related concerns. "I use patient empowerment and motivational interviewing to help focus on their own personal goals… what are they willing to do?" If they are interested, she will make suggestions based upon their individual situation, being sure to always circle back. "My goal is to support their goals, first and foremost."

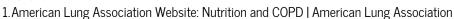
Continue to the next page for patient engagement tips



Patient Engagement Tips - Ask, Tell, Ask

- 1. Explore what your patient already knows about the connection between how they eat/drink and how they breathe.
 - a. What have they learned about this topic online and/or from talking with others?
 - b. Which, if any, of these changes have they tried in the past?
 - c. What have they noticed helps them breathe better based upon these trials?
 - d. What gets in the way of them following these personal guidelines?
- 2. Provide guidelines if they have any missing pieces of knowledge which might be best done one piece of new information at a time. Options to share:
 - a. Eating a balance of nutrients is essential, especially when it comes to processed carbohydrates (like added sugar and items made with white flour) since too much of this nutrient may lead to more difficult breathing.
 - b. Managing weight helps the body have what it needs to function best.
 - i. Carrying too much weight may lead to more difficult breathing, higher oxygen needs
 - ii. Not having enough weight may lead to less stamina/energy, higher risk of infections
 - c. Eating smaller, more frequent meals/snacks may help prevent the feelings of fullness/bloating that can add to efforts to breathe (less space for lungs to expand).
 - d. Eating less sodium may help reduce the water retention that can worsen breathing.
 - e. Keeping the body well hydrated can help thin secretions, keep the airways moist.
- 3. Elicit how they feel about this information, asking about their readiness to change at the current time.
 - a. What does the information you have provided mean to them?
 - b. How important is it for them to make one of the changes discussed, scale of 1 to 10 with 10 being the most important?
 - c. How confident are they that they can successfully make this change, scale of 1 to 10 with 10 being the most confident?
 - d. What can you/your team do to best support their behavior change efforts?





2. American Lung Association Website: COPD and Nutrition: Managing Difficulties with Weight Gain | American Lung Association



Obesity, Asthma and COPD

Obesity makes the diagnosis, treatment, and the course of asthma and COPD difficult, and these public health problems pose a greater risk of developing future health complications. Obesity, in addition to air pollution and low vitamin D levels, can worsen respiratory symptoms. The risk of developing asthma is higher in children who are obese, and conversely, individuals with asthma are far more likely to be obese than patients who do not have asthma. Additionally, children who are obese with a history of asthma will suffer increased asthma symptoms and poorer control compared to asthmatics with a healthy body weight.

- The importance of physical activity should be emphasized at every visit.
- Lack of exercise may lead to a vicious cycle of inactivity, obesity, and worsening asthma.

Obesity and COPD

Similar correlations have been found between obesity and COPD.

Incorporating pulmonary rehabilitation into the COPD treatment and weight loss plan can improve exercise tolerance and decrease risks for other complications. Exercise can not only help with weight management, but it can also possibly prevent a decline in condition and may lead to emotional and cognitive benefits which can improve quality of life.

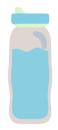




For additional information regarding resources for patients and providers related to obesity, please visit:

Resources - Obesity





Changes to lifestyle, including smoking cessation, engaging in exercise, and maintaining an appropriate weight, along with improved treatment adherence can improve long-term outcomes for patients with both asthma and COPD.



Cannabis in Practice Webinar Series



The Cannabis in Practice Webinar Series is a virtual series for healthcare providers. Hear from a diverse group of experts in the field of cannabis!

- Click for event and registration details
- Click for the Washtenaw County Health
 Department main marijuana page
- This webinar series is free to attend.
 Presentations will be recorded and available on their website.

If you have any questions or have trouble registering, please contact Alyssa Caldito (calditoa@washtenaw.org).



Inhaler Price Caps

Some major asthma inhaler manufacturers have announced \$35 a month caps on out-of-pocket costs. The price cap will apply to people with commercial/private insurance or no insurance.

Read the full article here



MMIT: Coverage Search App

Your single source of reliable & current drug coverage & restriction information

Need to know if a drug is covered? MMIT's drug status information is updated nightly, ensuring you have the data points needed to guide prescribing decisions for your patients.

Download on your iPhone, iPad or Mac today!

SAVETHE DATE

- Fall Regional Meetings 6:00p-8:00p
 - September 24th, 25th, October 1st, 3rd, 15th, and 16th
 - In person attendance for Practice Clinical Champions required
 - More information to come in July







