Asthma



A Presentation on Asthma Management and Prevention

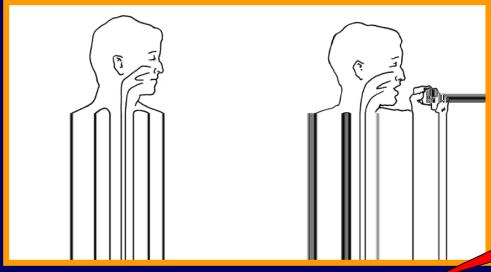


What is Asthma?

- Chronic disease of the airways that may cause
 - Wheezing
 - Breathlessness
 - Chest tightness
 - Nighttime or early morning coughing
- Episodes are usually associated with widespread, but variable, airflow obstruction within the lung that is often reversible either spontaneously or with treatment.



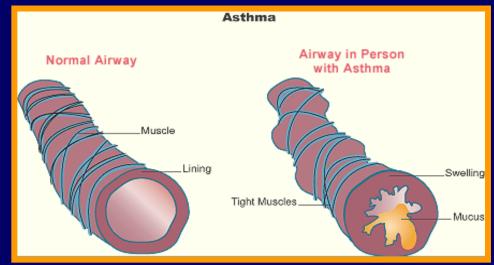
Pathology of Asthma



Asthma involves inflammation of the airways

Normal

Asthma





Risk Factors for Developing Asthma





- Genetic characteristics
- Occupational exposures
- Environmental exposures





Risk Factors for Developing Asthma: Genetic Characteristics

Atopy

- ❖ The body's predisposition to develop an antibody called immunoglobulin E (IgE) in response to exposure to environmental allergens
- Can be measured in the blood
- Includes allergic rhinitis, asthma, hay fever, and eczema



Reducing Exposure to House Dust Mites

- Use bedding encasements
- Wash bed linens weekly
- Avoid down fillings
- Limit stuffed animals to those that can be washed





Reducing Exposure to Tobacco Smoke

Evidence suggests an association between environmental tobacco smoke exposure and exacerbations of asthma among school-aged, older children, and adults.

Evidence shows an association between environmental tobacco smoke exposure and asthma development among pre-school aged children.



Reducing Exposure to Cockroaches



Remove as many water and food sources as possible to avoid cockroaches.



Reducing Exposure to Pets

❖ People who are allergic to pets should not have them in the house.

Reduce exposure to pets outdoors as well



Reducing Exposure to Mold



Eliminating mold and the moist conditions that permit mold growth may help prevent asthma exacerbations.



Other Asthma Triggers

Air pollution

Trees, grass, and weed pollen



Diagnosing Asthma: Medical History

- Symptoms
 - Coughing
 - Wheezing
 - Shortness of breath
 - Chest tightness
- Symptom Patterns
- Severity
- Family History





Diagnosing Asthma

- Troublesome cough, particularly at night
- Awakened by coughing
- Coughing or wheezing after physical activity
- Breathing problems during particular seasons
- Coughing, wheezing, or chest tightness after allergen exposure
- Colds that last more than 10 days
- Relief when medication is used



Diagnosing Asthma

Wheezing sounds during normal breathing

Hyperexpansion of the thorax

Increased nasal secretions or nasal polyps

Atopic dermatitis, eczema, or other allergic skin conditions



Diagnosing Asthma: Spirometry

Test lung function when diagnosing asthma







Medications to Treat Asthma

- Medications come in several forms.
- Two major categories of medications are:
 - Long-term control
 - Quick relief





Medications to Treat Asthma: Long-Term Control

- Taken daily over a long period of time
- Used to reduce inflammation, relax airway muscles, and improve symptoms and lung function
 - Inhaled corticosteroids
 - Long-acting beta₂-agonists
 - Leukotriene modifiers



Medications to Treat Asthma: Quick-Relief



- Used in acute episodes
- Generally shortacting beta₂agonists



Medications to Treat Asthma: How to Use a Spray Inhaler

Remember to breathe in slowly.



Take off the cap.
 Shake the inhaler.



2. Stand up. Breathe out.



 Put the inhaler in your mouth or put it just in front of your mouth. As you start to breathe in, push down on the top of the inhaler and keep breathing in slowly.



 Hold your breath for 10 seconds.
 Breathe out. The health-care provider should evaluate inhaler technique at each visit.



Medications to Treat Asthma: Inhalers and Spacers



Spacers can help patients who have difficulty with inhaler use and can reduce potential for adverse effects from medication.



Medications to Treat Asthma: Nebulizer

- Machine produces a mist of the medication
- Used for small children or for severe asthma episodes
- No evidence that it is more effective than an inhaler used with a spacer





Managing Asthma: Asthma Management Goals

- Achieve and maintain control of symptoms
- Maintain normal activity levels, including exercise
- Maintain pulmonary function as close to normal levels as possible
- Prevent asthma exacerbations
- Avoid adverse effects from asthma medications
- Prevent asthma mortality



Managing Asthma: Asthma Action Plan

- Develop with a physician
- Tailor to meet individual needs
- Educate patients and families about all aspects of plan
 - Recognizing symptoms
 - Medication benefits and side effects
 - Proper use of inhalers and Peak Expiratory Flow (PEF) meters



Managing Asthma: Sample Asthma Action Plan

Wy Asthma Action	ı Plan	Patient Name:	
Age ≥5 years		Medical Record #:	
	20		
hysician's Name:		OOB:	
hysician's Phone #:	Comple	eted by:	Date:
Long-Term-Control Medicines	How Much To Take	How Often	Other Instructions
		times per day EVERY DAY!	
		times per day EVERY DAY!	
		times per day EVERY DAY!	
		EVERY DAY!	
Quick-Relief Medicines	How Much To Take	How Often	Other Instructions
		Take ONLY as needed	NOTC: If this medicine is needed frequently, call physician to consider increasing long-term-control medicati
Special instructions	when I feel goo	d, not good, and PREVENT asthma symp	
I do not feel good. (My peak flow is in the YELLO My symptoms may indu- or more of the following. **The Yulking up at night athma symptoms Decreased ability to usual activities I feel asv[ss]. Warning signs may indu- more of the following: It's getting harder a to breathe Unable to sleep or c	W zone.) Bit. Personal Son Bit	CAUTION. I should co asthma medicines ev	ke my asthma worse like. Intinue taking my long-term-control ery day AND: or my peak flow is not back in the ur, then I should:
Unable to sleep or or	to usual I trouble		

Describes medicines to use and actions to take



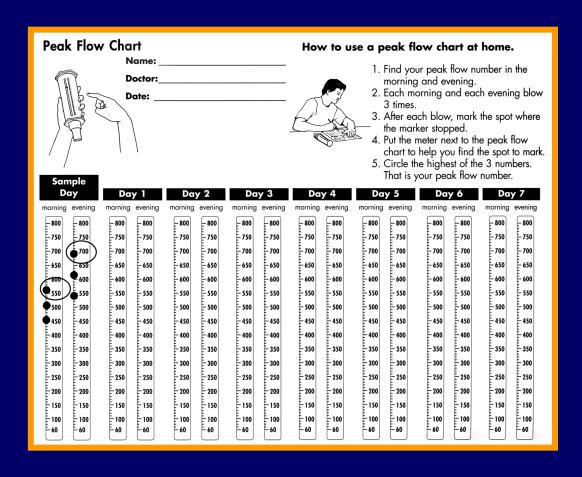
Managing Asthma: Peak Expiratory Flow (PEF) Meters



- Allows patient to assess status of his/her asthma
- Persons who use peak flow meters should do so frequently
- Many physicians require for all severe patients



Managing Asthma: Peak Flow Chart



People with moderate or severe asthma should take readings:

- Every morning
- Every evening
- After an exacerbation
- Before inhaling certain medications



Managing Asthma: Indications of a Severe Attack

- Breathless at rest
- Hunched forward
- Speaks in words rather than complete sentences
- Agitated
- Peak flow rate less than 60% of normal

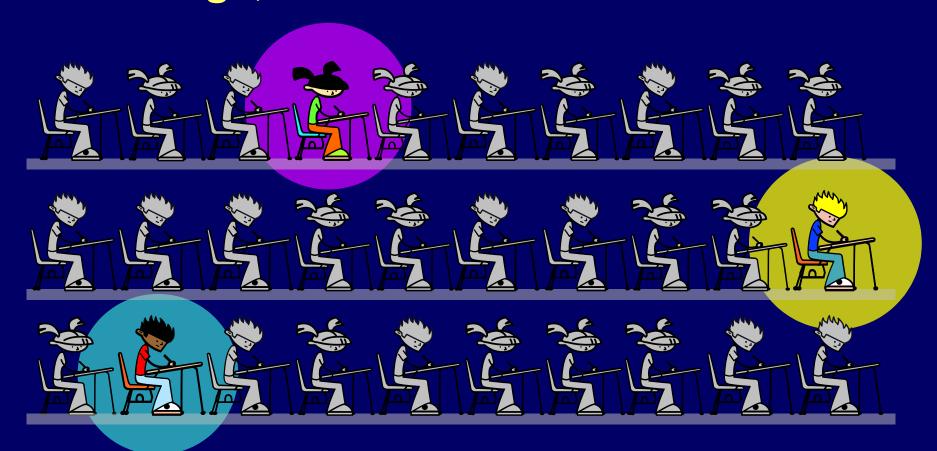


Managing Asthma: Things People with Asthma Can Do

- Have an individual management plan containing
 - Your medications (controller and quick-relief)
 - Your asthma triggers
 - What to do when you are having an asthma attack
- Educate yourself and others about
 - Asthma Action Plans
 - Environmental interventions
- Seek help from asthma resources
- Join an asthma support group



On average, 3 children in a classroom of 30



are likely to have asthma.*



A Public Health Response to Asthma:

What can make asthma worse in the school?

- Mold and mildew
- Animals in classroom
- Carpeted classrooms
- Cockroaches
- Poor air quality









Resources

- National Asthma Education and Prevention Program
 - http://www.nhlbi.nih.gov/about/naepp/
- Asthma and Allergy Foundation of America
 - http://www.aafa.org
- American Lung Association
 - http://www.lungusa.org
- American Academy of Allergy, Asthma, and Immunology
 - http://www.aaaai.org
- Allergy and Asthma Network/Mothers of Asthmatics, Inc.
 - http://www.aanma.org



Resources

- American College of Allergy, Asthma, and Immunology
 - http://www.acaai.org
- American College of Chest Physicians
 - http://www.chestnet.org
- American Thoracic Society
 - http://www.thoracic.org
- The Centers for Disease Control and Prevention
 - http://www.cdc.gov/asthma

