

ALLERGY AND ASTHMA CORNER



The Goals of Successful Asthma Treatment

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What is Asthma?

Asthma is a chronic condition of the bronchial tubes (airways) caused by inflammation secondary to a number of different factors. Allergies, viral infections (colds), irritants (cigarette smoke, air pollution, etc.), and exercise are all known to increase inflammation in the airways and lead to more asthma symptoms—most

typically cough, wheeze and/or shortness of breath. In some children and adults, gastroe-sophageal reflux disease where stomach acid comes back into the esophagus or feeding tube can also significantly worsen asthma.

No Cure For Asthma

Currently, there is no cure for asthma. It is often inherited as a genetic trait along with allergies. But very effective and safe treatment for asthma is currently available from your health care provider. This treatment includes medications, avoiding factors in the environment known to worsen your asthma, and even potentially being desensitized against the things you are allergic (allergy shots).

Medications for Asthma

There are two basic types of medications for asthma. Medications that relieve the symptoms of asthma when they are happening are called bronchodilators which within minutes after being breathed in start to open up the bronchial tubes. Health care providers now understand the importance of regular use of medications that are asthma preventative, that is, they treat the underlying inflammation.

What are the goals to be expected from the successful treatment of your asthma?

- 1. Minimal (ideally no) symptoms from asthma during the day or night. Asthma tends to be worse in all people at nighttime, and coughing at nighttime is frequently a marker of poor asthma control (i.e. ongoing inflammation).
- Minimal (ideally no) asthma episodes or attacks. Many people feel their asthma is well controlled as long as they are not having frequent attacks, but ideally these should be extremely rare.
- 3. Minimal use (LESS THAN ONE TIME PER DAY) of rescue medication such as albuterol. If you or your child is needing to use rescue medication more than twice a week during the day or waking up at night to use it more than twice a month, your asthma is not well controlled, and you need to begin on or increase anti-inflammatory, preventative treatment.
- 4. Normalize pulmonary function tests. This is not followed in all patients, but ideally some objective form of your pulmonary function (either spirometry in a doctor's office or peak flow measurements in the office or home) should be in the normal range for your age showing that your asthma is not persistent.
- 5. Minimal (ideally no) adverse effects from medications or other treatments for asthma. Current medications are extremely safe when used in regular doses and are not associated with long-term side effects.
- 6. Last, but not least, activities should be normal, that is, people should go to work, sleep well at night and exercise, and children should run and play without frequent asthma symptoms. All children should have their asthma controlled well enough that they are able to participate in P.E. unless they are having an acute exacerbation. It is important for you and your child to realize that any goals can be met even if you have asthma.