



# Know the early signs



**A**STHMA is primarily a chronic inflammatory disease that tends to present as a lifelong condition, with different severity degrees throughout the asthma patient's life.

Described since Hippocrates, asthma affects people from all age groups and presents its peak incidence in childhood.

Fiji has the second highest mortality rate from Asthma in the world.

In Fiji, the rates of asthma are rising, especially in the younger population (14-20), which is a big concern.

In the past four years (2010 - 2014) Fiji's main hospitals have seen over 2285 cases and 6.6 per cent of these cases have resulted in death.

#### What causes asthma?

Risk factors or 'triggers' that can cause an asthma attack include; tobacco smoke, air pollution, inhaled allergen such as dust mites, pollen, animal fur from cats and dogs, strong emotional expressions, chemical irritants and drugs such as Aspirin and Beta Blockers. Other triggers include weather changes and cold and flu symptoms.

#### Why is it so bad in Fiji?

In Fiji there are several challenges that prevent people from managing their asthma properly;

- ❑ Lack of knowledge on how to use their medication;

- ❑ Interrupted access to medication (unavailable or financial situation);

- ❑ Lack of ongoing treatment; and

- ❑ Signs and symptoms

Signs and symptoms of asthma include the following:

- ❑ Wheezing;

- ❑ Coughing;

- ❑ Shortness of breath; and

- ❑ Chest tightness/pain

Other nonspecific symptoms in infants or young children may be a history of recurrent bronchitis, bronchiolitis, or pneumonia; a persistent cough with colds; and/or recurrent croup or chest rattling.

Symptoms can be quiet severe and life threatening if not detected early or if there is a delay in treatment.

#### Diagnosis

For one to be diagnosed with asthma, one has to be seen and assessed by a doctor in hospital.

The following needs to be considered before being diagnosed with asthma.

- ❑ Episodic symptoms of airflow obstruction are present;

- ❑ Airflow obstruction or symptoms are at least partially reversible; and

- ❑ Exclusion of alternative diagnoses.

Spirometry with post bronchodilator response should be obtained as the primary test to establish the asthma diagnosis.

Exercise spirometry is the standard method for assessing patients with exercise-induced bronchoconstriction.

#### Management

For all but the most severely affected patients, the ultimate goal is to prevent symptoms, minimise morbidity from acute episodes, and

prevent functional and psychological morbidity to provide a healthy (or near healthy) lifestyle appropriate to the patient.

Your doctor or nurse will figure out which treatment is best for you and show you how to take your medication.

It is good to see the same doctor about your asthma as they are aware of your history and needs.

#### Pharmacologic treatment

Pharmacologic management includes the use of relief and control agents.

Relief medications include bronchodilators, systemic corticosteroids, and ipratropium (Atrovent).

Control agents include inhaled corticosteroids, long-acting bronchodilators, theophylline, leukotriene modifiers, anti-IgE antibodies, anti-interleukin (IL)-5 antibodies, and anti-IL-4/IL-13 antibodies.

The inhalers come in various shapes and colours and it's very important for patients to know which ones to use during the attacks

The pharmacologic treatment of asthma is based on stepwise therapy.

Asthma medications should be added or deleted as the frequency and severity of the patient's symptoms change.

#### Allergen avoidance

Environmental exposures and irritants can play a strong role in symptom exacerbations.

The use of skin testing or serum allergy tests are available to assess sensitivity to common allergens.

Once the offending allergens are identified, patients should avoid them.

Efforts should focus on the home, where specific triggers include dust mites, animals, cockroaches, mold, and pollen.

#### Patient education

The need for patient education about asthma and the establishment of a partnership between patient and clinician in the management of the disease is one of the main component to control the disease.

The key points include the following:

- ❑ All members of the healthcare team, including nurses, pharmacists, and respiratory therapists are able to provide education;

- ❑ All patients should be taught on basic asthma facts, self-monitoring techniques, the role of medications, inhaler use, and environmental control measures;

- ❑ Treatment goals should be developed for the patient and family; and

- ❑ A written, individualised, daily self-management plan should be developed and delivered to the patient.

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Asthma is a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath. Picture: SUPPLIED