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AAFA-TX thanks those who made donations in memory of and in tribute Ashley Taft of Temple, TX. These gifts will help us serve the community with free programs and services. Thank you. For more information, contact AAFA-TX

**ALL ASTHMA IS NOT THE SAME**

\* Asthma varies from patient to patient. Most (approximately 70%) have asthma symptoms that are triggered by allergies and/or irritants; some have asthma triggered by exercise; some will have asthma symptoms triggered by allergens, irritants *and* exercise. Some have very mild occasional asthma symptoms; some have more frequent symptoms but still moderate in severity; they might need to use more medications to control their asthma. Yet **they can** control their asthma. But *approximately 10% of all patients have very severe asthma and control is difficult.*

\* **People with severe asthma have symptoms like wheezing or coughing almost daily and especially at night.**

They have more serious and frequent flare-ups and their airways are always obstructed or blocked. Nothing seems to make their symptoms disappear.

\* Probably due to hormonal differences, more girls past puberty and women have severe asthma than boys or men.

\* There are **possible explanations why someone gets to the point where they have severe asthma.** One reason is that the asthma was misdiagnosed or under-diagnosed or un-diagnosed in the beginning. Or it may not have been treated properly with the right medications.

\* **Many times severe asthma is the result of lack of compliance** by the patient. The patient may have the right medications but doesn't take them, or doesn't use them as prescribed as often as is necessary.

\* If the severe asthma patient has been properly diagnosed and is compliant in taking their medications, then **perhaps the severity is the result of not eliminating the environmental allergens that trigger their asthma.** (ask AAFA-TX for a list of allergens and suggestions to eliminate them). **Or**, the patient **might have a viral infection** causing acute and chronic bronchitis or bronchiolitis. **Or**, the patient **may be exposed to air pollution**, especially in the form of **tobacco smoke**. If you have asthma and you smoke or are around smokers, whether cigarettes, pipes or cigars, your asthma will be more serious and you will have more frequent flare-ups. **Or**, they may be overweight or obese, which impacts asthma severity.

\* **Chronic rhinitis, nasal polyps** (growths), **sinusitis** (sinus inflammation that reoccurs frequently) or **untreated gastric reflux - GERD** (back-up of stomach acids into the esophagus and sometimes into the airways) **can also contribute** to the severity of asthma. If any of these above conditions are the contributing cause, then once the condition is treated successfully, asthma severity may improve.

\* Most people with severe asthma are treated with long-acting beta-2 agonists (bronchodilators) medication. These meds relax airway muscles and breathing is improved. **BUT some medications** like beta-blockers, used to treat heart-related problems, high blood pressure or glaucoma **might interfere with these beta-2 agonists.** Most asthma patients shouldn't use beta blockers if at all possible.

\* Those patients who have aspirin-sensitive asthma should avoid aspirin, an NSAIDS. **NSAIDS** or non-steroidal anti-inflammatory drugs like aspirin, Ibuprofen or naproxen, are the drugs commonly used to fight pain, inflammation or fever. *Tylenol, (also known as acetaminophen or paracetamol) isn't an NSAIDS*, since it doesn't reduce inflammation. If you have asthma, consult your physician before you take any of those drugs.

\* Scientists now believe *that there are different sub-types of asthma* with different "pathways" The pathways that lead to mild to moderate asthma are dominated by T-cells, white blood cells that rule many immune system reactions. These T-cells react well to corticosteroids. But *in severe asthma, the pathway is dominated by another type of white blood cell, a neutrophils*, which causes tissue destruction in the airways making airways thicker and stiffer. For this type of asthma, sometimes corticosteroids aren't as effective and asthma flare-ups are more prevalent and different drugs are needed.

\* **If your asthma is severe**, develop a **treatment plan** that works for you with your healthcare provider and **follow it!** **Be in compliance by using your medications as prescribed.** Don't get lazy and think just because you're feeling better you don't need your medication. It's because you ARE taking the medication that you're feeling better. If you have allergic asthma, identify your triggers or allergens and eliminate them from your environment. If you have exercise induced asthma, speak with your doctor about alternative activities and perhaps using your albuterol medications before/during exercise. **Asthma can't be cured, but YOU can control it!**

(Medical review by Dr. Robert Rogers, MD, Ft. Worth Allergy & Asthma Associates, 817-315-2550)

**Upcoming Free AAFA-TX Programs: 1) Sat. Oct. 13**, "Diagnosing & Managing Asthma: Successful Asthma Control for Kids & Adults" Wm. Lumry, MD, Robert Rogers, MD, Eric Schmitt, MD, William Neaville, MD, faculty, Richard Herrscher, MD Moderator. Rebecca Gruchalla, MD, PhD, Program Director. Presbyterian Hospital, Dallas. A CME program worth 4 Category 1 CME credits for physicians, nurse practitioners, physician assistants and 4 contact hours for nurses. **For details, contact AAFA-TX. Pre-registration required. 2) Fri. Nov. 9, 8:00-11:00 am**, "**Asthma Management & Education**" a CEU program for nurses and respiratory therapists worth 3 CEU, Texas State School Nurse Organization Conference, Houston, TX. Pre-registration required with the TSNO. **For more information, contact AAFA-TX.**

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