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**ASK THE DOCTOR**

AAFA-TX has a patient & caregiver “helpline” to answer questions on asthma and allergies, provide referrals or sources of assistance for disease-related issues. Some questions are complicated. *Air It Out* asked Dr. Richard Herrscher, MD, Board Certified in Internal Medicine and Allergy and Immunology, for help. Dr. Herrscher has offices on Communications Parkway in Plano (972-473-7544).

\* **A.I.O.:** Many physicians generally think 1) there is no difference between asthma acquired in childhood and Adult Onset Asthma and that 2) asthma differences are determined only by the classifications of asthma. Do you agree?

\* **Dr. Herrscher:** Actually, I would disagree with both of these statements based on the expert opinion of leading asthma researchers. The majority of asthma cases begin in childhood; they are typically identified as allergic asthma. However, subgroups exist, one of those is known as **early onset (infancy) asthma**, with wheezing due to viral respiratory infections that seem to fade away by school age. *Children that continue or begin to wheeze after age 5* show more *signs of allergic disease and have more persistent asthma into adulthood*, though as many as half of these cases will improve in puberty or early adult years. Several studies have shown that the severity of childhood asthma from ages 5-10 tends to predict the severity of asthma that persists into adulthood, with lung function remaining relatively stable over time.

\* **Asthma that begins in the adult years shows less chance of improving;** it tends to be more severe and more progressive in terms of lung function decline. While Adult Onset Asthma can show the typical allergic characteristics of childhood asthma, **many cases are non-allergic** and are typified by either 1) an increase in eosinophils (a white blood cell common with allergies), nasal polyps and aspirin sensitivity or 2) wheezing that is made worse by gastroesophageal reflux (GERD). These two subgroups of Adult Onset Asthma are different from the typical allergic childhood form of the disease in both physical and genetic characteristics.

\* The current feeling is that **asthma is a syndrome** much like high blood pressure, with multiple genetic causes that interact with an individual’s environment to produce different aspects of this disease. These different aspects or clinical variants determine severity, progression and response to treatment. However, we are just beginning to determine precisely these different *genetic-based forms of asthma*. The **current classifications of asthma** are based on a model of severity that takes into account the **level of symptoms, lung function and risk of exacerbations or flares**. This is useful in determining the level of initial treatment necessary for symptom relief, but leaves us short in predicting the natural progression of asthma or the response to treatment, in other words, will the patient improve?

\* Another problem with the current classification scheme is that it is based on studies performed in older children or adults with results carried over into the younger age groups. Since kids under age 5 have the highest incidence of asthma onset and there seems to be quite a bit of difference compared to adult asthma, one has to ask is this extrapolation rational or even appropriate? The current asthma classification and treatment guidelines are the best evidence-based models we have and while there may be major changes later as more research is done, we have to work with what we know, not with what we don’t know.

\* **A.I.O.:** What are the classifications of asthma and what do they mean?

\* **Dr. Herrscher:** The **current classification** scheme **divides asthma** into **4 groups**: 1) Intermittent 2) Mild persistent 3) Moderate persistent 4) Severe persistent. The focus of the 2007 NAEPP guidelines is to use these classifications of severity in newly diagnosed patients in order to determine initial treatment, then to monitor asthma control while on treatment, either by “stepping up” or “stepping down” therapy (increasing or decreasing medications) to maintain control.

\* The **level of severity is determined** from a patient’s current level of **symptoms**, their **lung function** (FEV1 or forced expiratory volume in one second) and **risk of flare-ups requiring oral steroids**. There are some additional modifications in the 0-4 age group including assessment of future asthma risk. These classifications are used to determine the type and dose of medication at initial treatment, but don’t provide much information in terms of prognosis or predicting outcomes. For example, an infant initially diagnosed with moderate asthma caused by viral infections may improve completely by age 5, while an adult initially diagnosed with intermittent or mild asthma may respond poorly to treatment and progress to severe asthma over several years.

\* **A.I.O.:** There is a new **surgical procedure** performed through the nostrils, enlarging the sinus cavity opening for better drainage, thus **relieving allergy symptoms**. Is this the “cure-all” for allergy symptoms the marketing claims? If so, who might be a good candidate?

\* **Dr. Herrscher:** Generally, **endoscopic sinus surgery** is more effective in relieving symptoms from chronic or recurrent sinusitis than allergic rhinitis. The benefit of surgery for chronic rhinitis may only be temporary if the underlying allergies are ignored. Some patients can have structural abnormalities in the nasal and sinus cavities that cause allergy symptoms to be worse; these patients are more likely to have a long term benefit from surgical correction.

**Upcoming Free AAFA-TX Programs:** 1) **Sat. Nov. 3**, “Asthma & Allergy Essentials for Childcare Providers” Grandma’s House Childcare Ctr., Katy, TX, Sarah Nelson, instructor. 2) **Fri. Nov. 9, 8-11 am**, “Asthma Management & Education” a CE program for nurses and respiratory therapists worth 3 contact hrs, TX School Nurse Organization conference, Houston, pre-registration required with the TSNO. 3) **Sat. Dec. 1**, “Asthma & Allergy Essentials for Childcare Providers” Hillcrest Day School, Frisco, Darla Theis, Instructor. 4) **Tues. Jan 8, 9 am-noon**, “Asthma Management & Education” a CE program for nurses worth 3 contact hrs, Hanna High School, Brownsville. 4) **Fri. Feb. 29, 9 am-noon**, “Asthma Management & Education” a CE program for nurses and respiratory therapists worth 3 contact hrs, Lake Highland HS, Richardson. 5) **Fri. Feb. 29**, “The Recognition & Treatment of Anaphylaxis” a CE program for nurses worth 2 contact hrs., Lake Highland HS, Richardson. For more information, contact AAFA-TX.

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