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**NEW ASTHMA GUIDELINES FOR MEDICAL PROFESSIONALS: HOW DO THEY AFFECT YOU?**

\* **More than 22 million Americans now have asthma, a chronic but treatable disease.** Asthma is a disease that impacts patients not only with regards to health but also with their work and play options, finances and generally their quality of life. Asthma affects the lives of caregivers and family members of patients in the same ways, too.

\* **But asthma also impacts the whole community.** It is the number one cause for both school and work absenteeism. It's responsible for 25% of all emergency room visits, visits often paid for by taxpayer dollars. Asthma costs patients more than **\$10 billion each year** (\$5 billion of which is spent on prescription drugs) plus indirect (**lost productivity costs**) to employers of another **\$8 billion annually**. Everyday, 40,000 people miss school or work because of asthma: every day 14 people die from asthma. Yearly, asthma affects more and more people at a faster rate and no decrease is in sight. Asthma can't be cured (yet) but it can be controlled with proper diagnosis and management plans.

\* Periodically, as more disease information accumulates, the National Asthma Education and Prevention Program, (NAEPP), a part of the National Institute of Health (NIH) updates physician diagnosis, treatment and management guidelines for standards of asthma care. New **guidelines for medical professionals** were issued late in 2007. The full report is 400 pages long, but a shortened 50 page version should be available online at this time. (AAFA-TX has a 4 pg. highlight available). **What do the new guidelines suggest? Do they make changes in treatment for asthma?**

\* **Treatment goals remain the same:** controlling symptoms so patients can lead an active life without danger of flares or complications. Not all patients have the same degree or kind of asthma. **Asthma is a very individual disease.** Some have mild intermittent asthma, others have mild persistent, others have moderate persistent and yet others severe persistent and these classifications can change over time with each patient. To make diagnosis and treatment even more complicated, an effective treatment plan for a patient can change with time. What worked last year might not work this year. This is why it's so important to see your physician regularly to monitor the progress of the disease and its treatment. **Every patient's assessment and treatment should be individualized to fit their degree of asthma at a given time.**

\* These new asthma care **guidelines** focus on 4 areas: 1) steps and procedures to diagnose, assess and monitor the disease 2) patient education 3) the need to control environmental factors and co-existing illnesses which can make asthma worse and 4) medications to best treat the disease. What does that mean for you? It means your physician should ideally **work with you** to individually **develop a plan to control your asthma. Asthma is not a "one size fits all" disease.**

\* 1) Physicians learned a **new approach to assessing asthma** which includes examining more than one aspect of the disease. Physicians might ask how often and how severe symptoms are, check on how the lungs are functioning, ask if there are any limitations on daily activities, any recent hospitalizations and also ask how much you are bothered by symptoms to determine if asthma is in control. They'll try to predict future flare-ups by examining your risk factors plus any changes in lung function and any side effects to medications. **Some patients can be at risk for a lot of flare-ups** even if they don't have a lot of daily symptoms. Doctors will **"step-up"** (increase) or **"step-down"** (decrease) medications **or change medications** according to all these factors and do this more frequently. You might seem to be in control but your risk factors indicate a need to change or step-up medication plans or even perhaps reduce medications.

\* 2) There is more **emphasis on the need for patient education.** Patients have to learn how to eliminate their risk factors and help control their asthma by following an asthma management action plan. AAFA-TX can help with information.

\* 3) **Controlling environmental triggers** is emphasized in the new guidelines. This means not only eliminating allergens that trigger flares (dust mites, dander, roaches, pollens, mold and chemical irritants like smoke are the worst) but also diagnosing and treating other medical conditions which affect asthma, conditions such as GERD (gastroesophageal reflux), rhinitis, sinusitis, obesity, sleep apnea, stress and depression. AAFA-TX can help with more information.

\* 4) Asthma is also defined and **classified by age:** 0-4 yrs, 5-11 yrs, 12 and older. Kids under 4 have a different asthma disease than an adult; they get more respiratory infections, have more complications, can't use inhalers, can't communicate their symptoms and physicians can't evaluate their lung function with the tests now available. Kids in the 5-11 yr group respond differently to the same medications than adults do, perhaps because their lungs are still growing, but no one is certain why this is true. **Each patient in each age category has to be assessed and treated individually.**

\* The guidelines suggest **more individualized diagnosis and assessment** of asthma and emphasize that **patients must take part in their own asthma treatment and management.** You can control your asthma! For more information contact us at [info@aafatexas.org](mailto:info@aafatexas.org) or refer to [www.aafatexas.org](http://www.aafatexas.org).

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**Upcoming AAFA-TX programs:** 1) **Oct. 3**, "Asthma Management & Education" a continuing ed. program worth 3 contact hours for nurses & 2 CRCE for Respiratory Therapists, Oklahoma City, OK, Kathi Conboy-Ellis, instructor 2) **Oct. 4**, "Asthma & Allergy Essentials for Childcare Providers" First Baptist Church of Melissa, Mudpies & Lullabies sponsor, Melissa, TX, Darla Theis, instructor 3) **October 10** "Asthma & Allergy Essentials for Childcare Providers" Holy Family of Nazareth, Irving, Patty Carlton, instructor. 4) **Oct. 13**, 8:30 am-11:30 am "Asthma Management & Education" a continuing ed. program worth 3 contact hours for nurses & 2 CRCE for Respiratory therapists, Corpus Christi, Gwen Carlton, instructor. 5) **Nov. 8** "Walk for Food Allergy: Moving toward a Cure" Bob Woodruff Park, Plano, reg. begins 9 am. Sponsored by FAAN and partnered with AAFA-TX. 6) **Nov. 19**, 1:30-4:30 pm "Asthma Management & Education" a continuing ed. program worth 3 contact hours for nurses & 2 CRCE for Respiratory Therapists, Albuquerque, NM, Jan Tippett, Instructor. Pre-registration required for each program. Contact [info@aafatexas.org](mailto:info@aafatexas.org) for more information.

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