Asthma Outlook

CHOOSING A HEALTHIER LIFE | SUMMER 2012

Pain, Pain, Go Away

Aspirin can trigger asthma attacks in some people. The same may be true for other nonsteroidal anti-inflammatory drugs (NSAIDs) that are sold without a prescription. These include ibuprofen (like Advil) and naproxen (like Aleve).

Now, a study in the American Journal of Respiratory and Critical Care Medicine has found a link between another popular pain reliever and asthma. It found that those who took acetaminophen (such as Tylenol) at least once a month were twice as likely to have asthma as those who never took it. So what pain medicines can you take?

Aspirin and NSAIDs. Up to 20 percent of those with asthma are sensitive to aspirin. Taking aspirin or an NSAID may cause an asthma attack. Under medical supervision, some may use a prescription NSAID of a different type.

Acetaminophen. Acetaminophen is thought to be safer for people with asthma. But it may contribute to asthma. To be on the safe side, check with your doctor before taking it.

Other treatments. Non-drug treatments—like relaxation and massage—may be enough to ease mild pain. For more severe pain, your doctor may prescribe narcotics.

Be sure to talk with your doctor to find the safest pain relief method for you.
What Is a Pulmonologist, and Do I Need to See One?

Pulmonologists are doctors who diagnose and treat diseases of the lungs and bronchial tubes. These tubes are airways that connect the windpipe to the lungs. Pulmonologists don’t perform major surgery. But they do perform other special procedures. Some of the conditions they treat include:

- Asthma
- Emphysema
- Pneumonia
- Tuberculosis

You may see a pulmonologist if your condition is complex or hard to treat. For example, you might see a pulmonologist if you:

- Have asthma that isn’t well controlled
- Have a lung infection that keeps coming back

Always check with your benefits prior to seeing a specialist.

For people with asthma, it’s important to make sure the following tests and vaccines are kept current:

- A spirometry test—as directed by physician and at least every one to two years
- A seasonal flu vaccine
- A pneumonia vaccine

Be sure to talk with your health care provider about these topics:

- Writing a self-management Asthma Action Plan
- Correctly using a peak-flow meter, inhalers, and spacers
- Keeping a 30-day supply of asthma medicines on hand
- Quitting smoking (if you smoke)

When to Get a Pneumonia Vaccine

The pneumonia vaccine protects against pneumococcal bacteria, which can lead to infections of the lungs, blood, and tissues covering the brain. The CDC recommends people in the following groups get vaccinated:

- All adults ages 65 years and older
- People ages 2 to 64 who have long-term health problems, such as heart disease, lung disease (including asthma), or diabetes
- People ages 2 to 64 who have higher risk for infection due to certain illnesses (such as Hodgkin’s disease or HIV) or medical treatments (such as long-term steroids)
- People ages 19 to 64 who smoke or have asthma

Children should receive pneumococcal conjugate vaccine (PCV) at ages 2, 4, and 6 months, and between 12 and 15 months, for a total series of four. From ages 2 to 65, certain high-risk groups, should be vaccinated with the pneumococcal polysaccharide vaccine (PPV). Most healthy children need four vaccines before age 2, and adults only need one dose of the vaccine after age 18.

Although these are suggested guidelines for care, please check with your benefits plan for coverage.

The information presented in this publication is not intended to be a substitute for medical care or advice provided by a physician. Always consult your physician for appropriate examinations, treatment and care recommendations. If you have any questions about this information, you should call your physician. Specific treatments and therapies may not be covered by your health plan. For questions about your benefits, please consult your health plan. Any reference in this material to other organizations or companies, including their Internet sites, is not an endorsement or warranty of the services, information or products provided by those organizations or companies. All models are used for illustrative purposes only. © 2012 Healthways, Inc.
An asthma attack doesn’t have to take you or your child by surprise. Be on the lookout for these early warning signs in your child:
❯ Itchy neck
❯ Dark bags under the eyes
❯ Feeling tired
❯ Being short-tempered or irritable
❯ Being nervous or on edge

If your child has these signs, use a peak-flow meter to see if his or her airways are narrow or blocked. If the peak-flow value is in the zone where the doctor said to use medicine or there are beginning signs of classic symptoms like wheezing, use the quick-relief, or rescue medicine.

Make sure that you have an Asthma Action Plan. This plan tells you what to do, based on the peak-flow value. Share the plan with your child’s school and any caregivers, including grandparents and babysitters.

When your child has asthma, you’re always on the watch for a possible asthma attack: coughing, wheezing, trouble breathing and chest tightness. But other more subtle signs of an impending attack might surprise you. Here’s how to read and act upon your child’s asthma signs.

**Encourage your child to be active.** When it comes to physical activity, asthma shouldn’t hold your child back. Check out page 7 for ideas.

**Warning Signs of Asthma Trouble**

**Parent Tips:**

When your child has asthma, you’re always on the watch for a possible asthma attack: coughing, wheezing, trouble breathing and chest tightness. But other more subtle signs of an impending attack might surprise you. Here’s how to read and act upon your child’s asthma signs.

**Be Aware of the Warning Signs**

Talk with your child’s doctor if your child has any of the signs below, which could indicate worsening asthma:
❯ Symptoms are more severe, occur more often, are bothersome at night.
❯ The peak-flow meter is often in the yellow or red zones, or zones vary from day to day.
❯ The asthma medicine doesn’t work as well anymore.
❯ Your child needs quick-relief medicine two or more times per week.
❯ Your child had to go to the hospital because of an asthma attack.

A change in medicine or other steps may be needed to get your child’s asthma back in check.

**Danger Signs**

If your child has any of these symptoms, call 911 right away:
❯ Trouble walking or talking
❯ Hunching over
❯ Lips or fingernails that are blue or gray
❯ Breathing very slowly
❯ Fast pulse
❯ Drowsiness or confusion
❯ Severe anxiety due to shortness of breath
❯ Difficulty to arouse
You’ve been following your asthma action plan, but your asthma isn’t getting better. Should you just live with the symptoms?

The answer is no, based on a study in the American Journal of Managed Care. The study included patients who were having some problems with asthma control, but nothing too severe at the time. These patients were 60 percent more likely to suffer a severe asthma attack later on than those with well-controlled asthma.

Don’t wait until it’s an emergency. Talk with your doctor now about your concerns. Below are some questions that can help get to the root of the problem.

### Asthma Control

Have your symptoms—such as coughing, wheezing, or breathlessness—gotten more severe lately?

- [ ] Yes
- [ ] No

Are you having symptoms more often than before?

- [ ] Yes
- [ ] No

Are you losing sleep due to nighttime symptoms?

- [ ] Yes
- [ ] No

Have you missed work or school recently because of asthma?

- [ ] Yes
- [ ] No

Are you limiting your daily activities or exercise due to asthma?

- [ ] Yes
- [ ] No

Does your peak flow vary a lot from day to day?

- [ ] Yes
- [ ] No

Are your recent peak-flow numbers low compared to your personal best?

- [ ] Yes
- [ ] No

Does it seem as if your medicine isn’t working as well as it once did?

- [ ] Yes
- [ ] No

Are you using your quick-relief medicine more than two days per week?

- [ ] Yes
- [ ] No

Have you gone to the emergency room recently because of an asthma attack?

- [ ] Yes
- [ ] No

If you answered “yes” to any questions, your asthma may be getting worse. Your doctor may need to adjust your treatment.

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Check out podcasts about managing asthma from the Centers for Disease Control and Prevention. Go to [www.cdc.gov/asthma/podcasts.html](http://www.cdc.gov/asthma/podcasts.html).
**Asthma Medicine**

Do you always take your medicine exactly as prescribed?

- Yes [ ]
- No [ ]

Has someone in your doctor’s office helped you practice the right way to use your inhaler?

- Yes [ ]
- No [ ]

If you have trouble using the inhaler, have you talked with your doctor about using a spacer (a medicine holding chamber that attaches to an inhaler and makes it easier to use)?

- Yes [ ]
- No [ ]

If you answered "no" to any of these questions, you may not be getting the most out of your asthma medicine. Learn how to use it properly. Then do so consistently. If the problem continues, your doctor may need to evaluate your current medicine.

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**Get Clued In About Asthma**

Knowledge is power when it comes to asthma. Test your asthma IQ by filling in the blanks below.

*Hint:* What makes the airways swollen and extra-sensitive in asthma? The answer to this question is found in the light blue column.

### CLUES

1. Something in the environment that can set off asthma symptoms
2. Adjective describing a disease that is long-lasting
3. Device for checking your breathing: _____-_____ meter
4. Zone on an asthma action plan that means "getting worse"
5. Device used for taking most asthma medicines
6. Most common indoor cause of allergy and asthma symptoms, according to the American Academy of Allergy, Asthma, and Immunology (two words)
7. Body system that overreacts when you have allergies
8. Medicine-holding chamber that attaches to an inhaler
9. Perfume, cigarette smoke, cleanser fumes, and air pollution
10. Type of quick-relief medicine: short-acting beta-2 _____
11. Tiny particles that contain the cells that fertilize plants and trigger seasonal allergies
12. Purpose of a lung function test called spirometry

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**ANSWERS**

Bronchial tubes. These tubes are the airways that carry the air you breathe into your lungs. They also carry carbon dioxide—waste gas—out of your lungs. Bronchial tubes are essential to the breathing process.

Bronchodilators. Bronchodilators help to relax muscles in your airways, making air passages bigger. This helps you breathe better. You take the medicine using an inhaler. There are two types of bronchodilators: one you take only when needed and one you take every day.

Nonsteroidal anti-inflammatory drugs (NSAIDs). This type of medicine may be an over-the-counter pain reliever such as aspirin (Bayer), ibuprofen (Advil and Motrin), and naproxen (Aleve). They work by reducing the level of a certain substance in the body that causes the feeling of pain.

Pollutants. Pollutants are any substance that makes an environment—like the air or a body of water—unclean. Pollutants in the air can irritate your lungs. Some examples include dust and gases like carbon monoxide.

Air Pollution Can Make Asthma Worse

Warmer days mean you’re probably spending more time outside. And that means you’re exposed to more air pollution. Breathing dirty air can harm anyone. But those with asthma are at particularly high risk. A study in the American Journal of Respiratory and Critical Care Medicine found that children’s ER visits for asthma increased as air pollution levels rose.

Do you know how to protect yourself from the harmful effects of air pollution? Below are answers to some common questions.

Q: What is ozone, and when is it a problem?
A: Ozone is a colorless gas. It’s high up in the atmosphere, where it shields the Earth from the sun’s harmful rays. But when the same gas is created down near the ground, it’s a problem. That’s because ground-level ozone is inhaled into your lungs, where it can affect your breathing. Ozone is created when emissions from cars, power plants, and other sources react chemically in the presence of sunlight.

Q: Is ozone the only concern?
A: No. Outdoor air can also contain particle pollution, which is made up of tiny particles from car exhaust, ash, and dust.

If you live in Hawai‘i, volcanic smog, or vog, can cause problems. Vog is caused by a combination of weather and volcanic activity. Vog’s effect on those with asthma is the same as ozone.

Q: How does air pollution affect my lungs?
A: Ozone and particle pollution, also known as smog, can interfere with how well your lungs can work. This makes it harder to breathe deeply and vigorously, especially during exercise. Both types of pollution can also irritate your airways. Significant exposure to smog or vog can cause an asthma attack.

Q: How can I reduce my risk?
A: To reduce the risk, watch the Air Quality Index (AQI) in your local weather report. When the AQI is in the orange zone, limit how much time you spend being physically active outside. When it’s in the red zone, avoid strenuous outdoor activities. And if it reaches the purple zone, avoid outdoor activities until the air quality improves. Close windows at night, use fans or an air conditioner with the vent closed, and use recirculated air if possible.

Check your local Air Quality Index online at www.airnow.gov.
Kids’ Corner

Don’t Let Asthma Hold You Back

School’s out! That means you have more time for riding your bike, playing ball, or taking a dip in the pool. Your friends are waiting. So don’t let asthma get in the way.

Keep Taking Your Medicine
If exercise sets off your asthma, ask your doctor what to do. Often, it helps to use an inhaler before exercise. This may keep symptoms from starting.

Find an Activity You Enjoy
No activity is off-limits, as long as your doctor is OK with it. But some are especially good choices when you have asthma. Here’s how a few favorite activities stack up.

Activities That Are More Asthma-Friendly
❯❯ **Swimming:** This can be done in a swimming pool where the warm, moist air makes breathing easier.
❯❯ **Biking, hiking, skating, and walking:** You can slow down to an easy pace if you get out of breath.
❯❯ **Baseball and football:** You can do the high-energy parts in short bursts, but not continuously. It’s also a team sport, so someone is always around if you have an asthma attack.

Activities That Are Less Asthma-Friendly
❯❯ **Basketball, soccer, running:** It’s a team sport, so someone is always around if you do have an asthma attack.

Ready, Set, Go Have Fun!

1. If your doctor tells you to use your inhaler before exercise, be sure to do so every time.

2. Warm up with about 15 minutes of light activity.

3. Get moving! Most kids should aim for an hour of physical activity every day.

4. Cool down with about 15 minutes of light activity and stretching.

Did You Know?
Being on school break doesn’t mean you can take a break from your medicine. A study in the *Journal of Allergy and Clinical Immunology* found that it also increases your chance of having a serious asthma attack next fall.

So stopping your medicine in the summer, not only hurts you now, but may also hurt you when school starts again in the fall.

Plan ahead for a week of fun. Create a physical activity calendar at [www.bam.gov/sub_physicalactivity/cal_index.asp](http://www.bam.gov/sub_physicalactivity/cal_index.asp).
Tips for a Good Night’s Sleep

A better night’s sleep comes easier if you’ve set the stage for shut-eye. To do that, try these tips from the American Academy of Family Physicians:

- Make your bedroom dark, quiet, and comfortable.
- Ban TV, computers, phones, and other distractions from your bedroom.
- Finish exercising a few hours before bedtime.
- Limit caffeine, alcohol, or nicotine.
- Head to bed at the same time every night, including weekends. And get up at the same time every day.