



Currents

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Playing Hard With Asthma

BY JACLYN LAW

With the warmer weather finally here, Canadians are outside and active. They're cycling, jogging, playing soccer or softball. But for up to 80 percent of people with asthma, physical exertion is a key trigger for breathing symptoms. Yet exercise-induced asthma does not have to limit summertime activities.

What exactly causes exercise-induced asthma? When your body needs more oxygen, the air you breathe in doesn't get sufficiently warmed and humidified by the nose and upper breathing passages – even on hot, humid days. The not-quite-warm-enough air reaches your lungs and can cause a reflex spasm in your breathing passages. The symptoms – shortness of breath, wheezing, coughing – most commonly occur within five to 10 minutes of the start of exercise. (They can also occur immediately, and in other cases not for a half hour or more.)

Compounding the problem, a change in environment can exacerbate exercise-induced asthma. Exposure to allergenic, airborne pollens in summer, for example, can contribute to a flare-up, just as the cold, dry air of a hockey rink will bother a person's airways once winter returns. As far as exertion goes, "all the rules of asthma apply," says Jolanta Piszczek, a pharmacist and Certified Respiratory Educator in Toronto. "If



If your asthma is under control, you should be able to undertake just about any activity.

you're inhaling a large volume of air at greater speed, you're exposed to the allergen that much more."

These factors may sound discouraging, but with good asthma control, you should be able to undertake just about any activity. "Those with asthma should be encouraged to get daily exercise," says

Jan Regier, a nurse and Certified Asthma Educator in Calgary. And exercise keeps the lungs in shape, too.

If your asthma is under excellent control, you should not experience symptoms after exercising. If you do, use your a rescue inhaler 15 minutes before **Exercising Control** continued on page 35

How to Stop An Asthma Attack

BY KIM SHIFFMAN

You're struggling for breath. It's hard to speak. You're pale and sweating. All this, and your blue rescue inhaler isn't helping. You're experiencing an asthma attack.

You can avoid this frightening situation by acting on the No. 1 warning sign that you're heading into an attack and the red zone of your asthma action plan.

"The precursor to an attack is a

flare-up, and that's when you have to take steps," says Pat Steele, a Certified Respiratory Educator and nurse technologist at the Cape Breton Chest Clinic in Nova Scotia.

The symptoms of a flare-up put you into the "yellow zone" of your asthma action plan. Here, there's still time to head off an attack, says Ann Bartlett, a CRE and respiratory nurse clinician at the Firestone Institute for Respiratory Health in Hamilton.

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Douglas Stewart Shawna McGhan Kathleen Frame

Q&A

Certified Educators take your asthma and allergy questions.

Send questions to: editor@allergicliving.com

Q. I'll be visiting relatives for a week later this summer and they have a cat. I'm allergic to cats and they trigger my asthma. How should I best manage this?

Douglas Stewart: To reduce the sniffles and sneezes, take a non-sedating antihistamine, beginning a day before your visit and continuing through it. For your asthma, review with your doctor whether your preventive therapy needs to be adjusted. For example, you might take a higher dose of your preventive inhaler or temporarily use a combination preventive inhaler. Of course, bring your rescue inhaler with you and use it when necessary, without exceeding the dose suggested by your physician.

Finally, make sure your written action plan is available to allow for early self-treatment in case your asthma flares despite these precautions.

Q. Recently after I took an Aspirin, my asthma seemed to flare up. Does that seem possible?

Shawna McGhan: Yes, it is possible that Aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) can make your asthma worse. Up to 29 percent of adults with asthma will have bad – possibly life-threatening – reactions to NSAIDs. Aspirin-induced asthma was thought to be less common in children, but recent studies show that up to 14 percent will react.

As a general rule, people with asthma may want to avoid Aspirin and other NSAIDs drugs such as ibuprofen, naproxen and diclofenac. Speak to your doctor about using alternative pain reliever medications, such as acetaminophen.

Q. I'm 22 and have just been diagnosed with asthma. Will I have this for the rest of my life?

Kathleen Frame: Asthma is often part of one's genetic make-up. But it is a disease that can be treated and well-controlled. Most days and nights, you should be symptom-free – but you may have periods throughout your life when it worsens. The key is to know your triggers, avoid them when possible, and quickly bring any flare-ups under control.

Asthma will likely always be a part of you, but with a self-management plan and education about the disease – often from an asthma or respiratory educator or health-care provider – you can live almost as though you don't have it at all.

Q. With controlled asthma, do I really need to worry about being outside on smoggy summer days?

Douglas Stewart: Airborne pollutants can worsen symptoms. If your asthma is worse on smoggy days, the simplest solution is avoidance. It's wise to check the weather forecast and spend less time outside when the Air Quality Health Index is high. Staying inside on those days, using air conditioning and even exercising indoors instead of outdoors are all great ideas. Of course, if you must be outside, be sure to carry your rescue inhaler.

Q. My 10-year-old complains that taking his corticosteroid inhaler "hurts his throat." I wonder if he's just trying to get out of using it. Any thoughts?

Shawna McGhan: A sore throat is a common side effect of inhaled corticosteroids. To reduce or eliminate the discomfort, have your son gargle and rinse his mouth after using the inhaler. Next, confirm that he is using his inhaler properly; poor inhaler technique can result in medicine particles getting stuck in his mouth. Finally, the addition of a spacer may reduce the amount of drug left in the throat. The spacer makes it easy to use the inhaler properly, avoids side effects in the mouth and maximizes the amount of medicine going into the lungs.

You may need to work with your doctor to address this sore throat issue. But your son shouldn't stop using the corticosteroid; it's essential for the treatment of his asthma.

Q. My son is 8 and always gets a cold that triggers his asthma shortly after returning to school in the fall. Why?

Kathleen Frame: Every year in Canada, a phenomenon occurs called the September Spike. In the weeks after school begins, many school-age children experience a severe asthma flare-up. Viral infections are the leading cause of the spike. Other factors include decreased asthma control in the summer and seasonal mold spores. To stave off the September Spike, tell your son to wash his hands frequently to avoid getting a cold, and make sure he takes his preventer inhaler as prescribed.

Douglas Stewart is a pharmacist and Certified Respiratory Educator in Sudbury, Ontario. Shawna McGhan is a CRE and a nurse at the Alberta Asthma Centre in Edmonton. Kathleen Frame is a registered respiratory therapist and CRE at the South Riverdale Community Health Centre in Toronto.

Warning Signs to Watch For

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1. **Shortness of breath and coughing (especially at night).**
2. **Wheezing and/or chest tightness.**
3. **Needing your reliever inhaler more than usual.**
4. **Difficulty with routine activities – like running up the stairs.**
5. **Fatigue and irritability are other possible precursors.**

What sends someone into that yellow zone depends on personal triggers – anything from a cold to fragrances. “It’s what I call your specific bell ringer,” says Bartlett. “It’s an individualized thing.”

If you end up in your yellow zone, there’s no need to panic. Just get out your reliever and follow your action plan.

Exercising Control

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exercise. If that is ineffective, there may be other factors, such as improper inhaler use. Speak to your certified educator or doctor to get a grip on control.

Long-time runner Nancy Perron, 54, began using inhalers about 15 years ago after consistently experiencing asthma symptoms while exercising. She now takes fluticasone twice daily for control and terbutaline before runs.

Over the years, “I’ve learned to really listen to my body,” says the Ottawa resident, who’s training for her fourth half-marathon. She gets training plans online and from running clubs, and modifies them to her abilities. When breathing becomes difficult, she walks; after training, she allows adequate time for recovery.

“It’s not [about] expecting to win the race, but expecting to do the race. It’s adjusting your mindset,” says Perron. “Focus on the positive, expect some bumps along the way, work through them and carry on.”

THE ASTHMA EXPERT

With Dr. Harold Kim

When you think about summer allergies, trees and weeds might spring to mind. But don’t forget about grass, a major cause of allergy. It started in May, and will be pollinating in June and July right across the country.

People with grass allergy typically experience allergic rhinitis, the most common symptom of which is nasal congestion. It can be quite severe. Another symptom is allergic conjunctivitis, which strikes 80 percent of grass allergic people, and is typically mild to moderate. Still, some people’s itchy, red and watery eyes become so troublesome that they require a referral to an ophthalmologist for potent topical therapy and monitoring.

Another potential complication for those with grass allergy is food-triggered oral allergy syndrome (or OAS). This occurs because the proteins present in grass are structured similarly to proteins in certain fruits and vegetables, and that may trigger a reaction. Tomatoes and kiwis, for example, can cause oral symptoms in grass-allergic patients.

To manage your allergy, avoid grass pollen by keeping windows closed and using air conditioning on hot days. Of course, when you’re



outside, grass can be hard to escape. From your backyard lawn to the field where your child plays soccer, it’s everywhere. That’s where medication comes in. A non-sedating antihistamine works well for mild symptoms, or speak to your doctor about intranasal corticosteroid sprays, which are highly effective for nasal and eye symptoms. Anti-allergy eye drops can be used if eye symptoms persist.

Finally, allergen immunotherapy, commonly known as allergy shots, is something to consider if treatment isn’t working. If you suffer from grass allergy, ask your doctor about these options.



ABOUT US

The Canadian Network for Respiratory Care is a non-profit organization and registered charity that works to improve the lives of those living with respiratory disease. We conduct exams and certify health-care professionals as Certified Asthma and Respiratory Educators (CAEs and CREs).

Our CAEs and CREs work to help patients with their asthma, COPD, allergies and smoking cessation efforts.

For more information about CNRC or to locate a CAE or CRE, please see www.cnrchome.net or phone: 905-880-1092.



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Teens' Corner

Me, My Friends and My Puffer

Teens open up about what it's like to grow up with a respiratory illness.



Being an adolescent isn't a piece of cake in normal circumstances. So what's it like when you add asthma to the mix? *Currents* asked two teens from the Halifax area about the peer pressure years with asthma. The differences in their answers may surprise you.

Q. Who do you tell that you have asthma?

Ashley, 17: "My close friends and the girls on my sports teams know about my asthma. But other than that, not too many people know about it."

Alexis, 12: "Most of the kids in my grade know I have asthma. Stories about a girl not being able to breathe spread like wildfire!"

Q. What do your friends think about your asthma?

Ashley: "My friends know where I keep my inhaler. But other than that, they don't say too much about it.

Some of them have asthma, too. I'm not different from anyone else, so it's not a big deal."

Alexis: "My friends think way too much about my asthma! They worry that if they make me laugh too hard that I will end up at the hospital because of them. Knowing that they care is nice – but it can get annoying."

Q. Have you ever been teased or called names for having asthma?

Ashley: "I've never been called a name for having asthma, but if I was, it would make me upset. Back when I was younger, I thought having asthma was embarrassing – I didn't think anyone else had it, and I thought I would get made fun of. But as I got older, I realized there are so many other people with it, so it's no big deal."

Alexis: "Thankfully, nobody has labeled me as a 'nerd' or a 'loser' for

having asthma. But there's the worry that, if you have an attack and you take out your puffer, that people will label you as 'the druggie.'"

Q. Do you have any advice for other teens with asthma?

Ashley: "My advice for teens with asthma is to take your medications properly and don't be afraid to tell people you have it."

Alexis: "Having asthma is stressful and annoying. But my advice to other teens is don't worry about kids calling you names. They only do it because they don't understand what's going on. If you have any problems or concerns, just ask your doctor. And don't be afraid to talk about your asthma with your friends, especially if they want to understand more."

*Are you a teen with an asthma story?
Write to Currents at
editor@allergicliving.com*

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