



ASTHMA CARE

SCOPE OF THE PROBLEM

A. Incidence & Prevalence

1. Asthma is a common disorder that affects 15 to 17 million people in the United States.
2. Thought to occur in 6.3% of the US population.
3. Most common chronic disease of childhood, affecting an estimated 4.8 million children.
4. Causes approximately 166 million days of restricted activities each year.
5. Asthma precipitates more than 2 million adult emergency department visits each year.
6. 160,000 hospitalizations occur annually due to exacerbation of asthma symptoms, ranks as the fifth leading cause of hospital admissions.
7. More than 5,000 deaths due to asthma occur each year in the United States – most are preventable.

B. Costs: Total economic impact of asthma is \$6.2 billion – including hospitalizations, emergency department visits, outpatient visits, and lost school and work days.

C. The Asthma Trend

1. Self-reported asthma has increased by 73% from 1988 to 1994.
2. Asthma among children is a growing problem with a 72% increase between 1982 and 1994.
3. Death and disability related to asthma has increased dramatically over the past 20 years.

D. The History of Asthma Management

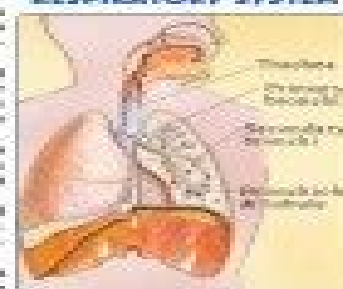
1. Many patients and their physicians underestimate asthma's severity.
2. For more than 15 years, asthma was considered to be an episodic, reversible airway constriction.
3. Advances in medical research have shown that asthma should be considered a chronic airway inflammatory disease characterized by at least partially reversible airway constriction.
4. The severity of symptoms do not often correlate with the objective physical findings.
5. Despite the availability of effective anti-asthmatic medications, many people have asthma that is not well controlled.
6. Inadequate treatment and inappropriate therapy are the major contributors to asthma illness and death.
7. The National Heart, Lung, and Blood Institute published new guidelines in 1997 as a means to improve the detection and treatment of asthma.
8. The four key components for asthma control in the NHLBI guidelines are:
 - a. Assessment and monitoring (how to detect and watch the trend of asthma)
 - b. Pharmacological therapy (medications used to maintain long-term control of asthma symptoms)
 - c. Control of factors contributing to asthma severity (identifying and removing triggers for asthma)
 - d. Individual education for a partnership in asthma care (developing an individualized care plan written by the patient and physician to help the asthmatic person take control of their disease)

PHYSICAL CHANGES

A. What happens when you breathe?

1. When you breathe in, air travels through your nose and/or mouth through a tube called the **trachea** (also known as the "windpipe").
2. Air enters a series of smaller tubes that branch off from the trachea; these branched smaller tubes are the **bronchi**, and they divide further into smaller tubes called the **bronchioles**.
3. It is in the bronchi and the bronchioles that asthma has its main effects; there are three components that result in difficulty breathing:
 - a. When the airways come into contact with an asthma trigger, the tissue inside the bronchi and bronchioles becomes inflamed (**inflammation**).
 - b. At the same time, the muscles on the outside of the airways tighten (**constriction or bronchospasm**), causing the airways to narrow.
 - c. A thick fluid (**mucus**) enters the airways, which become swollen and may be partially or completely plugged by the mucus.

RESPIRATORY SYSTEM



B. Inflammation

1. Inflammation occurs when an exposure to an asthma trigger causes cells within the airways of the lung to release strong substances that result in **airway tissue swelling**.
2. Swelling of the airway wall causes it to become more **rigid** and interacts with mucus.
3. This inflammation results in a complex interaction within the lung's airways, resulting in **bronchospasm**.
4. Inflammation of the airways is an early and persistent component of asthma.
5. Persistent, inadequately treated inflammation may lead to **permanent changes** in the airway structure.

C. Bronchospasm

1. Bronchospasm is an exaggerated **tightening** of the airways resulting in a smaller sized opening for air to pass in and out of the lungs during breathing.
2. Bronchospasm is also referred to as **airway hyperresponsiveness**.
3. The propensity for airways to narrow too easily and to "react" is a major feature of asthma.
4. Bronchospasm may result from exposure to an **asthma trigger**.
5. The level of airway narrowing usually correlates with the severity of the asthma attack.

BRONCHOSPASM



D. Mucus Production

1. Increased mucus production results when glands within the airways release an excess of thick mucus during an attack.
2. Although this is meant to protect the lung from a trigger, this thick, abundant mucus results in further narrowing of the airways, even to the point that the mucus actually clogs a small airway completely.

WHAT IS ASTHMA?

- A. Asthma is a life-long disorder of the lungs and airways.
- B. It is characterized by **airway inflammation** or swelling combined with excessive airway tightness, resulting in a restriction of airflow into and out of the lungs.
- C. Asthma has a **recurring pattern** of periodic episodes of difficult breathing alternating with periods of relief.
- D. Asthma involves **many cells and cellular elements** within the body that play a role in its long-term effects.
- E. During an asthma episode, you may feel like you cannot catch your breath and you may cough, wheeze or feel chest tightness.
- F. Symptoms occur more frequently at night or in the early morning.
- G. Characterized by sudden periodic episodes of difficulty:
 - I. Often referred to as "attacks," they are usually related to exposure to a trigger (a certain substance that a person's airways are sensitive to).

2. The most common triggers include:

- a. Strong emotional expression (laughing or crying hard)
- b. Allergies and other medications
- c. Smoke (tobacco, wood)
- d. Changes in weather
- e. Pollen
- f. Dust
- g. Animal fur and dander
- h. Feathers
- i. Molds
- j. Grass
- k. Viruses
- l. Cold air
- m. Exercise

NORMAL GAS EXCHANGE



Asthma Care Quickstudy Health

Sebastian L Johnston, David J Jackson



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Asthma Care Jody J. Grahn, Jim Ashley, BarCharts Inc., Staff, 2003-03-07 Fundamentals of asthma and caring for asthma 4 page laminated guide includes scope of the problem physical changes what asthma is indications taking control medications partnering with your physician child s management of asthma asthma allergies support contacts *Cumulated Index Medicus* ,1996 **Acupressure Guide For Headache and Migraine Treatment** MobileReference, 2007 Headache is often due to build up of stress and tension Acupressure is an effective way to relieve painful sensation associated these conditions This guide by Aaron Stein PhD is based on over 5 000 years of Chinese practice of self acupressure Features Step by step guide to relieving headaches and migraines at 5 locations In the frontal region of the head frontal headache In the back of the head occipital headache On the side of the head temporal headache On the top of the head vertex headache Pain in the eye headache behind the eye Every step explains point location direction of force and duration of massage No previous experience necessary Total treatment duration 10 to 15 minutes How acupressure works Nobody knows how acupressure works Very often pain is caused by a self perpetuating mechanism pain causes the mind to be attentive to pain that in turn causes more pain and even more attention and so on Most likely acupressure works by interrupting this vicious circle How does acupressure interrupt the cycle Stimulation of active points is thought to lead to increased release of endorphins Endorphin is a natural body painkiller Endorphin and morphine are chemically different molecules but by coincidence they have very similar 3 dimensional shape This similarity in shape allows morphine to bind the endorphin receptor and reduce pain Thus endorphin released by acupressure stimulation may lead to temporal reduction of mind s attention to pain interruption of pain cycle and following complete cessation of pain **Abridged Index Medicus** ,1996-10 **The Desktop Guide to Herbal Medicine** Brigitte Mars, 2014-11-01 Detailed description of more than 180 herbs with a broad range of information on each including historical and current medical uses edible properties natural range and more **Current List of Medical Literature** ,1957 Includes section Recent book acquisitions varies Recent United States publications formerly published separately by the U S Army Medical Library *Good Housekeeping* ,1995 [American Book Publishing Record](#) ,2006 *Media Review Digest* C Edward Wall, 2005-08 **Pocket Reference to Asthma** Sebastian L Johnston, David J Jackson, 2017-01-30 This concise pocketbook provides readers with a complete overview of the background of asthma and discusses treatment options emerging therapies alternative therapies and the most up to date guidelines The easily accessible text offers respiratory specialists and other health care workers with an excellent quick reference tool with full color tables and figures enhancing the text further This book was originally commissioned due to recent developments in both asthma management and treatment

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