WELLNESS

# Breathing easy

Even though the treatment of asthma is better than it was, some myths about it must be debunked

by Dr Vikram Jaggi

S A physician intimately involved in the treatment of asthma for the last 15 years, I can confidently say that the single most important component of effective asthma management is patient education.

In spite of good asthma treatment and better mass communication, there are still some very widely held myths regarding this respiratory ailment. It is a pity that some asthma patients suffer because of lack of correct information. Here are some myths and some truths.

#### It is an emotional disease

Asthma is a physical disease. People who experience an asthma attack while laughing or crying already have asthma; it is just the deep breathing and the extra effort associated with these emotions that leads to an attack. True, for some asthmatics, symptoms do worsen in emotional circumstances. For them, emotion can be as much of a trigger as temperature change, pollen, dust and viral infection. But it is untrue that "asthma is all in the head".

#### **Asthma is uncommon**

Estimates put the incidence of asthma in India at between five and 15 per cent of the population. But what doctors find worrying is the fact that incidence of the ailment has grown in the last three decades. There are several reasons for this. Our heightened standards of hygiene may be partly responsible. Because we are now less exposed to the usual infections of in-

fancy, our immune systems are weaker than they were. Plus, those who keep pets have greater chances of contracting asthma. And of course, pollution has its role to play. Increased awareness about the ailment, and better diagnosis and reporting could also account for this statistical increase in asthma cases.

## Children outgrow asthma at puberty

Yes, some children outgrow asthma. But not all. If episodes of wheezing are only associated with viral infec-



tions, the chances of it going away are good. But a child with full-blown severe asthma that started in early childhood is likely to see it persist in adulthood, particularly if there is a family history of asthma. Sometimes asthma becomes better at puberty, only to return in adulthood.

So my advice is this: rather than wait for the asthma to 'go away', be proactive. We know for sure how to reduce the chances of its progression in terms of environmental control (pets, house dust, smoking, cockroaches), diet regulation and regular medication. These should be followed with enthusiasm and a positive attitude.



# Asthma patients should not take part in sports

In fact, regular participation in sports strengthens your heart, lungs and muscles and reduces asthma attacks. If the asthma is well controlled, most sports can be tolerated. Generally, team sports involving bursts of activity with short periods of rest are better for asthma patients. Swimming is also good. Long distance running should be avoided.

#### Smoking does not affect asthma

Smoking affects asthma adversely in many ways:

■ Babies born to mothers who smoke have a greater chance of de-

veloping asthma than children of non-smoking mothers.

■ Children who have asthma and inhale cigarette smoke passively fare poorly in asthma control.

■ Asthmatics who smoke have a faster deterioration of lung functions

# Changing residence could cure asthma

'Allergic' people, unfortunately, are also prone to developing 'new' allergies. A new environment may temporarily improve asthma symptoms, but it will not cure asthma. After a few years in the new location, many patients become sensitised to the new environment and the asthma re turns with same or greater intensity

## Antibiotics are required for an acute attack of asthma

Asthma is caused by allergens (pollen, dust, dander, fungal spores etc.) or precipitated by viral infections. Antibiotics have no role in the treatment of uncomplicated asthma.



PHOTO: AJAY AGGARWAL, MODEL: MEZPAH WATERS, COURTESY: GLITZ



### Inhalers are habit-forming and are the last resort

Inhalers (or rotahalers, diskhalers, accuhalers, turbohalers etc.) deliver very tiny amounts of the medicine directly in the air tubes where it is actually required. The dose in this form is about 1/50th the dose delivered by tablet or injection. Thus the action of the medicine is better and faster and there are no general side effects.

Just as one would prefer to apply a cream for skin disease rather than swallow capsules, inhalers are the preferred treatment rather than the last resort. And inhalers are not habit-forming. They are simply used for a condition that is chronic.

#### Steroids have dangerous side effects

Many people confuse steroids with the illegal anabolic steroids that some athletes and body-builders use. Steroids used for asthma are normal hormones that are also produced in the body every day. They are like any other medicine.

Inhaled steroids are steroids used in very tiny quantities (in micrograms) that are inhaled directly into the air-tubes and they work there without being absorbed into the blood stream or the body. In the usual doses, there are no side effects.

Sometimes, for severe cases of asthma, oral steroids are required. For courses of 10-14 days there are no significant side effects. Also remember

that if the asthma is so serious that it mandates oral steroids, the asthma itself could cause serious damage to the lungs or even prove fatal.

### A mother who has asthma should not breast-feed

This is absolutely false. In fact, exclusively breast-feeding for the first four to six months of a baby's life can protect it against asthma. An asthmatic tendency cannot be transmitted though breast milk.

### Asthma treatment retards the growth of children

Inhaled steroids (ICS) do not stop children from growing to their full height potential. On the other hand, uncontrolled asthma definitely causes stunted physical, mental and emotional growth. Very large doses of ICS (sometimes required in severe cases) have been shown to slow the growth velocity marginally (about one cm per year) in children with asthma. But eventually these children catch up.

## Nebulisers are the best way to give medicine to children

An inhaler with a spacer is equally effective, provided the child is coached properly. Most intelligent children above the age of three to four years can be trained. The nebuliser delivers an unnecessarily high dose of medicine. There is also the risk of infection with nebulisers.

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