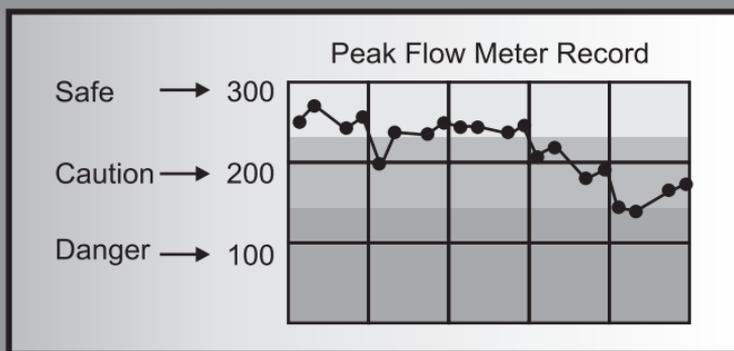


ASTHMA ATTACK

EARLY SIGNS



Prof. O.P. Jaggi
M.D., Ph.D., FCCP (USA)

Dr. Vikram Jaggi
MD (Medicine), DNB

The Authors

PROF. O. P. JAGGI has been Head of the Department of Clinical Research at the V. Patel Chest Institute, Delhi University. He has been the Governor of the North India Chapter, American College of Chest Physicians and Fellow of this College, as also of the American College of Allergy. He has been the Dean, Faculty of Medical Sciences, University of Delhi.

DR. VIKRAM JAGGI is a double gold medalist from Maulana Azad Medical College, New Delhi. He was the recipient of the prestigious Mohan Lal Nayar Award for the best Senior Resident of LNJP and GB Pant Hospitals. He did his MD in internal medicine and later did his DNB. He is Director of Asthma Self-Care Foundation. He has keen interest and specialization in asthma and allergy diagnosis & treatment.

Q. What early changes develop in a patient before an asthma attack?

- A. The following symptoms occur hours or days before audible wheezing or before an attack is fully in progress; these early symptoms vary a great deal among individuals.

Mood changes: Aggressive, overactive, grouchy, tired, easily upset.

Change in facial features: Dark circles under eyes, pale face, flared nostrils.

Verbal complaints: Fatigue, tight chest, chest filling up, chest hurts, dry mouth.

Breathing changes: Coughing, taking deep breaths, breathing through mouth.

Other changes: Listlessness, voice change, swollen face, quickening pulse.

Becoming aware of these symptoms helps patients use self-management techniques as soon as possible. This early action may ward off a severe attack.

Q. What is peak-flow monitoring and how is it helpful?

- A. The narrowing of the bronchi in a patient with asthma can be detected early enough by measur-

ing a lung function called the peak-flow of the breath. The change in it occurs earlier than the symptoms of breathlessness or the detection of wheeze through the stethoscope.

Peak Expiratory Flow Monitor measures the force of one's expiratory breath. The patient after a full inspiration, exhales forcefully into the tube of the monitor which has an indicator and a scale printed on it. The force of expiration is indicated by the push of the indicator along the scale and is read as Peak Expiratory Flow Rate (PEFR). In asthma patients due to the narrowing of the airways, the force of expiration is decreased.

Q. How is PEFR interpreted?

- A. PEFR measurement is taken daily by the patient, and he knows what his best reading is when he has no symptoms. If there is a drop in the reading, the patient becomes cautious and takes appropriate measures to avoid an attack. PEFR thus predicts an attack and alerts the patient to its danger. Measuring the peak-flow also provides the patient with information to share with the physician, to enable decision-making concerning treatment plan.

Q. What are the early steps in a asthma attack management?

A. The time to treat an asthma attack or an episode is when the symptoms first appear. The steps to be taken at this stage are as follows:

1. Rest and relax.
2. Drink warm liquid.
3. Use medicines prescribed for attack.

Q. How do rest and relaxation work ?

A. At the first sign of breathing difficulty, the patient should stop and rest. This means sitting down and resting for at least ten minutes. Resting helps the lungs to rest and not to work as hard. Relaxing may be explained as letting go, getting as comfortable as possible and staying that way for a while.

Diaphragmatic breathing or “belly breathing” helps in relaxing as well as in making the whole lung work, rather than just the upper parts. Patients who panic or have a hard time setting down, may need the help of a professionally trained person.

Q. How is belly breathing done and what is its use?

- A. It is a way of breathing that uses the diaphragm to help lungs get the air in. It may be performed in the following manner:

Lie on the floor, bend your knees, keep your feet on the floor, and put one hand on your chest and the other hand on your stomach. Breathe in through your nose, and make your stomach get round like a ball. Your chest should not move. Blow all the air out through your mouth with your lips pursed, and use the hand on your stomach to help you push all the air out. Your stomach should be flat.

In belly breathing, when you breath in, the stomach goes up and when you breath out, the stomach goes down.

Practice belly breathing 10 times, making sure that your chest remains still. Try practising this twice a day. Breathing this way may make you feel better and less tired.

Q. How does drinking of warm liquids help?

- A. Warm liquids relax the airways which lie just in front of the oesophagus in which the liquid flows. Liquid should be taken slowly rather than gulped down.

Liquids also help to thin the mucus. They also

replace the water that has been lost through hurried breathing.

Q. What is the role of the medicines prescribed early in an attack?

A. They should be used as prescribed by the doctor. They provide relief and help abort an attack.

Q. What is the modern approach to early drug treatment?

A. It is necessary that inflammation of lining of the airways of the lung is taken care of, along with removing narrowing and spasm (bronchoconstriction) of the lumen of the airways. If inflammation is not removed, some bronchospasm will be perpetuated.

Asthalin and the like drugs (e.g., salbutamol, a beta 2 adrenergic) either as aerosol (in metered dose inhalers) or tablets, are able to remove the early bronchospasm. They, however, do not check or reduce the inflammation. Taking of steroid aerosols along with salbutamol aerosols, provide quick recovery even in the early stages of the onset of an attack of asthma.

Q. How does diet affect the course of asthma?

A. Proper diet taken at regular hours is very impor-

tant for an asthma patient. This not only prevents an attack from occurring, but also lessens the severity of the attack that a patient is having.

Q. What sort of dinner should be taken by an asthma patient?

A. Asthma patients should not take any meal full-stomach. Fullness of the stomach after meals, particularly at night, causes discomfort in breathing or even precipitates breathlessness. One should take less quantity of food at a time, but many times a day.

Q. What other dietary precautions should the asthma patient observe?

A. Asthma patient should avoid:
Fried and fatty foods.
Spicy and sour preparations.
Taking alcoholic drinks.
Sweet dish at night.
Going out in the cold at night after dinner.

Q. What sort of health rules are applicable to an asthma patient?

A. Health rules for asthma patients include:
Getting up in the morning at a regular hour.

Taking morning walk or doing some physical exercise.

Maintaining regularity in daily work routine.

Sleeping early at night at regular hours so as to get up early.

Taking medicine regularly as directed by the physician.

Moderating or slowing down the pace of work

Q. What can an asthma patient expect from treatment?

A. With proper treatment, most people with asthma can expect to achieve:

A full night's sleep with no awakenings due to coughing.

A clear chest in the morning.

The ability to go to work or school regularly.

Full physical activity with a normal life style.

No emergency room visits or hospitalisations.

No significant side effects from medication.

Q. Are scientists doing research that could help people with asthma?

A. Researchers are working on several fronts to solve some of the many unanswered questions

about asthma. The areas being investigated are basic abnormality that causes asthma, developing better drug treatments and emergency measures, and educating people with asthma to help themselves. It has been well established that education programmes can greatly reduce asthma disability and hospitalisations.

Available Publications

1. Managing Asthma	Rs. 30.00
2. Asthma Attack : It Can be Prevented	Rs. 30.00
3. Asthma : Facts and Fiction	Rs. 20.00
4. Asthma Triggers: How to Avoid Them	Rs. 20.00
5. Asthma Attack : Early Signs	Rs. 20.00
6. Anti-Asthma Drugs : Their Proper Use	Rs. 20.00
7. Metered-Dose Inhalers : Use in Asthma	Rs. 20.00
8. Nebulizers : Use in Asthma	Rs. 20.00
9. Space Inhalers : Use in Asthma	Rs. 20.00
10. Peak-Flow Meter : Use in Asthma	Rs. 20.00
11. House Dust Allergy	Rs. 20.00
12. Food Allergy	Rs. 20.00
13. Urticaria	Rs. 20.00
14. Allergic Rhinitis (Sneezing Fits)	Rs. 20.00

ASTHMA, CHEST & ALLERGY CENTRE

New Delhi: 128, Vasant Enclave, New Delhi-110057
Tel.: 26145578, 26148490.

Gurgaon: U-25/11, DLF City Ph. III.
Tel.: 95-124-4069 448

A Centre fully dedicated to and equipped for the diagnosis and treatment of Asthma & Allergies

Facilities :

- Consultation
- All Laboratory Investigations
- Lung Function Testing
- Allergy Testing
- Allergy Desensitisation
- Asthma Publications
- Cough Clinic
- Asthma Club
- Professional Guidance : Diet & Yoga

Director:

PROF²(DR.) O.P. JAGGI
M.D., Ph.D., FCCP, FACA

Deputy Director:

DR. VIKRAM JAGGI
MD (Medicine), DNB

Lab. Incharge:

DR. NAMITA JAGGI
MD (Microbiology)