

A teachable moment about asthma

On Feb 16, 2012, Anthony Shadid, a Lebanese-American Pulitzer Prize-winning New York Times correspondent traveling with rebels in northern Syria, died of asthma. He was traveling on horseback along mountain trails toward the border with Turkey, and his fatal asthma attack was reported to be triggered by allergy to horses.

His death, like those of the the other 4000 Americans for whom asthma is listed as their primary cause of death every year, is a tragedy that should be preventable in almost 100% of cases, with methods that have been around since the 1980's. This gives us a teachable moment:

1. Most chronic diseases have relatively stable activity over time frames of days to months, with long term medication needs that are relatively constant. In those asthmatics who are subject to acute severe attacks, medication needs can change by the hour. If a severe he asthmatic doesn't get the additional medications in time, the consequences can be life-threatening.
 - a. Personal pulmonary function meters can help severe asthmatics in the same way that blood glucose meters help diabetics. The patient uses the meter twice every day (before inhaled meds) and any time he or she experiences asthma symptoms. Meter readings usually begin to fall about two days before a patient develops clinical signs of an exacerbation. Asthma attacks are easier to control and require less medication if treated early. Patients with recurrent severe attacks can be instructed to increase meds any time their meter reading drops below a specified level or does so for two consecutive readings, and to call for follow-up if the downward trend isn't promptly reversed..
 - b. Devices to measure asthma activity in infants and young children are on the drawing boards but not yet available. However, alert parents can be instructed to look for signs of increasing asthma activity and to step up treatment and seek specialty follow-up care when they occur.
 - c. More than 90% of the nation's 300,000 annual asthma hospitalizations and 1.8 million ER visits should also be preventable with established methods of anticipatory management. Why doesn't it happen?
 - d. For the severe asthmatic it usually takes several office visits to develop an individualized disease management plan that allows the fullest possible range of normal activity with the lowest long term cost and risk of medication side effects. With rising copayments for specialist office care, many families aren't willing or able to pay for it. Where cost of care isn't an issue, our society wants instant results with little or no work. For an illness in which treatment needs can change by the hour, only patients and parents are close enough to track them. Yet when patients feel well and look well most of the time, there's little motivation to make the effort to track asthma activity. An asthma specialist physician may be able to teach you how to track your asthma activity and what to do when it changes, but you then have to practice doing it until it becomes automatic.
2. War and asthma don't mix. Asthma was the No. 1 cause of non-combat medical evacuation in the First Gulf War. Military units work as teams and the Defense Dep't doesn't want to risk lives by having asthma provoked by battlefield chemical irritants. If you had confirmed asthma any time after your 12th birthday, don't plan on joining the military. If you had it before your 12th birthday but not since, and if you want to join any branch of the armed forces, you'll need medical clearance from an asthma specialist and have to pass a special test.
3. Allergy is a major trigger for most patients with asthma. The severity of the reaction depends on both intensity and duration of allergen exposure. If Mr. Shadid was allergic to horses but tolerated brief

exposures without symptoms, several days or weeks of riding through the mountains on horseback and sleeping in tents and bedding contaminated with horse dander could easily make the difference between a mild attack and in his case an asthma fatality.

4. When allergen avoidance is not practical, immunotherapy (allergy shots) can often reduce or eliminate allergic reactivity. Strong allergy vaccines are available for several animal species including horse.

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