

# ASTHMA MEDICAL CHALLENGES

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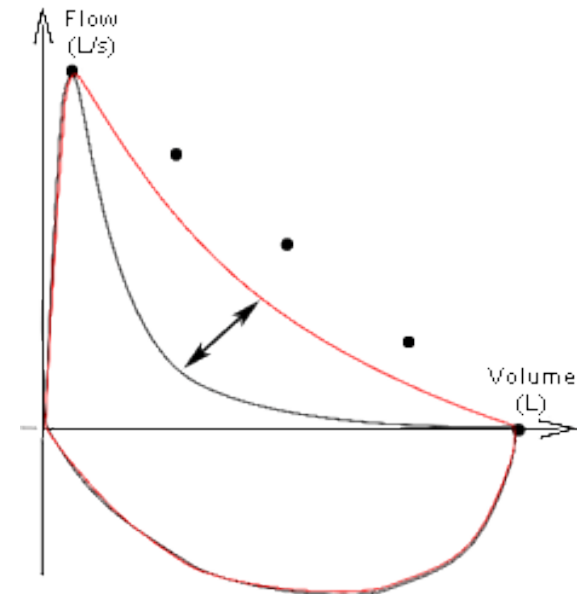
Respiratory Physician

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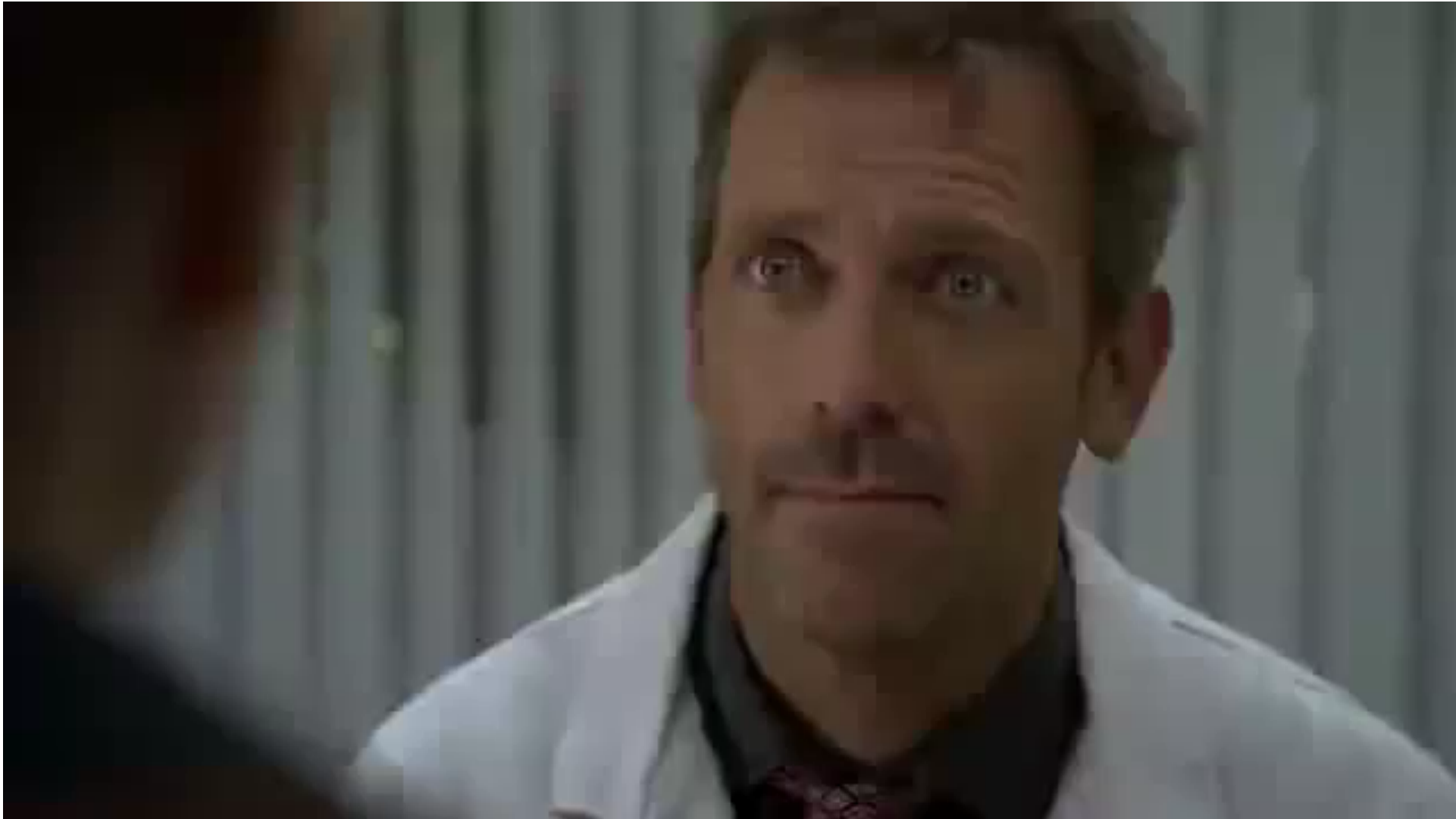
# CASE 1

- 22 yo ♂ multiple asthma attacks attending hospital with no intubations
  - Non-smoker, uses prn Ventolin and Seretide scripts given regularly
  - Discharged each time with oral steroid course and scripts
  - In clinic, spirometry obstruction, normal post Ventolin.
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- **What does this mean?**



# COMPLIANCE

- Inhaler techniques,
  - difference between pressure and powder devices
  - spacer use
  - following instructions
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# COMPLIAN CE

- Inhaler techniques,
  - difference between pressure and powder devices
  - spacer use
  - following instructions
- Understanding inhalers, relievers vs preventers
- Control of disease – ACT (<https://www.asthmacontroltest.com>)

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5
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2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	1	Once a day	2	3 to 6 times a week	3	Once or twice a week	4	Not at all	5
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3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5
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4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5
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5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5
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SCORE

TOTAL

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**If your score is 19 or less, your asthma may not be controlled as well as it could be.  
Talk to your doctor.**



# CASE 2

- 16 yo ♀ with asthma and...
  - Food allergy of egg, peanut and kiwi fruit, has EpiPen use.
  - Eczema
  - Allergic rhinitis, skin prick test positive to house dust mite, cat, dog, grass.
- Maximal tx, eye drops, antihistamines, montelukast
- Poor symptoms control
- BUT NOT been using her inhalers though as don't believe in it
- Spirometry was only mildly obstructed in clinic was better but still had symptoms
  
- **What to do?**

# IT IS ALL ABOUT THE TRIGGERS

- Avoiding aeroallergen triggers, hard to do
- Hay fever management and role of montelukast
- Reflux management.
- ?Densitisation



# CASE 3

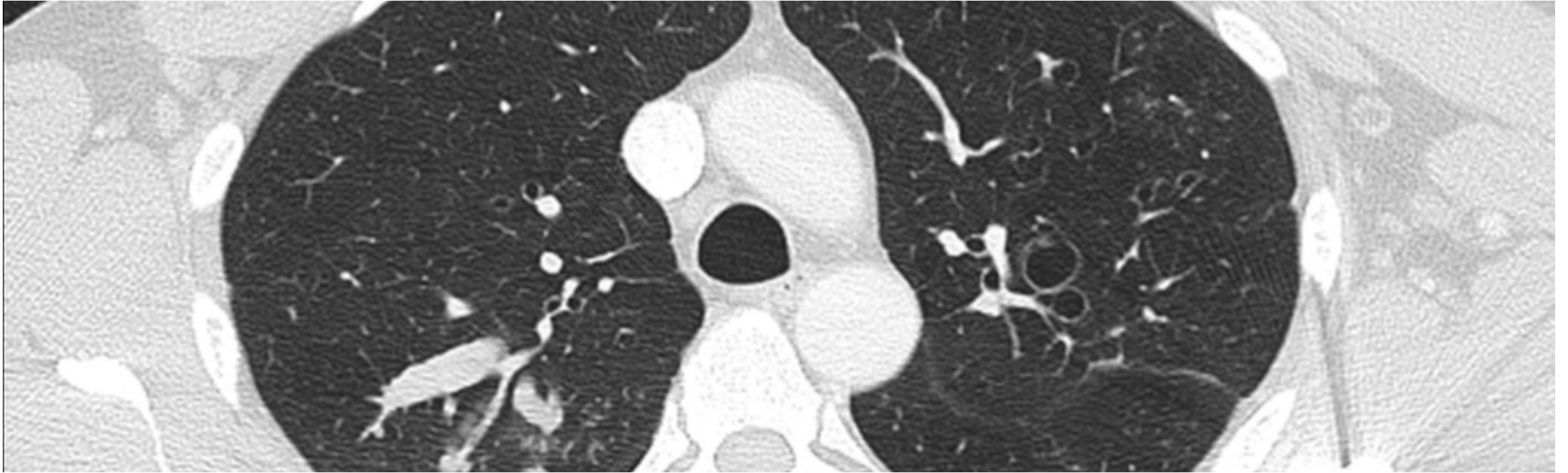
- 42 yo with childhood asthma with serum eosinophilia and atopy history
  - Also heavy current smoker and ex marijuana use
  - Spirometry still obstructed even after good doses of ICS/LABA,
  - After oral steroids spirometry does not return to normal
  - CT confirms emphysema
- 
- **So treat as asthma or COPD?**

# ASTHMA & COPD OVERLAP SYNDROM E (ACOS)

- Manage as both asthma and COPD.
- Don't stop ICS ever due to asthma
- Give LAMA for COPD.

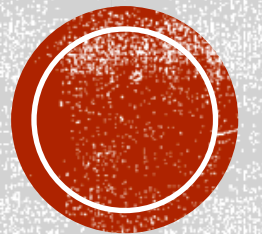
# CASE 4

- 51 ♀ recent migrant South Africa, known asthma with progressive breathlessness with mucus plugs. No steroids given
- Background hay fever, atopy and ex social smoker with no occupational exposures
- CXR: diffuse opacities
  
- **What is it?**
- Ix, high total IgE, +ve Aspergillus RAST & precipitins and eosinophilia
- CXRs showed improvement on treatment with no bronchiectasis



# CENTRAL BRONCHIECTASIS

Case courtesy of Dr Ben Hudson, [Radiopaedia.org](http://Radiopaedia.org), rID: 61966



# ALLERGIC BRONCHOPUL MONARY ASPERGILLOSI S (ABPA)

- Type of allergenic fungal airways disease
- Asthma and CF with recurrent exacerbations
- Bloods to do, CBC, Total IgE, Aspergillus RAST/precipitins.
- Tx: Steroids +/- Antifungal

# SUMMARY OF THEMES

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01

Compliance,  
technique and  
understanding

02

Triggers:  
aeroallergen,  
reflux, other  
atopy disease

03

Concurrent  
COPD: for  
triple inhalers

04

Recurrent  
exacerbations  
with plugs  
think ABPA





QUESTIONS?