



Currents

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Don't Let Asthma Steal Your Sleep

BY JACLYN LAW

Annette MacLeod thought her asthma was under control. But then she began to experience symptoms at night. About once a week, she found herself jolted out of sleep, wheezing, and it would quickly progress to coughing and shortness of breath, requiring her inhaler. And she found she needed her inhaler upon waking most mornings, too.

After a particularly frightening night, MacLeod, 42, of Whitby, Ontario, made a decision that enough was enough. She booked an appointment with her doc-

tor, who adjusted her medications and asthma action plan.

A recent Canadian study shows that about 20 percent of people with asthma have trouble falling or staying asleep (compared to 13 percent of the general population). A few fitful nights might seem insignificant, but don't ignore the warning signs, says certified respiratory educator Kathleen Frame, who's also a registered respiratory therapist and an asthma program coordinator at South Riverdale Community Health Centre in



Wheezing at night? Your asthma isn't under control.

Toronto. "With asthma, one single disturbance at night from respiratory symptoms that include coughing, **Night Symptoms** continued on page 47

Feline Foe

BY DEBRA MORRIS

There's no doubt about it: cats make lovely pets – provided you're not allergic. Within minutes of exposure, people with cat allergy can experience itchy eyes, runny nose, sneezing, congestion, even hives – not to mention asthma symptoms such as wheezing and difficulty breathing.

The trigger is not the cat's fur, but rather proteins from urine, sweat and saliva that are carried on dander. So regardless of length of hair, how much it sheds or even if the breed is touted as "hypoallergenic," every cat has the potential to set off an allergy.

Avoidance is the best means of control if cats are your trigger. But if



you must be around one, don't touch it! Take an antihistamine and, if you have asthma, also your asthma medications before being around the cat. Ask the feline's owner to move the pet to another room while you're there.

You might consider immunotherapy. A series of injections given over a three- to five-year period could make occasional exposures to cats far more tolerable. Ask your allergist whether this treatment is for you.

The hardest situation is when you or your kids develop an allergy to your cat. No one likes to have to remove a cherished pet from their home. But it's important to do so if the allergy triggers asthma. Your lungs will thank you.

Debra Morris is a nurse and CAE at Halifax Allergy & Asthma Associates.

Currents



Josie Luongo

Julie Gaalaas

Tracy Cushing

Q&A

Certified Educators take your asthma and allergy questions.

Send questions to: editor@allergicliving.com

Q: Our son's asthma is under control, except he still has breathing issues in frigid winter air. Would a scarf over his mouth help him?

Josie Luongo: A scarf over his nose and mouth would help. It traps heat and moisture when exhaling and subsequently moisturizes the inhaled air so as to minimize drying of the airway and the narrowing that follows. Using his rescue inhaler before going outdoors may also be helpful. It is important that he continues to use his controller medication and refer to his asthma action plan to determine if increasing the dose is necessary.

Q: What is the effect of a woman's menstrual cycle on asthma?

Julie Gaalaas: Hormones are an asthma trigger for some. Many women experience worsening asthma symptoms throughout different phases of their menstrual cycle. If you are noticing these changes in your asthma, I suggest tracking your symptoms throughout your cycle using a symptom diary. This way, you will know in advance when your asthma is likely to deteriorate.

Ensuring you have an asthma action plan will allow you to deal with your symptoms in advance and prevent your asthma from worsening.

Q: I'm really allergic to dust mites, and worried about an upcoming visit to my mom's place, where I sneeze and cough non-stop. (She has wall-to-wall carpets as well as

antiques.) What should I do when I can't avoid dust?

Tracy Cushing: Ask your mother to vacuum (with a HEPA filter vacuum, if possible) and dust before your visit, especially in the rooms where you're likely to spend the most time. Also request that she washes all of the linens on your bed with hot water and dries them on the hottest setting. Bring along a dust mite-proof pillow cover with you for the trip.

Speak to your asthma educator about your asthma action plan and whether it needs adjusting prior to your visit. Be sure to bring an ample supply of your breathing medications with you.

Q: My daughter was born when I was 34 weeks pregnant. She was only four pounds. Now she's 7 and has asthma. Would her premature birth be a factor?

Josie Luongo: That depends on her respiratory health history. There are many factors associated with the development of asthma, including exposure to allergens and tobacco smoke, genetics, infections and airway size.

In premature babies, especially those with a low birth weight, the smaller airways put them at a higher risk for wheezing in infancy and early childhood. Whether this wheezing will persist and be diagnosed as asthma at age 7 and beyond can depend on their lung function, family history and their personal history of atopy (a predisposition to develop allergic reactions) or allergies.

Q: Is it possible that eating a big meal can trigger asthma? I've noticed this in myself.

Julie Gaalaas: There are many reasons why you experience asthma symptoms after eating a large meal. Overeating can cause pressure on the diaphragm, making it difficult to take a deep breath. Eating a large meal may also cause acid reflux, which can increase asthma symptoms if left untreated. Think about where you are dining; there may be triggers present, such as pets or cigarette smoke. You may even have a food allergy.

It's important to ensure that your asthma is in control by using your controller medication daily and following your asthma action plan. This way you will have fewer symptoms and need your rescue inhaler less often.

Q: After being sick almost all the time, my 4-year-old was just diagnosed with asthma. I look forward to her being healthy; how long does that usually take?

Tracy Cushing: It may take a number of months to achieve asthma control. Two main factors come into play. The first is environmental control: learning about what triggers cause her symptoms and how to help avoid them. The second factor is medication dosing. Your doctor may adjust medications and dosing a number of times to ensure your child is receiving the appropriate dose for proper symptom control.

Keeping a diary to review with your doctor or asthma educator is a great way to keep track of symptoms, medication time, exercise and other factors that may affect your child's breathing.

Tracy Cushing is a respiratory therapist and CRE in Halifax. Julie Gaalaas is a respiratory therapist and CRE in Camrose, Alberta. Josie Luongo is a pharmacist and CRE in Toronto.

QUIZWHIZ

- 1 True or False: Mouth breathing helps minimize the effects of cold, dry air on asthma.**
- 2 True or False: Pet dander is less of a problem in winter months.**
- 3 True or False: People with exercise-induced asthma should avoid too much exertion.**

Quiz answers, page 48

Night Symptoms

Continued from page 45

shortness of breath, tightness in the chest and wheezing is enough to have cause for concern.”

Sleep loss affects thinking, concentration and learning, but fatigue isn't the only problem. If left unchecked, asthma-related inflammation can change the structure of lung tissue, making the condition harder to manage. Frame likens inflamed lungs to a forest fire that must be completely quelled – embers included – or the blaze will return. This may require weeks of anti-inflammatory therapy.

She recommends keeping notes about symptoms and looking for patterns. Triggers could include irritants in the bedroom (dust, mold, an old mattress); daytime exposure to triggers; fumes and chemicals; and seasonal changes (spring pollen and autumn mold spores). In winter, closed windows may lead to higher indoor mold exposure, says Frame. For some people, moving from standing to lying down causes symptoms. Colds and the flu can also worsen asthma; in children, it has been reported that up to 90 percent of attacks are triggered this way.

If an asthma attack wakes you, use your reliever medication. If you need it again within two hours, your asthma is “dangerously uncontrolled,” says Frame. Use the puffer every 10 minutes, and call 911 or go to the emergency room, then follow up with a visit to your health-care provider and a certified respiratory educator.

Photo: RICK CHARD

THE ASTHMA EXPERT

With Dr. Harold Kim

Nasal congestion, sneezing and drippy noses, and weepy or swollen eyes. The symptoms of allergic rhinitis aren't just uncomfortable, they can have a significant effect on quality of life. Fortunately, medications are available that can bring you relief. These are recommended if avoiding your allergens is impossible, or when avoidance alone does not lead to adequate symptom improvement.

The most common medication for allergic rhinitis is an oral antihistamine. Non-sedating pills should always be tried first. Most people find these over-the-counter products effective for mild nasal and eye symptoms. The sedating antihistamines are also effective, but may lead to significant fatigue. The impairment from these medications can even affect learning in children or driving in adults.

If you have more significant symptoms or if you don't find antihistamines effective, your doctor will likely prescribe a nasal corticosteroid spray. These medications work best when they are used regularly. Although your symptoms may improve within hours, the maximum benefit is usually seen in five to seven days. These sprays are effective for the most bothersome symptoms



of rhinitis, including nasal congestion and even eye symptoms.

Allergen immunotherapy, also known as “allergy shots,” should be considered when nasal corticosteroid sprays are not effective or not well-tolerated. Allergy shots require a significant time commitment, and there is a small risk of systemic allergic reactions. This type of treatment should be prescribed by an allergist.

So my message is: don't suffer with allergic rhinitis, take action. It's worth a visit to the doctor to find out which of these widely available treatments will have you breathing easily again.



ABOUT US

The Canadian Network for Respiratory Care is a non-profit organization and registered charity that works to improve the lives of Canadians living with respiratory disease.

We certify health-care professionals as Certified Asthma and Respiratory Educators (CAEs and CREs). Our CAEs and CREs work to help patients with their asthma, COPD, allergies and smoking cessation efforts. For more information or to find a CAE or CRE near you, please see www.cnrhome.net or phone: 905-880-1092.



SUPPLEMENT

Currents

Pregnancy & Asthma: 4 Myths

Women with asthma often get anxious about how the disease will affect a pregnancy. Pharmacist and CRE **Rachelle Dickie** – who has asthma and is pregnant with her first child – dispels the myths and offers up the facts.

MYTH No. 1: Pregnancy won't affect my asthma.

In fact, one-third of pregnant women's asthma improves, a third worsens and a third stays about the same. There's no way to predict which category you'll fall into.

MYTH No. 2: Taking asthma medications could harm my baby.

Reliever puffers and corticosteroid inhalers are safe to take during pregnancy. It's far better for the baby if mother is feeling healthy and breathing well.

Long-acting beta agonists and leukotriene inhibitors may also be used if control is not achieved with steroid inhalers alone. (Never take *any* medication without first checking with your doctor, pharmacist or asthma educator.)

MYTH No. 3: A flare-up isn't a huge deal when pregnant.

Uncontrolled asthma can increase the risk for pre-term labour, pre-eclampsia, intrauterine growth restriction, premature birth, low birth weight and stillbirth. Make sure you update your asthma action plan in case pregnancy requires an adjustment in your medications.

MYTH No. 4: If I experience breathlessness during pregnancy, it's just the baby pressing on the diaphragm.

It could be, but it could just as likely be your asthma. Discuss this with your doctor to make sure.

QUIZ ANSWERS from page 47

1. False: Mouth-breathing can make asthma worse. Breathing through your nose helps to warm and humidify the air before it reaches your lungs.

2. False: Pets and people spend more time indoors in the cold winter months, increasing exposure.

3. False: Exercise-induced asthma can be managed effectively (see "Get in the Game," at right).

María Muirhead, CRE, is the author of My Asthma Book and Smoking = Problems (Big Problems!).

Kids' Corner

Get in the Game

Gym class is a great place to learn sports and teamwork, have fun and get exercise. But too many kids with asthma are sitting out instead of taking part. Asthma educator **Paula Smith** has tips to get you off that bench:

- If you can't exercise without symptoms, your asthma is not under good control. It's time to visit your doctor or asthma educator.
- If your asthma *is* under control except for symptoms during gym class, ask your doctor if you should increase your controller medication, or maybe use your reliever puffer 15 minutes before exercising.



Kids with asthma should be able to enjoy all sports.

- Don't assess sports individually. Some are harder, but you should be able to enjoy just about every type of exercise without symptoms.
- If you know you'll be in an environment where your asthma is triggered – for example, a track meet where the grass is being cut and grass is your trigger – then you may want to sit out. (If this happens often, you may want to look more closely at your asthma control with your doctor.) If you have a cold, you might also need to sit out to avoid a flare-up.
- If you don't enjoy sports, asthma can become an excuse to avoid participating. Work to get past this. Remember, exercise improves how your lungs work, it gives you more endurance and makes your muscles stronger. It even improves your mood and ability to relax. You'll feel better for it – and then it will become fun.

Paula Smith is a registered respiratory therapist and Certified Asthma Educator at Orillia Soldiers' Memorial Hospital in Orillia, Ontario.

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