THE FOUR PILLARS TO HEALTH & WELLNESS

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HEALTH

Dealing with Asthma in the Central Valley

by Dominic Dizon, MD

Over 550,000 residents of the 8 counties of the Central San Joaquin Valley have asthma. Of these, 105,000 are children. Some counties in the Valley have the highest asthma rates for children in the nation, sometimes approaching 30% compared with 8.3% nationwide. Hence, dealing with asthma is a common and important aspect of living here in the Central Valley.



So, what is asthma? It is defined medically as having 3 characteristics:

- Airway inflammation
- Increased airway sensitivity to a number of triggers
- Temporary airflow obstruction leading to breathing difficulty also called bronchospasms

Understanding these 3 characteristics provides the foundation for an understanding of asthma medications and trigger avoidance.

An "asthma action plan" is developed based on the collaboration between the patient (and family) and asthma care provider and includes information and guidance on routine daily care and management of exacerbations.

If there is any suspicion for asthma based on symptoms, your provider may order an official pulmonary function test which includes spirometry and measuring lung volumes and diffusion capacities. Based on these, and the frequency of a patient's symptoms, a patient's asthma can be classified into 1 of 4 severity classes:

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

The types of medications used to treat asthma will depend on the severity class but mainly involve the use of rescue inhalers such as albuterol, chronic modulators such as steroid inhalers, combination long-acting beta-agonists and inhaled steroids, leukotriene inhibitors, and oral steroids for severe exacerbations.



Effective asthma management requires a preventative approach, with regularly scheduled visits during which symptoms are assessed, pulmonary function is monitored, medications are adjusted, and ongoing education is provided. Speaking of ongoing education, environmental triggers and co-existing conditions that interfere with asthma management should be identified and addressed for each patient.

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