



Tips to Prevent Falling Into the Fall Asthma Trap

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The fall can be a busy time of year: back-to-school for the kids, soccer moms (and dads) on the sidelines 'coaching' the coaches, friends tailgating for their favorite teams, and week-end trips to catch those last days of sun at the beach or to enjoy the fall colors. Enjoyable times can be ruined by the misery of allergies and asthma. The onset of ragweed and the fall mold season in many areas of the country, and the back-to-school 'cold' epidemic can make it a busy time for doctor's offices, emergency departments, and hospitals at this time of year. The months of September and October are peak times for asthma attacks, especially in children. Fortunately, with planning, most of these are preventable.

The National Heart, Lung, and Blood Institute (NHLBI) "Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma" (2007) states the goal of therapy is to **control asthma**. The Guidelines emphasize **reducing impairment** by controlling symptoms of asthma that may affect daily activities, and **reducing risk** for exacerbations (asthma attacks). There are steps you can take to reduce both impairment and risk:

Know your triggers and reduce your exposure. Reduce exposure to allergens or other triggers in the fall by following a few simple steps can help:

1. When doing yard work, like raking leaves, wear a NIOSH N95 respirator mask (www.allergyzone.com) which will filter out the small allergens and particulates that may trigger asthma. According to the CDC wearing N95 masks will even reduce the spread of viruses like the flu.
2. Have your heating and air conditioning system serviced. Install a high efficiency media filter with a MERV rating of 12 or 13 (www.allergyzone.com). Leave the fan on to create a "whole house" air filter that removes particles that may trigger asthma. Change the filter every three months (with the change of the seasons) to keep the air cleaner year round. Keep your windows closed to keep pollen and mold outside.
3. Check daily pollen and mold counts available through the National Allergy Bureau (www.aaaai.org/nab). Plan outdoor activities accordingly.
4. Wash hands to prevent the spread of cold viruses that can trigger asthma.

Follow your Asthma Action Plan. Ask your healthcare provider for a written asthma medication plan. Those with persistent asthma should take a **daily controller medication**. For most, this will be an Inhaled Corticosteroid (ICS). All asthmatics should also have a **rescue medication** to provide quick relief in the event of an asthma attack.

Educate yourself on the proper use of your inhaler or nebulizer medications. ICS inhalers may be either self-activated dry powder inhalers or metered dose inhalers (MDI). Rescue medications are all MDIs. The Guidelines recommend using a Valved Holding Chamber (VHC) with MDIs. All MDIs are now being transitioned to HFA type propellants. For these a non-electrostatic VHC such as the PARI Vortex is ideal.

For young children or people who have trouble using an inhaler, a nebulizer (such as the PARI LC) should be used. Both ICS and the rescue medications are available in this form. Infants and young children should use a mask when using either the VHC or nebulizer.



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Avoid triggers, follow you asthma action plans, and use devices to assure you get your medications will make for a pleasant asthma free fall...but unfortunately will not guarantee that your team will win the Big Game.



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