

Asthma Information from a Patient Advocate Perspective

By: James M. Lowrance © 2011

SECTION ONE:

What Do We Know about Asthma?

(Diagnosing and Treating Asthmatic Conditions)

To the many dedicated medical researchers and doctors who are accomplishing great things in the area of increased education and improved treatments for millions of asthma sufferers.

INTRODUCTION:

Some Statistics including those by the Centers for Disease Control (CDC) state that up to 25-million Americans suffer from asthma. That's

approximately 1 in every 12 people or about 8.2 percent of the US population. Asthma is more common in women than in men and is also more common among African Americans and Hispanics than in Caucasians.

Approximately 3,000 asthma deaths occur in the US each year. It is believed that undiagnosed asthma in a significantly large percent of sufferers in years past was due to less-adequate diagnosing of the disease. Better education on the types of asthma, its causes and related conditions (i.e. Chronic Bronchitis, Emphysema and COPD) is helping to detect more cases earlier, so that treatments can slow progression and improve the symptoms of these common respiratory diseases.

As a fellow asthma sufferer and patient advocate, it is my sincere hope that this book helps to educate its readers on this very important medical subject.

-Jim Low

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CHAPTER ONE

My Personal Experience with Adult-Onset Asthma

Breathing is regulated by the involuntary nervous system but is something that we also consciously contribute-to and are aware of but that we often take for granted.

I slowly developed asthma as an adult in my mid-40s that is now in the “moderate-persistent”

category. I only occasionally have to use an albuterol rescue inhaler with flares. My case of asthma may also have aspects of “upper airway resistance” involved because when I lay flat on my back (supine), I immediately feel some tightness in my lungs. When the upper airway is affected, this can be due to sinusitis, post nasal drip and esophageal digestive problems. This is however not uncommon with typical asthma, especially in those who also have GERD (Gastro Esophageal Reflux Disease) as I do. It naturally concerned me when these symptoms first manifested and I wanted to be assured by my MD, that there was no cardiac involvement (heart enlargement) in my asthma symptoms. I had her to order me a "BNP" blood test or “B-type Natriuretic Peptide” (when not abbreviated), which is very accurate for detecting congestive heart failure, even at the mildest levels. My lab result was "4" and I was very happy to see that result because elevated readings of 100 and above can indicate varied degrees of heart failure, which is always characterized by degrees of heart-enlargement. BNP results that are between 300 to 600 represent moderate heart enlargement/failure and those at 900 and above represent severe cases of heart failure. Most people with asthma do not have Chronic Heart Failure (CHF – also called “Congestive Heart Failure”) but if a person

has risk factors for the condition, such as prolonged, chronic, untreated hypertension, heart valve problems, previous heart attacks and/or blockage in cardiac arteries or they are elderly, ruling out this potential cause of asthma may be important.

My GERD and anxiety (the anxiety being largely due to phases of mild hyperthyroidism from autoimmune thyroiditis) can be precipitating factors in my adult-onset case of asthma. I do have actual asthma and not simply the perception of restricted breathing or so-called “psychosomatic asthma” because I experience times of needing to clear mucous from my throat/lungs that forms in them at times and I experience cough and cough-sensations when taking in deep breaths or exhaling forcefully – such as with nose-blowing. I had asthma as a child as well but it stopped manifesting for many years and returned in my 40s, which is referred to as “adult onset asthma”.