

Q&A: Living better with severe asthma and allergy

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Anna Kovalszki, M.D., of the Division of Allergy and Immunology and Njira Lugogo, M.D., a pulmonologist and director of the asthma program at U-M Health answer common questions about allergies and asthma, including how to recognize symptoms, common therapies, and insights for patients with severe allergy and asthma on ways to improve their quality of life.

What are the signs and symptoms of severe asthma?

Lugogo: Asthma symptoms can range from mild to severe, but I'm even a little hesitant to refer to asthma as mild. Even patients with so-called [mild asthma](#) can suffer fatal events, and a lot of the time when a patient is told they have mild, they feel comforted and don't take it very seriously. We need to think of asthma as a condition that is either active or not very active at different times.

On the severe end of the spectrum, patients have daily symptoms, waking up at night short of breath, coughing, wheezing, requiring a lot of medication that can keep asthma under control or even uncontrolled despite the medication. I want everyone to understand that once you have asthma, you should be serious about it regardless of where you fall on that spectrum because it is a serious condition that requires attention.

People talk about the 'trifecta' of asthma, allergies & eczema—why are these things connected?

Kovalszki: The underlying process is a person has a propensity for developing allergies, often driven by genetics and family history but also driven by what they're exposed to. So, if they are exposed to things that can potentially increase the rate of allergic inflammation, such as car exhaust fumes or factory pollution, for example, [these have] been shown to increase [reactions]. For example, patients with pets in their

home might notice if their dog licks their hand, they develop hives. That is a skin manifestation of the same [allergy](#) that will drive their asthma to develop and get worse. The manifestation of the allergy can come out in the nose, lungs, skin, GI tract (in the case of food allergy), but the underlying mechanism is all the same.

What impact does the flu, a cold or COVID-19 have on asthma patients?

Lugogo: Viruses are particularly notorious at causing asthma exacerbations and there are some viruses that are more likely to propagate inflammation in the lungs and cause people's asthma to worsen than others. One interesting fact about COVID is it doesn't seem to cause the asthma to flare per say and seems to be a disease of the lung tissue itself, where people get pneumonia in the most severe cases. The data on whether people with asthma have worse outcomes with COVID is a little bit murky. What we do know is people with type 2 asthma may actually have better outcomes if they get exposed to COVID, similar to people without lung disease. The jury is still out but it is a condition listed by the CDC that you get vaccinated for COVID. Asthma is also a consideration that makes you a candidate for antiviral treatments for COVID, but you need to be diagnosed and treated within five days. So, if you suspect you have COVID you need to get tested very quickly. If you start feeling respiratory symptoms, you really should seek medical attention.

How do you know you need to go to the hospital when your asthma flares up?

Lugogo: This is my passion topic. I think we've done a disservice to people by normalizing asthma attacks. We've made it seem like this is just how it is and you should accept the fact that you will have attacks.

You may tell yourself, I'll just take a warm shower, and in doing so miss the severity of it.

I think when you develop symptoms, sometimes it's just you can't stop coughing, your chest is tight or you're wheezing loudly, anytime you're in distress and you have used the tools your doctor has given you, like an inhaler or nebulizer, and you're not getting better, you should err on the side of caution. We need to start thinking of an asthma attack the way we think of a heart attack. Nobody would tell somebody, "if you're having [chest pain](#), and it's going down your arm, go lie down for 35 minutes and then take a hot shower, don't worry about it." We always educate patients to get themselves to the hospital. Many times they're not having a heart attack but when they are, they get help in time. And if we are completely going to eliminate deaths related to [asthma](#), which is always the goal, we need to start allowing people to go in and get care.

Provided by University of Michigan

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