

April 2016

May is Asthma Awareness Month

May 3, 2016 is World Asthma Day

The U.S. Environmental Protection Agency (EPA) has developed an Event Planning Kit to equip state and local asthma programs to hold community-based asthma awareness and action events during Asthma Awareness Month. Inside, you will find ideas and helpful tips for planning and running powerful community asthma events in schools, hospitals, clinics, and state capitols. You will also find sample materials and a resource order form to help prepare for your events. It's not too early to start planning!

<http://www.epa.gov/asthma/asthma-awareness-month-event-planning-kit>

Asthma, a lung disease, affects over 22 million people living in the United States, including 1 in 12 children. It causes 3 in 5 people living with asthma to limit their physical activity or miss days at school and work. Asthma is also expensive, costing the nation \$56 billion each year.

On World Asthma Day (Tuesday, May 3) and throughout May, people with asthma and organizations dedicated to asthma control and education join together to increase awareness about asthma and improve the lives of all people with asthma.

Also, check out the Centers for Disease Control & Prevention (CDC) Asthma Awareness Toolkit located below to help take control of asthma & bring awareness to your community!

http://www.cdc.gov/asthma/world_asthma_day.htm

Asthma Camps

Free Weekend Respiratory camps are available thru Camp Soaring Eagle in Cornville, Arizona, for children ages 6-15 years with asthma.

- Apply at: www.campsoaringeagle.org or contact Anna Viviano, Camper Recruiter at 480-253-9924.

Here is a **great resource** to share with parents of a child or teenager with asthma, interested in **finding an asthma camp** in their community:

- The Consortium on Children's Asthma Camps - <http://asthmacamps.org/>

Arizona Asthma Coalition's 10th Annual Clinical Asthma & Allergy Conference Saturday, October 8th, 2016

SAVE THE DATE!!!! The Arizona Asthma Coalition will hold its 10th Annual Conference on Saturday, October 8, 2016, from 8 a.m. to 4 p.m. at St. Joseph's Hospital & Medical Center, Phoenix. The theme of the conference is "*The Role of Inter-Professional Teams in Managing*

Asthma & Allergy." The conference will explore best practices and teamwork in various outpatient, inpatient and community settings. There will also be three tracks:

- Pharmacology - comparison of currently-available inhaled corticosteroids, and new biologics in the treatment of asthma
- Clinical Practice - allergy treatments: sublingual vs. subcutaneous immunotherapy, and new biologics in the treatment of asthma
- School Nurses - basic pharmacology of inhalers, long-term control vs. quick-relief inhalers, use of inhalers before exercise, and protocols for asthma emergencies/training non-medical staff to manage asthma emergencies

CME/CEU credits will be applied for: physicians, PAs, nurses, nurse practitioners, asthma educators and respiratory care practitioners. Watch for registration materials in July! www.azasthma.org

For further information, contact: Melanie Esher-Blair at mesher@peds.arizona.edu

Asthma in the News

Asthma in Obese Women Affected by Sex Hormones, Inflammation

Sex hormones and systemic inflammation may be mediating the obese-asthma phenotype, according to a new study.

<http://bit.ly/1PFW9yb>

Women With PCOS May Have Higher Asthma Rates

Polycystic ovary syndrome (PCOS) was associated with a 34% increased risk for asthma, regardless of body weight, researchers

reported. <http://www.medpagetoday.com/MeetingCoverage/ENDO/57112>

Newsweek: Flint Isn't Michigan's Only Disaster

In a recent cover story, Newsweek takes a long look into air pollution and asthma in another low-income minority community.

<http://bit.ly/21TsBEn>

A Daily Dose of Sunshine While Pregnant Could Help Prevent Asthma in Children

Sufficient Vitamin D during the second trimester of pregnancy could help reduce a child's risk of developing asthma.

<http://bit.ly/1UPwc7R>

Study Reveals New Way Lungs Respond in Asthma Attacks

Researchers have identified a new biochemical process that controls how air enters and leaves the lungs during normal lung function and during an asthma flare.

<http://bit.ly/1Sy2zl3>

New Survey: People Living with Asthma Believe It Is Controlled, But Persistent Symptoms and Limits to Everyday Activities Tell a Different Story

The survey explored current attitudes of healthcare providers and patients about asthma control, and found 70 percent of surveyed asthma patients report regularly experiencing some limits to performing everyday activities, and 84 percent of surveyed healthcare providers report well-controlled patients should experience no limits to these activities.

<http://prn.to/1oFqdUD>

Angiotensin-2 Linked to Severe Asthma, Exacerbations

Patients with increased Angiotensin-2 serum levels are more likely to have severe or refractory asthma and have repeat severe exacerbations, according to research.

<http://bit.ly/1Mhrm0a>

FDA Approves Cinqair (reslizumab) to Treat Severe Asthma

The U.S. Food and Drug Administration today approved Cinqair (reslizumab) for use with other asthma medicines for the maintenance treatment of severe asthma in patients aged 18 years and older.

<http://1.usa.gov/1LGGELI>

Barriers to Asthma Management for School Nurses: An Integrative Review.

Nadeau H, Toronto CE.

April 2016

Childhood asthma is a growing health concern. Asthma is the most common chronic illness of childhood and a leading cause of emergency room visits, hospitalizations, and school absenteeism. School nurses play a valuable role in asthma management.

The purpose of this integrative review is to examine barriers to asthma management for school nurses in the school setting. Findings revealed multiple barriers school nurses encounter in managing asthma. Six themes emerged that included lack of resources and support, insufficient time, communication challenges, limited knowledge, and lack of awareness of school nurses'

expertise.

Students, parents, primary care physicians, school administration, staff, and school nurses themselves all play a role in constructing barriers to asthma management. There is a need for school nurses and school nurse leaders to focus efforts to develop strategies to overcome barriers to ensure evidence-based, best practice management of asthma in the school setting.

<http://www.ncbi.nlm.nih.gov/pubmed/26656476>

Asthma Management Disparities: A Photovoice Investigation with African American Youth.

Evans-Agnew R.
June 2015

Disparities in asthma management are a burden on African American youth. The objective of this study is to describe and compare the discourses of asthma management disparities (AMDs) in African American adolescents in Seattle to existing youth-related asthma policies in Washington State.

Adolescents participated in a three-session photovoice project and presented their phototexts to the Washington State asthma planning committee. Critical discourse analysis methodology was used to analyze adolescent phototexts and the State asthma plan. We found that the State plan did not address AMD in African American adolescents.

Adolescents discussed more topics on AMD than the State plan presented, and they introduced

new topics concerning residential mobility, poor nutrition, inadequate athletic opportunities, and schools with stairs.

Current health policy may be constraining effective responses to asthma disparities in youth. School nursing leadership can use photovoice to advance youth voice in transforming structural inequities in urban school environments.

<http://jsn.sagepub.com/content/early/2015/06/08/1059840515588192.abstract>

The impact of tobacco smoke exposure on childhood asthma in a Medicaid managed care plan.

Farber HJ, Batsell RR, Silveira EA, Calhoun RT, Giardino AP.
March 2016

Tobacco smoke exposure increases breathing problems of children. Texas Children's Health Plan is a Managed Medicaid and Children's Health Insurance Program (CHIP) managed care provider. The aim of this study is to determine associations among tobacco smoke exposure, asthma prevalence, and asthma health-care utilization.

METHODS:

Texas Children's Health Plan conducts an annual survey of members who have a physician visit. Questions were added to the survey in March 2010 about asthma and tobacco smoke exposure. Survey results for children < 18 years of age were matched to health plan claims data for the 12 months following the date of the physician visit.

RESULTS:

A total of 22,470 parents of unique members/patients from birth to < 18 years of age participated in the survey. More whites than African Americans or Hispanics report that the child's mother is a smoker (19.5% vs 9.1% and vs 2.3%, respectively; $P < .001$). Compared with children whose mother does not smoke, parent report of asthma diagnosis and claims for dispensing of short-acting beta agonist medication are greater if the mother is a smoker (adjusted OR, 1.20 [95% CI, 1.03-1.40] and 1.24 [95% CI, 1.08-1.42], respectively). In contrast to Medicaid, in which there are no out-of-pocket costs, the CHIP line of business requires copays for ED visits. ED visits are influenced by maternal smoking only in the CHIP line of business (adjusted OR, 4.40; 95% CI, 1.69-11.44).

CONCLUSION:

Maternal smoking increases risk for asthma diagnosis and prescription of asthma quick-relief medication. Maternal smoking predicted asthma-related ED visits only for the CHIP line of business.

<http://www.ncbi.nlm.nih.gov/pubmed/26512943>

Asthma management programs for primary care providers: Increasing adherence to asthma guidelines.

Cloutier MM.
April 2016

This article reviews new approaches, facilitators, barriers, and opportunities to increasing guideline adherent care for children with asthma by primary care clinicians.

Recent findings:

Primary care clinicians are challenged by the volume of guidelines and want transparent guidelines that are easy to use and that can be used in complex patients with multiple comorbidities. Programs that use decision support tools and electronic technologies and provide support from individuals new to the medical home such as panel management assistants, community health workers, patient advocates, practice facilitators, school nurses, and pharmacists may enhance use of guidelines by primary care clinicians and reduce asthma morbidity. Primary care clinician burnout and difficulty incorporating electronic asthma decision tools into current workflow are recently recognized barriers to guideline integration and improved asthma outcomes. In addition, many of these interventions are labor intensive, costly and may not be capable of being widely disseminated.

Summary:

Programs that simplify guidelines, provide decision support tools and use electronic technologies and an expanded medical team may improve the quality of asthma care provided by the primary care community to children and their families with asthma.

<http://www.ncbi.nlm.nih.gov/pubmed/26849166>

Inner-city asthma: Special considerations for management.

Dutmer CM.
April 2016

Purpose of review:

Asthma is prevalent in inner-city populations, exhibiting significant morbidity and mortality. This review focuses on the consequential findings of recent literature, providing insight into onset of asthma, complicating factors, prediction of exacerbations, and novel treatment strategies.

Recent findings:

Analyses of environmental influence on inner-city children demonstrated novel interactions, implicating potentially protective benefits from early life exposures to pests and pets and isolating detrimental effects of air pollution on asthma morbidity. Through detailed characterization of inner-city asthmatics, predictors of seasonal exacerbations surfaced. Focused, season-specific treatment of inner-city asthmatics with omalizumab identified those most likely to benefit from season-tailored therapy. Comparative studies of urban and rural populations revealed that race and household income, rather than location of residence, impose the greatest risk for increased asthma prevalence and morbidity.

Summary:

Challenging previously conceived exposure-disease relationships, recent literature has elucidated new avenues in the complex interplay between immunologically active exposures and their effects on inner-city asthma. These findings, and improved understanding of other relevant exposures, could steer the direction of primary (and secondary) disease prevention research. Moreover, careful identification of asthma characteristics has effectively established predictors of exacerbations, highlighting individuals for which additional therapies are warranted and for whom such treatments are most likely to be effective.

<http://www.ncbi.nlm.nih.gov/pubmed/26859370>

Researchers develop tool to help track and treat childhood asthma

By Colleen Schmidt

3/21/16

Asthma is the most common chronic disease during the formative years and Alberta researchers are working on a project to improve the care for children affected by the respiratory condition.

The project involves the development of an electronic care guide that family physicians and their staff can use to better manage the care they provide to asthma patients.

The treatment guide is put directly into the patient's electronic medical record and the hope is that it will help to reduce the need for emergency department visits and hospital stays.

"What we're attempting to improve is physician and parent management of asthma for their children," said Dr. Andrew Cave, a family physician and Professor of Family Medicine at the University of Alberta. "So we developed a template that can be inserted into a patient's electronic records for the doctor; they can click on it when a child with asthma comes through, and follow the path so the patient gets managed ideally."

"So essentially what it is, is a series of questions posed to the physician to clarify, to help them really narrow down, to target in a really time efficient way, what type of asthma it is and then how best to treat it," said Dr. David Johnson Professor of Paediatrics, Pharmacology and Physiology at the University of Calgary, Cumming School of Medicine.

The three-year study is being conducted at the U of C and U of A and is intended to assist health professionals to prescribe the right medication and to help parents fill and use the prescription properly.

"We're hoping this intervention, this new initiative, will really help family physicians and parents to do a better job of managing their children's asthma, thereby resulting in fewer emergency department visits and hospitalizations," said Dr. Johnson. "Not all types of asthma are the same, there are sub-types of asthma and so they require different kinds of treatment, different kinds of approaches, and so because many family physicians, generalists, aren't aware of that, it's new information, they really need help to more efficiently manage kids to really ascertain what kind of sub-type it is and how to treat it."

Other health professionals will also be trained to talk with parents and provide education on asthma treatments.

"By ensuring that family practitioners have a convenient tool that helps them provide the optimal therapy and by instructing the chronic-disease nurses in family practitioners' offices on how to best educate parents to manage their kids with asthma, we offer the best chance to prevent kids from having to visit emergency or be hospitalized," said Dr. Johnson.

Erin White's son Noah has allergy-related asthma and uses inhalers and steroids.

"It's really stressful, trying to remember, when was the last time he had this medication and the dosage and is he ready for this one and can he try something new and has he had a reaction to this and there's all kinds of different triggers and it's really stressful," said White. "The idea that this is going to happen, we can type in his name, figure out exactly what he needs and when he

needs it is going to be fantastic."

"It can be kind of scary sometimes because I can't really catch my breath and I start coughing really hard and I can't catch my breath and I have to go in and get my medicine and then just stay inside," said Noah. "I want to be able to get back outside and start playing again."

The project is funded by a \$750,000 grant and will be introduced by The Alberta Primary Care Pathway for Childhood Asthma to 22 medical practices in the province for a trial run.

If that is successful, researchers plan to roll it out province-wide.

<http://calgary.ctvnews.ca/researchers-develop-tool-to-help-track-and-treat-childhood-asthma-1.2826654>

Des Moines project's home visits seek root of asthma attacks

By Tony Leys (AP)
3/20/16

DES MOINES, Iowa (AP) - Kevin Ochoa's family is getting unusual help in answering a vexing riddle: Why is he having so much trouble breathing?

The Des Moines Register (<http://dmreg.co/1SSfVNr>) reports that the local sixth-grader suffers severe asthma attacks, which routinely send him to the hospital. The situation is frightening, painful and expensive.

Last week, a team of experts came to his south-side home to help figure out if something there was triggering Kevin's lung spasms.

"You spend so much time in your home, and if it's not healthy, you can't stay well," said Claire Richmond, project manager for the group Healthy Homes Des Moines.

The project's supporters include Polk County and the city's three main hospital companies, Mercy, UnityPoint and Broadlawn. The goal is to find and fix household problems that contribute to childhood asthma.

The effort began last July as a pilot project in a neighborhood north and east of downtown Des Moines. It now is spreading throughout the city. The goal is to help 150 families over two years.

Kevin's mother, Jessica Ochoa, has lost track of how often she's taken Kevin to the hospital for asthma attacks over the past year.

"Probably five or six times," she said, standing in the family's living room last week.

Her 12-year-old son looked up from the couch. He shook his head. "No, I'd say at least seven or eight times," he said, adding jokingly that he considers the hospital "my second home."

Every time Kevin goes to the hospital, doctors and nurses examine him, listen to his wheezing lungs and put him on more drugs. The most intense visit came late last month, when an ambulance rushed Kevin to Blank Children's Hospital. He stayed there nearly three days, including a stint in the intensive care unit.

"It seems like the older he gets, the worse it gets, which is frustrating because it's supposed to be something you outgrow," his mother said.

After Kevin was released from the hospital, Jessica received a call and an unusual offer. Healthy Homes Des Moines wanted to send experts to the family's home to look for possible issues that could be compounding Kevin's asthma. Ochoa agreed immediately.

A building inspector from the Polk County Health Department and a community health worker from Visiting Nurse Services arrived last week. They walked through the house, looking at carpet, bedclothes and basement walls. They looked for possible sources of mold, dust or mites.

The experts asked whether anyone in the house smokes. The parents said no, which was good news. Then the visitors asked where the Ochoas' dog, Harley, slept. The answer: In Kevin's bed. The experts' response: Harley needs to sleep somewhere else.

The building inspector checked out a crawl space under the bungalow's bedrooms. The crawl space has a damp, dirt floor, and the area wasn't well sealed. A contractor would be sent over to seal it up. The team also agreed to have the carpet in Kevin's bedroom ripped up and replaced with a hard laminate floor, which would be easier to clean.

The team also decided to install a drain system along basement walls, to repair a water leak under the kitchen sink and to reroute the exhaust from a bathroom fan. And it would give the family a year's supply of furnace filters, a special vacuum cleaner and a mop that uses steam to deep-clean floors. In all, the work and supplies would be worth nearly \$10,000.

That sounds like a lot, but it could easily be offset by savings if Kevin can avoid future hospital

stays, said Richmond, the project organizer. Kevin's care costs are covered by Hawk-I, a public health insurance plan for children of moderate-income families. His expenses can easily run into the tens of thousands of dollars.

The two-year program has an \$866,000 budget, with money coming from the county, area hospitals and several foundations.

The home inspections are part of a new emphasis on reining in health care costs by helping people control chronic illnesses. Asthma is a prime example. Project organizers say it is the third leading cause of hospitalization for children. They say it is twice as common in Des Moines' poor neighborhoods as in the state as a whole, partly because of the age and condition of many houses.

The only way to really tackle the problem is to address the underlying causes, Richmond said. "There's only so much doctors can do in the clinic."

http://www.washingtontimes.com/news/2016/mar/20/des-moines-projects-home-visits-seek-root-of-asthm/?utm_source=RSS_Feed&utm_medium=RSS

Ozone rule will protect children

By Dr. Edward Ketyer
3/24/16

As a pediatrician, I see children on a daily basis suffering from asthma and other respiratory ailments. The Environmental Protection Agency's new ozone rules can help these children breathe

easier - but they have to be implemented in a timely and effective manner. Some in Congress and industry seek to stop these rules, leaving children and their families breathing seriously unhealthy air.

High levels of ozone in the air can lead to decreased lung function, coughing, chest pain and shortness of breath. Long-term exposure to ozone pollution can permanently scar children's lungs. Children are particularly vulnerable to ozone pollution because they spend more time outdoors than adults, breathe more rapidly and inhale more pollutants per pound of body weight.

For children who already have asthma, the health consequences of ozone exposure are even more dangerous, often requiring trips to the emergency room. On high ozone days, many of these children are forced to stay home, missing school and requiring their parents to miss work.

The American Lung Association's 2015 State of the Air report ranks the Pittsburgh-New Castle-Weirton metro region 21st for high ozone days out of 220 metropolitan areas studied, and it gives Allegheny County a grade of F for ozone pollution.

The tri-state, 12-county Pittsburgh metro area made the top 25 of all three of the worst air lists for ozone (that's smog) for year-round particle pollution, and for short-term small particle pollution. It's one of only seven metro areas to share that dubious distinction.

Implementing the ozone rule will go far to reduce adverse health effects. EPA estimates that by 2025, the ozone rule will result annually in 750 fewer premature deaths, 320,000 fewer asthma attacks among children, 330,000 fewer days of missed school, 65,000 fewer missed work days, 1,400 fewer asthma-related emergency room visits, and 790 fewer cases of acute bronchitis among children.

The EPA's modest lowering of the ozone standard - in my professional opinion, it should have been lowered even further - will make important improvements to our nation's health. It will also generate significant economic benefits, thanks to reductions in premature deaths, avoidable hospital admissions and other medical expenditures and missed school and workdays. EPA predicts that by 2025, compliance with the new ozone standard will cost the nation (excluding California) \$3.9 billion.

However, this cost of compliance will result in annual health care savings of between \$6.4 and \$13 billion. That's between 1.6 and 3.3 times more savings than costs.

The ozone standard holds out the promise of improving the health of all individuals, especially children. As a pediatrician, I ask that the standard be implemented in a timely manner to protect the millions of children and families at risk from dangerous levels of ozone pollution.

Ketyer has been treating children in the Pittsburgh area since 1990. He is a member of the American Academy of Pediatrics Council on Environmental Health and a Clinical Assistant Professor of Pediatrics at the University of Pittsburgh School of Medicine.

<http://www.thealmanac.net/article/20160324/OPINION7/160329973>

Procedures to Assist Health Care Providers to Determine When Home Assessments for Potential Mold Exposure Are Warranted

Chew GL, Horner WE, Kennedy K, Grimes C, Barnes CS, Phipatanakul W, Larenas-Linnemann D, Miller JD

March 25, 2016

Drawing evidence from epidemiology and exposure assessment studies and recommendations from expert practice, we describe a process to guide health care providers helping their patients who present with symptoms that might be associated with living in damp housing. We present the procedures in the form of a guided 2-part interview. The first part has 5 questions that triage the patient toward a more detailed questionnaire that reflects features of housing conditions known to be reliably associated with exposures to mold and dampness contaminants. We chose the questions based on the conditions associated with moisture problems in homes across the United States and Canada. The goal is to facilitate the clinician's effort to help patients reduce exposure to environmental triggers that elicit symptoms to better manage their disease.

<http://www.sciencedirect.com/science/article/pii/S2213219816000489>

Adherence to Asthma Guidelines in Children, Tweens, and Adults in Primary Care Settings. A Practice-Based Network Assessment

Yawn BP, Rank MA, Cabana MD, Wollan PC, Juhn YJ

April 2016

Objective:

To assess primary care adherence to 2007 US asthma guidelines.

Patients and Methods:

Patients with persistent asthma aged 5 to 65 years from 22 primary care participating practices provided the data for this analysis of baseline information from the pragmatic randomized clinical trial the Asthma Tools Study. Using a combination of abstracted medical record data and patient-reported demographic information, we assessed the medical record documentation for elements of the 2007 US asthma guidelines. Elements assessed included documentation of (1) assessment of control, (2) factors that affect control (medication adherence evaluation, inhaler technique education, and evaluation for triggers), (3) self-management support (action plan), and (4) asthma medications prescribed (short-acting β -agonists and daily maintenance therapy). The baseline data was collected from March 16, 2009, to May 1, 2014.

Results:

In 1176 patients (285 children, 211 tweens, and 680 adults) from 16 family medicine and 6 pediatric practices across the United States, documented guideline adherence was highest for prescription of medications (88.0% for short-acting β -agonists and 70.4% for maintenance medications) and lowest for an asthma action plan (3.1%). Documentation of control (15.0%) and factors that affect control (inhaler technique education, 7.6%; medication adherence assessment, 32.5%; and allergy evaluation, 32.5%) was not common and even less common for adults compared with children. A total of 22.2% of the enrolled patients had no asthma-related visit in the year before enrollment. Adherence to the non-medication elements were higher in practices located in cities of more than 250,000 people and cities that used electronic medical records. Older patient age was negatively associated with guideline adherence.

Conclusion and Relevance:

Adherence to asthma guidelines is poor in primary care practices, leaving many opportunities for improvement.

[http://www.mayoclinicproceedings.org/article/S0025-6196\(16\)00044-6/references](http://www.mayoclinicproceedings.org/article/S0025-6196(16)00044-6/references)

Nationwide Children's program aims to help asthma kids at school

By Ben Sutherly
March 27, 2016

Come gym or recess time at Columbus' Fairmoor Elementary School, Anila Bowles' asthma no longer confines her to the sidelines.

The third-grader doesn't cough as much as she once did, and she no longer feels winded during games of tag. Before, she said, "I would have to slow down, sit down, be bored and mad."

Nurses at Nationwide Children's Hospital switched Anila to a new medication, Flovent, that has helped her condition. And school nurses have taught the 9-year-old a lot about how to control her condition.

"Now, she's able to play and interact with her friends and do more," said Anila's mother, Kevina Bowles.

Anila is one of 262 central Ohio students who, as of March 10, were enrolled in the hospital's school-based asthma therapy program.

The program, which has expanded to 123 schools from just 17 three years ago, is part of a

broader push by Nationwide Children's to improve the health of young asthma patients. Through the pediatric accountable-care organization Partners for Kids, for example, the hospital has cut emergency department visits by about 20 percent in recent years for asthmatic kids.

Several years ago, when population health was identified as a key part of the hospital's strategic plan, asthma was identified as a clinical area that needed to be on the short list of priorities, said Dr. Sean Gleeson, president of Partners for Kids. "It's so prevalent," he said.

The respiratory disease affects 6.3 million kids in the United States and undercuts school attendance, learning and participation in sports and other activities, Gleeson said.

While it is difficult for researchers to measure how many children wake up in the middle of the night coughing or are unable to take part in a soccer match, emergency-department visits are a reliable indicator of the degree to which the hospital is succeeding in helping children control their asthma.

The hospital works with family doctors in the area to implement proven approaches for managing the condition, Gleeson said. The hospital is structuring electronic medical records to make it easier for doctors to follow that guidance. And more intensive educational training for families of young asthmatic inpatients is being infused into their care, he said.

If a patient regularly shows up in the emergency room for uncontrolled episodes of asthma, or if a doctor suggests it, Partners For Kids also will directly assign a "care coordinator" to a patient and family to help them manage their disease more successfully.

Dr. Dana Schultz, who is with the independent practice Pediatric Physicians Inc. in Hilliard, said he

appreciated the clinical insight on asthma that he and his co-workers received from Nationwide Children's.

"I feel much more confident that I'm doing a good job with asthma than maybe I did in the past," the general pediatrician said.

A respiratory therapist went to the practice to make sure that pulmonary function testing was done correctly, and families of children with asthma or possible symptoms are asked to fill out a standardized questionnaire supplied by the hospital.

"I think we're catching more kids with asthma than we had in the past," Schultz said.

Acceptance by school nurses, meanwhile, has spurred more widespread use of the school-based asthma therapy program, which now has a presence in schools from New Albany to Pickerington.

Through the program, school nurses work with students to make sure they properly use their inhalers, which in turn improves medication adherence at home, said Dr. Beth Allen, who leads the program along with Dr. Bill Long.

At the beginning of their participation in the school program, kids' asthma control test scores often run around 16, well below the threshold of 20 typically seen in children whose asthma is well-controlled. After taking part in the program, the median score for participants is typically around 22.

"We'll see that improvement over the course of six to eight weeks," Allen said.

Key to the program's success is the fact that asthma medication for students is sent to their schools and their homes, officials said. The coordination of care provided by the nurse practitioner and two registered nurses that operate the program also has been important in moving the needle.

The program predominantly serves children who are enrolled in the state's Medicaid program.

"Many families are stretched thin with the demand of keeping a roof over their heads," Allen said.

The program has reduced absenteeism among students without placing a burden of work on school nurses, said Lisa Fleege, a school nurse at Fairmoor Elementary in Columbus.

It's important for parents to recognize that their children don't have to resign themselves to a certain lifestyle because of asthma, she said.

<http://www.dispatch.com/content/stories/local/2016/03/27/your-health/1-asthma-program-aims-to-improve-schoolchildrens-breathing.html>

She's Having a Baby: On Asthma, Pregnancy and Medications

Purvi Parikh, M.D.
March 30, 2016

When a woman with asthma becomes pregnant, she's not only "eating for two," as the saying goes, she's also breathing for two.

Oxygen is essential to a healthy placenta and fetus development. And since asthma flares can reduce oxygen levels in the blood, pregnant women must take extra care to avoid asthma-related breathing difficulties.

That's why it's important for them to work closely with the doctor who treats their asthma, whether in primary care or a specialist, as well as their obstetrician - and to encourage the two doctors to communicate with each other when establishing a treatment plan.

Asthma and allergies are unpredictable in moms-to-be. Studies show that about one-third of women with asthma find their symptoms improve during pregnancy; one-third say they get worse; and one-third say they stay about the same. Certainly, more and more studies are pointing to hormones as common asthma triggers.

If you're planning to become pregnant:

- Talk with your primary care doctor or asthma specialist about how to improve your symptom management. Review your medications, your inhaler technique and your treatment plan. The healthier your lungs are before you become pregnant, the better you and your baby will be.
- Most people with asthma also have allergies that trigger symptoms. If you don't know what you're allergic to, ask for a referral to a board-certified allergist trained in allergy testing and diagnosis.
- Ask about exercise-induced asthma symptoms and ways to prevent them.

When you know you are pregnant:

- Some of your medications may have to be adjusted so they're safe during pregnancy. Make an

appointment with your doctor to tailor your Asthma Action Plan and discuss ways to prevent and treat symptoms safely.

- Share your Asthma Action Plan with your obstetrician, and discuss any concerns either of you have.
- Encourage your doctors to work together; make sure they have contact information for each other.

Prevention Tips

During pregnancy, women must be extra careful to avoid anything that might cause an asthma flare. This may include avoiding secondhand smoke, staying inside on high pollen or air pollution days, eliminating mold from the home, installing dust mite covers on mattresses and pillows, and keeping pets out of bedrooms.

Some easy and benign preventive allergy treatments are saline nasal washes for nose and sinus care and eye drops for allergic conjunctivitis; both are safe during pregnancy.

It's also important to follow strict hygiene habits to reduce the risk of cold and flu - and to get an annual flu shot early in the season.

Medication Use

It's best to be cautious using any medication during pregnancy - especially during the first trimester. However, uncontrolled asthma is dangerous for both mother and baby, and medications may be necessary.

Most preventive asthma medications are topical and inhaled, going straight to inflamed airways and not dependent on the bloodstream to reach the lungs. They are safer than the risk of an asthma flare-up, which not only poses a risk to the mother and fetus, but also may require treatment with stronger medications that have unwanted side effects.

The U.S. Food and Drug Administration recently replaced its A-B-C medication and pregnancy safety ratings with informational websites that give doctors up-to-date research findings on specific medications. Discuss your medication options with both your obstetrician and asthma doctor, and make sure you're all in agreement.

If you experience an asthma flare during pregnancy, consult your doctor as soon as possible for guidance.

Purvi Parikh, MD, is an allergist and immunologist with Allergy & Asthma Network , the leading nonprofit patient education organization for people with allergies, asthma and related conditions. She practices in New York City at Allergy and Asthma Associates of Murray Hill and New York University School of Medicine. She sits on the Board of Directors for the advocacy council of the American College of Allergy, Asthma & Immunology.

<http://health.usnews.com/health-news/patient-advice/articles/2016-03-30/shes-having-a-baby-on-asthma-pregnancy-and-medications>

Asthma's severity shouldn't be underestimated

By Cilgy Abraham
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It was 9:45 p.m. on a busy Friday. My beeper goes off indicating a new admission to the unit. An ER patient will be arriving within 15 minutes. While I quickly scramble to get the chart ready, alert the staff, update the assignment and answer the phone, which appears to never stop ringing, I start thinking about the incoming patient. What's the diagnosis? How old is he or she? What's his or her story? Within minutes, the patient arrives - a 24-year-old male. Diagnosis: severe asthma attack, on a ventilator. Status: critical.

Nights like these are always the hardest, especially when you have patients who are so young, yet are knocking on death's door. Shortly after, I was able to learn that this young man was an intelligent individual who had a severe asthma attack while hanging out with his friends. He was quickly rushed to the hospital, intubated and placed on a ventilator. Unfortunately this remarkable individual did not make it. While it pains me to even envision the anguish that his loved ones are experiencing, I have come to realize that cases such as this one are far too common in the United States and around the world.

The Centers for Disease Control and Prevention estimate that "about 25 million people have asthma, and the numbers are increasing every year." Moreover, "1 in 2 people or approximately 12 million individuals with asthma had an asthma attack in 2008." So what is asthma? Asthma is a non-curable, chronic condition that causes inflammation of your airways. Oftentimes asthma sufferers may have difficulty breathing and shortness of breath, because the muscles surrounding their airways tighten. In addition to breathing difficulties, asthmatics may also experience

symptoms such as "coughing, wheezing, shortness of breath and/or chest tightness."

The American Academy of Allergy, Asthma & Immunology (AAAAI) explains that asthma symptoms may be worse during exercise, weather/seasonal changes or during times of high stress. The AAAAI also states that allergic asthma symptoms can be triggered by allergies or exposure to certain allergens such as "dust mites, pet dander, pollen or mold." Furthermore, occupational asthma can be trigger symptoms when "inhaling fumes, gases, dust or other potentially harmful substances while on the job."

While asthma does not have a cure, symptoms can be controlled. Controlling your symptoms requires taking medications as prescribed, having an asthma action plan (especially for children) and learning to avoid or effectively deal with (if you cannot avoid) the triggers that cause and worsen your symptoms. Most importantly, you should always carry your quick-relief rescue inhaler everywhere you go. Not having emergency medications or not knowing what to do in an asthma attack is detrimental and in some cases fatal.

Do not underestimate the seriousness of asthma in any population. Remember the severity of asthma can rapidly escalate, hence it is important to be aware of the signs and symptoms of an asthma attack. Some signs and symptoms, as mentioned on WebMD, include rapid breathing, severe wheezing upon inhalation and exhalation, chest tightness and pressure, coughing, trouble talking, retractions of the chest and neck muscles, blue lips or fingernails (cyanosis) and/or feeling anxious or panicky. It is so important to call 911 and seek immediate medical attention if you or anyone you know has these symptoms. Remember that without prompt medical treatment, one can lose consciousness and die.

Clinicians recommend that asthmatics receive the annual flu vaccine since asthmatics are at risk

for developing respiratory infections. Creating an asthma action plan may be helpful to improve the day-to-day management of asthma. An asthma action plan is a set of written instructions that "can be based on peak flow rate or asthma symptoms." The plan consists of three different levels (called zones) and interventions that you (or an assigned caregiver) would take in each zone.

For example, the green zone indicates that you are doing well and are effectively managing your symptoms. The yellow zone indicates that your symptoms are getting worse. The red zone indicates further worsening of the symptoms and requires immediate medical attention. The American Lung Association states that an asthma action plan should include, medications to take based on your signs, symptoms or peak flow measurements, symptoms or peak flow measurements (if used) that indicate the need for urgent medical attention, and telephone numbers for an emergency contact, healthcare provider, and local hospital.

Asthma does not have to control you. You can control your asthma. Properly adhering to treatment regimens, maintaining a healthy lifestyle, knowing your triggers, having easy access to your rescue inhaler and creating an asthma action plan can make a difference.

Cilgy Abraham is a Rutgers School of Nursing senior. Her column, "Code Wellness," runs on alternate Mondays.

<http://www.dailytargum.com/article/2016/03/abraham-asthmas-severity-shouldnt-be-underestimated>

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