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Asthma Predictive Index by Karen Meyerson MSN, RN, FNP-C, AE-C

Health professionals and parents have long known that infants and small children will wheeze more than older children and adults, and that sometimes it leads to asthma. But it is often hard to diagnose asthma in such young patients, and until recently, hard to predict which child would develop asthma, and which would seem to "outgrow" it.

Wheezing is very uncommon during the first two months of life, but in the next few months, first-time wheezing increases, peaking between two and five months of age. Infants' airways (compared to older children and adults) are smaller around, have less smooth muscle and make more mucus, which can lead to more coughing, wheezing, chest tightness, shortness of breath, or rapid breathing. Most wheezing during the first three years of life is related to viral respiratory infections, such as respiratory syncytial virus (RSV). Respiratory viruses and symptoms of early asthma may be hard to tell apart, making diagnosis and treatment tricky. But doctors and parents now have a tool to help them predict with reasonable accuracy if the child will develop asthma.

The 2007 NHLBI Guidelines for the Diagnosis and Treatment of Asthma promotes the Asthma Predictive Index (API), a guide to determining which small children will likely have asthma in later years. High risk children (under age three) who have had four or more wheezing episodes in the past year that lasted more than one day, and affected sleep, are much more likely to have persistent (i.e. lifelong) asthma after the age of five, if they have either of the following:

One major criteria

- ~ Parent with asthma
- ~ Physician diagnosis of atopic dermatitis (often called eczema)
- ~ Evidence of sensitization to allergens in the air (i.e., positive skin tests or blood tests to allergens such as trees, grasses, weeds, molds, or dust mites)

OR

Two minor criteria

- ~ Evidence of food allergies
- ~ >4 percent blood eosinophilia (Increased numbers of white blood cells called eosinophils are made by the body to fight off allergic disease. They can collect in tissues and cause damage to the airways of the lung.)
- ~ Wheezing apart from colds



The API was developed after following almost a thousand children through 13 years of age*. Seventy-six (76) percent of children diagnosed with asthma after six years of age had a positive asthma predictive index before three years of age. Ninety-seven (97) percent of children who did not have asthma after six years of age had a negative asthma predictive index before three years of age.

This data lends a strong argument for use of the API routinely in young children. With the insight the index provides, doctors and parents can watch more closely for symptoms of asthma as the child grows, and if needed, start the right medications earlier. Earlier and better treatment can help keep children active and healthy, and their asthma in good control.

*Castro-Rodriguez JA, et al. A clinical index to define risk of asthma in young children with recurrent wheezing. *Am J Respir Crit Care Med* 2000; 162: 1403-1406.

Karen Meyerson is Manager of the Asthma Network of West Michigan, the asthma coalition serving West Michigan. A certified asthma educator, she supervises a staff of asthma educators and a medical social worker providing intensive case management services for low-income children and adults with moderate to severe asthma. Karen is also a Nurse Practitioner in private practice, specializing in asthma and allergies.



Quick Links

[AIM Website - GetAsthmaHelp.org](#)

[More info about CFC MDIs changing to HFA](#)

[NHLBI Asthma Guidelines](#)

[Asthma Warning Signs & Symptoms](#)

[AIM Event Calendar](#)

Rescue Inhalers are Changing!



Rescue metered dose inhalers (MDIs) like Albuterol are changing, and you will not be able to get the CFC type after December 31, 2008.

This is what you need to know about the new HFA inhalers:

- Although the propellant will be different, the Albuterol medicine is the same and there won't be any change in how it works in your lungs.
- HFA inhalers might taste or feel different in your mouth than your CFC inhaler, but the medicine is the same.
- The "puff" you feel from your HFA inhaler might not seem as strong as the puff from your CFC inhaler, so it might not feel like you are getting the same amount of medicine. Don't worry. The amount of medicine in the puff is the same, so take only the number of "puffs" your doctor recommends.
- HFA inhalers are not generic and will probably cost more than the CFC inhaler you have

been using. But, there are coupons, rebates and other programs to help. Visit the websites below to find them.

- Your HFA inhaler will need to be cared for differently than your CFC inhaler. Ask your doctor or pharmacist to explain what you need to do.

To learn more and get help, visit these websites:

- [Allergy & Asthma Foundation of America](#)
- [Allergy & Asthma Network, Mothers of Asthmatics](#)
- [American Lung Association](#)
- [Food & Drug Administration \(FDA\)](#)
- [Partnership for Prescription Assistance](#)

Ask an Asthma Educator

Guest Educator: April Allen, RRT, AE-C

My asthma doesn't seem too bad, so I only use my "rescue" inhaler when I'm in trouble. Sometimes it takes me a while to catch my breath after that. Should I be doing something different? ~ Busy Teen

Dear Busy,

Instead of waiting till you're in trouble, you should use your rescue inhaler (also called Albuterol or quick-relief inhaler) at the first sign of asthma symptoms. Sometimes early asthma symptoms can be mild, and may not seem to be related to asthma. These warning signs may start 24 to 48 hours before an asthma attack begins, and should be treated as early asthma symptoms.

By knowing your warning signs and treating them quickly, you may be able to avoid an asthma attack. Think back to your last asthma attack. Did you have any of the signs below before you were in trouble with your breathing?

- * A cough that doesn't go away, especially at night
- * Itchy, scratchy, or sore throat
- * Waking up at night
- * Dark circles under eyes
- * Runny, stuffy nose
- * Increased tiredness
- * Mood change - grouchy or extra quiet
- * Throat clearing
- * Eczema flare-up

If any of the warning signs above have happened to you, talk to your doctor and family about how often they happen. Your warning signs should be included on your Asthma Action Plan. For a full set of warning signs and more information about asthma symptoms, visit the [AIM website](#).

Remember, if you use Albuterol more than twice a week to treat asthma symptoms (except to prevent symptoms triggered by exercise), it is likely that your asthma is poorly controlled.

Michigan Asthma Calendar

January

20 Asthma 123 facilitator training, American Lung Association of Michigan, Oak Park office, 9 a.m. to 12 p.m. For more info: Angy Webb, 248.784.2024

22 Word of Mouth (WOM), a youth tobacco prevention program, facilitator training, American Lung Association of Michigan, Oak Park office, 9 a.m. to 4 p.m. For more info: Angy Webb, 248.784.2024

29-30 Freedom From Smoking (FFS) facilitator training, American Lung Association of Michigan, Oak Park office, For more info: Angy Webb, 248.784.2024

February

3 Asthma 123 facilitator training, Michigan Public Health Institute, Okemos 9 a.m. to 12 p.m. For more info: Alison Nix, 517.484.7266

17 "Sports Induced Asthma" presentation for coaches, Great Wolf Lodge, Traverse City, 6 p.m. For more info: Karen Kain, 231.935.6736

March

12 Asthma 123 facilitator training, Wege Center, Grand Rapids, 9 a.m. to 12 p.m. For more info: Bill Wright, 616.252.5025

14 AAFA-MI Emerging Science in Asthma & Allergy Management Annual Conference, The Corners, West Bloomfield, 10 a.m. to 2:30 p.m. For more info: Kathleen Slonager, 888.444.0333 or www.aafamich.org/Events.html

30-31 Michigan Society for Respiratory Care Spring Conference, Lansing Center/Radisson Hotel, Lansing, For more info: Annie Culverhouse, 734.677.MSRC or www.michiganrc.org



Please direct questions and comments about this newsletter to the Michigan Asthma Communication Network, American Lung Association of Michigan, 403 Seymour Avenue, Lansing, Michigan 48933
Phone: 1.866.EZLUNGS (395.8647)

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