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Medications May Become Asthma Triggers

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wheezing in others. An ACE inhibitor may cause reflux (acid coming up from the stomach into the esophagus) which can cause more cough and worsen asthma.

Living with asthma requires a higher level of educating and protecting yourself from triggers – even if one of those triggers is meant to help you manage a different area of your health. Become a strong communicator with all your physicians to avoid asthma attacks triggered by something intended to help you.

Sources:
American Academy of Allergy, Asthma and Immunology and American Lung Association

Humana Military Healthcare Services
P.O. Box 740017
Louisville, KY 40201

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Asthma Disease Management Newsletter

summer 2010

Asthma and Your Bones

Asthma itself does not pose a threat to bone health. But certain medications used to treat asthma and some behaviors triggered by concern over the disease can have a negative impact on the skeleton.

As an inflammatory disease of the lung, asthma requires continuous use of anti-inflammatory medications such as glucocorticosteroids (cortisone-like medications), which are the most potent for asthma treatment. Glucocorticosteroids can be administered either systemically or topically. The long term use of an oral systemic version has been associated with adverse effects, including osteoporosis (soft brittle bones). These medications can decrease calcium absorbed from food, increase calcium lost from the kidneys and decrease bone formation. Particularly in the first year of use, doses of more than 7.5 mg (milligrams) each day can cause significant bone loss. Glucocorticosteroids also interfere with the production of sex hormones in both women and men, which can contribute to bone loss, and they can cause muscle weakness, which can increase the risk of falling and related fractures.

Many people with asthma think by avoiding milk and other dairy products they will avoid triggering an asthma attack. This is only likely if they also have a dairy allergy. Avoiding calcium-rich dairy products can be especially damaging for children with asthma who need calcium to build strong bones.

Talk to your health care team about a diet rich in calcium and vitamin D to encourage healthy bones. If you a have a proven milk allergy, take calcium supplements to insure your calcium requirements are met each day. The Institute of Medicine recommends a daily calcium intake of 1,000 mg each day for men and women, increasing to 1,200 mg daily for those age 50 and older.

Vitamin D is also critical for calcium absorption and bone health. Small doses of sunlight and food sources such as egg yolks, saltwater fish and liver will provide healthy amounts.

Physical activity is often avoided by asthma patients for fear of exercise-induced attacks. Swimming might be a great exercise alternative to avoid attacks, but it does not have the same beneficial impact on bone health as weight-bearing exercises such as walking, jogging, basketball, dancing and weight training.

Your doctor may recommend a bone mineral density (BMD) test to measure bone density at various sites of your body to check your bone strength. This is a safe and painless test that can give you insight into any further actions needed regarding your bone health.

Always discuss the risks of any medications you are taking with your entire health team. Together you can decide if the benefit is worth any side effects.

Sources: American Academy of Allergy Asthma and Immunology and National Institutes of Health Institute of Arthritis and Musculoskeletal and Skin Diseases

Asthma Disease Management Newsletter

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Asthma and Your Work

An estimated 11 million workers in a wide range of industries and occupations are exposed to at least one of the numerous agents known to be associated with occupational asthma according to the Occupational Safety and Health Administration (OSHA). Occupational factors are associated with up to 15 percent of disabling asthma cases in the United States. If you have been diagnosed with asthma and have not been able to pinpoint your triggers, perhaps you should look to your workplace.

There are some chemicals and substances in the workplace that are **obvious irritants** such as paints, varnishes, insulation, dyes, coal and metals, but there are others that are **not as obvious**. Enzymes in detergents, animal proteins, and plant proteins may also trigger an allergic asthma reaction.

If you have asthma or allergy-type symptoms (chest tightness, wheezing, cough, eye irritations, nasal congestion, runny nose and shortness of breath), check with your doctor. Note where you are when you experience these symptoms. Document your symptoms, (when they are triggered, how long they last) and report this to your physician. Reducing exposure to the trigger is the most important step you can take along with appropriate medical management. Continued exposure may make the asthma more difficult to control even with appropriate medications.

OSHA has developed guidelines employers are required to follow that determine acceptable levels of exposure to substances known to cause asthma. If job exposure is unavoidable, most employers are willing to assist the employee in finding a more suitable workplace.

Sources: American Lung Association, Canadian Lung Association, The Cleveland Clinic and Occupational Safety and Health Administration

Medications May Become Asthma Triggers

If you have other medical conditions in addition to asthma, make sure you discuss all of your conditions and medications (both prescription and over-the-counter) with all of your physicians. There are a few very common ones you should question. They could trigger an asthma attack.

Over-the-counter pain relievers such as ibuprofen (Motrin, Advil) and naproxen (Naprosyn, Aleve) affect 10 to 20% of people with asthma, some severely and some fatally. Aspirin-sensitive patients should be able to use acetaminophen (Tylenol) and prescribed narcotics under the careful supervision of their physician.

Beta-blockers used for high blood pressure, heart disease and migraine headaches can worsen asthma symptoms. The American Academy of Allergy, Asthma and Immunology cautions use of non-specific beta-blockers, such as propanalol (Inderal) since they can affect blood vessels and bronchial tissue. Ideally, a person with asthma avoids all beta blockers but these drugs are necessary for some patients, and may not substantially worsen their asthma. Since the eye drop form of beta blockers can make asthma worse, inform your ophthalmologist that you have asthma.

Patients with hypertension (high blood pressure) or heart disease may be prescribed an **ACE inhibitor** such as lisinopril (Zestril) and enalopril (Vasotec). Patients sometimes develop a troublesome cough that may be confused with asthma or the drug may trigger increased

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Conquering One Trigger at a Time

Managing your asthma triggers can be challenging. Understanding the things that trigger your asthma will help you manage your disease.

One of the most frequent triggers for asthma is **mold**. If you can see the mold, clean it up with soap and water. Fix leaky plumbing or other sources of water as soon as possible. Open a window or use exhaust fans in the bathroom when showering and in the kitchen when washing dishes or cooking.

Dust mites are tiny bugs you can't see that live in sheets, blankets, mattresses, soft furniture, pillows, stuffed toys, and carpets. Vacuum carpets, rugs and furniture often. Wash and completely dry all bed sheets, blankets and stuffed toys once a week. Use dust-proof covers on mattresses and pillows. Reducing the humidity in your home will also help. If you must retain carpet, use a vacuum cleaner with a high efficiency filter or a central vacuum cleaner. Use a damp mop or cloth to reduce the amount of dust stirred up when dusting or cleaning.

Secondhand smoke is a serious health hazard for people of all ages. The burning end of a cigarette, cigar or pipe or even the smoke breathed out by a smoker can trigger an asthma attack. Smoking in your car or home should not be allowed.

Cockroach waste can trigger an asthma attack. The tiny particles can become airborne and contaminate the air in your home. According to the Institute of Medicine, Division of Health Promotion, Indoor Air and Disease Prevention, cockroaches don't need to be present for there to be cockroach waste products in your home. Cockroaches are most attracted to the kitchen where they can find food and water. Keep counters and floors clean, store food in air-tight containers, and keep trash cans covered.

Exposure to **pet dander**, skin flakes, saliva and urine are common asthma triggers. Hair and fur can collect pollens, mold spores and other outdoor allergy causing substances. If giving up your pet is not a consideration, keep it outside if possible. If pets must live inside, keep them out of the bedroom and off the furniture. Vacuum carpets and furniture often. Clean and brush pets outside. Consider choosing a pet without feathers or fur (such as fish).

Read the labels on the cleaners, paints, adhesives, pesticides, cosmetics and air fresheners that you are currently using. Follow instructions and vent the room or house when using these **chemical products**. Avoid using any known to trigger your asthma. Consider trying some of the many new "green" or environmentally friendly products with low toxicity and no volatile organic compounds.

You may not be able to control all your asthma triggers but you can avoid or limit the effects of many of them.

Sources: American Lung Association, Canadian Lung Association and Environmental Protection Agency

Childhood Asthma Education and Management Tips

Your child's doctor has explained asthma and the management of it to your newly-diagnosed child. Now, it is up to you to continue the education and start your child on the path to managing their asthma themselves. Much depends on the age of your child at the time of diagnosis. These education and management tips are for children of all ages.

The key with **toddlers** is to make treatment time as pleasant as possible. Try to "play act" and mimic treatment on a doll or stuffed toy.

Engage your **preschooler** to help in peak flow monitoring and discussions about their symptoms. Help him find the words to communicate how he's feeling. This involvement will help the child understand the concept of the disease and what triggers attacks. With pictures and a little patience, a child of this age should be able to grasp the concept of their lungs and what might trigger attacks. The key is to be patient as you will probably need to explain the condition several times. With practice, a child as young as three can use an inhaler with a spacer if instructed properly.

Remember, your child should always be supervised by an adult while taking their medication.

You should never leave medication within the reach of young children. You, your child and your pediatrician can decide when your child is responsible enough to handle their medication alone.

If your child is **school age**, you and your child should meet with the school health services staff and discuss your child's Asthma Action Plan. Everyone involved with the care of your child should have a clear understanding of restrictions during play time and sports and how to manage an attack.

Your **teenager's** asthma management plan may be a challenge to keep in place if they resist chronic monitoring and frequently stop or forget their medications. Keep the plan as simple as possible so they may be more inclined to follow through. Sometimes peer pressure may be a major factor in failing to adhere to their treatment and they may risk their health to fit into a social group. Some asthma care providers suggest a "contract" with the teen outlining a management plan and offer rewards and consequences.

With a little patience, education, strategies and a dash of maturity, your child should eventually be managing their asthma themselves.

Sources: American Academy of Allergy Asthma and Immunology and National Heart Lung and Blood Institute