UPDATE IN ASTHMA MANAGEMENT

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Asthma is not a new condition. It has been known for over two thousand five hundred years. Back in China in 2600 BC, people described noisy breathing in some patients. Then in 400 BC, Hippocrates first describe the condition of asthma for such a disease and drew up correlations between this respiratory disease and environmental conditions. Treatment back in those days were unorthodox, often involving drinking blood of wild horses and eating millipedes soaked in honey. Some treatment which worked included smoking a herb that continued stramonium (similar to ipratropium) and using ephedra in red wine (similar to ephedrine).

Treatment became more refined in the early 20th century. They involved adrenaline injections and aminophylline tablets and suppositories, something that is still being used nowadays. In current day and age, our anti-asthma arsenal has further expanded and asthma is now easily managed, provided diagnosis and treatment is promptly done.

Unit 1 by Dr See Kay Choong clearly outlines the clinical features of asthma, as well as asthma-related conditions and non-asthma conditions as possible differential diagnoses. This helps to facilitate accurate diagnosis to bring about timely investigations and treatment, and is a useful nutshell package for busy family physicians.

Unit 2 by A/Prof Mariko Koh and Dr Hui Zhong Chai illustrated how having a good healthcare system does not always translate to lower asthma mortality rates, and how each and every one of us can play our part in prevent asthma deaths and have zero tolerance towards asthma deaths!

Despite having effective medications against asthma, all this will not help if patients are not aware of the asthma action plan, how to react and what medications to use in the event of an asthma exacerbation. In unit 3, Dr Jessica Quah, Dr Tan Yi Hern and Dr Tay Tunn Ren identifies the possible barriers to implementation of an asthma action plan and gave some solutions.

We have 2 original papers for this issue. The paper by Dr Eugene Wuan brings up a common issue of transference and counter-transference during our daily consultations with our patients, and how we can understand such dynamics and interactions in order to improve patient care and satisfaction of the care process. Another paper by Dr Soh Ling Ling touches on an issue that is close to the hearts of doctors and home-bound patients – to do house calls or not, exploring this from the physicians' perspective through in-depth one-to-one interviews. Read more to find out what discourages physicians from seeing home-bound patients at home, and see if you can address them in your practice or not.

In our PRISM, Dr Grace Lum described a case of neonatal varicella in a mother with known immunity, and reviewed papers which showed that maternal varicella does not prevent neonatal infection but may help reduce severity of disease. This is useful to know as we do see pregnant mothers in our practice, so that we can provide the appropriate advice. Dr Kristel Low described how an extended consultation can be used in primary care to engage depressed patients, in conjunction with anti-depressants for greater effect, especially for those who seemed not to improve much with medications only. Dr Kan Wai Ye also described a case study involving a man with end-stage COPD who needed a multi-modal approach with pharmacological treatment, breathing techniques and smoking cessation and how he has benefited from the AIC HOlistic MEdical (HOME) program.

The 10 readings chosen by A/Prof Goh further expands on this topic. Common asthma mimics that needs to be taken into consideration and can be encountered in emergencies settings were described, and approaches to evaluation and management were covered. Asthma is also becoming more prevalent in the elderly population as survival improves, and this increases the burden of asthma care in the population. Another group of patients whose asthma may be difficult to manage will be that of adolescents and teenagers, as they tend to deny their illness, and thus asthma is under-diagnosed and under-assessed, and management for these patients need to account for their rapid changes in physical, emotional, cognitive and social aspects. One of the readings also did a structured review regarding diagnosis and management of acute asthma, and how this is different from poor asthma control. This differentiation needs to be clear so that treatment can be more effective. Pulmonary function tests (PFTs) are used to measure lung function and further evaluate severity and suitability for lung transplantation. Common pitfalls in its interpretation were also discussed.

We hope this issue will be invaluable in building your knowledge in the commonly encountered topic of asthma, and that you will be able to apply this in your daily clinical practice so that our patients receive the best evidence based care that they deserve!