Asthma: symptoms and staging

Health & Medicine, Nursing

ASTHMA: SYMPTOMS AND STAGING Asthma: Symptoms and Staging Asthma is a condition that affects both young and older generation. Asthma has been rampant in various societies around the world. Therefore, understanding symptoms at various stages are crucial to knowing how to control the condition. Asthma has been characterized by various stages. These stages include intermittent, mild persistent, moderate persistent and severe persistent stage. Each stage is characterized by various symptoms. In intermittent asthma, the symptoms are wheezing and coughing and occurs in two days a week utmost (American Academy of Pediatrics, 2011). The symptoms do not go beyond the two days in a week. The other symptom is a lack of sleep for a maximum of two days in a month. The individual in this stage usually appears normal.

The other type is mild persistent asthma. In this stage, coughing and sneezing occurs in more than two days in a week, but at a reduced rate in a day (American Academy of Pediatrics, 2011). The symptoms in affected individuals are a challenge as they affect normal daily activities. In addition, lung function is reduced for about 20 percent of the standard rate (American Academy of Pediatrics, 2011). In moderate persistent asthma, symptoms are viewed in the affected individual daily (American Academy of Pediatrics, 2011). The interruption of sleep usually occurs in several days. There is a disruption of the normal activities due to persistent coughing and wheezing, and this makes it a challenge for one to sleep normal. Moreover, the lung function is reduced significantly, and it is registered between 60% and 80% of the average rate (American Academy of Pediatrics, 2011). At this level, the condition requires medication. The last stage is severe persistent

asthma. At this stage, the symptoms are frequent and occur daily. The activities are also disrupted as well as sleep. Additionally, there is reduced function of the lung and is said to be less than 60% of the usual rate in the absence of treatment (American Academy of Pediatrics, 2011).

The breathing tests are mostly considered in the diagnosis of asthma. The main ones are pulmonary function tests (PFTs). There is standardization to ensure there is uniformity in the interpretation of pulmonary function tests (Asthma Initiative of Michigan, 2011). The first test is spirometry. The test is used to measure lung function and is a most valuable tool for diagnosis in adults. The measures used in this are forced vital capacity (FVC), forced expiratory volume in one second (FEV1), and FEV1/FVC (Khachi, Meynell & Murphy, 2014). The ratio of FEV1 and FVC is used to identify whether there is air obstruction. A ratio below 0. 7 is taken as an indication of the presence of obstruction in the air route (Khachi, Meynell & Murphy, 2014).

The other test is known as assessment of airwave responsiveness. The test entails the use of inhaled drugs to show the response. Such drugs include inhaled mannitol or metacholine. The drugs stimulate the development of spasm in the bronchioles (Khachi, Meynell & Murphy, 2014). The presence of asthma in the patient using the test is shown by a reduction of FEV1 of more than 15% (Khachi, Meynell & Murphy, 2014). The other test is known as treatment trial. The patient is subjected to a period of trial for about one and a half to two months (Khachi, Meynell & Murphy, 2014). At this time, the patient is supposed to take a certain type of drug twice in a day such as beclometasone. The improvement on FEV1 after the trial is taken as a clear diagnosis of asthma.

References

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