

# [Asthma essay](https://assignbuster.com/asthma-essay/)

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## Introduction

Asthma is one of the common respiration complications which are known to affect a substantial number of people all over the world. It is a chronic inflammatory complication which is known to affect the patient’s air channels within the respiratory chambers. It is usually characterized by diverse symptoms which may be persistence or recurring in nature. According to scientific and other medical researches which have been carried out in a number of developed countries, they have shown that asthma is not linked to any parasitic element emanating from the external environment (WHO. 2008). However, it is a general complication which develops as a consequence of tissue or cell inflammatory responses. Two main factors are known to cause or induce the occurrence of asthma to any individual. They include the environment under which a person has been operating together with the genetic links to parents or family members who had a history of asthma. Consequently, since these causative factors have been in existence since time immemorial, asthma has lived with man for a long period of time. In the ancient Egypt, history of asthma has been identified but proper documentation of asthma was done by Greek philosophers who identified the most prone group to be affected by this condition as tailors and those who worked in metal work industries (Wollan, Bertram & Yawn, 2008, p 67).

## Types of asthma

Various types of asthma have been identified and clustered according to the level of their severity, complexity and diversity of symptoms linked to this complication. According to medical reports and practices, the classification of asthma is based on the frequency at which symptoms manifest themselves in any given patient. Another form or platform through which classification of Asthma is based is the client’s forced respiratory volume a process which is usually clinically carried out. This forced respiratory volume is based on a specified period of one second a process which is used to generate or develop the peak expiratory flow rate for that individual patient. Consequently, Asthma can be grouped as either atopic also known as extrinsic or as a non-atopic also termed as intrinsic form of asthma. Such classifications are based on whether the given form or class of asthma under question is based on allergen induction or not. Despite asthma being a chronic obstructive health state, medical researchers have not classified it as a subject of chronic obstructive pulmonary ailment since by subjecting asthma under this group; it literally combines asthma under other irreversible respiratory complications such as bronchiectasis, emphysema and chronic bronchitis among others of which their occurrence in any individual is a permanent irreversible process (Tippets, 2009, p 5).

Nevertheless, some researchers have been opting to include asthma under this group since a prolonged negligence of not attending to asthma condition can result to a subsequent development of a permanent irreversible obstruction of the air channels in a human being. The common types of asthma which have been witnessed in a substantial number of patients in the United States of America include the Brittle asthma which comprised two clusters of asthma. These two forms of asthma are based on vividly manifested severe attacks which recur at a given rate. Brittle asthma type 1 manifests a wide peak in the flow variability despite the administration of considerably sufficient medication. Type 2 of brittle asthma has less of these manifested symptoms hence it is much easily controlled and managed than type 1 of brittle asthma.

## Causes of asthma

Asthma is known to be caused by various causative factors which mainly emanate from the environment under which a particular person is living. Apart from environment causative elements, asthma has also been linked to genetic elements or lineage of a person. According to statistical researches which have been carried out in the United States of America, they have shown that approximately sixty percent of asthma complications are caused by environmental factors (Fanta, 2009, p 1007). The remaining forty percent is linked to genetic factors which are linked to family lineages of a person. In addition, studies which have been carried out over asthma related diseases such as eczema and hay fever have vividly and comprehensively revealed some of the crucial risk factors which might induce the occurrence level of asthma in an individual.

All the same, some of the key risk factors for being attacked by asthma include the issue of atopic diseases in one’s life time or even related family members. Atopic diseases are known to substantially boost the occurrence levels of hay fevers by approximately five times as well as the occurrence of asthma by approximately four times. This is based on scientific research studies which have been carried out in the United States of America. These studies have also shown that in children who are out of their tender age and get diagnosed to have a allergies through positive skin tests as well as having an increased levels of immunoglobulin E are more likely to develop asthma complications (Yawn, 2008, p 150).
a) Environmental factors: Risk factors emanating from the environment have been
Identified and linked to the development of asthma especially in children. One of the risk factors is maternal tobacco smoking which usually occur before the delivery of a child. According a number of conducted surveys, they have shown that this habit increase the development of asthma like symptoms to the born infant. These symptoms include wheezing, unregulated bronchial contraction as well as respiratory infections. Other environmental factors which might expose someone to the development of asthma included traffic pollutions, poor ventilation and increased air pollutants to mention but a few.

b) Genetic factors: asthma has been linked to some chromosomal elements which can be transferred to offspring with a subsequent development of asthma in the children of the affected parents (Schiffman, 2009, p 4).

## Signs and symptoms of Asthma

The common signs and symptoms which vividly manifest themselves in an asthma patient include wheezing, chest tightness, shortness of breath and coughing. Apart from these main and common symptoms of asthma, the patient may manifest state of confusion, state of depression and other physical changes which are usually associated with low oxygenated blood in the body. Extreme cases of asthma manifest themselves through rapid and painful contraction of bronchial units in the lungs (Fanta, 2009, p 1014). Due to these rapid painful contractions, the affected person may fall on the ground or seek for support due to poor functioning of the skeletal muscles in the body. The asthma mental effect is associated with burled vision, state of confusion and even loss awareness due to poor oxygenated blood in the brain.

## Transmission of asthma

Asthma is a health complication associated with the breathing system of a person. Nevertheless, its transmission from one person to another can only take place through genetic links or chromosomes. A person who emanate from a family lineage which is known to have a persistence history of asthma cases is more likely to develop asthma and asthma related complications (De Lara & Noble, 2007, p 150). This is due to genetic linkage of some chromosomal genes to asthma complications. Consequently, such genes are transferred to offspring who may or may not develop asthma complications.

## Prevention and treatment for Asthma

Asthma cases can be treated through administration of drugs such as salbutamol and fluticasone propionate through inhalation. These drugs are known to open the contracted brochial muscles as well as making the lung muscles to relax. Subsequently, the pain associated with asthma is substantially reduced to recommendable levels (Dipiro, 2008, p 525). According to medical practitioners from the US, recent medications which are used in treatment of asthma are clustered in two main groups; quick-relief and long-term control measures. For quick-relief, beta2-adrenoceptor agonists (SABA) the like of salbutamol are used in its treatment while for long term control, glucocorticoids have been highly recommended as the best form of its treatment. Asthma can be prevented through control of external environmental factors such as air pollutants which might induce asthma (Boulet 2009, p 890).

## Conclusion

Some of these conditions associated with asthma can be treated through specific therapeutic techniques as well as control and preventive programs. Someone suffering from asthma can be treated through administration of suitable drugs such as salbutamol or fluticasone propionate basing on the extent and type of asthma in question. Asthma is a chronic inflammatory complication which is known to affect the patient’s air channels within the respiratory chambers. Asthma is usually characterized by diverse symptoms which may be persistence or recurring in nature. According to scientific and other medical researches which have been carried out in a number of developed countries, they have shown that asthma is not linked to any parasitic element emanating from the external environment.

## Bibliography

Boulet L. P 2009. " Influence of Comorbid conditions on asthma". Eur Respir Journal 33 (4): 897–906.

Dipiro J. T. et al. 2008. Pharmacotherpay. A pathophysiologic approach (7 ed.). pp. 524.

De Lara, C, Noble . A (2007). " Dishing the dirt on asthma: What we can learn from poor hygiene". Biologics 1 (2): 139–150.

Fanta, CH . 2009. " Asthma". New England Journal of Medicine 360 (10): 1002–14. doi: 10. 1056/NEJMra0804579. PMID 19264689.

Schiffman, G. 2009. " Chronic Obstructive Pulmonary Disease". MedicineNet. retrived on 17/5/2011 from http://www. medicinenet. com/chronic\_obstructive\_pulmonary\_disease\_copd/article. htm.

Tippets B, G. 2009. " Managing Asthma in Children: Part 1: Making the Diagnosis, Assessing Severity". Consultant for Pediatricians 8 (5).

WHO. 2008. Asthma. Who. int. 2008-06-03. Retrieved on 16/5/2011 from
http://www. who. int/mediacentre/factsheets/fs307/en/.

WHO. 2007. Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach. Retrieved on 16/5/2011 from http://www. who. int/gard/publications/GARD\_Manual/en/index. html.

Wollan, P., Bertram, S., and Yawn, B. P. (2008). Introduction of Asthma APGAR tools improve asthma management in primary care practices. Journal of asthma and allergy . Rochester:
Dove Medical Press Ltd.

Yawn, BP 2008. " Factors accounting for asthma variability: achieving optimal symptom control for individual patients". Primary Care Respiratory Journal 17 (3): 138–147.