

Obesity and asthma essay



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What Is Asthma? Asthma is a disease that affects your lungs. It is one of the most common long-term diseases of children, but adults have asthma, too. Asthma causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. If you have asthma, you have it all the time, but you will have asthma attacks only when something bothers your lungs. In most cases, we don't know what causes asthma, and we don't know how to cure it. We know that if someone in your family has asthma, you are also more likely to have it.

You can control your asthma by knowing the warning signs of an attack, staying away from things that trigger an attack, and following the advice of your doctor or other medical professional. When you control your asthma: * you won't have symptoms such as wheezing or coughing, * you'll sleep better, * you won't miss work or school, * you can take part in all physical activities, and * you won't have to go to the hospital. How Is Asthma Diagnosed? Asthma can be hard to diagnose, especially in children younger than 5 years of age.

Regular physical checkups that include checking your lung function and checking for allergies can help your doctor or other medical professional make the right diagnosis. During a checkup, the doctor or other medical professional will ask you questions about whether you cough a lot, especially at night, and whether your breathing problems are worse after physical activity or during a particular time of year. Doctors will also ask about other symptoms, such as chest tightness, wheezing, and colds that last more than 10 days.

They will ask you whether your family members have or have had asthma, allergies, or other breathing problems, and they will ask you questions about your home. The doctor will also ask you about missing school or work and about any trouble you may have doing certain activities. A lung function test, called spirometry (spy-rom-e-tree), is another way to diagnose asthma. A spirometer (spy-rom-e-ter) measures the largest amount of air you can exhale, or breathe out, after taking a very deep breath. The spirometer can measure airflow before and after you use asthma medicine.

What Is an Asthma Attack? An asthma attack happens in your body's airways, which are the paths that carry air to your lungs. As the air moves through your lungs, the airways become smaller, like the branches of a tree are smaller than the tree trunk. During an asthma attack, the sides of the airways in your lungs swell and the airways shrink. Less air gets in and out of your lungs, and mucus that your body produces clogs up the airways even more. The attack may include coughing, chest tightness, wheezing, and trouble breathing. Some people call an asthma attack an episode.

What Causes an Asthma Attack? An asthma attack can occur when you are exposed to things in the environment, such as house dust mites and tobacco smoke. These are called asthma triggers. **Important Asthma Triggers On This Page** * Environmental Tobacco Smoke (Secondhand Smoke) * Dust Mites * Outdoor Air Pollution * Cockroach Allergen * Pets * Mold * Wood Smoke * **Other Triggers** If you have asthma your airways always have some irritation. When you have an asthma attack this irritation gets worse and your airways close part way and get blocked with mucus.

Asthma attacks may include coughing, chest tightness, wheezing, and trouble breathing. An asthma attack can occur when you are exposed to things in the environment, such as house dust mites and tobacco smoke. These are called asthma triggers. Your personal triggers can be very different from those of another person with asthma. Try to avoid your triggers. Some of the most important triggers are listed below:

Environmental Tobacco Smoke (Secondhand Smoke) Environmental tobacco smoke is often called secondhand smoke because the smoke created by a smoker is breathed in by a second person nearby.

Parents, friends, and relatives of children with asthma should try to stop smoking and should never smoke around a person with asthma. They should only smoke outdoors and not in the family home or car. They should not allow others to smoke in the home, and they should make sure their child's school is smoke-free. **Dust Mites** Dust mites are in almost everybody's homes, but they don't cause everybody to have asthma attacks. If you have asthma, dust mites may be a trigger for an attack. To help prevent asthma attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself.

Don't use down-filled pillows, quilts, or comforters. Remove stuffed animals and clutter from your bedroom. **Outdoor Air Pollution** Pollution caused by industrial emissions and automobile exhaust can cause an asthma attack. Pay attention to air quality forecasts on radio, television, and Internet and plan your activities for when air pollution levels will be low if air pollution aggravates your asthma. A good source of air quality information

is EnviroFlash. Cockroach Allergen: Cockroaches and their droppings may trigger an asthma attack.

Get rid of cockroaches in your home and keep them from coming back by taking away their food and water. Cockroaches are usually found where food is eaten and crumbs are left behind. Remove as many water and food sources as you can because cockroaches need food and water to survive. At least every 2 to 3 days, vacuum or sweep areas that might attract cockroaches. You can also use roach traps or gels to decrease the number of cockroaches in your home. Pets: Furry pets may trigger an asthma attack. When a furry pet is suspected of causing asthma attacks, the simplest solution is to find the pet another home.

If pet owners are too attached to their pets or are unable to locate a safe, new home for the pet, they should keep the pet out of the bedroom of the person with asthma. Pets should be bathed weekly and kept outside as much as possible. People with asthma are not allergic to their pet's fur, so trimming your pet's fur will not help your asthma. If you have a furry pet, vacuum often to clean up anything that could cause an asthma attack. If your floors have a hard surface, such as wood or tile, and are not carpeted, damp mop them every week.

Mold: Inhaling or breathing in mold can cause an asthma attack. Get rid of mold in all parts of your home to help control your asthma attacks. Keep the humidity level in your home between 35% and 50%. In hot, humid climates, you may need to use an air conditioner or a dehumidifier or both. Fix water leaks, which allow mold to grow behind walls and under floors. Wood Smoke:

Smoke from burning wood is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack.

Other Triggers

Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can irritate airways and trigger asthma attacks. Strenuous physical exercise; some medicines; bad weather, such as thunderstorms; high humidity; breathing in cold, dry air; biomass smoke from burning grass or other vegetation; and some foods and food additives can trigger an asthma attack. Strong emotional states can also lead to hyperventilation and an asthma attack.

Learn what triggers your attacks so that you can avoid the triggers whenever possible. Be alert for a possible attack when the triggers cannot be avoided.

How Is Asthma Treated? You can control your asthma and avoid an attack by taking your medicine exactly as your doctor or other medical professional tells you to do and by avoiding things that can cause an attack. Not everyone with asthma takes the same medicine. Some medicines can be inhaled, or breathed in, and some can be taken as a pill. Asthma medicines come in two types—quick relief and long-term control.

Quick-relief medicines control the symptoms of an asthma attack. If you need to use your quick-relief medicines more and more, you should visit your doctor or other medical professional to see if you need a different medicine.

Long-term control medicines help you have fewer and milder attacks, but they don't help you if you're having an asthma attack. Asthma medicines

can have side effects, but most side effects are mild and soon go away. Ask your doctor or other medical professional about the side effects of your medicines. The important thing to remember is that you can control your asthma.

With your doctor's or other medical professional's help, make your own asthma action plan (management plan) so that you know what to do based on your own symptoms. Decide who should have a copy of your plan and where he or she should keep it. Take your long-term control medicine even when you don't have symptoms. Asthma Action Plan People with Asthma Should Have an Asthma Action Plan All people with asthma should have an asthma action plan. An asthma action plan (also called a management plan) is a written plan that you develop with your doctor to help control your asthma.

The asthma action plan shows your daily treatment, such as what kind of medicines to take and when to take them. Your plan describes how to control asthma long term AND how to handle worsening asthma, or attacks. The plan explains when to call the doctor or go to the emergency room. If your child has asthma, all of the people who care for him or her should know about the child's asthma action plan. These caregivers include babysitters and workers at daycare centers, schools, and camps. These caretakers can help your child follow his or her action plan.

Data and Surveillance Asthma Surveillance Data Asthma surveillance data includes collection of asthma data at both the national and the state level. National data is available on asthma prevalence, activity limitation, days of

work or school lost, rescue and control medication use, asthma self-management education, physician visits, emergency department visits, hospitalizations due to asthma, and deaths due to asthma from National Center for Health Statistics (NCHS) surveys and the Vital Statistics System.

Asthma surveillance data at the state level include adult and child asthma prevalence from the Behavioral Risk Factor Surveillance System (BRFSS) and in-depth state and local asthma data through implementation of the BRFSS Asthma Call-back Survey (ACBS). * Asthma Call-back Survey (ACBS) The ACBS is an in-depth asthma survey developed and funded by the Air Pollution and Respiratory Health Branch (APRHB) in NCEH. It is conducted with BRFSS survey respondents who report an asthma diagnosis. The ACBS was piloted in three states in 2005 and has been conducted each year since.

A majority of states participate in the ACBS each year. * Asthma Survey Questions Description of asthma survey instruments and their wording differences. * Behavioral Risk Factor Surveillance System Prevalence Data BRFSS is a state-based, random-digit-dialed telephone survey designed to monitor the prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. * FastStats FastStats provides quick access to statistics on topics of public health importance, including asthma. * National Health Interview Survey Prevalence Data

NHIS is a multistage probability sample survey designed to solicit health and demographic information about the population, conducted annually with face-to-face interviews in a nationally representative sample of households.

Asthma and daily living * ----- Asthma and

exercise -----

Learn how to exercise without asthma symptoms

----- Learn More

Living day to day with well controlled asthma means life as normal with a little extra thought and planning ----- Many asthma triggers are common things that may be around the home, so people often ask what they can change at home, or what products might help their asthma. For others it's plants and pollens that cause them difficulties with asthma or allergies – if that's you, read about asthma and allergy friendly gardens. If you find your asthma is worse at work then there are some tips for your consideration.

If you travel with work or plan a holiday, there are a few simple suggestions to help you make the most out of your trip. -----

Having a healthy diet and an active lifestyle is an important part of living well. Being overweight, smoking or suffering from stress or depression can have a significant impact on your asthma. For most people with asthma, triggers are only a problem when their asthma is not well-controlled.

Research shows that for most people with well-controlled asthma, reducing exposure to triggers doesn't reduce symptoms or reduce the risk of an asthma attack.

With good treatment, most people do not need to change their lifestyle or environment just because they have asthma. However, it may be useful for you to identify triggers and reduce your exposure to them if: * you have

troublesome asthma symptoms despite treatment * you need high doses of medication to keep your asthma symptoms under control, or * your asthma is much better when you are away from home Note: Cigarette smoke is directly harmful to the airways and makes asthma worse, so exposure to cigarette smoke should be avoided by anyone who has asthma Obesity

----- Is it my weight or is it my asthma that is causing my symptoms? ----- Research into the link between increasing levels of obesity and asthma still hasn't come up with a definite answer. There is a recognised association between increasing body mass index (BMI) and increased levels of diagnosed or reported asthma in both children and adults, and it's possible that there are other factors, e. g. genetic or environmental that may lead to both conditions. We do know that being obese makes asthma a lot more of a problem.

----- People who are obese are more likely to have asthma, to have more severe asthma, and to need more medication to control it. ----- Obesity can lead to people being breathless and wheezy without having asthma, so it's important that you get a proper diagnosis from your doctor. Once you have that, and the right medications, you should be able to increase your activity levels without getting too breathless, and start living an active life.

----- Why does obesity make asthma worse? * ----- Having a larger amount of fat on the body means there's more pushing onto and into the chest, so there's less room for the lungs to move. This causes the muscles around the airways to contract more, causing more asthma symptoms. * ----- Airways in obese people with

asthma are more likely to stay closed in normal breathing, so there's less oxygen exchange able to happen. * _____

Obesity causes general inflammation in the body, which makes asthma symptoms worse. * _____ People who are obese are more likely to have problems with reflux and obstructive sleep apnoea (where you stop breathing while asleep), both of which can make asthma worse. * _____ There has been some suggestion in research studies that people who are obese might have less response to some asthma medications. The reason for this is not clear, and more research is needed to clarify this. _____

_____ Will losing weight really help my asthma?

_____ Losing weight can have a big impact on your asthma; it can improve your symptoms and reduce your need for medication. In fact if you are overweight or obese, losing weight might have a greater impact on your asthma control than increasing medication. If you have asthma and are overweight or obese you should discuss weight control and healthy lifestyle with your doctor as part of your asthma management. _____

Remember: it is important that you don't change your medication without speaking with your doctor first. _____ Having a healthy lifestyle with regular activity and a balanced diet is important for everyone. Asthma and exercise * _____ Being active is an important part of life. Well controlled asthma means you shouldn't have to stop or restrict any of your normal activities. People with asthma should be able to participate in almost any sport or exercise, for

example, going to the gym, swimming, and team sports.

————— Although some people have exercise induced asthma, many Olympic gold medals have been won by Australian athletes with asthma. Exercise is essential for people with asthma and can even help control asthma and reduce the amount of medication you need. Scuba diving is the only form of exercise that requires some special consideration for people with asthma. Asthma at work *

————— Work-related and occupational asthma —————

Up to 15% of newly diagnosed asthma cases in adults are related to exposure to agents encountered at work and up to 3, 000 cases of occupational asthma occur per year in Australia. If you experience asthma symptoms at work, and these symptoms improve when you are away from work, e. g. during holidays or on weekends, you may have what is called work-related or occupational asthma. Occupational asthma can occur in many types of workplaces, but is most commonly reported where people are working with flour and isocyanates (chemicals which are found in paints as hardening agents). ————— Work-aggravated asthma is different from occupational asthma, which occurs when there is sensitisation to a substance encountered at work. Work-aggravated asthma occurs when people who already have asthma are exposed to factors such as gases or fumes, smoke, dust or cold dry air which irritate the airways causing asthma symptoms to occur and make a pre-existing condition worse.

What causes occupational asthma? ----- Over 4000 substances in the workplace (known as sensitisers) may cause asthma. Repeated exposure to these sensitisers over a period of time (usually years) may produce permanent asthma symptoms identical to non-occupational asthma. This usually takes weeks or years to develop.

----- What are the symptoms of occupational asthma? -----

Symptoms include wheezing and coughing, shortness of breath and tightness across the chest. Often these symptoms will develop after irritation is noticed in the nose and eyes. Other workers may be affected or may have left the job because of these symptoms. -----

Symptoms may vary during the working week or shift. In the early stages of exposure, symptoms tend to improve when the worker is away from work. However, once the airways are sensitised, continued exposure even in small amounts can produce symptoms.

Continued exposure may also lead to more symptoms and eventually to permanent asthma in some people. -----

----- How do I know if I have occupational asthma? ----- If you suspect something is affecting your breathing at work, go and see your doctor. They will ask you questions about your symptoms and your work, and carry out tests such as a spirometry test to decide if you might have occupational asthma.

They may also ask you to keep a diary of your symptoms to compare with your working hours. There is also a software program available which can

automatically compare your peak flows with your working shifts. This can be downloaded free from the Oasys website. ————— It can be very difficult to distinguish between true occupational asthma and work exacerbated asthma, and it may be necessary for your GP to refer you to a respiratory specialist with expertise in this area. Common sensitisers and occupations where workers may be exposed

Agent | Example occupations | Wood dust (e. g. western red cedar, redwood, oak) | Carpenters, builders, sawmill workers, sanders, model builders| Isocyanates | Automotive industry, mechanics, painters, adhesive workers, chemical industry, polyurethane foam workers| Formaldehyde | Cosmetics industry, embalmers, foundry workers, hairdressers, laboratory staff, medical personnel, paper industry, plastics industry, rubber industry, tanners| Platinum salts | Chemists, dentists, electronics industry, photographers, metallurgists| Latex | Health care workers, textile industry, toyManufacturers| Flour nd grain dust | Bakers, cooks, pizza makers, grocers, farmers, combine harvester drivers| Animal allergens (e. g. urine, dander) | Veterinary surgery workers, animal care workers, laboratory workers, jockeys, animal breeders, pet shop employees| Table adapted from Hoy, R. , Abramson, M. , Sim, M. (2010). Work related asthma. Diagnosis and management. Australian Family Physician, 39 (1/2), 39-42. What is the treatment for occupational asthma? Early diagnosis and management by removing any exposure to irritants in the workplace is the best way to treat occupational asthma and prevent it becoming a permanent condition.

Otherwise, treatment with the usual asthma inhalers is usually effective.

Note: Occupational asthma does not always mean having to leave your

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workplace, as workplace strategies can be developed. For example, if exposure cannot be minimised or ceased, then employers must provide adequate respiratory protection and/or substitute the irritant substance with a known non-irritant. This is a part of Occupational Health and Safety requirements. More information is available from your State or Territory Workcover authority [www.workcover.\(insert your state\).gov.au](http://www.workcover.(insert your state).gov.au) If you develop asthma symptoms at work, or your existing asthma gets worse, it is essential that you visit your doctor for tests and an accurate diagnosis. If you did not already have a diagnosis of asthma and/or a written Asthma Action Plan, then this should be provided to you. What if I only had temporary symptoms? If you have inhaled a high dose of a substance that causes damage to the airways, possibly as part of an industrial accident or spillage, you may temporarily experience breathlessness and wheeze similar to asthma. This is called Reactive Airways Dysfunction Syndrome (RADS).

Symptoms usually occur within 24 hours of a single exposure to very high concentrations of a chemical spill, irritant gases, corrosive mists or solvent vapours. Usually, symptoms will gradually improve as your airways heal, but occasionally workers can be left with permanent symptoms. It is very important to have a medical check if this does happen, and to make sure your work environment is safe. Smoking * _____

Smoking and exposure to smoke (passive smoking) can damage your lungs, and stop them from working properly. _____

People with asthma who smoke have more frequent asthma attacks, have more severe asthma, and are more likely to be admitted to hospital. The type of inflammation in the airways that is caused by smoking means they

don't respond as well to preventer medication, and so need higher doses to control their asthma. ----- Asthmatic children who are exposed to cigarette smoke are more likely to have poor asthma control and more likely to need admission to hospital.

Smoke exposure in the car is especially bad and opening the windows does not help. ----- Smoking has two main effects on

the airways: ----- 1) Increases mucus

----- - more mucus-producing cells and glands grow in the airway walls ----- - damages and

reduces parts of the airways that help to clear mucus

----- 2) Damages the airways

----- chemicals in cigarette smoke destroy lung tissue and also make the airways less elastic and therefore more narrow

----- - causes inflammation in the airways

----- If I quit smoking will my lung function really improve? ----- Everybody's lung function tends

to gradually decrease as they age, but the lung function of people who smoke decreases much faster than normal. If you stop smoking, this rate will go back to normal.

This means that although the damage done to your airways by smoking cannot be fixed, it's never too late to quit no matter how long you have smoked for. ----- Is smoking around children

really harmful? ----- Children are more

vulnerable to the bad effects of cigarette smoke.

----- If a pregnant woman smokes, or a young

child is exposed to smoke, the child is at a much greater risk of developing asthma-like symptoms in early childhood.

Babies of smoking mothers are four times more likely to develop wheezing illnesses before the age of one. Even if you go outside to have a cigarette, particles can still be present on you when you return indoors, so although it's better than smoking near your child, it may still affect them in the long term.

----- Other health issues

----- Around 15-20% of people who smoke develop permanent lung disease (COPD), and smoking increases the risk of many other health issues: stroke, heart disease, high blood pressure, and cancer are just a few. ----- Quitting smoking is difficult, and most people make several attempts before they quit for good.

Diet and vitamin/mineral supplements and asthma *

----- There are many theories about how diet can play a role in the management of asthma. Studies have been done but some have not been well designed and although they provide directions for future research, specific conclusions are not easily drawn from the data collected. Reliable data on specific vitamins and minerals is also not available.

We do not recommend the routine use of vitamin and mineral supplements as part of asthma management. It is important to discuss any supplements you want to take with your doctor or pharmacist as some supplements can interact with other medication you are taking. Note: Some vitamin and mineral supplements can have detrimental health effects or are toxic if taken in high doses. -----

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----- Will a diet change help my asthma?

Everybody should have a healthy balanced diet, which includes a mix of: *

----- fresh fruit *

----- fresh vegetables *

----- fish * ----- lean

meats * ----- whole grains *

----- low fat dairy products, and *

----- healthy fats.

Calorie control is also important, as being overweight can have a significant impact on asthma symptoms and control. Food is rarely a trigger for asthma. Read more about food as a trigger for asthma. Some people have specific food allergy which can have similar respiratory symptoms, and they need to avoid their known food allergens. If you have a serious food allergy, you should also read about anaphylaxis. Do not restrict entire food groups without first consulting a dietitian who can help identify if any food restrictions are necessary.

Note: The belief that milk increases problems with mucus for people with asthma is false. Dairy products are an important part of any diet. However, some people do have specific dairy intolerance (or allergy), which can cause symptoms in the nose, throat and ears. See our section on food and asthma for more information on food allergies.

----- Specific

Supplements ----- Magnesium and Selenium

Magnesium (in those people low in magnesium) and selenium supplements have been shown to have a potentially positive effect on asthma symptoms, though they don't affect breathing capacity. -----

Fish Oil (EPA/DHA) ----- Most trials of adding fish oil to the diet of people with asthma found that their asthma was not improved. However there is some evidence that dietary supplementation with fish oil can reduce the severity of exercise-induced asthma in those with mild to moderate persistent asthma.

This has led to better lung function and reduced reliever use. Eating fish at least once a week is an important part of a balanced diet.

----- Vitamin C (ascorbic acid)

----- There is not enough information for or against using Vitamin C supplementation to improve asthma. Generally trials of the vitamin have been small, varied and not well reported. Larger and better designed studies are required. -----

Probiotics -----

Probiotics are live organisms that can be taken as a supplement to alter the types of bacteria that naturally live in your gut. The more commonly used probiotics include Lactobacillus and Bifidobacterium. Many people know these as 'acidophilus' supplements. Probiotics such as lactobacillus have not been shown to be effective in improving asthma.

----- Folic Acid -----

Folic acid is recommended for women to take before and during the early stages of pregnancy.

This significantly reduces the chance of a baby developing neural tube defects such as spina bifida, and it is also thought to play an important role in brain development. However recent research has shown that women who took folic acid supplements throughout their whole pregnancy increased their risk of having a child with asthma by about 30%. Folic acid from natural sources such as green leafy vegetables had no increased risk. It is recommended that folic acid supplements are taken only for the first 16 weeks of pregnancy, unless advised otherwise by their doctor. Stress *

A tear-jerking movie, a fight with your partner, the stress of work related deadlines or even a joyous reunion can leave some people with asthma gasping for air. Strong emotions like fear, stress or even laughter can sometimes lead to increased asthma symptoms.

----- Children can easily be affected by high levels of emotion. From fits of giggles to screaming tantrums; the effects on their asthma can be similar. -----

----- How can I stop stress from affecting my asthma? ----- While it is impossible to eliminate emotional stress from your life, you can learn to reduce the effect and recognise potential symptoms that may need some reliever medication. *

----- Be aware of the things, events or people that add stress to your life, and work at how you respond to them so you remain calmer * ----- Acknowledge the feelings

you are having – this is a technique that can be effective in reducing their impact * _____

If you can, remove yourself from stressful situations *

_____ Find constructive and positive ways to reduce your anger, anxiety or fear * _____ Learn more about your asthma; take an active role in caring for yourself and staying in control * _____ Exercise. It's a great way to let off steam, and is good for you as well!

_____ Life can be a roller coaster of emotions so the best thing to do is to be prepared as much as you can, and along with appropriate asthma medication you can take control of your asthma.

_____ So next time you're going to see that adrenalin pumping movie or have an experience that gets the tears rolling, make sure you've got your reliever medication with you ... just in case.

Depression and asthma * _____ Research has shown that there is a link between depression and asthma. In fact, having severe asthma more than doubles the risk of developing depression. Around 1 in 5 women and 1 in 8 men will experience depression in their life, and these numbers are even higher in people with asthma. As with other chronic illnesses, research shows that having severe asthma more than doubles the risk of developing depression. _____ What is

depression? _____ Depression is a serious health condition, not just a low mood. People with depression can have trouble

doing normal activities, and it can have serious effects on mental and physical health. -----

How can depression and asthma affect each other? *

----- Having both depression and asthma worsens health more than either condition alone. *

----- Having depression makes it less likely that people will be treated for asthma effectively. This may be because of poor memory and problem-solving skills with a shortened attention, making it harder to recognise the need to get medical help. *

----- People with depression have trouble concentrating or staying motivated.

This may make them less likely to get help with their asthma, keep appointments and take medication. * -----

Having uncontrolled asthma can make it harder to join in with fun activities such as playing sport or other recreational activities. This can make people with depression further isolated and low in motivation. *

----- Stress can be a trigger for both asthma and depression. ----- How do I know if I'm depressed? -----

There are different checklists on the BeyondBlue National Depression Initiative website you can check to get a better idea if you or someone you know may have symptoms of depression. Depression is more than just stress and needs proper diagnosis by a health professional. You should talk to your doctor to learn more and get correct treatment.

----- What can I do?

----- Both depression and asthma can be treated, but first need to be recognised and diagnosed by a health professional.

There are a number of treatments for depression, both therapy and medication-based. It is important to have a treatment plan that monitors both the symptoms of depression and asthma in order to find the treatment that works best for you. Some things you can do yourself include: *

----- Learn relaxation techniques. *

----- Get your asthma well controlled so you can take part in activities without being limited by your symptoms. *

----- Learn as much as you can about both conditions. ----- Get help and support from

family and friends. * ----- Visit a doctor regularly to review both your asthma and your depression. Travel *

----- Make sure you have enough medication and the right equipment before you travel -----

Whether you're taking a holiday or a work trip, changes in routine, location, weather, temperature, pollution (especially bushfires during summer in Australia) and unknown allergens may produce unexpected asthma symptoms.

Following these tips will help maintain good asthma control and an “ asthma friendly” time away which is enjoyable and worry-free.

----- Visit your doctor before you go * ----- Have a check-up

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before you go away to make sure your day-to-day asthma is under control, that you have enough medications, and you're taking them the right way. *

----- Make sure your written Asthma Action Plan is up to date. ----- If you're going overseas, it's a good idea to get your doctor to write a letter stating the history and severity of your asthma as well as a list of your medications (using the generic brand name) and delivery devices. Carry this letter with you at all times in case of an emergency. You may need to present this report to customs in other countries if questioned about carrying medication.

----- Your medications * -----

Take extra medication in your luggage. * -----

Keep your normal day-to-day medication with you in your carry-on bag (in case luggage gets lost). * ----- Take prescriptions in case you lose your medication, or to prove it is for your own personal use. -----

----- Your equipment *

----- A spacer device is portable, inexpensive and is just as effective (and a better choice for travelling) than a nebuliser. *

----- If you do need a nebuliser, remember other countries may have different power points and voltages, so you'll either need an adaptor, or a battery powered portable version. You'll also need to talk to the airline before you board if you're likely to need to use your nebuliser on board the aircraft. * ----- If you normally use a peak flow meter take it with you. Before you travel you should know what

your normal peak flow is when you are well . _____

_____ Be prepared – plan well! *

_____ Carry your mobile phone with you (as well as your reliever puffer) and if you go somewhere on your own, tell someone where you are going. * _____ Make sure you know the emergency phone number for the country you are visiting. *

_____ Make sure your travel insurance covers the cost of health care that stems from pre-existing asthma.

_____ Travel to high altitudes is okay as long as your asthma is well controlled at sea level. * _____

For your own general health and safety, before going overseas always check your destination on [www. smarttraveller. gov. au](http://www.smarttraveller.gov.au)

_____ Most importantly, enjoy your trip, relax, and don't let your asthma stop you! Being active with Asthma Are you considering training for a fun run? Endurance running is more likely to trigger asthma symptoms than other more stop-start sports and activities.

Many of these events are either held in the cooler months or require training during cooler weather so the cold dry air can be a trigger for many people with asthma. Generally, the colder and drier the air, the more severe the symptoms. If air is warm and moist, asthma symptoms will tend to be less of a problem. It's always important to be prepared when you're training and taking part in any form of sport or activity. It's important to ensure that your day to day asthma is generally well controlled and you have an up to date written Asthma Action Plan.

If your asthma is well controlled with preventer medication, you may not experience symptoms during or after the run. There are a few ways you can reduce the risk of an asthma attack when doing a fun run: * Ensure that you take your preventer medication regularly as prescribed; * Make sure you train for the event so you are fit and able; * Warm up:- spend about 15 minutes doing some gentle activity such as a series (6-8) of brief (30 second) sprints; * Carry your blue reliever puffer with you at all times.

If advised by your doctor it may be useful to use it 5 -10 minutes before starting to run; * Pace yourself: start out steadily and you'll get further than if you expend all your energy in the first few minutes; * Consider wearing a collar up around your mouth and nose to help warm and moisten the air you breath in and out; * Drink regular water during the run to stay well hydrated; * If you have cold or flu symptoms do not taking part – this can increase your risk of having asthma problems whilst you are running or, after the race; * Slowly cool down: – spend about 10 minutes (similar to warm-up) doing lighter activities after the race.

Keep in mind that whilst some people experience symptoms during exercise, the airway narrowing induced by exercise classically occurs after exercise. Be aware of this, cool down and use your reliever medication if this occurs. Well controlled asthma shouldn't stop anyone from taking part in events such as fun runs. Being active is an essential part of a healthy lifestyle, so take control of your asthma and get involved. Children and asthma *

----- Young children with asthma

----- Looking for more information about asthma medications for young children?

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----- Learn More -----

Asthma in young children is one of the most common causes of hospital admission and visits to the doctor in this age group.

----- However it is not easy to diagnose asthma in children under 5 years old as there are many reasons for wheezing and coughing at that age. ----- Once diagnosis is decided, often treatment is with trials of different doses of medication. Parents often ask about whether changes to a child’s bedding or diet is needed. -----

The aim of good asthma management is to ensure that children can lead a normal healthy life, while taking only as much medication as is needed to keep them well, and avoid asthma attacks. -----

Children can also spend periods of time away from home. It is important that the people around your child are aware if they have asthma, and know how to recognise symptoms and what to do in an emergency. Parents can provide friends and family with a copy of their child’s asthma action plan and asthma first aid information to help them be prepared.

----- Children’s services and schools play an important role in supporting children with asthma, and they can also access resources and training to help them. Asthma at School

Asthma affects around 1 in 9 school aged children. This means that in an average classroom there will be at least 3 students with asthma. Schools and staff can work together with the wider school community to provide a healthy and safe educational environment for students with asthma. Student health and safety are essential in schools to allow all students to achieve

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their best. How does asthma affect students? Asthma is a leading cause of absenteeism in school students, which in severe cases can cause them to fall behind in their work. Asthma symptoms commonly occur overnight, which can mean a lack of sleep for the student, leading to a reduced ability to concentrate in class.

Students can also show signs of worsening asthma, especially after vigorous exercise, and may have an asthma attack while at school, which requires an immediate response. Whose responsibility is it? Responsibility for the management of a student's asthma is shared. Parents should: * Inform the school that their child has asthma * Provide sufficient information and equipment to school staff to allow them to support the child at school * Advise if there has been a change in the child's health, or in their medical management * Ensure the child has their reliever medication with them each day at school See Information for parents of school-aged kids with asthma. Schools should: Encourage parents to provide up to date information about their child with asthma * Enable and encourage staff to attend training and obtain information about asthma and how to manage an asthma emergency * Ensure sufficient equipment is available and accessible for use in an emergency * Have policies that support the staff to act appropriately and effectively in an asthma emergency, including during off-site activities * Allow students to access (or carry with them) their reliever medication at all times, unless the child is too young to be responsible for using their medication appropriately See Asthma Friendly Schools for more information about how schools can support kids with asthma. Teachers and school staff can get free Asthma Training and teaching resources. Students should: *

Take their regular preventer medication (generally taken at home in the mornings and/or evenings) as advised by their doctor * Know how to recognise when their asthma is getting worse and what to do * Carry reliever medication with them at all times * Tell their friends that they have asthma, and what to do if they have an asthma attack * If you've recently been diagnosed with asthma, or you think you or a member of your family might have asthma, then you need to get some basic facts.

Find out what causes asthma, and what happens in your airways to cause asthma symptoms. Get an explanation of the process for diagnosis, including tests that can be done. Develop an understanding of what triggers are around you, and what sort of seasonal issues might affect your asthma. It's also common for people with asthma to have other related conditions, such as allergies, hayfever, eczema and even COPD. We also have an asthma dictionary to explain commonly used asthma terms. * Once you've got all that information, you might want to go and have a look the managing asthma section, where you can find out about medications, and how you can take control of your asthma. <http://www.asthmafoundation.org.au>