

Seniors and Asthma

Approximately six to 10 percent of older individuals in the United States may have asthma - a chronic inflammatory disorder of the airways characterized by coughing, chest tightness, shortness of breath and wheezing. These symptoms can be provoked by various types of triggers, including allergens, infections and irritating substances in the environment. **Unfortunately, asthma in seniors is frequently overlooked due to the widespread perception of asthma as a childhood disorder.** Older individuals are able to travel for extended periods of time and should prepare for changes in the new environment with advice from their asthma specialists and medical insurance coverage outside their country.

Unrecognized Symptoms

In seniors, asthma can surface but go unrecognized for several reasons. Older people may assume their symptoms are a result of their age, smoking or air pollution exposure. Difficulties in diagnosis can also result if the patient is confused or has physical disabilities. Sometimes, symptoms of asthma may not be those with which most people are familiar; in some cases a nighttime cough may be the only symptom. In a recent study in 2007 characterizing severe asthma by the NHLBI, it was noted that severe subjects with asthma were older with a longer duration of disease, greater daily symptoms, intense urgent health care utilization, sinusitis and pneumonia.

Treatment is Key

Treatment of asthma in seniors can differ somewhat from that in younger people. Treatment in older adults may need to be individualized due to the physical, social and emotional changes associated with aging. Also, the greater incidence of coexisting conditions may require additional considerations in older asthmatics. Regular preventative care should be considered even in mild disease.

When physicians devise an asthma treatment plan for an older adult, there are several factors that they may need to take into consideration:

- Goals for lung function may need to be lower since lung function naturally decreases as a person ages
- Age-related changes in the body can lead to greater adverse medication side-effects and potential for drug interactions
- Therapy for coexisting conditions can worsen asthma
- There may be cognitive or physical limitations that make it more difficult for the person to fully participate in his or her treatment plan

The goal of treatment in seniors who have asthma is to maintain or restore an independent and active lifestyle. With proper diagnosis and an appropriate treatment plan, asthma can be successfully managed in people of all age groups;

including older adults. Older asthmatics should be taught proper inhaler technique to improve delivery of therapy and a written asthma self-management plan by physician extenders.

Source: *Marianne Frieri, MD, FAAAAI* <http://www.aaaai.org/patients/seniorsandasthma/hurdles.stm>