

Managing Asthma Trigger Factors.

<u>Airborne trigger factors.</u>	<u>Foods & Medicines.</u>
Cigarette smoke.	Foods.
Dust.	Preservatives.
Pollens and moulds.	Colourings.
Pets and animals.	MSG.
Exercise.	Medication.
Colds & Infections.	
Occupational asthma	
Air pollution.	

Tobacco Smoke.

If you have asthma you should not smoke.

Passive smoking (breathing smoke from others' cigarettes{XE "passive smoking"}) triggers attacks in many patients with asthma and should be avoided.

{XE "cigarette"}{XE "smoke"}Children who live with smokers in the home have more asthma and more bronchitis than those from non-smoking households. If you have a child with asthma, it is best if the household is smoke free.

You should not smoke if you are pregnant. Smoking during pregnancy increases likelihood of your baby developing asthma.

Dust and Dust Mites.

Household d{XE "dust"}{XE "dust mites"}ust fragments and dust mites may trigger allergies and asthma. Dust mites are most prevalent in carpets and bedding. And are very difficult to avoid altogether.

The best current strategy to minimise inhalation of dust mite allergen from bedding is to cover the mattress, pillow and blankets (or doona) in dust mite protective covers. Use of these however, may not be particularly effective in improving asthma. Dust mite rotective covers are available at many pharmacies. Information is available through your State Asthma Foundation.

In an ideal dust-free room, floors and walls should be shiny and moist-wiped regularly.

It is difficult to keep carpets free of dust mites. Regular steam- or dry-cleaning may be more effective a mites than vacuuming. If you use a vacuum cleaner, make sure that windows and doors are open to allow ventilation.

Dust mite spray{XE "dust mite spray"}s are usually insecticides and their long term benefit in asthma is uncertain.

Pollens.

Pollens which most commonly cause allergies in are grass, weed and tree pollens.

If you are sensitive to pollens it might be best to stay indoors with windows closed on windy spring days. If you are driving, keep the car windows closed and the air-conditioning in 'recirculating mode' on high pollen days.

Seasonal pollen allergy can often be managed by regular use of anti-allergy or preventive medication or allergy desensitisation.

Moulds and Spores.

Spores from fungi (or mould) may cause allergies in the same way that pollens cause allergies.

Mould is common in moist areas such as bathrooms (on walls or shower curtains). Keep these areas cleaned and as well ventilated as possible. Spores may come also from soil or compost heaps. If you work with soil or potting mix, you should do this outdoors in a well ventilated area.

Pets and Animals.

{XE "pets"}{XE "animals"}Allergies to animals with fur and {XE "fur"}feathers{XE "feathers"} are common. Allergic particles may persist in the house for up to six months after a cat, for instance, has left the home altogether. If you have asthma and allergies triggered by these animals, it is wise not to keep furry or feathered pets.

There is still debate about whether young children whose parents have asthma, should be exposed to furry animals. There is some data to suggest that exposure to these animals at a very young age, before asthma or allergies begin, may actually allow a degree of tolerance to allergy as the child grows.

Exercise.

{XE "exercise"}Physical exercise commonly triggers asthma - so does laughing or getting excited. Exercise induced asthma usually commences after a few minutes of exercise and is most noticeable with exercise in a cold environment.

Exercise-induced asthma can usually be prevented with inhalers such as Ventolin, Bricanyl or Airomir, used a few minutes beforehand. Singulair taken on the morning may prevent exercise induced asthma all day and may be particularly useful for school children. These medications are approved for Olympic{XE "Olympic"} use, but documented proof of asthma is needed for international competition !

Doing a vigorous warm-up may also help prevent exercise-induced asthma.

Colds and Infections.

{XE "colds"}{XE "infection"}Colds {XE "virus"} are common triggers of asthma and are difficult to avoid.

Most colds or respiratory infections are caused by viruses and standard antibiotics are not effective against these.

Asthma triggered by viral infections should be treated promptly, with standard *asthma* medications to clear the lungs and to limit the duration of the illness. There is some data showing that children who suffer frequent attacks of asthma specifically triggered by viral infections, may derive be helped by using Singulair at the first sign of a cold.

Flu{XE "Flu"} injections are advised for individuals with asthma, but remember that a cold is not influenza. Flu shots do not prevent most colds.

Occupational Asthma.

Some causes of occupational asthma are...

- Wood dusts (carpentry, cabinet making).

- Flour dust (pastry cooks).

- Grain dust (wheat harvesting, silo work).

- Animals (veterinary work, horse handling)

- Soldering (caused by the flux).

- Welding (in some cases).

- Isocyanates (chemicals used in rubber or foam production, two-pack spray paints polyurethane etc.)

- Aluminium smelting ('pot rooms').

If you already have asthma you should not work in a 'high risk' industry{XE "industry"}.

If occupational asthma is suspected the most important measure is to CEASE EXPOSURE to the culprit item. Expert opinion may be needed to identify the exact cause.

If you stop exposure when occupational asthma is mild and fully reversible, then asthma may resolve completely over the next year or so. If you wait until asthma is persistent before stopping the

exposure, your asthma may not improve. Many items may cause occupational asthma. This may need discussion with a specialist in the area.

Foods and Food Additives.

Foods.

Many foods can trigger allergies or asthma. Reactions most commonly occur after nuts, seafood, eggs and occasionally, milk.

Asthma triggered by foods usually starts within a few minutes of eating the item and the food can usually be identified by careful observation. You should then avoid this food, or the food group.

No single food is a trigger in all people. And not all people react to foods. That is why there is not such thing as an "asthma diet".

An elimination diet is sometimes used to identify foods which may be causing your symptoms. An initial diet with very few, low allergy foods is commenced. This should be planned with a dietician to ensure that your nutrition is adequate. After a certain time on an elimination diet, new foods are introduced. Asthma reactions to these new foods should be carefully documented with a diary and Peak Flow readings.

Food preservatives.

{XE "preservatives"} Food preservatives are added to certain foods to (i) keep them from being contaminated by germs (which cause gastro-enteritis) and (ii) maintain the food's natural colour. Preservatives cause symptoms in only a small proportion of people with asthma.

Reactions to preservatives usually start a few minutes after eating or drinking.

There are no laboratory or blood tests to confirm preservative sensitivity. The diagnosis must be based on careful clinical observation.

Foods which often contain preservatives include - wine; bottled fruit juices; minced meat; pickled foods; dried fruits; frozen foods, yoghurts and cheeses.

Restaurant or for take-away foods (such as fruit salad) may contain preservatives (unlabelled).

The food additive numbers for food preservatives are -
Benzoates (210, 211, 212, 213),
Sulphur dioxide (220), sulphites (221, 222), Metabisulphites (223, 224).

Food Colourings.

Reactions may very occasionally occur with {XE "colourings"} colourings (such as the yellow dye - tartrazine). These reactions tend to be short lived.

There are no reliable blood tests or laboratory tests to confirm these chemical reactions. The diagnosis must be based on careful clinical observation.

Tartrazine {XE "tartrazine"} is commonly added to yellow orange or green coloured food products - eg, cordials, soft drinks, syrups, cake mixes, sauces. Pastry may have tartrazine added to give the appearance that it has been well baked.

The food labelling number for tartrazine is - 102.

Monosodium Glutamate (MSG).

MSG is a type of 'salt'- and is added to certain foods to enhance the flavour.

MSG rarely causes asthma - but when it does, it may do so in an unusual fashion. The attacks may develop hours after eating - not immediately after the food. These attacks may be sudden and severe.

There are no blood tests or laboratory tests to confirm MSG sensitivity. The diagnosis must be based on careful clinical observation.

The following foods often contain added MSG -

Asian foods, especially soups and soya sauce.

Tinned and packet soups, soup cubes. Gravy mix, batters or seasonings.

Pies, sausage rolls, seasoned or fried chicken, flavoured crisps.

Parmesan and other tasty cheeses have natural glutamates, so do tomatoes: but these rarely cause asthma.

There is debate over whether MSG actually causes asthma attacks.

Foods containing MSG may be labelled as having 'flavour enhancer'. The food labelling number for MSG is - 621.

Medication.

Beta-blockers.

Beta-adrenergic blockers (or beta-blockers{XE "beta-blocker"}) are often used for treating high blood pressure, angina, arrhythmias or heart failure. They are also used for treatment of tremor, over-active thyroid or as eye drops for glaucoma - a wide variety of conditions.

Commonly used beta blockers include - Aptin, Betaloc, Blocadren, Carvedilol, Inderal, Lopressor, Tenormin, Trasicor and Visken. There are other brand names.

Pain Relievers.

Aspirin or non-steroidal-anti-inflammatory drugs (NSAID's) may trigger attacks in about 10% of patients with asthma. NSAID's include Brufen, Butazolodin, Celebrex, Dolobid, Feldene, Indocid, Mobic, Naprosyn, Nurofen, Orudis, Ponstan Surgam, Tilcotil & Voltaren.

Aspirin or non-steroidal-anti-inflammatory drugs (NSAID's) may be present in indigestion remedies, or cold & flu remedies.

Laboratory or blood tests cannot diagnose this reaction. The diagnosis requires careful observation. Sometimes a supervised challenge test is needed.

Pain relievers{XE "pain relievers"} which contain paracetamol or codeine are generally safe for asthma. These include Codalgin, Dymadon, Panadol, Panadeine, Panamax, Paraspen.

Dept. Respiratory Medicine
Royal Melbourne Hospital
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