

Managing asthma: Strategies for controlling respiratory symptoms.

Anna Julia*

Department of Pulmonary and Critical Care Medicine, Shanghai East Hospital, Tongji University, Shanghai, 200120, France

Introduction

Asthma, a chronic respiratory condition characterized by inflammation and narrowing of the airways, affects millions of people worldwide [1]. While there is currently no cure for asthma, effective management strategies can help individuals control their symptoms, prevent exacerbations, and lead active, fulfilling lives. In this article, we explore various approaches to managing asthma, empowering individuals with the knowledge and tools to take control of their respiratory health [2].

Asthma is a complex condition with diverse underlying mechanisms, including inflammation, airway hyperresponsiveness, and bronchoconstriction. Common symptoms of asthma include:

Wheezing: A high-pitched whistling sound heard during breathing.

Shortness of Breath: Difficulty breathing, often accompanied by a feeling of tightness in the chest [3].

Coughing: Especially at night or in response to triggers such as allergens or irritants.

Chest Tightness: A sensation of pressure or discomfort in the chest [4].

Controller Medications: These medications, such as inhaled corticosteroids, long-acting beta-agonists, and leukotriene modifiers, are taken regularly to control inflammation and prevent symptoms.

Rescue Medications: Short-acting beta-agonists (e.g., albuterol) provide quick relief during asthma attacks by relaxing the airway muscles and easing breathing [5].

Common asthma triggers include allergens (e.g., pollen, pet dander), irritants (e.g., smoke, pollution), respiratory infections, exercise, and changes in weather [6].

Identifying and avoiding triggers whenever possible can help reduce the frequency and severity of asthma symptoms.

An asthma action plan, developed in collaboration with a healthcare provider, outlines individualized instructions for managing asthma symptoms, including medication use, peak flow monitoring, and steps to take during exacerbations [7].

Regular monitoring of lung function using a peak flow meter or spirometer can help individuals track their asthma control and detect early signs of worsening symptoms.

Peak flow readings below personal best or predetermined thresholds may indicate the need for adjustments in medication or intervention [8].

Maintaining a healthy weight, eating a balanced diet rich in fruits and vegetables, staying physically active, and avoiding smoking can contribute to overall respiratory health and asthma control [9].

Annual influenza vaccination and pneumococcal vaccination are recommended for individuals with asthma to reduce the risk of respiratory infections, which can trigger asthma exacerbations [10].

Conclusion

While asthma can pose challenges to daily life, effective management strategies can empower individuals to take control of their respiratory health and minimize the impact of symptoms. By working closely with healthcare providers to develop personalized treatment plans, identifying and avoiding triggers, monitoring lung function, and leading a healthy lifestyle, individuals with asthma can effectively manage their condition and reduce the risk of exacerbations. Remember, with the right tools and support, asthma can be managed effectively, allowing individuals to breathe easier and live life to the fullest.

References

1. Frelat MA, Shaw CN, Sukhdeo S, et al. Evolution of the hominin knee and ankle. *J Hum Evol.* 2017;108:147-60.
2. Treppo S, Koepp H, Quan EC, et al. Comparison of biomechanical and biochemical properties of cartilage from human knee and ankle pairs. *J Orthop Res.* 2000;18(5):739-48.
3. Cushnaghan J, Dieppe P. Study of 500 patients with limb joint osteoarthritis. I. Analysis by age, sex, and distribution of symptomatic joint sites. *Ann Rheum Dis.* 1991;50(1):8-13.
4. Valderrabano V, Horisberger M, Russell I, et al. Etiology of ankle osteoarthritis. *Clin Orthop Relat Res.* 2009;467(7):1800-6..

*Correspondence to: Anna Julia, Department of Pulmonary and Critical Care Medicine, Shanghai East Hospital, Tongji University, Shanghai, 200120, France, E-mail: annajulia@tongji.cn

Received: 01-Mar-2024, Manuscript No. AAIJRM-24-135492; Editor assigned: 05-Mar-2024, Pre QC No. AAIJRM-24-135492(PQ); Reviewed: 19-Mar-2024, QC No. AAIJRM-24-135492; Revised: 21-Mar-2024, Manuscript No. AAIJRM-24-135492(R); Published: 28-Mar-2024, DOI: 10.35841/AIJRM-9.2.200

5. Ritterman S, Fellars TA, Digiovanni W. Current thoughts on ankle arthritis. *I Med J*. 2013;96(3).
6. Flume PA, Chalmers JD, Olivier KN. Advances in bronchiectasis: endotyping, genetics, microbiome, and disease heterogeneity. *Lancet*. 2018;392(10150):880-90.
7. Martínez-García MÁ, Oscullo G, García-Ortega A, et al. Rationale and clinical use of bronchodilators in adults with bronchiectasis. *Drugs*. 2022;82(1):1-3.
8. Hill AT, Sullivan AL, Chalmers JD, et al. British Thoracic Society Guideline for bronchiectasis in adults. *Thorax*. 2019;74:1-69.
9. Alcaraz-Serrano V, Lee AL, Gimeno-Santos E. Respiratory Physiotherapy and Bronchiectasis. *Arch Bronconeumol*. 2022:S0300-2896.
10. Araújo AS, Figueiredo MR, Lomonaco I, et al. Effects of Pulmonary Rehabilitation on Systemic Inflammation and Exercise Capacity in Bronchiectasis: A Randomized Controlled Trial. *Lung*. 2022;200(3):409-17.