

# Athletes with asthma need more help from their team trainers

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Very few athletic trainers associated with National Collegiate Athletic Association (NCAA) programs said that they were following best practice standards for managing asthma among their athletes, according to a new study.

For [athletes](#) with asthma, the dangers of the condition can be as mild as impacting athletic performance or so severe to be incapacitating, or deadly. The lead report is published in the American College of Sports Medicine's journal, *Medicine & Science in Sports & Exercise*.

"We wanted to see how well asthma is being managed in athletes competing at the NCAA level," says Jonathan Parsons, clinical assistant professor of internal medicine at Ohio State University. "Evidence has shown that outcomes are better when an athlete has an asthma attack and the proper help is available."

"Since it's impossible to predict an asthma attack, we need to be prepared for when it happens," adds Parsons, who also is lead author of the study and a pulmonologist, critical care specialist and associate director of the Asthma Center at the Ohio State University Medical Center.

Pulmonary and sports medicine researchers sent electronic surveys, with questions related to the diagnosis and management of exercise-induced bronchospasm (EIB), to 3,200 athletic trainers in NCAA sports medicine programs. More than one-fifth of the 541 responses indicated that they

had an asthma management protocol at their institution. Slightly more reported having a pulmonologist on staff.

Approximately 17 percent reported screening athletes for EIB, 39 percent indicated a rescue inhaler does not have to be available at all practices and 41 percent say an inhaler does not have to be present at all games.

The results suggest an overwhelming majority of NCAA sports medicine programs are not adhering to national asthma guidelines, established by the National Institutes of Health, which emphasize education, management protocols and medical professional involvement for their athletes with asthma.

"Research data supports testing athletes for asthma when it's suspected, having inhalers immediately on-hand and asthma specialists as part of their care," says Parsons.

Exercise-induced asthma occurs when airflow to the lungs is reduced due to narrowing and closing of the airways in association with exercise. This airway obstruction usually occurs just after exercise and is much more common in college athletes than in the general population. Symptoms include coughing, wheezing and shortness of breath.

According to Parsons, athletes often ignore symptoms of EIB, perceiving the condition as an indication of poor performance or simply being out of shape.

Exercise is one of the most common triggers of bronchospasm in patients with chronic asthma, with exercise-induced asthma occurring in approximately 80 percent to 90 percent of individuals with known asthma. Ten percent of the general population has an unrecognized history of chronic asthma and only experiences symptoms of [asthma](#)

during exercise.

Parsons says that costs associated with inhalers, staff pulmonologists and compliance should be viewed as minimal in comparison to protecting the health of our student-athletes.

Source: The Ohio State University ([news](#) : [web](#))

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