

# Exercise-induced asthma surprises many athletes, but it can be managed

September 8 2014, by Marisol Medina, The Miami Herald

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Kelly O'Boyle has always been an athlete. As a child, she played lacrosse, basketball, soccer and softball. In high school, she ran track. At the University of Miami, she rows.

Two years ago, when she was rowing six days a week, she noticed it was getting harder to breathe. She went to a doctor, who diagnosed her with exercise-induced asthma, a condition that affects both people with underlying asthma or without any symptoms of [chronic asthma](#).

"Unless I'm giving 110 percent, I'm fine," said O'Boyle.

The condition can affect anyone, but athletes who play cold weather sports and people with asthma are a higher risk of having bronchoconstriction, or tightening of the airways, said Dr. Richard Lockey, professor of medicine at the University of South Florida and fellow at the American Academy of Allergy, Asthma & Immunology.

In O'Boyle's case, she wasn't rowing in freezing waters, but she was overdoing herself.

"I was surprised by it," said O'Boyle, 20. "I thought asthma was something you had as a kid."

O'Boyle had been seeing Dr. Lauren Fine, an allergy, asthma and immunology doctor at the University of Miami, for seasonal allergies. Fine believes O'Boyle always had the condition, but it hadn't manifested

itself until she began the rowing regimen.

"Exercise-induced asthma is asthma that is triggered by active duty," Fine said. "Basically, it's people that have no asthma at any other time than when they exercise."

According to the Centers for Disease Control and Prevention, an estimated 18.7 million adults had asthma in 2010, and the numbers are getting worse. In the last decade, the number of people with asthma in the United States grew by nearly 15 percent.

The American Academy of Allergy Asthma and Immunology says wheezing, tightness in the chest, coughing, shortness of breath and chest pain, although rare, are possible signs of the condition, if they present themselves within five to 20 minutes after starting exercise.

Fine explains that the function of the airways is to warm and moisten the air we breathe, but when it is done too fast, like during exercise, sometimes the body cannot keep up.

"It's like asking your air conditioner to cool your house that's over 100 degrees, 24 hours a day," she said. "At some point, it's going to give up."

O'Boyle has kept up her six-day-a-week rowing, but now uses an inhaler.

"We recommend that anybody that has EIA or asthma at all, exercise to the best of their comfort level three to four days a week, 30 to 40 minutes," she said.

Fine says some endurance and cold weather sports, like skiing and hockey, tend to cause more problems than warm weather sports.

Dr. Juan C. Martinez, 54, a pediatric pulmonologist and director of the

pediatric pulmonary program at Joe DiMaggio Children's Hospital in Hollywood, calls this type of sports "asthmagenic."

"Any sport where you burst energy and then stop tends to exacerbate this condition," he said. "Soccer, football, tennis - all sports where you do a lot of running and then stop."

Martinez said the condition is very manageable.

"It's probably one of the easier forms of asthma to treat," he said, noting it can be treated with medications such as Singulair and Advair.

Athletes also can reduce the chances or severity of an attack by warming up before exercise and cooling down after it, says Fine.

It's important to get a diagnosis by a pulmonary specialist, as the condition is often over-diagnosed, say Fine and Martinez. The best way to diagnose the condition is with a pulmonary function test, which measures different lung volumes.

"Difficulty breathing can come from many other places, heart problems, vocal chord dysfunction, obesity, being out of shape," said Fine.

With many school team tryouts now starting, doctors call for parents to be aware of their children's breathing issues, especially if there is a family history of asthma. Exercise-induced [asthma](#) can be easily confused with not being well conditioned.

"At the beginning of the season they are out of shape, but if they're getting conditioned and they are still having trouble, it's a red flag," said Martinez.

Mauricio Fortune, 12, plays in a local youth soccer program and suffers

from the condition. It's a challenge, but it doesn't dissuade him.

"I love the game, it's a good challenge and I always have fun doing it," he said.

Mauricio has been around soccer since he was a toddler. His parents would take him to watch his older sister play, and noticed something strange in his breathing while he played with the ball.

"He would cough as he tried to run, you would see him take deep breaths, like he needed a lot of air," said his father, Scott Fortune.

Mauricio, who practices soccer six days a week for two and a half hours a day, takes his inhaler, nasal spray and takes Xopenex, a medication that prevents bronchospasms, prior to any practices.

"It's a challenge but the way the medical field is now, a lot of players have problems and they work through them," said his father. "I feel that if he has it, we'll work through it and he'll be fine."

Fortune, 46, said that the most important thing for parents is to take their children to a specialist who can prescribe the right medicine.

"It's been like a roller coaster ride," he said. "As I parent I wouldn't want my child to have to take any medicine, but you have to deal with the cards you've been dealt, and it's worked out."

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