

Is it asthma, or something else?

July 20 2011, By Timothy Craig

Asthma affects nearly 300 million people worldwide, and 24.6 million Americans had asthma in 2009. In severe forms, asthma can be deadly; however asthma-related deaths have been decreasing thanks to medical advances.

Asthma symptoms include coughing, mucus production, difficulty breathing, and chest tightness triggered usually by identifiable causes. Males are more prone to have [asthma](#) before puberty; however, females are more prone to have asthma after [puberty](#), and the incidence for both groups has been increasing. For all children, the asthma rate increased to 9.6 percent from 8.7 percent over the decade, with 11.3 percent of boys affected and 7.9 percent of girls affected. In adults, the asthma rate increased from 6.9 percent in 2001 to 7.7 percent in 2009, with 5.5 percent of men affected and 9.7 percent of women affected, according to recent reports from the [Centers for Disease Control and Prevention](#). Asthma rates are highest in the northeast and midwest regions of the country.

All people who have asthma should be screened with pulmonary function testing to determine the severity of their disease and the appropriate therapy.

Often asthma is confused with COPD, a chronic disease of the lungs that results from tobacco abuse or [environmental exposures](#). COPD can lead to significant reduction in quality of life and an increase risk of disability and death. As with asthma, therapies are effective to reduce symptoms, improve quality of life and to reduce disability and death. The greatest

problem with COPD is diagnosing it before it has progressed too far. Stopping smoking is the greatest benefit for COPD and can significantly improve a patient lifestyle. Pulmonary function tests can be used to diagnosis, determine the severity of and follow COPD.

One form of COPD is caused by a deficiency of a protein called alpha-1-antitrypsin. Without this protein, people can get COPD very early in life even without smoking. However there is a test to screen for this protein. If you have severe asthma, COPD or a family history of COPD you should be screened for this deficiency.

On Aug. 20, the Allergy, Asthma and Immunology clinic in the Department of Medicine at Penn State Milton S. Hershey Medical Center will hold a free screening to determine if you have asthma, COPD or alpha-1-antitrypsin deficiency. A short history, exam and [pulmonary function](#) test and a finger stick for a drop of blood will be conducted.

Provided by Pennsylvania State University

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