

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/managing-seasonal-allergies-for-better-asthma-control/67689/>

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Recognizing and Managing Seasonal Allergies That Complicate Asthma Control

Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll learn how we can better recognize and manage seasonal allergies contributing to poor asthma control with Mr. Brian Bizik. He's a physician assistant and respiratory care coordinator at Terry Reilly Health Centers in Boise and Nampa, Idaho. Here's Mr. Bizik now.

Mr. Bizik:

Is my patient's struggle due to seasonal changes and pollen counts, or is it something else? That's such a critical question. And I always remind people that asthma is an up-and-down disease. In fact, the diagnosis requires that. If it's the same every day, it's not asthma. So the variability is built into the diagnosis, so that means patients are going to go up and down. And so if they're having a flare-up or their asthma is not as well controlled as it should be, the first question I ask them is, "Are you sick?" Most asthma flares are viral; they're viral infections. So are you sick, or are those around you sick? If it's a three-year-old, do they have siblings who just went back to school and are sick? If that's the case, then it's probably a viral infection. That's what causes most, and so you can consider asking that question.

If not, then at that point you can ask questions like, "Well, is there something else going on?" One thing that can be very helpful—and I encourage parents of little kids to do this—is an exposure diary. Keep track. Because if seasonal allergies are a part of the flare, there's going to be a pattern. And we tend to forget how miserable we were. So patients can write in an exposure diary or keep track of things like, "Last May, I was miserable. I wrote down that I was miserable 10 days in a row." We forget that. So when you look back, you can see that last May, you were miserable, and now, it's May and you're miserable again. There's a pattern, and now you can remember. That might be helpful in trying to figure out if a flare is a viral infection or if it's a seasonal pollen variation or seasonal allergy that's adding to symptoms at this time.

So if you determine seasonal allergies are adding to asthma burden, the most important thing is that they're using their inhalers appropriately, that they're adherent, and that their technique is good. And I'll say it every time: taking a minute to check inhaler technique is so important and can make such a big difference. Depending on the data, the single most important thing you can do at any visit is to make sure they've got the inhaler, they can afford it, and they're using it appropriately with a spacer or holding chamber, if needed, which is most of the time.

So when you know there's a pattern and they tend to flare in spring or summer, make sure they're on their inhalers and using their inhalers appropriately. But you can have them start therapy just a little before their season. So if I know they're going to start in May and it's due to trees, I have this in their chart. I put that on Tax Day, April 15th, you're going to start your medicines. And in this case, I have them start an intranasal steroid—one spray in each nostril. I have them do that daily, starting a couple of weeks before the season and then continuing through the end. It's inexpensive. It's very safe. It's something that can be done in just a few seconds.

I also have them start a daily antihistamine. We have three that are next-generation that are generally non-sedating: cetirizine, loratadine, and fexofenadine. Of those three, only fexofenadine is truly non-sedating, so if they're struggling, you can switch them to fexofenadine. If not, they can start doing that medication daily.

For patients who have seasonal allergies that cause their asthma to flare, have them use their inhaler, nasal spray, and a daily antihistamine, and typically, that will give them very good control. If not, if the burden is still high or they don't want to do that, then we have allergy shots, which can be life-changing for patients. So that's always a great option for patients, especially if they don't want to do the nasal spray and antihistamines on a daily basis.

Announcer:

That was Mr. Brian Bizik talking about recognizing and managing seasonal allergies that can contribute to poor asthma control. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!