

ASTHMA

ASTHMA AND AGEING

ASTHMA is a disease that causes spasms of the airways due to various stimuli, including allergens and irritants, resulting in an obstruction of the airways. Muscle constriction around the airways and inflammation result in swelling of the lining of the airways and an increase of mucous and secretions. This causes coughing and difficulty in breathing.

Asthma is a common disease found in people over the age of 65 and can cause serious problems if not treated properly.

How does asthma affect older adults?

Most people suffering from asthma experience their first symptoms at a young age, but asthma can develop at any age. It is not uncommon for adults in their 70s or 80s to develop symptoms for the first time. When asthma does occur at a later age, the symptoms are the same as those experienced at any age.

The most common causes of an asthma flare-up are respiratory infection or viruses, exercise, allergens and air pollution (an irritant). Allergens and irritants are substances found in our everyday environment. People who suffer from asthma may experience wheezing, cough, shortness of breath and tightness of the chest.

Asthma represents a much higher risk for older adults

because they are more likely to develop respiratory failure as a result of asthma, even during mild episodes.

Why is asthma difficult to diagnose in older adults?

Because other health issues in the elderly are similar to those of asthma. These may mask the specific symptoms and a correct diagnosis may be missed. In older adults, the symptoms of asthma are more likely to take the form of coughing, producing sputum (fluid) from the lungs. Your physician might interpret those symptoms as being due to other illnesses, such as chronic bronchitis or congestive heart failure. In particular, heart disease and emphysema, much more common in older adults, especially smokers, can mimic the symptoms of asthma.

Who is likely to develop asthma as they grow older?

Patients who suffered from asthma at a young age may have a temporary resolution from the illness which may return in adulthood (generally 30-40s). Patients may also develop sinusitis in adulthood developing into asthma. This latter subgroup tends to have very severe symptoms of the disease (again, commonly seen in the 40s and more common in women).



Are there special considerations when treating asthma in older adults?

Yes. First of all, treating asthma in older adults can be complicated by the fact that so many older people take multiple medication for various health conditions. Some asthma medication can react when taken simultaneously with other treatment, causing unpleasant side effects. In addition, other medication may actually worsen the symptoms of asthma.

Secondly, older patients are more likely to experience mental confusion or memory problems when compared to younger patients. This may be the result of normal ageing or of an illness, such as Alzheimer's disease. Whatever the cause, these problems can make it difficult for certain older patients to follow

the instruction of the treatment, especially if they take medication for a variety of health conditions.

Additionally, most asthma medication come in the form of an L-shaped metered dose inhaler which requires a certain degree of manual coordination and dexterity. Older people are more likely to have difficulty with this type of device and may not receive the correct dose when using it. Treatment with a dry powder inhaler or oral medication can help older asthma patients avoid problems with use of L-shaped inhalers.

Article submitted by the HPA Group

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