

Asthma Still Widespread Chronic Disease

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In California, more than 5 million adults and children have been diagnosed with asthma, while 3 million of them suffer from actual symptoms today – and that number will likely rise. Asthma is a chronic inflammatory lung disease often characterized by coughing, wheezing and shortness of breath. Air pollutants, animal dander, cockroaches, dust, exercise, mold, pollen, smoke and respiratory infections trigger asthma symptoms, which can range from mild to life-threatening. To some, it's considered an epidemic too-often overlooked.

"Asthma is much more common than the public is aware," says Dr. George Huthsteiner II, a pulmonary specialist at Long Beach Memorial Medical Center. "A chronic cough that has gone on from months to years is probably asthma, which is important because it's treatable – very treatable [and] curable, in the sense the cough goes away."

Asthma ranks as one of the most common chronic diseases in the United States, according to a report by California Breathing, a program of the California Department of Public Health. It is

incurable, but common medications can control the symptoms and help improve a sufferer's quality of life.

In 2005 alone, hospitalization costs for asthma patients exceeded \$763 million in California, excluding the cost of emergency room visits. Repeat hospitalization is often attributed to a lack of early prevention and intervention in patients who were never diagnosed or missed routine checkups.

Although hospitalization and death rates have dropped in the past 10 years, the prevalence of asthma cases has been on the upswing. Huthsteiner notes that some sufferers are symptom-free because even healthy lungs don't operate at 100 percent capacity. A minor decrease in lung function typically goes unnoticed, "which is why athletes and ballerinas can smoke and you always wonder, 'How they can get away with that?'" he explains. "They can lose 10, 15, 20 and even 30 percent of their lung function."

"You only need 50 percent to keep up with your heart," he adds.

Children account for a growing number of the asthma population; however, two-thirds of child sufferers are asthma-free by adulthood, whereas adults diagnosed with the chronic disease often experience more severe, lifelong symptoms.

"It's a common misconception that it doesn't start as an adult



Dr. George Huthsteiner II (center), a pulmonary specialist at Long Beach Memorial Medical Center, and D'Neen Bilderrain (left), a pulmonary technician, test patient Lourdes Licon's lungs and breathing capacity using a spirometry machine. (Photograph by the Business Journal's Thomas McConville)

and it only begins in childhood, and that's definitely not true. When the disease starts in adulthood, it tends to be permanent," Huthsteiner says. "In fact, in terms of the hospital load for asthma in this country and in my practice, it tends to actually be a majority of adults."

But a child is two times more likely to visit an emergency room than an adult, according to California Breathing.

Moreover, the disease tends to run in families, although it can skip generations or surface in someone without a family history. There are also significant age, social and racial disparities among asthma sufferers.

According to California Breathing, 30 percent more African Americans are diagnosed with asthma than Caucasians. Additionally, the rate of hospitalization and asthma severity is greater in those with a median income below \$20,000, while Medi-Cal and Medicare cover 61 percent of asthma hospitalizations – or \$547 million in costs.

"[Many] patients don't have the money . . . to get these medicines," says Dr. Arthur F. Gelb, a pulmonary specialist at Lakewood Regional Medical Center. "A very significant number of Americans are not getting their medication or the right medication. [It] is a vicious cycle. They never get better and they often wind up going to the emergency room or being hospitalized simply because they're not able to get the medications that they should take. And that's the cheapest end of this whole cycle – it's tragic."

A mandated change to protect the ozone layer requires that chlorofluorocarbons (CFCs) be banned from rescue (albuterol) inhalers by January 2009, according to a recent article in *The New York Times*. Although CFC-free inhalers have been available for more than a decade, 4 million people have yet to make the switch, mostly because of their higher price tag.

"The new and old inhalers differ in feel, force and taste, and how they are primed and cleaned. Advocates for people with asthma say doctors and patients have not been educated about the changes," the article states. "There have been unnecessary fears about the newer inhalers, preventable trips to the emergency room and even some hoarding of CFC inhalers."

"When they took out the old propellant and put in the new one that's CFC-free, it allowed the companies to make it a patented drug," Huthsteiner says. "Once you do that, there's an inescapable urge to raise the price, so everybody is noticing that the new albuterol inhalers . . . are double the price of the old generic ones."

Another problem, Gelb says, is the unnecessary fear people have in using the proper medication to treat asthma.

"Patients [often] think it's dangerous. It's ludicrous because the illness is an inflammatory illness, and the only effective treatment, at least in mild asthma, is to use the inhaled corticosteroids," he explains. "They use these rescue medications [like] albuterol, but that's not good treatment. Consequently, they don't use the proper medicine."

According to Huthsteiner, Advair, Singulair and Spiriva are the most common medications for the treatment of asthma. The medications are usually dual-purpose and treat lung inflammation and airway constriction before symptoms arise. The albuterol rescue inhalers, also known as bronchodilators, provide quick relief when symptoms flare, but they do not treat inflammation.

A Growing Disparity

In the U.S., asthma increased 74 percent in the last two decades, which accounts for an increasing number of organizations devoted to asthma education and healthcare advocacy.

Almost nine percent of children in California currently suffer from asthma, while it's most common in children ages five to 17. Early diagnosis and treatment are priorities for a child's overall health, but they can also prevent absences from school. A child with asthma misses an average of 2.6 days of school annually due to its symptoms.

The Asthma & Allergy Foundation of America (AAFA) California Chapter was founded in 1976 for the sole purpose of sending children with severe asthma to summer camp. Today, it is dedicated to educating individuals and organizations, supporting medical research, training the healthcare community, increasing public awareness and providing treatment to disadvantaged children.

"There are higher trends of asthma in areas where there is a lot of pollution, [such as] by the ports and freeways," says Rosemarie Yu, programs manager of the AAFA California Chapter. "We want the community to utilize our resources. That's what we're here for. Our mission is to improve the quality of life."

Pollution and poor air quality usually trigger asthma rather than cause the disease, Huthsteiner says. "It's not generally legitimate to claim that the disease is created by pollution or by industrial exposures," he adds. "There are some rare exceptions to that, [but] it's mostly an aggravator."

One of AAFA's principal programs is its Breathmobile – an "asthma clinic on wheels," which visits more than 120 schools throughout the greater Los Angeles area and Orange County. The clinic, which provides an allergist, a nurse practitioner and a respiratory therapist, returns to the schools every six to eight weeks to provide continuous asthma care.

It also provides a free summer asthma camp for children who suffer from mild to severe asthma, including children in the Long Beach Unified School District

Another local organization is the Long Beach Alliance for Children with Asthma (LBACA), which also targets the San Pedro, Carson, Wilmington, Harbor City and Lomita areas. Its project manager, Elina Green, says that one in eight children suffer from asthma in its target communities, which is higher than the U.S. percentage.

"A lot of the families that we are serving are essentially living in squalor. Their housing conditions are quite horrible," Green says. "If you have two families of five living in a two-bedroom [unit], the amount of dust and mold . . . that trigger a child's asthma increases. The apartments that they can afford are also often directly next to industry sites, so you've got this triple whammy – a sick child within an overcrowded space, substandard housing and outdoor air pollution."

LBACA also focuses on policy change, while its programs include a home-visiting program, a resource center and physician training. It collaborates with schools, after-school programs and recreation centers to develop asthma-friendly environments and policies.

"Although there are a lot of physicians that may be trying to give great quality care, [they] are rushed or don't have the cultural sensitivity to explain it to families," Green adds. "There is always miscommunication, so we see ourselves as being that liaison between provider and family." ■