

The
Proper Treatment
Of Asthma

Southwest
Allergy & Asthma
Foundation

INTRODUCTION

The purpose of this pamphlet is to supply information which will give patients suffering with asthma, an intelligent understanding of their disease and thus stimulate their interest so that they will cooperate more readily with their allergist. This will allow them to lead a normal life with reliance on little or no medication.

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THE PROPER TREATMENT OF ASTHMA

TREATMENT OF ALLERGIC DISEASE

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| 1. Avoidance |
| 2. Hyposensitization |
| 3. Symptomatic Care |

Asthma should be treated like all other allergic diseases by utilizing the classic approach which has stood the test of time for almost a century. Avoidance of allergens and irritants is the mainstay of therapy for allergic asthma. Hyposensitization refers to the periodic injection of extracts of allergenic substances which the patient cannot completely avoid. This increases the patient's tolerance to these allergens. If avoidance and hyposensitization fail to provide complete relief of symptoms, certain drugs must be used for symptomatic relief.

The most important point which can be made is the fact that asthma medications are designed to be used as adjunctive therapy for symptomatic relief. They should not be used as a substitute for the therapeutic modalities of avoidance and hyposensitization in the allergic asthmatic. With proper avoidance and injection therapy fewer and fewer drugs are required and thus, their undesirable side effects can be avoided. In addition, hospitalization for asthma should be rare and death from asthma even more rare. In the allergic asthmatic, proper dust avoidance, finding the cat a new home and avoiding foods which cause asthma is essential to proper care. Avoidance of trigger mechanisms such as cigarette smoke, paint, solder fumes, strong cosmetic odors, irritating spices, incense, etc. is also essential. This will help

reduce the load of the bronchial tree so that fewer drugs will be required and less often. The risk of dangerous side effects from drugs is thus minimized. If we find the causes of asthma and remove them, symptomatic therapy can be held to a minimum. If a patient requires daily medication we must ask ourselves why. Is it household allergens? Is it foods? Is it trigger mechanisms? Is it a combination of these? To us, this is the proper therapeutic approach to the allergic asthmatic. Proper injection therapy in the allergic asthmatic is a must. Asthma due to dust and pollens is almost always well controlled. Also, injection therapy prevents the progression of hay fever into asthma. Certainly a patient who requires only an occasional antihistamine or develops an occasional mild attack of asthma requires no injection therapy. The patient who becomes worse and develops severe intolerable hay fever or persistent asthma requires treatment. Patients can be treated with injections of house dust, the house dust mite, molds, pollens and stinging insects. Injection therapy consists of starting with a small dose (no greater than the amount needed to obtain a positive skin test) and building to an extremely high dose, usually given at weekly intervals. The higher the dose, the greater the relief. Once the arbitrary top dose is reached, injections can be given every two to four weeks in most patients. After two years of treatment with dust and molds and five years of treatment with pollens, treatment can usually (not always) be discontinued. Some patients remain in good balance for the rest of their lives. Some, in a year or more, will regress and will again require injection therapy. And some, like the diabetic who requires daily insulin to remain in good balance, will require continuous injection therapy. Almost without exception, asthma is relieved and hay fever patients treated with injection therapy do not develop asthma.

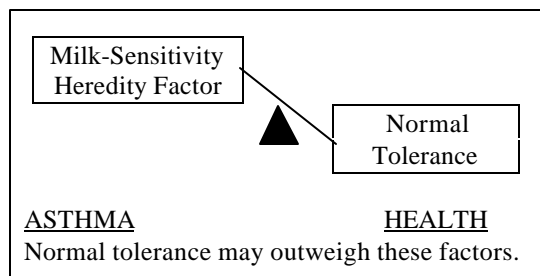
CLINICAL EVIDENCE OF VALUE OF INJECTION THERAPY

Many carefully controlled clinical studies have been performed to evaluate the effectiveness of immunotherapy (i.e., hyposensitization) in the treatment of allergic disease. Probably the best known of these was a 14-year study by Douglas Johnstone, in which he divided 210 allergic asthmatic children into two groups. One group received appropriate specific immunotherapy and the other a placebo (i.e., salt water). Twenty-two percent of the placebo-treated children were free of asthmatic symptoms by 16 years of age. Seventy-two percent of the hyposensitization-treated children were free of asthmatic symptoms by the same age. In the treatment group, persistence of asthmatic symptoms was related to the allergen dose given in the injection therapy. So, the higher the allergen dose administered the greater the chance of a child becoming symptom free. Similarly, it was demonstrated that the treatment failures did well when the dose of the allergen was increased. In another study, Johnstone divided children with ragweed hay fever into the same two groups. It was found that 50% of the placebo-treated group developed pollen asthma while none of the treated group developed asthma. In practice we see that the period of relief of symptoms is dose related. So, when the dose of immunotherapy is higher, the time interval between injections that the patient can tolerate without recurrence of his symptoms is longer. Finally, the effectiveness of immunotherapy becomes obvious in clinical practice when an allergen is inadvertently omitted from a patient's treatment. These patients experience a recurrence of symptoms which are relieved when the mistake is discovered and the allergen is returned to the treatment mix.

CAUSES OF FAILURE OF INJECTION THERAPY FOR ALLERGIC DISEASES

One reason for treatment failure is improper avoidance. Of course if the patient sleeps with a cat, smokes cigarettes or eats foods which will cause asthma, symptoms will continue. A frequent review of diet, household allergens and trigger mechanisms may change a failure into a successfully controlled patient. Along with proper avoidance and symptomatic care when needed, the results are usually excellent. Another reason for failure is inadequate dose. Many studies have conclusively shown that only high dose immunotherapy is effective. It is important to realize that the highest dose the patient will tolerate is the dose that will produce the greatest benefit. Improper allergenic coverage is another common reason for failure. Treating with too few allergens, with too many allergens, with the wrong allergens, with too low a concentration of the important allergens or with too high a concentration of important allergens can all cause treatment failure. Treating with old or inappropriate non-allergenic extracts can, of course, cause failure.

THE ASTHMATIC'S BALANCE CONCEPT



This is the Scale or Balance Concept of Asthma.

**Southwest
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Foundation**

If you have any further questions, feel free to contact us at:

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