

Asthma in older patients

Written by Caron Jack (2008)

For more information on asthma please visit the National Asthma Education Programme web site at: www.asthma.co.za
P.O. Box 72128, Parkview, 2122.
Tel: (011) 643 2755, Fax: 088 011 678 3069,
E-mail naepr@netactive.co.za.



Asthma in the elderly is not uncommon. Like many asthma patients, elderly patients are often under diagnosed and under treated and they also have a poor perception of their own airway limitations. Difficulty with inhaler techniques may need the addition of a spacer to an asthma pump.

Can elderly people develop asthma?

Yes, asthma can develop at any age. However many people who develop asthma as an adult remember having had breathing difficulties as a child.

Diagnosis of asthma in older people.

The classic symptoms of asthma, such as coughing, wheezing, breathlessness and tightness of chest, can easily be misinterpreted as part of the normal ageing process or be misdiagnosed as other health problems. Older people may not report their symptoms to their doctor, also misinterpreting them as part of normal aging or another concurrent illness. Older people may also simply ignore their symptoms.

Here are some of the most common reasons for unrecognized asthma in older people.

- Heart or lung diseases with similar symptoms to asthma, such as wheezing, can mask the presence of asthma.
- The actual symptoms of asthma might be dismissed as other conditions. For example, a chronic cough might be mistaken for bronchitis, or the inability to sleep during the night may be dismissed as insomnia.

Conditions which have symptoms in common with asthma in the elderly include:

- chronic obstructive pulmonary disease (COPD)
- chronic bronchitis or emphysema
- chest infections
- sinusitis with postnasal drip
- tuberculosis
- heartburn / gastro-oesophageal reflux
- heart diseases such as congestive heart failure, heart attack or abnormal heart rhythm.

Special circumstances in the older patient.

In addition to the issues above, changes in lung structure and function brought about by normal ageing may make the problems associated with asthma worse in the elderly. Many older people still smoke. Smoking makes asthma and any other lung condition much worse. This is also true if anyone in the family smokes.

Also, normal, age-related changes in the body mean that older people with asthma may get more side - effects from the medications they are taking to control their asthma. They may also be at risk of interactions between different medications they are taking. For example a patient may develop shakiness (tremor) or rapid heart rate (palpitations) when taking reliever medication. This medication can then be substituted for another one by the doctor.

Asthma trigger factors in older adults

Triggers for asthma attacks are similar across the age groups. (See "Risk factors for asthma and triggers for asthma attacks"). In older people, viral infections (for example, colds

and 'flu'), and airborne allergens are the most common triggers. This is why it is recommended that the elderly have an influenza vaccination every year.

Some medications used frequently in the elderly are also known to trigger asthma or make symptoms worse. These are:

- Pain killers such as aspirin or anti-inflammatory drugs used to treat arthritis
- Beta blocker drugs used for high blood pressure or heart conditions
- Beta blocker eye drops used to treat glaucoma

For this reason, it is important to keep a list of all the medications currently used and show it to the doctor or at the clinic at each visit.

Elderly patients suffering from asthma may need help with cleaning around the house to ensure that house-dust mites (the most common asthma allergen) or cockroaches are kept under control. Help keep house-dust mites at bay by using synthetic duvets and pillows and by keeping knick-knacks and clutter to a minimum. Cover the bed with dust-mite proof pillow and mattress protectors.

Asthma medications in older patients

Treatment for older patients is the same as treatment for all other asthmatics: bronchodilator reliever pumps for acute attacks and inhaled corticosteroids pumps for controller treatment if needed. (See "Asthma medicines and how they work")

Remembering to take medications for chronic conditions, such as asthma, may be more of

a challenge for older people than younger ones. For this reason, written action plans and asthma symptom diaries are very important. (See "Keeping asthma under control")

Also, problems with co-ordination or arthritis of the hands may make using asthma pumps and other asthma medication delivery devices difficult. Problems with eyesight may affect the ability to read labels. If a patient has problems coordinating drug release and inhalation, they may find it easier using the asthma inhaler in conjunction with a spacer. Alternatively, they may use a breath-activated device which is easier to use. Where use of a breath activated device is unfeasible, an oral agent such as a leukotriene receptor antagonist may be useful as controller therapy, and nebulisation may be necessary for reliever medication. In this case, care should be taken to reduce medication misuse and overdose. (see "Inhaler devices in asthma")

Side effects of asthma medications may be more frequent in older patients. Patients should wash their mouths out after using inhaled controller treatments, and Calcium supplements and biphosphates should be routinely given to all patients over the age of 65 years.

Questions for older adults who suspect they may have asthma

- Have you experienced an attack or recurrent attacks of wheezing?
- Have you had a troublesome cough or wheeze on waking up in the morning?
- Do you have a tendency to cough or wheeze after exercising?

- Do you experience a cough, wheeze or chest tightness after exposure to airborne allergens or pollutants?
- Do colds go to your chest or take more than 10 days to clear up?

What to do

If asthma is suspected, see your doctor who will make a diagnosis and prescribe the correct treatment. You should also follow the same recommended general rules for the control of asthma that all people with asthma are encouraged to follow - these will be incorporated in the written asthma action plan that you develop with your doctor. The asthma education plan should include the following:

- Understanding of the disease
- How the different therapies work (the difference between controller and reliever medication)
- The need for regular therapy even in the absence of symptoms
- Instruction of when and how to increase medication
- How to recognise a severe attack and seek medical attention
- Regular review of patient and medication



NATIONAL ASTHMA
EDUCATION PROGRAMME

Join the NAEP!
As a member you get free leaflets,
newsletters and information sent to you regularly.
Contact us and sign up on www.asthma.co.za