

Living With Asthma



Vonetta Flowers



Sheryl Swoopes



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



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AMERICAN COLLEGE OF PHYSICIANS
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A Guide for African American Families

Introduction

Do you have asthma? Does your child have asthma? About 15 million Americans have asthma, including 3 million African Americans.^{1,2}

Asthma can lead to complications. It can lead to emergency room visits, hospital stays, and even death. African Americans are at higher risk for these problems than most other Americans.³ Fortunately, managing asthma properly can help prevent problems and allow you to pursue your normal activities.

By working with your doctor and taking the right medication, you can manage asthma and help prevent complications. This guidebook will help you and your loved ones:

- Find out what triggers asthma attacks
- Prevent breathing problems
- Understand asthma medications
- Enjoy a healthy, active life

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For further information contact:

Conrad & Associates, LLC
10415 Stapleford Hall Drive
Potomac, MD 20854
(800) 553-0504
(301) 983-6417

What Is Asthma?



Asthma makes the airways inflamed and very sensitive, so they react to things that irritate them.

Asthma is a condition that can cause breathing problems. It affects a person's airways—the tubes that carry air in and out of the lungs.

If a person has asthma, it means that his or her airways are inflamed. This makes the airways very sensitive, so they react to things that irritate them. When airways react, they get narrower. Less air flows into the lungs.

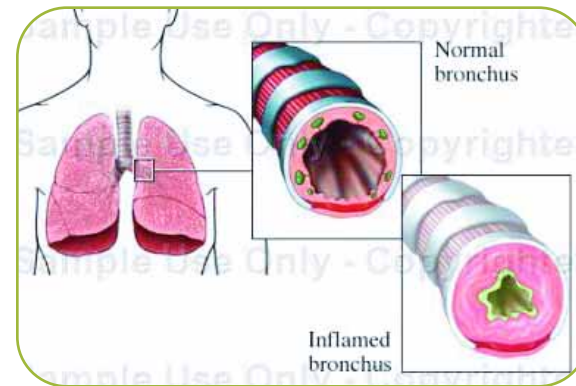
Asthma *triggers* can lead to breathing problems. This is called an asthma attack. During an asthma attack, three things happen:

- The muscles of the airways tighten.
- Inflammation increases.
- Mucus glands produce more mucus than usual, filling the airways.

When these things happen, less air can flow in and out of the lungs. It becomes harder to breathe.

During an asthma attack, many people experience one or more of the following:

- Noisy breathing, or *wheezing* (a whistling sound while breathing).
- *Shortness of breath*—feeling out of breath or feeling that it's hard to get enough air in or out of the lungs.
- *Chest tightness*—feeling as if someone is squeezing or sitting on the chest.
- *A dry, frequent cough*. Sometimes this is the only symptom of an asthma attack.



When a cough is caused by asthma, it might happen daily or frequently. It might be worse at night. It might be worse during exercise or in the workplace. If a dry cough occurs during the same season each year, it might be caused by asthma.



ASTHMA SYMPTOMS

During an asthma attack, a person may have one or more of the following symptoms:

- *Coughing*
- *Wheezing or noisy breathing*
- *Shortness of breath*
- *Chest tightness*



If you or your child has asthma symptoms, see your healthcare provider. Your healthcare provider will listen to your breathing and ask questions about your symptoms.

The doctor will probably use a spirometer to measure how much air you can blow out of your lungs and how fast. A spirometer is used for adults and for children aged 5 and older.

A healthcare provider may also use a spirometer at the following times:

- Before giving asthma medicine
- After giving asthma medicine (to see how much the medicine is helping)
- At each visit, to check how well the asthma is being controlled

Asthma Categories

An asthma attack can be mild, moderate, or severe. A severe asthma attack can be life-threatening.

Some people with asthma only experience symptoms once every few months. Others have symptoms every week or even daily.

Doctors classify asthma based on how often symptoms occur and how severe they are before treatment. Your asthma classification helps determine what type of treatment would be best.

Asthma Categories

Asthma Classification	Frequency of Symptoms	Nighttime Symptoms
Mild intermittent	Twice a week or less	Twice a month or less
Mild persistent	Less than once a day (but more than twice per week)	More than twice a month
Moderate persistent	Daily	More than once a week
Severe persistent	Throughout the day on most days	Frequent

Controlling Asthma

Even if your asthma is infrequent or mild, you could have a severe asthma attack. You can help prevent a severe attack, continue your normal activities, and have minimal symptoms. You need to:

- Avoid things that bother your airways
- Take medicines as directed

If you have asthma, controlling it is an important part of your life. See your healthcare provider to develop an asthma management plan. Take your medications as prescribed.

By controlling asthma every day, you can help prevent serious symptoms, avoid missing school or work, and continue pursuing activities that you enjoy.



Who Gets Asthma?



African Americans go to the emergency room for problems with asthma more than four times as often as other Americans.⁴

People with asthma have airways that are inflamed. What makes the airways inflamed in the first place? There could be several causes.

Allergies. Having allergies can increase your risk of asthma.

Family risks. If members of your family have asthma or allergies, you may be at increased risk for asthma.

Early exposure. Breathing certain allergens (anything that causes an allergic reaction) early in life might increase a person's risk of asthma. Breathing irritants at a young age might also increase risk. For example, a baby who lives in a home where people smoke could be at increased risk for asthma.

Did you know that African Americans go to the emergency room for problems with asthma more than four times as often as other Americans?⁴ African American adults and children end up needing to be hospitalized for asthma three to four times more often than the general population.⁵ African Americans also have a higher risk of dying from asthma.⁶

How can you help prevent these problems?

You need to manage asthma and take an active role in your health care—and your family’s health care. Work with your healthcare provider to develop a personal asthma management plan that will allow you to:

- Learn more about your asthma (or your child’s asthma)
- Avoid or control the conditions that trigger an asthma attack
- Understand asthma medications
- Know when and how to use inhaled medications
- Measure and track your peak flow
- Know when and how to use quick-acting “rescue medication”



Asthma in Children



Asthma can start at any age, but it often begins in childhood.

Asthma can start at any age, but it often begins in childhood. In fact, one child in every 15 has asthma.⁷ Children with asthma usually develop symptoms before age 5.⁸ Many children develop symptoms before age 2.⁹

Even if your child has never been diagnosed with asthma, be alert for possible symptoms. Listen for coughing at night, persistent dry coughs, or wheezing. Watch for shortness of breath. If you see any of these signs, ask your child’s healthcare provider to check for asthma.

Protect Your Child

- **Be alert** for possible asthma symptoms.
- **Don’t smoke.** Tobacco smoke bothers the airways. Breathing another person’s smoke is especially bad for children. Also, many asthma drugs don’t work as well if a person breathes smoke. Keep your home and car smoke-free.
- If your child has asthma, **try to keep away allergens** such as pets, house dust, cockroaches, pollens, and molds. Allergens can make asthma worse.

Asthma in Young Children

If you have a young child with asthma, it is very important to learn how to manage your child's asthma. Find out what triggers your child's asthma symptoms. Learn the early signs of an asthma attack. Follow a treatment plan.



You can help prevent:

- Missed school days
- Extra trips to the doctor or emergency room
- Risk of death from asthma

Grandparents and babysitters need to know how to manage your child's asthma, too. Controlling asthma can save your child's life!

Work with your healthcare provider to create a written plan for managing your child's asthma. The plan should include:

- A list of medications your child needs to take—and when
- How to measure symptoms to tell if an asthma attack is severe
- How to change the medications if symptoms are getting worse
- Where to call in an emergency

Give a copy of this plan to grandparents, babysitters, and your child's school.

If your child needs to take asthma medication during the school day, give the medication to the school nurse. Or, arrange a safe place for the school to keep this medication.

Don't be afraid to ask questions about your child's asthma treatment. Call your child's healthcare provider if your child is having an asthma attack and symptoms are getting worse. Also call if you have any questions or concerns.

If your child is experiencing severe breathing difficulty during an asthma attack, **call 911 immediately.**



Asthma in Infants

If your infant has asthma symptoms, act quickly. Follow the asthma management plan that you and your child's healthcare provider have developed. A severe asthma attack in an infant can quickly lead to death.

Watch closely for signs that your baby may need emergency care. These signs include:

- Faster breathing (more than 10 breaths in 15 seconds while sleeping)
- Suckling or feeding stops in effort to breathe
- Skin between the baby's ribs is pulled tight when breathing in
- Chest gets bigger
- Face turns pale or red, or fingernails turn blue
- Cry becomes softer and shorter
- Nostrils open wider when breathing in
- Grunting or other noises while breathing

Asthma in Older Children

As your child enters the teen years, he or she can learn to follow an asthma management plan. Older children can care for themselves with less supervision.

If you have an older child with asthma, you may need to reassure your child that it's not unusual or strange to use an inhaler. No one needs to feel afraid to use an inhaler in front of classmates, teammates, or peers. Many children use inhalers.

Asthma in Adults



More than 10 percent of adults in the United States have been diagnosed with asthma at some time in their lives.¹⁰

There is no complete cure for asthma. You can manage asthma symptoms and help prevent asthma attacks. Asthma symptoms may also decrease over time. However, the airways may remain inflamed even when symptoms decrease.

Some children with asthma find that symptoms decrease as they grow. Sometimes symptoms are barely noticeable by adulthood. However, symptoms may reappear at any age.

Asthma often begins in childhood, but it can begin at any age. More than 10 percent of adults in the United States have been diagnosed with asthma at some time in their lives.¹⁰

More than 25 percent of people over age 65 have had some form of wheezing.¹¹ Wheezing is a common symptom of asthma, but some people have asthma without wheezing.

Asthma with Other Conditions

Shortness of breath and wheezing may result from asthma or from a different disease. If you have shortness of breath or wheezing, have your doctor check you out.

Many smokers develop bronchitis or emphysema—or both. It is also possible to have both asthma and another lung disease.

Heart disease can also cause breathing problems. A person can have heart disease and also have a lung disease such as asthma. To find out what's causing your symptoms, see your healthcare provider.



If You Have Ever Had Asthma

- **Be alert for symptoms.** Asthma symptoms can occur at any age. They can also go away and recur at any age.
- **Don't smoke.** Tobacco smoke irritates the airways. Smoking can interfere with the effects of many asthma drugs. Keep your home and car smoke-free.
- **Try to avoid allergens** such as pets, house dust, cockroaches, pollens, and molds. These can trigger asthma symptoms.
- **If you take asthma medication using an inhaler, consider using a spacer with your inhaler.**

A spacer is a device that you can attach to an inhaler. It helps make the medication go directly to your lungs. Many children use spacers. They are also very useful for adults.

Asthma during Pregnancy

Are you pregnant? Are you thinking about becoming pregnant? If you have asthma, talk with your healthcare provider about it. Uncontrolled asthma can lower the level of oxygen in your blood, so the baby gets less oxygen. Most asthma medications are safe to use during pregnancy. Work with your doctor.

Asthma Triggers



There are many possible asthma triggers.

Do you know which things can set off an asthma attack in yourself or your child? There are many possible asthma triggers. They affect individuals in different ways. Your healthcare provider can help identify your triggers and find ways to avoid them. Can you find your triggers on the list below?

In children, the most common asthma triggers are allergens and infections. Which of the following triggers seem to make your child's asthma worse?

Allergens

- Tree pollen (often in springtime)
- Grass pollen (often during summer)
- Ragweed or other plants (often in autumn)
- Leaf mold (mostly in late autumn)
- Cat and dog hair (The allergen is saliva. It gets on the fur when the animal licks itself.)



Allergens, continued...

- Indoor mold (may smell like "mildew")
- Cockroaches
- Dust mites (too small to see without a microscope; found in house dust, bedding, and carpets)
- Other allergens



Irritants

- Tobacco smoke
- Outdoor air pollution; vehicle exhaust fumes
- Perfume, air freshener, or other scented products
- Fumes (from painting, cooking, or other sources)
- Cold air
- Changes in the weather
- Insecticides
- Cleaning agents
- Other irritants



Other Triggers

- Emotional stress
- Exercise
- Prolonged laughing or crying
- Infections, such as colds or flu
- Certain medications (for example, aspirin, ibuprofen, or blood pressure medicines called beta-blockers)
- Food allergies
- Sulfites (common in dried fruit and wine)
- Gastroesophageal reflux disease (GERD, or heartburn)
- Sinus problems or frequently stuffy nose
- Other asthma triggers



Exercise and Asthma

Exercising regularly is important for everyone. It may be especially helpful for people with asthma. Exercise is very good for the lungs, but people find that exercise brings on asthma symptoms.

If you tend to get asthma symptoms when exercising, your healthcare provider can help. Together, you can find ways to exercise without having symptoms. Some people inhale quick-relief medication shortly before exercising. Some avoid outdoor exercise in cold, windy weather. Some stay indoors when pollen counts are high.



Follow your asthma management plan, and use your medication as directed. That way, you should be able to participate in any physical activity you choose.

Being physically active can also help you manage asthma symptoms. Many Olympic athletes have asthma!

Medications



Work with your doctor to find the treatment that works best for your asthma.

It is not always possible to avoid asthma triggers, so medication is also important for preventing and controlling asthma symptoms. The type of medication your doctor prescribes depends on what type of asthma you have. Your asthma may be mild, moderate, or severe.

Over time, your healthcare provider may need to increase or decrease the amount of medication you take. You might need to try a different combination of medications. If the severity of your asthma changes, your medications may also change.

Work with your doctor to find the treatment that works best for your asthma. The goal is to control it by using the least possible amount of medication.

There are two main types of asthma medication. **Anti-inflammatory medications** reduce airway inflammation. **Bronchodilators** help open up the airways.

Inhalers, Spacers, and Nebulizers



Most asthma medications are inhaled, using a hand-held **inhaler**. To get full benefit of the medication, you need to use the inhaler properly. Your healthcare provider can show you how to use it. Ask your healthcare provider if you are using it correctly.



Most children also use a **spacer**. Many adults use a spacer, too. It helps make the inhaler work better.

To use a spacer, you attach it to your inhaler. First you spray a dose from the inhaler into the spacer. Then you inhale from the spacer through a mouthpiece or mask.

Using an inhaler with a spacer is easier than trying to breath from an inhaler at the correct moment. A spacer also helps send more of the medicine directly to the lungs. Less of it goes into the throat or the mouth, and less gets swallowed.

Some medications are taken with a different type of inhaler called a *dry powder inhaler*, or DPI. A DPI does not need a spacer. Most children can use a DPI by age 5. Some people find it easier to use than a standard inhaler. Your doctor can advise you about whether a medicine taken with a DPI would be best for you or your child.

Another way to take inhaled medications is to use a **nebulizer**. This machine turns liquid medication into a mist. You inhale the mist through a tube. Very young children often use a nebulizer. Others do, too. Talk about it with your healthcare provider.



Children can learn how to use an inhaler with a spacer beginning at age 5.

Anti-inflammatory Medications

If you have “mild intermittent” asthma (symptoms twice a week or less), you probably don’t need anti-inflammatory medication.

If your asthma is “mild persistent,” “moderate persistent,” or “severe persistent,” your healthcare provider will probably prescribe anti-inflammatory medication. As the severity of asthma increases, the need for bronchodilators or other additional medications increases.

Inhaled corticosteroids

For most people with persistent asthma, inhaled corticosteroids are the most effective type of anti-inflammatory medication. They help to reduce inflammation in the airways. Some people call them “steroids,” but inhaled corticosteroids are different from the steroids that are banned from competitive sports.

When taken regularly, inhaled corticosteroids are usually very effective in helping to prevent asthma attacks. They do not work well in people who smoke or who often breathe someone else’s smoke.



Inhaled cromolyn and nedocromil

These are inhaled anti-inflammatory medications that are not “steroids.” Doctors often prescribe these for children to help reduce airway inflammation.

Leukotriene modifiers (including montelukast, zafirlukast, and zileuton)

These medications can help reduce airway inflammation. They are taken as pills (or granules for children). A doctor may prescribe them instead of (or in addition to) inhaled steroids.

Corticosteroid pills or liquid

For severe asthma attacks, a doctor may prescribe corticosteroid pills to be used for a short period of time. This medication can also be injected if necessary.

Some people with severe asthma that is difficult to treat may need to take inhaled medications and low doses of corticosteroid pills or liquid over a long period of time.

Bronchodilators

During an asthma attack, the muscles around the airways tighten. Bronchodilators help relax these muscles. This helps widen the airways to make it easier to breathe.

A bronchodilator can be either long-acting or short-acting. Many people need to take both types.

Long-acting bronchodilators are taken every day to help prevent asthma attacks. One dose works for up to 12 hours.



Short-acting bronchodilators can be used when needed for quick relief during an asthma attack. They can be especially helpful when you feel symptoms that signal the beginning of an asthma attack. Many people also use them before exercise to help prevent an asthma attack. Short-acting bronchodilators start working within 10 to 15 minutes and last for 4 to 6 hours.

Most bronchodilators are inhaled, but theophylline is a long-acting bronchodilator taken as a pill. If you take theophylline often, you need blood tests to check the amount of the medicine in your body.

Asthma Medications

Asthma Classification	Medicines for Long-Term Control	Medicine for Quick Relief
Mild intermittent	No daily medications needed.	Short-acting bronchodilator as needed
Mild persistent	Low-dose inhaled corticosteroids. (Alternatives preferred for some patients: inhaled cromolyn, nedocromil, theophylline, or leukotriene modifiers.)	Short-acting bronchodilator as needed
Moderate persistent	Low-to-medium dose inhaled corticosteroids and a long-acting bronchodilator. (Alternatives preferred for some patients: medium dose inhaled corticosteroids, theophylline, or leukotriene modifiers.)	Short-acting bronchodilator as needed
Severe persistent	High-dose inhaled corticosteroids and a long-acting bronchodilator. Also, short-term use of corticosteroid pills if needed.	Short-acting bronchodilator as needed

Measuring Peak Flow



A peak flow meter can warn of a possible asthma attack even before you notice symptoms.

An important part of managing asthma is to use a peak flow meter. This is a device that measures how much air is flowing through the airways and how fast. It can warn of a possible asthma attack even before you notice symptoms.

To use a peak flow meter, you take a deep breath and blow hard into a tube. This gives you a peak flow number. The number shows how fast you can blow air out.

There are many different types of peak flow meters. Your healthcare provider can help you choose the right type for you and show you how to use it.

The first step to tracking your peak flow is to find out your personal best peak flow number. You need to use your peak flow meter daily for several weeks and record the results. The highest number you can obtain during this period is your personal best peak flow. You can compare it with future peak flow measurements to see how well your asthma is staying under control.

When your peak flow number decreases, it means that your breathing is getting worse. When the number goes up, it means your breathing is improving.

Peak flow numbers are important for following the written asthma management plan developed with your healthcare provider. They help you know as early as possible:

- When to take your medications
- Which medications to take

When there are changes in your peak flow measurements, it's time to talk with your healthcare provider about your treatment plan. The amount and type of medication you need may change over time.

Use the chart at the back of this guidebook to record your peak flow measurements and help determine your personal best peak flow.



Asthma Action Plan



Create an **asthma action plan** using the charts in this book.

Do you know the basic facts about asthma? Do you also know your asthma triggers and how to avoid them?

To control your asthma, you need to understand your medications and how to use inhaled medications. You also need to know how to use a peak flow meter.

Your asthma management plan should tell you:

- What medications to use and when
- How to use your peak flow numbers to help manage your asthma
- When to take quick-relief medications
- When to call or see your healthcare provider
- When to seek emergency treatment

Use the following charts to record the information you will need for managing your asthma. You may use these charts for yourself, for your child, or for other family members.

My Asthma Triggers

Check the triggers that apply to you. For a detailed checklist, see page 18.

- Pollen
- Mold
- Pets
- Dust
- Other allergens _____
- Smoke
- Air pollution
- Odors, fumes, or other irritants
- Cold air
- Changes in weather
- Infections
- Foods _____
- Medications _____
- Exercise
- Other triggers _____

→ MY ASTHMA MEDICATIONS

Type of Medication	Name of Medication	Dose	When to Take It (Note times of day):
Short-acting bronchodilator			Take as needed, depending on symptoms and management plan
Inhaled corticosteroid			
Cromolyn or nedocromil			
Leukotriene modifier			
Long-acting bronchodilator			
Oral corticosteroid			
Theophylline			
Allergy medicine			
Other			
Other			

→ **QUESTIONS TO ASK**

Work With Your Healthcare Provider to Learn the Answers to These Questions:

What are my asthma triggers?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

How can I avoid my triggers?

Am I using my inhaler correctly?

What are the names of my medications and when should I take them?

When should I use my peak flow meter?

Asthma Action Plan

When and how do I change my medications when my peak flow numbers get worse?

What are the signs that I'm starting to get an asthma attack?

What medications should I use when I'm starting to get an asthma attack?

When should I call for medical advice during an asthma attack?

When should I seek emergency treatment?

→ MY CHILD'S ACTION PLAN

Work with Your Child's Healthcare Provider to Learn the Answers to These Questions:

What are my child's asthma triggers?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

How can we avoid these triggers?

Is my child using the inhaler (or nebulizer) properly?

What are the names of my child's medications? When should they be taken?

When should I measure my child's peak flow? Is my child old enough to do it alone?

What are the signs that my child is starting to get an asthma attack?

Asthma Action Plan

What medications should I give my child at the first signs of an asthma attack?

If my child is having an asthma attack, when should I call for medical advice?

When should we seek emergency treatment?

What do I need to tell relatives, babysitters, teachers, or others about managing my child's asthma?

What are the risks associated with corticosteroids and long-acting bronchodilators? Can corticosteroids affect my child's growth?

Resources



For more information about asthma, contact the following organizations or visit their Web sites.

Allergy and Asthma Network/Mothers of Asthmatics, Inc.

Fairfax, VA
800-878-4403
www.aanma.org

American Academy of Allergy, Asthma, and Immunology

Milwaukee, WI
800-822-2762 or 414-272-6071
www.aaaai.org

American Academy of Pediatrics

Elk Grove Village, IL
847-434-4000
www.aap.org

For information about AAP's asthma, allergy, and immunology resources, please visit www.aap.org/healthtopics/asthma.cfm.

American College of Physicians

Philadelphia, PA
www.doctorsforadults.com

Global Initiative on Asthma (GINA)

www.ginasthma.com

National Asthma Education and Prevention Program

National Heart, Lung, and Blood Institute (NHLBI)
Bethesda, MD
301-592-8573
www.nhlbi.nih.gov/about/naepp

National Medical Association

Washington, DC
888-662-7497
www.nmanet.org

Physician Locator Service

Provides referrals to African American physicians in your area.
www.nmaphysicianlocatorservice.org

MEDLINEplus

A service of the National Library of Medicine and the National Institutes of Health
www.medlineplus.org



Partners

American Academy of Pediatrics

The American Academy of Pediatrics is an organization of 60,000 pediatrician members dedicated to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

For more information, please visit: www.aap.org.



American College of Physicians

Established in 1915, the American College of Physicians (ACP) is the nation's largest non-profit medical subspecialty organization and second-largest physician group. ACP's mission is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine. Its membership comprises more than 115,000 internal medicine physicians and medical students. Internists are specialists in the prevention, detection and treatment of illnesses that primarily affect adults.

For more information about internal medicine physicians, please visit: www.doctorsforadults.com.



National Medical Association

Established in 1895, the National Medical Association (NMA) is the largest national organization representing African American physicians in the United States.

As the leading force for parity and justice in medicine and the elimination of disparities in health, the NMA is committed to improving the health status and outcomes of minorities and the underserved.

NMA represents the interests of 25,000 African American physicians in all medical specialties, particularly primary care, family practice, internal medicine, pediatrics, and community medicine. With nearly 100 affiliate societies throughout the nation and U.S. territories, the NMA has firmly established a leadership role in medicine.

For more information, please visit: www.nmanet.org.



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American Academy of Pediatrics

Gary Carpenter, MD, FAAP

AAP Section on Allergy and Immunology

Mary Beth Fasano, MD, FAAP

AAP Section on Allergy and Immunology

Noreen Stewart

Manager, Public Information

American College of Physicians

Patrick C. Alguire, MD, FACP

Director, Education and Career Development

National Medical Association

Reese Stone

Director, External Affairs

Contributors to the Video

Lillian M. Beard, MD, FAAP

Associate Clinical Professor

George Washington University School of Medicine

Pediatrician

Silver Spring, Md.

Booker T. Bush, MD

Associate Professor of Medicine

Harvard Medical School

Associate Physician

Beth Israel-Deaconess Medical Center

Boston, Mass.

Floyd J. Malveaux, MD, PhD

Dean, College of Medicine

Howard University

Washington, D.C.

Project Manager

Gina Conrad

Conrad Productions

Author

Nancy Henderson

Freelance Health Writer

Washington, DC

Video Production

Tania Wilk

Executive Producer

Alan Weiss Productions

New York, NY

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¹ National Heart, Lung, and Blood Institute, NIH. "Who Gets Asthma?" Available at: <http://www.nih.gov/health/dci/Diseases/Asthma>. Accessed 3/13/04.

² American Lung Association. "Fact Sheet – African Americans and Lung Disease: November 2003." Available at: http://www.lungusa.org/diseases/africanlung_factsheet. Accessed 3/13/04.

³ American Lung Association. "Asthma Action America, September 2002: Key Statistics." Available at: <http://www.lunusa.org/press/asthma>. Accessed 3/13/04.

⁴ American Lung Association. "Asthma Action America, September 2002: Key Statistics." Available at: <http://www.lunusa.org/press/asthma>. Accessed 3/13/04.

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⁶ American Lung Association. "Fact Sheet – African Americans and Lung Disease: November 2003." Available at: http://www.lungusa.org/diseases/africanlung_factsheet. Accessed 3/13/04.

⁷ American Academy of Allergy, Asthma, and Immunology. "Tips to Remember." Available at: <http://www.aaaai.org/patients/publicedmat/tips/childhoodasthma>. Accessed 3/13/04.

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⁹ Medem Medical Library. "What If Your Infant Has Asthma?" Available at: <http://www.medem.com/medlb/article>. Accessed 3/13/04.

¹⁰ Centers for Disease Control and Prevention, National Center for Health Statistics.

"FASTATS – Asthma." Available at: <http://www.cdc.gov/nchs/fastats/asthma>. Accessed 2/4/05.

¹¹ American Lung Association. "Asthma & Older People: Is Asthma Common Among Older People?" Available at <http://www.lungusa.org>. Accessed 2/4/05.

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