

RESPIRATORY DISEASE AND ALLERGY

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Spirometry to Differentiate COPD from Asthma. Do before and after bronchodilator. FEV1/FVC < 70% as problem in breathing out can breathe in OK. FEV1 as % of expected shows severity of obstruction <80 or worse. Needs done every 3y along with MRC dyspnoea BMI O2 Sat Immunisations status. To diagnose obstruction there must be symptoms cough breathlessness maybe wheeze. An increase of 200ml or 15% means some asthma an increase of 400ml means a lot of asthma. If a good result worth doing pre course 30 mg daily for 2 weeks to see how much asthma is actually present. Respiratory Lab can assess CO Diffusion to test tissue destruction [emphysema] Capillary O2 sat and CT scan which also will show emphysema and other things as well. Sat 92% or less and well refer to clinic. 90% or less and unwell admit.

Treatments that work

Flu and PC vaccination

Pulmonary Rehab

Nutrition if thin "Pink Puffer" [emphysema]. Energy loss in an exacerbation can kill. Being fat is one time overweight an advantage so long as not huge

LABA with ICS if exacerbating and FEV1% < 50. Seretide cheaper than Symbicort

Tiotropium

New Roflumunast. PD4 inhibitor. Better than Theophyllines

These drugs reduce exacerbations [exacerbations kill]. The small chance of pneumonia with ICS is worth it as the pneumonia does not increase chance of dying

Allergic Rhinitis often accompanies and worsens asthma

AR 25% of people

Treatment Non Sedating Antihistamine

Intra Nasal Corticosteroid

LTRA [Monteleukast]

Secondary Care- Immunotherapy

Oral Allergy or pollen Food Allergy Syndrome

Since pollen allergens are also found in many fruits and vegetables mouth tingling and some swelling occurs with many fruits and vegetables. Does not lead to anaphylaxis. Cooking abolished the effect as the proteins are

altered. Swallowing also abolishes as stomach juice alters proteins. Two distinguishable types are bananas and latex and prawns and HDM.

Skin Prick and IGE tests will show all to peanut but to distinguish true peanut allergy [anaphylaxis causing type] it is necessary to ask for Arnh2 IGE. This particular protein in peanuts is the dangerous one.

Treatment of AR

Using Steroid Nose Spray also benefits eyes. Fluticasone Furoate the best for this dual action. There is some kind of nasal ocular reflex. There is also a nasal chest reflex causing asthma. The pollen grains don't go into the chest. Nose sprays must be inserted correctly. Use opposite hand to make the nozzle point to the side. Spray any way to side up back but not towards the septum. Causes bleeding if you do.

Cetirizine best antihistamine. 2.5% can get sedation. Urticaria sufferers need larger doses up to 4x

Intranasal steroids Beconase poor very uncomfortable Fluticasones the best. No danger to children.

Some asthma is really AR causing asthma