



# SNEEZE GAZETTE™

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## The Latest on Exercise-Induced Asthma

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### Exercise-Induced Asthma:

- \* *Affects a variety of people including those with no other asthma triggers*
- \* *Can be diagnosed in your doctor's office*
- \* *Can be successfully managed so that you can enjoy an active life!*

For many people, working out or playing sports regularly has become an important part of living a healthy lifestyle. But did you know that a strenuous aerobic workout even as short as 5-10 minutes in duration can trigger asthma symptoms in some people?

Nearly 90% of people with known asthma, 50% of people with nasal allergy, and up to 12% of school aged children have experienced what is called 'Exercise-Induced Asthma': The presentation of coughing, wheezing, or shortness of breath, usually within five minutes of beginning an exercise routine. Other symptoms can include 'locker room' or post-race cough, wheezing, and feeling generally out of shape. In young children, an inability to keep up with peers, sore throat or stomach ache are all possible presentations of EIA.

People with EIA may be more sensitive to cold dry environments, or to changes in environment. When a person is at rest, normal breathing occurs through the nose. When air reaches your lungs through your nasal airway, it is warmed up, cleaned up, and humidified before it gets to your lungs. During strenuous exercise, you may be breathing heavily through your mouth. When that cold and dry air combines with the moist, warm air already in your lungs, that contrast can trigger an attack.

Endurance sports such as hockey, skating, cross country, skiing, running, soccer or basketball are most commonly associated with EIA, while less strenuous sports such as tennis, squash or badminton are less commonly associated. Overall, symptoms are more likely to be triggered in a cold outdoor environment.

Your doctor can diagnose EIA using objective breathing tests before and after a bronchodilator and / or a challenge in the sport, or by using a treadmill or cycle test in the office.

After diagnosis, your best method for successful management of Exercise-Induced Asthma is to keep good control on your chronic asthma, if present. Use of inhaled steroids as per the National Institute of Health guidelines is recommended, either alone using a leukotriene modifier like montelukast (Singulair), or in combination with a long or short acting (rescue) medication. A muscle relaxant such as formoterol, salmeterol or albuterol may be needed. These combinations may be available as fluticasone / salmeterol (Advair) or formoterol / pulmicort (Symbicort). Warm up and humidify your air intake by breathing through your nose. Your doctor may recommend you use an inhaled bronchodilator such as albuterol for 15 minutes. Proper warm up before and cool down after exercising will also help you avoid triggering an attack.

If you have mild intermittent asthma only when exercising, and do not have underlying chronic asthma, a short or long acting bronchodilator before exercise may be used up to 3 times per week. For mild persistent asthma with exercise, your doctor may add a leukotriene modifier such as montelukast (Singulair). Inhaled steroid should be added per NHLBI guidelines if mild asthma continues to be uncontrolled and particularly with moderate or severe asthma. Combination therapy with long acting bronchodilator would be added for



**See your doctor for help managing your EIA**

moderate to severe asthma not controlled with inhaled steroids alone and Singulair.

The good news is that many adults and kids who experience EIA can successfully participate in recreational and competitive sports with a little preparation and some help from their doctor. You may be surprised to know even a percentage of elite athletes such as Olympic runners have experienced Exercise-Induced Asthma and have had to take extra steps prior to working out to decrease the likelihood of asthma symptoms occurring during exercise or competition. Play hard!



*By Christopher Randolph, MD  
and Lisa Wall*