

Wendy Haaf *answers your questions about health, nutrition, and well-being*



Is it possible for asthma to be cured?



The short answer: No. “We can’t cure it, but we can do a really good job of controlling it,” says Dr. Andrea Gershon, a respirologist, the research director at the Sunnybrook Health Sciences Centre, and a scientist with the Sunnybrook Research Institute and ICES (formerly the Institute for Clinical Evaluative Sciences) in Toronto.

For most people with asthma, controlling the condition involves avoiding triggers such as pollution, poor air quality, and in some cases, allergens, and taking daily doses of inhaled corticosteroids to prevent the swelling and inflammation that not only cause symptoms, but, if uncontrolled over the long term, can lead to reduced lung function.

Exercise, which is a trigger for some patients, is the one exception to the avoidance rule because, in addition to its myriad other benefits, “exercise has been shown to be good for asthma, as well,” Gershon says. Strategies for managing this potential-trigger situation include taking medication right before exercise.

For some, regular doses of a long-acting inhaled bronchodilator (a medication that keeps the airways open by relaxing the smooth muscles that line them) are included in the management regimen.

Other important steps in taking control include checking for and dealing with conditions that can trigger or exacerbate flare-ups, such as postnasal drip and heartburn, as well as learning how to use inhalers correctly and having a written action plan outlining what to do in specific situations. For example, if colds are one of your triggers, your health-care provider might recommend upping the dose of your asthma medication the moment you start coming down with one.

Relying on fast-acting airway-opening rescue medications more than three times a week is a sign of poor control, which warrants a review of your management plan. And people with daily symptoms requiring either high doses of inhaled corticosteroids or the need to resort to two or more courses of oral prednisone a year “should be referred to a specialist for assessment,” says Dr. Parameswaran Nair, the

Frederick E. Hargreave Teva Innovation Chair in Airway Diseases and a professor of medicine at McMaster University in Hamilton, ON.

Thankfully, doctors now have more tools than ever before at their disposal for managing severe asthma if standard approaches have failed. New options for carefully selected patients include targeted biologic drugs (when inflammation is the main driver of symptoms) and a minimally invasive procedure that uses radio-frequency energy via gentle heat to reduce the amount of smooth muscle lining the airways. While the latter, known as bronchial thermoplasty, “sounds drastic,” Nair says, “it’s very effective in patients with severe spasm that is not responding to the usual bronchodilators.”

There’s even a new strategy for treating mild asthma: using a single puffer containing a combination corticosteroid/long-acting airway-relaxer only as needed. A Hamilton-based study “showed that would be just as effective as taking inhalers on a regular basis for most such patients,” Nair says.

There have been cases of people whose asthma magically disappeared and never returned, even though they stopped their meds. Why? For one thing, for reasons we don’t understand, some people experience a period of remission—though research has shown that in most cases, symptoms eventually reappear. Then there’s the fact that, in a 2017 Canadian study, a third of adults labelled as having asthma, upon careful evaluation, didn’t: many had been diagnosed on the basis of symptoms without the necessary confirmatory breathing test. (Called spirometry, the test objectively measures spasm in the airways.) For most, the real culprit turned out to be other easily treated conditions such as mild allergies and heartburn.

If you thought your asthma was cured because you spontaneously got better but you never had a breathing test, ask your doctor for one. (Don’t stop your medications on your own, however, since asthma can be deadly.) If it turns out you’ve been misdiagnosed, you may be able to answer “No” the next time someone asks, “Do you have asthma?” ■

Unfortunately, we can answer only those letters selected for publication.

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