

Exercise Induced Asthma

In most instances, exercise-induced asthma reflects poorly controlled asthma and the approach is no different from usual. In certain circumstances e.g. when asthma interferes with sports at high level, specialist help should be sought.

- Encourage adequate warm-up exercises and pre-treatment
- Commonly used medications that have proven benefit include:
 - Inhaled steroids
 - Short and long acting β 2-agonists
 - Leukotriene receptor antagonists
- Medications that *do not* protect include:
 - Anticholinergics
 - Anti-histamines

Asthma in Pregnancy

Most concerns regarding pregnancy and asthma relate to possible drug effects on the foetus. In general, the risks to the foetus from poorly controlled asthma out-weigh the risks of possible teratogenicity. There are no significant associations between use and the occurrence of major congenital malformations or adverse perinatal outcomes and the use of either 2-agonists or inhaled steroids. Furthermore, the regular use of inhaled steroids has been shown to reduce in risk of acute asthma attack during pregnancy.

- Prednisolone
- Leukotriene receptor antagonists limited data. Should not be commenced during pregnancy and continued only in those patients with clear evidence of benefit.

Asthma Drugs and Breast Feeding

No special precautions are necessary.

Occupational Asthma

Occupational factors may be important in around 1 in 10 asthmatics.

Consider in all working asthmatics and ask two important screening questions:

- Is your asthma better on days away from work?
- Is your asthma better on holidays?

Refer patients who answer in the affirmative to specialist clinics