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Asthma: Medical Needs And Dilemmas

by Harold M. Koenig, M.D.

(NAPSA)—In my experience as Surgeon General of the Navy, I learned that the best way to manage asthma is to better inform the people who have the disease and the people who treat it.

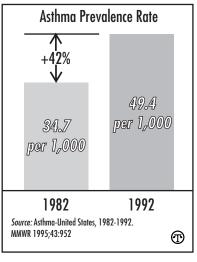
Asthma is generally characterized by wide and sometimes rapid fluctuations in a person's ability to move air in and out of the lungs. Unfortunately, that description is about the only standardized information doctors have to use as a diagnostic tool. There is a poor understanding of the mechanisms of asthma and there is not a universally accepted definition of asthma.

This hinders both epidemiology and patient care. Further, there are few records about the disease recording how many people have asthma, at what age they are diagnosed and if their symptoms are chronic. This tracking material is necessary for determining trends and correlations in the disease and its occurrences.

All this is surprising, given that cases of asthma may be increasing at an alarming rate. Doctors are clamoring for more than just subjective reporting of symptoms to define an asthma episode.

They are asking for objective criteria for diagnosis. They also recognize that without better reporting standards and data, the healthcare community finds itself in the midst of a medical management failure.

Too often asthmatics, and some-



A new educational campaign may lead to the better management of asthma.

times doctors, do not take the disease as seriously as they should. Too many asthmatics in the United States go needlessly to emergency rooms, or even die, because of improper disease management.

Currently the Federal Government, through the National Institutes of Health and Centers for Disease Control, is starting an education campaign with school nurses, parents, doctors, and asthmatics to better manage this condition in homes, schools, and communities. This is a good first step, hopefully with many more steps to follow.

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