

# Chapter 3 - Respiratory System

## Asthma

Lifestyle changes include: weight loss, stopping smoking and breathing exercise programmes (as an adjuvant to drug treatment) to improve quality of life + reduce symptoms.

Asthma is a chronic **inflammatory condition of the airways** characterised by **BRONCHOCONSTRICTION**.

The most frequent symptoms are **cough**, **wheezing**, **chest tightness** and **shortness of breath**. The Bronchoconstriction is usually reversible (either spontaneously or with use of medicine) leading to intermittent symptoms.

Occasionally asthma symptoms can get gradually or suddenly worse provoking an acute asthma attack that if severe, may require hospitalisation

### Management of Chronic asthma (Adults and children over 5 years)

- 1<sup>st</sup> Line: Inhaled **short-acting beta<sub>2</sub> agonist** (e.g. Salbutamol) used **as required**.

If patient presents with **any one** of the following: **using inhaled beta<sub>2</sub> agonist 3 times a week or more**, being **symptomatic 3 times a week or more**, experiencing **night-time symptoms at least once a week** or had an **asthma attack in the last 2 years** → MOVE TO STEP 2

- 2<sup>nd</sup> Line: ADD a regular **inhaled standard-dose corticosteroid** (e.g. Beclometasone, Budesonide, Fluticasone, Mometasone).
  - Fluticasone and Mometasone provide **equal clinical activity** to Beclometasone and Budesonide at **HALF** the dosage
  - ICS should be taken initially **TWICE** daily, however the **same TOTAL dose** can be taken **ONCE** daily if good control is established.

In children, administration of high doses of ICS may be associated with growth failure, reduced bone mineral density and adrenal suppression.

- If **asthma** is **NOT ADEQUATELY controlled** → MOVE TO STEP 3

- 3<sup>rd</sup> Line: ADD a **Long-acting beta<sub>2</sub> agonist (LABA)** such as formoterol or salmeterol to be used in **conjunction with the ICS**.

- If the patient is gaining **some benefit** from addition of LABA but control is *inadequate*, then continue LABA and **↑** dose of ICS to top end of the range.

- If there is **no response** to the LABA, **discontinue** and **↑** dose of ICS.

- If control is still **INADEQUATE**, start a trial of either a **leukotriene receptor antagonist** (e.g. Montelukast), **modified-release Theophylline**, or **modified-release oral beta<sub>2</sub> agonist**. Leukotriene receptor antagonists are the preferred option in children.

- Before proceeding to Step 5, refer patients with inadequately controlled asthma to specialist care

Step 3 is up until Leukotriene receptor antagonist and Theophylline.  
Step 4 is modified-release oral beta<sub>2</sub> agonist.

# Chapter 3 Respiratory System

**United States. Veterans  
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## **Table of Contents Chapter 3 Respiratory System**

1. Understanding the eBook Chapter 3 Respiratory System
  - The Rise of Digital Reading Chapter 3 Respiratory System
  - Advantages of eBooks Over Traditional Books
2. Identifying Chapter 3 Respiratory System
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Chapter 3 Respiratory System
  - User-Friendly Interface
4. Exploring eBook Recommendations from Chapter 3 Respiratory System
  - Personalized Recommendations
  - Chapter 3 Respiratory System User Reviews and Ratings
  - Chapter 3 Respiratory System and Bestseller Lists
5. Accessing Chapter 3 Respiratory System Free and Paid eBooks

- Chapter 3 Respiratory System Public Domain eBooks
  - Chapter 3 Respiratory System eBook Subscription Services
  - Chapter 3 Respiratory System Budget-Friendly Options
6. Navigating Chapter 3 Respiratory System eBook Formats
    - ePub, PDF, MOBI, and More
    - Chapter 3 Respiratory System Compatibility with Devices
    - Chapter 3 Respiratory System Enhanced eBook Features
  7. Enhancing Your Reading Experience
    - Adjustable Fonts and Text Sizes of Chapter 3 Respiratory System
    - Highlighting and Note-Taking Chapter 3 Respiratory System
    - Interactive Elements Chapter 3 Respiratory System
  8. Staying Engaged with Chapter 3 Respiratory System
    - Joining Online Reading Communities
    - Participating in Virtual Book Clubs
    - Following Authors and Publishers Chapter 3 Respiratory System
  9. Balancing eBooks and Physical Books Chapter 3 Respiratory System
    - Benefits of a Digital Library
    - Creating a Diverse Reading Collection Chapter 3 Respiratory System
  10. Overcoming Reading Challenges
    - Dealing with Digital Eye Strain
    - Minimizing Distractions
    - Managing Screen Time
  11. Cultivating a Reading Routine Chapter 3 Respiratory System
    - Setting Reading Goals Chapter 3 Respiratory System
    - Carving Out Dedicated Reading Time
  12. Sourcing Reliable Information of Chapter 3 Respiratory System
    - Fact-Checking eBook Content of Chapter 3 Respiratory System
    - Distinguishing Credible Sources
  13. Promoting Lifelong Learning
    - Utilizing eBooks for Skill Development

- Exploring Educational eBooks
- 14. Embracing eBook Trends
  - Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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