



## Patient Care in Asthma: A Chronic Respiratory Disease

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### DESCRIPTION

Asthma is a chronic respiratory disease that affects both children and adults. Because of inflammation and muscle tightening around the small airways, the airways in the lungs narrow. Coughing, wheezing, shortness of breath and chest tightness is all signs of asthma. These symptoms are sporadic and frequently worsen at night and during exercise. Other common "triggers" can aggravate asthma symptoms. Triggers vary from person to person, but they include viral infections (common colds), dust, smoke, weather changes, grass and tree pollen, animal fur and feathers, strong soaps and perfumes, and strong soaps and perfumes. Asthma is a respiratory condition in which the airways become narrow and swollen, and excess mucus is produced. This can make breathing difficult, resulting in coughing, exhaling wheezing, and shortness of breath. Some people experience minor discomfort from asthma. Prepubertal male dominance, frequent remissions, and an overall high incidence with infrequent death characterize childhood asthma.

Adult asthma is distinguished by female predominance, infrequent remissions, and unusual mortality. Both childhood and adult asthma have different manifestations, which are discussed below. The duration of asthma symptoms, medication use, lung function, low socioeconomic status, racial/ethnic minorities, and a neutrophil phenotype are all connected with childhood asthma severity. Increased IgE, raised FeNO, eosinophilia, obesity, smoking, and low socioeconomic position are all connected with adult asthma severity. Despite increased pre-bronchodilator FEV1/FVC, adult onset illness is related with more respiratory symptoms and asthma medication use. Low birth weight, premature newborns, tobacco smoking and other forms of airborne pollution, and viral respiratory illnesses are examples of these. Many pollutants, such as allergens and irritants in the environment, are known to increase the risk of asthma, including indoor and outdoor air pollution, workplace exposure to home dust mites, mild, chemicals, fumes, or dust. Overweight or obese children and adults are more likely to acquire asthma. For more than 40 years, the use of ICSs has been the foundation of asthma treatment. According to studies

Inhaled Corticosteroids (ICS) alleviate all symptoms and physiological abnormalities that characterize asthma and significantly reduce the risks of cases experiencing severe asthma exacerbations, hence lowering or eliminating the requirement for maintenance oral corticosteroid treatment. Furthermore, ICSs are the most effective regulator specifically and have been found to improve symptom control, tailwind inhibition, and airway hyper responsiveness. Additionally, ICSs have been found to improve symptom control, tailwind inhibition, and airway hyper responsiveness, and they lessen the risk of exacerbations and asthma mortality. They are also the most effective regulator specifically. Their anti-inflammatory properties, particularly their capacity to lessen airway eosinophil inflammation, are responsible for these developments. The caregiver should also ensure that the patient understands how to use all medications, including inhalers and oxygen. Typically, the patient will be prescribed a long-term medication, such as an inhaler, to reduce inflammation on a daily basis. They can, however, have quick-relief medication that is used during asthma attacks. The quick-relief medication relaxes the airway muscle, relieving symptoms. The patient should also be aware of when to contact emergency services for assistance. To help with breathing during an asthma attack, the patient should sit down, preferably in a semi-fowler position. The patient should try to relax and breathe from their diaphragm as much as possible. Keep in mind that hypoxia is a common occurrence. Any signs of blue lips or nails indicate that they require medical attention. If the patient has an inhaler, they should use it to try to gain control of their breathing. Keep in mind that the goal is to alleviate hypoxia and airway obstruction or inflammation as soon as possible. Assist the patient in remaining calm. Explain to the patient that if they can try to relax their breathing, their anxiety and agitation will subside. Monitor vital signs if at all possible. Breathing heavily during an attack can deplete the patient's energy and cause dehydration. After the attack, the patient may become dehydrated. Provide fluids to assist them in maintaining their fluid balance. Asthmatic patients may have a reduced quality of life. A variety of factors contribute to a low quality of life. The patient's inability to sleep is the first symptom. Lack of sleep can be a problem for a child who needs to get up and go to school, or for

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someone who needs to get to work on time. Physical activity can also be restricted, putting the patient at a higher risk of developing medical issues such as obesity and depression.