

February 2002 Press Releases

New Study Shows Reduced Sensitivity to Shortness of Breath May Predispose Asthmatics to Life-Threatening Attacks

"The Risk of Hospitalization and Near-Fatal Asthma in Relation to the Perception of Dyspnea"

Rasmi Magadle, MD; Noa Berar-Yanay, MD; and Paltiel Weiner, MD
CHEST 2002; 121:329-333

PDF

(Northbrook, IL, February 12, 2002) - Dyspnea, or subjective shortness of breath, is usually a sign for asthmatics that they are experiencing an asthma attack. In a new study published in CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP), researchers found that patients with a low perception of dyspnea (POD) had significantly increased visits to the emergency room, hospitalizations, near fatal asthma and death as compared to those with normal or high POD. POD is defined as the identification, evaluation and interpretation of discomfort of breathing.

"Preventing a life-threatening attack, and certainly death, is a major concern in the ongoing treatment of asthmatic patients," said Paltiel Weiner, MD, head of Department of Medicine A, Hillel Yaffe Medical Center in Hadera, Israel. "POD is not readily measured in the treatment of asthmatics today, but with a simple test, we can identify patients with low POD, those with risk for fatal asthmatic attack. By carefully monitoring them, we can prevent death from asthma."

Conducted at the Hillel Yaffe Medical Center, the study measured the POD in 113 patient subjects with stable asthma and related it to the incidence of near fatal and fatal attacks within a two-year period. Results were compared with the PODs of 100 healthy matched subjects.

About 26 percent of the subjects had low POD, as compared to 59 percent with normal POD and 15 percent with high POD. Researchers found that asthmatics with low POD, even without a history of near fatal asthma, were more likely to suffer life-threatening attacks. As compared to the other groups, low POD subjects tended to be older, female, be a long-time asthma sufferer, and have severe asthma.

"This study has important implications for our role as clinicians and for prevention of death from asthma," said ACCP President Sidney S. Braman, MD, FCCP. "Impaired perception of dyspnea should be considered in all high risk asthmatics, and if found, such patients can be monitored more closely."

Asthma affects one in every 15 children, making it the most chronic disease in children. Five percent of all adults in North America have the disease. Recent studies have shown that 1.1 to 7 percent of patients with asthma die from asthma attack.

CHEST is a peer-reviewed journal published by the American College of Chest Physicians (ACCP). It is available online each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research and communication.

March 2002 Press Releases

Special Report Calls for Greater Physician Intervention With Smoking Patients

"Treating Tobacco Use and Dependence: An Evidence-Based Clinical Practice Guideline for Tobacco Cessation"

Jane E. Anderson, MD, MS; Douglas E. Jorenby, PhD; Walter J. Scott, MD, FCCP; et al. CHEST 2002; 121:932-941

PDF

(Northbrook, IL, March 12, 2002) --Patients who smoke would benefit from greater physician intervention, according to a special report published in CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The report summarizes the major findings and clinical recommendations of the U.S. Department of Health and Human Services/Public Health Service Guideline, "Treating Tobacco Use and Dependence" - a comprehensive, evidence-based blueprint for smoking cessation. Report authors note that tobacco dependence is a chronic and potentially life-threatening disease for which effective treatments are continually studied and made available.

"Physicians must recognize tobacco dependence as a chronic disease that is subject to relapse," said Michael Fiore, MD, MPH, professor of medicine at the University of Wisconsin Medical School. "But, this is a chronic disease that can be put into long-term remission, particularly if health care providers assist their patients who smoke by providing evidence-based tobacco dependence counseling and medications."

The success of physician intervention is well documented. With as little as a three-to-ten minute counseling session from a physician, approximately 16 percent of patients are expected to quit smoking. More intensive behavioral counseling combined with drug therapy can lead to a near 30 percent quit rate.

This report is a call to action for chest physicians because, as smoking-related diseases bring patients to chest clinicians, they are ideally positioned to lead the charge in this new approach to treating tobacco dependence. Those smoking-related diseases include bronchitis, COPD, asthma, angina, coronary artery disease, lung cancer and myocardial infarction.

"The ACCP has been actively involved since 1960 in reducing the health burden caused by tobacco use," said ACCP President Sidney S. Braman, MD, FCCP. "By implementing the simple institutional changes described in this special report and in the guidelines,

chest clinicians can more consistently and effectively intervene with patients who smoke."

According to the study, approximately 35 percent of smokers report having made a serious attempt to quit smoking over the last year, and 80 percent report an attempt to quit sometime in their past.

Since its inception in 1996, ACCP's philanthropic arm, The CHEST Foundation, has devoted resources and expertise to tobacco cessation and prevention. The Foundation has developed leading anti-smoking programs, including the award-winning Speaker's Kit on Women & Girls, Tobacco, & Lung Cancer, and "Lung Lessons," an elementary school smoking prevention program to be launched this spring. In addition to its anti-smoking initiatives, the Foundation creates educational programs, supports research, and raises public awareness about diseases of the chest and their prevention. For more information about The CHEST Foundation, visit www.chestnet.org/foundation/.

CHEST is a peer-reviewed journal published by the ACCP. It is available online each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research and communication.