



**West Virginia**

**sthma**

**Education and Prevention Program**  
 West Virginia Department of Health and Human Resources

Fall 2007

Quarterly Newsletter

Vol. II Issue I

# *Breathe in the Mountains*

## Sixth annual West Virginia asthma planning retreat

On August 29 and 30 The West Virginia Asthma Education and Prevention Program (AEPP), American Lung Association of West Virginia (ALAWV), and West Virginia Asthma Coalition (WVAC) joined together for the sixth annual statewide asthma planning meeting. At this retreat, the participants began the process of developing a revised strategic plan for addressing asthma in West Virginia during the years of 2010-2014. Some very interesting presentations took place, including one highlighting surveillance findings contained in the new report on the Burden of Asthma in West Virginia, and one on asthma controversies from a very



Dr. David B. Callahan, medical epidemiologist and commander of the Commissioned Corps of the U.S. Public Health Service, gives a presentation on current asthma controversies during the annual asthma planning retreat, August 29, at the Embassy Suites Hotel in Charleston, WV. Dr. Callahan leads the Air Pollution and Respiratory Health Branch asthma research team at the Centers for Disease Control and Prevention and he is a member of the expert panel, convened by the National Heart Lung and Blood Institute of the National Asthma Education and Prevention Program, responsible for developing the updated Guidelines for the Diagnosis and Management of Asthma that was released this summer.

special guest, Dr. David Callahan, who is a member of the NHLBI/NAEPP Expert Panel responsible for developing the updated Guidelines for the Diagnosis and Management of Asthma. The subcommittees of

WVAC convened to work on coalition development and to offer recommendations for collaborating on asthma-related projects, including the interventions being implemented by AEPP.

### *In this issue*

|  |               |
|--|---------------|
| <i>Sixth annual asthma planning retreat</i>                                    | <i>Page 1</i> |
| <i>Poor air quality affects West Virginians with asthma</i>                    | <i>Page 2</i> |
| <i>New asthma surveillance publications available on website</i>               | <i>Page 2</i> |
| <i>Asthma coalition forms ad hoc committee</i>                                 | <i>Page 2</i> |
| <i>WVAC announces executive committee chairs</i>                               | <i>Page 2</i> |
| <i>Updated NHLBI asthma guidelines released</i>                                | <i>Page 3</i> |
| <i>Steps to avoid winter weather-related asthma triggers</i>                   | <i>Page 3</i> |
| <i>Division of Tobacco Prevention's cessation trainings scheduled for 2008</i> | <i>Page 3</i> |
| <i>Kids with asthma learn and have fun at Camp Catch Your Breath 2007</i>      | <i>Page 4</i> |

### *Mark your calendar*

The West Virginia Asthma Coalition will hold its next quarterly meeting at the Flatwoods Days Inn on November, 29. For more information, please contact Jessica Isner at 304-342-6600 or David Deutsch at 304-558-0887.

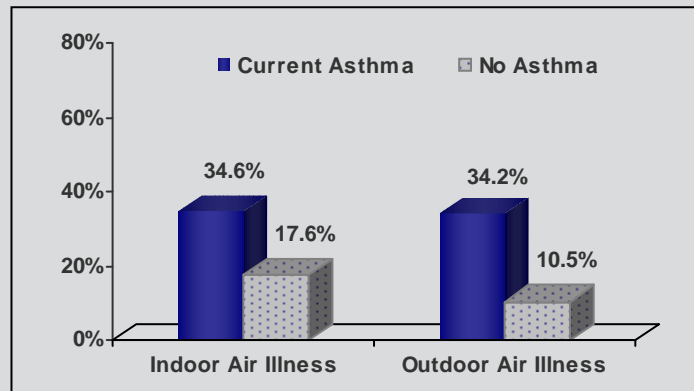
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| WVAC Manager:        | Jessica Isner     | (304)342-6600 | jisner@lunginfo.org        |

For more information about the WVAEPP, visit our website: [www.wvasthma.org](http://www.wvasthma.org)

## Poor air quality affects West Virginians with asthma

In 2004, more than one-third of West Virginia adults with asthma had an illness or symptom in the past 12 months that they think was caused by poor air quality or pollution. Adults with asthma were significantly more likely to report indoor and outdoor air illnesses than adults without asthma.

### Illnesses Caused by Poor Air, WV Adults, 2004



Population: Noninstitutionalized West Virginia adults.

Indoor Air Illness = Responding "yes" to "Things like dust, mold, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?"

Outdoor Air Illness = Responding "yes" to "Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? This question does not refer to natural agents like pollen or dust in outdoor air."

Current Asthma = Responding "yes" to both "Have you ever been told by a doctor, nurse, or other health professional that you had asthma?" and "Do you still have asthma?"

Source: West Virginia Behavioral Risk Factor Surveillance System; West Virginia Health Statistics Center.

## Asthma coalition forms ad hoc committee

West Virginia Asthma Coalition (WVAC) members are volunteering to work toward improving their organization by serving on an ad hoc committee. The committee's purpose is to evaluate the strengths and weakness of the coalition and develop ways to enhance the group's efficacy in accomplishing the goals and objectives outlined in the *Strategic Plan for Addressing Asthma in West Virginia 2004-2009*.

The results of a coalition membership survey, administered during the sixth annual WVAC planning retreat in August, are being reviewed by the committee to aid in this undertaking.

Members were asked to give suggestions on the coalition's purpose. Survey questions included an assessment of coalition decision making processes, organization structure, officers' roles, coalition planning, utilization of resources, members' professional associations related

to asthma, and members' willingness to support and learn from each other.

The committee has already made recommendations, which includes developing a comprehensive asthma newsletter that will include asthma-related information from the WVAC, the West Virginia Asthma Education and Prevention Program and the American Lung Association of West Virginia.

Strategies to advance asthma initiatives in the state are also being discussed by the committee.

Additionally, current WVAC bylaws are being reviewed and recommendations will be made on how to improve the organization's structure.

For more information about the WVAC and how to get involved or to make recommendations to the ad hoc committee, contact Jessica Isner, coalition manager, at 304-342-6600 or [jisner@lunginfo.org](mailto:jisner@lunginfo.org).

[New asthma surveillance publications available to view on the WVAEPP website at www.wvasthma.org:](http://www.wvasthma.org)

The Burden of Asthma in West Virginia – update released August 2007

Health Statistics Center Brief 18 – revised August 2007

Asthma Surveillance in the West Virginia Medicaid Population – Year 2003

Health Statistics Center Brief 19 – revised September 2007

Asthma Surveillance in the West Virginia Medicaid Population, 2001-2003

Health Statistics Center Brief 20 – August 2007

Asthma Surveillance in the West Virginia CHIP Population – Year 2005

Asthma in West Virginia Fact Sheet – updated August 2007

Childhood Asthma in West Virginia Fact Sheet – September 2007

### WVAC executive committee volunteers confirmed for 2007-2008

**President:**  
Cecil Pollard

**Vice President:**  
Toni Marascio

#### Committee chairs

**Clinical Asthma Management:**  
Adam Baus

**Community Outreach & Education:**  
Deloris Wilder

**Data Sharing:**  
Mary Emmett

**Environment:**  
Carrie Brainard

**Schools & Pediatrics:**  
Pam Gunter

# Updated NHLBI asthma guidelines released

By Robert Kaslovsky, MD

Pediatric Pulmonologist

WVU Physicians of Charleston

The National Asthma Education and Prevention Program of the National Heart, Lung, and Blood Institute has published the Expert Panel Report 3. These new guidelines are the work of an expert panel that continuously reviews scientific literature on asthma. The new guidelines replace the 1997 guidelines, which were updated in 2002. The full 440 page document or the 74 page executive summary can be found online at [www.nhlbi.nih.gov/guidelines/asthma/index.htm](http://www.nhlbi.nih.gov/guidelines/asthma/index.htm).

The document covers asthma diagnosis and management, and divides the recommendations into three age groups: 0 – 4 years, 5 – 11 years, and 12 years and older. The goals of therapy are to reduce “impairment” and “risk”.

Impairment is described as those troublesome symptoms experienced by patients with asthma, including wheezing, coughing, inability to exercise, and chest tightness. The traditional measures of daytime and nighttime symptoms, beta-agonist use, and exercise intolerance are utilized to classify patients into four categories. These are intermittent (no longer called mild intermittent), and mild, moderate, or severe persistent. In the 5 year and older age groups, measures of

pulmonary function are factored into the classification. The measures of forced expiratory volume in one second (FEV1) and forced vital capacity (FVC), expressed in the ratio of FEV1/FVC, are recommended to be used as part of the classification.

Risk includes frequency of exacerbations, including emergency room and hospital visits, progressive loss of function that can occur over years with asthma, and provision of optimal medical therapy with minimal side effects to the patient. Even when a patient is fairly free of symptoms, if they have had more than one asthma flare-up over the year, they are to be classified in one of the three persistent asthma categories.

After initial classification, the guidelines recommend a stepwise approach to treatment, and have expanded the steps from four to six individual recommended strategies. For all persistent asthma classifications, inhaled corticosteroids are recommended as the first line of treatment, with alternatives listed for each step. One change from previous guidelines is in the 12 and over age group. For patients with moderate-persistent asthma, or whose asthma is not well controlled on low-dose inhaled corticosteroids, there are two equally preferred step-up options:

medium-dose inhaled steroids, or combination therapy with low-dose inhaled steroids plus long acting beta-agonists. There are now two combination medications – Advair and Symbicort.

The next new item in the guidelines is assessment of “asthma control” at interval follow up visits, at one to six month intervals. Documents such as the “Asthma Control Test” are recommended to be used to assess the degree of patients’ control. Three categories of control are “well controlled”, “not well controlled”, or “very poorly controlled”. These are still based upon frequency of symptoms and albuterol use, limitations of exercise, and pulmonary function measures in the five-years and older age group (impairment), and assessment of frequency of asthma exacerbations (risk). If a patient is not well controlled, the guidelines recommend stepping up in therapy, as well as reassessment of the patients’ avoidance of triggers and proper utilization of inhaled medications.

Another important aspect of the guidelines is the recommendations for education of patients and families. Topics for education include basic facts about asthma, what defines well-controlled asthma, roles of medications, skills needed to properly utilize

*guidelines, continued on page 4*

## Steps to avoid winter weather-related asthma triggers

- **Wear a scarf or mask over your nose and mouth, to warm the air before it enters the lungs.**
- **Exercise indoors on days when the outside air is cold and dry.**
- **If you experience exercise-induced asthma, use medication prior to exercise in accordance with your health care provider’s recommendations.**
- **Keep your quick-relief rescue inhaler close by and in a warm place.**
- **Avoid or limit outdoor exposure on especially cold days.**

## Cessation trainings scheduled for 2008

The West Virginia Division of Tobacco Prevention’s (DTP) Cessation Program, along with Marshall University’s School of Medicine, will again offer a program to train health care providers in Public Health Service Clinical Practice Guidelines. Beginning January 2008, 12 trainings will be held in various venues around the state. This information will be accessible on the DTP website, [www.wvntp.org/](http://www.wvntp.org/), when it becomes available. If you would like to have training in your area, please contact Richard Crespo at [crespo@marshall.edu](mailto:crespo@marshall.edu).

*guidelines, continued from page 3*

## Kids with asthma learn and have fun at Camp Catch Your Breath 2007



Sixty-eight children attended the seventeenth annual Camp Catch Your Breath held July 29 - August 3, 2007 at Jackson's Mill Conference Center in Weston, WV.

The camp allows children with asthma an opportunity to have fun and learn in an environment that is sensitive to their condition, by combining traditional summer camp activities with an asthma education curriculum.

Camp Catch Your Breath was staffed by a physician, several registered nurses, a pharmacist, activities directors, respiratory therapists and junior counselors.

"Thanks to sponsoring hospitals, we can provide a summer camping experience for children who, because of their asthma, might not otherwise get to go to summer camp," said Camp Director, Sonny Hoskinson, United Hospital Center. For more information about the 2008 "Camp Catch Your Breath" or to receive a registration packet, contact the American Lung Association of West Virginia at 304-342-6600 or Sonny Hoskinson at United Hospital Center at 304-624-2255.

inhaled medications, knowing signs and symptoms of worsening asthma and when to seek help, and controlling environmental exposures. The EPR-3 recognizes the benefit of flu shots, but states that the flu shot will not reduce the frequency or severity of asthma exacerbations. Finally, the guidelines discuss other chronic problems that can impact patients with asthma such as gastroesophageal reflux, allergic rhinitis and sinusitis, obesity, obstructive sleep apnea, stress, and depression.

On first review, the guidelines seem very complicated. But if you read one section at a time, utilize the tables of classification and control, and take time to understand the background material that goes along with each recommendation, I think you will find these guidelines easy to use and very practical for the diagnosis and management of asthma patients of all ages. I look forward to our discussing these guidelines at upcoming asthma coalition meetings.

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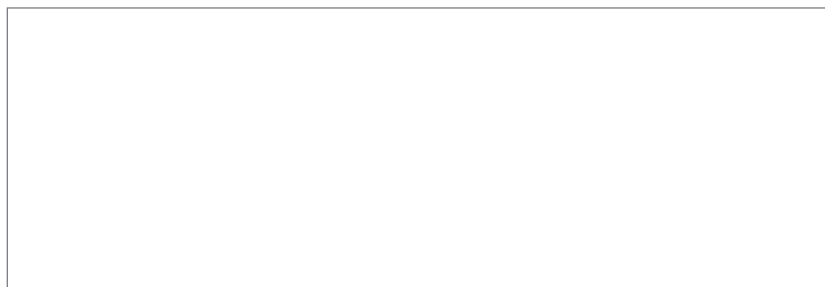
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West Virginia Asthma Coalition  
Helping West Virginians with Asthma Breathe Easier



*Breathe in the Mountains* is a quarterly newsletter, produced by the West Virginia Bureau for Public Health Asthma Education and Prevention Program (WVAEPP). It is a non-profit publication and its purpose is to disseminate asthma-related information, current research and resources to health care providers, schools, and community members. This newsletter is funded through grant number 2U59EH324180-04 from the Centers for Disease Control and Prevention (CDC). The content of this publication is the sole responsibility of its authors and does not necessarily represent the official views or findings of the CDC. The mention of any product or person herein, does not constitute endorsement by the WVAEPP or the CDC. It is the responsibility of each individual to speak with his or her health care professional before making any changes to medication, management, or treatment methods.