

## Frequently Asked Questions About Asthma

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**Q. What does a finding of allergic rhinitis say about asthma?**

**A.** Allergic rhinitis and asthma suggest a “one airway, one disease” concept, because these 2 IgE-mediated allergic diseases commonly occur in the same individual. More than 80% of asthmatics have rhinitis. In addition to its own comorbidities—sinusitis, conjunctivitis—allergic rhinitis is a risk factor for asthma and, if persistent, should prompt an evaluation for asthma. Appropriate treatment of rhinitis can improve the management of asthma.

**Q. What is the role of spacers in bronchodilator therapy?**

**A.** A spacer is a tube placed on the mouthpiece of a metered dose inhaler, or integrated into it, to extend the distance from the mouth. Spacers retain large particles emitted from the inhaler, keeping them out of the patient’s throat and allowing inhalation of smaller particles. Depending on the specific drug and type of device, the spacer may increase or decrease drug dose delivery. Patient education in the use of spacers, whether provided in the emergency department or physicians office, is fundamental to asthma self-management.

**Q. What is cough variant asthma?**

**A.** Sometimes patients, especially children, present with chronic cough (often at night) but no other symptoms of asthma. This pattern is known as cough variant asthma. The diagnosis of cough variant asthma is confirmed by a positive response to asthma medication and should be treated according to stepwise management of asthma.

**Q. Peak airflow and spirometry—what are their uses and interchangeability?**

**A.** These are 2 widely used methods of assessing airflow limitation. Spirometry readings, particularly FEV<sub>1</sub> and FVC measures, are recommended for establishing a diagnosis of asthma. Peak flow, obtainable with a portable meter, is especially helpful for improving asthma control through home monitoring. Results of the 2 methods are not interchangeable. Moreover, because values can vary with different peak flow meters, PEF readings should be compared against the patient’s own previous best readings rather than predicted values (as used with spirometry).