

Managing asthma effectively

Book Review by Dr Dennis J Aloysius

SLMA Guidelines on Management of Asthma, Third Edition.

Eds Dr BJC Perera & Dr JHL Cooray 2005. Sri Lanka Medical Association, Colombo, pp. 110, and pocket edition pp. 29.

Asthma is a common chronic inflammatory respiratory disease the prevalence of which has been increasing in the past few decades. It is now a major health problem in Sri Lanka affecting the lives of thousands of adults and children. To cite some revealing information, in the state health sector the recorded annual admissions and deaths due to asthma in the year 2002 have been 180 000 and 800 respectively. A study done on children in the age groups 6 to 7 years and 13 to 14 years has revealed that 30–40% reported that they had wheezing sometime in their lives and 25% of them had at least one severe attack. Asthma has become the most common reason for admission of children to the medical wards in Sri Lanka. It is also ranked among the ten most common diseases seen by General Practitioners.

Sadly, thus far, we still have no cure for asthma but with the management and therapeutic options currently available, it is now possible to control this disease in the vast majority of those afflicted.

With proper management its morbidity and mortality can be reduced and today, asthmatics can lead normal productive lives. A large number of asthmatics actively participate in sports now, and in fact several of them have become champions.

Asthma is a unique but nevertheless complex disease, and an updated book devoted to it is certainly welcome.

The Sri Lanka Medical Association entrusted the task of producing such a book to the Respiratory Disease Study Group (RDSG). The members of this group are Drs CG Uragoda, BJC Perera, Kirthi Gunasekera, AT Munasinghe, Amitha Fernando, Chandana Amerasinghe, Bandu Gunasena, JHL Cooray, Champa Jayasundera, Lucian Jayasuriya, Saman Kularatne, KAW Karunasekera, Dushantha Medagedera, Sarath Paranavitane, Channa Ranasinha, Senneth Samaranayake, Wijitha Senaratne, Anoma Siribaddana, PNB Wijekoon and Prof Rajitha Wickremasinghe. It will be obvious to everyone that this is truly a prestigious group and this was proved by the quality of the publication that they produced.

The group changed the format of the two earlier editions. It made use of several specialists within the group and outside it. This team which included all the chest physicians in Sri Lanka met over two years and had about 40 lively meetings.

The book has 18 chapters and each chapter has been put together to provide reliable information on asthma.

Three other guidelines namely the Global Initiatives for Asthma (GINA) Guidelines, Australian Asthma Guidelines and British Guidelines were studied and used in the preparation of this edition.

The publication of the consensus views of the experts involved will undoubtedly make a significant contribution to the body of knowledge on asthma.

When compared with the earlier editions published in 1995 and 2000, this third edition is more comprehensive and could be considered as a completely new book. It covers a wide range of topics such as:

- What patients should know about asthma.
- Pharmacological management of asthma.
- Diet and asthma.
- Inhaled drug delivery devices.
- Differential diagnosis of asthma.
- Medications used in asthma.

The joint editors Dr BJC Perera and Dr JHL Cooray have done a commendable task of producing a user-friendly guide.

A useful innovative feature of this book is the 29 page pocket concise supplement which has been compiled from the main edition by the joint editors, and Dr PNB Wijekoon and Dr Kirthi Gunasekera. This, as its appellation indicates, is designed to fit into pocket of a doctor's coat. It will serve as an easily accessible, reference vade mecum for busy doctors.

The main messages of this edition are.

- Only intermittent asthma should be managed with short acting beta agonists.
- Mild persistent asthma requires inhaled corticosteroids as a preventer.
- Moderate persistent asthma and severe persistent asthma require an inhaled corticosteroid along with a long acting beta agonist.
- Inhalers are well tolerated, have a quicker action, less adverse effects, are not addictive, and are certainly not to be considered as the last resort.
- Inhaled corticosteroids reduce deaths due to asthma and should be made available in all large state hospitals where asthmatics seek regular treatment.

- The prescription of inhaled steroids should always be accompanied by proper instructions and demonstration of the technique of inhaling. Emphasis should be made on the necessity to use the inhaler, even after the patient begins to feel well, for as long as the doctor instructs.

This publication is available for sale at Wijerama House, Colombo 7 at Rs 200 for the book and Rs 100 for the pocket edition.

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