



# David E. Simai M.D.

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### The September “Asthma Wave”

As the warm summer weather passes us and in comes that cool fall breeze, many of our patients routinely return to our office coughing and wheezing.

#### Why Now???

The medical literature is split about the reason behind this annual phenomenon. Is it purely due to the weather change or not? One thing is for sure, the statistical facts do not lie. September brings a large spike in Emergency Room visits and hospital admissions of asthmatic patients.

My gut feeling is that the viruses that cause colds in the fall serve as stronger triggers of asthma. Every climate selects for the preferential growth of certain germs. Some viruses can survive only in warm climates and some grow optimally in colder temperatures. This is why we see patients with the infamous Coxsackie virus in the spring and summer months (yes, that is the virus that gave your child those miserable blisters in the back of their throat) and on the other hand the influenza (“flu”) virus in the fall and winter months.

#### What is Asthma?

Asthma is defined as an *illness that causes reversible, recurrent, airway hyper-reactivity*. Now let’s break down this fancy medical definition. An asthmatic patient is one that has *hyper reactive* lungs – they react to colds, viruses, fumes or allergens more than the average person. This reaction usually causes a harsh, high pitched cough or expiratory sound known as a wheeze, rapid breathing and chest tightness. The good news is that by definition this reaction is *reversible* – the lungs will go back to their old selves. But here comes the bad news – asthmatics, by definition will have multiple, *recurrent* symptoms of wheezing and chest tightness. This fact can also be good news – if your child wheezed only once and never again (after a few years pass) – by definition, that child does not have asthma!!!

#### How can you avoid the asthma wave this fall?

1. Ask your physician if he or she feels that you should be given asthma medicines that will prevent you from having an asthma attack. Today there are two main classes of drugs: *Inhaled Steroids* and *Leukotriene Inhibitors*.
  - Inhaled Steroids – I know many parents grimace when they hear the word *steroid*. What I like to remind parents is that when their children have severe wheezing they often need shots of steroids or oral steroids for a few days to prevent them from hospitalization. Giving an inhaled steroid for *an entire year* has the same amount of steroids as a *five day course* of oral steroids!!!



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So if your doctor feels that your child needs an inhaled steroid for a month, please don't frown at them! They may be saving your child from getting a severe asthma attack leading to missed days of school, extreme chest tightness and last but not least the dreaded oral steroids.

- Leukotriene inhibitors – This class of drugs work by inhibiting the pathways leading to inflammation in the lungs. One commonly prescribed medicine in this class is known as Singulair. They are not steroids! Thus far, they are believed to be safe (they have been around for approximately 15 years.) However, in recent years studies show that they are not as effective as we once thought they were.
2. Ensure that you have a properly working nebulizer at home. Even with the use of inhaled steroids or singulair, patient can still wheeze, and if you feel that they need a quick relief, do not wait until the morning! Ask your physician if you can nebulizer them with Albuterol or Xopenex at home before you visit the doctor in the morning.

It is a wise practice to wash your nebulizer thoroughly and disinfect the mold that may have grown in it while it was stored away in the past few months.

3. Make sure that you immunize your child with the flu shot *early* on in the season. The flu virus is a potent and an *extremely dangerous* trigger of asthma. This year, vaccine manufacturers added swine flu (H1N1) into the regular flu vaccine. Even though some of you may have had a dose or two of the swine flu vaccine, the level of *immunity* or protection wanes after a year and therefore, a booster is necessary. In addition, *new strains* of flu emerge every year, and therefore, the flu vaccine changes to account for the newest strains of the flu.

In the next issue.....I will discuss how to tell if your infant or child is truly wheezing or just having a cold, and give some useful tips related to the proper use of a nebulizer for your child.

Yours,

David Elazar Simai M.D.