



Asthma & Exercise Clinic

Assessments to help you...Live Better - Breathe Better!

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Many patients come to Colorado Allergy and Asthma Centers for evaluation and treatment of exercise-induced respiratory symptoms. Many times these symptoms significantly affect the individual's ability to perform physically oriented activities on a recreational level as well as a competitive level. Before long these individuals begin to decrease their level of participation because of how uncomfortable they feel when physically active. The typical symptoms these individuals present to us are: increased difficulty breathing, chest tightness, chest wheezing, throat tightness and throat wheezing, unable to get air in, chest discomfort and pain. Other complaints include: "unable to perform as I would like to..." or "can't keep up..." or "I get too tired or fatigue to quickly." The Asthma and Exercise Program has been available to CAAC patients for many years to evaluate such complaints.

Since the year 2000 a total of 1,260 exercise challenges have been performed to evaluate exercise-induced respiratory symptoms. A total of 732 females and 528 males have been tested with pediatric patients comprising 66% of all tests. It is extremely important to conduct the exercise challenge in an environment that closely resembles that in which the patient experiences the symptoms. The majority of these tests, 75%, have been conducted indoors. Almost two thirds of these exercise challenges are negative, 64%, meaning that the patient does not have exercise-induced bronchospasm, therefore eliminating the need for medication taken prior to any type of physical activity. Since the symptoms were not related to exercise-induced bronchospasm, the reasons for the exercise-induced respiratory symptoms were numerous, including deconditioned/low fitness level, chronic nasal congestion, excessive postnasal drainage, high level of exertion, hyperventilation and anxiety, and chest wall pain (costochondritis).

The rest of the exercise challenges, 36%, were positive for exercise-induced bronchospasm and/or vocal cord dysfunction. Those individuals who were positive for vocal cord dysfunction were also able to discontinue medication prior to exercise. Treatment consisted of following up with a speech therapist specifically trained to treat exercise-induced vocal cord dysfunction.

As a result of conducting exercise challenges, unnecessary medications can be discontinued and specific medications designed to treat specific symptoms are prescribed so the individual may optimally participate in physical activities at the intensity he/she chooses.