

Asthma Webinar-Dr. John McBride

4 “ Syndromes” of Asthma

*All are chronic, recurrent

*Evidence this is asthma: Fhx of asthma, personal hx of atopy, response to treatment (*absence of these raises possibility of another diagnosis)

1. Bronchospastic
 - Sx's: wheezing and chest tightness
2. Inflammatory
 - Sx's: loose cough/bronchitis, usu associated with a viral infection
3. Cough variant asthma
 - Sx's: frequent, dry cough, does not respond great to medication
4. Spasmodic croup

4 Conditions That Mimic Asthma

*fail to respond to asthma treatment

1. VCD
 - = unconscious amplification of a normal reflex that closes the vocal cords and further amplified by the anxiety of dyspnea
 - Sx's: dyspnea on exertion, stridor rather than wheezing, throat tightness
 - Albuterol during distress can help but pre-treatment with albuterol does NOT
 - Often dramatic and associated with hyperventilation which can lead to dizziness, and weakness in legs
 - More often in elite athletes/perfectionist
 - Hx: ask about GERD to rule out chronic laryngitis sec to GERD but this is usually NOT the case
 - Tx: speech pathologist (2-3 visits) or neuropsychologist
2. Habit Cough
 - Sx's: hard/harsh cough that tends to end with a bark (different than bark cough of croup), very frequent cough but can fluctuate
 - Typically very disruptive (ex: in school) but ABSENT during sleep
 - Usu NO hx of asthma
 - Tx: convince patient they can stop cough → can tell patient to try to swallow when feels they have to cough, can refer for psychological eval if needed
3. Post Pertussis Syndrome
 - Sx's: harsh cough multiple times per day and cough takes “breath away”, usu present AT night but can be in day
 - Cough is disruptive and worse x 1-2 months but lasts 4-8 months
 - Usu a coughing contact in family or friend
 - Tx: nothing helps → stop meds
4. Tic cough (spectrum of Tourette's)
 - Sx's: repetitive cough that has not changed characteristics since it started
 - Well otherwise w/o other respiratory symptoms
 - Often personal or FHx of tics and/or OCD tendency
 - Tx: do not discourage or reprimand tic → will likely fade like other tics but can consider referral to Neuro for possible tx