

Physician's Role in Diagnosing and Managing Asthma

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Despite tremendous advances in the past 2 decades, asthma continues to be one of the most common underdiagnosed, undertreated, and mismanaged conditions. Yet, there is good quality care available that can drastically improve a patient's quality of life, if applied according to evidence-based guidelines, which are freely available to all physicians. In a brief review, Timothy J. Craig, DO,¹ has provided case-based examples of appropriate ways to approach patients—a "must read" for busy practitioners attempting to do right by their patients.

In this supplement of *The Journal of the American Osteopathic Association*, Dr Craig provides a valuable discussion of the proper methods used to diagnose and manage asthma in adult patients. Citing what many physicians consider to be the criterion standard, Dr Craig guides us from patient presentation through follow-up visits using the standards set forth by the National Asthma Education and Prevention Program's (NAEPP) Guidelines for the Diagnosis and Management of Asthma, published by the National Heart, Lung and Blood Institute.² He summarizes the presentation of patients with asthma, the tests used to aid in the diagnosis of asthma, and, along with medical treatments, the necessary and supportive role of the physician throughout the process.

What I find to be most important in diagnosing and managing asthma is to obtain a thorough patient history at each follow-up appointment; discuss issues of compliance and review inhaler techniques; ensure that patients understand the difference between quick-onset reliever medications and controller medications (the latter of which absolutely should not be expected to relieve symptoms in a few minutes); and objectively assess pulmonary function with what some have alluded to as the fifth vital sign, spirometry. Time and again it has been shown that even patients with long-term asthma overestimate their pulmonary function, but the diagnosis of the severity of asthma must be made on the basis of objective measures.

In 2014, the Global Initiative for Asthma (GINA) published the *Global Strategy for Asthma Management and Prevention*,³ with additional tips and therapies added since the publication of the NAEPP guidelines. Whether you ultimately choose to apply the NAEPP or the GINA guidelines in diagnosing and managing asthma, make sure you are consistent in your approach. And take the continuing medical education quiz to make sure you have gleaned key points from Dr Craig's educational exercise. You owe it to your patients to provide them the best level of care, and this supplement is aimed at updating your knowledge base of asthma to allow you to do so with confidence. (doi:10.7556/jaoa.2014.164)

References

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This educational activity provides information regarding the differential diagnosis of asthma. It then illustrates 2 very similar patient presentations and 2 very different clinical approaches with resulting outcomes.

Learning Objectives

On completion of this activity, participants should be able to:

- describe the process for diagnosing asthma and how a differential diagnosis may be formulated between asthma and COPD.
- recognize evidence-based methods for assessing and monitoring asthma.
- identify the safety, tolerability, and effectiveness of existing pharmacologic agents for the management of asthma.
- identify barriers to patient adherence and methods to address nonadherence.