ASTHMA AND ALLERGY SPECIAL INTEREST GROUP HAPPENINGS

December 2020

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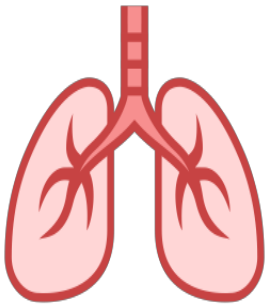

GLOBAL INITIATIVE FOR ASTHMA (GINA): UPDATED FOR THE TREATMENT OF MILD ASTHMA

For over 50 years, the first-line treatment for patients with mild asthma was inhalation of short-acting beta^2-agonist (SABA). In 2019, the GINA report updated the recommendation of treatment for patients 12 years of age and older with mild asthma. SABA only treatment for mild asthma was no longer recommended for adolescents and adults. Recent studies had found treatment for mild asthma with ICS-formoterol or ICS plus SABA decrease exacerbations and daily use of glucocorticoids (GINA, 2020).

> *For safety, GINA no longer recommends starting with SABA-only treatment. GINA recommends that all adults and adolescents with asthma should receive ICS-containing controller treatment to reduce their risk of serious exacerbations and to control symptoms.*
>
> *These now include:*
> *• (for mild asthma) as-needed low dose ICS-formoterol* or, if not available,*
> *low dose ICS taken whenever SABA is taken†, or*
> *•regular ICS or ICS-LABA every day, plus as-needed SABA, or*
> *•maintenance and reliever treatment with ICS-formoterol. (GINA, 2020).*
>
> **Evidence is only with budesonide-formoterol; †Combination or separate inhalers;*
> *With low dose beclomethasone-formoterol or budesonide-formoterol inhalers.*

Reference

Taken from: Global initiative for Asthma (GINA). (2020). https://ginasthma.org/wp-content/uploads/2020/04/Main-pocket-guide_2020_04_03-final-wms.pdf

Stay Tuned!
In the next newsletter we are going to bring you more updates from the NIH 2020 Focused Asthma Guidelines!

Nancy Cantey Banasiak, DNP, APRN, PPCNP-BC

Co-Chair

Dr. Banasiak is in her second term as Co-Chair of the Asthma and Allergy SIG and has extensive experience in pediatrics as an RN and APRN. She is a board certified Pediatric Nurse Practitioner with 25 years of experience in primary care pediatrics and a clinical expert in the care of children with asthma. As a Registered Nurse, Nancy had worked in both adults CTICU and Neonatal ICU for over 16 years. Dr. Banasiak current position is an Associate Professor at Yale University School of Nursing where she splits her time between educating new PNP students and practicing in a federal qualified pediatric primary care clinic.

Dr. Banasiak graduated from The Catholic University of America in Washington, DC with both her Doctor of Nursing Practice (DNP) (2018) and Master of Science in Nursing (MSN) (1993).

Over the last twenty-five years, she has been involved in several clinical research projects including the implementation of the Asthma Control Test into primary care, implementation of decision support into the EMR to translate the national guidelines and refining the electronic records to improve the care of patients with asthma. Currently, Dr. Banasiak is involved with the Yale New Haven Hospital Clinical Integration Pulmonary Workgroup developing standardized guidelines for the care of children with asthma.

Sarah Ann Keil Heinonen, DNP, APRN, CPCP

Co-Chair

Dr. Heinonen has been a practicing board certified Pediatric Nurse Practitioner for more than 14 years and a Pediatric Registered Nurse for 20 years with overall pediatric practice experience ranging from PICU/CTICU, Cardiology to her current position in Pediatric Pulmonology and Sleep Medicine as not only a Nurse Practitioner (III) but a Co-Director for the bronchopulmonary Dysplasia Program and PNP Faculty for HRSA Pediatric Pulmonary Centers Grant at Children's Hospital Los Angeles (CHLA). In addition to her practice in the United States she has also been dedicated to Pediatric Global Health Care Missions for over 20 years, with a specific interest and active involvement in a clinic in Malawi, Africa for the last 8 years.

Sarah received her Doctorate of Nursing Practice (DNP), as well as a Graduate Nursing Education Certificate (NEC) from Johns Hopkins University, in Baltimore, Maryland (2011); a Master's of Science in Nursing (MSN) and Pediatric Nurse Practitioner (PNP) education from University of Texas at Austin (2005), and a Bachelor's of Science (Nursing) from Syracuse University (2000), Syracuse, New York.

She has not only been actively involved as fulltime adjunct faculty in a PNP Program, focused on teaching and supporting the next generation of Nurse Practitioners since 2011 but also takes on the role of clinical preceptor from other institutions in her own clinical practice setting.

Dr. Heinonen is passionate about research and actively working within the clinical setting to ensure the evidence supports the current practice to ensure best patient outcomes. She is both a PI and co-investigator on multiple IRB studies within the pulmonology discipline. Additionally, she is involved in multiple other quality projects and scholarly activities.

Amanda C. Filippelli, APRN, PPCNP-BC, AE-C
Secretary

Amanda is a pediatric nurse practitioner working in the Division of Pulmonary Medicine at Connecticut Children's Medical Center in Hartford, Connecticut. She earned an undergraduate degree in biology and American Sign Language/Deaf Studies from the College of the Holy Cross in 2009. She also holds a Master of Arts in Medical Sciences and a Master of Public Health in Maternal Child Health from Boston University. She earned her MSN from Yale School of Nursing in 2015.

Amanda's interests are asthma, public health, integrative medicine and the role of the environment in asthma control. She is a Certified Asthma Educator. She enjoys working with families to design the best treatment plan that works for each individual child and family. She is a member of the National Association of Pediatric Nurse Practitioners and Sigma Theta Tau International Honor Society of Nursing. She enjoys teaching nursing students and is active in the Yale School of Nursing Alumni Association and the College of the Holy Cross Alumni Association.

Clinical Riddle!

"I can't quite keep up when I'm running because I'm so short of breath! The inhalers don't work!"

Vocal cord dysfunction or paradoxical vocal fold movement is something often forgotten but something to keep in mind when evaluating shortness of breath with activity. Key characteristics include difficulty getting air in and noisy breathing/stridor not relieved by inhalers. This is often seen in adolescents, but older school aged children can also have vocal cord dysfunction. Anxiety can exacerbate the shortness of breath. Consider Speech or ENT referral.

	Vocal Cord Dysfunction	Asthma
Timing of symptoms:	5 minutes after beginning exercise	5-10 minutes or more after beginning or ending exercise
Tightness:	in throat	middle or lower chest
Wheezing:	occurs when breathing in; voice is hoarse	occurs when breathing out
Recurrence:	symptoms can recur immediately and more severely when exercise resumes	symptoms tend to be less severe when exercise resumes (after bronchodilator use)
Recovery time:	may take < 10 minutes	usually takes up to an hour without medication
Medications:	bronchodilator won't help	bronchodilator will help

Taken from Allergy and Asthma Network
https://allergyasthmanetwork.org/health-a-z/vcd-vocal-cord-dysfunction/

GLOBAL INITIATIVE FOR ASTHMA (GINA) GUIDANCE FOR ASTHMA MANAGEMENT DURING THE COVID-19 PANDEMIC

1. Advise patients with asthma to continue taking their prescribed asthma medications, particularly inhaled corticosteroid (ICS) – containing medications and oral corticosteroids (OCS) if prescribed.
2. Make sure that all patients have a written asthma action plan.
3. Where possible, avoid the use of nebulizers due to the risk of transmitting infection to other patients and to healthcare workers.
4. Where possible, avoid the use of nebulizers due to the risk of transmitting infection to other patients and to healthcare workers.
5. Avoid spirometry in patients with confirmed/suspected COVID-19.
6. Follow infection control recommendations if other aerosol-generating procedures are needed.
7. Follow local health advice about hygiene strategies and use of personal protective equipment, as new information becomes available in your country or region.

Taken from https://ginasthma.org/wp-content/uploads/2020/06/GINA-2020-report_20_06_04-1-wms.pdf

Get Involved!

Asthma and allergies are influenced heavily by the environment and air pollution. As pediatric providers, we must be engaged in advocacy that works to improve air quality so that all of us can breathe a little easier!

The American Lung Association fights for policies that improve lung health, reduce tobacco use and clean up air pollution.
https://www.lung.org/policy-advocacy/federal-action-plan

Medical professionals are on the front lines taking care of patients experiencing the direct impacts of air pollution and climate change. From higher ozone and particle pollution levels due to increased heat and wildfires—to threats from severe storms and the spread of vector-borne diseases—the science is clear; climate change poses one of the greatest threats to lung health.
https://www.lung.org/policy-advocacy/healthy-air-campaign/health-pros-clean-air-climate

We Want to Hear from You!

If you have any questions/comments, or upcoming evens/activities in your region that you would like to share, please feel free to contact us at
Asthma_allergy@napnap.org