COMMERCIAL TOBACCO AND ASTHMA AN UNHEALTHY RELATIONSHIP

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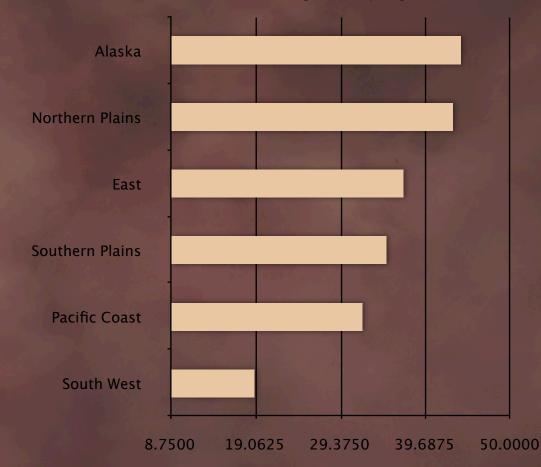
Northern Plains Asthma Prevention and Management Campaign

www.sacredbreath.org



REGIONAL DIFFERENCES IN ADULT AMERICAN INDIAN SMOKING

Smoking Rates by Region



All Other Races - 20.8%



CONSEQUENCES OF COMMERCIAL TOBACCO ABUSE Asthma COPD – Chronic Obstructive Pulmonary Disease Diabetes – Including peripheral vascular disease **Cancer** Cardiovascular Disease

Cigarette smoking and exposure to secondhand smoke causes 443,000—or 1 in 5 deaths. Smoking-caused diseases result in \$96 billion in healthcare costs annually. This is preventable!



ENVIRONMENTAL TOBACCO SMOKE

Also known as second hand smoke or passive smoke Third hand smoke Sidestream - the smoke that escapes from a tip of a cigarette Mainstream smoke – produced when air enters a lit cigarette and is exhaled by the person who smokes Chemical compounds – escape throp the cigarette wrapper

DANGERS OF ENVIRONMENTAL TOBACCO SMOKE

Smoke-filled rooms can have up to 6 times the air pollution as a busy highway

ETS will stay in an enclosed environment for approximately 2 weeks before the air is officially clean

One nonsmoker dies of secondhand smoke for every eight smokers. DANGERS OF ENVIRONMENTAL TOBACCO SMOKE COMPARED TO MAINSTREAM SMOKE

2 to 3 times the amount of Nicotine
3 to 5 times the amount of Carbon Monoxide
8 to 11 times the amount of Carbon Dioxide
5 to 10 times the amount of Benzene*
13 to 30 times the amount of Nickel*

* Known Carcinogens



IMPACT ON OUR CHILDREN

Second Secon

By age five, each of these children will have inhaled the equivalent of 102 packs of cigarettes

Reduced lung function – lungs are still developing

Developing and exacerbating asthma





IMPACT ON OUR CHILDREN

Infections of lower respiratory tract

Increases risk of developing coughs and colds

Removal of tonsils and adenoid glands

Increased ear infections

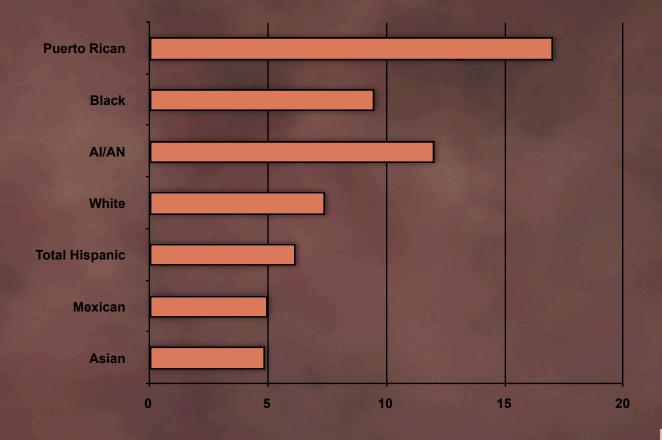
SIDS

Dental caries



Asthma Prevalence

Current asthma prevalence in the United States, 2005





American Indian/Alaska Native Data

Individual studies and state-based surveys indicate AI/ AN may have a 33% higher prevalence than non-native people.

Based on a 2002 survey, 11.6 percent of AI/AN said they suffered from asthma. This was significantly higher than the national average of 7.5 percent, and much higher than several other racial or ethnic groups.

Overall, lack of sufficient tribal asthma data and the tendency to "lump" race/ethnicity-specific data makes the determination of prevention and treatment needs complicated and the disparities difficult to measure.



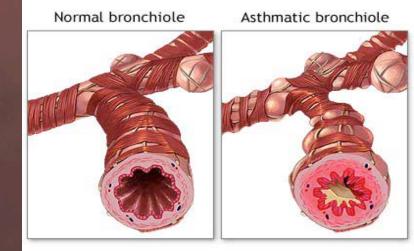
What is Asthma?

The bands of muscle that surround the airways tighten and make the airways narrow. This tightening is called bronchospasm.

The lining of the airways becomes swollen or inflamed.

The cells that line the airways produce more mucus, which is thicker than normal.

Normal Airway versus Asthmatic



Symptoms of Asthma

Constant/frequent cough, especially at night

Difficulty breathing/shortness of breath

Wheezing—a high pitched noise when breathing

Tight chest/chest pain



Triggers = Irritants that can produce asthma symptoms Tobacco Smoke/Wood Smoke Allergens – molds, pollens / grass Strong odors (perfume, air fresheners, cleaning chemicals, etc.) Emotional Distress Cold (or very hot) air Infections (colds, viruses, flu) Exercise (common in children)

THE LINK BETWEEN COMMERCIAL TOBACCO SMOKE AND ASTHMA

The airways in a person with asthma are very sensitive and can react to many things, or "triggers." Tobacco smoke is one of the most powerful asthma triggers

When a person inhales tobacco smoke, irritating substances settle in the moist lining of the airways and can set off asthma episodes. Often, people with asthma who smoke keep their lungs in a constant state of poor asthma control and have ongoing asthma symptoms



THE LINK BETWEEN COMMERCIAL TOBACCO SMOKE AND ASTHMA

Tobacco smoke also damages tiny hair-like projections in the airways called "cilia." Normally, cilia sweep dust and mucus out of the airways.

Cigarette smoke also causes the lungs to make more mucus than normal. As a result, when cilia don't work, mucus and other irritating substances build up in the airways

Smoking increases the risk of asthma attack and can permanently damage your airways There is no cure for that!

STRATEGIES TO ELIMINATE COMMERCIAL TOBACCO ABUSE

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn people about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, and sponsorship

Raise state cigarette taxes on tobacco





TYPES OF ASTHMA MEDICATIONS

1) Bronchodilator Medication

"Quick Relief Medication" or "Rescue Medication"

General Use: Controls acute symptoms and relaxes smooth muscle around the airway.

2) Anti-inflammatory Medication

"Control Medication" or "Preventive Medication"

General Use: Prevent asthma symptoms before they start; decrease mucus production.

These types of medicines are taken regularly, not when symptoms start.



NHLBI Guidelines- 2007

ASTHMA ACTION PLAN

VERY IMPORTANT to maintain asthma action plan

Monitor lung function with the use of a peak flow meter



EXAMPLE OF ASTHMA ACTION PLAN

Asthma Act	ion Pla	n	The colors asthma me	of a traffic light will help you use your dicines. Also pay attention to symptoms
Name	Date of Birth	of Birth Effective Date		Green means GO ZONE Use preventive medicine
Doctor		Parent/Guardian		Yellow means CAUTION
Doctor's Office Phone Number: Day Emergency Contact After Parent		Parent's Phone		ZONE! Add prescribed yellow zone medicine
		Contact Phone		
Student is able to self medicate				Get help from a doctor
GO (GREEN)		Use these	medicines every	day.
a have ALL of these: Peak flow above cough or wheeze hep through the night n work or play	Medicine		How Much to Take	When to Take It
XO	For asthma with exercise, take:			
e				
CAUTION (YELLOW)	C	ontinue with g	reen zone medic	ine and ADD:
a have ANY of these: rst sign of a cold cposure to lown trigger bugh lid wheeze ght chest bughing at night	Medicine First Next Tirst Next Tirst Next THEN CALL YOUR DOCTOR.		How Much to Take	When to Take It
DANGER (RED)		Take these me	edicines and call	your doctor.
ur asthma is tting worse fast: ledicine is not helping thin 15-20 minutes reathing is hard and fast soe opens wide	Medicine		How Much to Take	When to Take It
ibs show ips and/or fingernails blue rouble walking and talking	Get help from a doctor now! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It is IMPORTANT! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.			
neck all items that trigger your asth Chalk dust Cigarette Smoke and second hand Colds/Flu Dust mites, dust, stuffed animals, c	arpet Ozone a strong Ozone a Pests-ru Pets-an Plants, Strong	alert days odents and cockroaches imal dander flowers, cut grass, pollen odors, perfumes,	Foods	ma Trigger
Exercise Sudden temperature change Mold	 cleaning Wood S 	g products Smoke		FOR HEALTHY LUNGS



QUESTIONS OR COMMENTS?

Recommended Websites:

American Academy of Allergy, Asthma, and Immunology http://www.aaaai.org/ National Institutes of Health http://www.nih.gov/ National Heart, Lung, and Blood Institute http://www.nhlbi.nih.gov/ American Academy of Pediatrics http://www.aap.org/ National Center for Chronic Disease Prevention, Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/





Wohpila Tanka!



