

ASTHMA IN OLDER PEOPLE

- post-myocardial infarct on (MI), migraine prevent on and should be avoided; cardio-select ve beta-blockers such as metoprolol are preferred in people with asthma.
- Non-steroidal ant -inf ammatory drugs (NSAIDs) can worsen asthma in suscept ble people. Complementary medicines such as royal jelly and echinacea may trigger asthma symptoms. Psychotropic medicat ons such as sedat ve-hypnot cs and ant psychot cs increase the risk of aspirat on, which can cause or exacerbate a cough and wheezing.

Co-morbidit es

Common condit ons in older people that may affect asthma control include:

Obesity

- Obstruct ve sleep apnoea
- Osteoporosis
- Cardiovascular disease

Dement a, Parkinson's disease and stroke can make older people part cularly prone to aspirat on.

Wheezing can also occur in obese people who do not have asthma. Other condit ons that may present as breathlessness include heart failure, acute bronchit s, bronchiectasis, cancer and pulmonary embolism (PE). Spirometry is the most appropriate test for conf rmat on

before spirometry

If spirometry before and af er bronchodilator demonstrates expiratory airf ow limitat on that is not completely reversible, the possibility of COPD as an alternat ve diagnosis or of asthma-COPD overlap should be considered, even if the person has never smoked. Older pat ents may have reduced response to bronchodilators and inhaled cort costeroids (ICS) due to age-related changes such as st f ening of the chest wall, reduced respiratory muscle funct on, and an increase in residual volume from loss of elast c recoil in the lung.

Medicat on-induced asthma

Some medicines can cause bronchoconstrict on and worsen asthma control such as beta-blockers used the management of hypertension, heart failure, angina, arrhythmias,

appropriate and judicious use of a range of medicines based on symptom control and risk of future exacerbat ons:

- Short-act ng beta2-agonist (SABA)
- Long-act ng beta2-agonist (LABA)
- Long-act ng muscarinic antagonist (LAMA)
- Inhaled cort costeroid (ICS)
- Inhaled cort costeroid/long-act ng beta2-agonist (ICS/LABA)
- Oral cort costeroid (OCS)

First-line therapy for older people with asthma is low-dose inhaled cort costeroids or 'preventer'. Inhaled cort costeroids should be prescribed at the lowest dose needed to maintain good asthma control.



