Editor's comment

Breathing easily

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This issue of *CME* is particularly interesting to me. I am asthmatic. I was recognised as an asthmatic as a child, but appeared to grow out of it, until, in my late 20s, the condition once more reared its head. I am now exceptionally well controlled on a combination of high-dose inhaled steroids and a long-acting beta-$_2$ stimulant – and run half marathons with no limitations in my breathing (other than that caused by lack of fitness of course!).

But that hasn't always been the case. Before the advent of the current standard treatment for asthma I dipped up and down, had acute exacerbations, suffered nausea on theophylline and carried a salbutamol inhaler with me wherever I went. I was physically active, but not comfortable and I certainly couldn't have done then what I can do now – 30 years later.

But, asthma is a frustrating disease. Many people completely misunderstand the nature of the disorder – both doctors and their patients. There still seems to be an expectation that, if you are asthmatic, you will have symptoms – it's just a matter of minimising these symptoms as far as possible. For the vast majority of asthmatics this simply isn't true – you don't have to have symptoms! I come across so many people – many of them recreational athletes – who have uncontrolled asthma. Their GPs appear to start them off on the lowest possible doses of any drugs – and often do not add an inhaled steroid. The misunderstanding still seems to be around the aetiology of asthma, which means that no-one understands that you need to control the inflammation first and foremost. So my poor friends and acquaintances struggle along, still wheezing and short of breath because their GP doesn't understand the basic principles behind asthma treatment – all too common unfortunately. Steroids are still viewed with suspicion – by both doctors and their patients. And inhaler technique and the use of spacers is something that few people are able to teach well.

Then there was the intense frustration of not being able to treat asthma adequately when I was working in the clinics on the Cape Flats – and it is a relatively common disease. There were young people on disability grants because of asthma – not because their asthma was resistant – but because they were not on the correct medication. At that stage – and I presume that nothing has changed much – I had to refer to the Respiratory Clinic at Groote Schuur Hospital before I could place a patient on inhaled steroids – a long and time-consuming process.

We have a disease that is, in most cases, eminently controllable, which is all too often poorly managed. So this edition of *CME* is particularly important because it is providing the correct approach to managing a disease that can be associated with major morbidity, and tragically, mortality. I hope that it will be widely read and remain on the shelves until the next update to the guidelines – when we will do another edition on asthma.

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