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Allergy Potpourri for \$100.00
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Poor inhaler technique – that sucks	Nailing the dx	Testing about tests	Using your head with meds	Food for thought	Anti-inflammatory comments
<u>\$100</u>	<u>\$100</u>	<u>\$100</u>	<u>\$100</u>	<u>\$100</u>	<u>\$100</u>
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<u>\$700</u>	<u>\$700</u>	<u>\$700</u>	<u>\$700</u>	<u>\$700</u>	<u>\$700</u>


That sucks
\$100

Slow inhalation is right when using an MDI but would not be right when using this other type of delivery device



That sucks
\$200

You have to do this before using an inhaler because most inhalers are suspensions of a powder with a gas.



That sucks
\$300

Crying and blow-by technique result in this unwanted outcome when children use inhaled nebulized asthma meds.



That sucks
\$400

This is the rough percentage of lung deposition obtained with an albuterol MDI inhaler (without spacer).




That sucks
\$500

The biggest enemy of a powder inhaler medication, which can cause clogging, and why patients should not blow in to a DPI device.



That sucks
\$600


The age at which a child using a spacer with mask should be graduated to one without.



That sucks
\$700


Show us proper MDI inhaler technique for 700 bucks!!

Assume – child 9 yrs old; drug albuterol MDI



Nailing the dx
\$100

This one lung function value is the best one to use in determining if a child has asthma.



Nailing the dx
\$200

One of the 2 “major” stringent API criteria, that if present, makes it quite likely a child with reactive airways disease (“RAD”) has asthma.



Nailing the dx
\$300

It is an index used to help predict if a child with intermittent wheezing, in fact, has asthma.



Nailing the dx
\$400

The newest NIH Guidelines stress we as providers worry more about this with a patient’s asthma than their severity classification.



Nailing the dx
\$500

A coughing condition in kids that can mimic asthma, causes nasal congestion, and is often worse at night.



Nailing the dx
\$600

It is often mis-diagnosed as asthma in hard-driving teenage girl athletes who present with breathing difficulties with exercise.



Nailing the dx
\$700

A convenient objective test of airway caliber/size best used for monitoring asthma, rather than diagnosing it.



Testing about tests
\$100

One of the benefits of FENO measurement is making sure the child is taking this type of medication regularly as prescribed.



Testing about tests
\$200

Peak flow based asthma action plans may not be any better than ones based on this parameter.



Testing about tests
\$300

The provocation test used to best prove the presence or absence of asthma.



Testing about tests
\$400

The ATS requirement for degree of acute improvement in FEV1 after albuterol administration for proving reversibility.



Testing about tests
\$500

A peak flow meter does not need to be very *accurate*, but it does need to be this.



Testing about tests
\$600

It is probably the most common reason for a reduced FEV1 in children.






Double JEOPARDY

How much do you wish to wager?

The graphic features a blue background with two money bags at the top corners. In the center, a magician in a blue tuxedo is performing a magic trick with a top hat, with green banknotes appearing around it. A yellow play button icon is in the bottom right corner.


Testing about tests
\$700

A noninvasive lung function test that uses forced oscillation, requires little cooperation by the patient, and is becoming popular in assessing lung function in children.



Using your head about meds
\$100

MDI drug delivery is quicker and just as good as this other commonly prescribed delivery system



**Using your head about meds
\$200**

The amount of MDI albuterol roughly equivalent in efficacy as 1 ampule of nebulized albuterol.



**Using your head about meds
\$300**

The single isomer form of albuterol which works as well as racemic albuterol with presumably less side effects.



**Using your head about meds
\$400**

Despite the fact children are smaller in size, this NHLBI Guidelines rule about dosing inhaled asthma meds still applies.



Using your head about meds
\$500

The “other” 2 things that make up the rule of 2’s
for distinguishing intermittent from persistent
asthma.



Using your head about meds
\$600

An Asthma Action Plan for a 3 yr old non-
atopic child with intermittent asthma
(every 2 mos, October - April), usually
triggered by a head cold, with no evidence
of asthma in between.



Using your head about meds
\$700

A controller asthma med that helps allergic
rhinitis, and therefore, the patient gets
“two for the price of one”.



Food for thought
\$100

There are many allergic triggers for asthma (mite, mold, pollen, dander) but contrary to common patient belief, this one is not.



Food for thought
\$200

The one dietary component that has the most convincing evidence supporting its role in asthma.



Food for thought
\$300

A condition at the beginning of the "Allergic March" that often ends up with the child having asthma.



Food for thought
\$400

An itchy mouth problem children with asthma and associated hay fever can have, often making them think they have a true food allergy to fruits and vegetables.



Food for thought
\$500

Unilateral wheezing in a younger child makes one worry about it being the cause of the problem.





Double JEOPARDY

How much do you wish to wager?



Double JEOPARDY
Food for thought
\$600

An increasingly common eating disorder in childhood that may at least aggravate, or even be the cause of, asthma.



Food for thought
\$700

An unusual condition where wheezing and serious allergic symptoms occur only after eating a certain food and then exercising, or vice versa.



Anti-inflammatory comments \$100

The most common report by children and parent when monitoring for side effects of inhaled corticosteroids.



Anti-inflammatory comments \$200

Inhaled corticosteroids are almost uniformly superior in efficacy to this other commonly-prescribed class of asthma medication in most children.



Anti-inflammatory comments \$300

An HFA-inhaler controller medication that has smaller particles and better lung deposition than other ICS's because it is a solution and not a suspension.



Anti-inflammatory comments \$400

Probably the most important variable in considering which inhaled corticosteroid agent to select for treating a child with asthma.



Anti-inflammatory Comments
\$500

A type of dosing regimen with an inhaled corticosteroid which is often effective and helps increase medication adherence (compliance).



Anti-inflammatory Comments
\$600

The amount of height reduction found in adults previously treated in childhood with budesonide ICS in the CAMP study



Anti-inflammatory Comments
\$700

One has to anticipate and address this potential problem affecting med adherence by parents when starting a child on an ICS.