

Some Severe Complications of Asthma

In certain cases asthma becomes very acute and many complications arise out of an asthmatic attack. Children and young adults are more vulnerable to sudden and unpredictable attacks of asthma. These attacks are mostly triggered by allergens and excessive exercise. The immediate treatment for these is a puff or two of the inhaler or a nebulizer. But if these conditions persist for a longer duration it is in the best interest that a doctor should be consulted immediately. The patients who repeatedly show such tendencies of persistence of symptoms should never take their condition lightly. They should also be referred immediately to a hospital fully equipped with facilities to deal with any kind of emergency. Also it is generally seen that a specialist in dealing with asthma cases is a much more preferred doctor in such cases. Most of the time it is seen that the people do take care to report emergencies when their kids are involved but they do not take enough care of themselves and do not report their own problems in time. This many-a-time aggravates their situation often making it go completely out of hand.

There are some signals that to an asthmatic person indicate hospitalization. The early warning signs that an asthmatic person should never negate are:

- Fast heart rate and rapid respiration.
- Major problem in breathing by the use of neck and rib muscles.
- Severe case of wheezing.
- Persistent sweating.
- Cyanosis or blue colour in lips and finger nails.
- Perplexed state of mind and reduced clarity in thinking.

The patients should be hospitalized and given oxygen inhalation therapy. Along with these several drug therapies are also given. Most of the patients recover after hospitalization of five to seven days.

There are some cases in which asthma can turn life threatening. These patients experience a situation called acute respiratory failure. In this condition the bronchial tubes are completely blocked. The lungs in this condition are devoid of life sustaining oxygen and they also cannot get rid of the toxic carbon dioxide. In such severe condition the machines called ventilators are used to take up the function of respiration. The respiratory muscles are deliberately paralysed in this process and the ventilator takes up the control of respiration. This process is called assisted ventilation and it can safely be continued for two or three days. When the patient starts to improve, the machine is gradually turned down and the person is weaned away from the machine. This process is available in bigger hospitals and has very low mortality rate. Along with a lot of anti-inflammatory drugs are given with intervention properties. This makes relapses rare and there is very little scope of the asthma patient developing this condition again very soon. This is all thanks to the fast moving growth and constant changes that have happened in the field of medicine and health care. So many incidences prove beyond doubt that if the patient gets medical attention in time he or she is sure to be saved and may even have chances of not having a repeat of same condition for a long time.

But many studies point towards a stark reality that most of the deaths from asthma occur at home or on the way to the hospital. The lack of availability of medical attention at the time of death also does not prove anything or point towards any concrete conclusions during the last moments. In such an event it becomes almost next to impossible to derive the exact reason why such episodes of fatality actually occur. Asthma researchers are now concentrating deeply on studying the patients who make it to the hospital and do emerge as survivors after a fatal asthma attack. These near fatal asthma attacks are termed as “sudden asphyxic asthma”.

After several studies of patients with near fatal attack of asthma it was found that the patients who survived and those who did not had many things in common and some differences too. On the basis of studying the two groups of patients one who survived and one who did not some very clear characteristics appear that help in developing the profile of patients who are at risk of developing near fatal asthma. These criteria can be enlisted as:

- The patients show a history of seizures along with asthma.
- There may be done a recent change in drug treatment or administration dosages.
- There may be wheezing and other symptoms that may be neglected constantly.
- Even at the time when the patient may be discharged from the hospital after treatment from near fatal attack he may be having some wheezing.
- There may be lack of self care at the hospital.
- There may be emotional conflicts between patient, hospital staff and other family members.
- There may be a tendency in the patient to use their asthmatic condition as a tool for emotional manipulation of others.
- Severely dysfunctional family situations.
- Symptoms of mild to chronic depression.

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