

## Asthma the Problem within its Self Asthma Perception and Prevention

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Asthma is a common chronic disease and a major public health problem especially among pediatric population where many have “hidden” or undiagnosed form... It is one of the main cause of school absence in pediatric age [1].

Asthma causes significant health and financial burden. It is the most common chronic disease among children, according to the global asthma report 2014 “there is 334 million people with asthma. 14% of the world’s children experience asthma symptoms. 8.6% of young adults (aged 18 - 45) experience asthma symptoms. 4.5% of young adults have been diagnosed with asthma and/or are taking treatment for asthma” [2]. It is the 14<sup>th</sup> most important disorder in the world in terms of the extent and duration of disability [2].

The WHO estimate around 235million people have asthma regardless of status. Mainly 80% of asthma death are among low middle classes of underdeveloped countries. It is underdiagnosed and badly treated which cause a lifelong restriction of activity on the asthmatics [3].

Despite improved understanding of the patho physiology of asthma and the development of new therapeutic strategies, the high incidence of asthma and asthma related mortality and morbidity are still at increasing rates annually mainly in developed countries [4]. Even though asthma cannot be cured, it can almost always be controlled by compliance and following asthma guidelines.

Asthma is affected by level of parent’s education and social standard. The better the family understand asthma and its treatment, the better is the ability to control it. Education of the family and the patient and compliance will be an optimal management. No symptoms do not mean the patient is cured, asthma is not curable but can controlled in most cases.

Asthma is as much a disease of communication as of inflammation. It is a disease that can kill if not managed properly. It can be a very rewarding disease when treated and controlled. With asthma incidence being higher among children of low socioeconomic class [5]. Causes that trigger and stimuli that precipitate in initiation of asthma must be avoided especially environmental, exercise, infections, allergy irritants, weather, emotions [6]. In order to reach the goals of asthma treatment and control, the parental beliefs, knowledge, and attitudes towards asthma and its management must be investigated, awareness and compliance must be improved, this is done through education.

Treatment practices vary between countries. Several studies have reported patients’ perspectives on asthma control which do not coincide with the treating doctors. There is a difference between physicians’ perspectives and patient understanding for asthma management and this is why compliance varies [7]. The misunderstanding of the seriousness of the disease and no clear communication between the patient and the doctor makes the outcome un-satisfying which reflected on asthma control, manifestation, quality of life and financial burden. Asthma control is when manifestation decreases and quality of life improves. Monitoring of asthma and follow up by the treating doctor, helps determine whether therapy should be maintained or adjusted. Impairment is assessed when there is no improvement and

worsening of quality of life [8]. Although to date, there is no universally recognized gold standard to measure asthma control that can accurately capture both subjective and objective measures. Patient education, asthma recognition by the patients or the parents and communication with treating doctor give better results and the doctor continuing education and follow up guideline of asthma management will give better control and outcome. A final word, pediatrician, patients with families must have continuous communication, continuous medical education, facility for medical treatment and follow up for those of risk.

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