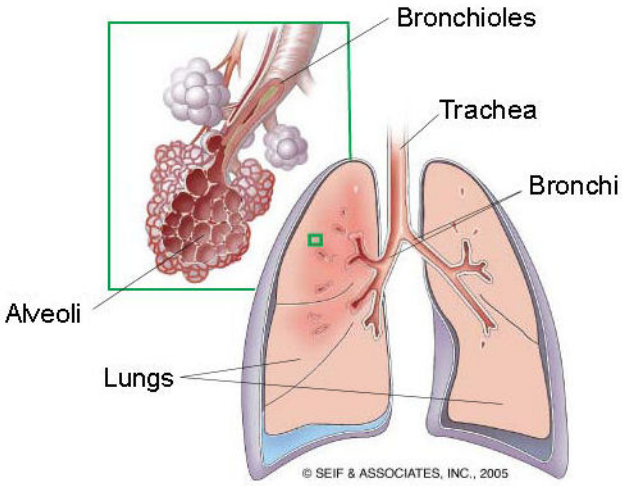
Chronic Asthmatic Bronchitis

Chronic asthmatic bronchitis is often a complication of longstanding asthma and/or bronchitis. After a long enough period of time, the continual airflow blockage is present in spite of treatment for asthma. The medications that used to work to treat asthma no longer work. The symptoms of chronic bronchitis may also be present. Bronchitis is an inflammation of the breathing tubules in the lungs. The combination of asthma, chronic bronchitis, and emphysema all affect the small breathing tubules (bronchial tree) in our lungs. It is a common condition. The problems from each are similar and overlap with each other so are sometimes hard to diagnose.



When the asthma and bronchitis are combined, there is usually inflammation and infection. When this happens the small bronchial tubes produce more mucus. This blocks the airways and makes breathing harder. Usually this process is caused more by external irritants than infection. Smokers with chronic bronchitis are at a greater risk to develop asthmatic bronchitis.

CAUSES

- Why some people with asthma go on to develop chronic asthmatic bronchitis is not known. Smoking and environmental toxins or allergens seem to play a role. There are wide differences in who is susceptible.
- Abnormalities of the small airways may develop in persons with persistent asthma. Asthmatics do seem to be uncommonly subject to the effects of smoking. Asthma is also found associated with a number of other diseases.

SYMPTOMS

Asthma, chronic bronchitis, and emphysema all cause symptoms of cough, wheezing, shortness of breath, and recurring infections. There may also be chest discomfort. All of the above symptoms happen more often in chronic asthmatic bronchitis.

DIAGNOSIS

- Asthma, chronic bronchitis, and emphysema all affect the entire bronchial tree. This makes it difficult on exam to tell them apart. Other tests of the lungs are done to prove a diagnosis. These are called pulmonary function tests.

TREATMENT

- The asthmatic condition itself must always be treated.
- Infection can be treated with *antibiotics* (medications to kill germs).
- Serious infections may require hospitalization. These can include pneumonia, sinus infections, and acute bronchitis.

HOME CARE INSTRUCTIONS

- Use prescription medications as ordered by your caregiver.
- Avoid pollen, dust, animal dander, molds, smoke, and other things that cause attacks at home and at work.
  - You may have fewer attacks if you decrease dust in your home. Electrostatic air cleaners may help.
  - It may help to replace your pillows or mattress with materials less likely to cause allergies.
- If you are not on fluid restriction, drink 8 to 10 glasses of water each day.
- Discuss possible exercise routines with your caregiver.

- If animal dander is the cause of asthma, you may need to get rid of pets.
- It is important that you:
  - Become educated about your medical condition.
  - Participate in maintaining wellness.
  - Seek medical care promptly or immediately as indicated below.
- Delay in seeking medical attention could cause permanent injury and may be a risk to your life.

SEEK MEDICAL CARE IF:

- You have wheezing and shortness of breath even if taking medicine to prevent attacks.
- An oral temperature above 102º F (38.9º C) develops.
- You have muscle aches, chest pain, or thickening of sputum.
- Your sputum changes from clear or white to yellow, green, gray, or bloody.
- You have any problems that may be related to the medicine you are taking (such as a rash, itching, swelling, or trouble breathing).

SEEK IMMEDIATE MEDICAL CARE IF:

- Your usual medicines do not stop your wheezing.
- There is increased coughing and/or shortness of breath.
- You have increased difficulty breathing.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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