

Asthma Management Regarding COVID 19



Questions and answers obtained from the Asthma and Allergy Network at <https://www.allergyasthmanetwork.org/covid-asthma-and-allergies-frequently-asked-questions/>

Are people with asthma or COPD at greater risk for COVID-19?

Yes. Those with compromised immune systems, underlying respiratory conditions and heart conditions are at higher risk from complications from COVID-19. If asthma is not well controlled, that is an additional risk. Asthma needs to be as well-controlled as possible.

Thus, it is important to know the symptoms – fever of 100.4 or higher, cough and difficulty breathing. If you are over 65 or you have a known underlying medical condition such as a compromised immune system, heart or lung condition, or you have had recent travel, you should contact your healthcare provider.

Has bronchospasm been reported with COVID-19?

It is known to cause cough, but there are not specific details on bronchospasm.

Should people with mild asthma be as concerned over the virus as those with more severe asthma?

Anyone with underlying respiratory issues is more at risk. However, those with severe asthma already have their routine daily activities more impacted by asthma, so reach out to your doctor if you have to use your albuterol inhaler more frequently or you're sleeping poorly to discuss getting better control of asthma.

Are people with mild to moderate asthma more at risk to exposure when going outside?

No. Spending time outside and getting vitamin D is good practice as long as people continue to practice social distancing.

Should parents with children living with asthma be concerned about COVID-19?

Yes, anyone with an underlying respiratory condition should be concerned. Fortunately, children seem to respond better and recover faster. Be prepared to contact the provider if the child develops a fever and a cough.

Chest tightness and breathing difficulties due to asthma are common during high pollen season for people with asthma. With COVID-19, what should be considered typical and what isn't?

Approach all breathing difficulties the same way for COVID-19, asthma, and allergies. If there is difficulty breathing, an inability to catch your breath, severe symptoms, dizziness or lightheadedness, seek medical care immediately.

Should asthma patients on oral corticosteroids continue taking this medication?

Don't change your asthma treatment plan without a conversation with your doctor. Any concern over treatment should be discussed with your doctor.

If you have been off asthma controller medications for a while, should you go back on those if you're not experiencing any symptoms of asthma?

If you are not experiencing asthma symptoms, there is no need to restart asthma medications. If you are experiencing symptoms again, reach out to your doctor.

What do asthma patients who use nebulizers for treatment need to know?

It is very important that if you are a patient with COVID-19 or suspected COVID-19 and using a nebulizer at home, keep in mind that the virus may persist in droplets in the air for 1-2 hours. It is best to administer nebulizer medication in a location that minimizes exposure to non-infected members of the household. The location could include outside on a porch or patio or in a garage, where air is not recirculated into the home. It should also be in a location where nearby surfaces can be easy to clean (or may not need cleaning).

Should asthma patients update their Asthma Action Plan based upon COVID-19?

If your asthma remains well controlled and you don't need albuterol more frequently, you're sleeping well and not missing work or school, you should not need to update your Asthma Action Plan.

Stress is known to worsen asthma symptoms. What should be done to manage stress in this uncertain time?

Use strategies for stress management – sleep, good nutrition, medication, praying, avoid television. Try to find practical solutions to problems.

Should a person with asthma be concerned over potential shortages of quick-relief or controller medications?

At this time, there are no known shortages, but patients with asthma are encouraged to have a 1-month to 90-day supply on hand.

Does COVID-19 leave people with lung disease or lung scarring?

This is unknown. In most cases, patients recover fully.