NEED TO KNOW?

YOUR QUESTIONS ANSWERED

A question of control

Q **Do I need regular medication if my asthma is under control?**

Dr. Susan Waserman responds: Although there's no cure for asthma, there's good evidence that inhaled corticosteroids are effective at getting it under control. Taken correctly, these medications, along with avoidance of environmental triggers and proper education, can help most people achieve good asthma control.

Some people have intermittent asthma. For example, they only experience symptoms when they come in contact with certain animals, or during hayfever season. It may be appropriate for these people to stop taking their medication once they're no longer exposed to the trigger.

People with chronic asthma, though, usually get worse if they don't take their medication regularly. They tend to experience more symptoms that interfere with daily activities and are more likely to end up at the emergency department because of a flare-up.

Many people with asthma — and even some health care professionals — don't look at asthma the same way as other chronic diseases. Because asthma comes and goes, with triggers like respiratory infection and exposure to allergens, many believe that once a particular exacerbation has passed, the disease is gone and medication is no longer necessary. That's not the case for people with chronic asthma.

We know that airway inflammation and asthma symptoms can come back after you stop taking your medication, even if your asthma was previously well controlled. It's also possible that what you perceive as good "control" may not actually be. Studies have found that what people are willing to tolerate and what they should be aiming for are not always the same thing.

It's clear that the best way to keep asthma controlled is to avoid triggers, allergens and smoking, use medications as directed, and see your doctor for regular check-ups. Educating yourself about the disease and what you can do to prevent symptoms is the best way to achieve this goal.

Dr. Susan Waserman is a specialist in Internal Medicine, Clinical Immunology and Allergy at the Hamilton Health Sciences Centre and an Associate Professor of Medicine at McMaster University.

Do you have a question for our panel of expert physicians?

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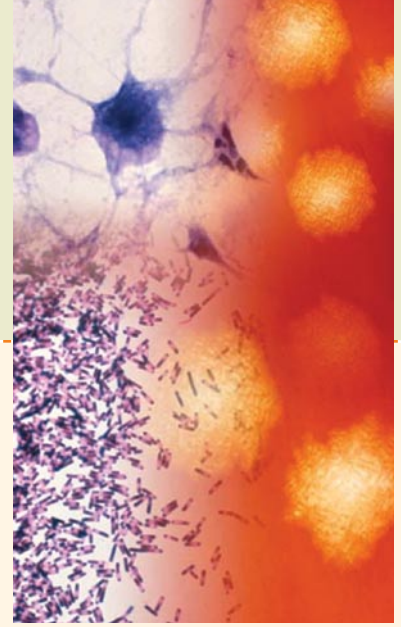

The PPI-C.diff connection

Q Should I worry about *C. difficile* if I'm taking PPIs?

Dr. Naoki Chiba responds: ***C. difficile*** is a type of bacteria found naturally in newborns. In adults, it can cause a wide range of illnesses. While some people will have no symptoms at all, others may experience diarrhea ranging from mild to potentially life-threatening, due to a severe inflammation of the colon. *C. difficile* has made headlines in recent years because of a particularly deadly strain found in hospitals, especially in Québec. The prevalence of *C.difficile* is much higher in hospitals and long-term health facilities than in the community.

Healthy people are not likely to get *C. difficile*. Prior antibiotic use is the most common risk factor for acquiring *C. difficile*-associated-disease (CDAD). Other risk factors include hospitalization, increasing age over 65 years and significant associated illness.

Recent studies have raised concern that using acid suppressing drugs like **proton-pump inhibitors (PPIs)** and H2-receptor antagonists may increase the risk for community-acquired CDAD, particularly since reductions in stomach acid have been linked to other forms of diarrhea. Studies have found, however, that it's the combination of antibiotics and PPIs that may increase the risk. Non-steroidal anti-inflammatory drugs (but not aspirin), kidney failure, inflammatory bowel disease, cancer and multi-drug resistant *S. aureus* (MRSA, another tough-to-treat bacterial infection) have also been linked to an increased risk of community-acquired CDAD.

Thus, simply being on a PPI shouldn't be a concern for acquiring CDAD. Careful hand washing and other precautions, including isolation and proper sterilization, should be implemented in hospital and long-term care settings to avoid the spread of infection.

Dr. Naoki Chiba, MSc, FRCPC, is an Associate Clinical Professor at McMaster University in Hamilton and the Chief of Internal Medicine at Guelph General Hospital.

Warfarin self-check

Q My doctor recommended I use a CoaguChek® to monitor my level of anticoagulation. Is it easy?

Dr. Davidicus Wong responds: Individuals with certain cardiovascular conditions have an increased risk of producing blood clots, which can break off and cause life-threatening damage to the lungs (**pulmonary thromboembolism**) or brain (stroke). If taken at the correct dose, the blood thinner warfarin reduces this risk.

The tricky part is dosage. The amount of warfarin you take has to be adjusted periodically to make sure the level of medication in your blood falls within the therapeutic range. This is measured by the INR, or **International Normalized Ratio**, blood test. If your INR is below the therapeutic range, you won't get the full benefits of warfarin. If your INR is too high, you're at greater risk for serious abnormal bleeding in the stomach, intestine or brain.

Traditionally, you would have had to go to a medical lab to have your blood tested. Depending on how stable your INR values were, you'd have to do this anywhere from once a week to once a month, at the mercy not only of the lab's opening hours but also the availability of your doctor to give and interpret the results.

Recently, portable monitors have become available for patients to check their own INR with a simple finger prick, much like a patient with diabetes monitors blood sugars. This provides instant feedback and allows the well-trained individual to adjust their own warfarin dose or know when to contact their doctor.

Dr. Davidicus Wong is a family physician in Vancouver, Chair of the Medical Advisory Committee, the Ethical Resources Committee and Head of the Department of Family Practice at Burnaby Hospital. He also writes a regular column carried in newspapers in Vancouver, Burnaby, New Westminster, Surrey, Coquitlam, Port Coquitlam, Port Moody and Nanaimo.

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