Asthma

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**Asthma**

**Introduction**

Asthma is basically a chronic inflammatory disorder that majorly affects the airways in many of the cells including mast cells, neutrophils and eosinophil. The individuals who are susceptible to this disease, in such people the inflammation in the airways causes continuous episodes of wheezing, chest tightness, and also coughing which is quite common during the night and also in the early hours of the morning. Mr. John is basically 35 years old who apparently seems quite healthy and currently, he is present in the downstairs of the emergency room for the agitation along with shortness of breath. His subjective data is as follows: he is mainly a 35 years old Hispanic male individual and currently, he works near a construction site, he immigrated to the United States of America some four years ago and now he lives in the city with minimum facilities. The data that we collected in the emergency room is as follow: the total height of Mr. John is 68 inches and his weight is some 165 pounds along with some muscular build, he also has long history of smoking. Currently, he takes over-the-counter pseudoephedrine for his hay fever and it is also found that Mr. John does not have any food or drug allergies.

Some of his vital signs also include a pulse of 100, respiratory rate of 29, his blood pressure is 150/85, he has an oral temperature of 98 degrees Fahrenheit and in room temperature, and his oxygen saturation is about 85% which further explains his hypoxia. These readings are basically an indication of the result of his decreased airflow in his air pipes that is a result of the inflammation in the airways along with bronchoconstriction. In the initial evaluation of the significant signs, it was observed that Mr. John was both mildly hypertensive and also tachycardia. His socioeconomic information and also his background put him at the risk of asthma. The past history of hay fever in the case of Mr. John also shows his susceptibility towards any kind of allergens and those allergens can be both food products and also drugs as well. Although according to Mr. John he don’t have any such allergic problem but by looking at his health history it is clear that he has allergies towards some food and drug products. Over the past few years, he experiences few exacerbations which require him to take steroids in order to control his ongoing condition. His exacerbations are further triggered by a viral upper respiratory infection, and last summer when the total count of pollen was high he experienced tightness in his chest along with symptoms of wheezing (Kudo et al., 2013).

**Pathophysiology of Asthma**

The airflow limitation in the asthma is quite obvious and it is a continuous problem in the patients, it is basically caused by a variety of changes in the airways of the individuals. These changes include bronchoconstriction, this is one of the most leading factors in the patients of asthma which further leads to the clinical sign in narrowing of the airways and also a subsequent interruption with the airflow. In the case of the exacerbations of the asthma muscle contraction in the bronchial smooth muscle occurs quite quickly in order to narrow down the airways when the individual is exposed to various allergens and drugs. Once the disease becomes more persistent and the inflammation in the airways become more progressive then certain other factors also involves and then the airflow in the body further becomes limited. These factors include edema, hyper-secretion of the mucus and also inflammation in the airways. Along with these inspissated mucus plugs are formed and also structural changes occur that includes the hypertrophy and also hyperplasia of the smooth muscles of the airways (Wark & Gibson, 2006).

**Epidemiology**

Recently due to the substantial increase in the prevalence of asthma worldwide many studies were done in order to determine the prevalence and also the various characteristics of this condition. There are many national and international studies that were done on the epidemiology of asthma in order to provide an insight into the epidemiology. For instance, there are many studies that proved that the epidemiology of asthma was somehow linked with the exposure to atmospheric soybean dust released during the cargo handling in the local ports (Subbarao et al., 2009).

**Erikson Stage**

According to the Erick stage, my patient is in the 6th stage of his age which is the intimacy and isolation stage. The stage is mainly focused on people who are between age 18-40 and my patient’s age is 35 years. As my patient is also suffering from asthma and due to asthma he often experiences breathlessness which is quite an uncomfortable experience. Therefore this stage is quite clear in my patient case because he not only lacks intimacy but at the same time he has completely isolated himself from friends and family.

**Conclusion**

Asthma is a disease that is common nowadays and not only adults but children are also suffering from this disease. There are various reasons on how and why it is becoming prevalent in the world population. Different people deal differently with asthma and most of the patients use inhalers. The reason that asthma becomes severe in many patients is that they ignore most of the early alarming signs of the disease due to which with the passage of time these signs get severe and it disturbs the overall lifestyle of the patient and this is quite apparent in my patient's case. He is a worker and his he did not focus on the early signs due to which the signs are now quite serious. Along with that if the patients have an early history of smoking then at that time the situation also gets worse. Therefore the patients must focus on the early signs of asthma and report to the healthcare provider before the situation gets out of hand.

**References**

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