Intermittent Asthma

Asthma is a chronic airway disease involving bronchial inflammation and hyperresponsiveness that leads to airway obstruction and symptoms of difficulty breathing, cough, and wheezing. Common triggers include cigarette smoke, dust, exercise, and exposure to cold air. In children over 12 years old, asthma severity is classified by how often symptoms occur, and how much medication is needed to control symptoms. Intermittent asthma is the most mild form of asthma. It describes asthma symptoms requiring rescue inhaler use no more than twice a week, with nocturnal symptoms less than twice per month. Symptoms do not interfere with the patient’s daily life, and patients have normal pulmonary function tests when asymptomatic. Intermittent asthma is treated with inhaled short-acting beta-agonists.



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Diagnosis

Symptoms (Bronchoconstriction) and Rescue Inhaler Use ≤ 2 / Week

Broccoli-constrictor and Inhaler with ≤ (2) Tutu Girl and Weekly-newspaper

Patients with intermittent asthma have classic symptoms, or “attacks” of shortness of breath, cough, and wheezing no more than twice per week. Use of a rescue inhaler (containing short-acting beta-agonists, such as albuterol) no more than two days per week.

No Interference With ADLs

No Interference with Activities of Daily Living

Intermittent asthma symptoms do not interfere with the patient’s regular activities of daily living.

Nighttime Awakening < 2 / Month

Knight Awakening and < (2) Tutu girl with Month-moon

Symptoms that awaken the patient from sleep occur no more than two times per month.

> 80 % of Predicted FEV1

> (80) Eating lungs with Spirometer

Pulmonary function tests demonstrate a normal peak expiratory flow (PEF), forced expiratory volume in one second (FEV1) of greater than 80% of predicted, and normal FEV1:FVC (forced vital capacity) ratio when the patient is asymptomatic.

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