SPECIALTY

Pulmonology

Arista|MD

CHIEF COMPLAINT

Asthma

COMMENTS TO SPECIALIST

A 37-year-old female patient presenting for asthma. The patient reports that she developed asthma as an adult five years ago and that her asthma is not well-controlled.

A cough wakes her from sleep five nights per week. Symptoms have not improved after multiple medications.

In the clinic, she has slight wheezing upon auscultation, a hoarse voice, and partial pressure of oxygen (PO2) is 94%.

MAIN QUESTION

I think the next step would be to add a long-acting muscarinic antagonist (LAMA), but I am concerned that the patient has not seen improvement after adding medications.

Do you recommend additional testing?

Response from eConsult Specialist

MABEL SMITH-DAVIS, MD, PULMONOLOGY

NPI: 100000000514

SUMMARY

Treatment options are available at the primary care level.

DETAILS

Recommendations:

Ensure that she is on the highest dose of Advair; either Advair discus 500/50 (1 puff Twice daily) or Advair HFA (hydrofluoroalkane) 230/21 (2 puffs twice daily)

- Agree with continuing montelukast and other allergy medication.
- Consider a short course of oral prednisone (40 mg daily x 5 days).
- If on high-dose Advair and still symptomatic, reasonable to add LAMA.

I recommend a complete blood count (CBC) with differential and serum IgE (immunoglobulin -E) level and verifying inhaler use. If not improving on a high-dose ICS/LAMA/LABA and montelukast, I would recommend an in-person evaluation by a pulmonologist.

Discussion:

From your excellent description of her symptom burden, it does sound like her asthma is not adequately controlled on her current regiment, including ICS/LABA (Advair) and montelukast. Stepwise management of asthma includes escalating doses of inhaled corticosteroids. It is not clear to me what dose of Advair she is currently on, but I would recommend escalating her to the highest recommended dose. This would consist of either Advair 500/50 (1 puff twice daily) or Advair HFA 230/21 (2 puffs twice daily).

If she does have coexisting allergies and worsening asthma then treatment with antihistamines, intranasal steroids, and montelukast are likely indicated. If all the above is true, aside from verifying proper inhaler use, it would be reasonable to prescribe a short course of oral corticosteroids in order to achieve better symptom control. It would also be helpful to evaluate her for other possible treatment options with a serum IgE and eosinophil level. If she is on high-dose ICS/LABA/LAMA and still not achieving good symptom control, then a referral to a pulmonologist for an in-person evaluation would be reasonable.

Mable Smith-Davis, MD

Mable Smith-Davis, MD, Pulmonology

03/11/2022 12:22 p.m. PDT

Response Date Stamp