

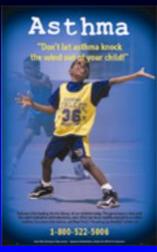






EIA è presente in circa il 70-80% dei bambini non in terapia con steroidi inalatori

L'asma da sforzo allontana i bambini dallo sport!





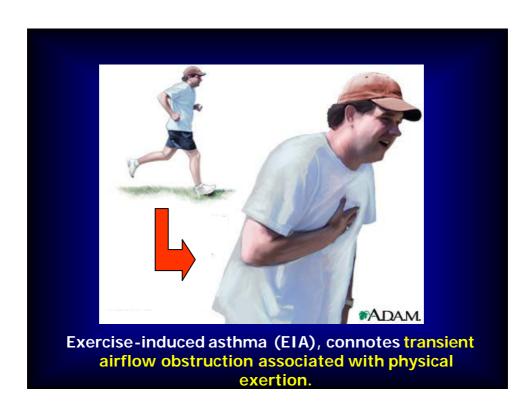
Exercise training on disease control and quality of life in asthmatic children Fanelli A, Med Sci Sports Exerc 2007

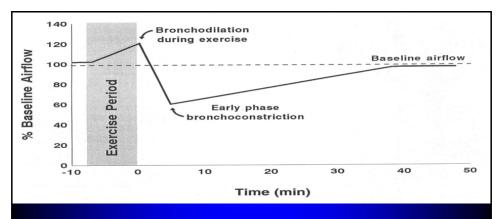
Thirty-eight children with moderate to severe persistent asthma: control (N=17) training (N=21) groups



In trained children:

- † physiological variables at peak and submaximal exercise
- ◆ Severity of exercise-induced bronchoconstriction (EIB) and postexercise breathlessness
 - Pediatric Asthma Quality of Life Questionnaire (PAQLQ) scores
 - → Daily doses of inhaled steroids

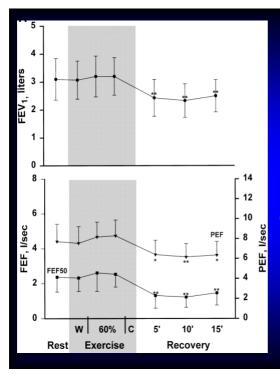




1962: Jones and collegues reported that the effect of exercise on the asthmatic airway was dependent on the duration of activity.

Prolonged exercise of 5-to 10-min duration created bronchoconstriction

Jones RS, Br J Dis Chest 1962

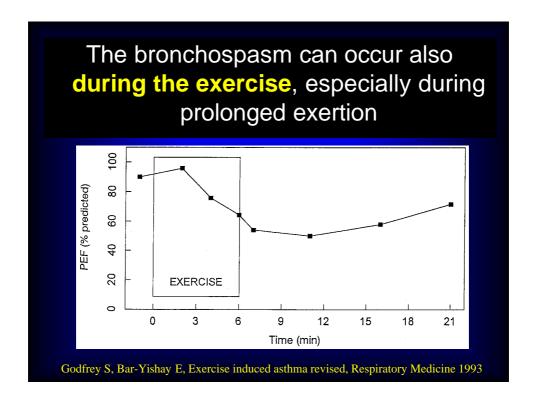


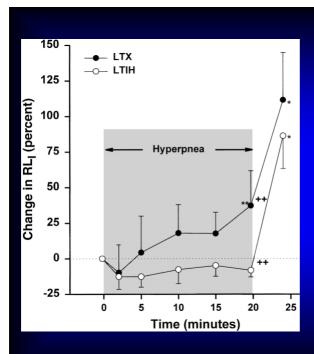
Asma da esercizio fisico

Riduzione dei flussi
espiratori dopo, ma
non durante,
esercizio fisico breve
(6 min) preceduto da
warm-up (W)

Beck et al., JAP 1999







Asma da esercizio fisico

Aumento della resistenza inspiratoria (RL_I) durante e dopo esercizio prolungato

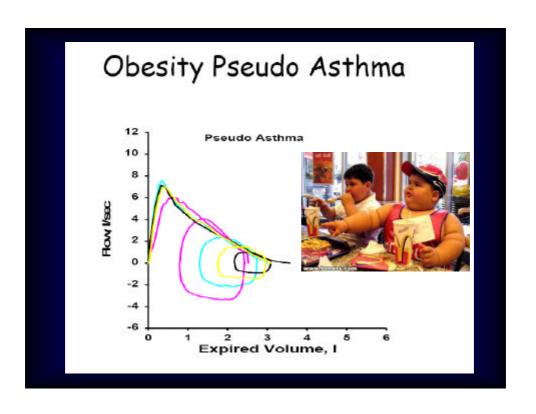
Suman et al., JAP 1999

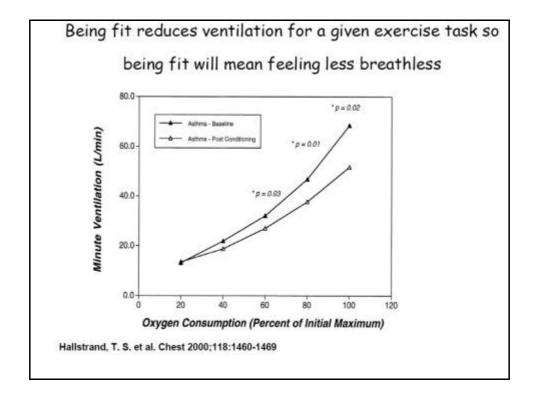
Mistaken Diagnosis of EIB

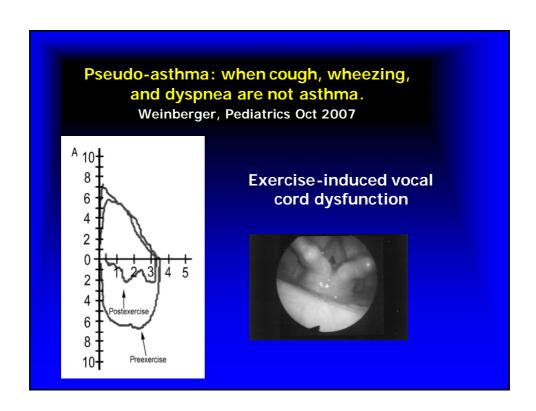
- Being unfit
- Breathlessness in the overweight/obese
- Vocal cord dysfunction
- Exercise hyperventilation syndrome

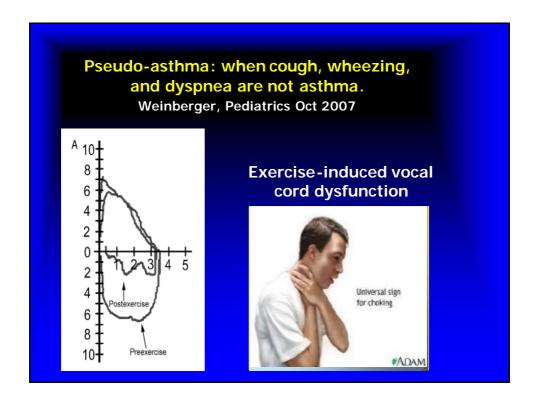
Are all often incorrectly diagnosed as EIB.

For these disorders the symptoms occur DURING rather than AFTER exercise.









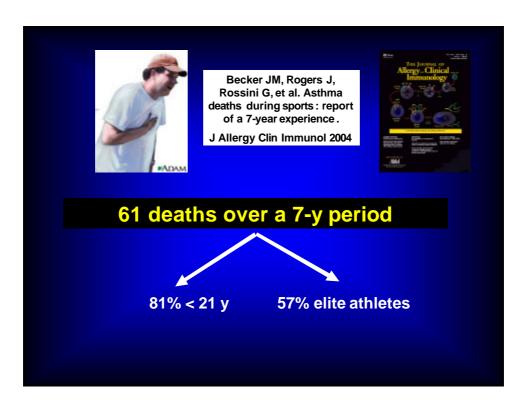
Although most exacerbations are selflimited or subside readily with medication,
sudden fatal asthma exacerbations occur
in both competitive and recreational
athletes, and can be precipitated
by sporting activity

Becker JM, Rogers J, Rossini G, et al. Asthma deaths during sports: report of a 7-year experience.

J Allergy Clin Immunol 2004



Rashidi Wheeler morto per asma sul campo 03.08.01





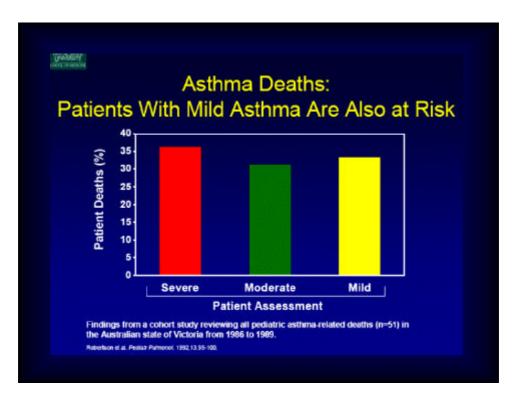


Becker JM, Rogers J, Rossini G, et al. Asthma deaths during sports: report of a 7-year experience.

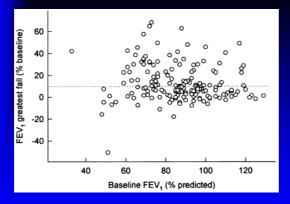
J Allergy Clin Immunol 2004



- Adolescenti a rischio: 10-14 anni fascia prevalente!
- Non solo sport agonistico.
- Molti con asma lieve.



Exercise-induced bronchospasm in children: effects of asthma severity



The prevalence of EIB is greater in children with more severe asthma, and the intensity of response to exercise is not consistently related to the clinical severity of asthma.

Cabral, AJRCCM 1999

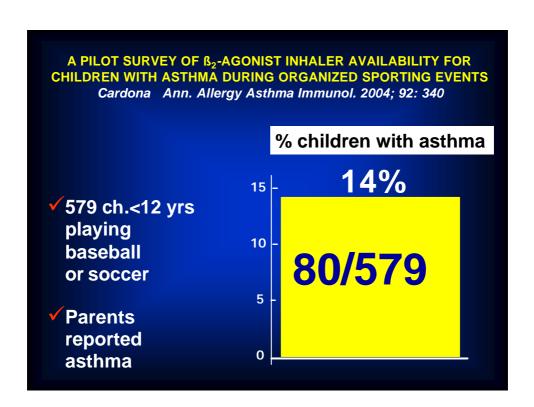


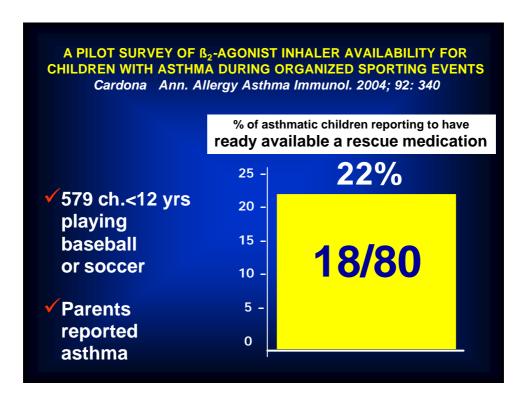
Becker JM, Rogers J, Rossini G, et al. Asthma deaths during sports: report of a 7-year experience.

J Allergy Clin Immunol 2004



- Adolescenti a rischio: 10-14 anni fascia prevalente!
- Non solo sport agonistico.
- Molti con asma lieve.
- 77% non in terapia di fondo per asma!

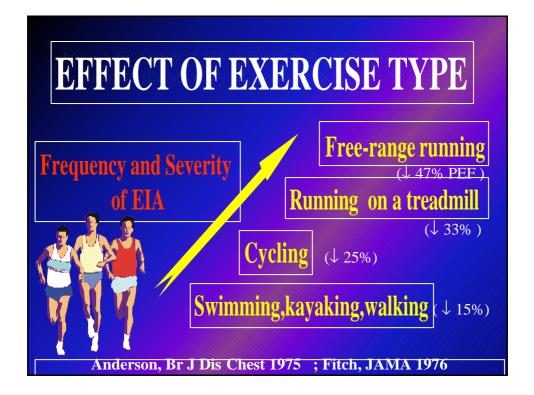


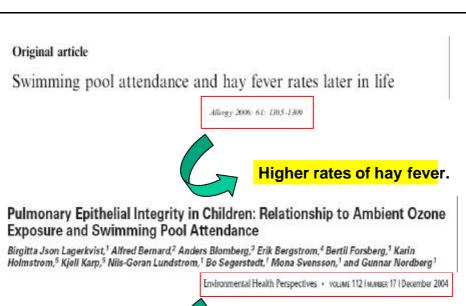


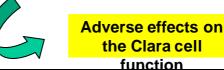
History

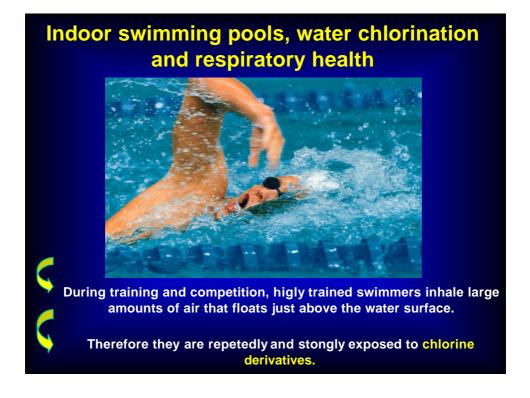


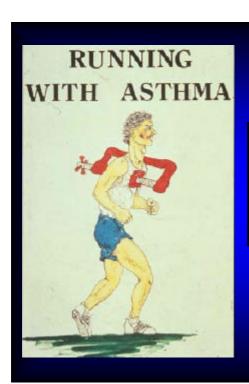
Sir John Floyer, who was himself asthmatic, first described the adverse effects of physical exercise on his asthma, noting that different types of exercise had greater or lesser adverse effects Floyer J, Sir. A treatise of the asthma. R Wilkin & W Innis, London, 1698











Exercise-induced Asthma:
Symptoms

Symptoms of EIA

Typical

Cough: during or after exercise Wheezing Shortness of breath during or after exercise

Atypical

Stomach cramps Headache "Being out of shape"



Symptoms of EIA

Typical

Atypical

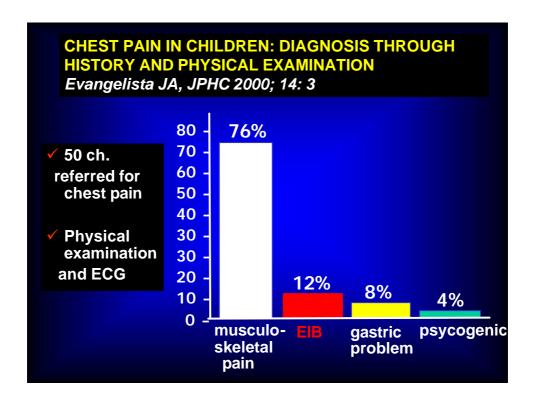
Cough: during or after exercise Wheezing Shortness of breath during or after exercise

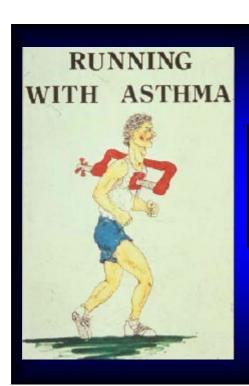
Stomach cramps Headache "Being out of shape"



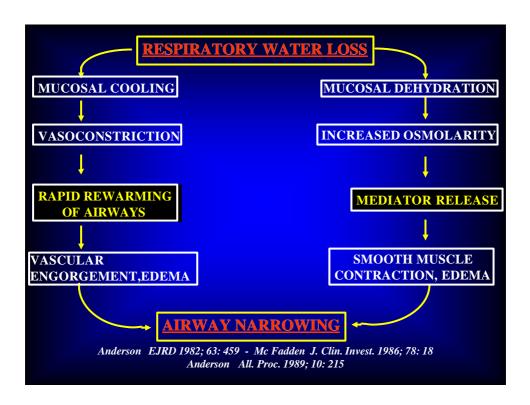
può manifestarsi come dolore toracico

Nudel Clin. Pediatr. 1987; 26: 388

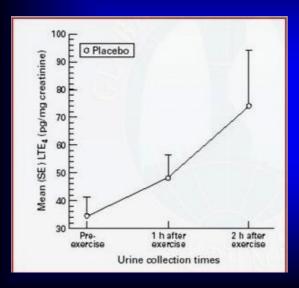




Exercise-induced Asthma: Pathophysiology



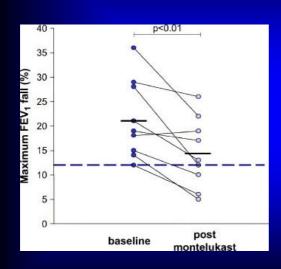
Increased urinary excretion of LTE4 after exercise





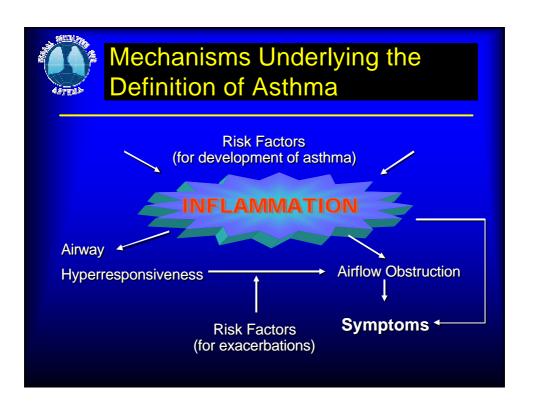
Reiss TF, Thorax 1997

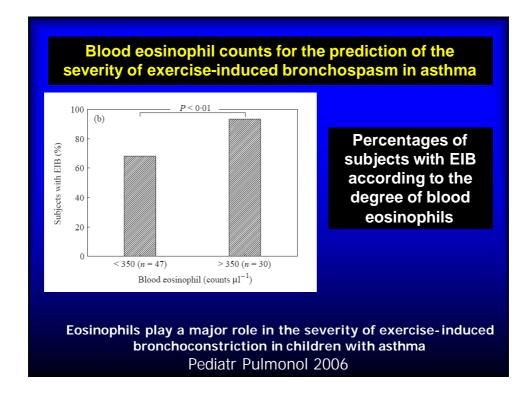
Exhaled breath condensate cysteinyl leukotrienes are increased in children with exercise-induced bronchoconstriction

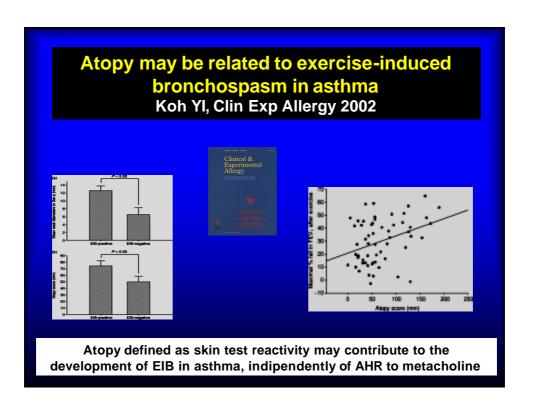


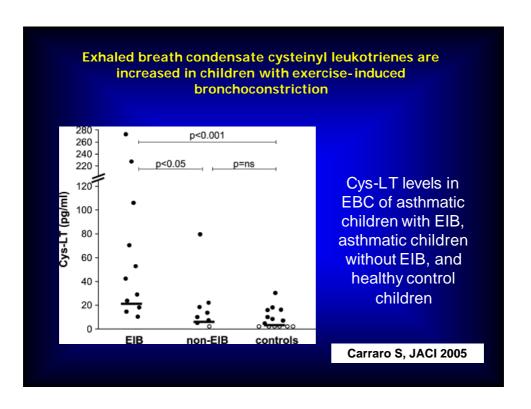
Maximal FEV₁
decrease after
exercise in asthmatic
children with EIB at
baseline and after 3
days of treatment with
montelukast

Carraro S, JACI 2005





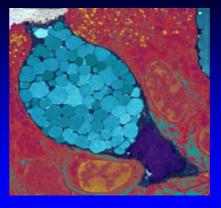




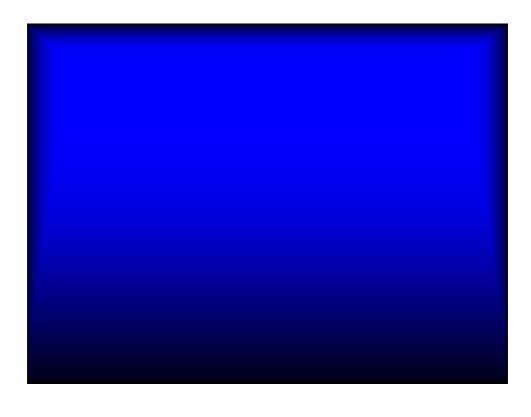
Emerging evidence indicates that injury to the airway epithelium is a key susceptibility factor for EIB.

One consequence of epithelial injury is replacement of ciliated epithelial cells by mucin secreting cells.





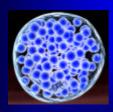
Anderson SD, Curr Allergy Asthma Rep. 2005 Hallstrand TS, J Allergy Clin Immunol. 2005



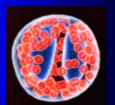


Athletes and exercise-induced bronchoconstriction

Same inflammation ??







Work Group Report*

JACI, June 2007

American Academy of Allergy, Asthma & Immunology Work Group Report: Exercise-induced asthma

John M. Weiler, MD.* Sergio Bonini, MD.* Robert Coifman, MD.* Timothy Craig, DO.*

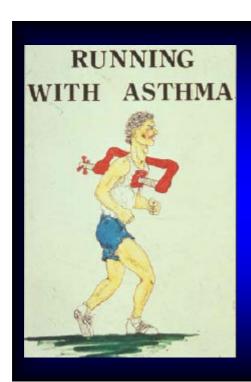
Luis Delgado, MD.* Miguel Capão-Filipe, MD.* Desiderio Passali, MD.* Christopher

Randolph, MD.* and William Storms, MD* Iona City, Iona, Rome and Siena, Italy,

Milhalle, NJ., Herabey, Pa. Porto, Portugal, and Colorado Springs, Colo

EIA and EIB: different phenotypes?

"We use the term <u>exercise-induced bronchospasm</u> (EIB) to describe the airway obstruction that occurs in association with exercise without regard to the presence of chronic asthma".



Exercise-induced Asthma: Prevalence



Up to 90% of subjects with asthma will have EIB



Mc Fadden ER, NEJM 1994



Factors that Exacerbate Asthma

- Allergens
- Air Pollutants
- Respiratory infections
- Exercise and hyperventilation
- Weather changes
- Sulfur dioxide
- Food, additives, drugs

Prevalence of EIA

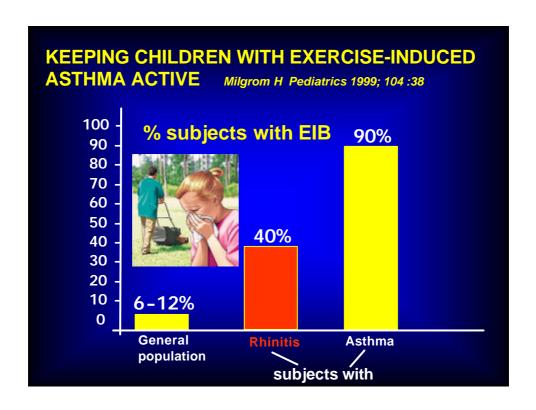
✓ Hallstrand found 9% of school children had EIA

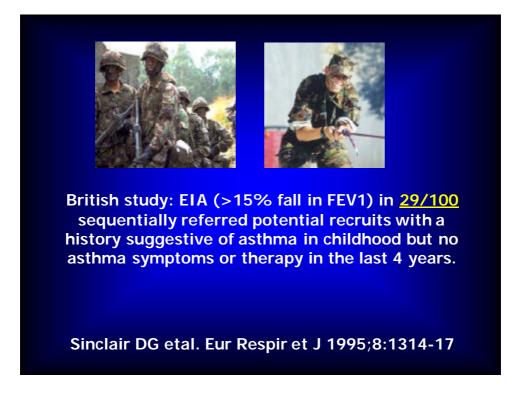
Hallstrand TS, J Pediatr 2002

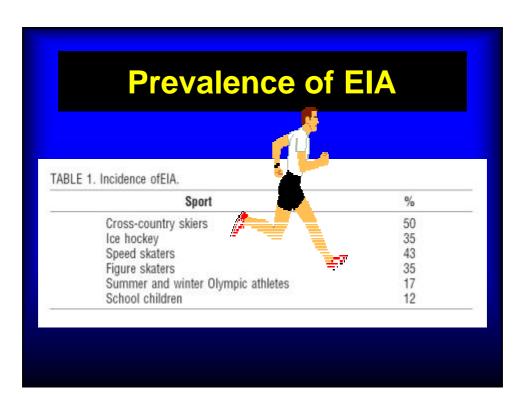
✓ Rupp found 12% of school children had EIA Rupp NT, Ann Allergy 1993

Method: sport-specific challenge testing in nonathletes







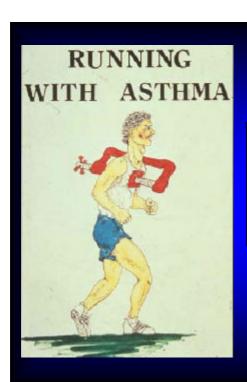




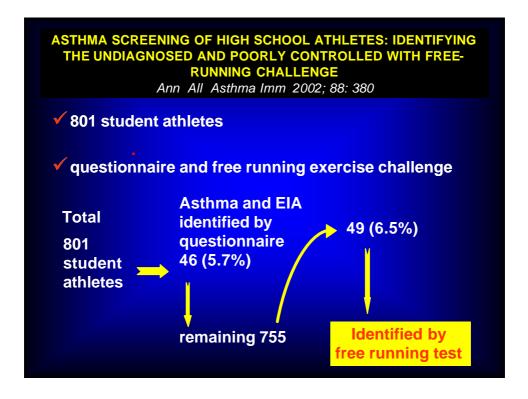


Physical activity is associated with a slower decline in pulmonary function and with lower mortality

Pelkonen M, AJRCCM 2003



Exercise-induced Asthma: diagnosis

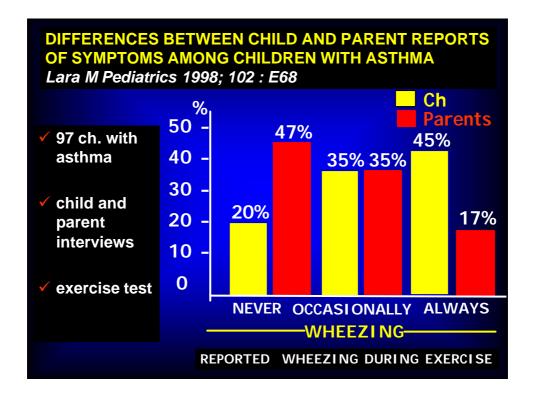


Perception of exercise induced asthma by children and their parents

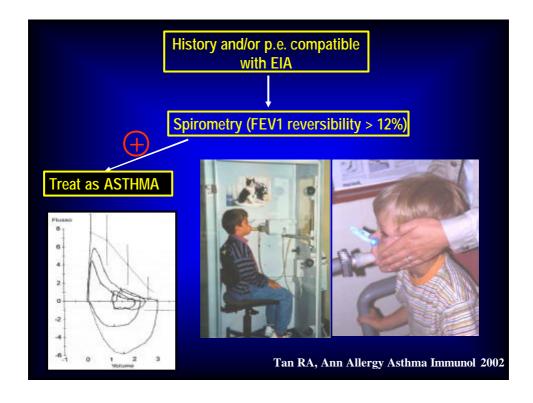


Modest specificity (82%) and low sensitivity (50%) of children's descriptions

Panditi S, ADC 2003

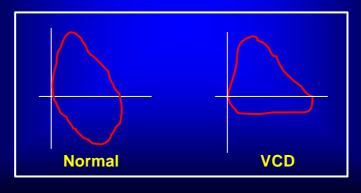


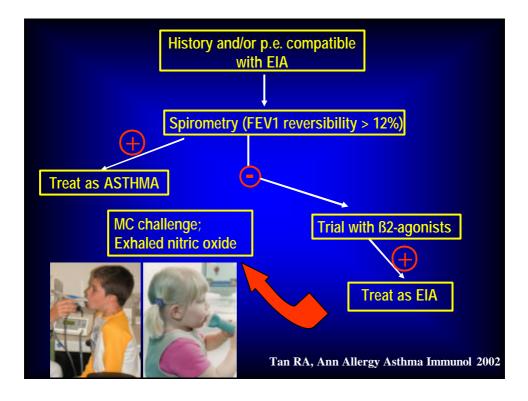


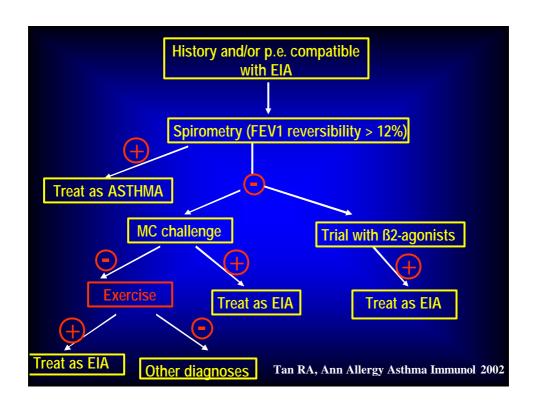


Pulmonary Function Tests

 Flow-volume loop demonstrates flattened inspiratory loop when symptomatic.









Il test da sforzo appare particolarmente adeguato in età pediatrica poiché rappresenta uno stimolo fisiologico che riproduce circostanze di "vita reale", quotidiane

ATS- Am J Respir Crit Care Med 2000;161:309-329





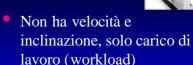
Test da sforzo eseguito in laboratorio



Tapis Roulant

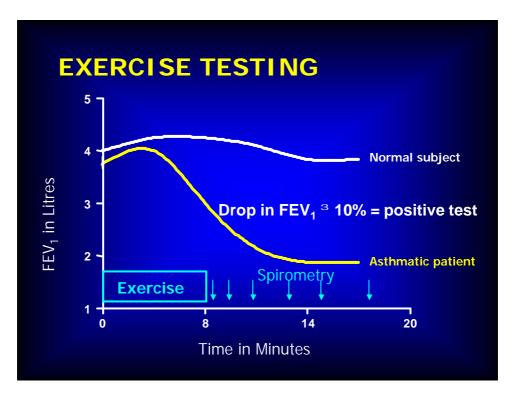
- Ventilazione aumenta di più, bronco-ostruzione facile (V'O2 +10%)
- Per qualche paziente più facile da eseguire.
- Più difficile determinare intensità (watt)

Bicicletta



- Preferibile per pazienti con difficoltà di camminare/ correre
- Facile determinare intensità (watt)





ASMA DA SFORZO – PRECAUZIONI

- ✓ non eseguire il test se:
 - il paziente presenta broncospasmo a riposo
 - PEFR o FEV₁ < 70 % del predetto
 < 80 % dei valori usuali
 (in tal caso test di reversibilità)
- ✓ presenza del medico per tutta la durata del test
- ✓ cardiomonitor
- ✓ somministrare b₂ stimolante spray e ossigeno se broncospasmo grave

Anche il test della corsa libera è risultato valido e ripetibile, con il limite delle condizioni ambientali (temp. 20-24°C,umidità relativa < 40%)



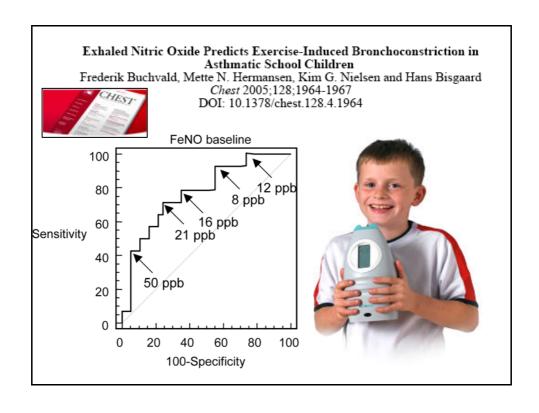
ATS- Am J Respir Crit Care Med 2000;161:309-329

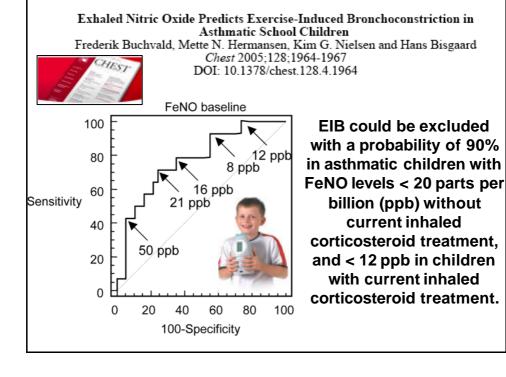
Exercise-induced bronchospasm in children: comparison of FEV1 and FEF25-75% responses

FEF(25-75%) can decrease in response to exercise <u>without</u> changes in FEV(1), mainly in children with <u>mild asthma</u>



Fonsega-Guedes, Pediatr Pulmonol 2003





Value of surrogate tests to predict exercise-induced bronchoconstriction in atopic childhood asthma

Lex, Pediatr Pulmonol 2007





All children with normal eNO levels (< or = 25 ppb) had normal lung function results after exercise; hence the negative predictive value (NPV) of eNO levels for prediction of EIB was 100%.

Exhaled nitric oxide and exercise-induced bronchospasm assessed by FEV1, FEF25-75% in childhood asthma

Nishio K,J Asthma 2007



Not only FEV1 but FEF25-75% can be used to evaluate the correlations between BHR (EIB) and airway inflammation (eNO) in asthmatic children.

A low eNO is useful for a negative predictor for EIB



Asma bronchiale negli atleti Percorso diagnostico per le Olimpiadi di Atene

Test di broncostimolazione positivo

1) test metacolina:PD20 < 200 mcg

- 2) test sforzo- < 10 % FEV1 v. b.
- 3) test iperpnea vol. isocapnica < 10% FEV1 v.b.
- 4) Aerosol ipertonico < 15% FEV1 v.b.

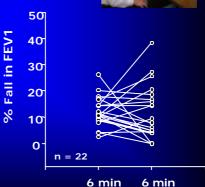
Diagnosi di Iperreattività bronchiale

→ Asma bronchiale -→ Terapia - Prevenzione

EUCAPNIC VOLUNTARY HYPERVENTILATION

Exercise

- 6min of hyperpnoea
 - dry air
 - $-4.9\% CO_{2}$
- 10% fall in FEV₁
- Specific for diagnosis of EIA (Rundell et al. 2004)
- Recommended by the IOC



IBAs USE SYDNEY vs ATHENS

	SYDNEY 2000 (notified)			ATHENS 2004 (approved)	
• NOC	IBAs	PERCENT	IBAs	PERCENT	
• NZL	31	21.1%	11	11.3%	
• AUS	128	20.7%	65	13.7%	
• UK	62	19.9%	62	23.3%	
• USA	112	18.9%	50	9.1%	
CAN	55	18.6%	11	4.1%	
• FIN	10	14.3%	4	6.6%	

Anderson et al. submitted



EIA:terapia non farmacologica

SCHACHTER, E. N., E. LACH, and M. LEE.
The protective effect of a cold weather mask on
exercised-induced asthma.

Ann. Allergy 46:12-16, 1981.





EIA:terapia non farmacologica

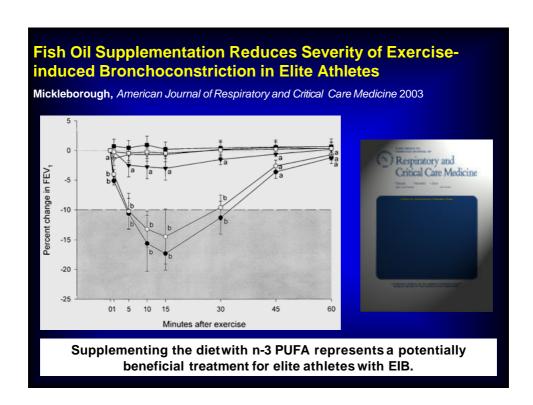
A special warm-up routine has been shown to reduce the severity of EIA







Bronchoconstriction in asthmatics exposed to sulfur dioxide during repeated exercise. Roger J.Appl.Physiol. 1985 Distribution of specific airway resistance (sRaw; cm H₂O - s) in asthmatic subjects exposed, during exercise, to air (0.0 ppm) or SO₂ (0.25, 0.5, and 1.0 ppm)





TERAPIA E PREVENZIONE DELL'ASMA DA SFORZO

1. Premedicazione

- ß2-agonisti
- Cromoni
- Montelukast

TERAPIA E PREVENZIONE DELL'ASMA DA SFORZO

2. Terapia di fondo

- Steroidi inalatori
- Montelukast

TERAPIA E PREVENZIONE DELL'ASMA DA SFORZO

1. Premedicazione

- <u>B2-agonisti</u>
- Cromoni
- Montelukast

Long-acting beta-agonists

✓ Prevention of EIA in pediatric asthma patients: a comparison of two salmeterol powder delivery devices.

Bronsky, Pediatrics 1999

✓ Evidence of the rapid protective effect of formoterol dry-powder inhalation against EIA in athletes with asthma.

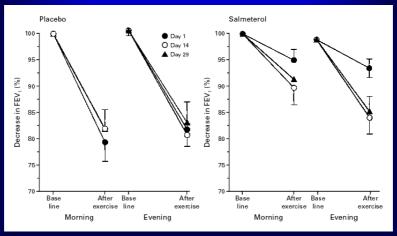
Ferrari, Respiration 2000

ß2-Agonist Tolerance and EIB

- Hancox RJ, AJRCCM 2002 (salbutamol)
- Nelson JA, NEJM 1998 (salmeterol)
- Garcia R, J Invest All Clin Immunol 2001 (formoterol)

Asma da esercizio fisico

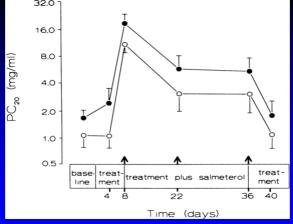
L'effetto del salmeterolo e la sua durata si attenuano col trattamento cronico



Nelson et al., NEJM 1998

Risposta alla metacolina

L'effetto protettivo del salmeterolo si riduce nel tempo



Cheung et al AJRCCM 1998

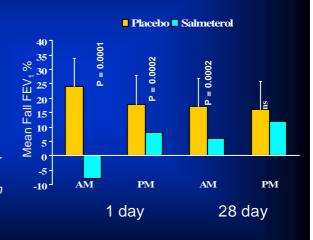
Tolerance to the bronchoprotective effect of salmeterol in adolescents with exercise induced asthma

Simons, Pediatrics 1997:99:665

- SLM 50 mcg once daily vs PL+ daily inhaled steroids therapy
- Exercise at 1 and 12 hours after drug, on day 1 and 28



The duration of the bronchoprotective effect decreases during regular treatment with salmeterol despite concomitant use of inhaled steroids



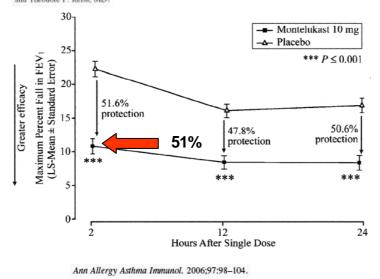
TERAPIA E PREVENZIONE DELL'ASMA DA SFORZO

1. Premedicazione

- ß2-agonisti
- Cromoni
- Montelukast

Onset and duration of protection against exercise-induced bronchoconstriction by a single oral dose of montelukast

David S. Pearlman, MD+; Janet van Adelsberg, MD†; George Philip, MD†; Stephen A. Tilles, MD‡; William Busse, MD§; Leslie Hendeles, PharmD¶; Thomas Loeys, PhD†; S. Balachandra Dass, PhD†; and Theodore F. Reiss, MD†



TERAPIA E PREVENZIONE DELL'ASMA DA SFORZO

2. Terapia di fondo

- Steroidi inalatori
- Montelukast

Bambini con broncostruzione indotta da esercizio fisico

- La broncostruzione indotta dall'esercizio fisico è espressione di asma non adeguatamente controllato.
- Bambini con broncostruzione indotta dall'esercizio fisico dovrebbero essere trattati come pazienti con <u>asma persistente</u>.

Inhaled corticosteroids compared to placebo for prevention of exercise induced bronchoconstriction Koh, Cochrane Database of Systematic Reviews 2007

four trials involving children

Inhaled corticosteroids used for 4 weeks or more before exercise testing significantly attenuated exercise-induced bronchoconstriction



Treatment of airway inflammation improves exercise pulmonary gas exchange and performance in asthmatic subjects

Hans C. Haverkamp, PhD, a.b Jerome A. Dempsey, PhD, David F. Pegelow, MS, Jordan D. Miller, PhD, a.c Lee M. Romer, PhD, and Marcus Santana, MD, and Marlowe W. Eldridge, MD, Burlington, Vt. Madison, Wis, Jowa City, Jowa, and Middlesex, United Kingdom

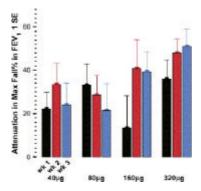
In asthmatic patients ICSs not only attenuate exercise-induced bronchospasm but also improve arterial blood oxygenation during exercise

JACI 2007

Effect of ciclesonide dose and duration of therapy on exercise-induced bronchoconstriction in patients with asthma

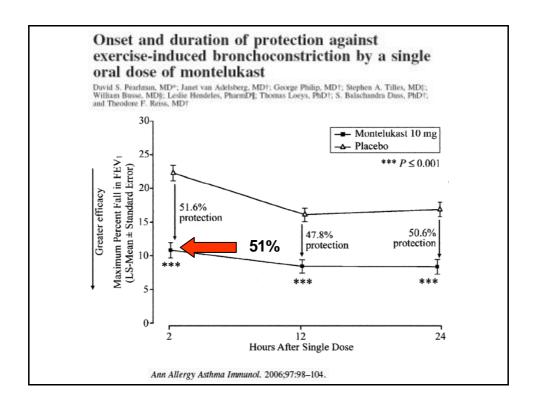
Padmaja Subbarao, MD, MSc,^{a,b} Mylinh Duong, MD,^b Ellinor Adelroth, MD, PhD,^c Joceline Otis,^b George Obminski, BSc,^b Mark Inman, MD, PhD,^b Soren Pedersen, MD, PhD,^d and Paul M. O'Byrne, MB^b Toronto and Hamilton, Ontario, Canada, Umea, Sweden, and

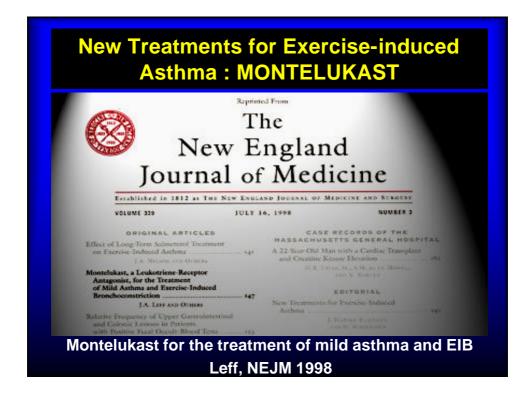




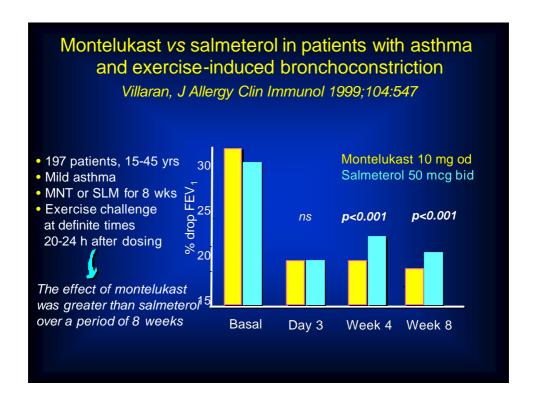
50%

J ALLERGY CLIN IMMUNOL MAY 2006





- Montelukast for the treatment of mild asthma and EIB Leff, NEJM 1998
- Montelukast inhibits EIB in 6-to 14-year-old children with asthma Kemp, J Pediatr 1998
- Montelukast versus salmeterol in patients with asthma and EIB Villaran, JACI 1999
- Comparison of montelukast versus budesonide in the treatment of EIA
 Vidal, AAAI 2001
- Montelukast compared with salmeterol to prevent EIB
 Edelman, Ann Intern Med 2000
- Comparative effects of LABA and INI-LT on EIB
 Coreno, JACI 2000

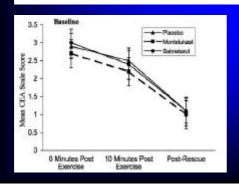


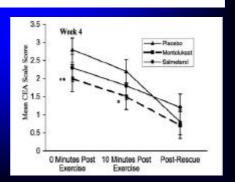
A comparison of the effects of oral montelukast and inhaled salmeterol on response to rescue

bronchodilation after challenge

Respiratory Medicine (2004) 98, 1051-1062

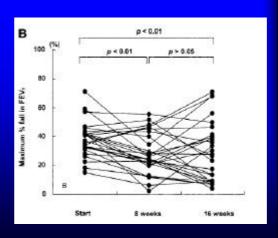
William Storms^a, Paul Chervinsky^b, Asma F. Ghannam^c, Steven Bird^c, Carolyn M. Hustad^c, Jonathan M. Edelman^c,*, for the Challenge–Rescue Study Group[†]





Prolonged Effect of Montelukast in Asthmatic Children With EIB, Pediatr Pulmonol, 2005

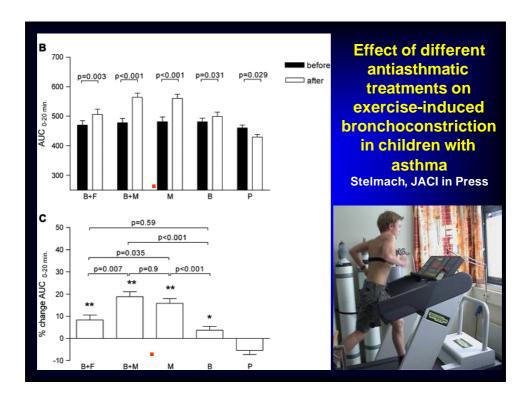
 Studio in doppio cieco (n=64)
 Montelukast contro placebo per 8 settimane, seguito da crossover di parte del gruppo trattato (28/40) per ulteriori 8 settimane



Prolonged Effect of Montelukast in Asthmatic Children With EIB

Kim Pediatr Pulmonol, 2005

- Miglioramento significativo per tutti i parametri considerati
 - Massima caduta di FEV1
 - Score sintomatologico
 - Tempo di recupero
- Nel gruppo crossover, dopo 8 settimane di washout, tutti i parametri rimanevano persistentemente e significativamente migliorati rispetto ai valori basali



Montelukast administered in the morning or evening to prevent exercise-induced bronchoconstriction in children



Montelukast, taken for 2 weeks, is equally effective in exercise-induced bronchoconstriction when dosing either in the morning or in the evening



Pajaron-Fernandez, Pediatr Pulmonol 2006



A recent study reported that montelukast provided greater protection against bronchoconstriction after exercise during high PM1 than low PM1 exposure (approximately 90% vs. approximately 35%)

Rundell KW, Spiering BA, Baumann JM, Evans TM. Bronchoconstriction provoked by exercise in a high-particulate-matter environment is attenuated by montelukast. *Inhal Toxicol* 2005;17:99–105.

Montelukast does not affect exercise performance at subfreezing temperature in highly trained non-asthmatic endurance athletes

Sue-Chu Int. J. Sports. Med. 2000; 21: 424

Compared to placebo, montelukast did not increase physiologic performance variables, or increase the mean running time to exhaustion

1

these findings do not suggest the need for disallowing the use of this drug by asthmatic athletes.

Concentrazioni urinarie al di sopra delle quali un laboratorio accreditato dal CIO deve dichiarare i risultati





- Salbutamolo
- Efedrina
- Metilefedrina
- Catina
- Pseudoefedrina
- Fenilpropanolamina

- > 1000 ng/ml
- > 10 ng/ml
- > 10 ng/ml
- 5 ng/ml
- > 25 ng/ml
- > 25 ng/ml
- *Dal 2004 pseudoefedrina e fenilpropalanina non sono proibite ma incluse nel programma di monitoraggio WADA

Corticosteroidi Norme WADA - CIO



Assolutamente vietati per via sistemica

Ammessi solamente per via inalatoria per la terapia dell'asma bronchiale e delle allergopatie

CONTROINDICAZIONI

- Uso di respiratori subacquei
- Attività fisica in alta quota
- Sport motoristici
- Asma grave persistente

