

Preface

The prevalence and socioeconomic impact of bronchial asthma continue to escalate. Thirty years ago, when the first edition of *Bronchial Asthma: A Guide for Practical Understanding* was published, nearly every patient with chronic asthma was seen by a specialist. Now the number of asthma sufferers simply makes the latter practice an anachronism, and the vast majority of patients is cared for by primary care physicians in internal medicine, pediatrics, and family practice. In fact, asthma remains the most common chronic childhood illness, and is among the most common chronic adult diseases. Despite improved medications, increased awareness, and a better understanding of the pathophysiology of this disease, mortality and morbidity continue to rise. Both national and international consensus positions that offer guidance as to treatment approaches have been published.

The importance of the primary care physician and provider in the appropriate diagnosis and management of this disease cannot be overestimated. The management options in asthma are changing rapidly with the advent of new drugs and approaches. The recent introduction of dry powder inhalers, as well as combinatorial therapies with steroids/long-acting β -agonists, have gone a long way toward improving patient compliance and response. The introduction of Xolair® and the likelihood that other biological modifiers will appear open up exciting vistas for patients with asthma.

Bronchial Asthma: A Guide for Practical Understanding and Treatment, Fifth Edition will discuss these newer treatments, but its emphasis remains on, and directed at, primary care providers, who must be able to face the challenge of diagnosis and the management of asthma in a variety of patient subpopulations. We will continue to emphasize the definition, medications, and the use of asthma treatment plans. However, we will also provide definitive focus on the special needs patient, including the pediatric patient, the pregnant patient, and the patient undergoing surgery, as well as the common issues of exercise and asthma, pulmonary aspergillosis, occupation, recreational drug use, and psychological/social issues. The care of patients with asthma needs to be individualized and we need to reduce the toxicity of the drugs we use. There is increasing concern about the role of systemic and oral corticosteroids in inducing osteoporosis and, especially, avascular necrosis.

The goal of *Bronchial Asthma: A Guide for Practical Understanding and Treatment, Fifth Edition* is to provide a basic framework upon which a successful treatment option can be built. We will likewise emphasize the need for patient education because this is an essential element to good asthma care. Finally, the editors and authors are particularly grateful to Nikki Phipps who has contributed enormously not only to the fifth edition, but also to the first through fourth editions.

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Bronchial Asthma

A Guide for Practical Understanding and Treatment

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2006, XIV, 406 p., Hardcover

ISBN: 978-1-58829-604-7

A product of Humana Press