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ASTHMA FACTS

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At a time when it is more important than ever to adopt physically active lifestyles, more than 20 million Americans face special challenges trying to do so while controlling their asthma. One child in every 15 is trying to overcome the challenges of asthma so that he/she can play with friends and just "be a kid" like the others on the playground or in physical education class.

As health and fitness professionals, we need to recognize asthma sufferers' barriers to physical activity and think of creative ways in which we can help them to be as active as they can be while managing their chronic disease condition in a sensitive way. When it comes to helping those with asthma, the key is to learn about the disease, the conditions that trigger asthma and how to manage these asthma triggers in order to prevent or limit asthmatic episodes.

Asthma episodes can be severe and require that the individual receive emergency treatment in order to restore their breathing to normal. Although a great deal of information regarding asthma is currently available, more research is required to fully understand what causes asthma, how to prevent, treat and possibly cure the chronic condition. It is important to remember that, with proper management of the disease, most individuals with asthma can be physically active and live healthy lives. Even though vigorous exercise may cause symptoms for students with asthma, today's treatments can successfully control asthma symptoms so that students can participate fully in physical activities most of the time.

Asthma varies from person to person, from student to student and often from season to season. This is why physical education teachers and coaches need to understand asthma and the individual needs of their students. At times, programs for students with asthma may need temporary modification, such as varying the type, length, and/or frequency of activity.

Physical educators can help students with asthma by finding a way to encourage them to participate in physical activity that will improve their health and make them stronger, while keeping a watchful but unobtrusive eye. At all times, students with asthma should be included in activities as much as possible. Remaining behind in the gym or library or frequently sitting on the bench can set the stage for teasing, loss of self-esteem, unnecessary restriction of activity and low levels of physical fitness. The goal is to not allow the asthma to disable them from being active, healthy and happy kids.

What is Asthma?

Asthma is a chronic lung condition in which the airways in the lungs become blocked or narrowed due to inflammation causing breathing difficulty, coughing, wheezing, shortness of breath or rapid breathing and chest tightness. Asthma is commonly divided into two types: allergic asthma and non-allergic asthma.

Allergic asthma, with asthma symptoms triggered by an allergic reaction, is the most common type of asthma. Allergic asthma is characterized by airway obstruction and inflammation that is at least partially reversible with medication and is always associated with allergy. Allergic asthma is triggered by inhaling allergens such as dust

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mites, pet dander, pollens, mold, etc. Through a complex reaction, these allergens cause the passages in the airways of the lungs to become inflamed and swollen. This results in coughing, wheezing and other asthma symptoms.

Non-Allergic asthma has symptoms that are not associated with an allergic reaction. Non-allergic asthma is triggered by other factors such as anxiety, stress, exercise, cold air, dry air, hyperventilation, smoke, viruses, or other irritants. In non-allergic asthma, the immune system is not involved in the reaction, as it is with allergic reaction.

What Triggers Asthma?

Asthma attacks or episodes occur because inflamed airways that are a symptom of asthma overreact to stimuli like allergens, irritants in the air, physical activity and upper respiratory infections. Asthmatics' inflamed airways make them super-sensitive to triggers or things that would not normally bother other people. When someone with asthma is exposed to these stimuli, or triggers, the airways which are already inflamed become even more swollen and block the flow of air to the lungs causing an asthma attack or episode. Asthma episodes can be mild, moderate, severe and even life-threatening. What triggers an asthma attack is different for each person depending upon if they have allergic or non-allergic asthma.

Some of the most common triggers include:

- **Allergens** -- substances that cause allergies such as dust mites, pollens from trees and plants, freshly cut grass, molds, pet dander, and even cockroach droppings. Allergens may be things that you inhale, such as pollen or dust, or things that you eat, such as shellfish or nuts.
- **Irritants** -- in the air, including chalk dust, chemical lawn treatments and smoke from cigarettes, wood fires or charcoal grills. Also, strong fumes or odors like household sprays, paint, gasoline, perfumes, and scented soaps. These particles present in the air can aggravate inflamed, sensitive airways.
- **Smoking** is such a significant irritant that it has earned its own place in the list of asthma triggers. Harmful in many ways to our health, smoking is a risk factor for asthma in children, and a common trigger of asthma symptoms for all ages. It may seem obvious that people with asthma should not smoke, but they should also avoid the smoke from others' cigarettes known as secondhand smoke. Studies have shown a clear link between secondhand smoke and asthma, especially in young people and may cause up to 26,000 new cases of asthma each year.
- **Respiratory Infections**—colds, flu, sore throats, and sinus infections. These are the number one asthma trigger in children.
- **Expressing strong emotions**—laughing or crying hard. Even if you don't have asthma, when you experience strong emotions, your breathing changes.
- **Changes in weather**—cold air, dry wind, humidity
- **Exercise**—physical activity that makes you breathe harder, especially in cold air. Some students experience asthma symptoms only when they exercise. This is known as exercise-induced asthma. Symptoms of this kind of asthma may not appear until after several minutes of sustained exercise of at least a moderate intensity. The symptoms of exercise-induced asthma usually go away within a few hours. With proper treatment, a child with exercise-induced asthma does not need to limit his or her overall physical activity.

Managing Asthma Triggers

Getting control of asthma means recognizing asthma triggers (the factors that make asthma worse or cause an asthma episode), avoiding or controlling these triggers, following an asthma management plan as prescribed by a physician, and having convenient access to prescribed asthma medications. For physical educators, it also means modifying physical activities to match the students' current asthma status. By taking a few easy preventive measures, people with asthma can dodge many asthma triggers.

Actions to Consider at Home:

- Dust often at home using a damp cloth. Vacuum carpets with machines that have high-efficiency particulate air (HEPA) filters. Use wood, tile or vinyl floor coverings instead of carpeting to reduce dust. Clean moldy surfaces with bleach.
- Control dust mites by washing blankets, sheets and bedcovers once a week in warm water. Cover mattresses, box springs and pillows in allergen-proof covers.
- Keep pets off furniture and carpeting and out of bedroom.
- Don't smoke and avoid secondhand smoke.

Actions to Reduce Triggers for Students in a Physical Education Setting:

- Schedule maintenance or pest control that involves strong irritants and odors for times when students are not in the area and the area can be well-ventilated.
- Adjust schedules for students whose asthma is worsened by high pollen or mold counts or cold air. A midday or indoor physical education class may allow more active participation.

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CARDIOVASCULAR DISEASE FACTS

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We hear almost on a daily basis that heart disease is the leading cause of death in this country and in most of the Western world. According to the Centers for Disease Control, about 61 million Americans (almost one-fourth of the population) have some form of cardiovascular disease. Many of us have developed a vocabulary of heart-related terminology just from watching the nightly news and/or reading an occasional newspaper. Most of these terms appear to be interchangeable—cardiovascular disease, coronary heart disease, heart disease. Or are they? Before we realize it, we are confused in our own effort to keep current on the latest in medical science and health-related topics.

Since heart disease is, after all, responsible for how many of us "meet our bitter end," it seems logical that we would want to know and understand a few of the basics. First things first—it's time to straighten out our heart-related vocabulary once and for all.

What is cardiovascular disease?

Cardiovascular disease is a broad, all-encompassing term for the diseases and conditions related to the heart and blood vessels—both of which make up the body's circulatory system. Breaking the word into two parts: *cardio* refers to diseases of the heart and *vascular* refers to diseases of the blood vessels. For simplicity's sake, "heart disease" is often used to discuss cardiovascular disease in the broadest of terms.

Some of the heart conditions and diseases that fall under the broad term of cardiovascular disease are: coronary heart disease, stroke, aneurysm, heart attack, congestive heart failure, hypertension and peripheral vascular disease, to name a few.

Some types of cardiovascular disease involve inherited conditions and physical abnormalities acquired at birth that affect a person's heart. Other types of cardiovascular disease are preventable, as they are often a result of unhealthy lifestyle choices like smoking, eating a high-fat, high-cholesterol diet and not being physically active. Maybe this is why there is so much discussion surrounding cardiovascular disease—because we can do many things to reduce our risk of developing these heart conditions later in life by making healthy changes today.

To easily understand cardiovascular disease, picture the heart and blood vessels as a complex traffic highway system. The heart is a muscle central to the system, acting as a traffic signal to direct and pump oxygen-rich blood through the blood vessels to all of the parts of the body. As with any complex system, problems can occur at any point—the traffic signal could stop working. The blood vessels or "highways" could become clogged and congested. Many conditions and diseases arise as a result of these problems within the cardiovascular system.

What is coronary heart disease (CHD)?

One of the main cardiovascular diseases is coronary heart disease (CHD) which can lead to a heart attack. Coronary heart disease (CHD) is caused by a steady buildup of plaque in the coronary arteries which cause reduced blood flow to the heart, denying the heart tissue of necessary oxygen. Too much cholesterol in the blood can cause the arteries to narrow as the cholesterol builds up as plaque on the arterial walls. A lack of oxygen-rich blood causes the heart tissue to die, causing a "heart attack." Surviving a heart attack largely depends upon the amount of heart tissue destroyed.

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Many of the cardiovascular diseases can be prevented and, to a certain extent, reversed with changes in lifestyle.

What are the risk factors for CHD?

Risk factors for coronary heart disease are the same as those for other cardiovascular diseases—cigarette smoking, overweight and obesity, elevated cholesterol (and specifically low levels of HDL regardless of total cholesterol is an important risk factor for CHD) and blood pressure levels and lack of exercise. Other risk factors include family history of the disease, sex, age, emotional stress and uncontrolled high blood sugar.

What is stroke?

Stroke affects blood vessels that supply blood to the brain. A stroke occurs when a blood vessel carrying oxygen and nutrients to the brain is either blocked by a blood clot or some other particle or bursts. Without oxygen, nerve cells in the affected part of the brain die. The death of these brain nerve cells causes the parts of the body that they control to not work either. The effects of stroke are often permanent, as dead nerve cells in the brain are not replaced.

How can we reduce our risk of cardiovascular disease?

The best approach is to prevent cardiovascular disease before it becomes a life-threatening condition. Many of the cardiovascular diseases, like CHD, can be prevented and, to a certain extent, reversed with changes in lifestyle to stop smoking and support healthy diet and exercise habits.

Health professionals often sound like a broken record when encouraging individuals to make lifestyle changes. They do so because these key healthy habits can dramatically decrease a person's risk of developing heart disease as well as avoid many other detrimental health conditions.

Good heart health does not require leading a life of self-deprivation. Rather, it involves deploying a few simple strategies that are relatively painless, habit-forming and worth every effort: Be physically active. Stop smoking. Visit the doctor for regular checkups to monitor blood pressure and cholesterol levels. Maintain a healthy weight. Eat a diet rich in fruits, vegetables and whole grains and low in saturated fats and cholesterol. This is all it takes to keep hearts healthier for years to come.

What are the warning signs for a heart attack?

It goes without saying that it is extremely important to be able to recognize the warning signs of a heart attack or stroke—and to then call 9-1-1 for emergency medical attention. It isn't always easy to tell if a heart attack is happening. Most heart attacks start slowly, with mild discomfort that is often hard to discern from other less serious aches and pains. Even if someone isn't sure what's wrong, don't wait more than 5 minutes to take action and seek help.

Here are signs and symptoms of a heart attack:

Chest discomfort. A classic heart attack symptom is discomfort, pressure, a feeling of fullness or squeezing pain in the center of the chest that lasts for more than a few minutes. It is also common for the chest discomfort to go away and then come back.

Other discomfort. Pain and discomfort can also occur elsewhere in areas of the upper body, such as the jaw and teeth, one or both arms, neck, or even the upper abdomen.

Shortness of breath. Difficulty breathing can begin before chest pain does, or at the same time. Shortness of breath may occur with or without chest discomfort.

Nausea, sweating and lightheadedness. These vague symptoms are sometimes the only indications of a heart attack. Heartburn, or indigestion, can also signal a heart attack.

Women often do not experience the classic chest pain symptoms of heart attack. Instead, they can show atypical signs, such as nausea, sweating, vomiting, breathlessness or lightheadedness. Women have even been known to have heart attack symptoms, like trouble sleeping and extreme fatigue, weeks before the heart attack.

Even if the person has had a heart attack before, signs and symptoms can vary dramatically with each heart attack. It's best not to make assumptions based on previous experience—but to get to a hospital right away.

In the case of a heart attack, it's often best to prepare for the worst case scenario. Having aspirin and nitroglycerin on hand and knowing when and how to give them (and also how to administer CPR) can be vital during a heart attack. These are things that should be discussed thoroughly with a doctor for proper instruction.

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TYPE 1 DIABETES FACTS

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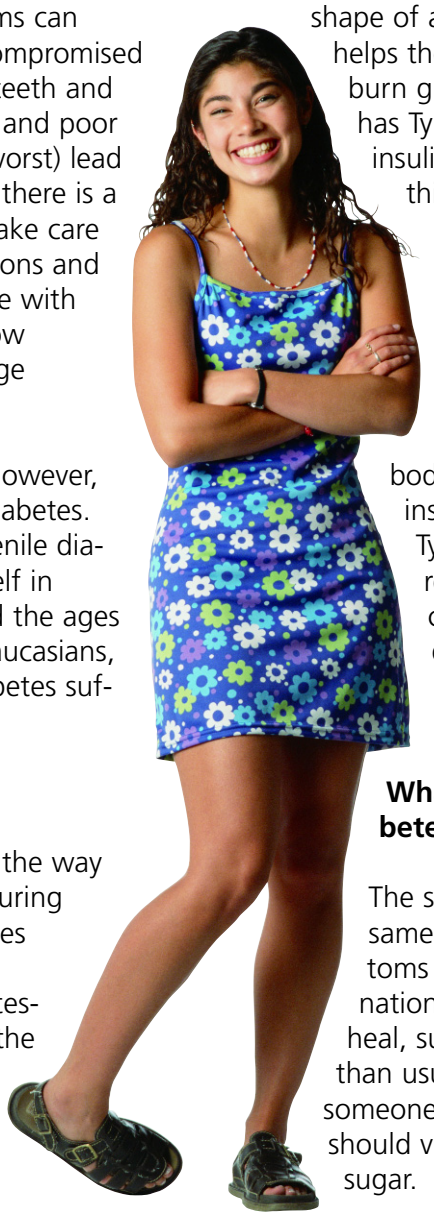
Diabetes affects the lives of millions of Americans. From a medical perspective, it is both a very serious and highly manageable chronic disease. People don't die from diabetes; they die from diabetes complications that arise as a result of poorly controlled blood sugar levels over a period of time. These serious diabetes-related health problems can include heart disease, stroke, compromised kidney function, problems with teeth and gums, blindness, nerve problems and poor blood circulation that can (at its worst) lead to amputation. The good news is there is a lot those with diabetes can do to take care of themselves to prevent complications and live a long healthy life. For someone with diabetes, knowing all there is to know about the disease and how to manage blood-sugar is vital.

There are several types of diabetes; however, this fact sheet will focus on Type 1 diabetes. Type 1 diabetes is also known as juvenile diabetes because it tends to present itself in young people during puberty around the ages of 10-14. Most common among Caucasians, about 10 percent of those with diabetes suffer from Type 1.

What is Type 1 diabetes?

Diabetes is a disease that affects the way the body uses digested food. During digestion, the carbohydrates (sugars) in food are absorbed in the intestines and put into the blood stream. There, hungry cells absorb the sugar in the blood stream with the help of a hormone called insulin. In those who suffer from Type 1 diabetes, insulin is simply not available. With the insulin necessary to use the sugar in the bloodstream, cells starve and high levels of sugar remain in the bloodstream.



What role does the pancreas play in Type 1 diabetes?

Insulin is a hormone made by an organ about the size and shape of a small banana called the pancreas. Insulin helps the muscle cells in the body to take up and burn glucose effectively for energy. When a person has Type 1 diabetes, the immune system attacks insulin-producing beta cells in the pancreas. For this reason, Type 1 diabetes is classified as an autoimmune disease. Without the beta cells providing insulin, glucose builds up in the bloodstream, doing damage to the walls of the blood vessels and impeding vital body processes.

Doctors are not sure what triggers the body's immune system to suddenly attack insulin-producing beta cells in the pancreas. Typically, factors that can start an immune reaction include viruses, toxic chemicals and certain drugs. What is known is that Type 1 diabetes cannot be prevented, and its causes are most likely genetic and still largely unknown.

What are the signs or symptoms of diabetes?

The signs or symptoms of Type 1 diabetes are the same as for other types of diabetes. These symptoms include fatigue, extreme thirst, increased urination, blurry vision, wounds that won't seem to heal, sudden weight loss, getting more infections than usual and numb or tingling hands or feet. If someone experiences these symptoms, he or she should visit the doctor to check for elevated blood-sugar.

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How is Type 1 treated?

When treating Type 1 diabetes, a doctor is essentially treating high blood glucose (hyperglycemia). The goal in treatment then is to normalize blood glucose levels between 80 mg/dL and 140 mg/dL. People with diabetes usually feel at their best when their blood sugar is in this range, which represents when insulin and blood sugar levels are well balanced.

In Type 1 diabetes, normalizing blood glucose levels means administering injections of insulin to simulate how the pancreas would function in a healthy person. There are many different devices available to deliver insulin other than syringes to make it easier for people with Type 1 diabetes to manage their own treatment. One such option is the insulin pump. About the size of a pager, insulin pumps are computerized devices worn on the belt that deliver insulin through a flexible plastic catheter which is inserted into the fatty tissue under the skin. Many people prefer this continuous system of insulin delivery over injections because it gives them better glucose control and less hassle. Diabetes researchers are hoping soon to find a cure for the disease. In the meantime, they are finding innovative ways using available advances in technology to improve the lives of those living with the chronic disease.

Part of diabetes management is also eating a healthy diet and getting sufficient exercise—both of which help to manage blood glucose levels. It's important for each individual with diabetes to find the right balance of medication, diet and physical activity that works for them.

How does someone test blood glucose levels?

People with diabetes test blood glucose levels with the use of a glucometer, sometimes called a blood glucose meter, which is a small digital device that uses special test strips and lancets. To use the glucometer, the individual pricks a fingertip with the lancet and places the drop of blood on the testing strip. The glucometer analyzes the blood on the testing strip and displays the blood sugar level.

Typically, individuals with Type 1 diabetes check their blood sugar level several times a day using a glucometer. They work out a schedule with their doctor in order to be reassured that they are maintaining good diabetes control.

Can eating too much sugar cause diabetes?

No. This is a common myth associated with diabetes. People with diabetes follow special, well-rounded diets to ensure they are receiving the proper nutrition while limiting their intake of sugar and carbohydrates which the body breaks down into sugar. It takes special effort and awareness on the part of a person with diabetes to balance food, medicine and physical activity in such a way that normal blood sugar levels are maintained. People with Type 1 diabetes consult a specially-trained diabetes educator and dietitian to determine a meal plan that works best for them.

What is hypoglycemia?

Hypoglycemia is another term for low blood sugar—a common problem for people with diabetes. For individuals with diabetes, blood-sugar tested during hypoglycemia can range from 60-70 mg/dL or lower (a reading in this range would most likely be considered normal for people without diabetes). Hypoglycemia can happen without warning even when a person is taking great care to manage their diabetes. Despite being difficult to prevent, once someone experiences hypoglycemia, it should be treated quickly before the symptoms worsen.

The key to treating hypoglycemia is learning to recognize its symptoms—shakiness, dizziness, sweating, hunger, headache, pale skin color, sudden moodiness or crying for no apparent reason, difficulty paying attention, confusion, seizure, clumsiness and tingling sensations around the mouth. As soon as symptoms are recognized, a low blood glucose reaction should be treated by eating some form of sugar. The quickest way to treat hypoglycemia is by consuming some form of sugar like ½ cup of fruit juice or 5-6 pieces of hard candy. It's important to treat hypoglycemia quickly because if blood glucose levels become too low, a person will lose consciousness and require emergency assistance.

What are ketones? What is ketoacidosis?

Lacking insulin, the body can't use glucose for fuel and must break down fats to use for energy. When the body uses fat for energy, it produces poisonous acid byproducts called ketones. Since the body cannot tolerate large amounts of ketones in the blood, it releases them into the urine. Some ketones remain and continue to build up in the blood leading to a dangerous, life-threatening condition called ketoacidosis or diabetic coma. The symptoms of ketoacidosis include: shortness of breath, nausea and vomiting, severe dry mouth and breath that smells fruity. Since it is a very serious condition, ketoacidosis is treated in a hospital.

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TYPE 2 DIABETES FACTS

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Type 2 diabetes used to strictly be a disease encountered in adulthood. Now due to the obesity epidemic, its prevalence in both adults and for the first time, children, has skyrocketed. Research has now shown that excess weight contributes to insulin resistance, which is a key factor used to diagnose Type 2 diabetes.

What is Type 2 diabetes?

When a person without diabetes eats, blood sugar rises normally. Sensing the rise of glucose in the body, the pancreas produces insulin to open the doors of the muscle and fat cells so that body can use the glucose for energy.

With Type 2 diabetes, three health scenarios are possible that would require treatment—insulin resistance, insulin deficiency or a liver that releases too much glucose.

In the first scenario, the pancreas may still release the proper amount of insulin to help the cells to use the glucose, but the cells have become resistant to the insulin. Insulin resistance means the cells can't sense the insulin and, as a result, don't take in the glucose, leaving high levels of glucose in the bloodstream. The extra glucose in the blood causes the pancreas to, in turn, produce more insulin. Over years of this happening, the pancreas may decide that it simply cannot keep up with the constant abnormally high demand for insulin and may slow down or stop producing insulin, causing an insulin deficiency.

The liver works in partnership with the pancreas to manage blood glucose levels by storing extra glucose in a form called glycogen to be used by the body when it needs it at a later time. For example, at times overnight when a person hasn't eaten, the liver senses the lack of insulin and responds by releasing stored glucose to keep blood sugar levels from dropping too low. When someone has Type 2 diabetes, the liver may fail to recognize insulin levels and may erroneously produce more glucose than required.

What are the risk factors for Type 2 diabetes?

Because of its link to overweight and obese, risk factors for Type 2 diabetes include high-fat/low-fiber diets, sedentary lifestyles, extra weight particularly in the abdominal area, high blood pressure, and high cholesterol and triglyceride levels. Most people develop "pre-diabetes" before they develop and are diagnosed with Type 2 diabetes.

"Pre-diabetes" is when blood glucose levels are higher than normal but not yet high enough to be full-blown diabetes. With an estimated 41 million people in the U.S., ages 40-74, with "pre-diabetes," it is more important than ever for individuals at risk for Type 2 diabetes to have their blood sugar checked regularly.

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One thing is for certain — the more support individuals with diabetes have to help them manage their disease and subsequent new lifestyle, the better.

If a doctor determines that someone has "pre-diabetes," there are healthy lifestyle changes (like eating a healthy diet, increasing physical activity, and quitting smoking) that person can make to avoid having Type 2 diabetes.

Why is it important for people with diabetes to manage their blood glucose levels?

Too much glucose in the blood for a long time can cause diabetes complications. High blood glucose can damage many parts of the body, such as the heart, blood vessels, eyes, kidneys and nerves. This can lead to many problems, including heart attack, stroke, blindness, kidney failure and amputation of the lower limbs.

What is the treatment plan for someone with Type 2 diabetes?

Having diabetes requires a person to make substantial lifestyle changes in order to control blood-sugar levels and ward off diabetes complications. Giving up old habits for new ones that help control blood sugar can be anything but easy. One thing is for certain—the more support people with diabetes have to help them manage their disease and subsequent new lifestyle, the better.

It is very important for people with diabetes to learn to listen to their body. Keeping an organized schedule of healthy eating, taking diabetes medication or insulin, getting regular physical activity, and testing blood glucose must all become a way of life.

A healthy diet for someone with Type 2 diabetes might require monitoring (and in some cases, reducing) carbohydrate intake, since carbohydrate is the type of nutrient that has the greatest effect on blood glucose levels. The American Diabetes Association recommends a diet which balances carbohydrate "exchanges" throughout the day. For anyone with diabetes, it is important to meet with a dietitian in order to be educated about "carbohydrate counting" and ways to choose a diet that will help to manage blood glucose levels.

In addition to helping manage their weight, exercise helps people with Type 2 diabetes by making muscles more sensitive to insulin and thus lowering insulin resistance. Thus, regular physical activity is an important component of a successful diabetes management plan.

Along with insulin, which can be necessary in some people with Type 2 diabetes, there are a number of oral diabetes medications available to help manage blood glucose levels. Some of the drugs are designed to stimulate the pancreas to make and release more insulin. Others work by decreasing the amount of glucose released by the liver and by causing the liver and muscle cells to be more sensitive to the effects of insulin. Specially trained to treat people with diabetes, an endocrinologist (or medical doctor specialized in treating diabetes and other metabolic disorders) will work with a patient to see which plan of diet, exercise and medication works best for them.

What is A1C?

A1C is a diagnostic blood test taken every 3 months to sum up diabetes control over that time period. An A1C test measures how much glucose has been sticking to red blood cells. Since each red blood cell is replaced by a new one every 4 months, this test can tell how high the glucose levels have been during the life of the cells. A normal non-diabetic A1C result is 6.0%. People with diabetes who are working to carefully keep their blood-sugar under control will have a target A1C of 7.0% or less.

How does someone test blood glucose levels?

Blood glucose levels are tested with the use of a glucometer, sometimes called a blood glucose meter, which is a small digital device that uses special test strips and lancets. To use the glucometer, a person pricks his or her finger with the lancet (a small needle) and places the drop of blood on the testing strip. The glucometer analyzes the blood on the testing strip and provides a read out on its screen of the blood sugar level. Typically, those with Type 2 diabetes have to check their blood sugar level several times a day using this device. They work out a schedule with their doctor in order to be reassured that they are maintaining good diabetes control.

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