



Recognizing Symptoms of Asthma in Athletes

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Exercise induced asthma (EIA) is a common ailment among athletes at every competitive level. It is more common in high-intensity aerobic sports, particularly those with exposure to cold (i.e. speed skaters, ice hockey players, cross-country skiers). If unrecognized, an asthma exacerbation or “asthma attack” can lead to serious complications including intubation and ICU stays or even death. The ability to recognize the symptoms of asthma is thus essential to caring for athletes.

EIA is defined as an intermittent narrowing of the airway that leads to a decrease in measure of air flow and symptoms of cough, wheeze, chest tightness, shortness of breath, and mucous production that is triggered by exercise. It is possible to exhibit symptoms both during and immediately after exercise. Symptoms may not always be straight forward. Nonspecific symptoms such as feeling out of shape, abdominal pain, headaches, muscle cramps, fatigue, or dizziness may also be present but can often lead to misdiagnosis. Conversely, symptoms that worsen with cold air, certain endurance sports (i.e. running, ice skating, cross-country skiing), and the presence of a family history of asthma or allergies may increase the probability of diagnosis.

Likewise, avoidance of activity, easy fatigability in fit individuals, inability to keep up with peers, difficulty with specific seasons or environmental changes, and sub-optimal athletic performance may be subtle indicators for asthma. Healthy adolescents often present with non-cardiac chest pain while elite athletes most often present with cough.

Symptoms alone cannot make the diagnosis of asthma. If an athlete presents with cough, shortness of breath, chest tightness, etc. and a cardiac work up is negative, suspicion should be raised for asthma as the cause. At this stage the

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athlete should be referred to a primary care, pulmonary, or sports medicine physician in order to undergo appropriate lung testing. Such testing is performed with an exercise challenge and can definitively determine the diagnosis of EIA and guide future therapy.

References

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