



The Medical **Bulletin**

Pulmonology

Obstructive Airway Disease (OAD)

Obstructive Sleep Apnea is the commonest upper airway disease and Asthma, COPD are the commonest lower airway disease.

OSA symptoms are snoring, choking or gasping and excessive day time sleepiness. Obesity plays majority of OSA and micro and retrognathia plays 5 to 10 % of cases of OSA. Pediatric OSA the main etiology is adenotonsillar enlargement.

Complications of OSA are uncontrolled diabetes, hypertension, asthma, depression, cancer, road traffic accident, arrhythmias, heart attack and stroke etc.

Sleep study (polysomnography and polygraphy) is the gold standard test to confirm OSA.

Treatment is multi disciplinary- CPAP (continuous positive airway pressure) is the gold standard but noncompliance with CPAP patients may evaluate for upper airway surgery, Bariatric surgery for morbid obese (BMI more than 40).

Asthma and COPD are the commonest lower airway obstructive airway disease. Asthma is fully reversible obstructive airway disease and COPD (chronic obstructive pulmonary disease) is partly reversible disease.

Inhaled medications are the corner stone treatment for both Asthma and COPD. For Asthma Inhaled Corticosteroids (ICS) is the prime treatment to start with and combination of ICS and LABA (long acting beta 2 agonist like formoterol, salmeterol).

For severe asthma we have to add LAMA (long acting muscarinic antagonist- glycopyrronium) along with ICS plus LABA as triple therapy.

For COPD inhaled bronchodilator is the treatment to start with and add combination inhalers like LAMA and LABA and in severe stage of COPD if eosinophil is high we have to include ICS (inhaled corticosteroids) as triple therapy apart from avoidance of smoke and pollution etc.

Dr. S. Jayaraman
Senior Consultant Pulmonologist, Chennai