Temporarily increasing inhaled corticosteroids in children with asthma does not prevent severe flare-ups and may slow growth, researchers have found.

Findings in the New England Journal of Medicine study suggest that temporarily increasing to a high dosage of inhaled corticosteroids should not be a routine part of treating children with mild persistent asthma who use low-dose corticosteroids.

The research team studied 254 children, ages 5 to 11 with mild-to-moderate asthma for almost one year. At the first signs of a flare-up, half of the children were treated with five times the standard dose of inhaled corticosteroids for seven days during each episode; the other half were treated with maintenance low-dose inhaled corticosteroids.

Children who were treated with high-dose inhaled corticosteroids did not experience fewer severe exacerbations or greater reduction in symptoms.

Researchers found that the growth rate of children in the high-dose group was about 0.23 centimeters less per year than that of children in the low-dose group, even though higher doses were only given about two weeks per year on average.

In addition to offering pediatric clinical research such as this study, the Pediatric Asthma Department at National Jewish Health provides comprehensive treatment options, including advanced testing not available anywhere else, individualized treatment plans, nutrition and counseling.
National Jewish Health is the leading respiratory hospital in the nation. Founded in 1899 as a nonprofit hospital, National Jewish Health today is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with respiratory, cardiac, immune and related disorders. Patients and families come to National Jewish Health from around the world to receive cutting-edge, comprehensive, coordinated care.
Asthma & GERD

What’s the Connection Between Asthma & Gastroesophageal Reflux Disease (GERD)?

70% of all people with asthma also have Gastroesophageal reflux disease

- Shortness of Breath
- Sour Taste
- Burping
- Eating
- Heartburn

Stomach contents flow back into the esophagus and may cause heartburn, burping or a sour taste in the mouth, or no symptoms (silent reflux)

Stomach contents can irritate the lining of the throat, airways and lungs

GERD can make asthma symptoms worse

Treating GERD can improve asthma symptoms

Asthma and some asthma medications may aggravate GERD symptoms

Asthma May be Related to GERD When:

- Asthma symptoms follow a large meal
- Asthma symptoms are worse during sleep
- You are regularly hoarse
- You have frequent coughing
- Asthma does not respond to asthma medications
- Your asthma is not well-controlled

Want the entire infographic to use at your practice? Fill out our request form at njhealth.org/content-request.
Many patients with interstitial lung disease (ILD), a broad group of diseases characterized by scarring and inflammation of the lungs, are prescribed supplemental oxygen to maintain normal levels of oxygen.

Patients with ILD who use supplemental oxygen must push, pull or carry their oxygen delivery devices, which can be cumbersome and limit their ability to participate in activities.

To compare the impact of different modes of oxygen transport on patients’ symptoms, we studied 30 clinically stable patients with ILD of varying disease severity. Half of the study participants had been prescribed oxygen and used it when they exerted; the other half did not need supplemental oxygen.

Each study participant completed two six-minute walk tests. Oxygen users completed one walk while wearing a 7.2-pound backpack containing a tank with compressed oxygen delivered via nasal cannula. The participants who did not use oxygen completed one walk with a similarly weighted backpack. For the second walk, none of the participants carried a backpack. Oxygen users received oxygen from a stationary delivery system. During both walks, the participants who did not need oxygen wore a portable metabolic system that measured variables related to respiratory physiology and gas exchange. Ratings of perceived exertion and shortness of breath were recorded after each walk.

We found that, compared with not carrying oxygen, such as receiving oxygen via a stationary delivery system, carrying oxygen in a backpack resulted in significantly greater shortness of breath and shorter distances covered in timed-walk testing. Patients with the most severe ILD perceived the greatest difference in shortness of breath between carrying oxygen and receiving it via the stationary delivery system. When prescribing oxygen, providers should consider these findings to help decide on the oxygen delivery method that best meets their patients’ needs.

Jeffrey Swigris, DO, MS, is a pulmonologist at National Jewish Health and specializes in the evaluation and care of patients with all forms of ILD. Dr. Swigris is Director of the ILD Program in the Division of Pulmonary, Critical Care and Sleep Medicine.
CT Screening Can Prevent Lung Cancer Deaths

By James Finigan, MD

Lung cancer accounts for 25 percent of all cancer deaths, but it has a survival rate of up to 80 percent if caught early. Patients who are or have been heavy smokers can live longer when they receive low-dose CT screenings and yearly follow up.

National guidelines recommend current and former heavy smokers, ages 55 or older, who have smoked the equivalent of 30 packs or more in the past 15 years are at greatest risk and should be screened.

Lung cancer screening is a covered insurance benefit for those who qualify. National Jewish Health has a comprehensive Lung Cancer Screening Program with a strong record of detecting lung nodules and, ultimately, lung cancer. With more than 1,000 enrolled patients, it is one of the largest lung cancer screening programs in Colorado.

About 2.2 percent of those screened through the program will have early-stage lung cancer detection. This detection rate exceeds the rate established in a national landmark trial.

Typically, 16 percent of lung cancers are diagnosed at an early or localized stage, whereas the rate of cancers diagnosed at an early stage as part of the National Jewish Health Lung Cancer Screening program has been 100 percent. All concerning findings are reviewed by our multidisciplinary team of expert physicians.

James H. Finigan, MD, is a pulmonologist at National Jewish Health. He serves as Director of The Respiratory Centers of Excellence and Medical Director of the Lung Cancer Screening Program.

He is an Associate Professor of Medicine in the Division of Pulmonary, Critical Care and Sleep Medicine and in the Division of Oncology, Cancer Center, in the Department of Medicine at National Jewish Health. His areas of specialty include the early detection of lung cancer, chronic obstructive pulmonary disease, and acute lung injury. He has clinical research projects in acute lung injury and lung cancer screening.

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We diagnose and treat all adult cancers, including blood, bone, brain, breast, colon, lung and melanoma.

THREE CONVENIENT LOCATIONS
Over the past 40 years, the prevalence of allergic diseases has sharply increased; there is enormous interest in the development of prevention approaches to reverse this alarming rise in allergic diseases. As we investigate early-life indicators for potential interventional strategies, it has been found that there is a strong link between early-life atopic dermatitis and allergic disease.

The link between atopic dermatitis and sensitization, food allergy, asthma and allergic rhinitis is particularly strong when atopic dermatitis is severe and there is evidence of skin barrier abnormalities within the first six months of life. Interestingly, the regular use of prophylactic emollients can decrease the expression of atopic dermatitis.

Efforts to find new biomarkers that identify infants with defective skin barrier will allow physicians and parents to target infants who would benefit from skin emollients and decrease the occurrence of atopic dermatitis by approximately 50 percent.

With these findings, we see the potentiality for allergic disease to be treated by addressing the skin defects occurring early in life. Although the data is not sufficient to make recommendations just yet, it offers an exciting possibility for future understanding and prevention of the atopic march.

Donald Leung, MD, PhD, is the Head of Pediatric Allergy and Clinical Immunology with National Jewish Health. He treats patients with atopic dermatitis, asthma and allergies. His research focuses on mechanisms by which bacteria and viruses contribute to skin inflammation.
Upcoming Professional Education Activities

FREE ONLINE CME COURSES

“Clinical Implications of Emerging Data: Diagnosis and Treatment of Eosinophilic Lung Diseases and EGPA”

“Pathways for Navigating ILD and IPF: The Journey to Early Recognition, Diagnosis, and Patient-Centered Disease Management”

“A Severe Asthma Roadmap for Improved Diagnosis and Personalized Treatment – A Guided Workflow”

Registration and information for these and all online courses: njhealth.org/CMEonline

FEATURED CME CONFERENCES

The 56th Annual Denver TB Course, April 10–13, 2019
Registration and information: njhealth.org/TBcourse2019

See a complete list of events and educational opportunities: njhealth.org/CME

Learn more: 800.844.2305, proed@njhealth.org

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Interventional Pulmonology

Santi Yarlagadda, MD
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CONNECTIONS
A NEWSLETTER FOR PHYSICIANS

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