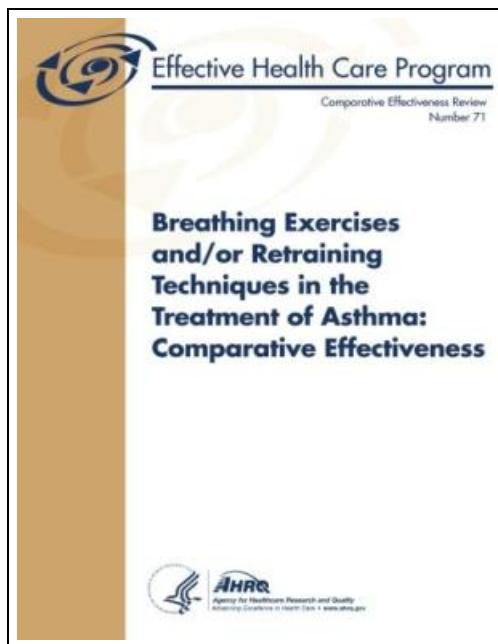


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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 222 pages. Dimensions: 11.0in. x 8.5in. x 0.5in. In 2009, an estimated 8.2 percent of Americans (9.6 percent of children and 7.7 percent of adults) had asthma, and the prevalence of asthma has increased substantially in recent years. In 2007, asthma accounted for 456,000 hospitalizations and more than 3,447 deaths. The goal of asthma treatment is to achieve asthma control, as evidenced by normal or near normal pulmonary function, maintenance of normal activity levels, and minimal need for shortacting beta2-agonist inhalers for quick relief of asthma symptoms. Persistent asthma treatment includes the use of long-term control medications (most commonly inhaled corticosteroids ICS) to reduce airway inflammation and quick-relief medications for acute exacerbations. While the benefits of asthma treatment generally outweigh the potential risks, these medications can be associated with adverse effects. Additionally, some asthma patients have concerns about asthma medications, and some patients would likely prefer to reduce their use of medication if alternative treatments were available. A number of nonpharmacologic methods for asthma management involve breathing retraining. Some of these, such as the Buteyko and Papworth methods, are predicated on the theory that asthma is related to hyperventilation. These treatments seek to reduce hyperventilation by encouraging shallow or slow nasal breathing, breath-holding at the end of expiration, and minimizing sighs and yawns and related breathing patterns that are characterized as over-breathing. The idea behind these treatments is that hyperventilation leads to a reduction in blood and alveolar carbon dioxide (CO2), to which the airways respond by constricting to prevent further loss of CO2. The evidence supporting the hyperventilation theory of the pathophysiology of asthma is mixed. People with asthma do appear to have lower endtidal CO2 levels (i.e., blood levels of...

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