

## **Non-Drug Interventions Prove Useful In Controlling Asthma Symptoms**

Asthmatics who undertake regular breathing exercises could expect to reduce their preventer medication levels by up to half and reliever use by up to 86%, if the results of a research paper published in the latest edition of *Thorax* are any indication.

The Asthma CRC study, conducted by researchers and doctors at Sydney's Woolcock Institute of Medical Research and the Alfred Hospital in Melbourne, tracked 57 participants over a 30 week period to compare the effects on asthma of two different breathing exercise techniques.

Shallow, slow exhalation, nasal breathing was compared to general upper-body and chest exercises, with participants divided into two parallel study groups for the purpose of comparison. The trial was designed to monitor the effect of the different exercise regimes on a person's asthma symptoms, lung function, use of medication and quality of life.

While results found there was no evidence to favour one breathing technique over the other, it did demonstrate across both groups a dramatic reduction in reliever use by 86% and a reduction in inhaled corticosteroid (ICS) dose by 50%.

Quality of Life scores remained unchanged but good asthma control was maintained despite the reduction in medication use. The exercises did not affect lung function or airway responsiveness.

According to Prof Christine Jenkins the Project Leader, the results are important and relevant to asthma management.

'The reductions in reliever use and ICS dose are of a similar magnitude to those observed in conventional clinical trials which have assessed pharmacological interventions to improve asthma control,' she said.

'Given that the two breathing techniques tested in the study were so different from each other, yet produced similar effects on asthma, it appears the clinical improvements are not due to the use of a particular exercise type. Instead, the process of simply doing the required exercises as a first-line symptom treatment looks to have reinforced the message of relaxation and self-efficacy and provided a deferral strategy for beta-agonist use.'

Trial participants were given a video from which to learn their allocated breathing exercises. They were asked to practice the exercises for 20 minutes each day and to use a shorter version for the relief of symptoms. If unsuccessful, reliever medication was to be used. Participants were required to answer daily questions about their asthma.

'The results of this study could be particularly beneficial to the management of patients with mild asthma symptoms who use a reliever frequently,' Prof Jenkins explained.

'Patients are interested in complementary approaches to asthma management so it is important for health professionals to study and better understand non-drug interventions that patients perceive as useful in controlling their asthma symptoms.'

The controlled, double-blind, randomised parallel group study was funded by the Asthma CRC.

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