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**Asthma**  
Foundation WA

## Adult Onset Asthma

This fact sheet is designed to inform adults about the trigger factors, occurrence and treatment of adult onset asthma.

Adult onset asthma generally refers to the onset of asthma for the first time in someone of middle age or older. The usual symptoms of asthma are generally present: varying degrees of breathlessness, wheeze (a whistling sound in the chest) and productive cough. However, there are some features that make adult onset asthma different to that seen in younger age.

### Can asthma in adults be due to a recurrence of childhood illness?

Yes. In some cases childhood asthma persists throughout adult life. In other cases childhood asthma may disappear for many years, but return in adult years. Sometimes childhood symptoms may not have been diagnosed as asthma; they may have been called recurrent bronchitis or wheezy bronchitis.

### Is adult onset asthma due to smoking?

Smoking is a significant trigger for asthma. Tobacco smoking causes either chronic bronchitis or emphysema. These conditions also cause breathlessness, cough and sometimes wheeze. Because of the similarity in symptoms doctors cannot always be precise about whether someone who has smoked simply has a smoking related illness or adult onset asthma.

### What causes adult onset asthma?

The real cause of asthma (childhood or adult onset) remains uncertain. We do not understand why symptoms develop at a certain age; or why they might disappear. The important thing to remember about asthma of any sort is that the lining inside the air passages of the lungs is persistently inflamed (swollen, red and sore) and sensitive - even if there are no symptoms at the time. The treatment of asthma concentrates on trying to suppress this inflammation.

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Adult onset asthma can be aggravated by trigger factors similar to those in childhood asthma. The first priority is to avoid trigger factors such as:

- **Tobacco smoke:** Both active and passive smoking is more likely to cause your lung function to deteriorate very quickly and permanently. Tobacco smoke makes asthma medication less effective, makes your asthma harder to control and increases your risk of a severe asthma attack.
- **Dusts:** Can irritate the nose, throat and lungs. With asthma it is best to avoid dusty occupations such as baking, woodworking, metal foundry work, mining etc.
- **Allergens:** Some indoor allergens, such as pets, feather bedding, mould on walls or dust, aggravate allergies. Other allergens such as household dust mite are more difficult to avoid. Many indoor allergens are avoidable, and every effort should be made to keep the home or workplace as free of asthma trigger factors as possible.
- **Fumes and strong odours:** Can aggravate asthma. Domestic items such as spray cans can be minimised by using alternative products. Industrial processes may be a potent cause or trigger of asthma. Spray paint fumes from panel beating works, for instance, are a recognised asthma trigger. Fumes from heating units including kerosene heaters and unflued gas heaters can trigger asthma in some people.
- **Infections:** Viruses including the flu, pneumonia and the common cold are the most frequent triggers for people with asthma. Viruses cannot be easily prevented but the risk can be decreased through vaccination. Vaccination is advised for many people with chronic respiratory conditions to reduce the risk of influenza-pneumonia, which may be quite severe with pre-existing asthma. It is important to note that vaccination will not protect against all respiratory infections so good asthma management and a written Asthma Action Plan is essential.
- **Medications:** Beta-blockers are used for treating high blood pressure, angina or glaucoma. They should be avoided by people with asthma as they can aggravate the condition. Aspirin and pain relievers called 'non-steroidal anti-inflammatory drugs' (NSAIDs) can aggravate asthma in some people. You should always check with your doctor and pharmacist that your asthma medications will not interact with any other prescribed or non-prescribed medications. If you have been taking any of the above medications it is important not to stop taking them abruptly without discussing this with your doctor first.
- **Foods:** Occasionally adults are sensitive to foods such as nuts or seafoods. Some people are sensitive to food additives, commonly sulphites (220, 228) used as preservatives in foods and drinks and MSG. Milk or dairy products rarely trigger asthma.

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### Could it be something else?

Sometimes other illnesses seen in adults can be hard to separate from adult onset asthma. Certain forms of heart disease which cause fluid retention, breathing and wheezing may seem like adult onset asthma.

### Will it ever go away?

In contrast to childhood asthma, adult onset asthma is more commonly persistent and permanent. Medications are often needed continuously to help keep adult onset asthma under control.

One of the difficulties in adult life is that lung function tends to fall after middle age. Certain conditions such as smoking-related diseases or asthma may be associated with a faster rate of deterioration of lung function. If asthma is under-treated in adult life, there is a risk that lung function may deteriorate more quickly and never recover. In some cases it is best to use regular medication in order to protect lung function all the time, rather than risk permanent deterioration.

### Is the treatment different to childhood asthma?

The main principles are similar. The key issue is to **maintain best lung function at all times**. Because adult onset asthma often causes persistent symptoms, preventative medication is more commonly prescribed. This is specifically to prevent permanent impairment of lung capacity.

**For further information and support, contact the Asthma Foundation on 1800 278 462 or visit [www.asthmawa.org.au](http://www.asthmawa.org.au)**