

## Lifestyle interventions in asthma







# Asthma Diet: What to Eat and What to Avoid



Where reducing sodium intake may be beneficial in improving lung function, the exception to this is exercise-induced asthma

Vitamin C is the most recognized antioxidant

Has been hypothesized as a potential complementary treatment for asthma. However,

there is limited interventional evidence available supporting improved lung function in adults or children following supplementation



### **Sources of Dietary fibers**





Role of omega-3 fatty acids and their metabolites in asthma



# VITAMIN D

Vitamin D is suggested to be beneficial in asthma due to its effects on the immune system and genetic regulation of asthma susceptibility genes.

Low serum levels of vitamin D (≤30 ng/mL) are common among adults and children with asthma, and have been associated with increased exacerbations, airway inflammation and poor lung function

It has therefore been suggested that supplementing with vitamin D could improve asthma.



People with asthma can safely participate in regular physical activity, participate in 20–60 min of physical activity on 3–5 days of the week



It is associated with reduced wheeze, fewer asthma exacerbations and fewer asthma-related emergency department visits

Swimming is recommended for children with asthma, due to the warm air and low pollen exposure.

There was no statistically significant difference between swimming and other physical activities on QOL, asthma control, exacerbations and medication use, it has been that swimming increases cardiopulmonary fitness and lung function.

In children, it has not been determined whether swimming was superior compared to other forms of exercise.



Obesity is associated with increased asthma severity, poorer asthma control, more frequent exacerbations, reduced response to asthma medications and decreased QOL





#### Weight loss and asthma:

- ✤ Lifestyle interventions
- Pharmacotherapy
- ✤ Weight loss surgery



#### Caffeine

Commonly found in tea and coffee is a natural stimulant and a weak bronchodilator

A Cochrane systematic review found that caffeine intake (5–10 mg/kg/ body weight) moderately ameliorates lung function for up to 4 h post consumption

Assuming an average of 150 mg of caffeine per cup of coffee, this equates to 1–5 cups of coffee required for bronchodilator effect.





#### Meditation, yoga and breathing exercises



Massage and manual therapy

A traditional healing method that involves manipulating soft tissue and muscle to improve well-being.

Evidence suggests that massage excites the vagus nerve, which may reduce cortisol levels, but the exact mechanisms are unknown.

Massage can be performed at home by family members, no cost and is easily implemented..





## Acupuncture in asthma



# **Herbs for Asthma**









Avoid exposure to the blue light emitted by cellphones, laptops and tablets for 1-2 hours before going to bed. This light suppresses melatonin production, an important trigger to the brain that it's time for rest.

Avoid alcohol or caffeine near bedtime

Stick to a routine bedtime so your body gets used to a schedule. Try not to take naps during the day.









Improving diet quality:

by increasing fruit, vegetable and wholegrain intake and reducing saturated fat intake, should be recommended in asthma, as there is evidence suggesting that this leads to improvements in airway inflammation, asthma control and exacerbation risk.



Regular physical activity should be promoted for people with asthma, as it can improve quality of life and lung function, as well as general health.



In obese asthmatic patients, weight loss should be recommended, as it leads to numerous health benefits, including improvements in asthma.

Even small amounts of weight loss in adults (5–10% body weight) have been shown to improve asthma quality of life and asthma control in the majority of people with asthma.



There is some evidence of benefit of meditation, yoga and breathing exercises for adults with asthma, while massage therapy shows promise in children with asthma.

However, the evidence is inconsistent and more research is needed to make definitive recommendations



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