

LOMUDAL IN EXERCISE-INDUCED ASTHMA IN CHILDREN

Jakob Havnen: I would like to discuss our experiences in the use of Lomudal to treat exercise-induced asthma at the Voksentoppen Allergiinstitut in Oslo (1). This hospital is a special centre for children with bronchial asthma and other allergic diseases. The children undergo a comprehensive investigation of the underlying causes of their asthma and various provocation studies are carried out. In our hospital Dr Oseid has made a particular study of exercise as a precipitating factor of the asthmatic attack. Some of the work which I will describe is to be published by Dr Oseid (2).

Dr Oseid found that 85 per cent of children with bronchial asthma gave bronchial reactions when exercised on a bicycle ergometer for 6 minutes with a sub-maximal load, giving pulse rates of 160–170 per minute. A similar exercise load on a treadmill gave more severe symptoms and a higher incidence of asthmatic attacks. While in hospital, our patients take part in a variety of physical activities—skiing, steeplechasing, football, swimming, physical training in the gymnasium—and in these activities they are stressed physically to a high degree. Even under these conditions, there were children who did not show any ventilatory impairment clinically or by measurement with peak flow meter.

Lomudal administered 30 minutes before exercise was found to give complete or partial protection in almost all cases. Where the exercise was protracted, the protection was maximal for the first hour. Thereafter some patients required a second dose. In the most severely affected patients, it may be necessary to give six doses a day to ensure maximum protection. In the majority, however, it is sufficient to give Lomudal

just before any exercise which is known to cause airway obstruction.

Although exercise-induced asthma is rarely fatal, it can cause severe physical, psychological and social problems for the child. To suffer respiratory distress from normal use of the body is an unfortunate experience and can lead to a negative attitude towards the body. The child often feels handicapped and becomes isolated. The resulting lack of exercise and poor physical condition may contribute to the exercise-induced asthma, as the degree of airway obstruction appears to be related to some extent to the pulse rate induced by a given workload. In our institution we attach great importance to systematic training plans designed to improve the physical capacity of each individual. This has given good results in reducing the incidence of exercise-induced asthma and promoting a positive attitude towards physical activity. As part of this approach, Lomudal has proved to be a very valuable drug for use before periods of exercise. I feel that its prophylactic action could be more widely used in exercise-induced asthma.

REFERENCES

1. Oseid, S. (1974) : Fysioterapi, mosjon og idrett for barn med asthma. *Asthma Allerginytt* 3, 7.
2. Oseid, S. (1975) : Exercise induced asthma. In *Proc. XIV Int. Congr. Pediat.*, October 1974, Buenos Aires. In press.

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