

An Editorial on Asthma Control in Elder People

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Editorial

Compared to younger individuals, elderly asthma patients have more excellent rates of morbidity and mortality directly related to their condition. Underdiagnosis and under-treatment of asthma in the elderly and issues associated with geriatric medicine such as diminished cognition, incorrect medication use, the existence of other concomitant illnesses, and polypharmacy are all factors that contribute to these inferior results. In addition, the elderly may have a lower reaction to currently available asthma treatments. The impact of asthma in the elderly is exacerbated by "natural" changes in airway anatomy and immunologic responses that occur with age. Several changes in lung physiology and morphology occur as people get older, and these changes are likely to impact asthma. As people get older, their elastic recoil decreases, their chest wall rigidity increases, and their respiratory muscle strength decrease.

Cough may be the only symptom in some cases. Even in the context of many airway restrictions, older individuals with asthma may be poor perceivers of dyspnoea compared to younger patients with asthma. Because dyspnoea is a common symptom of several chronic diseases, asthma as a cause may be neglected. The pathophysiology of asthma in older adults is complicated since physiologic changes influence it in the airway and changes in inflammation as a result of aging. As a response, standard asthma treatments, such as inhaled corticosteroids, are less likely to work in older people. It will be critical to include senior asthmatics when new asthma pharmacologic treatments are discovered, and therapy becomes increasingly customized to individual phenotypes of asthma.

Enhancing the control level and quality of life of senior asthma patients and improving the clinical diagnosis and treatment plan appropriate for asthma in the elderly is critical to lowering the mortality rate and improving the control level and understanding of asthma in the elderly. However, despite the urgent need for clinical therapy and management, research data on asthma in the elderly is limited due to age and comorbidities. It is critical to forming an expert consensus on the diagnosis and management of asthma in the elderly based on existing evidence-based evidence and clinical diagnosis and treatment experience to provide clinicians with guidance and reference documents to meet the needs of today's asthma prevention and treatment elderly.

How effective and safe are traditional asthma medications for older persons with asthma? Are the drug's pharmacokinetics and pharmacodynamics altered? Are there any interactions between comorbid drugs and asthma

meds? How can older persons with asthma receive better disease knowledge and self-management? Many questions arise in the management of asthma in the elderly; however, due to a lack of scientific data, the current management of asthma in the elderly can only relate to the general asthma population's treatment and management procedures. The invention of unique management strategies distinguishes this type of management.

Controlling symptoms and removing or minimizing exacerbating factors are the goals of asthma treatment for elderly individuals. Comorbid disorders, appropriate medication use, drug-drug interactions, and drug side effects, as well as physiologic variations, are all critical exacerbating variables in older patients.

More scientific research on elderly asthma patients is needed in the future, including understanding the clinical characteristics and level of control of elderly asthma through epidemiological investigations, studying the effects of aging on lung structure, physiological function, and immune function, and studying the role of asthma in the occurrence of asthma. Exploring asthma risk factors in the elderly; conducting clinical phenotype studies of elderly asthma patients; proposing and establishing a process for early diagnosis and assessment of asthma in the elderly; conducting related research on asthma-COPD overlap (ACO), including ACO clinical and physiological characteristics of patients, biomarkers and underlying mechanisms, treatment methods and strategies[1-5].

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