

# Aspirin Induced Asthma (AIA) is more common than previously suggested

Aspirin Induced Asthma (AIA), also known as aspirin sensitive asthma, is a distinct clinical syndrome characterised by the onset of asthma 30 minutes to three hours after taking aspirin.<sup>1</sup> Asthma attacks triggered by aspirin and NSAIDs are often accompanied by symptoms of rhinitis and facial flushing and can be very severe, even life threatening.<sup>2</sup>

## 21% of adult asthmatics may suffer from AIA

Although AIA is well researched, until recently its prevalence was not well defined. A clearer picture emerged in 2004 when the British Medical Journal published a landmark systematic review on AIA.<sup>1</sup>

This systematic review published in the British Medical Journal has found that the prevalence of AIA in the general asthmatic population is higher than previously suggested, at:

- 21% for adults and
- 5% for children.

It is widely recognised that asthmatics who are sensitive to aspirin are also highly cross-sensitive to other non-steroidal anti-inflammatory drug (NSAIDs) including ibuprofen, naproxen sodium and diclofenac.<sup>1</sup> For example 98% of adult aspirin induced asthmatics are also sensitive to OTC doses of ibuprofen.

In contrast, the incidence of cross-sensitivity to paracetamol is low at approximately 7% of aspirin induced asthmatics (figure 1), which is less than 2% of the general asthma population.

Reactions to paracetamol are significantly milder and easier to reverse than reactions to aspirin.<sup>3</sup>

This information service is provided by Glaxo Smithkline Consumer Healthcare.

Patient characteristics	Recommendation
Anyone positively identified with Aspirin Induced Asthma	Avoid all products that contain aspirin or NSAIDs indefinitely
Anyone who has ever experienced an asthmatic reaction to aspirin or NSAIDs (such as ibuprofen, diclofenac, naproxen sodium)	Paracetamol should be recommended, unless contraindicated
Anyone with severe asthma symptoms, nasal polyps, urticaria or chronic rhinitis (ie high risk features of AIA)	
Younger than 40 years of age or Have not used aspirin or NSAID recently without incident	AIA may develop late in life, so patients should be informed of the risks of aspirin and NSAIDs Paracetamol should be recommended, unless contraindicated If NSAIDs are necessary, the first dose should be taken under medical supervision
All other asthmatic patients	Any analgesic may be considered If patients experience any respiratory symptoms they should stop treatment and see their doctor

Table 1: Recommendation for the use of analgesics in asthmatic patients.<sup>1</sup>

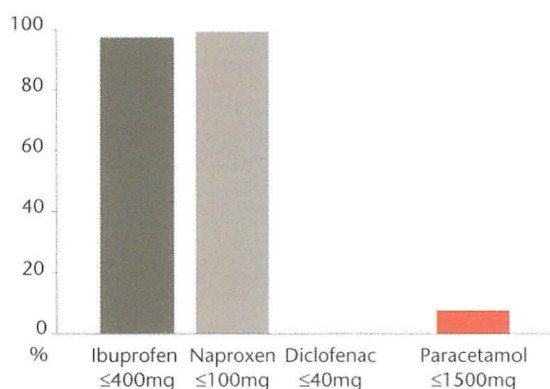


Figure 1: Incidence of aspirin cross-sensitivity to common analgesics.<sup>1</sup>

### KEY PRACTICE POINT:

Many asthmatics are unaware of AIA,<sup>4</sup> GPs should take appropriate opportunities to counsel their asthmatic patients about the risks and provide appropriate advice about the use of analgesics.

### References:

1. Jenkins C, Costello J, Hodge L. Systematic review of prevalence of aspirin induced asthma and its implication for clinical prevalence. *BMJ* 2004; 328: 434.
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6. Lamb C et al. *The Pharmaceutical Journal* 1995;802-4.

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