

Introduction

The prevalence of respiratory and allergic diseases in the United States is tremendous: more than 22 million Americans have asthma, 20 to 40 million are estimated to have allergic rhinitis,^{1,2} and chronic obstructive pulmonary disease (COPD) is now the fourth most common cause of death in the United States.³ These numbers aside, it would only take spending one afternoon in a busy primary care practice to gain perspective on the human impact of these figures. Patients who have these conditions (and their families) endure millions of days of missed school and work, numerous hospitalizations, reduced quality of life, and an enormous cost burden. Moreover, many patients never gain control of their disease.⁴

Advances in our understanding of respiratory and allergic diseases, the availability of highly effective treatments, and proven management strategies offer patients and clinicians to better health outcomes. For the busy clinician, however, the implementation of guidelines and treatment recommendations in clinical practice can be a challenge.

Recognizing this, faculty from the Respiratory & Allergic Disease (RAD) Foundation and the editors of *Clinical Cornerstone* developed this issue to provide primary care clinicians with simple, practical, and balanced education aimed at helping patients with respiratory and allergic diseases achieve better outcomes. RAD is a physician-led, not-for-profit organization committed to providing education for health care practitioners that is focused on improving the quality of patient care.

This issue of *Clinical Cornerstone* brings together 7 articles that focus on timely, pertinent topics in respiratory and allergic disease that have practical implications for the primary care clinician:

- *From the Page to the Clinic: Implementing New National Asthma Education and Prevention Program Guidelines*
 - How can clinicians implement clinical guidelines into daily practice in the real world? This question guided the National Asthma Education and Expert Panel that developed the latest evidence-based asthma guidelines, prompting them to issue 6 action-focused, evidence-based recommendations that are most likely to impact asthma care and clinical outcomes.
- *Clinical Importance of Identifying Immunoglobulin E-Mediated Disease in Patients With Asthma*
 - The link between allergy and asthma has been well documented by now; nonetheless, few practitioners accurately estimate the percentage of their patients with asthma who have clinically relevant allergies. Because allergen exposure can produce airway inflammation, trigger asthma exacerbations, and lead to negative health outcomes, identifying allergies and immunoglobulin E (IgE)-mediated disease needs to be a crucial step in the treatment paradigm for patients with persistent asthma.
- *A 12-Year-Old Student Athlete With Exercise-Induced Bronchospasm: Getting Jenny B. Back on Track*
 - This Case 360™ patient presentation follows the account of Jenny B., an active 12-year-old who recently stopped participating in junior high school track because of her respiratory symptoms. As her case unfolds, multiple clinical approaches to exercise-induced bronchospasm are explored—from diagnosis to treatment.

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- *Using Long-Acting β_2 -Agonists Safely: What Will Be the Impact of the US Food and Drug Administration's Panel Recommendations?*
 - A special hearing of the US Food and Drug Administration's (FDA's) Pulmonary-Allergy Drugs Advisory Committee, the Drug Safety and Risk Management Advisory Committee, and the Pediatric Advisory Committee recently attempted to seek consensus on the elusive matter of long-acting β -agonist (LABA) safety in both pediatric and adult populations. Experts offer their opinions on the FDA's findings and LABA safety in this important clinical brief.
- *Inhaled Anticholinergics and the Long-Term Treatment of Chronic Obstructive Pulmonary Disease: Weighing Benefits and Risks*
 - The ongoing debate regarding the long-term management of COPD is reviewed in this article, where experts provide their recommendations for employing best practices in clinical practice amid conflicting reports concerning the safety of inhaled anticholinergics.
- *Hydrofluoroalkane Mandate in Effect January 1, 2009: Switch From Chlorofluorocarbon- to Hydrofluoroalkane-Propelled Inhalers Requires Active Transition*
 - With the federally mandated cessation of the manufacture, sale, and distribution of chlorofluorocarbon (CFC)-propelled albuterol metered-dose inhalers (MDIs) in the United States now in effect, clinicians are faced with the challenge of successfully transitioning their patients to hydrofluoroalkane (HFA)-propelled devices—often in spite of deeply rooted patient resistance. This article offers strategies and practical tips for helping patients make a smooth transition to HFA inhalers.
- *Should Clinicians Routinely Determine Rhinitis Subtype on Initial Diagnosis and Evaluation? A Debate Among Experts*
 - Whether identification of rhinitis subtype should be an integral component of initial diagnosis remains an area of controversy. Experts debate the pros and cons of subtype identification in this lively interview.

We would like to thank the editors of *Clinical Cornerstone* and Elsevier Publishing for allowing us the opportunity to develop this issue. Our gratitude also goes to the dedicated authors who took the time to contribute to this endeavor. Ultimately, authors and readers have a common goal—to help patients lead better lives; we hope that you will find some helpful advice in these articles to help achieve this goal.

We look forward to continued dialogue. For more information and additional resources, please visit the RAD Foundation Web site at www.RAD-Foundation.org (or contact us at info@rad-foundation.org).

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