**ASTHMA IN ADULTS: THE GREAT ASTHMA MYTH**

One article, the *great asthma myth: A third of those diagnosed DON'T have the condition; study finds* records the error by physicians who diagnose patients with Asthma without the proper tests. The main argument of the author is that while Asthma is a critical illness, some of the sick patients were wrongfully diagnosed. The article envelopes many facts; a third of patients with Asthma were initially misdiagnosed. Indeed, this fact has been published in the *JAMA* journal (Mussa, 2017). Moreover, many websites have redeveloped this story and published it over and over for the people to read. Aaron and his counterparts made this study in 2008 (Mussa, 2017). The results were that 33% of those initially diagnosed with Asthma did not have Asthma at the time of the study (Mussa, 2017). Asthma, according to Aaron can only get better by itself (Mussa, 2017). Consequently, it is estimated that 20% of this population initially had Asthma (Mussa, 2017). Nonetheless, it became inert as they took medicine. Indeed, 80% of them were misdiagnosed. They have since been taking medicine. Ultimately, taking medicine for this long is not only expensive but also risky. Therefore, this is another fact in the article. In an article published recently, the steroids taken by Asthma patients have made some people develop oral problems (Thomas et al. 2010). Though it is not in evidence, some people hold stereotypes, beliefs and notions about the treatment of Asthma. For example, some say that Asthma medication can race the heart of an uninfected person and also make the patient shaky. Though an investigation is required on this, it is clear that the medication can affect one’s mouth (Thomas et al. 2010). The article, however, presents a significant bias, which was that the problem of the rising incidences of asthma is highly caused by doctor’s misdiagnosis. Such an assumption is biased and leaves out other important contributing factors, such as patient’s lifestyles and other health concerns. Finally, the article also discusses the new Asthma drug; fevipiprant. The author has indeed based his article from reliable sources. The author seems to have borrowed directly from the study made on fevipiprant, which had the conclusion that the drug may improve lung function and control of Asthma (Erpenbeck, et al. 2015). Overall, the article is impressive. However, the small detail of Asthma healing by itself has been ignored entirely. The number of people misdiagnosed should not be equal to the number of those found without Asthma. Other articles do agree that the doctors have been reluctant to test their patients fully. Nonetheless, 20% of those found without the disease was initially diagnosed correctly. This fact is subtle in the article showing that the author leaned towards the failures of the doctors instead of sharing the information as it was in the study. The language here is used finely and straightforwardly with an aim of reaching out to the online users. These users are not often medically trained. Moreover, though they desire information, they require straight-forward arguments that can be easily comprehended. Any unclear vocabulary or information is likely to push them away. Therefore, the language is easy-without any medical jargon but with urban terms, such as “game changing.” Moreover, every technical analysis has been elaborated clearly. As well, technical or advanced researchers can find this article useful, especially, based on its clarity in presentation and easy to understand language approach.

The second article, *Asthma in Adults* is aimed at the medically trained individuals. It is a critical writing on the diagnosis of Asthma in adults. Perhaps the two articles relate in that one states that doctors have been unwilling to test their patients correctly for Asthma and the other reminds them of how the test should be done. The article argues that to come up with the Asthma diagnosis, the health practitioner requires not only to physically test the patient against an Asthma control project but also to chemically test the patient for other illnesses that would develop to asthma, for example, allergies and Pulmonary Infection testing. Also, it develops the medical history requirement. In short, the article aims at reminding medical practitioners of the importance of thorough testing as a way of developing correct Asthma diagnosis. The author presents case-scenarios of asthma tests under all facets, for example, the expected diagnosis of medical history, chemical testing, and physical tests of an asthma patient. The article is factual from the first point to the last one as recorded in an analysis by the National Asthma Education and Prevention Program of the National Heart, Lung and Blood Institute, Expert Panel Report 3. The medical history of the patient is significant in realizing the patient’s ailment. Moreover, just as the author suggests, the medical history is often the similar with all Asthma patients (National Asthma Education and Prevention Program of the National Heart, Lung and Blood Institute, Expert Panel Report 3, 2007). The author says that the medical history of the patient would be consisting of reoccurring episodes of chest tightness, wheezing, or coughing. The same is recorded in an article majoring on Asthma in children over the age of 5 and adults (Asthma initiative of Michigan, n.d.). One of the existing biases in this article is the point where the author suggests that patients need to clarify whether they have allergens, which may be the contributing factors for their asthma. It is expected that the health care practitioner is responsible for conducting the tests for possible allergies and not rely on the patient’s knowledge only. Regardless of this bias, the article appears to be influential to all medical professionals. Indeed, it has been prepared by medical-authorized personnel, who have tangible experience and command in the industry, which implies that the article is authentic. The author focused on elaborating tests for Asthma and excelled in that. He or she does not disgrace a fact or grace another in the expense of the other. He or she balances the analysis to provide the reader with the most reliable way to test for Asthma, the probable medical history of the patient and the likely result of an Asthma patient’s physical test. Indeed, the language is difficult with medical jargon and terminology, which may mean that the article can be very useful to advanced researchers and practitioners. However, with some reviews and article analysis reports, it can be broken down into more understandable language for an easier use in research and practice. Moreover, so many short forms are present, for example, PEFR. The article was designed for the medically qualified people. The rest need to constantly search the words in medical dictionaries to understand them.

**References**

Erpenbeck, V. J., Popov, T. A., Miller, S. D., Weinstein, S. F., Spector, S., Magnusson, B., Osuntokun, W., ... Beier, J. (2015). QAW039 (fevipiprant) improves lung function and control of asthma symptoms in patients with more severe air flow limitation: A proof-of-concept study. *European Respiratory Journal,* 46(59), pp. 42-64.

Getasthmahelp.org (2017).*Diagnosis and Classification of Asthma in Adults and Children Over 5 Years of Age | Asthma Initiative of Michigan (AIM).* [online] Available at: <http://getasthmahelp.org/asthma-diagnosis-classification-adults.aspx>[Accessed 25 Jul. 2017].

Mussa, I. (2017). *Diagnosed with asthma? You might not have it, study finds*. [online] CBC News. Available at: <http://www.cbc.ca/news/canada/ottawa/study-finds-a-third-of-adults-recently-diagnosed-with-asthma-do-not-have-it-1.3939420>[Accessed 25 Jul. 2017].

Summary report 2007. (2007). [ebook] Bethesda, MD: US department of health and human services, pp.3-60. Available at: <https://www.nhlbi.nih.gov/files/docs/guidelines/asthsumm.pdf> [Accessed 25 Jul. 2017].

Thomas, M., Parolia, A., Kundabala, M. and Vikram, M. (2010). Asthma and oral health: A review. *Australian Dental Journal*, 55(2), pp.128-133.