Opinions differ on asthma and diving

At the 30th Diving Accident & Hyperbaric Medical Conference on Moorea, French Polynesia, between Sept. 27 and Oct. 6, the recommendation for asthmatics being allowed to dive were made from several countries. While no fatality occurred during the debates; there were differences in opinions as follows:

1. Asthma standards for the United Kingdom Sports Diving Medical Committee: "The theoretical risks should be fully explained to the asthmatic diver. Asthmatics may dive if they have allergic asthma, but not if they have cold-induced, exercise-induced or emotionally induced asthma. Asthmatics should not dive if they need a bronchodilator in the last 48 hours or have any other chest symptoms."

2. Recommendations from the South Pacific Underwater Medical Society (Australia-New Zealand): "Asthma is a potential cause of mortality and morbidity in divers. The level of risk in this context needs to be measured. "Diving may precipitate an asthma attack. Asthmatics and hence their experience may not be representative of the risks of diving for the general asthmatic population."

"Current information suggests that the relative risk for asthmatics may have limited exercise capacity and are at risk of shortness of breath, panic and drowning on the water surface. Asthmatics who have dived may be a self-selected (i.e. survivor population who dive compared with non-asthmatics) for decompression illness is about twice as common. The determination of risk for diving in someone with a history of asthma requires a gradation of the severity and currency of their asthma."

3. Conclusions of the Undersea and Hyperbaric Medical Society (North America): "Although still a theoretical risk with no hard evidence, it was agreed that there may be a greater risk in asthmatics with normal pulmonary mechanisms than in general population of gas retention leading to the pathological conditions of barotrauma or air embolism. There is evidence of limited exercise capacity underwater."

The drugs used for the treatment of asthma may reduce the effectiveness of the pulmonary bubble filter with increased risk of arterial gas embolism. Asthma is an absolute or relative contraindication according to many guidelines but determined individuals have evaded medical scrutiny and disqualifications.

A history of childhood asthma alone is not significant if there has been none since. Acute asthma, as evidenced by cough, wheeze, dyspnea or impaired exercise capacity is an obvious immediate contraindication, but recreational diving can be resumed when pulmonary function has returned to the normal."

4. The final recommendations from the Divers Alert Network are:
   A. Individuals with a past history of asthma who are asymptomatic, on no medications, and who have normal pulmonary function tests can be considered for diving.
   B. Individuals with current asthma who are well controlled on medication including inhaled steroids have well-defined triggers (i.e. allergies) and who have normal pulmonary function on tests can be considered for diving.
   C. Individuals with exercise-induced, cold-induced, and emotional-induced asthma should not dive unless airway reactivity can be controlled. Pulmonary function tests with appropriate challenge testing must be normal.
   D. After an episode of asthma an individual should not dive until pulmonary function tests show that airway function has returned to normal.

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