



It was ten years ago this month that I worked on the mock-up for the first issue of *Asthma Magazine*. That mock-up developed into the premier issue of the magazine, which was published in the summer of 1996. In reflecting back on almost ten years of publication, I could not help but ponder the many changes that have occurred in the field of asthma during this last decade.

One of the unfortunate aspects of this disease is that the incidence of asthma has continued to rise in the United States and in much of the industrialized world. Although we do not know for certain why this has occurred, scientists have developed many theories. They are beginning to better understand at least some of the causes that are the primary suspects. We have written many articles over the past ten years delving into some of the leading theories so that our readers could better understand the events and be aware of any precautions they might take to prevent the onset of asthma in other family members.

On a positive note, so many new treatments and approaches to the management of asthma have been developed in this past decade. Soon after *Asthma Magazine* began publication, the full revised Guidelines for the Diagnosis and Management of Asthma were released with much fanfare in the medical community. These guidelines stressed organizing patients into one of several categories (mild, moderate, or severe) based on the severity and frequency of their asthma symptoms and then applying the specific treatment protocols that had been developed for that category. These guidelines expanded on the use of inhaled corticosteroids for all patients with persistent asthma.

Interestingly, in this current issue we present an article that describes the beginning of a shift away from such categorizing. This new approach recommends treatment that focuses on each patient's asthma as individually assessed during regular doctor's office visits. Instead of categories, it is based on a standardized set of goals for well-controlled asthma that the physician is to use as an assessment tool.

Finally, during the last decade some exciting new medications for asthma have come to market and they have helped to improve the level of control a patient can expect. Leukotriene modifiers, the first new class of drug to treat asthma in 25 years, were brought to market. Then, after years of research and moving through the approval process, the anti-IgE medication Xolair was approved by the US Food and Drug Administration. This is a medication that has been approved for severe allergic asthma that works by actually removing the IgE molecules from the body, a substance key to the process of allergic reactions.

As much has happened in the last 10 years, there is still much to be done in the treatment of asthma and allergies. There is great promise in the research currently being done and we should be able to look forward to many more advances in the years to come.

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