

THE WORLD AS IT IS

ASTHMATIC AMATEUR DIVERS IN THE UK

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Introduction

The theoretical reasons why asthmatics should not scuba dive are well known. In the UK the British Sub-Aqua Club (BS-AC) has always allowed certain asthmatics to dive. The subjective opinion has been that we do not see asthmatics at the treatment centres in the UK, hence our practices work. In 1994 I investigated the reality of the situation. Are asthmatics over represented in our accident statistics?

Methods

To determine the prevalence of asthmatics in the UK diving population, I randomly selected twenty five BS-AC medical referees who determined the total number of divers in their diving clubs and the number of asthmatics. The data was pooled to provide the prevalence figures.

Members of the British Hyperbaric Association and Royal Navy were asked to provide the number of cases of decompression illness (DCI), which includes both decompression sickness and gas embolism, treated in the period 1989 to the end of 1993 and the number of asthmatics seen.

Results

Of the twenty five BS-AC medical referees, nineteen replied. They recorded 813 active divers of whom 31 were asthmatics giving a prevalence of 3.96%

The chambers reported 402 cases of treated decompression illness in the period 1989 to 1993 of which 9 were asthmatics. Statistically X^2 with Yates correction was 3.607 $P > 0.5$, i.e. asthmatics showed no increase in DCI over the general population

Discussion

Our UK prevalence, that 4% of the amateur diving population is asthmatic, is interestingly similar to Bove et al¹ where 2.6% of his sample dived despite being asthmatic, in a country where asthma is considered to be an absolute contra-indication to diving.

I included all cases of decompression sickness and air embolism as one illness as many people believe you cannot separate them clinically in many cases. Only one of the chambers contacted failed to record if a patient was asthmatic, their data was not included. However all the hospital case notes were reviewed and asthma was not mentioned in a single medical history.

In the UK the joint medical committee representing BS-AC, the Sub-Aqua Association and the Scottish Sub-Aqua Club is happy, with our existing guidelines, to allow carefully selected asthmatics to dive, as we have no evidence that they are more at risk than the rest of the UK diving population.

Interestingly Corson et al² in their survey from "Alert Diver" found 279 asthmatics of which 26.4% had been hospitalised for asthma; 5.8% had been hospitalised six times or more and they had a highly significant increased risk of DCI. The authors commented that the risk needs quantifying according to the severity of the asthma. I suspect in the UK we would have advised many of the divers in this group not to dive.

I believe that the UK policy of enabling some asthmatics to dive has allowed us to exclude the more severe cases; and educate those who are allowed to dive as to the safest way to follow their chosen sport.

The medical ban on asthmatics diving has not prevented them diving in the rest of the world, where an unselected and uneducated group have been shown to be at increased risk of suffering from DCI.

The current UK joint medical committee is currently reviewing the old BS-AC asthma standard to bring it in line with the British Thoracic Society Guidelines for the treatment of asthma. This will be agreed I hope in March 1995.

I hope this different approach to the asthmatic diver may be of interest to our colleagues in the southern hemisphere.

References

- 1 Bove et al. *Skin Diver*. May 1992
- 2 Corson, Moon, Bennett et al. *Alert Diver*. 1992

This paper is based on a presentation to the BS-AC 1994 Medical Symposium.

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