



ASTHMA

What is asthma?

Asthma is a chronic lung disease in which the lining of the airways of the lungs is often swollen or inflamed. Asthmatic airways are also unusually sensitive to certain irritants or “triggers”. An asthma can be something your child is allergic to, such as pollen, animal dander, or house dust. A trigger can also be an irritant such as tobacco smoke, menthol vapors, cold air, or a cold virus. When the airways react to a trigger, the muscles around the airways tighten and the lining of the airways swells and produces thick mucus. This causes the airway to narrow and makes it harder to breathe. This breathing difficulty is called an asthma attack, and can be mild, moderate, or severe. When your child is having an asthma attack, he will usually need to take medicine to relieve the symptoms. If your child has frequent asthma attacks, he may need to use medicines every day to better control his asthma.

What are the symptoms?

Symptoms of asthma may come and go. They include any combination of:

- Repeated coughing, especially at night or the early morning, with exercise, or with viral infections such as colds
- Wheezing (a high-pitched whistling sound heard during breathing)
- Trouble breathing
- New or increased reluctance to participate in vigorous play or activities requiring physical exertion

Severe symptoms requiring immediate action:

- Blue or gray lips or fingernails (Call 9-1-1)
- Flared nostrils when trying to breathe in
- Speaking in short sentences or phrases only
- Sinking of skin or muscles between the ribs or the notch at the base of the throat when breathing in
- Unusual paleness or sweating
- Trouble walking or playing
- Hunching over or struggling to breathe
- Inability to stop coughing

How long does it last?

Some children may grow out of their asthma symptoms. For most children, however, asthma remains active all their lives.

What type of medicine does my child need?

• Quick-relief or rescue medicine

Quick-relief medicines, also called rescue medicines or bronchodilators, quickly open your child’s airways and are used when your child is having an asthma attack. These medicines include Albuterol, Ventolin, ProAir, Proventil, and Xopenex. If your child is having asthma symptoms such as wheezing, coughing, and/or trouble breathing, he should use his quick-relief medicine. If you have any doubt about whether or not your child is wheezing, have your child use his quick-relief medicine. The longer he waits to take his medicine, the longer it takes to

stop the wheezing. Once treatment with the medicine is begun, keep giving your child the quick-relief medicine according to the dose prescribed by your healthcare provider; your child may need to use this medicine for several days.

Caution: If the inhaler hasn't been used in over 7 days or is new, test spray it twice into the air before using it for treatment.

- **Long-term control medicine, or controllers**

Long-term control medicines, also called controllers, help *prevent* asthma attacks. These medicines keep the airways in your child's lungs from getting inflamed and irritated. Inhaled steroids are one type of frequently used controller medicine; examples include Flovent, Pulmicort/budesonide, Qvar, Azmacort, Aerobid, and Advair. Children with the following symptoms usually need to take long-term control medicine every day to allow them to participate in normal activities:

- Asthma symptoms on more than 2 days per week
- Needing to use a quick-relief medicine more than 2 days per week
- 2 or more nighttime attacks per month
- Needing treatment with oral steroids 2 or more times per year

How can I take care of my child?

- **Seasonal and environmental allergies**

Poor control of allergies can make asthma attack worse. For allergy symptoms, giving antihistamines can improve asthma control.

- **Colds**

Most children with asthma wheeze when they get coughs or colds. If this is true for your child, give your child his quick-relief asthma medicine (not cough syrup) at the first sign of coughing or wheezing. Call your healthcare provider if your child is not improving after taking asthma medicine or the symptoms are getting worse.

- **Exercise**

Most people with asthma get short attacks of coughing and wheezing when they exercise strenuously. Prolonged vigorous exercise, especially in cold air, is a major trigger. Crying and temper tantrums may also trigger an asthma attack in very young children.

However, exercise and other physical activities do not need to be avoided. Your child can usually prevent symptoms by using a quick-relief medicine 15-30 minutes prior to exercise. Discuss what to do to help your child with their coaches and teachers.

- **Going to school**

Asthma is not contagious. Your child should go to school if he is having mild asthma symptoms, but should avoid gym or vigorous activities on those days. Arrange to have the asthma medicines, a peak flow meter, and an Asthma Action Plan at school.

- **Common mistakes**

The most common mistake is delaying the start of prescribed asthma medicines or not replacing them when they run out.

Another serious error is continuing to exposure your child to an avoidable cause of asthma. For example, do not keep a cat in your home if your child is allergic to it. Also, do not allow smoking in your home.

When your child is having an asthma attack, don't panic. Fear can make trouble breathing worse, so try to remain calm and reassure your child. Try not to let asthma restrict your child's activities, sports, or social life. If this is happening, make an appointment to discuss your concerns with your doctor; a change or increase in asthma medicines may be necessary to better control your child's asthma.

How can asthma attacks be prevented?

- Try to discover and avoid the substances that trigger your child's asthma attacks. Second-hand smoke is a common trigger - if someone in your household smokes (even outside), your child will have more asthma attacks, take more medicine, and need more ER visits.
- Remove pets from the home, or try to keep them outdoors or at least out of your child's room.
- Learn how to dust-proof your child's bedroom. Change the filters on your air conditioner at least monthly.
- For allergies to mold and dust mites, try to keep the humidity in the house between 30 and 50%. Use a dehumidifier if necessary.
- If your child wheezes after contact with grass, weeds, or animals, there may be pollen or animal dander remaining in your child's hair or on his clothes. Your child should shower, wash his hair, and put on clean clothes.
- Your child should get the flu vaccine each fall.

When should I call my child's healthcare provider?

Call IMMEDIATELY if your child:

- Has severe wheezing
- Is having trouble breathing
- Has wheezing that has not improved after the second dose of quick-relief asthma medicine
- Has a peak flow rate of 50% or less of the personal best

Call during office hours if:

- The wheezing lasts more than 24 hours with treatment
- Your child does not have an Asthma Action Plan
- You have other questions or concerns