Think Positive!

The good news is that with the right medication and awareness, asthmatic children can live with almost no limitations on their activities. Finding the right treatment approach can mean a crash course in medications and equipment, but it is time well spent. Your efforts will help your child to be as healthy and as active as his or her asthma-free friends.

Teens with Asthma: A special challenge For some children, asthma symptoms may lessen with age. Asthma may even disappear provided a teenager stays away from triggers. But, for other teens, it doesn’t. And, parent-child tensions over taking medication and avoiding asthma triggers can build until asthma becomes just another area of resistance, with the teen refusing to use an inhaler.

Also, the average teen is very busy and may find it hard to adhere to a treatment schedule, so it’s important to negotiate a plan that fits the young person’s lifestyle. It’s crucial that all teens with asthma master their treatment before striking out on their own or going to college.

Before your teen begins to struggle with asthma responsibility, consider finding a support group for asthmatic teens. (See resource section)

Finding Help and Support

For more information about asthma, please contact the following agencies:

- The American College of Allergy, Asthma, and Immunology, 800/822-2762, www.acaai.org
- Asthma and Allergy Network/Mothers of Asthmatics, 800/878-4403, www.aanma.org
- National Jewish Center’s Lung Line, 800/222-5864
- Support for Asthmatic Youth, 516/625-5735
Asthma is the leading chronic illness among children today. It currently affects five million American children under the age of 18, and the number is growing at an alarming rate. Recently, the number of asthma cases in children under age four has nearly doubled. Asthma deaths — usually the result of too little treatment, too late — are on the rise as well. Here’s how you can help your child manage — and even avoid — this unpredictable disease.

**What is Asthma?**

Asthma is a disease in which the airways of the lungs, or bronchial tubes, constrict or close due to irritation or inflammation. Mucus obstructs the tubes, making it very hard for the person to breathe.

**Who Gets Asthma?**

Any child can get asthma, but children with a family history of asthma or allergies are most vulnerable. To get asthma, a person first must be exposed to an irritant or allergen (something that triggers an allergic reaction). That exposure can “turn-on” the asthma. The earlier in life this happens, the more severe asthma tends to be. When the lungs are irritated by the allergens, an asthma attack occurs. Irritants and allergens vary from person to person. More common ones include:

- smoke, especially tobacco smoke
- animal dander (small particles from fur, hair, feathers or skin)
- mold
- dust mites (microscopic animals that live in dust)
- cockroaches and their droppings
- sulfites (chemicals used in some soft drinks and processed foods)

**Can Asthma Be Avoided?**

Despite every precaution, asthma cannot always be avoided. However, you can limit your child’s exposure to common irritants, especially in the early years. In the first four years of life, you may be able to turn off the asthma process, which can’t be turned off later. You should:

- Make certain your home is kept smoke-free.
- Keep pets out of your child’s bedroom and, preferably, out of the house.
- Breastfeed as long as possible. Breast milk contains a mother’s antibodies, which may delay or even prevent allergies.
- Keep your child’s bedroom as dust-free as possible.
- Read all food labels to avoid allergens.

**Why Is Asthma Such A Problem?**

No one knows why there has been such a steady increase in the number of asthma cases. One theory blames energy-efficient, air-tight homes for trapping irritants and allergens. Central air-conditioning, which requires closed windows, is now very common. Wall-to-wall carpeting acts as a big sponge that can trap materials to which a child could be allergic. The same is true for furniture, bedding, even stuffed toys. In the old days, houses were drafty; windows were open; carpets were taken outside and shaken or beaten; and animals were kept outdoors.

**How Do I Know If It’s Asthma?**

In order to control asthma, you have to recognize it. But asthma symptoms often match those of routine childhood illnesses, and there is no test to diagnose asthma in children under the age of five. Children with asthma don’t always wheeze or have obvious attacks. Recurrent nighttime or early-morning coughing can be a tip-off, as can rapid or noisy breathing, or frequent bouts of bronchitis or pneumonia. Sometimes the only clue is that a child can’t keep up with his/her friends. For many kids, asthma attacks are triggered by exercise. If your child shows signs of asthma, remain watchful even if a doctor rules out the disease. Seek another opinion if symptoms continue.

**How Is Asthma Treated?**

Once you know that your child has asthma, one of the first things to do is find one doctor with whom you and your child are comfortable, and regularly see only that doctor. The better your doctor knows and understands your child’s history and treatment, the better he or she will be able to help control your child’s asthma in the future. A good doctor will help you find your child’s asthma triggers. Then, he or she will explain how to medicate before exposure, or how to limit the exposure by battling germs or reducing allergens through cleaning and air filtration. Whether a general practitioner, an allergist or a pulmonologist (lung specialist), your doctor should be your partner in asthma control. For example, he or she should demonstrate how to use a peak-flow meter, a small device that measures changes in airflow from the lungs, and can warn of an attack days in advance.

It’s important to find a doctor who’s willing to explain how different asthma medications work, teach you about what goes on in the lungs, and then provide a written treatment plan.

It’s also important that the doctor treat your child as an active partner in treatment. By age 7, a child should be spoken to directly by the doctor. A good doctor-patient partnership, developed over time, can have a positive impact on the child’s attitude toward treatment.

**Is Medicine Necessary?**

Inflammation in the airway lining is the underlying cause of asthma. If left untreated, inflammation can lead to scarring. Asthma experts now recommend that anyone with more than mild asthma should take a daily anti-inflammatory drug and use a bronchodilator, or inhaler, for quick relief.

Whatever drugs are prescribed for an asthmatic child, parents should make sure the child takes them. Parents may need to work through their own uneasiness about giving a child daily medicine, as well. Thinking that less-medication-is-better can be disastrous for the child with asthma.