



MDwise

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Asthma in Children

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Treatment Overview

Although your child's asthma cannot be cured, you can manage the symptoms with medicines and other measures.

It's very important to treat your child's asthma. Although he or she may feel good most of the time, even mild asthma may cause changes to the airways that speed up and make worse the natural decrease in lung function that occurs as we age.

Your child can expect to live a normal life by following his or her asthma action plan. Asthma symptoms that are not controlled can limit your child's activities and lower his or her quality of life.

Know the goals of treatment

By following your child's treatment plan, you can help your child meet these goals:

- Increase lung function by treating the inflammation in the lungs.
- Decrease the severity, frequency, and duration of asthma attacks by avoiding triggers.
- Treat acute attacks as they occur.
- Use quick-relief medicine less (ideally on not more than 2 days a week).
- Have a full life—the ability to participate in all daily activities, including school, exercise, and recreation—by preventing and managing symptoms.
- Sleep through the night undisturbed by asthma symptoms.
- Asthma: Taking Charge of Your Asthma

Babies and small children need early treatment for asthma symptoms to prevent severe breathing problems. They may have more serious problems than adults because their bronchial tubes are smaller.

Follow your child's action plan

An asthma action plan tells you which medicines your child takes every day and how to treat asthma attacks. It may include an asthma diary where your child records peak expiratory flow (PEF) or symptoms or both. You also can list the cause of the symptoms and the quick-relief medicine used for asthma symptoms. This helps you to identify triggers that can be changed or avoided and to be aware of your child's symptoms. A plan also helps you make quick decisions about medicine and treatment.

- Asthma: Using an Asthma Action Plan

See an example of an asthma action plan .

Take medicines

Your child will take several types of medicines to control his or her asthma and to prevent attacks. These include:

- **Inhaled steroid (corticosteroid) medicines.** These are for long-term treatment of asthma and are usually taken every day. They reduce inflammation in your child's airways (See figure 1 in appendix).
- **Short-acting beta2-agonists and anticholinergics (quick-relief medicines).** These medicines are used for asthma attacks. They relax the airways, allowing your child to breathe easier.
- **Oral or injected steroid medicines.** These may be used to get your child's asthma under control before he or she starts taking daily medicine. In the future, your child also may take these medicines to treat asthma attacks.

You and your child will learn how to use a metered-dose inhaler (MDI) or dry powder inhaler (DPI). An MDI delivers inhaled medicines directly to the lungs. Most doctors recommend using a spacer (See figure 2 in appendix) with an MDI. For more information, see Medications.

- Breathing Problems: Using a Metered-Dose Inhaler
- Asthma in Children: Helping a Child Use a Metered-Dose Inhaler and Mask Spacer
- Breathing Problems: Using a Dry Powder Inhaler

Go to checkups

Your child needs to monitor his or her asthma and have regular checkups to keep asthma under control and to ensure the right treatment. The frequency of checkups depends on how well your child's asthma is controlled.

Control triggers

Being around triggers increases symptoms. Try to avoid situations that expose your child to irritants (such as smoke or air pollution) or substances (such as animal dander) to which he or she may be allergic. Using an air filter machine in your house reduces smoke and other particles in the air, which can help prevent asthma symptoms in children.⁹

- Asthma: Identifying Your Triggers

Monitor symptoms

You can monitor your child's symptoms by checking peak flow or by watching for changes in how much your child is coughing, wheezing, or short of breath.

It is easy to underestimate the severity of your child's symptoms. You may not notice them until his or her lungs are functioning at 50% of the personal best peak expiratory flow (PEF).

Measuring PEF is a way to keep track of asthma symptoms at home. It can help you and your child know when lung function is becoming worse before it drops to a dangerously low level. This is done with a peak flow meter.

- Asthma: Measuring Peak Flow

Get help for special concerns

Special things to think about in treating asthma include:

- Managing exercise-induced asthma. Exercise often causes asthma symptoms. Steps you and your child can take to reduce the risk of this include using medicine immediately before exercising.
- Managing asthma before surgery. Children with moderate to severe asthma are at higher risk of having problems during and after surgery than children who do not have asthma. Before any surgery is done, make sure your child's surgeon knows that your child has asthma.
- Taking care of other health problems. If your child also has other health problems, such as inflammation and infection of the sinuses (sinusitis) or gastroesophageal reflux disease (GERD), he or she will need treatment for those conditions.

Know what to do if asthma gets worse

If your child's asthma is not improving, talk with your doctor and:

- Review your child's asthma diary to see if he or she has a new or previously unidentified trigger, such as animal dander. Talk to your doctor about how best to avoid triggers.
- Review your child's medicines to be sure he or she is using the right ones and using them correctly.
- Review your child's asthma action plan to be sure it is still right for his or her condition.
- Find out whether your child has a condition with symptoms similar to asthma, such as sinusitis.

If your child's medicine is not working to control airway inflammation, your doctor will first check to see whether your child is using the inhaler correctly. If your child is using it correctly, your doctor may increase the dosage, switch to another medicine, or add a medicine to the existing treatment.

If your child's asthma does not improve with treatment, he or she may require more treatment, including larger doses of medicines. An asthma specialist typically prescribes these medicines.

Plan for emergencies

If your child has a severe asthma attack (the red zone of the asthma action plan), give him or her medicine based on the action plan. Talk with a doctor right away about what to do next. Your child may have to go to the emergency room for treatment.

At the hospital, your child will probably receive inhaled beta2-agonists and steroid medicines. He or she may be given oxygen therapy. Doctors will assess your child's lung function and condition. Depending on the response, further treatment in the emergency room or a stay in the hospital may be needed.

Credits

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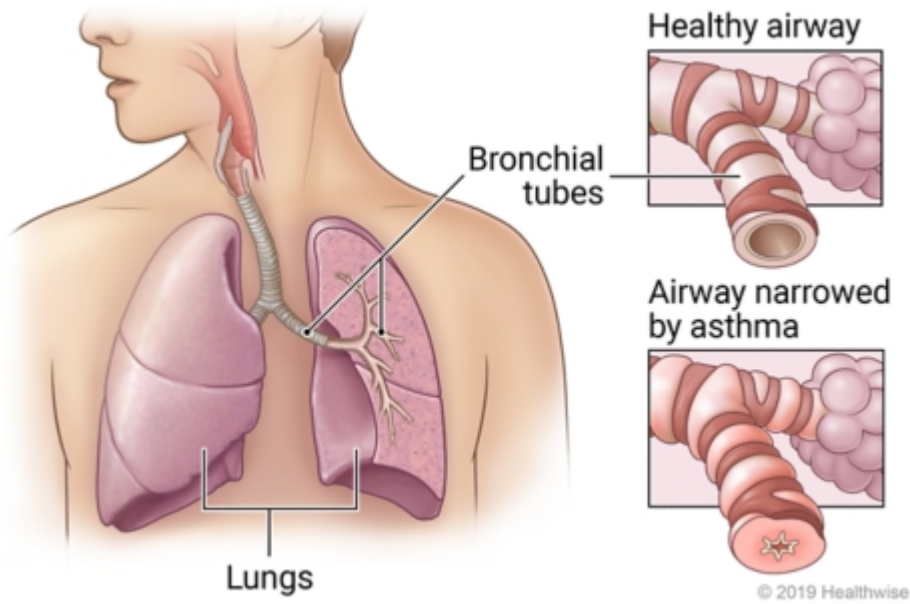
Medical Review:
John Pope MD - Pediatrics
E. Gregory Thompson MD - Internal Medicine
Adam Husney MD - Family Medicine
Lora J. Stewart MD - Allergy and Immunology

Appendix

Topic Images

Figure 1

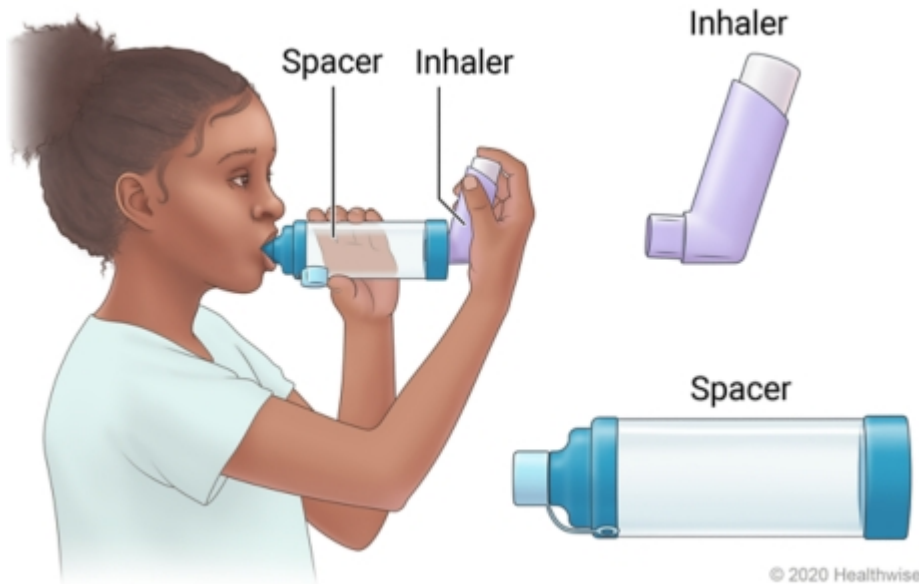
Inflamed bronchial tubes in asthma



In asthma, the airways that carry air to the lungs (bronchial tubes) are inflamed. This can narrow the airways, causing shortness of breath and making it hard to breathe.

Figure 2

Spacer for metered-dose inhaler



A spacer is a chamber that can be attached to a metered-dose inhaler (MDI). The spacer may have a one-way valve that holds the medicine in the chamber before it is inhaled. This way you can inhale the medicine in one or many breaths, depending on your ability. A spacer:

- May help prevent getting a yeast infection in your mouth. And using one can prevent your voice from sounding hoarse.
- Delivers more medicine straight to your airways. This is true even if you have trouble using your inhaler.
- Reduces the amount of medicine you swallow. This means you are less likely to have side effects.

It is especially important to use a spacer with an inhaler that contains corticosteroids. Spacers also may be used by children who have trouble using a metered-dose inhaler correctly. Don't use a dry powder inhaler (DPI) with a spacer.

Note: The "printer friendly" document will not contain all the information available in the online document. Some information (e.g. cross-references to other topics, definitions or medical illustrations) is only available in the online version.



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