

asthma in childhood



Asthma in childhood is common and it can be serious. About one in six children (aged less than 15 years) in Western Australia are affected by asthma. You need to work out a plan for managing your child's asthma with your doctor.

Asthma first aid

If a child is short of breath and wheezing from asthma, follow the child's Asthma Management Plan, or this Asthma First Aid Plan.

Step one

Sit the child upright, remain calm and help the child stay calm. Do not leave the child alone.

Step two

Quickly give four puffs of a reliever puffer (blue puffer), one puff at a time. This is best given through a spacer. Ask the child to take four breaths from the spacer after each puff. Use a puffer on its own if no spacer is available.

Step three

Wait four minutes. If there is little or no improvement, repeat steps two and three.

Step four

If there is still little or no improvement, call an ambulance immediately (000 in Australia).

Continue to repeat steps two and three while waiting for the ambulance.

Children with asthma can become seriously ill quickly. Asthma needs to be taken seriously.

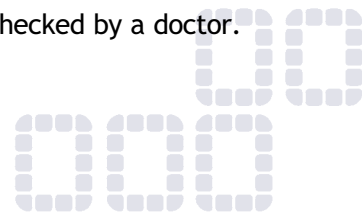
A child with a serious asthma attack may not sound wheezy. He may be pale, quiet and breathing quickly with shallow gasps.

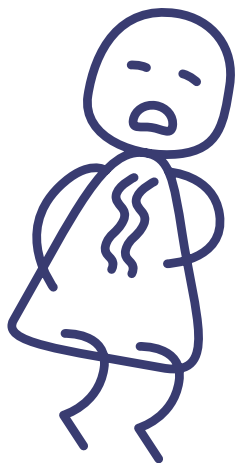
The Asthma First Aid Plan is published on the Asthma Foundation of WA website - Fact Sheets: Asthma at School www.asthmawa.org.au

This information is not intended to replace individual medical advice.

What is asthma?

- People with asthma have sensitive or 'twitchy' airways (bronchi and bronchioles). When they are exposed to certain 'triggers' such as cigarette smoke, the airways become narrowed and this makes breathing difficult.
- The main ways the airways become narrow are:
 - the lining inside the airways becomes red and swollen
 - the muscles around the airways tighten
 - extra mucus may be made.
- Symptoms of an asthma attack include wheezing (noisy breathing when breathing out), a dry cough (often at night, early morning and during exercise of play), chest tightness and shortness of breath.
- **Note:** there are other causes for each of these symptoms - they do not always mean that the child has asthma but a child with these symptoms should be checked by a doctor.





What causes asthma?

- It is not yet clear why some people get asthma, but asthma tends to run in families. A child is more likely to get asthma if a parent, brother or sister has asthma.
- Eczema and hay fever are also linked to asthma. If someone in the family has eczema or hay fever, a child is more likely to get asthma.
- Some research has shown that exposure to cigarette smoke before birth or soon after birth makes it more likely a child will develop asthma.
- Children who have bronchiolitis in the first year of their life are more likely to develop asthma than other children, but it is not clear if the infection causes the asthma, or if the child develops bronchiolitis because he or she already is likely to develop asthma.
- Asthma can occur for the first time at any age.

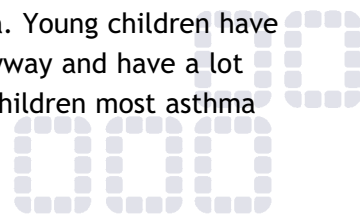
Trigger factors for asthma

- Colds and flu (viral infections) are the most common triggers of asthma attacks in young children (about 70% of attacks).
- Exercise and play - see Asthma and exercise over the page.
- Breathing in allergens is a trigger for some people with asthma, e.g. pollens, moulds, house dust mite droppings, animal hair and skin flakes.
- Dust.
- Smoking or passive smoking. Smoke irritates the airways. Children who live with smokers are more at risk of developing asthma at a younger age.
- Chemical fumes and strong smells, e.g. household paint, sprays, perfumes.
- Changes in air temperature, e.g. going out into cold night air.
- Some foods, food additives and colourings, and some medications (e.g. aspirin).
- Emotional reactions, such as laughing.

Asthma may be triggered by several of these factors in one person, or the triggers may never be known.

Asthma and young children

- It is often difficult to tell whether young children have asthma. Young children have narrower airways anyway and have a lot of colds. For young children most asthma



attacks are triggered by a cold and cough and wheezing is common in colds and chest infections in young children and may not mean the child has asthma.

- Some young children with asthma may not wheeze. A cough, especially at night, may be the only symptom of asthma.
- About half of young children with mild asthma will 'grow out' of it as they get older, but it's not possible to tell which children will. Children are more likely to go on having asthma if they have allergies, if other people in the family have asthma, or if their asthma is severe.

Asthma and exercise

- Breathing harder with play, exercise or sport may trigger an asthma attack - in fact this may be the only time some children have asthma attacks.
- Children who cough, wheeze or become breathless with exercise should be seen by a doctor to check whether they have asthma.
- Children with asthma need to be encouraged to exercise or take part in sport, in order to strengthen their chest muscles.
- Using reliever medication before exercise will reduce symptoms for most children who have asthma when they exercise.
- It is important to teach children how they can prevent their exercise related asthma attacks by using their puffer.

- Guidelines for the management of asthma and exercise are available through the Asthma Foundation of WA website.

Asthma management

The most important parts of asthma management are:

- learning as much about your child's asthma as you can
- teaching your child how to manage her asthma
- getting the right preventive medicine, and reliever medicine to use if the child has an attack
- working out what triggers the asthma and avoiding triggers as much as possible
- recognising asthma symptoms and treating them early
- using asthma medications correctly.

An asthma management plan needs to be worked out specially for each child - the medications used and the way they are used depends on the age of the child, how bad the asthma is and how often the child gets an attack.

- Preventers need to be taken daily even when the child is well. They may take a few weeks to work.
- Relievers are used to treat attacks, as well as sometimes being useful to prevent symptoms, for example with exercise induced asthma.

- If a child needs relievers more than about three to four times a week, the child needs to be checked by a doctor, and preventers may help control the asthma.
- Other medications such as symptom controllers, combination therapy, and steroids during a severe attack, may be needed.
- Using a spacer means that more of the medication gets down into the lungs.
- Always discuss changes to your child's asthma management plan with your doctor.
- Make sure that your child's caregivers or teachers know your child's asthma management plan, so that they are able to provide the best care for your child.
- Puffers and spacers need to be cleaned regularly.

What parents can do

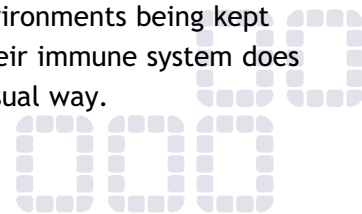
- Find out and control or reduce trigger factors if possible.
 - Reducing exposure to household dust may be helpful.
 - Do not have a pet, or keep pets outside if your child's asthma is triggered by exposure to a pet. You could choose a pet that does not trigger asthma, such as fish or a lizard! See the topic 'Pets' for more information about choosing a pet.

- Keep your home and car smoke free.
- Watch for signs of asthma when your child has a cold and be ready to start the asthma management plan as soon as symptoms appear.
- Check with the doctor whether management needs to be improved or changed if your child is unwell, tired and not full of energy.
- Depending on your child's age, help your child to take as much responsibility as possible for understanding and managing his own asthma.
- Encourage your child's school to become an 'Asthma friendly school'.

The topic '**Feeling sick**' has suggestions for caring for a sick child.

Why has asthma become more common?

- 75 percent of children in Western Australia have infrequent episodes of asthma (wheezing symptoms more than six to eight weeks apart).
- Asthma is now much more common than it was 20 or more years ago and it is much more common in developed countries than it is in third world countries.
- Researchers are not sure why asthma has become so common but it may in part be due to children's environments being kept too clean, so that their immune system does not develop in the usual way.



- Children who are allowed some play in the dirt when they are young, or who get infections at a young age seem less likely to get asthma.
- Children who have an older brother or sister, who brings ‘childhood infections’ into the home are also less likely to get asthma.

Note: Young children may have other problems if they get illnesses from their siblings, other children or from ‘bugs’ they pick up from their environment.

For more information contact:

- Local Community Child Health Nurse
- Local Family Doctor
- Ngala Family Resource Centre Helpline
8.00 a.m. - 8.00 p.m. 7 days a week
Telephone (08) 9368 9368
Outside metro area - Freecall 1800 111 546
www.ngala.com.au
- Parent Help Centre/Parenting Line
Telephone (08) 9272 1466 (24hr service)
Outside metro area - Freecall 1800 654 432
- Asthma Foundation of Western Australia
Telephone (08) 9289 3600
Freecall 1800 645 130
www.asthmawa.org.au

Online resources in other languages:

- NSW Multicultural Health Communication web site (Arabic, Chinese, Italian, Khmer/ Cambodian, Korean, Lao, Macedonian, Portuguese, Russian, Serb, Spanish, Thai, Turkish and Vietnamese) educational resources on-line, plus in PDF format.
www.mhcs.health.nsw.gov.au

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