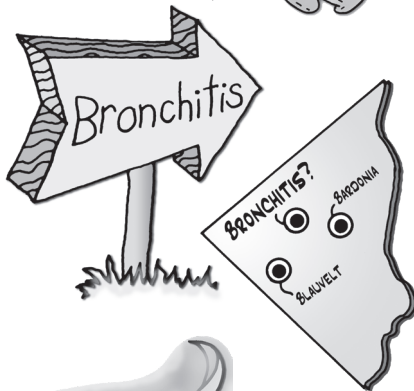
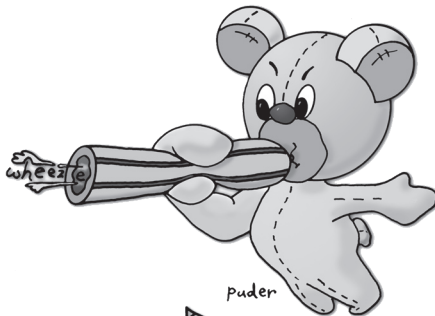
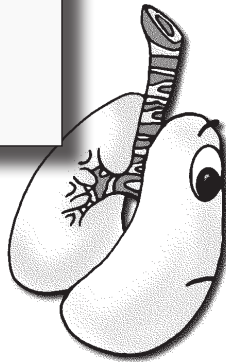


# Asthma:

by Doug Puder, MD



## Control Inflammation! ...and you'll control asthma

There has been much progress in the treatment and understanding of asthma in recent years. Asthma is nearly twice as common in children as it was twenty years ago. We worry that many of our young patients with asthma are undertreated for their symptoms, and are growing-up with inflammation (a rash) in their bronchial tubes. Will they have more asthma as adults? More scar tissue in their airways? Only time will tell. But we do know that only by treating their airway inflammation can we control their asthma symptoms. Waiting for an asthma attack before treating can be risky for those with persistent asthma.

### What if my child has a barky bronchial cough but doesn't wheeze. Can that be asthma?

Maybe. Picture a straw. If you squeeze the straw and breathe through it just right, you might get a squeaky sound. This is basically a wheeze. But it is possible to squeeze that straw a fair amount, yet no matter how you breathe through it no noise will be heard.

### How can parents find out if this is happening in their child's airways?

If your child is older than five years, we are often able to measure the flow of air into and out of your child's lungs. These tests allow us to diagnose asthma much more scientifically than in the past.

### What ever happened to "bronchitis"?

We used to think bronchitis was a local town, as so many parents would call saying their child was "on the way to bronchitis". Most of the time, their children had some form of asthma. Many parents imagine that bacteria can somehow linger in bronchial tubes without causing fever or pneumonia. This really does not occur in children.

**What non-medical treatments can help?** Avoid smoke! If a parent smokes anywhere in the home, their child's asthma will be twice as bad. We would love to see parents quit smoking, and can offer ways to help them. Many children with asthma have allergy to pets and dust mites. We will discuss ways to decrease these irritants. Unless there are other signs of food allergy such as rash or diarrhea, asthma is not usually caused by foods. There is no evidence that alternative medical treatments can improve asthma control.

### Which asthma medications give control of asthma?

Inhaled corticosteroid medications are the nationally recognized standard for asthma control. They have been shown to be extremely safe at the doses we use, and are the most effective in treating airway inflammation.



Extensive research has shown that approved doses of these medications do *not* decrease a growing child's final adult height. They do *not* weaken bones (bone density), and they do *not* suppress the immune system or the adrenal glands. While no-one wants their child to take any medication they don't need, parents should not be afraid of these medications. The most commonly used medications in this class are:

**Children under five:**

- Pulmicort Respules* (given with a nebulizer machine)
- Flovent inhaler* (requires a holding chamber with mask)
- Qvar inhaler* (requires a holding chamber with mask)



**Older children/adults:**

- (These devices can be inhaled directly without a holding chamber)
- Advair discus*
  - Pulmicort flexhaler*
  - Symbicort inhaler* (best with a holding chamber)
  - Asmanex twisthaler*



A second type of controller medication is *Singulair*, taken once daily (tablet, chewable, or powder). It is not a corticosteroid medication and has minimal side-effects. Most experts feel it is best added to an inhaled corticosteroid medication when additional control is needed. Some use it as first line treatment for very mild asthma, and it may also help control allergic nasal symptoms.



**WHICH asthma medications give quick relief?** Dilators of bronchial tube muscle (bronchodilators) fall into this class. They should be used when needed, but frequent use is a sign that your child does not have proper asthma control. (We make an exception for those who have exercise induced asthma with normal breathing tests.) Any child or adult with asthma who feels the need to use a quick relief medication more than twice per week needs better control! The most commonly used medications in this class are:



**Albuterol:** (*Ventolin, Proventil, ProAir*)

Available for nebulizer, inhaler with holding chamber, or liquid.

**Xopenex:** Available for nebulizer or inhaler with holding chamber

This is a more expensive improvement on albuterol.

It has less side-effects such as jitteriness.

**Serevent:** Should never be used without an inhaled corticosteroid medication. A long acting bronchodilator no longer available as a single medication.



**WHAT are the goals of Asthma treatment?** Children with asthma should be able to have a full and active life. They should rarely (if at all) need trips to the emergency room if we control their asthma properly. They should not wheeze/cough/feel chest tightness while trying to sleep or when exercising. We are committed to helping your child achieve these goals, and will customize a plan of action.