

# When your child is diagnosed with Asthma

## Laura Prager, MD

**Asthma affects approximately 4.8 million children in the United States.** One out of every ten children will suffer from some degree of Asthma, and at least half of these children will develop symptoms before the age of five. The bad news is that the prevalence of Asthma seems to be increasing. It is the leading cause of missed school days, and also impacts lost work days for the parents.

**What is Asthma?** Asthma is defined as a chronic inflammatory condition of the breathing passageways which causes the muscles around the tubes to become overactive and squeeze down. The lining of the breathing tubes makes more mucus and these are the things that lead to the symptoms your child experiences such as wheezing, chest tightness, breathlessness and coughing, particularly in the night and in the morning.

**How do you know when your child has Asthma?** There are a variety of things that can cause symptoms similar to Asthma in childhood, viruses, allergies, acid reflux, and several other less common conditions. Most doctors do agree that if your child has had at least three episodes of wheezing in a year, your child most likely has Asthma. If there is a family history of Asthma, Eczema or other Allergic conditions, it may be more likely that your child could develop Asthma. We also know that if a mother smokes during her pregnancy her child is at risk of developing Asthma.

**Will my child outgrow Asthma?** We used to think that children would "outgrow" Asthma, in reality there are only a few children who seem to have Asthma as a child until the age of five or so and then never experience any further breathing problems. The majority of children who have been diagnosed with Asthma, however, will probably always have more "reactive" breathing tubes than someone without Asthma. Since many Asthma flare ups are triggered by viral respiratory infections or "colds", as the child gets older and has less frequent "colds" the Asthma does seem to get "better", but the Asthma is not "gone".

### **What I want you to do as the parent:**

**Ask me questions.** If your child is having frequent visits to the Emergency department or to the doctor's office, I want to know about it, your child may need to have her/his medications changed or adjusted. My job is to make sure your child stays healthy and free of Asthma symptoms. You should know everything I do about your child's Asthma.

**Attend our Asthma education class.** Knowledge is power, the more that you know and understand about Asthma; the better you will be able to handle your child's Asthma in partnership with me. I work closely with our Asthma Educator Jane Diaz. 650-301-4450.

**Ask me if your child needs a Peak Flow Meter or an Asthma Plan.** The Peak Flow meter is your "thermometer" for your child's Asthma; it will help to determine what treatment she/he may need. An Asthma Plan is a written plan using both symptoms and Peak Flow readings that helps you to know what medications I want you to give your child during an Asthma flare up.

**Know the "Rule of Two's".** If your child has to use their rescue medication or the Albuterol inhaler more than twice a week, or your child is coughing at night more than twice a month, it means that your child's Asthma is not well controlled and he/she should be taking a controller medication to help prevent Asthma flare-ups. I will contact you if your child is using too much Albuterol, this can be dangerous for your child, and it is not the best treatment for your child's Asthma.

**Avoid triggers.** I encourage all of my patients' and family members to stop smoking, Cigarette smoke is one of the worst triggers and **you can stop**, there is no cigarette more important than your child. I can help you if you cannot do it alone. Avoid animal dander, mold, mildew, pollens, perfumes and anything else that seems to trigger an Asthma flare in your child.