

HOW DO YOU CONTROL ASTHMA?

First, it is important that you and your child understand what control means. To completely control asthma is to reduce its frequency and severity, so that the asthma does not interfere with normal activities.

The degree of control varies with each child as some children with severe asthma have extreme difficulty controlling their symptoms.

Control of asthma begins by learning which trigger factors are important to your child. Since no two children with asthma are alike, an individualized comprehensive evaluation must be made of your child to determine his or her trigger factors. The child's history is by far the most important part of the evaluation.

Your physician may recommend that you see a lung or an asthma/allergy specialist to help him with this evaluation. Skin testing may be required to determine which allergens may be important. Special diets and careful challenges with suspected foods usually will detect food allergies.

Other laboratory studies, including pulmonary function studies, may be requested by your physician. Pulmonary function studies are performed to determine the severity and reversibility of your child's airway obstruction.

After the evaluation, your physician will outline those factors that are important in your child's asthma and prescribe an individual treatment program.

WHAT IS THE TREATMENT PROGRAM?

Treatment includes:

1. Avoidance

Avoiding trigger factors can make a great difference in your child's condition. If your child could avoid exposure to all of his or her allergies (such as house dust, molds, pets, etc), he or she might still have asthma; however, the severity would be lessened.

Trigger factors, such as viral respiratory infection and running, could still provoke asthma symptoms. Whenever possible, your child should avoid such trigger factors as cigarette smoke and other inhaled irritants.

2. Medications

Medications that control asthma are available. The amount, frequency and duration of medications depend on your child's asthma.

Some children only have asthma episodes a few times a year associated with colds, while

others have episodes daily during spring and fall when there is increased exposure to outdoor allergens.

Some children wheeze only with exercise, while others wheeze daily for no apparent reason. Several different approaches might have to be tried before the proper medication program is achieved.

Fortunately there are many excellent medications with few side effects. Asthma can usually be controlled with safe, effective medications.

3. Allergy Injections

Scientists still do not agree on whether allergy shots are useful in asthma. Hyposensitization, allergy shots, immunotherapy or desensitization are synonyms for injection treatments which reduce sensitivity to those unavoidable allergens.

Small quantities of proven allergens are given in gradually increasing dosage until the child is able to better tolerate his or her allergies. This form of therapy has been shown to decrease the allergy antibody level and to increase the protective or blocking antibody level.

Usually a one-year series of allergy injections is prescribed to determine their effectiveness. Hyposensitization is not always recommended.

If proven effective, injections are then continued on a schedule determined by your physician. Allergy injections are no substitute for medication or avoidance of allergens. You must continue allergen avoidance measures even when your child's asthma is controlled or the problem may again worsen.

4. Team Approach/Patient Education

Emphasis is now placed on improved patient/parent education and goal setting. Physicians and nursing staff are spending more time teaching patients about the subtleties of asthma management. Major emphasis is placed on peak flow monitoring as a guide to treatment and a way to better understand the dynamics of asthma.

Peak flow monitors are inexpensive devices which measure the peak air flow and thus reflect the degree of airway obstruction. Sometimes patients are unaware that they are gradually getting worse.

By recording the peak flow two or three times daily, the patient and doctor can better determine the need to increase or decrease medication.

When the peak flow fluctuates a great deal, this indicates poor control and need for adjustment of medication. When the peak flow drops and responds poorly to inhaled bronchodilator medication, additional treatment is needed. This should be done by the

patient only when a course which has been determined by the physician is to be followed, otherwise the physician must be consulted.

Frequently, three or four visits are required just to teach these fundamental principles. This may be done in a group setting or with a nurse who specializes in asthma care. Through this process the patient and/or parents are empowered to control asthma during most situations.

With improved asthma management, emergency room visits are much rarer because children and their parents stay ahead of problems. Parents learn when to call their physician, day or night, which can prevent many hospital visits.

| There are many other aspects of asthma management that you and your child should learn to better prepare to deal with asthma directly and efficiently. By better understanding the treatment program, you and your child can better comply. This is a major step toward asthma control.

You and your child should work with your physician and nurse to set specific goals and follow up on these each visit. With this type of team approach, asthma usually comes under excellent control so that sleep and activities are rarely interrupted by asthma. Most children with asthma can fully participate in sports and not be bothered by unwanted medication side effects.

WHY DOES ASTHMA TREATMENT FAIL?

If the parents or caregivers do not understand the problem, they surely cannot carry out the treatment program. It is your responsibility to read and reread the materials provided by your physician.

Allergy management is often important for the continued control of asthma. Frequently, parents forget about allergy avoidance measures when the asthma is controlled with medication or allergy injections.

You might buy a new pet or furniture to which your child is or becomes allergic. You might forget about house dust and mold control in the home. Continuation of avoidance measures is crucial for good control in the allergic child with asthma.

Poor compliance with other treatment measures (routine medicines, allergy injections, follow-up visits) also leads to uncontrolled asthma:

- Some studies demonstrate that only 50 percent or less of patients take their inhaled corticosteroid as prescribed.
- Inhaled corticosteroids control airway inflammation very effectively, but take weeks to be maximally effective. For many reasons parents and their children may perceive that the medication "doesn't do anything"; they prefer the "quick relief" they get from their bronchodilator inhaler. It is important to understand that

the inhaled corticosteroid medication is safe and will work, but needs to be used daily as prescribed by the doctor.

Although seldom fatal, deaths from asthma do occur. Inner city children with asthma, especially African-Americans, have a three to five times greater asthma mortality rate than other racial groups. Many cases of fatal asthma appear to be related to under-medication.

Research into asthma fatalities also indicates that children with recurrent, acute, severe asthma episodes and those with major psychological problems, especially depression, are at increased risk of death from asthma. You should discuss this with your physician.

Do not hesitate to ask questions about anything that is not completely clear. It is important that you fully understand your child's condition and its management.

Your child should be taught about his/her asthma treatment program. Older children should be responsible for their own treatment program as much as possible. They should recognize and learn to avoid their triggers, and know about their medication, its use and how to administer it.

Working together with your child and your doctor can help to insure the effectiveness of asthma treatment.

CONCLUDING COMMENTS

Frustration and despair will accompany the many problems of the chronically ill child. Always try to avoid the negative aspects and remember that the majority of children will improve as they grow older.

Take a positive approach to your problem, for learning asthma control can be a stepping-stone for your child's personal development. Your child will gain confidence as he or she learns to control the asthma.

Qualities such as self-discipline and personal responsibility are frequently learned through struggles with any chronic illness.

Encourage physical activity within your child's limits. Fortunately, the vast majority of children with asthma can participate in most activities, including track, basketball and soccer. The very few children with extremely severe asthma may wish to participate in an activity such as swimming, which is the least likely to provoke asthma symptoms.

Other activities which do not involve prolonged running will also be tolerated better. Encouragement and praise in these activities will kindle an inner desire for personal development in these and other activities.

REMEMBER

Maintaining control is the key. When your child's asthma is controlled, you will seldom notice asthma symptoms. Don't be satisfied until your child's asthma is controlled, thus allowing full physical, mental and emotional development.

