“Outgrowing” Asthma – Truth or Fiction?

By Dr. James Scibilia, Heritage Valley Pediatrics

Caretakers for children with asthma frequently ask if their child will ‘outgrow’ their asthma. In reviewing the longer term studies of the natural history of asthma the answer is ... ‘maybe’.

Most reports show that about 54% of children with asthma at grade school age no longer have symptoms of this condition in their mid teens. Unfortunately, 1/3 of these adolescents will go on to have asthma return in their twenties. This suggests that about 35% of children with asthma will completely outgrow their illness in adulthood, but that most patients will still be dealing with the disorder, to some degree, as adults.

Children with earlier onset of asthma, girls, patients who smoke (or children with a history of secondhand smoke exposure), and allergic individuals are at the highest risk of having long term symptoms. Also, children with more severe and persistent symptoms are also at higher risk of not outgrowing their asthma. Studies in adults show that only 20% of adults with asthma were being followed regularly by a health professional for their asthma though 70-80% complained of abnormal breathing.

Caregivers can decrease the risk of chronic asthma by aggressively controlling their child’s symptoms, having allergic triggers assessed and addressed, and avoiding exposure to smoke. Subtle symptoms of asthma such as nighttime cough, coughing at active play, or a gradual increased need for controller medication can be easily overlooked. Remaining observant for these symptoms and having them evaluated by your child’s health care provider can assure the asthma is under the best possible control.

Fortunately, a large number of children with asthma will ultimately outgrow it but caretakers should realize that there is a risk of symptoms returning in early adulthood for some patients. Stay vigilant and maintain regular contact with a healthcare provider to minimize the impact of asthma!
Asthma Breath’n Easy Fact or Fiction

By Dr. Tam K. Tran

As the weather turns colder, asthma can flare up. Cold air can dry out mucus and trigger an attack. Below are some asthma myths and ways to stay healthy this winter.

Myth: People with asthma cannot get the flu shot.
Fact: Get a flu shot! Yearly flu shots are recommended for anyone 6 months and older, including patients with asthma. Asthma patients are not at increased risk for the flu, but getting the flu can trigger an asthma attack. Asthma patients are also more at risk to have serious health complications from the flu.

Myth: People with asthma should avoid physical activity.
Fact: Asthma should not stop anyone from regular exercise. It is important that you have a current asthma action plan and carry an Albuterol inhaler for asthma attacks. Physical activity helps prevent obesity, which can make asthma harder to control. During these winter months, try to exercise more indoors as cold and dry air can cause asthma exacerbations.

Myth: Milk can trigger an asthma attack.
Fact: There are many known triggers for an asthma attack, but milk is not one of them. Studies do not show any direct link between milk and asthma. Common triggers are cold air, smoke, dander, respiratory infections, and mold. Make sure to know your triggers and always carry an Albuterol rescue inhaler.

Myth: Vitamin D can treat asthma.
Fact: Vitamin D is not an asthma treatment and cannot be used as a replacement for your asthma medications. Supplements are necessary if your doctor has found a Vitamin D deficiency, but otherwise it is best to maintain a well balanced diet with low salt, low fat, and high in vegetables, fruits, and whole grains.

Myth: You only need to treat asthma when it is happening.
Fact: Even when you are not symptomatic, you have asthma. Depending on the severity of your asthma, you may have a daily controller medication in addition to a rescue inhaler. Everyone’s asthma is different and it is important to understand your own asthma treatment plan.

Inhaler Tips

Students with asthma should have immediate access to a bronchodilator or quick-relief medication to quickly reverse the narrowing of the airways that happens during an asthma episode.

Keep your child’s controller inhaler near their toothbrush so they remember to take it 2 times a day before they brush their teeth. Then they can brush their teeth and rinse their mouth so they don’t get a mouth infection (thrush).

Children are prone to more frequent asthma attacks from the cold air and from the common cold. It is important that your child know their warning signs & symptoms that can lead to an attack. Prevention is key to preventing an asthma flare-up so they can breathe easy!

Ask Our Nurse: Vicki

Q: Why does my child’s asthma seem to get worse when playing outside in the winter?
A: Think about putting your hand in cold water. Burr! Exposure to cold, dry air is a common asthma trigger for many people in winter. The cold air can quickly cause an asthma flare-up. Make sure your child wears a scarf over his or her mouth and nose. This helps to warm up the air they breathe in.

- Make sure your child always has their rescue medication close at hand.
- Make sure they take their rescue medication about 15-30 minutes prior going out to play.

Q: Does dry air affect asthma?
A: Yes it can. Our lungs increase mucus production when they are exposed to dry air. Drinking plenty of water is a simple way to keep it from building up.

Q: Should I buy a humidifier or dehumidifier for my home?
A: Dust mites are tiny creatures that live in your bed, sofa, and carpet and are a leading cause of nasal allergies. You can control dust mites by keeping indoor humidity low because they thrive in moist, warm air. On the other hand, air that is too dry in your home can irritate nasal passages and make allergy symptoms worse. You should try to keep the humidity in your home between 30%-50%. You can buy a hygrometer to monitor the humidity in your house. Tabletop humidifiers and dehumidifiers can be purchased at discount and drugstores for about $30 to $100.

Q: What should you take an antihistamine or decongestant for allergies?

Q: Does everybody feel the same way when they are having an asthma attack?
A: No, some people cough and cough, some feel like they can’t catch their breath, some feel like air is trapped in their lungs and they can’t get it out, some have pain in their chest and some have noisy breathing or wheezing.
Watch Out For Winter!
The winter months ahead promise us cold weather, snow, sniffles and sneezes. Cold air can be a major trigger for people with asthma. Since we cannot change the weather, here are some tips that can help to reduce the risk of an asthma flare-up:

• Make sure your child gets a yearly flu shot. Colds and flu often make asthma worse.
• Have your child use his inhaler 15 to 30 minutes before going outside to play.
• Have your child cover his mouth with a scarf to keep the air your child is breathing moist when outdoors.
• Refrain from lighting the fireplace and don’t smoke inside.
• Vacuum and dust regularly.
• Keep pets and dust-attracting items out of your child’s bedroom.

Be aware of when and where your child has an asthma attack, note weather conditions and specific locations. Looking for a pattern in your child’s attacks will help you isolate the triggers and avoid or anticipate the next one. Keep an asthma journal.

Asthma can be diagnosed at any time. There is no cure for asthma, but it can be managed!

Work with your child’s healthcare provider to develop an asthma action plan. It is important to avoid asthma triggers and use medication as directed. Most people with asthma experience a tight feeling in the chest, shortness of breath, coughing or wheezing. It is important to know the triggers and warning signs of an impending asthma flare up.

The good news is that you can find support to help you manage your asthma and create asthma-friendly environments so your child can be active and healthy.

Common Winter Mistakes
Be careful not to make these common winter mistakes!
• Forgetting to take prescribed medications daily if ordered.
• Forgetting to have the rescue inhaler available.
• Not knowing their winter triggers for asthma.
• Not getting a flu shot.
• Not updating the asthma action plan for the winter.

What is NASONEX (Mometasone furoate monohydrate)
Nasonex is a steroidal nasal spray used to treat seasonal and year round nasal allergy symptoms in adults and in children 2 years and older. Nasonex is usually used once or twice daily.

It is not designed to alleviate symptoms immediately. The full benefit may not be seen for 1-2 weeks therefore do not increase the dose to increase the effect of the medication.

Side effects are usually mild and include headache, sore throat, nosebleeds and cough.

Proper use of Nasonex includes shaking the bottle well before each use. Then gently blow the nasal passage to clear the nostrils. Close one nostril and spray into the open nostril with head tilted forward slightly. Do not spray directly into the wall between the nostrils. Repeat with other nostril. Wipe nasal applicator with clean tissue and replace cap.

Matching
Test your Pennsylvania State Symbols.

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<tr>
<th>1. State Animal</th>
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<tr>
<td>2. State Dog</td>
<td>B. Hemlock</td>
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<td>3. State Flower</td>
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<td>5. State Beverage</td>
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<td>6. State Insect</td>
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A Special Thanks
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