

Understanding and Controlling Asthma Attacks

Information for parents





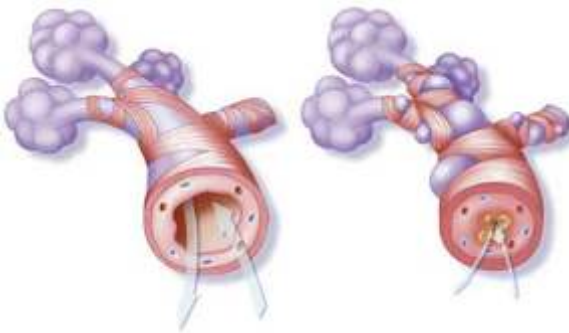
Your child was recently seen by a doctor for asthma. This guide will help you gain a better understanding about your child's recent asthma attack. It will also provide you with some helpful tools for preventing future episodes. Paying a visit to your local asthma information centre (Centre d'enseignement sur l'asthme - CEA) is an excellent way to learn more about this disorder so that your child may live a normal and active life.

What you should know

- Asthma is a chronic disorder that can be controlled.
- Asthma ranks as the number one cause for school absenteeism among children and third for occupational absenteeism among parents.
- Asthma affects about 15% of children.

What is asthma?

Asthma is a respiratory disorder characterized by an **inflammation** (swelling) of the airways, which causes mucus to be produced. The buildup of mucus and **contractions of the muscles that surround the airways cause the airways to become obstructed.**



Healthy bronchus

Bronchus during
an asthma exacerbation



What are the most common asthma symptoms?

These can vary from one child to another.

- **Coughing is often the most common asthma symptom** and sometimes the only one. Coughing can occur at night and during the day, or upon effort and can sometimes be continuous, particularly in younger children.
- Shortness of breath can cause a decrease in activity and appetite.
- Increased presence of mucus.
- Rapid breathing and wheezing (a whistling sound when breathing).

Do not underestimate these symptoms even if they seem mild. They can suddenly get worse.

How to assess your child's asthma?

	Signs of Controlled Asthma 	Signs of Deteriorating Asthma 
Nighttime	<ul style="list-style-type: none">■ Sleeps through the night■ No coughing	<ul style="list-style-type: none">■ Coughing during the night that often wakes your child■ Coughing early in the morning
Daytime	<ul style="list-style-type: none">■ Your child is active and cheerful■ No shortness of breath■ No coughing	<ul style="list-style-type: none">■ Drop in activity■ Shortness of breath■ Coughing when not active■ Coughing upon effort
Use a bronchodilator (blue puffer)	<ul style="list-style-type: none">■ Less than 4 times/week,	<ul style="list-style-type: none">■ More than 3 times/week

When asthma is showing signs of deterioration, start treatment as presented in your action plan and see your doctor, or contact your local asthma information centre.

What triggers asthma?

Discovering what triggers your child's asthma and avoiding these triggers will help improve your child's health.

The most common triggers of asthma are:

- **RESPIRATORY INFECTIONS:** colds or other infections (otitis, tonsillitis, sinusitis, etc.).
- Cigarette smoke and other irritants such as smog.



Cigarettes and second-hand smoke are among the leading causes of asthma attacks. It is important to not smoke at home or in the car, and to avoid any contact with cigarette smoke.

- **Allergens such as :** dust and dust mites (carpets, lint), animals, pollens, moulds.

An allergy assessment test will let you know if your child has any allergies. Talk to your doctor about the possibility of having your child tested. When in doubt, avoid any contact with these allergens.

- **Strong-smelling substances and abrupt temperature fluctuations.**

Note about exercising. Although physical activity can trigger asthma symptoms, it is recommended to encourage your child to engage in regular physical activity. If your child is concerned by any of the symptoms while engaged in a physical activity, talk to your doctor. Your doctor may recommend preventive asthma medications.



What is most commonly recommended?

- Avoid, if possible, any triggers that could cause an asthma attack. Asthma educators from your local asthma information centre (Centre d'enseignement sur l'asthme – CEA) can provide you with helpful tips on this subject. Make an appointment as soon as possible.
- Quickly recognize symptoms indicating that your child's asthma is getting worse.
- Use prescribed medications as directed.
- See your child's doctor regularly. Establish a written action plan with your child's doctor.

Medication

Inhaled corticosteroids* *(Orange or brown puffer)*

Names: Flovent^{MD} Pulmicort^{MD} Qvar^{MD} Alvesco^{MD}

Inhaled corticosteroids are the **preferred treatment for controlling asthma**.

Action

- These drugs help control the inflammation (swelling) of the airways;
- They reduce mucus in the airways;
- They do not act immediately: their effects will be noticeable a few days after beginning the treatment;
- Their action on the airways reaches a maximum level after several weeks of regular treatment, and asthma control will be noticeably improved.

Side Effects

Inhaling small doses rarely presents any side effects even if the medication is taken on a long-term basis. However the following can occur:

- Hoarse voice, irritated throat;
- Sometimes thrush or yeast infection, looking like white patches, can occur in the mouth and throat.

Here is what you can do to prevent the risk of developing thrush or yeast infection:

Good oral hygiene is recommended after inhaling corticosteroids by rinsing the mouth or for very young children, drinking. Your child can also brush his or her teeth after an inhalation.

Continue the treatment as directed by your doctor even if your child seems to be showing signs of improvement.

Short-acting bronchodilators* (Blue puffer)

Names: Ventolin^{MD} Bricanyl^{MD} Airomir^{MD} Novo-Salbutamol^{MD} Apo-Salbutamol^{MD}

Their purpose is to provide quick but temporary relief of symptoms. They do not treat the disorder. **These are used as an immediate solution.**

Action

- These drugs cause muscles that surround the airways to quickly relax, thus allowing them to open;
- They relieve coughing and wheezing when having an asthma episode, or upon effort. They serve to prevent such symptoms if taken 15 minutes before physical activity.
- Their action begins to take effect 1 to 5 minutes after inhalation, and reaches its maximum level after 30 to 60 minutes.
- Their action lasts for 4 to 6 hours.

Side Effects

Side effects usually depend on the dosage, and are mostly benign.

The following can occur:

- Restlessness;
- Trembling hands;
- Slightly higher heart rate.

These effects are temporary and not dangerous.



* To administer the puffer, always use a spacer that is appropriate for your child's age.

Oral corticosteroids

Names : Prednisone^{MD} Deltasone^{MD} Dexaméthasone^{MD} Pédiapred^{MD}

Oral corticosteroids are **anti-inflammatory drugs that are usually prescribed to be used only for a few days**. They are too strong for treating asthma on a regular basis. They are used in severe attacks (for example, in a hospital emergency ward) or when asthma control has not yet been achieved with inhaled anti-inflammatory drugs and bronchodilators.

Actions

- These drugs manage the inflammation (swelling) of the airways;
- They reduce bronchial mucus;
- Their action begins to take effect a few hours after beginning treatment, and reaches its maximum level after a few days.

Side Effects

On a short-term basis, these drugs do not cause any major side effects. However the following can occur:

- Irritability and restlessness;
- Increased appetite or water retention leading to weight gain;
- Occasionally heartburn or vomiting due to their bad taste;
- Increased blood sugar levels.

If these medications are used frequently on a long-term basis, there is a risk of developing more serious side effects. If you are worried about using these drugs, please talk to your child's doctor.

Oral corticosteroids must not be taken without a doctor's prescription, or if your child has chickenpox, or if your child has come into contact in the last 21 days with someone who has chickenpox.

Other medications

Some children take other medications to treat asthma. Further information about these drugs can be given to you if you should need it.

Leukotriene antagonists

Name: Singulair^{MD}

This anti-inflammatory drug in the form of a pill is effective for gaining and maintaining control of asthma. It is generally used in association with inhaled corticosteroids.

Long-acting bronchodilators

Names : Oxeze^{MD} Serevent^{MD}

These inhaled drugs relieve asthma symptoms caused by broncospasm for about 12 hours. They are prescribed in combination with basic asthma medication (inhaled corticosteroids).

A child living with asthma that is under control can live a normal life.

Regular medical appointments and visits to your local asthma information centre (Centre d'enseignement sur l'asthme - CEA) will help you better manage your child's condition.



To find the asthma information centre (CEA) nearest you, please call the Réseau Québécois de l'Asthme et MPOC (RQAM).

www.rqam.ca (*in French only*)

1 877 441-5072

CEA-R UHC Sainte-Justine

514 345-4931 ext. 2775

Resource book

L'asthme chez l'enfant

Pour une prise en charge efficace (*in French only*)

Editions of the UHC Sainte-Justine

Online Resources

www.rqam.ca

www.lung.ca

www.4seasonsofasthma.ca



CHU Sainte-Justine

3175, chemin de la Côte-Sainte-Catherine
Montréal (Québec) H3T 1C5
Téléphone : 514 345-4931

chusj.org



Developed by

Myriam Brisson, Nurse, B.Sc.

In partnership with

Comité Scientifique du Traitement de l'Asthme of the UHC Sainte-Justine

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