



Asthma...

managing childhood asthma.

Asthma is a common condition and evidence suggests it is increasing, although the reason for this is unclear.

Management of asthma

The reward for treating asthma well on a long-term basis is to maintain a normal quality of life. This is particularly important for a growing, active child. Also, it prevents asthma becoming life threatening and prevents the long-term complications of under treated asthma showing up later in life.

Regular consultation with your GP is the best way to achieve good asthma treatment. Your GP will assess the severity of the asthma and work out a suitable management plan to control the asthma.

This will need reviewing from time to time, particularly after a severe attack. However, the principle of treatment, once learnt, can be applied on a long-term basis with minimal supervision by a doctor. The aim will always be to prevent asthma where possible.

How severe is my child's asthma?

The best guide to assess the severity of asthma is to ask the following questions.

- *How often does my child wake at night coughing, wheezing or in need of medication?*

With adequate control there should be no waking up at night.

- *Is my child wheezy, coughing or short of breath and in need of medication first thing in the morning?*

If so, this is preventable.

- *Does my child's wheeze, chest tightness or cough interfere with sport or normal physical activity?*

This is unacceptable. If it is happening, current treatment needs reviewing.

- *Does my child use extra doses of reliever medication because of wheezing or chest tightness?*

With good control of asthma with preventer medication, additional doses of reliever medication are unnecessary.

- *Is my child using too much reliever medication such as ventolin or bricanyl?*

Each ventolin inhaler has 200 doses and should last at least one month. Excessive use usually means inadequate preventive medication and review of treatment is needed. It may sometimes mean the wrong use of reliever medication and this also needs to be dealt with.

- *Is my child missing a lot of school because of asthma?*

This is preventable with the right maintenance medication.

What about peak expiratory flow meters?

These are devices used to measure the maximum rate of air flow during expiration (breathing out).

During an asthma attack the small airways become narrow, inflamed and contain thick sticky mucus. This causes obstruction to the flow of air and reduces the peak expiratory flow (PEF) rate. The more severe the asthma is, the greater the obstruction and the lower the PEF reading. A peak flow meter gives an approximate measure of how severe the asthma is.

Peak flow metres do have some use in children over the age of six or seven years and in adults who have moderate to severe asthma.

Using them can help determine the correct medication dosage.

Care should be taken in interpreting results as they are only an approximate guide. There are often difficulties using a peak flow meter during a severe asthma attack. These devices should only be used after consultation with a doctor.

An asthma management plan

Children with an occasional mild attack usually only need a short course of reliever medication like ventolin to settle the cough and wheeze. However, children with more frequent episodes of asthma or persistent asthma need a personalised, written asthma management plan. This will cover daily maintenance medication and an action plan for acute attacks.

Younger children will require plans based on symptoms alone, whereas older children may have plans based on symptoms and PEF readings.

Your GP will design a personalised asthma management plan for your child. Follow up supervision is essential to obtain the best results.

Contact your local GP for further information on asthma management plans.

