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Childhood Asthma – Tips to improve your child’s asthma

The UK has the highest prevalence of asthma in the world, which means that in every classroom across the UK there will be 2 children with asthma. Asthma kills 10-15 children every year and many are admitted to hospital. We know that in the vast majority of these cases, if children were treated differently then these outcomes may have been avoided. With winter approaching it’s vital your child’s asthma is well controlled and so Dr David will give you some tips for correct management of this common condition.

Asthma control

First thing is to appreciate if your child’s asthma control is poor or not. I see children in my asthma clinic who’s parents have got used to how their child’s asthma is, stopping them doing sports, coughing a lot, using their inhalers all the time. Children should only be like this if they’ve seen a specialist and been told they are on maximum treatment. Good control means in a typical week:

NO night time cough

NO limitation of activity

NOT missing school due to chest symptoms

Symptoms meaning they need their inhaler 2 or less PER WEEK

If your child’s asthma isn’t like this in a typical week **SEE** your doctor for an assessment. One big clue is how often you are requesting a ventolin inhaler for your child. Good control should mean 1 inhaler lasts 3-4 months! Unfortunately we know asthma isn’t managed very well in this country since we have some of the worse outcomes in Europe. Here’s some things to check yourself.

Medication treatment

One of the big factors for poor asthma is that the sufferer is **NOT** taking their treatment. If your child is on a steroid inhaler every day, they must take it (normally) twice a day. If on that dose control isn’t good, the strength might need to go up or a new medicine might be added which isn’t a steroid. There are strict guidance to follow regarding escalating treatment, and of course as asthma improves treatment should be reduced too. Parents do worry about steroids.

However they are the most effective treatment to control your child's asthma ONLY if taken every day. Sometimes I see control getting worse after parents leave the responsibility of taking the treatment to their child. Supervision is key and so if your child's control is suboptimal, a period of closer supervision may improve things. Children don't understand why they need to take it, and the steroid inhaler makes no obvious difference to their symptoms, unlike ventolin. Mornings are busy getting ready for school but work as a family to ensure you find time to help your child.

Technique

I'm going to be bold and say something not all GPs know.

ALL CHILDREN TAKING A PREVENTER INHALER MUST USE A SPACER

Your inhaler (such as ventolin/seretide/clenil) if you press it the medicine comes out very quickly, yet we expect that medicine to get round the bend in the throat into the bottom of the lungs. It's very hard to do that, yet if taken with a spacer, you will give it the best chance. Useful summary:

<http://www.nhs.uk/Video/Pages/Childrensasthmainhaler.aspx>

In reality I understand older children don't like spacers. They are "babyish" and so insisting on using a spacer is not worth it and only leads to poorer control. There are alternative breath activated inhalers (acculaers, turbohalers, clickhalers) which must be tried instead. Such options should be discussed with your local GP or asthma nurse.

Environment

One of the most common times children's asthma gets worse is during the summer, and that's because hayfever is so common in children with asthma. If your child suffers from a runny nose, itchy eyes, blocked/itch nose they might have allergic rhinitis. It's vital to manage it effectively with antihistamines and/or nasal steroids. Do ensure you are taking the nasal steroids properly – essentially aim to OUTER part of nose and don't sniff too hard to keep medicine IN THE nose) If your child has allergic rhinitis just in the summer, then that's probably due to pollens. However some children have this problem all year round and then the cause is House Dust Mite or animal hairs. If you have a pet and the asthma is poorly controlled its useful to get an allergy test to see if the pet is contributing to the asthma. Any test doesn't prove it is, only suggests it might be so then consider these questions:

The other main environmental trigger you can't see is House Dust Mite. This is present all year round and is impossible to get rid of completely. If you remove a pet, remember it takes 6 months for all the animal hair to leave the home so any change may take a while. Here, allergy testing very helpful to determine the possibility of house dust mite allergy which you want before embarking on potentially expensive home modifications. Generally, if a child's asthma isn't too

serious, I suggest more simple measures that don't cost anything, except for allergen proof bedding. Allerguard is recommended by many allergists and here is a link to their brochure:

<http://www.allerguard.co.uk/AllerGuard%20UK%20Brochure.pdf> . Get in touch with AllerGuard for a free copy of their leaflet on 'Top Tips to reduce allergens in the home'. Some children might benefit from immunotherapy for house dust mite which I and other allergists provide but only a few centres offer it on the NHS.

Is my child's asthma much better when on holiday AWAY from home?
Does my child get symptoms of itchy rash/nose or wheezing when touching our pet?

You might need to make some hard decisions, but don't be hasty, seek advice, Allergy to pets can come on at any age irrespective how long the child has been in contact with one. Remember smoking too as a possible environmental trigger. If anyone smokes at home, even if outside your child will breathe that in and make their medicines less effective. Try and give up!

Asthma Plans

NICE have recently published guidance (<http://publications.nice.org.uk/quality-standard-for-asthma-gs25>) that all children should have a personalized asthma plan. Its vital families feel empowered to manage their child's asthma when its good or bad and know what to do at first, and who then to see. Speak to your doctor about getting one. They tell you what to look out for when worried, and what to do if wheezy. Its very safe to give 10 puffs of ventolin to your child if they are wheezy/tight in the chest. The key thing is how effective that medicine is, and if they are ok for 4 hours before needing more, then it *might* be safe to manage it at home. If not, see your doctor or if worried go to A&E.

Children are NOT small adults

Children are dying every year from asthma and in 90% of cases, it was preventable. Do take it seriously, and offer support to them whatever their age. Appreciate they might not understand and learn together how best to treat it. Work with the school ensuring they have enough medicines and a asthma plan. Visit your primary care team regularly and ensure you have a review at least once-a-year. Do think about allergy, biggest cause for asthma in children and lot more important than in adults. Ensure they can lead a normal life so take it seriously!

To finish with I recommend this website:

www.asthma.org.uk

Dr David Cremonesini offers Skin Prick Testing in his clinics and can advise in management of:

Food Allergy
Hayfever (offering Immunotherapy)
Asthma
Eczema