

Asthma is one of the most common chronic diseases of childhood and is caused by an increased reaction of the airways to various stimuli or “triggers” Asthma breathing problems usually happen in "episodes" or attacks.

During asthma attacks, the airways are more obstructed and the airflow decreases. This leads to difficulty in breathing with the familiar "wheeze," a high-pitched whistling sound.

Asthma can also occur without wheezing and many children have more subtle symptoms, including a nighttime cough, a cough that worsens with exercise or activity, or just a chronic cough that won't go away.

To establish a diagnosis of asthma, a doctor rules out every other possible cause of a child's symptoms. The doctor asks questions about the family's history, performs a physical exam, and possibly orders laboratory tests.

Even though asthma cannot be cured, it can almost always be controlled.

Your child's treatment is based on the severity of asthma symptoms and the degree of airway obstruction.

Treatments for asthma attacks usually include a bronchodilator type of medicines, which can be given with a nebulizer, metered dose inhaler or syrup. For moderate or severe attacks, an oral steroid is also often needed.

Bronchodilator medications are also often called 'reliever' or 'quick relief' medications, since they relieve your child's asthma symptoms. They are usually only used on an 'as needed' basis and your child should not be needing to use them regularly if his asthma is being well controlled.

The other type of medications that are used to treat asthma are the preventative medications, which help to prevent asthma symptoms.

Asthma becomes more difficult to treat if your child only has a cough and is not wheezing. Like other types of asthma attacks, cough variant asthma usually has to be treated aggressively. Just using an inhaler a few times a day might not be enough.

Pediatric Pulmonologists (lung specialists) and Allergists do often see children with asthma. If your child has asthma that is difficult to control, with frequent attacks and regular use of a 'reliever' medicine or an oral steroid, then you may be referred to an asthma specialist. You should also see a specialist if your child has a chronic cough that is not improving, or if your child's doctor is uncomfortable using preventative asthma medicines on a daily basis.

In addition to regular use of any prescribed asthma medications, you can help to control your child's asthma by figuring out what triggers his asthma and avoiding those things.

Common triggers include smoke and other irritants, dust mites, cockroaches, molds, changes in the weather or exposure to cold, animals, upper respiratory tract infections, air pollution, and having uncontrolled allergies. Exercise is also a common trigger, but instead of avoiding physical activity, exercise induced asthma symptoms can be improved by using a 'reliever' medicine before those activities.

It can also make it easier to control your child's asthma if you become more educated about asthma. It may help if you schedule specific visits to talk about asthma. Things you should know about include how to use an inhaler and/or nebulizer, avoiding triggers, the differences between reliever and preventative medications and when to use them, use and interpretation of your child's peak flows, and how to manage an asthma attack. It is also helpful to have a specific asthma management plan, both for use at home and at school or daycare, so that you and other caregivers know what to do when your child has problems with his asthma.