



Managing asthma in children

A booklet for parents and carers

December 2011



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What is this booklet about?

This booklet is for the parents and carers of children who have or might have asthma. It aims to make parents and carers aware of the treatment and care they should expect their children to receive. It will also help you to understand the latest research evidence so you can manage your child's condition better.

The booklet is based on guidance from the British guideline on managing asthma which was developed by the British Thoracic Society and the Scottish Intercollegiate Guidelines Network (SIGN). Your child's doctor or asthma nurse should be following this guidance when looking after your child's asthma.

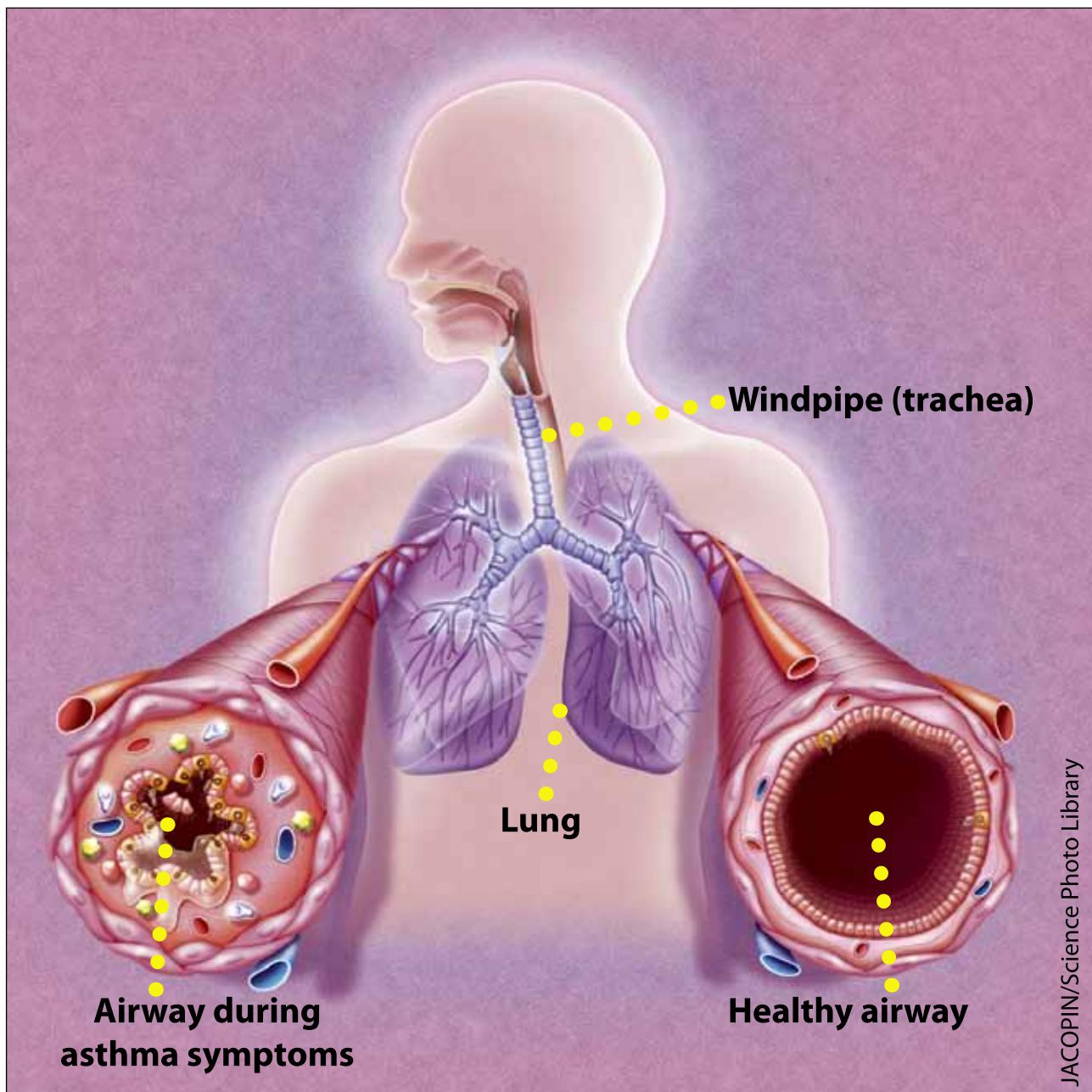
The booklet covers:

- ◎ diagnosis;
- ◎ who will be involved in looking after your child's asthma;
- ◎ medicines;
- ◎ how you can help control your child's asthma;
- ◎ asthma attacks;
- ◎ asthma in young people; and
- ◎ where to find out more about asthma.

If you would like to see a full version of this guidance, please visit
www.sign.ac.uk/pdf/sign101.pdf

What is asthma?

Asthma is a condition that affects your child's airways (the small tubes that carry air in and out of your child's lungs). Asthma can start at any age and there are many different causes.



If your child has asthma you may find that they sometimes have asthma symptoms. Asthma symptoms could be:

- ◎ wheezing (a noisy whistling sound coming from your child's chest);
- ◎ coughing a lot (especially after exercise or at night); or
- ◎ a tight feeling in your child's chest.

Asthma symptoms may come and go. You might find your child has symptoms at different times of the day or even different times of the year.

Some things can make your child's asthma worse. They are called asthma triggers. Examples of common asthma triggers are dust, pets, pollen, cigarette smoke and changes in the weather. Everyone has different asthma triggers and most people have more than one trigger.

When your child breathes in something that irritates their airways (asthma triggers) their asthma symptoms may start.

- ◎ The muscles around their airways tighten.
- ◎ The lining of their airways becomes swollen and inflamed.
- ◎ Lots of mucus is produced.

All of this makes your child's airways narrower and they may get some or all of the symptoms described above.

Diagnosing asthma in children and young people

How will my child's doctor and I know if my child has asthma?

You will need to see your child's doctor to find out if your child has asthma. Unfortunately, asthma can be difficult to diagnose, particularly in young children. Your child might not have symptoms when they see their doctor but may have symptoms at other times. On page 3 there is a list of asthma symptoms they might have.

Your child's doctor might ask:

- ◎ what asthma symptoms your child is having;
- ◎ how often and when they get asthma symptoms;
- ◎ if their asthma symptoms are worse at night or in the early morning (or both);
- ◎ if their asthma symptoms come on after they exercise or play;
- ◎ what you think triggers your child's asthma symptoms; and
- ◎ if your child only gets asthma symptoms when they have a cold or at certain other times.

Some conditions such as eczema and allergies go hand in hand with asthma so your doctor might also:

- ◎ ask you if your child has a history of other conditions such as eczema or hayfever or other allergies;
- ◎ ask if anyone else in your family has a history of asthma or a history of other allergic conditions such as hayfever, eczema, food allergy;
- ◎ look and listen to your child's chest; and
- ◎ if your child is old enough, do some breathing tests with them to see how well their lungs are working. These are also called lung function tests.

What if my doctor thinks my child has asthma?

If your child's doctor thinks that your child has asthma, they will give your child asthma medicines to try. This is known as a treatment trial. This is likely to be an inhaler. The asthma medicines your child is given will depend on how often they have asthma symptoms and how serious these symptoms are. You can read about the different types of medicine on page 12. Your child will be asked to see their doctor regularly while they are taking asthma medicines to talk about whether they are still working.

If the treatment helps your child's asthma symptoms, their doctor should treat them for asthma and arrange an asthma review. You can read more about asthma reviews on page 9.

If the treatment is not helping your child, their doctor should:

- ◎ stop their asthma medicines;
- ◎ consider doing more tests;
- ◎ consider testing them for other conditions they might have; and
- ◎ consider referring your child to a specialist doctor for their opinion.

What if the doctor is not sure whether my child has asthma?

If the doctor is not sure whether your child has asthma, they may give your child medicine for a number of weeks to see if it works (a trial of treatment). They may suggest a reversibility test if your child is old enough (school age). They may offer both a treatment trial and a reversibility test.

A reversibility test involves testing your child's breathing before and after they take their asthma medicines. These breathing tests are called lung function tests. Lung function tests include the following.

- ◎ Peak expiratory flow measurement. The doctor will use a small device called a peak flowmeter to test how fast your child can blow air out of their lungs.
- ◎ Spirometry. The doctor will use a machine called a spirometer to measure the amount of air your child can blow out and how fast they can blow it out.

The photograph on page 7 shows a child having a peak flow test. It is likely that your child has asthma if their readings on the spirometer or peak flowmeter are lower than expected and improve after they take asthma medicines.



Although spirometry is recommended in children over five, it can still be difficult for some children of this age (and older) to take the test. It may take some time for your child to learn to blow out air and the results may not be reliable until they have mastered this. If your child cannot do this test then your doctor will give them a treatment trial.

Medicines that can be used for reversibility testing include the following.

A reliever inhaler - your child will be asked to do a breathing test immediately before being given a dose of reliever medicine. About 20 minutes later your child will be asked to do another breathing test.

A preventer inhaler - your child may be asked to do a breathing test at the doctor's surgery then they will be given a preventer inhaler to take at home, twice a day, for about six to eight weeks. Your child will then have to go back to see their doctor and have another breathing test.

You can read more about these medicines on page 12.

If there is an improvement in the results of your child's peak flow or spirometry test results after they take the reversibility test or if the medicines are helping your child, their doctor will treat them for asthma. Asthma comes and goes so normal readings do not always mean that your child does not have asthma. If there is no improvement in your child's test results after the reversibility test or if a trial of treatment is not helping, the doctor may consider testing your child for other conditions.

Other tests might include more detailed breathing tests, blood tests and skin tests for allergies. The doctor may refer your child to a hospital specialist for an expert opinion.

Who will help me to look after my child's asthma?

Your child's doctor or asthma nurse will help to look after your child's asthma.

You will need to take your child to their doctor to have an asthma review at least once a year. In an asthma review your child's doctor or asthma nurse will ask you a set of questions about your child's asthma to make sure that their asthma is controlled and that they are on the right medicines for them. Here is an example set of questions recommended by the Royal College of Physicians.

- ◎ Has your child had difficulty sleeping because of their asthma symptoms (including cough)?
- ◎ Has your child had their usual asthma symptoms during the day (coughing, wheezing, chest tightness or breathlessness)?
- ◎ Has your child's asthma prevented them from doing their usual activities (for example, going to school)?

The doctor or asthma nurse should also ask your child specific questions such as 'How often do you use your blue inhaler?'.

Your child's doctor or asthma nurse should also check and record the following.

- ◎ Whether your child has had an asthma attack since their last review and if so how many.
- ◎ How many courses of steroid tablets your child has had since their last review.
- ◎ Whether your child has had any time off school or nursery because of their asthma since their last review.
- ◎ How many inhalers and medicines your child has been prescribed since their last review.
- ◎ Whether your child has a personal asthma action plan and, if so, that you know how to use it. There is more information about this on page 21.
- ◎ Whether your child is or has been exposed to tobacco smoke.
- ◎ Your child's height and weight.

The doctor or asthma nurse may also watch your child take their inhaler to check they are taking it properly.



The doctor or asthma nurse may also ask your child to take the Asthma Control Test (ACT) which asks questions about asthma control. You can read more about this by visiting www.chchealth.org/GetFile.aspx?FileID=251

If you feel your child's asthma is not well controlled, you should not be afraid to ask for an asthma review at any time. You don't have to wait for their regular asthma review.

What medicines can help control my child's asthma?

Your child's doctor or asthma nurse will give you medicines to help you control your child's asthma. If their asthma is controlled well, they should:

- ◎ have no asthma symptoms during the day;
- ◎ not be woken up at night because of their asthma;
- ◎ not need to take their reliever inhaler; and
- ◎ not have asthma attacks.

Having the right medicines will also mean their asthma will not interfere with their daily life (including exercise) and their breathing tests (peak flow and spiroometry) will be normal.

It can take time to find the best asthma medicines to suit your child.



What medicines will be used to help my child's asthma?

Asthma medicines		
Type of medicine	When it should be used	How it helps
<p>Reliever inhaler (usually blue)</p> <p>This is also sometimes called a short-acting reliever.</p> <p>Everyone with asthma should be given a reliever inhaler.</p>	<ul style="list-style-type: none">• When your child feels their asthma symptoms start for example, when they start to cough or wheeze.• Your child should only take their reliever inhaler when they get their asthma symptoms.	<ul style="list-style-type: none">• It helps relieve your child's asthma symptoms for a few hours.• Reliever inhalers don't reduce the inflammation in your child's airways. Instead they temporarily open up your child's airways by relaxing the muscles that surround them, allowing them to breathe more easily.
<p>Preventer inhaler (usually a brown, red or orange inhaler containing steroids)</p> <p>If your child has a preventer inhaler they should take it every day, even when they feel well, to keep their airways healthy.</p>	<p>Your child should be given a preventer inhaler if they:</p> <ul style="list-style-type: none">• have had an asthma attack in the last two years;• use their reliever inhaler three times a week or more;• have asthma symptoms three times a week or more; and• wake up at least one night a week because of their asthma. <p>Your child should take their preventer inhaler twice a day.</p>	Preventer inhalers are the main treatment for asthma. They can take some time to work. They reduce the inflammation in your child's airways and prevent future asthma symptoms.
Combination inhaler (one inhaler that acts as both preventer and reliever)	Your child should take their preventer inhaler twice a day and when they get their asthma symptoms.	Combination inhalers can be used to relieve symptoms as well as reduce the inflammation in your child's airways.

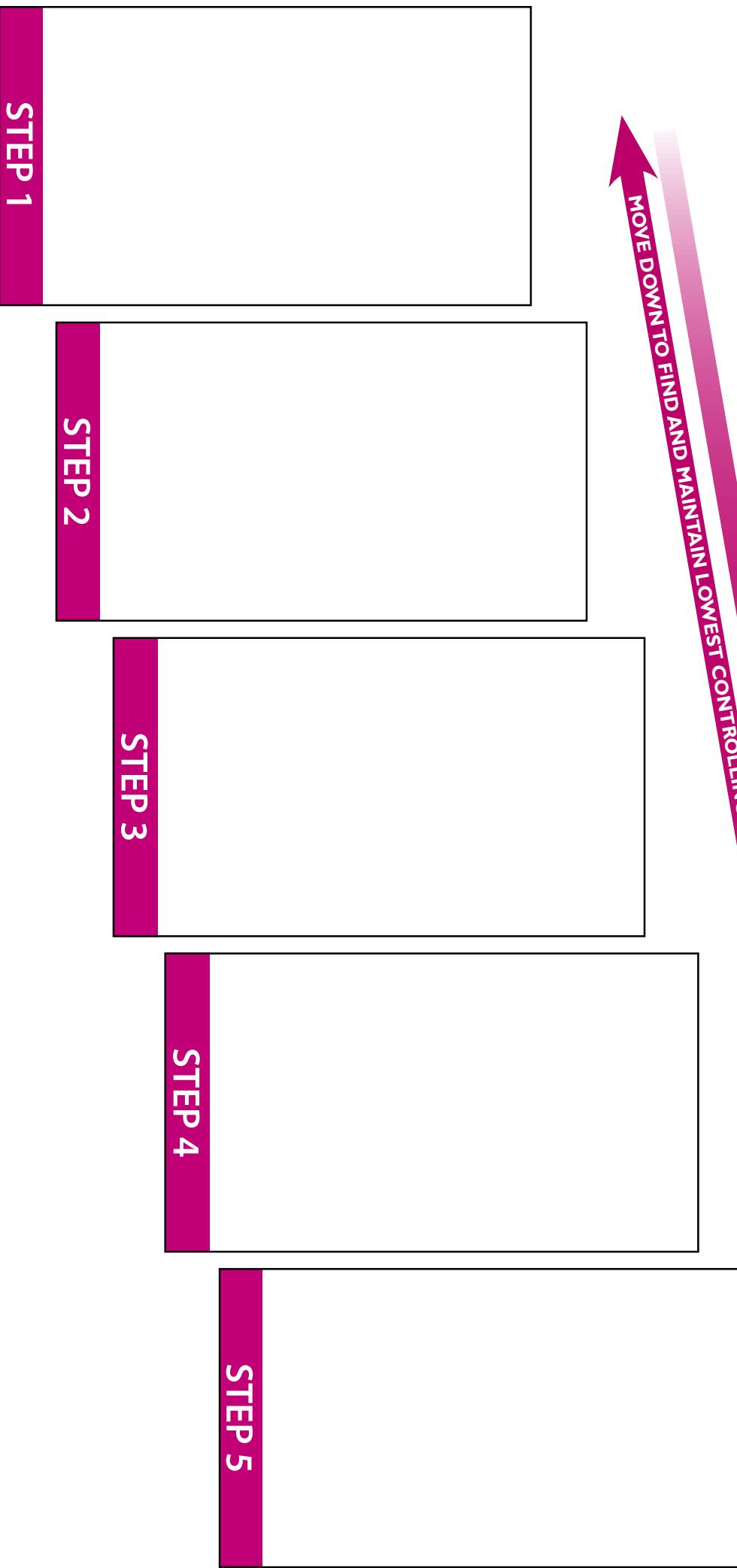
Your child's doctor or asthma nurse may consider trying your child on other medicines to help control their asthma. These may include some of the medicines in the table below.

Other asthma medicines	
Medicine	How it helps
Long-acting reliever inhaler It contains a reliever medicine that lasts for 12 hours. It does not contain steroids but your child should always take it with a preventer inhaler.	Long-acting reliever inhalers open up your child's airways by relaxing the muscles that surround them.
Leukotriene receptor antagonists These are preventer tablets. They do not contain steroids.	These work by blocking one of the chemicals that is released when your child comes into contact with an asthma trigger.
Theophylline This medicine is available as tablets, syrup and injection. It does not contain steroids.	Theophylline works by relaxing the muscles that surround your child's airways. This makes it easier for them to breathe.
Steroid tablets	Steroid tablets work by reducing the inflammation in your child's airways.

How will the doctor or asthma nurse decide which medicines my child needs?

When your child's doctor or asthma nurse decides what medicines to give your child, they use a 'stepwise' approach. There are five main steps (treatment levels) and you can record the medicines you get at each step on the diagram on page 14.

Your child should start treatment at the step most appropriate to help them get their symptoms under control.



The doctor or asthma nurse will assess your child's asthma and start at the most appropriate step for them. If that doesn't work they will move up to the next step.

Stepping up your child's medicines

Before giving your child more asthma inhalers and medicines, the doctor should always check they are not having any problems with the medicines they are currently using. This includes:

- checking that your child is taking their current asthma medicine correctly;
- checking that your child is using their inhaler and spacer correctly; and
- discussing your child's asthma triggers, and how to avoid them, with you and your child.

Stepping down your child's medicines

Once your child's asthma is well controlled, it is important that they still see their doctor or asthma nurse regularly for an asthma review. It may be possible that their medicines can be reduced (stepped down). When deciding which medicine to step down, you and your child's doctor must consider:

- how well controlled your child's asthma has been on their current medicines;
- how long your child has been taking their current medicines;
- the side effects of current treatment; and
- how you feel about the medicines your child is on.

When your child's asthma medicines are stepped down, this should be done gradually.



Asthma UK

How should my child take their asthma medicines?

It is important that your child follows their treatment plan. When they are first given inhalers, their doctor or asthma nurse should show them how to use them. They should then regularly check how your child is taking them to make sure they are doing it correctly. Your local pharmacist will also be able to show your child how to use their inhaler correctly. You can watch a demonstration of how to use an inhaler and spacer on Asthma UK's website at www.asthma.org.uk/inhalerdemo.

Spacers and inhalers

Your child may be given a spacer to use with their inhaler. Spacers help to deliver the medicine to your child's airways and make the inhaler easier for your child to use. They are plastic or metal containers with a mouthpiece or mask at one end and a hole for the inhaler at the other. Using a spacer with an inhaler makes no difference to how well the medicine works.

What are the side effects of my child's asthma medicines?

Reliever medicine

Reliever inhalers have very few side effects but they can temporarily increase your child's heartbeat or give them mild muscle shakes (tremor). These effects are more common if your child is taking a high dose. They wear off within a few minutes or a few hours at the most.

Preventer inhalers

Preventer inhalers have been tested on groups of patients and the benefits of good asthma control outweigh the risk of having side effects.

The possibility of your child having side effects from taking their preventer medicine is low, but there is a small risk of side effects including:

- ◎ sore tongue;
- ◎ sore throat;
- ◎ hoarse voice; and
- ◎ mouth infection (oral thrush).

For a small number of children, high doses of inhaled steroids may be linked with side effects such as problems with growth. Although these side effects are rare, your child's height and weight should be monitored every year by their doctor, especially if they are on a high dose of steroids. If your child is on high doses of preventer inhaler, their doctor should refer them to hospital to see a children's specialist doctor.

Steroid tablets

Although there are side effects associated with taking steroid tablets over a long period of time, these are outweighed by the benefit of good asthma control.



Science Photo Library

Your child's doctor will only give your child steroid tablets if their asthma is going through a particularly bad patch, and at these times it is much safer to have the steroids than to try to manage without them. Your child will be given a short course of steroid tablets. There is a low risk of side effects but some parents notice their child has mood swings and is hungrier than usual.

Possible effects of taking steroid tablets for long periods of time include:

- feeling depressed or having mood swings;
- feeling hungry and wanting to eat more;
- a fatter face;
- feeling overactive and finding it difficult to sleep;
- heartburn and indigestion;
- bruising easily;
- brittle bones;
- risk of having diabetes; and
- risk of having cataracts.

Children taking steroid tablets should have their growth and weight monitored every year and may be screened for cataracts (eye problems) through community eye-care services. Your child's doctor or asthma nurse should discuss this with you and should monitor your child's:

- blood pressure;
- bone mineral density (how thick and strong your child's bones are);
- urine or blood sugar to check for diabetes; and
- cholesterol levels.

If your child takes steroid tablets over long periods of time, their adrenal gland might stop producing its own natural steroid and so they should not stop taking their steroid tablets suddenly. If your child is on steroid tablets, their doctor or asthma nurse should give them a steroid card to carry with them to tell other healthcare professionals what medication they are on.

What medicines will my child be given if exercise brings on their asthma?

Exercise can trigger asthma symptoms in some children. If this happens to your child, their doctor might suggest that they take two puffs of a reliever inhaler before exercising. If this is an ongoing problem, the doctor might consider increasing your child's preventer treatments following the 'stepwise' guidance (see page 14).

What can I do to help to control my child's asthma?

It is important that you keep good control of your child's asthma. Having good control of their asthma means they:

- ◎ have no asthma symptoms during the day;
- ◎ are not woken up at night because of their asthma;
- ◎ do not need to take their reliever inhaler; and
- ◎ do not have asthma attacks.

It also means that:

- ◎ their asthma will not interfere with their daily life including exercise and going to school; and
- ◎ their breathing tests will be normal for example, peak flow, spirometry.

To have good control of their asthma it's important that your child takes their asthma inhalers and medicines and, if possible, tries to stay away from things that make their asthma worse (their asthma triggers such as pollen, pets, cigarette smoke and so on).

Having good asthma control reduces the risk of them having asthma attacks. You can read more about asthma attacks on page 25.

Personal asthma action plan

Children who have a personal asthma action plan are more likely to have better control over their asthma. This means that they have fewer asthma symptoms, are less likely to have an asthma attack and are less likely to have to go to hospital because of their asthma.

A personal asthma action plan (PAAP) is written information provided by your child's doctor or nurse to help you understand more about your child's asthma and how to control it. It is sometimes called a self-management plan and the doctor or nurse will draw it up with you and your child.

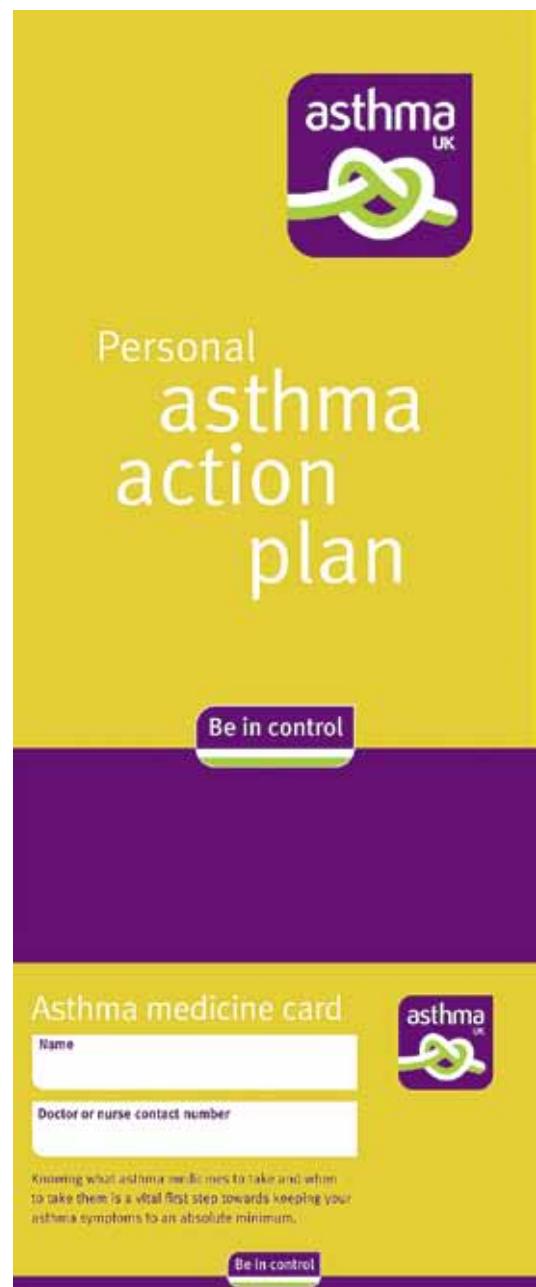
Your child's personal asthma action plan should contain information on:

- ◎ your child's medicines (for example, what they take and when);
- ◎ how to recognise when their asthma is getting worse;
- ◎ what to do when their asthma is getting worse; and
- ◎ what to do if your child has an asthma attack.

When should my child receive their personal asthma action plan?

Your child's doctor or asthma nurse should draw up the plan with you and your child when your child is diagnosed as having asthma, and it should include your and your child's preferences and opinions. You will be able to discuss it with them at your child's asthma review.

It is important that you understand and agree with the action plan. Your child's doctor or asthma nurse should also go through it with you and your child at other times when discussing your child's asthma with you.



If your child has to go into hospital because of their asthma, their personal asthma action plan should be reviewed before they leave.

It is very important for your child to have a personal asthma action plan. You should speak to your child's doctor or asthma nurse if your child doesn't have one. You can also order a personal asthma action plan from Asthma UK by visiting www.asthma.org.uk/myasthma

The table below explains some ways you and your child can help to control their asthma.

What can I do to help control my child's asthma?	How can this help?
<p>Make sure your child takes their asthma medicines when they should.</p> <p>Learn about your child's asthma from their doctor or asthma nurse. It is important that they give you all the information you need. They should ask you if you have any worries and you should tell them if you have any concerns. To help you control your child's asthma they should give you simple information (face-to-face or written (or both)), especially about your child's asthma medicines.</p>	<p>For good asthma control it is important that your child takes their medicines, even when they feel well. Many children live with troublesome asthma symptoms (coughing, wheezing and so on) and think this is normal. Good asthma control means your child has no asthma symptoms day or night. If they have asthma symptoms quite often, it is serious and it can lead to an asthma attack and long-term lung damage.</p>
<p>Make sure they stay away from cigarette smoke.</p>	<p>Smoking or being around cigarette smoke will definitely make your child's asthma worse. If you smoke, you should try to stop. If you would like to stop, your doctor, asthma nurse or pharmacist can offer you advice and support to help you. You should not smoke in front of your child and you should encourage other people not to smoke near them.</p>
<p>Consider taking action to reduce the number of house dust mites in your home. House dust mites are small creatures that live in mattresses and fabric around the home. However, most of the evidence suggests that it is not possible to make a big difference to asthma control in this way.</p>	<p>If your child is allergic to house dust mites, it can make their asthma worse. It is very difficult to reduce the number of house dust mites enough to stop your child's asthma symptoms. If your child is allergic to them you could try:</p> <ul style="list-style-type: none"> • using special covers for their mattress, duvet and pillows; • removing the carpets in your home; • removing soft toys from their bed; • washing their bed linen on a hot wash (50 degrees); • using products that kill dust mites on areas such as bedding and curtains; and • making sure your home is well ventilated.
<p>Encourage them to lose weight if necessary.</p>	<p>If your child is overweight, your doctor or asthma nurse will encourage them to lose weight. Losing weight will help improve your child's asthma control.</p>

Children should have all of the recommended vaccines including the flu jab as the benefits of these outweigh the risks of triggering an asthma attack. If they are on high-dose steroids for their asthma, the vaccines may not be as effective so you need to speak to your child's doctor about this.

What happens during an asthma attack and how will it be treated?

Although asthma can usually be controlled with medicines, sometimes triggers can lead to asthma attacks which can occasionally be serious.

An asthma attack is when your child's airways become swollen and the muscles around the airways become very tight which makes it harder to breathe. Asthma attacks do not usually come out of the blue, and most are triggered by viral infections. Your child will probably feel their asthma getting worse over a few days before the attack (for example, they may be coughing and wheezing more, their chest may start to feel tight or they may become lethargic).

How will I know that my child is having an asthma attack?

Your child is having an asthma attack if any of the following happen.

- ◎ Their asthma is getting worse (for example, they are coughing or wheezing more than usual or they feel more breathless or their chest feels tight)
- ◎ They cannot breathe easily and it is hard for them to talk, eat or sleep
- ◎ They have to use their reliever inhaler more often than usual
- ◎ Their reliever inhaler does not help

IF YOUR CHILD IS HAVING AN ASTHMA ATTACK THEY SHOULD DO THE FOLLOWING.

- 1.** Take one to two puffs of their reliever inhaler immediately. (This is usually a blue inhaler.)
- 2.** Sit up and try to take slow steady breaths.
- 3.** If they do not start to feel better, your child should continue to take two puffs (one at a time) of their reliever inhaler every two minutes. They can take up to 10 puffs.
- 4.** If they do not feel better after taking their inhaler as described above, or if you are worried, call 999. If an ambulance does not arrive within 10 minutes and they are still not feeling any better, repeat step 3 above.

Do not be afraid of causing a fuss, even at night. If their asthma gets better and you do not need to call 999, they still need to see a doctor or asthma nurse that day. Check your child's asthma action plan and follow the advice you have been given.

Make sure your child carries an asthma attack card with them. This has been designed to inform or remind people with asthma, and their family and friends, what to do in an asthma attack. You can get a card from Asthma UK by visiting www.asthma.org.uk/order_your_free_asth.html

Will my child need to go to hospital if they have an asthma attack?

Your child will not always have to go to hospital if they have an asthma attack. A lot of the time children only need to go into hospital if their asthma attack was caused by a viral infection. Sometimes an asthma attack can be so bad that your child can die from it. This is very rare, but if they do show signs of serious life-threatening asthma, they should be looked after by a hospital specialist.

What treatment will my child be given if they have an asthma attack?

The table below describes the medicines used to treat asthma attacks and how they help.

Treatment	How the medicine is given	
Oxygen	Your child's oxygen levels should be checked with an oxygen saturation meter. If they are low, they will be given oxygen through a mask.	
Reliever medicine	<p>You child will be given a high dose of reliever medicine either through an inhaler and spacer or through a nebuliser. A nebuliser creates a mist of medicine which your child breathes through a mask.</p> <p>Occasionally in hospital your child may be given reliever medicine through a drip or given a nebuliser very often.</p> <p>Your child may be given another reliever medicine in the nebuliser if the attack is severe or is not responding to the first reliever medicine alone.</p>	
Steroid tablets	They may be given steroid tablets for up to five days or until they have recovered from their asthma attack.	
Magnesium sulphate	Your child may be given this through a drip if they have very severe asthma.	
Aminophylline	In hospital, your child's specialist may give them a medicine called aminophylline through a drip.	

Treatment of asthma attacks in children aged two and over

If your child is having an asthma attack at home, they should be given their reliever inhaler through a spacer. You can read more about this on page 27.

Your child can be given two puffs of their reliever inhaler through a spacer every two minutes (up to 10 puffs).

If your child's symptoms have not improved after 10 puffs of their reliever inhaler, ring 999 and ask for an ambulance.

While your child is waiting to go to hospital the ambulance staff may give them more doses of reliever inhaler and start them on a course of steroid tablets to stop the attack. It is important that your child is taken to hospital in an ambulance. This is because the ambulance staff can give them more oxygen and reliever medicine on the way to the hospital if they need it.

Once at hospital, your child should be treated with one or more of the medicines shown in the table on page 27.

Treating asthma attacks in children under two years

If your child is under two and has an asthma attack at home, they should be given a reliever inhaler through a spacer with a face mask. If your child needs to go to hospital because of an asthma attack, they may be given one or more of the medicines shown in the table on page 27 although children under two are not given magnesium sulphate or aminophylline.

Your child should have appointments with a hospital specialist for at least a year if their asthma attack was so severe that they had to go into hospital.

Before your child leaves hospital

To help decide when your child is well enough to leave hospital, their hospital doctor will check their breathing regularly with a peak flowmeter frequently to see if it improves. They will also discuss with you how to look after your child's asthma. This will include helping you to monitor your child's asthma using a peak flowmeter or keeping a diary to monitor their symptoms.

Staff at the hospital should also watch your child take their inhaler to make sure they are taking it properly and, most importantly, should give them a new personal asthma action plan.

You can read more about personal asthma action plans on page 21.

The hospital will tell your child's GP about their treatment in hospital and they should arrange a follow-up appointment for your child in an appropriate clinic for children with asthma.

You should also make an appointment with your GP within 48 hours of leaving hospital.

Can I prevent my child from developing asthma?

Breastfeeding

All women are encouraged to breastfeed their babies as breast milk can reduce the chances of a child developing asthma.

Smoking during pregnancy

If you smoke while you are pregnant this can increase the chance of your child developing asthma and wheezing. If you smoke, your doctor will offer you support to give up.

Diet

There is not enough evidence to suggest that avoiding certain foods or using dietary supplements while you are pregnant can prevent your child developing asthma.

Immunisations

Immunisations are the vaccinations your child will be given by a doctor or nurse as they are growing up. There is no evidence that having these immunisations increases the risk of your child developing asthma.

It is important that your child has vaccinations to help protect them against infectious diseases.

Asthma in young people

This section has been written for teenagers to read with their parents or carers.

Adolescence is the time when you are moving from childhood into adulthood. During this time you are becoming more independent but it can be a challenging time for you. You may think that having asthma can make things more difficult for you and it is quite normal if you feel anxious or depressed. If you do feel anxious or depressed you should speak to your GP or asthma nurse. You can also find information from Asthma UK at www.youtube.com/watch?v=QYK5e2y_G6k and www.asthma.org.uk/all_about_asthma/asthma_young_adults/depression.html

As you get older, your doctor will encourage you to take more responsibility for your asthma by seeing you on your own, without your parents or carers, for part of the time. Your written asthma plan developed between you and your doctor allows you to take control of your asthma by taking on responsibility and making some choices for yourself.

Some of the questions below will help you and your doctor know that you are able to look after your asthma.

- ◉ Can you tell what things make your asthma worse?
- ◉ What medicines do you take for it?
- ◉ Do you know what each medicine does to help you?
- ◉ How easy is it to remember to take your medicine?
- ◉ If your doctor or asthma nurse asks you questions about your asthma, how do you describe it?
- ◉ When you need to go and see your doctor or asthma nurse, how do you make arrangements to do this?
- ◉ If you find you are unable to keep an appointment you have made with your doctor or asthma nurse, do you know how to cancel it?
- ◉ How do you make sure you arrange new prescriptions before your medicine runs out?

Your doctor will discuss your treatment preferences with you (for example, which inhaler suits you best). Your doctor should also ask you if you find it easy to use your inhaler in places you might need to use it such as school or if you are out with friends.

Your doctor should teach you how to use your inhaler and check that you are using it correctly. If you need to use a spacer with your reliever inhaler when you're at home, your doctor should consider giving you a different reliever inhaler device that's easier for you to carry around and use when you are out and about.

When your doctor is giving you advice on controlling your asthma, they should take account of your own needs. This means:

- ◎ offering help and advice for coping with feelings;
- ◎ teaching you what you need to know in a respectful and encouraging way;
- ◎ discussing information that is personal to you and offering you written copies of this; and
- ◎ teaching you in an appropriate place.

Your school should work with you to help control your asthma. It is important that you keep your school up to date with changes in your medication, for example what you take and how much.

There might be other children in your school who you could share information about asthma with. This is known as peer support and if your school doesn't currently offer it, Asthma UK can help support your school. Ask your teacher to visit www.asthma.org.uk/how_we_help/schools_early_years

Smoking and cigarette smoke

You are at a time in your life where you should be making choices and learning from your mistakes. Never feel pressurised to smoke just because your friends do it. It is important to know about the effects smoking has on your asthma and the rest of your health.

For example, smoking:

- ◎ increases the risk of asthma attacks;
- ◎ permanently damaging your airways; and
- ◎ reduces the benefits of your asthma medicines.

If you do smoke, your doctor or asthma nurse should offer you advice and support to help you stop.

Living with someone who smokes may also affect your condition. If your parents or carers smoke, they should also be encouraged to stop so you don't have to breathe in their cigarette smoke.

Don't be afraid to discuss with your doctor, asthma nurse or parents about how you feel if any of the above issues concern you.

Complementary therapies

Some people like to consider complementary therapies as a way to treat medical conditions such as asthma. You should never use them instead of the treatments your doctor or asthma nurse has recommended.

Always tell your doctor or asthma nurse if you are using any complementary therapies.

What should happen as I get older?

If you are under the care of a specialist, as you get older, you will need health services that are designed to look after people in your age group. You will become more involved in managing your asthma. To make this easier, there should be a clear plan about what should happen. In most cases, looking after your asthma will involve your local GP. Only a few young people need to go to hospital.

You, your family and other people who help manage your asthma should be involved in the decisions about how and when you will move from child services to adult services.

Will having asthma affect my career choice?

Your doctor or asthma nurse should discuss future career choices with you and tell you which jobs might increase your risk of work-related asthma symptoms. This is known as 'occupational asthma'.

Occupational asthma is caused by substances such as wood dust, dust from flour and grain, latex and dust from insects and animals.

Examples of jobs which can cause occupational asthma include joinery, spray painting, laboratory work or any job which involves using latex gloves such as nursing or dentistry.

Where can I find out more information about asthma?

National organisations for people who have asthma

Asthma UK

Summit House, 70 Wilson Street

London EC2A 2DB

Phone: 020 7786 4900

Asthma UK Adviceline - speak to an asthma nurse specialist: 0800 121 62 44

Website: www.asthma.org.uk

Asthma UK is the charity dedicated to improving the health and well-being of people who are affected by asthma. They offer a range of information on asthma including fact sheets and booklets.

British Lung Foundation

73-75 Goswell Road

London EC1V 7ER

Helpline: 08458 50 50 20

Phone: 020 7688 5555

Fax: 020 7688 5556

Website: www.lunguk.org

The British Lung Foundation aims to help people understand and live with lung disease. They run the Breathe Easy support network which offers information, support and friendship to anyone affected by lung disease.

Other organisations

Allergy UK

Planwell House, Lefa Business Park

Edgington Way, Sidcup

Kent DA14 5BH

Helpline: 01322 619898

Fax: 01322 470 330

Website: www.allergyuk.org

Allergy UK is a charity which aims to increase understanding and awareness of allergies, and helps people manage their allergies.

ASH (Action on smoking and health)

First Floor, 144-145 Shoreditch High Street

London E1 6JE

Phone: 020 7739 5902

Fax: 020 7729 4732

Website: www.ash.org.uk

ASH is the leading voluntary organisation campaigning for effective tobacco-control legislation and providing an expert information service.

NHS Direct

Phone: 0845 4647 (24 hours)

Website: www.nhsdirect.nhs.uk

This is a 24-hour helpline for people in England and Wales. It is led by nurses who provide confidential health-care advice and information 24 hours, 365 days a year.

NHS 24

Phone: 0854 24 24 24

Website: www.nhs24.com

This is a 24-hour helpline for people in Scotland. It is led by nurses who provide confidential health-care advice and information 24 hours, 365 days a year.

Useful publications

Guide to good asthma care for adults and children with asthma

Website: www.asthma.org.uk/scotland/guide.html

Useful websites

Department for Work and Pensions (DWP)

Website: www.dwp.gov.uk

The website can give you details of state benefits you may be entitled to.

Healthtalkonline

Website: www.healthtalkonline.org

Healthtalkonline lets you share in other people's experiences of health and illness. You can watch or listen to videos of interviews, read about people's experiences and find reliable information about conditions, treatment choices and support.

What is SIGN?

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice to health-care professionals, patients and carers about the best treatments that are available.

We write these guidelines by working with health-care professionals, other NHS staff, patients, carers and members of the public.

The guidelines are based on the most up-to-date scientific evidence. You can read more about us by visiting www.sign.ac.uk

Other formats

If you would like a copy of this booklet in another language or another format, such as in large print, please phone Karen Graham, Patient Involvement Officer on 0131 623 4740, or e-mail karen.graham2@nhs.net

IF YOU ARE HAVING AN ASTHMA ATTACK YOU SHOULD DO THE FOLLOWING.

- 1. Take one to two puffs of your reliever inhaler immediately.
(This is usually a blue inhaler.)**
- 2. Sit up and try to take slow steady breaths.**
- 3. If you do not start to feel better, continue to take two puffs
(one at a time) of your reliever inhaler every two minutes. You
can take up to 10 puffs.**
- 4. If you do not feel better after taking your inhaler as described
above, or if you are worried, call 999. If an ambulance does
not arrive within 10 minutes and you are still not feeling any
better, repeat step 3 above.**

Do not be afraid of causing a fuss, even at night. If your asthma feels better and you do not need to call 999, you still need to see a doctor or asthma nurse that day. Check your asthma action plan and follow the advice you have been given.



www.healthcareimprovementscotland.org

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Glasgow Office | Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone 0141 225 6999 Fax 0141 248 3776

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.

