

Becoming a member of the **Asthma Society of Ireland**

Don't let asthma control you – take control of your asthma

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Asthma Advice Line: 1850 44 54 64
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Membership details

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Membership type

Individual membership	€25 per annum <input type="checkbox"/>	I would like to receive a copy of the bi-annual magazine Asthma News <input type="checkbox"/>
OAP/Unwaged	€15 per annum <input type="checkbox"/>	I would like to receive a copy of the quarterly e-news bulletin Asthma eNews <input type="checkbox"/>

Additional donation

In addition to my membership fee I would like to make a one-off gift to the Asthma Society of Ireland of €

In addition to my membership fee I would like to make a recurring gift to the Asthma Society of Ireland of € per month/per quarter/per year

I would like to become a member by setting up a standing order

Please pay the Asthma Society of Ireland the sum of: € on the day of month from today's date

and afterwards on the same day monthly quarterly annually until further notice and please debit my account accordingly.

Office use only Instructions to bank or building society: pay to Asthma Society of Ireland A/C 37426590, sort code 90-00-17, Bank of Ireland, College Green, Dublin 2, quoting reference

Bank account number

Bank sort code

Bank name

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Please debit my credit or debit card €

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I enclose a cheque postal order made payable to the Asthma Society of Ireland for €

Donations of €250 per annum (€21 per month) or more made by PAYE taxpayers could be of extra benefit to the Asthma Society of Ireland as it may be eligible for tax relief of up to €174 from the Revenue Commissioners at no extra cost to you. Contact us for more details.



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Asthma Society of Ireland
Tel.: 01 878 8511
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For further information on asthma visit our website at:
www.asthmasociety.ie

Or phone our Asthma Line at **1850 44 54 64**

Asthma in babies and young children

Information for parents



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Buy Low Cost Peak Flow Meters and Spacers Directly from the Asthma Society

All the asthma devices listed below are available to purchase from the Asthma Society of Ireland. They are significantly reduced in cost compared to retail pharmacy prices.

For Prices or to order an Aerochamber product, Babyhaler, Spacer or a Peak Flow Meter, please contact the Asthma Society of Ireland on 01 8788511 or by email office@asthmasociety.ie, or visit our website www.asthmasociety.ie



Peak Flow Meter



Volumatic Spacer



Babyhaler



Aerochamber small mask



Aerochamber medium mask



Aerochamber large mask:



Aerochamber Girlz



Aerochamber Boyz



Aerochamber Mouthpiece

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This booklet is intended for parents of babies and young children to help understand asthma in this age group. It is not intended to be a comprehensive medical text book and there may be some areas of concern to you that are not covered in this booklet. All medical information in this booklet is correct at the time of going to print.

The Asthma Society

We are a national voluntary association of people with asthma, their parents, medical personnel and all those with an interest in the condition.

Purpose and Vision

We provide information, advice and reassurance to people with asthma and to their immediate families.

We run campaigns on behalf of people with asthma to promote awareness and understanding of the condition and we represent our members' interests in policy-making forums at a national and European level. We also support a number of research programmes which we hope will ultimately lead us to achieving our goal of an Ireland free from asthma.

The Society provides the following services:


- **Advice line managed by qualified asthma nursing specialists**
- **Information literature**
- **Information days and seminars**
- **Medical Research**
- **Magazine - distributed periodically to members**

It costs just €25 to join the Society and benefits include access to the Asthma Society Magazine, free booklets and peak flow meters at a special rate.



For more information contact
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www.facebook.com/asthmasociety

Asthma in babies and young children



The rate at which asthma is rising in Ireland appears to have reached a plateau. We have one of the highest rates of asthma in Europe and the fourth highest rate in the world. A recent study shows that as many as 470,000 people in Ireland have asthma. At least 20% of all Irish children have asthma.

It can be difficult and frightening to find out that your child has asthma. The good news is that, for most children with asthma, the symptoms can be controlled with medicines. This booklet will help you to understand asthma better and get information about the best treatment for your child.

Asthma - what is it?

Asthma is a condition that affects the airways - the small tubes that carry the air in and out of the lungs. Children with asthma have airways that are extra sensitive to substances (or 'triggers') which irritate them. Common triggers include colds or flu, cigarette smoke, exercise and allergic responses to pollen, furry or feathery animals, or house-dust mites. Everybody's asthma is different and your child may have several triggers. More information on triggers is available on page 4.

WHAT HAPPENS TO THEIR AIRWAYS?

When the airways come into contact with an asthma trigger, the muscles in the walls of the bronchial tubes tighten and go into spasm

The lining of the bronchial tubes becomes swollen and inflamed. The lining produces excessive amounts of thick mucus therefore the airways become more narrow than normal so it is more difficult for air to pass in and out of the lungs.

That is why your child will find breathing difficult and you might hear a wheezing noise.

What are the symptoms of asthma?

- A cough may be the only sign of asthma. In babies and toddlers this may be particularly troublesome at night.
- Frequent episodes of wheezing, especially when breathing out
- Getting short of breath –perhaps your child is not running around as much as usual, or needs to be carried more.
- Chest tightening

What causes asthma?

The exact cause is unclear. We do know that asthma and other allergic conditions such as eczema and hayfever (rhinitis) can run in certain families. The chance of a child developing asthma is higher if both parents have it.

Outdoor air pollution, such as diesel particulates, has not been proven to cause asthma though it can make the symptoms worse.

We also know that smoking during pregnancy and passive smoking increases the risk of your child developing asthma

How do I know that my child has asthma?

A definitive diagnosis of asthma can be difficult to obtain in young children.

- At least one child in five will have ‘wheezing’ at some point during their early years. Many of these children will not go on to have asthma in later childhood, so your doctor may not want to use the term ‘asthma’ at this stage.

- A diagnosis is usually made on a pattern of symptoms over a period of time. Diagnosis will be based on:

- Family History
- Pattern of Symptoms
- Physical examination of the chest
- In older children a breathing test – peak flow / pulmonary function test.
- Trial of treatment

Your doctor may ask you to keep a record of your child’s symptoms and when they happen. This will help the doctor in the assessment of your child’s breathing problems.

If your child is under the age of two, it may be difficult to tell if they have asthma. A number of things can cause wheezing and coughing in this age group, particularly infection with respiratory viruses. If these symptoms are recurrent and troublesome your doctor may decide to treat with a trial of controller asthma medications.

Repeated visits to your doctor may have to be made before diagnosis

Getting to know the triggers

Here is a list of some common asthma triggers and avoidance measures. Different children react to different triggers which parents will quickly learn. If your child only gets asthma symptoms with viruses other allergen avoidance measures may not be necessary

VIRAL INFECTIONS

These are common asthma triggers in babies and young children. Unfortunately, they are almost impossible to avoid, especially if your child attends a crèche or playschool. If possible, try to avoid exposure to other children with colds or flu.

HOUSE DUST MITES

The house dust mite (H.D.M.) lives in our mattresses, carpets, soft furnishings and soft toys. Some children are allergic to the house dust mite and it is advised to limit exposure to H.D.M. by taking the following measures;

- Use zipped anti-dust mite covers for children's mattress, duvet and pillows
- Hot wash (at 60 degrees C) all bedding at least once a week
- Vacuum frequently (three times a week) using a high-efficiency vacuum cleaner e.g. those with a HEPA filter
- Clean all surfaces regularly (three times a week) with a damp cloth
- Keep soft toys to a minimum and wash at 60 degrees C every two weeks.
- Remove carpets and upholstered furnishings from the bedroom. The floor surface should be hardwood or vinyl.
- For further measures visit www.asthmasociety.ie

PETS

Some children with asthma are allergic to furry animals and occasionally birds.

- Try to avoid feathered or furry pets if your child has asthma
- If you already own a pet, try to keep it out of the bedroom and lounge and wash pets regularly.

CIGARETTE SMOKE

It has been shown that children with asthma whose parents smoke have more asthma episodes than children whose parents do not smoke.

One of the best ways to help your child's asthma is not to smoke. Cigarette smoke triggers asthma exacerbations and it is especially harmful to growing lungs. There is some evidence that even minute traces of smoke on clothes or hair (from smoking outside) can damage children's lung cells

- Keep your child away from smoky atmospheres
- If you're planning a baby, both parents should stop smoking during pregnancy. This may reduce the risk of your child developing asthma.
- For advice, help and support on giving up smoking call the Asthma Society of Ireland or the National Smokers Quitline on 1850 201 203

POLLEN

Pollens are tiny airborne particles given off by flowers, trees, weeds and grasses for the purpose of reproduction. Some pollens circulate only at certain times of the year, while others are present nearly all year round.

Although it's difficult for children to avoid pollens and spores completely, there are several sensible and worthwhile precautions you can take.

- Keep doors and windows closed especially mid-morning and late afternoon to early evening. These are the times when the pollen count is usually at its highest.
- Vacuum regularly and dust with a damp cloth.
- Avoid drying clothes outside. But if you do, shake them before bringing them back into the house. This reduces the amount of any pollen and spores that might have blown onto them.
- If children have been outside, wash their hair and change their clothes when they get back in so they won't carry spores and pollen around the house.
- Splash their eyes with cold water regularly. This will help flush out any pollen and will also soothe and cool the eyes.
- Keep fresh flowers out of the house
- Keep furry pets out of the house during the hay fever season
- There are effective hay fever medications available. Discuss these with your health care professional if your child has symptoms.

FOR MORE INFORMATION ON ASTHMA AND HAY FEVER PLEASE SEE OUR BOOKLET "ASTHMA AND ALLERGIC RHINITIS"

MOULD

Mould spores can trigger asthma symptoms in some children. They are found in any damp place from piles of autumn leaves and woody areas to bathrooms and kitchens.

- Remove damp and mould in the house quickly and avoid condensation.
- Avoid drying clothes on radiators to reduce condensation and damp air.
- Keep rooms well aired.

WEATHER CHANGES

Some children are sensitive to certain types of weather or temperature changes.

- It may be useful to give your child their reliever (blue) inhaler to alleviate this trigger
- Wearing a scarf, covering the nose and mouth will also help as this will warm the inhaled air.
- There is no reason why asthma should prevent your child going outside.

FOOD

Food allergy as an exacerbating factor for asthma is uncommon and occurs mainly in young children. Food avoidance should not be recommended until an allergy has been clearly demonstrated. When food allergy is demonstrated, the patient should be referred to a specialist in that area.

Most people with asthma do not have to follow a special diet. In some cases certain foods can make symptoms worse. The foods most commonly associated with food allergy are cow's milk, wheat, seafood, shellfish, eggs, soybeans and peanuts. Milk allergy affecting asthma occurs in probably one out of 50 children under the age of two. In older children and adults it is less frequent, about 1 in 500 people. Often it is not the food or drink as much as the substances or additives in them e.g. preservatives and colouring.



CHEMICALS

Chemical irritants can be found in many household products. These product may be scented or unscented and include cleaning products, especially aerosols, paints, adhesives, pesticides, cosmetics or air fresheners and can be extremely irritating to the airways

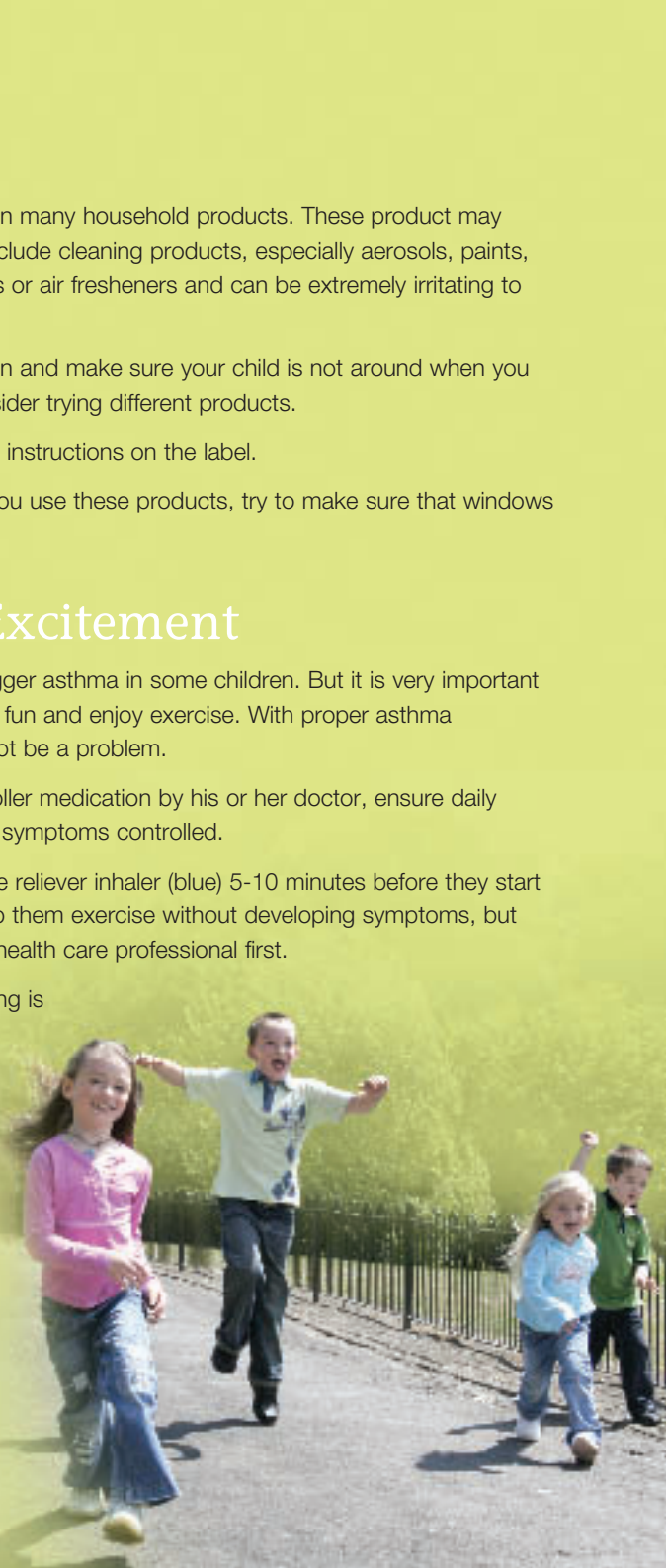
- Use these products less often and make sure your child is not around when you use the products. Also, consider trying different products.
- Take great care to follow the instructions on the label.
- Ventilation is paramount- if you use these products, try to make sure that windows or doors are open.

Exercise and Excitement

Exercise and excitement can trigger asthma in some children. But it is very important for children with asthma to have fun and enjoy exercise. With proper asthma management, exercise should not be a problem.

- If a child is prescribed controller medication by his or her doctor, ensure daily compliance. It will help keep symptoms controlled.
- It may be useful to give some reliever inhaler (blue) 5-10 minutes before they start running around. This will help them exercise without developing symptoms, but you should check with your health care professional first.
- Warming up prior to exercising is important for children.
- On cold dry days your child should wear a scarf over nose and mouth when exercising outdoors.
- Many children with asthma enjoy swimming. A small percentage of them may become symptomatic with chemicals used in swimming pools.

For more information on asthma and exercise see our booklet “Reach Your Peak with Asthma”



Treatments

WHAT TREATMENTS ARE AVAILABLE?

It is important to get control of your child's asthma as soon as it is diagnosed. Asthma cannot be cured but there is effective treatment. Symptoms can be controlled by:

- Avoidance of asthma triggers
- Use of asthma medication

This will allow your child to lead a full and active life.

The standard approach to asthma treatment will depend on the presentation of asthma symptoms; it may take some time to tailor the treatment regime to the child's condition.

THE MAIN TYPES OF ASTHMA MEDICINES ARE;

Relievers:

- Bronchodilators – help to relieve breathing difficulties when they happen.

Controllers: (also called preventers) - protect the airways and reduce the chance of getting asthma symptoms.

- Inhaled Corticosteroids
- Combination: Inhaled Corticosteroids and a long acting reliever together in one inhaler.
- Leukotriene Receptor Antagonist (LTRA)
- Oral Glucocorticosteroids

RELIEVERS

All young children with asthma should be prescribed a RELIEVER MEDICATION to use, as needed, for quick relief of symptoms. These quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider making it easier to breathe again. Relievers are also called bronchodilators.

- Relievers are essential in treating asthma exacerbations. The reliever medication should always be available
- If taken before exercise they can reduce symptoms in people whose asthma is triggered before and after exercise.
- Relievers usually come in blue inhalers.
- Salbutamol and terbutaline are two examples of relievers. Ipratropium bromide is a different type of reliever medicine. It is most commonly used in children under one.

Not all relievers work well for all children under one year old. Your doctor will probably try different relievers to find one that works best for your child.

Examples of short acting relievers are: Ventolin, Bricanyl, Atrovent (not as fast acting as other relievers).

Parents and carers should be aware that if the short acting reliever is needed for symptom relief more than twice a week, this indicates that asthma is not well controlled.

ARE THERE ANY SIDE EFFECTS FROM RELIEVERS?

Relievers are an effective medication and have few side effects. They can make your child excited and agitated and may increase their heart rate, but this is temporary, and usually occurs when relievers are given in high doses.

CONTROLLERS

A controller may be recommended if your child is having regular, troublesome symptoms or needs use their reliever more than twice a week.

Controllers help reduce the inflammation and swelling in the lining of the airways. Their protective effect builds up over a period of time so they need to be taken every day, usually morning and evening, even if your child is feeling well. Some controllers take several weeks before they reach their optimum effect. Good technique and compliance with controller medications is the most important part of asthma treatment.

Many different types of controller are available, for example; beclomethasone, budesonide and fluticasone. These are all examples of low dose inhaled corticosteroid (ICS) and are the most frequently used “controllers” in both adults and children.

If an inhaled corticosteroid (ICS) alone does not control symptoms, an alternative controller is a leukotriene receptor antagonist or ‘LTRA’. An LTRA may be used as an alternative to ICS, or when ICS cannot be used, or as an add-on therapy to ICS. LTRA medicines block the action of naturally occurring chemicals in the lungs called leukotrienes, which are known to cause narrowing of the airways and inflammation in the lungs which can lead to asthma symptoms. These medicines are available as tablets, chewable tablets (in some cases flavoured), and as granules which may be given with food for children as young as six months. This ensures that the child gets all of the medication in a way that is easy to take. This medication can be very effective in some children, but not others. If there is no change in symptoms after approximately four weeks your doctor may elect to stop it.

COMBINATIONS

For children over 5 years old another option is a combination inhaler. These inhalers contain a slow acting reliever and a controller in one inhaler. They reduce inflammation and keep the airways open for 12 hours.

Examples are Symbicort and Seretide.

CONCERNS ABOUT STEROIDS

Some parents worry about giving their child steroids to treat their asthma. Here are some points to remember:

- The steroids used to treat asthma are called corticosteroid.
- Corticosteroids are similar to those produced naturally in our bodies.
- They are completely different from the anabolic steroids used illegally by body builders and athletes.
- Most children use inhaled steroids which go straight into the airways, so very little is absorbed into the rest of the body.
- Your doctor will prescribe the lowest possible dose of inhaled steroids to get your child's asthma under control.
- Low doses of inhaled steroids do not commonly cause serious side effects or affect growth.

Inhaled Steroids can occasionally cause hoarseness, sore throat or oral thrush. These side effects maybe avoided by maintaining good inhaler technique, by using his/her inhaler before brushing their teeth, use of a spacer and, if a face mask is used, wiping your child's face to prevent any irritation. After using his/her inhaler ensure your child always rinses their mouth, gargles and spits out the water.

WHEN ARE STEROID TABLETS USED IN ASTHMA?

A short course of steroid tablets (usually 3-5 days) is sometimes needed to treat an asthma attack. They are very effective at bringing severe asthma symptoms under control quickly and may prevent hospitalisation.

Your child should not experience any side effects from short courses of oral steroid. Oral steroid can lower the body's resistance to chickenpox. If your child has had a course of steroid tablets in the last month and is in contact with chickenpox, go and see your doctor. Talk to your health care professional about any concerns you have about the side effects of your asthma treatment.

CAN COMPLEMENTARY MEDICINE HELP?

Some people find that complementary therapies seem to improve their asthma symptoms. However, there is little scientific evidence that complementary treatments are effective. If you want to try any complementary treatments available, tell your doctor and do not stop giving your child their prescribed asthma medication.

How does my child take the medicines

INHALERS

For the treatment of asthma inhaled medications are preferred. This ensures the delivery of medications to the airways and in much smaller doses.

Spacer devices make inhalers easier to use. They significantly increase the amount of medication that gets into the child's airways and reduces the risk of developing side effects from corticosteroids. Standard inhalers (MDIs - metered dose inhalers) should never be used without a spacer.

It may be difficult to administer medication in this age group and it should be monitored closely by your Health Care Professional. At each visit ask your doctor or practice nurse to check if your child is using their inhaler correctly. Visit the Asthma Society website www.asthmasociety.ie for demonstrations online.

The most appropriate device will depend on age and ability in general

Children under 5yrs of age should use an MDI **plus a spacer with a face mask.**

Children older than 5 years may start to use a spacer with just a mouthpiece, if their technique is satisfactory.

For children using spacers the spacer must fit the inhaler

WHAT IS A SPACER?

A spacer is a plastic container, usually in two halves that click together. At one end there is a mouth-piece or face mask and at the other end the asthma inhaler is inserted. If your child is under the age of 5, or unable to use a mouth-piece, you will probably need a face mask as well.

There are several different makes of spacer, which fit different inhalers and are available on prescription (including Volumatic and Babyhaler). Another spacer, the Aerochamber, is not currently available on prescription.

Spacers are very important because:

- They make aerosol inhalers easier to use and more effective.

- Your child gets more medicine into the lungs than by just using the inhaler on its own.
- They are a convenient and compact alternative to nebulised therapy. Spacers may be used in the acute situation to administer high doses of reliever medication.
- They help reduce the possibility of side effects from higher doses of inhaled steroids by reducing the amount of medicine that is swallowed and absorbed into the body.

HOW DO I USE THE SPACER?

When you first get the spacer, wash it in mild detergent e.g. washing-up liquid and allow to drip dry. Afterwards wash your spacer once a month.

1. Fit the mask onto the spacer if necessary.
2. Shake the inhaler well.
3. Fit the inhaler into the opening at the end of the spacer.
4. Place mask over your child's face so it seals around the nose and mouth.
5. Press the inhaler once and allow your child to breathe in and out for a slow count of ten.
6. Remove inhaler and shake again.

Repeat steps 2 to 5 for each dose of medicine. Your doctor or nurse will tell you how many puffs are needed. Always check with them if you are not sure.

For more information visit our website www.asthmasociety.ie to view demonstration videos on all inhalers and spacer devices.

REMEMBER

Only put one puff of medicine into the spacer at a time. If you put in more than one puff, the particles stick together and coat the sides of the spacer, so your child actually gets less medicine.

TIPS FOR USING THE SPACER AND MASK WITH BABIES

- Cuddle the baby on your knee or cradle the baby in your arms. Gently tuck baby's arms out of the way with one hand if s/he tries to knock the mask away.
- Be positive and smile! Your baby will be aware if you are anxious.
- Gently stroke the baby's cheek with the mask so that s/he gets used to the feel of it.
- You may use it when the baby is asleep if s/he resists it when awake but this is less reliable.

TIPS FOR CHILDREN OVER 5 YEARS OF AGE

When over 5 years of age, your child will learn to use a spacer without a mask called a Volumatic or an Aerochamber.

- Show your child how to use the spacer first without puffing medication into it.
- Turn the spacer into a toy - decorate it with coloured stickers.
- Turn it into a counting game. Count aloud as your child takes 5 - 10 slow steady breaths after each puff inhaled.
- Have a routine - set a time of day to give preventer medication. Always brush teeth after and drink some water or gargle to prevent oral thrush.
- Praise your child when s/he uses their spacer correctly.

NEBULISER

A nebuliser is a device driven by a compressed air machine which delivers high doses of medication to the lungs.

Nebuliser therapy is sometimes used in hospitals to treat asthma attacks or for children with troublesome asthma who find it difficult to use a spacer device. Paediatric asthma specialists are using nebulisers less and less.

Information about use and care of various inhaler devices is found on www.asthmasociety.ie





Managing your child's asthma

IS MY CHILD'S ASTHMA GETTING WORSE?

The following are some of the signs that may indicate a deterioration in your child's asthma.

- Wheezing and coughing first thing in the morning, or during the night
- Increased wheezing and coughing after exercise, or doing less exercise.
- A poor response to reliever medicine.

By recognising the signs of deterioration of your child's asthma you may be able to prevent a serious asthma attack. If you have any doubts get medical advice from a health care professional. An asthma management plan may be developed in partnership with your health care professional if deterioration of asthma symptoms continues.

COPING WITH CHILDCARE

Finding the right childcare can be difficult, especially for parents of children with asthma. Whatever sort of childcare you arrange for your child, it is important to make sure the child care worker understands about your child's asthma or any allergy e.g. food.

Think about the following:

- Will anyone be smoking around your child?
- Are there any pets around?
- Will your child's carers give your child medication if necessary?
If so, will they understand when and how to use it?
- Does your child's carer know how to recognise and deal with an emergency?
- Can they contact you quickly at all times?

Make sure you leave clear written instructions for carers. You can give them a copy of your child's asthma management plan.

What to do in an Asthma attack

EMERGENCY SITUATIONS

Asthma attacks can be frightening so it is important to stay calm. If your child has an asthma attack, follow the Five Minute Rule which contains the recommended steps to follow:

THE FIVE MINUTE RULE

- Ensure the reliever (blue) inhaler is taken immediately
- Get your child to sit down and loosen tight clothing
- Do not put your arm around them
- Encourage them to breathe slowly and calmly
- Stay calm and reassure your child

If there is no immediate improvement continue to take the reliever inhaler every minute for five minutes or until symptoms improve: two puffs if MDI/Evohaler or one puff if turbohaler.

If symptoms do not improve in five minutes, or if you are in doubt, call 999/122 or a doctor urgently

- Continue to give reliever inhaler until help arrives or symptoms improve
- Take your child's treatment details to the hospital or accident and emergency department.

Don't be afraid of causing a fuss, even at night. Call the doctor or an ambulance if you have any doubts about your child's condition or if they are becoming distressed, unable to talk or are getting exhausted. If your child is admitted to hospital or an accident and emergency department because of their asthma, it is important to take details of their treatment with you.

You should also make an appointment with your doctor or nurse after your child is discharged from hospital, so that you can review his/her asthma treatment to avoid this situation happening again.