

Child Health Notes

Promoting early identification and partnerships between families, primary health care providers & the community.

Distributed by the Lewis County Interagency Coordinating Council (ICC) and Parent to Parent.
Contributors: UW Center on Human Development and Disability and Washington State Department of Health



EarlySupport for
Infants and Toddlers
(ESIT)



Washington State
Department of
Social
Health & Services

Office: (360) 736-9558
Cell: (360) 269-4828
email:
anaillon@reliable
enterprises.org

ASTHMA IN CHILDHOOD

Asthma is the most common chronic disease of childhood in the United States. The prevalence of asthma rose steadily from 1980 until the late 1990s, when it reached a plateau. In 2007, 9% of children 0 to 17 years of age (6.7 million children) had asthma. The lifetime prevalence of asthma in children is 13%. **The U.S. Centers for Disease Control and Prevention (CDC) identified Washington state's asthma prevalence as among the highest in the nation, and steadily increasing.** Approximately 80% of children with asthma develop symptoms before five years of age, with coughing and wheezing being the most common symptoms. Although wheezing is considered the hallmark of asthma, a cough that lasts more than three weeks should raise the suspicion for asthma. Children with poorly controlled asthma have difficulty with exercise, sleep, school attendance and participation in their normal activities. Poor control also has an impact on the whole family, with parents often missing work or experiencing financial stress.

DIAGNOSIS:

Asthma severity is best determined at the time of diagnosis, before treatment is initiated. There are 4 categories of severity: intermittent, mild persistent, moderate persistent, and severe persistent. The 2007 Guidelines recommend objective measurement of pulmonary function (spirometry) as part of the initial evaluation. Most children older than age 6 or 7 years are capable of performing a forced expiratory maneuver, if coached by an experienced technician. Some centers can test children as young as 5 years of age.

MEDICATIONS:

There are two types of medication used for asthma: long-term control ("prevention") medications, which are taken daily to reduce airway inflammation, and **quick-relief medications,** which reverse acute airflow obstruction. All children with persistent asthma should be on a daily controller medication, using the NIH guidelines' "stepwise" approach to selecting medication according to severity level.

Inhaled corticosteroids (ICS), such as fluticasone, are the medication of choice for all individuals who have persistent symptoms. **Leukotriene modifiers,** such as montelukast, may be used as an "add-on" therapy. **Short acting beta2 agonists (SABAs),** such as albuterol, relax airway smooth muscle and result in bronchodilation within minutes of administration. Use of SABAs more than 2 days/week is associated with poorly controlled asthma. There are other classes of medications, such as **anticholinergics** and **systemic corticosteroids,** that are used for exacerbations of asthma.

TREATMENT PLANS:

A child's asthma will be best controlled by a close partnership between the family and the child's health care provider, including planned visits for ongoing monitoring of asthma control. All patients should be given a **written asthma action plan** that includes instructions for how to control asthma everyday and how to recognize and manage asthma symptoms. A copy of the plan can be shared with the child's school.

TREATMENT SUMMARY:

- Initial assignment of severity category, identification of asthma triggers, and development of treatment plan based on degree of severity
- Inhaled corticosteroids are the initial medication of choice for persistent asthma
- Environmental control is an important component of asthma management
- A written asthma action plan and patient education is critical in successful management
- Planned visits for ongoing monitoring of asthma control

TREATMENT GUIDELINES:

"**Good Asthma Care on a Desert Island**" , developed by The Washington State Department of Health and the Washington Asthma Initiative is a six-page, easy-to-use summary of the National Institutes of Health's "Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma."

www.doh.wa.gov/cfh/asthma/publications/EPR-3Tool.pdf

The National Institutes of Health's **Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3)** from 2007 is the most up-to-date guide to evidence-based asthma care. It provides tables for determining asthma severity and initial treatment recommendation for three different age groups: 0-4 years of age, 5-11 years and 12 years and older. www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf

Asthma home visits, to address environmental triggers, medication adherence and provide advocacy and support, are an evidence-based strategy. Studies of home visits have shown improved health outcomes and quality of life for children with asthma, including reduction of asthma-related emergency department visits, school absenteeism and symptoms.

www.doh.wa.gov/cfh/asthma/community

ASTHMA RESOURCES:

Washington State Asthma Program

www.doh.wa.gov/cfh/asthma/providers/med-prof.htm

>For Medical Professionals – *Includes links to written asthma care plan templates (English and Spanish) and University of WA spirometry training for clinicians.*

NIH Expert Panel Report 3

www.nhlbi.nih.gov/guidelines/asthma

American Acad. Of Allergy, Asthma and Immunology

www.aaaai.org

Asthma and Allergy Foundation of America

www.aafa.org

Centers for Disease Control & Prevention- Asthma pages

www.cdc.gov/asthma

SPECIAL NEEDS INFORMATION AND RESOURCES:

Local:	InTot Growing Together Parent to Parent of Lewis County	(360) 748-4359 (360) 736-5906 (360)0736-9558 ext. 107
Regional:	WithinReach Family Health Hotline Parent to Parent Support Programs of Washington Washington State Medical Home The Center for Children with Special Needs	1-800-322-2588, 1-800-833-6388 TTD www.withinreachwa.org (800) 821-5927 www.arcwa.org/parent_to_parent.htm www.medicalhome.org http://cshcn.org
National/ Internet:	American Academy of Pediatrics American Academy of Family Physicians Medlineplus.gov <i>A service of the US National Library of Medicine and the National Institutes of Health Health with information for families in English and Spanish</i>	www.aap.org www.aafp.org www.nlm.nih.gov/medlineplus/

Disclosure: We release, absolve, indemnify and hold harmless the Centralia School District and the City of Centralia which does not sponsor this information and assumes no responsibility for it. In consideration of the privilege to distribute materials, the Centralia School District and the City of Centralia shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of distribution of these materials, including costs, attorney’s fees and judgments or awards.