

Asthma in children under 5

Asthma is relatively common in children under 5. Although it is a serious medical condition, asthma can be well controlled, allowing your child to live a full and active life.



Symptoms of asthma in young children

Children with asthma who are under 5 most commonly have symptoms of wheeze (a whistling sound in the chest when breathing out) and cough. Often these symptoms are most apparent at night-time, first thing in the morning and with exercise.

Diagnosis of asthma in young children

Not all young children who wheeze have asthma. Your doctor will examine your child and take a thorough history of your child's symptoms before differentiating between asthma and other respiratory conditions.

The usual breathing tests performed on older children and adults to diagnose asthma are often not suitable for young children, so your doctor is more likely to diagnose asthma based on a physical examination of your child and a history of your child's health, including episodes of wheezing, coughing and other illnesses such as allergies.

Your doctor will also ask you whether you or other family members have asthma or allergies.

Your doctor may prescribe a trial of asthma medicine — improvement in your child's symptoms can help to confirm a diagnosis of asthma. Sometimes your child may need to have blood tests called RASTs or skin-prick tests to confirm whether an allergy is causing the wheezing and coughing.

What causes asthma at this age?

Although the exact causes of asthma are not fully understood, it is most likely to occur in children who have a parent or other close family member who has asthma or in children who are themselves showing symptoms of allergies such as eczema (dermatitis) and hives (raised pink itchy lumps on the skin also known as urticaria).

The chance that a child will develop asthma is increased if that child lives in a house where someone smokes. If a mother smokes when she is pregnant the chance that her baby will develop asthma later in life is increased. For these reasons, families are advised not to smoke near babies and children, and not to smoke inside a house where children live or in the family car. Pregnant women should avoid exposure to cigarette smoke throughout pregnancy and avoid exposure of their newborn baby to cigarette smoke.

Asthma in young children is often 'triggered' (aggravated or precipitated) by viral respiratory infections such as colds or flu. However, some medical experts believe that bacterial respiratory infections in early life, depending on when they occur, may in fact help protect a child against developing asthma and other allergies. At the time of writing there is no consistent evidence to support this theory, but studies are ongoing to determine the role that respiratory infections play in childhood asthma.

Other factors that may trigger asthma in this age group include the faeces of house dust mite (a microscopic mite that lives in household dust, especially in carpets and bedding); skin flakes, hair and saliva from pets; exercise; changes in weather; cigarette smoke and pollens.

Less commonly, an allergy to a particular food can trigger asthma. Foods that can have this effect include nuts, eggs, shellfish and milk. However, it is very important that you do not eliminate important foods such as milk from your child's diet unless your child has been tested and diagnosed by a specialist doctor as having an allergy to that food. If you eliminate foods unnecessarily and without guidance, you risk causing a nutritional deficiency in your child.

Treatments for asthma in young children

The key to treating asthma is to control the asthma symptoms so that your child can lead a full life, and to minimise the number of asthma attacks. This is achieved by:

- ▶ understanding what triggers your child's asthma;
- ▶ avoiding exposure of your child to these triggers;
- ▶ understanding and helping your child to take the asthma medicines that have been prescribed by your doctor; and
- ▶ regularly reviewing the treatment and management of your child's asthma with your doctor.

Your doctor will provide you with information about how to recognise worsening asthma symptoms in your child and what to do in this situation. This information will usually be in the form of a written asthma action plan, which is a vital part of managing your child's asthma. This plan is developed by your doctor and will explain to you which medicines your child is to take and how often; how to recognise when your child's asthma symptoms are worsening and how to increase medicine doses in this situation; when to see your doctor or go to a hospital in case of worsening asthma symptoms; and what emergency steps to take in case of a severe asthma attack.

Most medicines for children with asthma are breathed in, usually from a 'puffer' (aerosol inhaler). Children under 5 should have a 'spacer' attached to their puffer. A spacer is a clear plastic chamber that allows the child to breathe in a puff of airborne medicine over several breaths, rather than co-ordinating one big in-breath with the release of puffer medicine (which is how most adults and older children use a puffer). Children under 2 need to use a small face mask with their spacer; children aged between 2 and 4 should use a mask until they can use a spacer mouthpiece properly.

Children with severe asthma may need to take medicine at home using a nebuliser, which is a small machine that delivers liquid medicine as a fine mist via a face mask. Some asthma medicines are taken as tablets.

Different puffers contain different types of asthma medicine — 'reliever' medicine, 'symptom controller' medicine or 'preventer' medicine. Some children with mild, infrequent asthma who experience symptoms only occasionally may be prescribed a reliever medicine only, which is used when symptoms appear. However, children with more frequent asthma symptoms are also likely to be prescribed a preventer, possibly with a symptom controller as well. Both of these types of asthma medicine are taken every day,

even when your child is well, to keep the asthma symptoms at bay. It is very important that you do not change your child's medicine without talking to your doctor first, even if your child does not appear to have symptoms at the moment.

As your child grows up

For many children, their asthma improves as they get older. In fact, half of all people who have asthma as a child will not have it as an adult. Asthma is more likely to persist into adulthood if it is severe than if it is mild. A family history of asthma or other allergies also increases the risk that asthma will remain when a child grows up. Be aware that asthma which has improved can reappear at any time, as the tendency for asthma remains. It is therefore important for people who have had asthma at any time in their life to always keep their asthma medicine with them.

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