

ASTHMA IN THE SCHOOL: FACTS AND TIPS

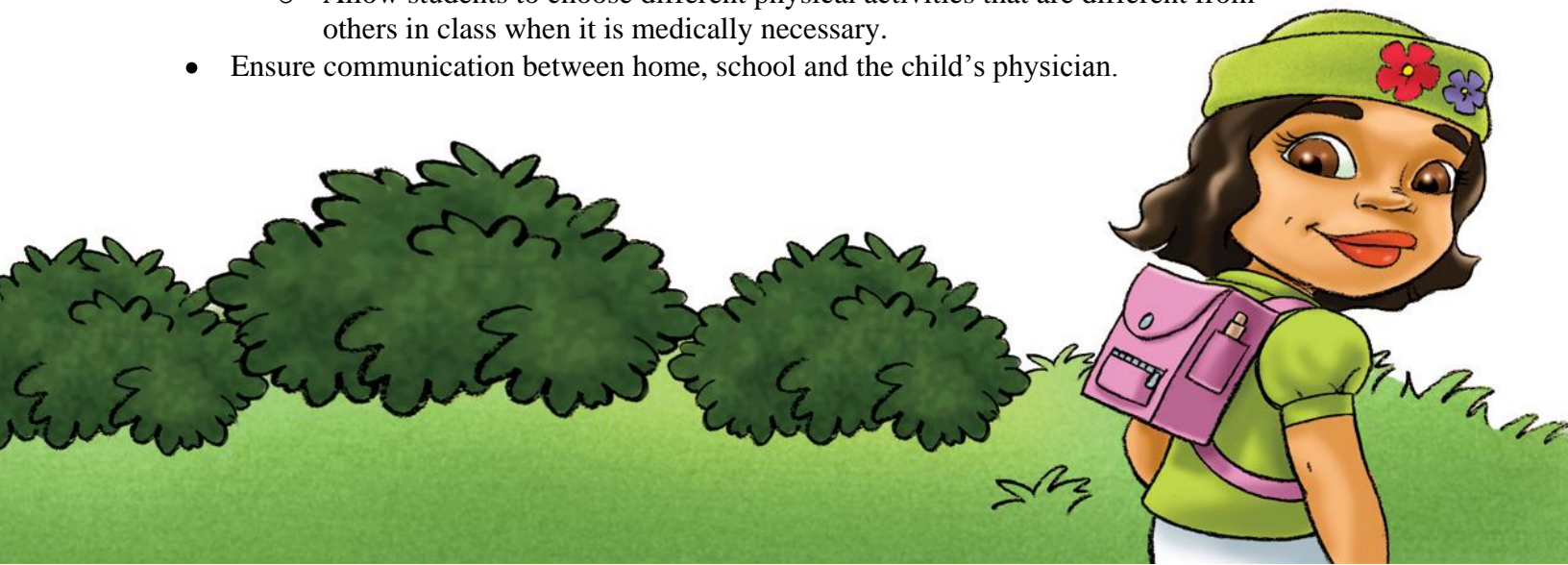
Asthma is one of the most common chronic illnesses in children, affecting nearly one out of every 10 children,¹ and attending school means being exposed to an environment that may trigger asthma symptoms. Asthma is the leading cause of school absences among children,² accounting for almost 13 million missed school days each year.³

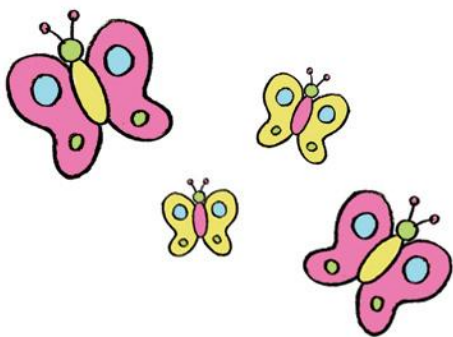
Why Wheezing Can Occur At School

- Both genetic and environmental factors can increase a child's chances of having asthma. It is important to remember that asthma symptoms can strike anytime, anywhere.⁴
- Classrooms may contain irritants like chalk dust, and allergens like mold and dust mites that can exacerbate a child's asthma symptoms during school.⁵
- Children may experience difficulty breathing during recess time as a result of exposure to outdoor allergens, air pollution and changes in the weather and temperature.⁵
- Children also may experience trouble breathing when participating at school in sports or exercise during gym class.⁵
- Respiratory infections like a cold or the flu during colder weather also may contribute to an increase in asthma exacerbations.⁵

School Staff and Faculty Can Help Children Breathe Easy⁶

- Ensure a healthy school environment by reducing children's exposure to asthma triggers, enforcing no-smoking policies and keeping temperature and humidity at appropriate settings.
- Provide health services including assessments/care plans in student records, appropriate training for education staff and teaching of correct inhaler techniques and peak flow meter use.
- Provide asthma awareness and management education to faculty, staff, parents and students.
- Incorporate supportive school policies.
 - Establish individualized student asthma action plans and student emergency plan for asthma attacks.
 - Allow students to carry and use their medicine around school.
 - Allow students to choose different physical activities that are different from others in class when it is medically necessary.
- Ensure communication between home, school and the child's physician.





Parents - Don't Let Your Children Struggle at School!

- Ask your child's doctor for an asthma action plan and share the plan with school staff, including teachers, coaches and nurses.⁷
- Talk to your child about what triggers asthma symptoms and make sure your child knows where his/her asthma inhaler is at all times.⁷
- Provide your child's school with emergency contact information.⁷
- Learn the asthma policies and asthma emergency procedures in place at your child's school.⁷
- Find out how often and when a school nurse is on-site and what medical care is available when the nurse is not.⁷
- Work with your physician to help manage your child's asthma symptoms and provide you and your child with an effective treatment plan for your child's asthma.⁷
- According to updated guidelines from the National Asthma Education and Prevention Program, inhaled corticosteroids are a recommended treatment when initiating long-term control therapy in children with persistent asthma.⁸
- To help manage your child's asthma, ask your physician about ASMANEX[®] TWISTHALER[®] (mometasone furoate inhalation powder), the first and only once-daily inhaled corticosteroid inhaler approved for children as young as age 4, indicated for the maintenance treatment of asthma as a preventive therapy in patients 4 years of age and older. ASMANEX will not relieve sudden asthma symptoms and is not for children under the age of 4.

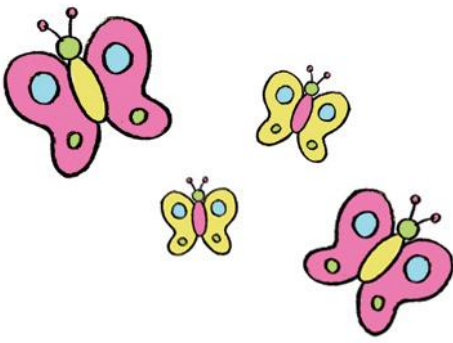
About ASMANEX⁹

ASMANEX TWISTHALER is approved for the maintenance treatment of asthma in patients 4 years of age and older. ASMANEX TWISTHALER will not relieve sudden asthma symptoms and is not for children under the age of 4.

ASMANEX has not been demonstrated to be effective in treating asthma symptoms caused by specific asthma triggers.

ASMANEX TWISTHALER is available in 2 dose strengths, 110 mcg for children 4 to 11 years old, and 220 mcg for patients 12 and older.





Important Safety Information⁹

ASMANEX TWISTHALER is not a rescue inhaler and should not be used to treat sudden asthma symptoms. Use a rescue inhaler to relieve sudden asthma symptoms.

ASMANEX should not be used to treat acute asthma episodes (including status asthmaticus) where extra measures are required.

ASMANEX is not for patients who have a hypersensitivity (including allergic reactions) to mometasone or any of the ingredients in ASMANEX. There have been cases of hypersensitivity, allergic reactions, facial swelling, hives, and throat tightness reported.

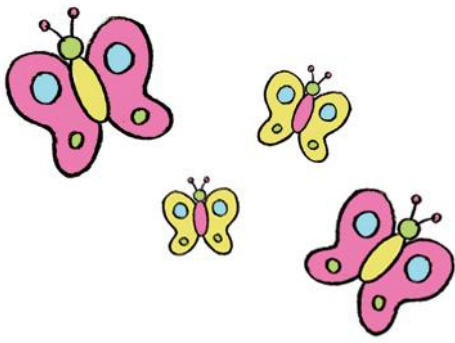
Patients who use inhaled steroid medicines for asthma may develop a fungal infection of the mouth and throat. Rinse your mouth after using ASMANEX.

It is possible that hypercorticism (an excess level of steroids in your body) or adrenal insufficiency (your adrenal gland cannot produce enough steroids) may appear in a small number of patients, particularly when ASMANEX is administered at higher than recommended doses over prolonged periods of time. If such effects occur, consult your health care provider as the dosage of ASMANEX should be reduced slowly.

If you or your child took steroids by mouth and are having them decreased or are being switched to ASMANEX, you should be followed closely by your health care provider and the oral steroids should be reduced slowly. Deaths due to adrenal insufficiency have occurred during and after switching from oral steroids to inhaled steroids. Tell your health care provider right away about any symptoms such as feeling tired or exhausted, weakness, nausea, vomiting, or symptoms of low blood pressure (such as dizziness or faintness). If you or your child is under stress, such as with surgery, after surgery, or trauma, you may need steroids by mouth again.

Avoid coming in contact with measles, chicken pox virus, tuberculosis, or any other infections before or while using ASMANEX. Contact your health care provider immediately if you or your child has been exposed.





Patients who use inhaled steroids, including ASMANEX, for a long time may have an increased risk of decreased bone mass, which can affect bone strength. Patients who are at increased risk of decreased bone mass should be monitored.

Inhaled steroids, including ASMANEX, may cause a reduction in growth velocity when administered to pediatric patients. The long-term effect on final adult height is unknown. Health care providers should closely follow the growth of children and adolescents taking corticosteroids by any route, and reduce each patient's dose to the lowest dose that effectively controls his/her symptoms.

ASMANEX may increase the risk of some eye problems such as cataracts, glaucoma, and increased intraocular pressure. Patients with a change in vision or a history of eye problems should be monitored by their health care provider.

Use ASMANEX as directed by your health care provider, since its ability to work in your lungs depends on regular use. Maximum benefit may take 1 to 2 weeks or longer. If your asthma symptoms do not improve, or get worse, contact your health care provider.

The most common side effects with ASMANEX in patients 4-11 years old include fever, allergic rhinitis, abdominal pain, vomiting, urinary tract infection, and bruise.

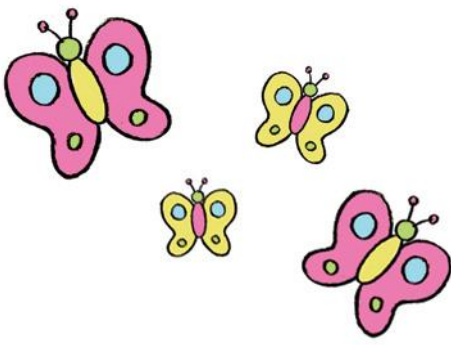
The most common side effects with ASMANEX in patients ≥ 12 years old include headache, allergic rhinitis, sore throat, and upper respiratory infection.

Please see accompanying additional important product information.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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¹“Summary Health Statistics for U.S. Children: National Health Interview Survey, 2006.” National Center for Health Statistics. Vital Health Stat 10 (234). 2007. http://www.cdc.gov/nchs/data/series/sr_10/sr10_234.pdf

²“Asthma Facts and Figures.” Asthma and Allergy Foundation of America, 2005. <http://www.aafa.org/display.cfm?id=8&sub=42>

³“Asthma Prevalence, Health Care Use and Mortality: United States, 2003-05.” National Center for Health Statistics. Centers for Disease Control and Prevention, 2006. <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/ashtma03-05/asthma03-05.htm>

⁴“Childhood Asthma: Risk Factors” Mayo Clinic, 2006. <http://www.mayoclinic.com/health/childhood-asthma/DS00849/DSECTION=risk%2Dfactors>

⁵“Managing Asthma: A Guide for Schools.” National Asthma Education and Prevention Program, July 2003. http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.pdf

⁶“School Asthma Education Slide Set: Asthma Goals for School Health.” National Asthma Education and Prevention Program Coordinating Committee. National Heart, Lung, and Blood Institute, 2008. http://hp2010.nhlbi.nih.net/naepp_slds/school/schl2_6.htm

⁷“A Guide for Parents of Children with Asthma.” American Lung Association, 2005.

⁸“National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma.” National Institutes of Health. National Heart, Lung, and Blood Institute, 2007. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>

⁹Asmanex® Twisthaler® [package insert]. Kenilworth, NJ: Schering Corporation; 2008.

