

CHILDHOOD ASTHMA FACTS

Asthma is one of the most common chronic illnesses in children, affecting nearly one out of every 10 children.¹ It is a chronic disorder characterized by inflammation of the air passages, resulting in the temporary narrowing of the airways that transport air from the nose and mouth to the lungs.² Asthma symptoms may include difficulty breathing, wheezing, coughing, shortness of breath and tightness in the chest. In severe cases, asthma can be deadly. As the prevalence of asthma continues to increase, it is important for parents to work with their health care provider to properly manage their child's asthma.

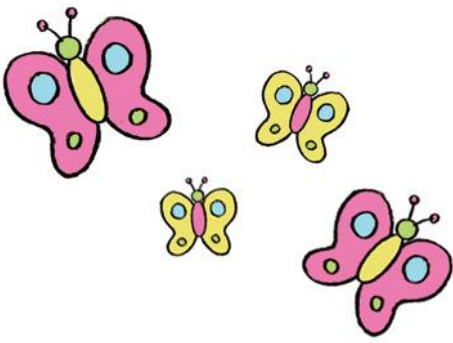
How Asthma is Detected and Diagnosed

- Signs of childhood asthma may include:³
 - Coughing that's constant, intermittent or associated with physical activity
 - Wheezing or whistling sounds when a child exhales
 - Shortness of breath or rapid breathing that may or may not be associated with exercise
 - Complaints of chest tightness
 - Repeated respiratory infections such as pneumonia or bronchitis
- A doctor may diagnose asthma through:⁴
 - Questions about symptoms and family history of asthma, allergy and other breathing problems
 - Spirometry, a specific lung function test, which measures the largest amount of air a child can exhale after taking a very deep breath

Asthma Risk Factors and Triggers

- Both genetic and environmental factors can increase a child's chances of having asthma.³
- Asthma symptoms can be triggered by breathing in allergens or irritants. These include pet dander, dust mites, cockroaches, molds, pollens, outdoor air pollution and tobacco smoke.⁵
- It is important to avoid or remove triggers in your environment that can cause asthma or make it worse.⁵





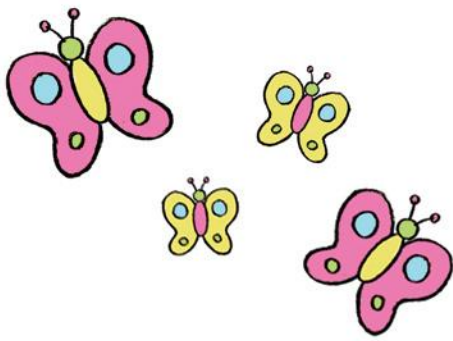
Impact of Asthma in Children

- Asthma is the cause of 7 million outpatient asthma visits to physician offices and hospital outpatient departments and nearly 200,000 hospitalizations among children each year in the United States, and it is the third leading cause of hospitalization among children under the age of 15.^{6,7}
- It is also the most common cause of school absenteeism due to chronic disease among children ages five to 17, and it accounts for almost 13 million lost school days per year.^{2,6}
- The estimated cost of treating asthma in those younger than 18 years of age is \$3.2 billion per year.⁸

Ways to Treat Asthma

- The two general classes of asthma medications are quick-relief bronchodilators, which work best to treat wheezing and shortness of breath when used at the first sign of symptoms or before exercise; and long-term maintenance medications, including inhaled corticosteroids (ICSs), which help prevent or reduce airway swelling (inflammation).⁹
- It's important to understand disease severity and treat asthma accordingly. According to updated asthma guidelines from the National Heart, Lung and Blood Institute, the following are used in part to classify asthma severity in children ages five to 11.⁹
 - In patients with intermittent asthma, symptoms occur on two or fewer days per week with no effect on normal activity and nighttime awakenings occur two or fewer times per month.⁹
 - Children with mild persistent asthma experience symptoms more than two days a week, but not daily and nighttime awakenings three to four times a month. Patients also experience minor limitation on normal activity.⁹
 - Children with moderate persistent asthma experience symptoms daily and nighttime awakenings more than once a week but not nightly. They experience some limitation on normal activity.⁹
 - Patients with severe persistent asthma experience symptoms throughout the day and extremely limited normal activity, and their nighttime awakenings occur often – as often as seven times a week.⁹





- These classifications also apply to children up to 4 years of age, with the exception of the occurrence of nighttime awakenings.⁹
 - Children up to age 4 with intermittent asthma experience no nighttime awakenings. Those with mild persistent asthma experience nighttime awakenings one to two times a month, with moderate persistent asthma – three to four times a month and with severe persistent – more than once a week.⁹
- According to accepted asthma guidelines, inhaled corticosteroids (ICSs) are the preferred foundation therapy for initiating long-term control in children with persistent asthma.⁹
- Taken every day, maintenance inhalers help control asthma symptoms.

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

³ “Asthma.” Mayo Clinic, 2006. <http://www.mayoclinic.com/health/childhood-asthma/DS00849/DSECTION=2>

⁴ “Basic Facts about Asthma.” Department of Health and Human Services: Centers for Disease Control and Prevention. 2003. <http://www.cdc.gov/asthma/pdfs/faqs.pdf>

⁵ “Tips to Remember: Asthma triggers and management.” American Academy of Allergy, Asthma and Immunology. 2006. <http://www.aaaai.org/patients/publicedmat/tips/asthmatriggersandmgmt.stm>

⁶ “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>.

⁷ “Asthma & Children Fact Sheet.” American Lung Association, December 2007.

⁸ http://www.lungusa.org/site/apps/nl/content3.asp?c=dvLUK9O0E&b=2058817&content_id={05C5FA0A-A953-4BB6-BB74-F07C2ECCABA9}¬oc=1

⁸ “Asthma’s Impact on Children and Adolescents.” Centers for Disease Control and Prevention. <http://www.cdc.gov/asthma/children.htm>

⁹ National Institutes of Health. National Heart Lung and Blood Institute. “National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma.” 2007. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>

