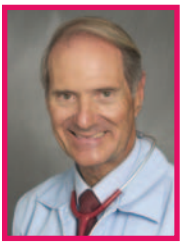


Asthma Control Made Simple

A Guide for You and Your Child





One of the greatest things about being a kid is being carefree, but having asthma can make that hard. When your child has trouble breathing, it can be scary for them and for you. If you have learned to accept a certain level of wheezing and shortness of breath as “normal”

for your child, I want you to know that he or she should be symptom-free all or most of the time.

One of the first steps to help control your child’s asthma is to TALK about it.

- Talk about how often your child has symptoms and what triggers them
- Ask your child how symptoms affect his or her day, play or night
- Reassure your child that it is OK to tell you about his or her symptoms – you’re not trying to limit his or her fun...you want to help make sure your child can fully participate in activities he or she enjoys

The simple test on page 2 will help you get started. It’s called the Asthma Control Test™, and it will help you assess your child’s level of asthma control. Then talk to your child’s healthcare professional about what you’ve learned, so he or she can help you better manage your child’s asthma.

Remember, better asthma control for your child is just three steps away...(1) talk to your child about asthma symptoms, (2) take the Asthma Control Test™, then (3) talk to a healthcare professional about good asthma control. With a proper treatment plan, asthma **can be controlled** and your child can live an active, healthy life. To learn more, visit www.AsthmaActionAmerica.org or call 1-800-377-9575.

I wish you and your child good health!

“Dr. Bill”
William Sears, M.D.

A pediatrician for 30 years, Dr. William Sears is an Associate Clinical Professor of Pediatrics at the University of California Irvine School of Medicine and author of 32 books on childcare.



Controlling Asthma

Dr. Bill says:

It is important to control asthma because asthma is always there, even if your child feels fine or you don’t notice any symptoms. Symptoms can flare up and become severe at any time, even if they seem mild.

What is Asthma Control?

When you control your child’s asthma, your child should:

- Be symptom-free all or most of the time
- Enjoy being physically active without having asthma symptoms
- Not miss school because of asthma
- Sleep through the night without asthma symptoms
- Not use his or her fast-acting inhaler, like albuterol, more than twice a week (also called a rescue or quick-relief inhaler)

Asthma Control Essentials

- Talk to your child about his or her asthma symptoms
- Take the Asthma Control Test™ (ACT)
- Talk to your child’s healthcare professional about the results
- Decide on a long-term treatment plan
- Use medications as prescribed
- Avoid asthma triggers
- Monitor your child’s response to treatment
- Schedule regular follow-up visits with your child’s healthcare professional

Take the Asthma Control Test™

Ask your child these simple questions. They can help you assess whether his or her asthma is under control. Please check **one** answer for each of the five questions below. Be sure to review the results with your child's healthcare professional.



1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

- | | |
|---|---|
| <input type="checkbox"/> all of the time | <input type="checkbox"/> a little of the time |
| <input type="checkbox"/> most of the time | <input type="checkbox"/> none of the time |
| <input type="checkbox"/> some of the time | |

2. During the past 4 weeks, how often have you had shortness of breath?

- | | |
|---|---|
| <input type="checkbox"/> more than once a day | <input type="checkbox"/> once or twice a week |
| <input type="checkbox"/> once a day | <input type="checkbox"/> not at all |
| <input type="checkbox"/> 3 to 6 times a week | |

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

- | | |
|--|--|
| <input type="checkbox"/> 4 or more nights a week | <input type="checkbox"/> once or twice |
| <input type="checkbox"/> 2 to 3 nights a week | <input type="checkbox"/> not at all |
| <input type="checkbox"/> once a week | |

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol, Ventolin®, Proventil®, Maxair™ or Primatene® Mist)?

- | | |
|--|--|
| <input type="checkbox"/> 3 or more times a day | <input type="checkbox"/> once a week or less |
| <input type="checkbox"/> 1 or 2 times a day | <input type="checkbox"/> not at all |
| <input type="checkbox"/> 2 or 3 times a week | |

5. How would you rate your asthma control during the past 4 weeks?

- | | |
|--|--|
| <input type="checkbox"/> not controlled at all | <input type="checkbox"/> well controlled |
| <input type="checkbox"/> poorly controlled | <input type="checkbox"/> completely controlled |
| <input type="checkbox"/> somewhat controlled | |

If you checked any red answers (or answers on the left), your child's asthma may not be well controlled. Be sure to talk to your healthcare professional about your child's asthma treatment plan.

Talking to Your Child's Healthcare Professional

Dr. Bill says:

Make sure you develop a written Asthma Action Plan for your child together with a healthcare professional to help you and your child manage asthma every day. At each visit, talk about how it's working and if it needs to be updated.

After completing the Asthma Control Test™ with your child, take the results to your child's healthcare professional and discuss proper asthma control. In addition to talking about the results from the Asthma Control Test™, ask the healthcare professional these simple questions:

1. Is there something more I/my child can do to help prevent asthma symptoms?
2. How do I know what's triggering my child's asthma symptoms?
3. What's the difference between my child's fast-acting inhaler, like albuterol, (also called a rescue or quick-relief inhaler) and his or her daily preventative medicine?
4. Are there preventative medications that treat both inflammation and constriction?
5. Should my child get a lung function test?
6. Does my child need a peak flow meter to monitor lung function at home?



Tips for Asthma Control

Keeping asthma under control doesn't have to be hard work. Here are some tips from Dr. Bill to help you get the best results from your child's asthma treatment plan.

At home

- Discuss the importance of asthma control with your child every day
- Instead of asking your child "how is your asthma?" ask specific questions about his or her symptoms, such as:
 - Did you have trouble breathing today?
 - How often did you cough or wheeze today?
 - Were you able to play without having trouble breathing?
 - How many times did you use your fast-acting inhaler (also called a rescue or quick-relief inhaler), like albuterol, this week?
 - Did your asthma wake you up at night this week?
- ACT together – periodically take the Asthma Control Test™ with your child to assess his or her level of control; then discuss the results with a healthcare professional
- Help ensure your child takes his or her preventative medications as prescribed by a healthcare professional
- Add medicine time to your child's list of daily necessities like brushing teeth and doing homework
- Keep a daily journal to help you keep track of symptoms, triggers, medications taken and other important information



At school

- Alert your child's school that your child has asthma
- Make sure the health personnel at the school understand which of your child's medications are preventative, which are for quick relief and how the medications should be given; make sure you've authorized the school to make your child's medicine available when necessary
- Provide your child's school with a written emergency plan for your child in case of a severe asthma episode; include what action to take, whom and when to call
- Ask your school nurse to educate faculty/staff about asthma
- Inform coaches and those that supervise organized sports that your child has asthma and the steps to take in the event of an attack
- Check that your child has good options to fully and safely participate in physical education class, recess and after-school athletics – for example, does your child have access to his or her medicine before exercise? Can your child choose other activities when medically necessary?

Asthma Basics



Asthma is a chronic lung disease, but with proper care it **can be controlled** and your child can live without symptoms all or most of the time.

Asthma causes two main things to happen in the airways, causing them to get smaller so less air can move in and out:

- **Inflammation** – airway swelling and irritation
- **Constriction** – tightening or pinching of the muscles surrounding the airways

Common asthma **symptoms** that can happen during the day or at night include:

- **Wheezing** – a whistling sound heard especially when breathing out
- **Cough** – often occurs or gets worse at night
- **Shortness of breath** – difficulty catching your breath
- **Chest tightness** – feels like a strap is being tightened around the chest

An **asthma attack** happens when your child's symptoms get worse. The airways become even more narrow, and it is harder to breathe. The good news is that asthma attacks can be prevented with daily maintenance medicine.

Asthma triggers are things that can cause asthma symptoms or attacks. Common triggers are tobacco smoke, dust mites, animal dander, cockroach droppings and remains, indoor mold, strong odors, exercise and cold air.

Medication is a very important part of treating and preventing symptoms. There are two main types of asthma medicines:

- **Fast-acting medicines like albuterol (also called a rescue or quick-relief inhaler)** provide quick relief of sudden symptoms

If your child needs a fast-acting asthma medication more than twice a week, it could be a sign that asthma is not under control. Speak with your healthcare professional as soon as possible.

- **Preventative medicines like inhaled corticosteroids and/or bronchodilators (also called long-term controller or maintenance medicine)** are used every day to treat inflammation and/or constriction; they prevent symptoms from occurring in the first place

Dr. Bill says:

Many people need to treat both causes of asthma – inflammation and constriction – on a daily basis for the best asthma control.



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