

# Back To School With Asthma: What Parents Should Know

(NAPSA)—For most children, returning to school means returning to an environment filled with new friends, teachers and opportunities. However, for the nearly one out of 10 children affected by asthma in the U.S.,<sup>1</sup> a new school year means exposure to triggers that may aggravate asthma symptoms.

Studies show that asthma attacks increase in the back-to-school months and that asthma emergency room and hospitalization rates spike in September.<sup>2</sup> Asthma is one of the most common causes of school absenteeism due to illness and accounts for almost 13 million missed school days each year among children ages 5 to 17 who reported at least one asthma attack in the previous year.<sup>3,4</sup>

“In my practice, I see an increase in pediatric asthma patients this time of year as children return to school and become exposed to a new environment with new allergens or irritants that can aggravate their symptoms,” said Dr. Kevin Murphy, board-certified pediatric pulmonologist at Boys Town National Research Hospital in Omaha, Neb.

Fortunately, there are ways parents can help manage their child’s asthma with the start of a new school year.

## Understanding Asthma In School

Asthma symptoms, which include coughing, wheezing and shortness of breath, can occur at any time, so it is important for parents to work closely with their child’s doctor to identify asthma triggers that can exacerbate a child’s asthma during school. For example, classrooms may contain indoor allergens such



as chalk dust, mold and dust mites, and recess time can result in breathing difficulties from exposure to outdoor allergens and changes in the weather.<sup>5</sup>

Upon identifying asthma triggers, parents should talk with their child’s doctor about appropriate ways to manage their condition.

“When my daughter Danielle heads back to school, she often experiences difficulty breathing in the classroom and on the playground,” said Julie Driggers of Omaha, Neb. “While a quick-relief inhaler helps bring her some relief during an asthma attack, I make it a point to set up an appointment with Danielle’s doctor before school starts to review her asthma treatment plan and discuss any changes or new options.”

In addition to a quick-relief inhaler, which treats wheezing and shortness of breath at the first sign of symptoms, children may require use of a long-term maintenance medication to help prevent or reduce the airway inflammation that can lead to asthma symptoms.<sup>5</sup>

## More About Long-Term Maintenance Medications

According to accepted asthma guidelines, inhaled corticosteroids (ICS) are the preferred foundation therapy for initiating long-term control in children with persistent asthma.<sup>5</sup> ASMANEX® TWISTHALER®

(mometasone furoate inhalation powder), for example, is an ICS inhaler approved for the maintenance treatment of asthma in patients four years of age and older. ASMANEX is not indicated for the relief of sudden asthma symptoms or in children less than four years of age and has not been demonstrated to be effective in treating asthma symptoms caused by specific asthma triggers.

“An inhaled corticosteroid, like ASMANEX, is a useful option to help parents establish a regular routine for their children when taking asthma medication,” said Dr. Murphy. “Important is that parents should work with their child’s doctor to determine a treatment plan that’s right for their child,” he adds.

## Tips For Managing Asthma<sup>6</sup>

Beyond medications, parents should consider additional ways to help manage their child’s asthma in the school setting, such as:

- Work with your child’s doctor to develop an asthma action plan that outlines the child’s asthma history and includes information about current medications.
- Provide school staff with the asthma action plan and emergency contact information.
- Talk to your child about what triggers asthma symptoms and make sure your child knows where his/her rescue inhaler for the treatment of sudden asthma symptoms is at all times.
- Learn the asthma policies and asthma emergency procedures in place at your child’s school.
- Find out how often and when a school nurse is on-site.

For more information, visit [www.AsthmaSchoolTips.com](http://www.AsthmaSchoolTips.com).

### About ASMANEX<sup>®</sup>

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

ASMANEX TWISTHALER (mometasone furoate inhalation powder) 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 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 Information About ASMANEX<sup>®</sup>

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 (mometasone furoate inhalation powder 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 have 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](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

### References

- <sup>1</sup> “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](http://www.cdc.gov/nchs/data/series/sr_10/sr10_234.pdf)
- <sup>2</sup> Johnston, NW et al. The September Epidemic of Asthma Hospitalization: School Children as Disease Vectors. *Journal of Allergy and Clinical Immunology*. March 2006. Vol. 117(3): 557-562.
- <sup>3</sup> “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](http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.pdf)
- <sup>4</sup> “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/asthma03-05/asthma03-05.htm>
- <sup>5</sup> 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>
- <sup>6</sup> “A Guide for Parents of Children with Asthma.” American Lung Association, 2005.
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