

Children's Health Update

Make A Plan To Help Take Control Of Childhood Asthma

(NAPSA)—Parents can help protect their youngsters from problems with their asthma.

For the more than 9 million children in the United States with chronic asthma¹, triggers such as germs, viruses, cold air and pet dander can exacerbate asthma symptoms, which may lead to an attack and result in a need for emergency rescue medication. A trip to the emergency room for asthma symptoms is a clear sign of uncontrolled asthma and should be discussed immediately with the child's physician.

Triggers and Symptoms

Pet dander from indoor animals and respiratory viruses are just a few of the triggers that make the indoors bothersome for children with asthma. These triggers can cause very clear asthma symptoms, such as coughing and wheezing. But there are also quieter, more difficult to recognize symptoms.

"Wheezing and coughing aren't the only symptoms of asthma," said Dr. Sai Nimmagadda, a pediatrician at Chicago's Children's Memorial Hospital who specializes in asthma and immunology. "Fatigue, restlessness and anxiety can also be a sign that a child with asthma is struggling to breathe."

Take Control

There are daily medications that can help prevent asthma symptoms from occurring. Unlike rescue medications, which are used for quick relief of symptoms during an attack and should be a part of a child's asthma symptom management plan, controller medicines are used daily—even during symptom-free periods—because they treat the inflammation and



Pet dander and respiratory viruses passed at day care centers can make the indoors unpleasant for kids with asthma.

the "quiet part" of asthma that cannot be heard, seen or felt.²

"While using emergency rescue medication is necessary during acute episodes, it should be a rare occurrence," said Dr. Nimmagadda. "To help reduce use of rescue medication, parents need to develop an asthma symptom management plan and carefully follow it every day."

One such plan, to be completed by parents with their child's physician, can be accessed at AsthmaKidCare.com. It helps parents and caregivers identify triggers, symptoms, appropriate treatment options and steps to take during an asthma emergency.

"A child's asthma is not controlled when treated from one crisis to the next with a rescue inhaler," Dr. Nimmagadda said. "For children as young as 12 months of age with persistent asthma, I often prescribe an inhaled corticosteroid to help control their symptoms."

Guidelines from the National Institutes of Health recommend inhaled corticosteroids as the preferred treatment for children who need a controller medicine for persistent asthma. These guidelines help physicians manage asthma and they may be considered, together with other information by the doctor, to determine individual patient treatment needs. Pulmicort Respules® (budesonide inhalation suspension) is the only FDA-approved nebulized inhaled corticosteroid approved for children 12 months to 8 years of age to help prevent symptoms that can lead to an attack. This medication is delivered through a jet nebulizer, which allows children to inhale the medicine by breathing naturally through a mask or mouthpiece. This treatment is not a rescue medication and should not be used to treat an acute or sudden attack.

Patients and caregivers should talk to their physician about side effects associated with the asthma medication prescribed. For example, side effects seen in clinical trials with Pulmicort Respules included respiratory infection, runny nose, earache and coughing. In addition, parents should alert the doctor if their child is switching from an oral (syrup or pill) corticosteroid and if their child has been exposed to chicken pox or measles.

For more information about Pulmicort Respules, talk to your doctor and visit www.asthmakidcare.com. Please see full [Prescribing Information](#) for PULMICORT RESPULES. PULMICORT RESPULES is product for AstraZeneca Pharmaceuticals LP.

Important Safety Information

PULMICORT RESPULES is a preventive, maintenance asthma medicine indicated for use in children 12 months to 8 years of age. PULMICORT RESPULES is not a quick-relief medicine (bronchodilator) and should NOT be used to treat an acute asthma attack. In clinical studies, the side effects experienced with PULMICORT RESPULES were similar to those experienced with placebo. These included respiratory infection, runny nose, coughing, earache, viral infection, stomachache, oral thrush and nosebleeds. If switching to PULMICORT RESPULES from an oral (syrup or pill) corticosteroid, doctor's instructions should be followed to help avoid health risks. The doctor should also be notified if there has been exposure to chicken pox or measles. Please see full Prescribing Information for PULMICORT RESPULES. PULMICORT RESPULES is a product of AstraZeneca Pharmaceuticals LP. For more information on the symptoms and triggers of asthma, as well as potential treatment options, parents can visit www.asthmakidcare.com.

References:

1. American Academy of Allergy Asthma & Immunology. *Helping a kid with asthma be a kid.* http://www.aaaai.org/patients/allergic_conditions/pediatric_asthma/being_kid.stm. Accessed February 1, 2008.
2. American Academy of Family Physicians. *Asthma: controller and quick-relief medicine.* <http://familydoctor.org/online/famdocen/home/common/asthma/medications/665.html>. Accessed March 25, 2008.
3. National Institutes of Health. *National Asthma Education and Prevention Program (NAEPP) Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma: Summary Report.* 2007.