Pointers for Parents PATONIS

Controlling Childhood Asthma

(NAPSA)—A healthy dose of knowledge may go a long way toward treating childhood asthma.

In fact, fully understanding the meaning of asthma control can empower parents to better manage their child's disease. That includes knowing what key information to track so that parents can come prepared to the pediatrician's office and help the pediatrician better assess all the dimensions of their child's disease.

However, survey results released by the Asthma and Allergy Foundation of America (AAFA) showed that mothers of children with asthma and their pediatricians may not speak the same language when it comes to discussing asthma control. This communication gap could potentially lead to less than complete understanding of asthma control.

"Helping parents to provide the right information to their child's pediatrician can truly make a difference in their child's health. If parents know what to watch for and share with us, it can help their doctor in determining the best treatment options for their child's asthma," said Dr. Allan Luskin, Clinical Associate Professor of Medicine at the University of Wisconsin, and Director of the Center for Respiratory Health, at the Dean Medical Center, Madison, Wisconsin.

Not Speaking the Same Language

The survey found that 63 percent of pediatricians felt that their definition of asthma control differed from that of their patients, while only 25 percent of mothers said that it differed.



For more information, visit www.getaheadofasthma.com or call 1-800-7-ASTHMA.

While the majority of pediatricians (87 percent) said that they discussed asthma control with their patients on a regular basis, mothers reported that the meaning of asthma control is discussed during a typical asthma visit 20 percent of the time.

The survey results suggest that while mothers and pediatricians are having the same conversation, they do not perceive the same things all the time.

"Doctors tend to review quantitative, clinical factors during a typical visit, which may not be perceived by mothers as dimensions of asthma control," said Mike Tringale, director of external affairs for AAFA. "Mothers, instead, tend to place a heavier emphasis on the 'qualitative' dimension of the disease and how it impacts their quality of life. 'Is my child breathing freely? Can my child go to school today or play with friends?' Perhaps that explains the disconnect revealed in our survey between mothers and pediatricians when discussing disease control."

Helping Bridge the Communication Gap

In response to this communication gap, an educational campaign called "Get A.H.E.A.D. of Asthma" was launched by AAFA to provide asthma patients and caregivers with the tools to better communicate with their physicians about asthma control. As part of the initiative, a Web site, www.getahead ofasthma.com, was created to provide a downloadable brochure, including a "road map" for an effective conversation between patients and physicians.

A Childhood Problem

Nearly 5 million asthma patients are under the age of 18, making asthma the most common chronic childhood disease. It affects more than one child in 20, and asthma is the most common cause of school absenteeism due to chronic disease. It accounted for an estimated 14 million lost school days one year alone.

Getting Ahead of Asthma

Asthma is a disease that can be very different for each patient, and it may require both lifestyle adjustments and medication to be controlled. Tringale says that parents should discuss both the qualitative and quantitative impact that their child's asthma has on their everyday lives. Symptoms, fast-acting inhaler use, quality of life and response to treatment are all dimensions of asthma control that he says should be addressed during a conversation between parents and pediatricians.

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