

children's HEALTH

A Drug To Keep Kids Out Of The ER

(NAPSA)—If your child has asthma, you may be able to breathe easier. New medical research is helping young sufferers shorten and even avoid emergency-room visits.

In 2000, asthma resulted in more than 700,000 ER visits and more than 200,000 hospitalizations in patients under age 18. ER and hospitalization rates were highest among children 4 years of age and younger, despite improvements in currently available asthma treatments.

In a study presented at the American Academy of Pediatrics Annual Meeting in October, researchers found that children with asthma who were given an inhaled corticosteroid through a device called a nebulizer experienced a 43 percent reduction in risk of returning to the ER or being admitted to a hospital. The nebulizer converts asthma medication into a breathable mist. When inhaled correctly, the nebulized medication has a better chance to effectively reach the small airways of the lung and therefore increase the medicine's effectiveness.

"Parents of children experiencing asthma attacks often rush their children to the emergency room as much as four or five times a year," said Dr. Carlos Camargo, associate professor of medicine and epidemiology at Harvard Medical School and Massachusetts General Hospital and the principal investigator in the study. "These parents should speak to their regular pediatrician, family physician or asthma specialist about the medication that is right for their child, such as a nebulized inhaled corticosteroid."



Asthma is the third-leading cause of hospitalization among children under 15.

The study showed that treatment with a nebulized inhaled corticosteroid after an asthma exacerbation is associated with a reduction in the need to seek ER or hospital treatment. Specifically, children using Pulmicort Respules (budesonide inhalation suspension), the nebulized medication used in this study, were 43 percent less likely to have to return to the ER or hospital for treatment.

Pulmicort Respules are indicated for the maintenance treatment of asthma as prophylactic therapy in children 12 months to 8 years of age. It is not a bronchodilator and is not indicated for the relief of acute bronchospasm. The most common events reported in clinical trials, regardless of relationship to treatment, were respiratory infection, rhinitis, coughing, and otitis media.

For more information on the symptoms and triggers of asthma, as well as potential treatment options, go to www.everydaykidz.com.