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TIPS FOR COPING WITH CHILDHOOD ASTHMA:

- * The Center for Disease Control (CDC) recently released a report stating that **1 of every 10 American children** or 8.9% of all children under age 18 in this country, **has asthma**. This rate has more than doubled since 1980.
- * Within these asthma statistics there is a large difference among racial groups: 8% of Caucasian children have diagnosed asthma; 19% of Hispanic children and 13% of African American children have diagnosed asthma. The key word here is diagnosed. Many more children might have the disease but haven't been properly diagnosed.
- * Scientists don't know what is causing the upsurge in asthma; some lean to more exposure to environmental factors like the widespread use of cleaning products, antibiotic cleaners and pollution. The racial disparities are most often caused by economic factors. Poorer children are often more exposed to cigarette smoke, mold, roaches and outdoor air pollution that irritate the lungs making them more susceptible to asthma.
- * **A parent or caregiver of an asthmatic or allergic child often feels helpless, frightened or frustrated** when their child is in the midst of a flare-up or even in anticipation of another flare. Childhood asthma can mean sleepless nights, fatigue, tension and irritation for parents, caregivers and siblings as well as for the affected child, diminishing the quality of life for the whole family, no matter the economic status or racial characteristics. Asthma is an equal opportunity disease.
- * **There are ways to cope** with having an asthmatic or severely allergic child, ways to improve the quality of family life while handling these diseases.
- * AAFA-TX suggests these actions:
 - 1) **Be in control** of your child's asthma; **follow the medication and management plan** developed with your physician and **attend education programs** to learn about the disease.
 - 2) **Learn your child's triggers and early warning symptoms**; know how and when to administer medications and how to use asthma devices - peak flow meters, spacers and nebulizers. For more information, ask AAFA-TX.
 - 3) Use an asthma/allergy action plan – ask AAFA-TX for a free copy.
 - 4) **Both parents should be involved** in caring for the child and work together to provide consistent care.
 - 5) **Involve older siblings to help** the younger asthmatic child by reminding them when they need to take their medication; **teach siblings the triggers and signs a flare-up is starting and what to do** to help – but **don't make them responsible for the asthmatic child's welfare**.
 - 6) **Share your child's trigger and symptom "list" with grandparents, relatives and neighbors**; **request they not smoke around the child and eliminate known allergens from their home** if the child visits.
 - 7) **Don't make an asthmatic or allergic child the focus of everything** the family does. Parents should make special time for their other children to avoid resentfulness.
 - 8) **Become the child's advocate** with teachers, coaches and other parents – make certain your child's teachers and school nurse have the Action Plan. If the child is capable of using their inhalers when needed, ask your physician to co-sign a permission form to self-administer and carry medications on the school campus and school events. Ask AAFA-TX for a copy of these forms. They must be completed for every school year.
 - 9) Allow your children to **express their frustrations** about their diseases.
 - 10) Don't make the child feel they are a **burden – don't build guilt**.
 - 11) **Parents are people first. Leave your asthmatic child with caregivers sometimes** so you have time for each other, to eliminate frustrations, promote family well-being and open lines of communication between parents.
 - 12) Ask AAFA-TX for a free copy of The Babysitter's Guide to Asthma & Allergies, including an action plan and emergency procedures.

SPIROMETRY DEFINED

* Physicians use many tools to both diagnose and monitor asthma in both adults and children. One of these tools is a lung function test called Spirometry. It is a **non-invasive procedure** and takes approximately 15 minutes with immediate results.

* **What does Spirometry test?** It can detect lung diseases such as asthma or COPD; it can monitor the effects of control medications as well as rescue medications used by asthma patients; it can evaluate if an asthma patient is "in control" and it can even detect lung congestion before a flare-up occurs.

* Some physicians are trained to administer these painless tests and evaluate the results. Once diagnosed with asthma or COPD, a physician may administer the test periodically to monitor the disease. Ask your physician for more info.

Upcoming Free AAFA-TX Programs: **1) Fri. March 2** – "The Recognition and Treatment of Anaphylaxis" a continuing education program for nurses worth 2 CE's, Ft. Worth ISD. Dr. John Meiser, instructor. **2) Sat. March 17**, "Asthma & Allergy Essentials" Methodist Children's Home, Dallas, Patty Carlton, instructor. **3) Sat. March 31** "Aware for All" Clinical Research Education Day, Cityplace Convention Center, Dallas; free Spirometry screenings 9:00 am- 11:00 am by Dr. Birgis Chinoy, "Clinical research -focus on asthma/allergy" workshop, 11:35 am, Dr. Rebecca Gruchalla presenting. For more information, contact AAFA-TX.

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