It is extremely important for children with asthma to avoid tobacco smoke. If you smoke, your child is more likely to be admitted to hospital. If you smoke, please try and give up. Your GP can help with this or you can call 0800 0852219. Please ask us for a STOP SMOKING leaflet.

Want to give up smoking? See your G.P or call 0800 085 2219 for free help and advice.

For further advice or support please contact:

Paediatric Asthma Nursing Service:
University Hospital of Wales: 029 20 742116
Llandough University Hospital: 029 20 715514
What is asthma?

Asthma is a disease that affects the lungs and makes it hard to breathe. The muscles around the walls of the airways tighten so that the airways become narrower. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways, making less room for air to move in and out of the lungs.

Pre-school wheeze is used to describe wheezing in children under the age of 5. Many of these children will grow out of their problem, but are often treated in a similar way to asthma.

What are the causes of asthma?

The causes of asthma are complicated, but some things can make asthma worse. These are known as triggers. The most common trigger is a viral cold infection. Potential triggers are listed below.

Viral cold
Dogs and cats
Pollen and house dust
Cold air and exercise
Tobacco smoke and perfumes

What is the treatment for asthma?

There are two major types of inhaler medications given to treat asthma.

1. Relievers
   - These work by relaxing the muscles around the airways helping them to open wider.
   - These are short-acting and are used when your child is unwell.
   - The other name for relievers is bronchodilators. Relievers are usually blue.

2. Preventers
   - Preventer inhalers contain steroids. Steroids make the airways less sensitive so they are less likely to react when they are exposed to triggers or allergens. They also help by reducing swelling and mucous production.
   - Inhaled steroids are usually given every morning and night.
   - When starting inhaled steroids it may take up to 2 weeks to notice any change.
   - Some inhalers contain a combination of inhaled steroids together with a long-acting reliever – these relievers can last for up to 12 hours.
   - All preventers should be taken every day even if your child is feeling well.
   - Preventers and combination inhalers come in many different colours.

Are there any other treatments for asthma?

Montelukast

Montelukast (Singulair®) is another preventer. It comes as a tablet, chewable tablet or as granules. It is particularly good for children who mostly get unwell with viral infections. The granules may be swallowed whole or mixed with cold food, but should not be dissolved in liquid.

Oral Steroids (Prednisolone)

If you get unwell with asthma, oral steroids are extremely effective at bringing symptoms under control. They are usually given for 3 – 5 days.

Are there any side effects to the treatments?

Some people are concerned about taking a steroid medication, however, they needn’t be. The inhaled steroids used in asthma go straight to the airways and because very little gets into the blood, there are minimal side effects. Poorly controlled asthma however, can cause poor growth.

How should I take my asthma treatments?

- Most asthma medication is taken by inhaler.
- Normal inhalers must always be taken through a spacer so that the medication reaches the lungs and doesn’t just hit the back of the mouth. This means you should be taking both your reliever and spacer to school.
- If you are over 3 years old, you should be able to use a spacer with a mouthpiece. This is so much more effective than a spacer with a mask attachment. Mask spacers are generally only for very young children who can’t use a mouthpiece.
- For children over 8 years, there are special inhalers (usually called turbobalizers) which don’t need a spacer. These are much more handy for school as they are small and can fit in your pocket.
- The asthma team can discuss the best method for you and make sure that you are using your inhaler properly.

Tips for looking after my asthma?

- Follow your treatment plan.
- Know when to seek help – Be aware of signs and symptoms of worsening asthma needing relievers more often, cough, wheeze, developing a cold, waking with cough or wheeze at night.
- Always use a spacer with your inhalers
- Rinse your mouth, brush your teeth or wipe your face after using inhaled steroids.
- Look for triggers and try to reduce or remove them from your everyday life.
- Do not stop your regular treatments unless advised to do so by a doctor or nurse
- Attend your GP asthma clinic for regular review.
- If your parents smoke, ask them to give up for your sake.