

Fall is rough for kids with asthma

Daily management best way to fight off viruses, allergens

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TAYLOR GLASCOCK DISPATCH

The start of school and soccer season are a higher-risk time for Kyle Walsh, 13, shown at practice. The asthma sufferer takes a daily medication and carries an inhaler.

Back to school means back to the hospital for many children with asthma.

Every September, doctors expect a surge of patients at Nationwide Children's Hospital's emergency department and urgent-care offices, said Dr. Beth Allen, a pulmonologist with the hospital.

Asthma flare-ups bad enough to send children for emergency care are a major concern and can mostly be avoided with good management of the disease, even when asthma triggers are most prevalent, experts say.

September's triggers include ragweed and respiratory diseases that spread like mad in classrooms.

"Cold viruses are the most potent way to trigger asthma. The vast majority of kids who end up in the hospital have a cold," Allen said.

Other potential contributors include mold, increased exposure to dust and potent cleaners, and increases in exercise.

Sports always have been the primary concern for 13-year-old Kyle Walsh of Baltimore in Fairfield County, said his mother, Connie.

Her son, an eighth-grader at St. Pius X School in Reynoldsburg, found out he had asthma when he was 8, after his parents noticed that he had trouble breathing during soccer games.

“He would be playing and turned beet-red and ended up putting his hands over his head (to get more air),” Mrs. Walsh said.

He now takes a daily medication and carries a rescue inhaler, and his asthma is usually well-managed, Mrs. Walsh said. The beginning of the school year and soccer season continue to be a higher-risk time, though.

Mrs. Walsh said it’s important that parents watch their children for behavior that might signal asthma.

Those who already know their children have asthma should make sure it’s under control, Allen said.

If a child wakes up at night with breathing difficulty — even just twice a month — that is a problem, she said. If a child has a nagging cough, that is not normal, either.

When parents go in for asthma checkups, they should leave with a plan — ideally in writing — that outlines what steps should be taken when symptoms flare, Allen said.

And they should get their children a flu vaccine, because flu can put a child with asthma in the hospital.

The September spike in hospital visits for asthma attacks is widespread, said Dr. Gregory Omlor, director of pulmonary medicine at Akron Children’s Hospital.

Emergency doctors usually treat these patients with medications and oxygen.

He emphasized the importance of proper diagnosis and daily anti-inflammatory medication in addition to a rescue inhaler.

There’s only so much that children can do to avoid asthma triggers, Omlor said, so well-controlled asthma is the best way to combat the irritants circulating this time of year.

Primary-care physicians are sometimes reluctant to diagnose asthma but should realize that early identification means better treatment and less risk of a crisis, Omlor said.

About 1 in 10 children has asthma, according to 2009 data from the U.S. Centers for Disease Control and Prevention.

Barbara Hickcox, asthma coordinator for the Ohio Department of Health, said the state and the Ohio Asthma Coalition are working to boost pediatricians' recognition of asthma symptoms and how to treat the disease in an ideal way.

"We are still finding on our surveys that close to 50 percent of physicians are not treating asthma in a way that controls it," she said, explaining that many will give patients a rescue inhaler without a daily steroidal medication to keep flare-ups from happening.

The department and the coalition also are working on a project to alert coaches to signs of exercise-induced asthma, Hickcox said.

The project will include an online video and stickers coaches can put on the back of their clipboards that remind them how best to help a child in crisis.

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