



Does My Child Have Asthma?

“Does my child have asthma?” is a common question families ask. Asthma can make it hard to breathe and can cause coughing, wheezing, shortness of breath or tightness in your chest. These things we see and feel are called symptoms. Asthma symptoms can come and go, making it hard to know if a child has asthma.

It may take weeks, months or even years to confirm asthma, but there are ways to help us know if it is more likely or less likely that a child has asthma. The information you share with health professionals helps us understand if it is asthma. These are the 5 important things to think about:

1. SYMPTOMS

2. TRIGGERS

3. MEDICAL HISTORY

4. RESPONSE TO MEDICINE

5. BREATHING TESTS (when a child is about 6 years old)

The information below includes ideas to help you learn what to look for and what to write down to share with your doctor or asthma educator.

Visit our website at www.ucalgary.ca/icancontrolasthma for more information and other resources.

1. SYMPTOMS

Common asthma symptoms include:

- **Cough** – Cough may come and go. It can be worse during the middle of the night. Some children cough so hard they struggle to breathe or throw up
- **Wheeze** – This is a whistling sound you hear when your child takes a breath in or out. Visit our website to hear wheezing (see “Videos” tab → “A Little Asthma Story”)
- **Tight Chest** – Some children say asthma feels like being squeezed or having something heavy sitting on your chest. This can be hard for children to describe
- **Shortness of Breath** – Children often say they cannot get a full breath in. They may need to stop playing to catch their breath or they can’t keep up with their friends when running or playing

2. TRIGGERS

Triggers can cause **asthma symptoms** or may make the symptoms you already have worse. Triggers are different for everyone. Some common asthma triggers include:

- **Colds/Flu** – the most common trigger
- **Allergies** – animals, pollen, mold, dust
- **Emotions/Stress**
- **Environment** – strong smells, weather changes
- **Exercise/Play**

3. HISTORY

It is important to share your child's medical history with a healthcare professional:

- **Patient History** – Children who have asthma symptoms or hospital visits for breathing trouble are more likely to have asthma. Children who have allergies or eczema are also **more likely** to have asthma
- **Family History** – Children who come from families with asthma or allergic conditions (such as eczema, hay fever and even food allergies) are **more likely** to have asthma

4. RESPONSE TO MEDICINE

If your child has a pattern of symptoms that look like asthma, they may be given a trial of asthma medicine. Asthma medicine must be taken properly to work. Visit our website to watch videos on how to take your asthma medicines (Click "Devices" tab).

There are two different types of asthma medicine:

Relievers

- These puffers are blue and give temporary relief of asthma symptoms
- They should work quickly and relieve symptom for 3 or 4 hours
- Be sure to tell your child's doctor if this medicine is NOT helping

Controllers or Preventers

- These medicines are usually orange, red or brown. They control asthma and help prevent symptoms
- These medicines must be used every day for them to work and it often takes 2 weeks or more to have the best effect
- If your child was given a puffer at the hospital, it is important that you see your family doctor before stopping this medicine

5. BREATHING TESTS

- When children are about 6 years old, they can do a simple breathing test called spirometry. Spirometry is only one part of the overall picture we build to decide if a child has asthma
- Since asthma symptoms come and go, the breathing test only tells us about the lungs on the day the test is done. This means a normal breathing test **does not** rule out asthma

OTHER THINGS TO THINK ABOUT

- Asthma can be diagnosed at any age. Watch for asthma symptoms and see if taking asthma medicine relieves those symptoms
- Children who regularly have asthma symptoms are treated with puffers to lessen the impact of colds. Research shows that half of these children will not have asthma by the time they reach school age
- Finally, don't be confused by words like **reactive airway disease**, **wheezy bronchitis**, **happy wheezer** and **bronchospasm**. These are just words some people use to describe asthma symptoms



*If your child does have asthma, the good news is that asthma can be well controlled and should not prevent children from doing **anything they want to do!***



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