



Questions from Patients

Community Pediatric Asthma Service

You have questions? We have answers!
Our team of Certified Respiratory Educators in Calgary have pulled together answers
for some of their most frequently asked questions.

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Does my child have asthma?

The diagnosis of asthma can be made as early as one year of age. When making this diagnosis, it considers medical history, family history, allergies, response to asthma treatment and spirometry testing (done at 6 years of age). (Refer to [Does My Child Have Asthma?](#) document) It usually takes time to determine if a child has asthma—weeks, months and sometimes years.

Will my child outgrow asthma?

As some children get older, their asthma symptoms may disappear while others will continue to have symptoms. Asthma symptoms depend on what triggers they encounter in the future. Generally, the more triggers children have, the greater the chance of having asthma symptoms in the future.

If you carry the genetic makeup for asthma, and although symptoms may disappear, asthma symptoms often return when you are older (i.e., 30's or 40's). If there are strong personal or family allergies, it is much more likely your child will not outgrow their asthma symptoms.

Will my child become resistant to asthma medicine?

No. If asthma medicines become less effective, contact a health care provider for advice. Your health care provider may increase or change your medicines.



When should my child stop taking asthma medicines?

When your child's asthma is under control, talk to your doctor about stopping or adjusting the dose. Stopping controller medicine too soon may cause airway swelling or inflammation to return. A written [Asthma Action Plan](#) from your doctor is a helpful tool you can refer to when you need to use/change the amounts of your child's asthma medicine.

For asthma triggered by colds/flu, a good rule to follow is if your child has a minimum of two colds with no asthma symptoms, a trial **off** their asthma medicine can be considered. Be conscious of timing and do not stop if going on a holiday or have important events in case the trial is unsuccessful.



My child gags on the medicine when given it. What can I do?

For people with a strong gag reflex or those who do not like the taste of their medicine, the use of another medicine should be explored with your doctor. Using a spacer with metered dose inhalers or changing from a Diskus to a Turbuhaler device could be an option. QVAR and Alvesco have an alcohol base and some children do not like this.

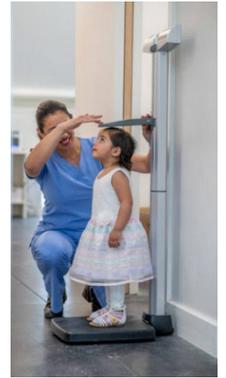
When using the Turbuhaler device, I don't think my child is getting anything.

The amount and particle size of medicine from this device is small which is why proper device technique is very important. Make sure that the device is not empty, expired or broken. Monitoring asthma symptoms and asthma control will ultimately help you decide how this medicine is working for your child. Talk to your doctor about your concerns.

Do corticosteroids cause weak bones and/or stunt growth?

Corticosteroids are a hormone that your body produces naturally. Inhaled corticosteroids, at the doses recommended to treat asthma, have not been shown to cause weak bones, growth suppression, weight gain or cataracts.

Inhaled steroids very rarely cause thrush in the mouth or a hoarse voice. Rinsing the mouth or brushing teeth will help eliminate these potential side effects. When corticosteroids are taken orally (liquid or oral form) in higher doses for long periods, they can cause weak bones and growth suppression. These potential side effects are rarely ever seen when asthma medicine is taken with a spacer.



How do I know when my child is old enough NOT to use a spacer with a puffer?

Everyone should use a spacer with metered dose inhalers, **regardless** of age. You get more medicine in your lungs using a spacer. If your child is 6+ years old, other medicine devices like dry powder inhalers can be considered. Device technique should be reviewed with a health care professional at least once a year, preferably at every visit with your doctor or health care provider.

My child has RSV. Is that asthma?

No. RSV is the name of a common respiratory virus called "Respiratory Syncytial Virus". It is a contagious virus that is spread through the air from one person to another, often by coughing and sneezing or touching common services and by hands. It is a common cause of colds in winter and early spring and can affect all ages. RSV symptoms may look like a cold; fever, runny stuffy nose, red eyes, sore throat/ears, and other cold symptoms. Symptoms may get worse and include wheezing, shortness of breath, increased respiratory rate, which look like asthma symptoms, but are not asthma. The relationship between RSV and children developing asthma is unclear and there continues to be research on this topic. RSV can be dangerous for infants. Keep babies away from people with any cold symptoms.



The dentist says asthma medicines can cause tooth decay.

The saliva in your mouth rinses the medicine away. The acidity of some medicines can cause tooth decay. People with dry mouth need to be more aware of good daily oral hygiene and regular dental care.

Should I have a humidifier in my child's room?

Having a humidifier in the bedroom does not help someone with asthma symptoms. Avoiding your asthma triggers and proper medicine help control asthma. If you use a humidifier, it is important to monitor the humidity level and keep the level below 50%. The water in the reservoir should be replaced at least every 24 hours, and the reservoir should be cleaned with soap and water at least once a week. Damp homes are bad for lung health and are a source of mold and bacteria. Dust mites do not survive well in humidity levels of less than 50%. A hygrometer is a gauge that measures the humidity in your home and can be bought from most hardware stores. Read the instructions that come with your humidifier.

Does my child need allergy tests if she/he has asthma?

Allergies are an important determinant of long-term asthma. Although not all children need allergy tests, a full allergy assessment is often helpful in confirming triggers. Determining what allergies are present makes it easier to plan how to avoid them but often an allergy test cannot always pinpoint exactly what allergy your child has.



My child is lactose intolerant and I heard that some medicines have lactose in them. Is this true?

Some dry powder medicine contains lactose. The amount of lactose in these medicines is very small and should have no effect on lactose-intolerant people, but talk to your doctor about other medicines that can be substituted.

My child is coughing. Should I give her/him cough syrup?

No. Cough syrup should not be used to treat asthma symptoms. Cough due to asthma requires asthma medicine, not cough syrup. If the cough is due to rhinitis, then a cough syrup may help. Suppressing the cough due to asthma may cause the mucous that is produced with asthma to stay in the lungs where bacteria can grow and increasing the chance of bacterial pneumonia. No medicine containing acetylsalicylic acid (Aspirin, Motrin or Advil) or cough suppressant (DM) should be taken. Consult a pharmacist about over-the-counter and prescription medicine for asthma. Generally speaking, decongestants are acceptable.

Should I use a HEPA (High Efficiency Particulate) filter?

It is still unclear whether HEPA filters reduce asthma and allergy symptoms. Having a filter is a personal choice. Good housekeeping is very important in removing indoor and outdoor particles that can irritate lungs. Regular vacuuming, dusting and eliminating clutter, especially in the bedroom, helps eliminate exposure to triggers. Central vacuums should be exhausted to the outside.

