

# TEENS ON COURSE™

## IT'S ALL ABOUT ASTHMA

PROACTIVE PARENTS/GUARDIANS GUIDE

REAL ISSUES™  
REAL ANSWERS™



CAUTION



HARD  
BREATHING AHEAD!

# DRIVER'S LICENSE

## TAKE A DEEP BREATH...



YOU

For those living with asthma, this simple task can be a real pain. It's only more frightening for a child, gasping for a breath and finding none. The number of Americans living with asthma grows each year. It's the most common chronic illness for children and teens, accounting for more than 14 million missed school days each year.

But you can help. This Parents/Guardians Guide to **TEENS ON COURSE™: It's All About Asthma** contains some key facts, stats and plans of action to help your teen face the challenges of asthma and breathe freely.

**DISCLAIMER.** This book provides general information about asthma and related issues. The information does not constitute medical advice and is not intended to be used for the diagnosis or treatment of a health problem or as a substitute for consulting with a licensed health professional. Consult with a qualified physician or health care practitioner to discuss specific individual issues or health needs and to professionally address personal medical concerns.

# TEENS ON COURSE™ IT'S ALL ABOUT ASTHMA

PROACTIVE PARENTS/GUARDIANS GUIDE

REAL ISSUES  
REAL ANSWERS™

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# UNDERSTANDING ASTHMA

If your teen has asthma and you're in the early stages of learning how to deal with it, the book **TEENS ON COURSE™: It's All about Asthma** can help both of you come to terms with the disease. This book will help you learn how to help your child. In order to do that, you first have to understand what asthma is and what it isn't.

## WHAT IT IS

**ASTHMA IS A CHRONIC DISEASE OF THE AIRWAYS THAT MAKES IT HARD TO BREATHE.**

When the air passages to and from the lungs get inflamed, they become narrow and air has a hard time moving in and out.

## ASTHMA HAS MANY SYMPTOMS.

Symptoms include coughing, wheezing, shortness of breath, and chest tightness.

## ASTHMA IS A DISEASE THAT EXPERTS DON'T KNOW THE CAUSES OF.

Experts think the environment, genetics and immune system factors combine to make the oxygen-carrying bronchial tubes inflamed. This can lead to asthma and episodes.

## ASTHMA IS A DISEASE THAT CAN BE TREATED.

Effective short-term relief and long-term control treatments for asthma include:

- **Steroids and anti-inflammatory medicines**
- **Bronchodilators**
- **Inhalers**
- **Nebulizers**

## **WHAT IT ISN'T**

### **ASTHMA IS A DISEASE THAT CHILDREN OUTGROW.**

While some children do grow up and find their asthma symptoms lessen greatly or go away altogether, many never completely outgrow it. For others it may come back later in life, brought on by smoking, a virus or exposure to toxic vapors.

### **ASTHMA IS A CHILDHOOD DISEASE THAT ADULTS CAN'T GET.**

In fact, many people start having asthma symptoms as grownups. Even if they've had no symptoms as a child, an adult can get the breathing disorder.

### **ASTHMA KEEPS YOU FROM EXERCISING.**

Nope. Exercise is just as important for people with asthma as it is for those without it. With care and the right prep, those with asthma can get the same benefits from exercising as everyone else. See the section ahead on fitness and asthma.

### **ASTHMA MEANS WHEEZING DURING AN EPISODE.**

Not all asthma episodes include wheezing. Likewise, not all wheezing means someone has asthma. Many people with asthma don't wheeze at all. Sometimes there's not enough air getting through the passageway to even make a wheeze.



**American Lung Association: Asthma:**  
[lung.org/lung-disease/asthma](http://lung.org/lung-disease/asthma)

# ASTHMA BY THE NUMBERS

**25.9 MILLION**

Average number of people in the U.S. with asthma.

**1 IN 10**

Average number of children with asthma in the U.S.

**90**

Percent of children with asthma who also have allergies.

**\$56 BILLION**

Average yearly cost of asthma in the U.S. due to medical expenses, missed school and work days.

**14.4 MILLION**

Average number of lost school days by children with asthma.

**3,600+**

Average number of deaths in the U.S. from asthma per year. Worldwide that number goes up to about 250,000. Asthma deaths are rare among children. The number of deaths goes up with age.



**Asthma and Allergy Foundation of America: Asthma Facts and Figures**  
[aafa.org/page/asthma-facts.aspx](http://aafa.org/page/asthma-facts.aspx)

# IT'S CLASSIFIED:

## ASTHMA TYPES

There are different types of asthma, brought on by different conditions:

### ALLERGIC ASTHMA

Allergens can irritate people with allergies and cause harmful reactions. Even everyday things like dust, animal dander, plant pollen and mold spores can cause asthma flare-ups. A doctor can run tests to determine what objects your teen may be allergic to.

#### CLOSE-UP ON ALLERGIES

Think your child may have allergies? Here are some common symptoms to watch for:

- **Itchy, watery eyes**
- **Sneezing**
- **Stuffy or runny nose**
- **Headache**
- **Dark circles under the eyes**

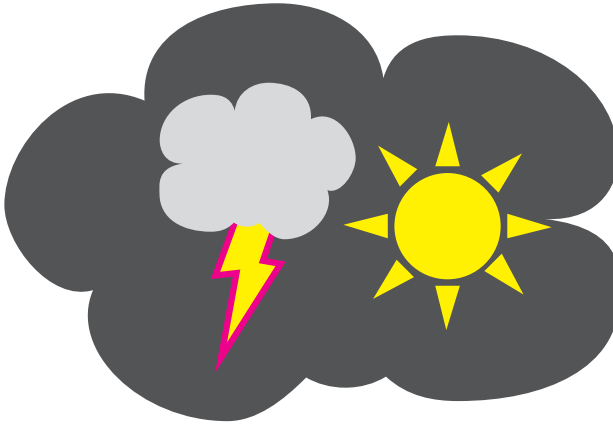


Allergies don't cause asthma, but the two conditions often go hand in hand. Children with allergies are more likely to have asthma than those who don't. A family history of allergies or asthma can also make a child more likely to have these conditions.



## SEASONAL ASTHMA

Changes in the weather can trigger an asthma attack. Microscopic pollen or mold in the air during certain times of the year can affect people with seasonal asthma. They may be sensitive to the cold air in winter or heat and humidity of summer. Taking special asthma meds can prevent allergies and attacks. Have your teen take them at the start of and all during the season that most affects him or her, as the doctor prescribes.



## NON-ALLERGIC ASTHMA

Your teen may suffer the same symptoms as allergic asthma but instead, he or she is sensitive to other things, such as:

- **Smoke**
- **Emotional stress**
- **Changes in the weather**
- **Breathing infections**

The doctor can run tests to find out what triggers your teen's asthma. Have your teen help by tracking the things that cause the symptoms. He or she can make a list and keep a chart. Together you can figure out what's causing the problem.



## ASTHMA FACT

Black children are two times more likely to have asthma than white children.



## EXERCISE-INDUCED ASTHMA

Maybe it's exercise that brings on asthma symptoms in your teen. When he or she gets active, changes in temperature and humidity can trigger attacks. The cold air that enters airways during exercise irritates the sensitive tubes and brings on wheezing and breathing difficulty.



## NOCTURNAL ASTHMA

People with this type of asthma feel the symptoms worsen late in the day. The hormones our bodies make during the day don't always protect against asthma at night. Other factors that can make asthma symptoms worse at night:

- **A runny nose or sinus infection**
- **Acid reflux from the stomach into the esophagus**
- **Allergens in the bedroom**
- **A late reaction to something earlier exposed to**
- **Cool nighttime air**

If your teen is having more asthma symptoms at night than during the day, tell the doctor. He or she can adjust the meds and get your teen sleeping better.



**WebMD: Asthma Types and Symptoms:**

[webmd.com/asthma/guide/asthma-symptoms-types](http://webmd.com/asthma/guide/asthma-symptoms-types)

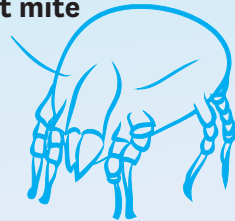
# THE TROUBLE WITH TRIGGERS

## AND SO IT BEGINS

One minute your teen is doing just fine. The next, he's coughing and gasping for air. Something has caused inflammation in the airways leading to his lungs, bringing on asthma symptoms. We call these things **triggers**. These triggers are usually harmless to most people, but those with asthma can find themselves coughing, wheezing and panting for air when they come in contact.

Knowing which ones bother your teen can help him or her steer clear of them and ward off an asthma episode.

Dust mite



## COMMON TRIGGERS:

- Allergens like pollen and mold
- Pollutants in the air
- Lung infections, like colds or flu
- Weather conditions
- Exercise
- Dust and dust mites
- Animals
- Foods
- Medicines
- Acid reflux

Triggers are different for different people. Sometimes they only cause problems during certain seasons, like pollen and mold in spring or cold air in winter. A child may even outgrow these triggers as he or she grows up.

### ASTHMA FACT

Asthma often runs in families. If one or both parents have asthma, it's more likely that their children will have it too.

### NOT SO COMMON TRIGGERS

For people with asthma—both children and adults—life is more of a challenge. Not only are there everyday triggers to watch out for, but also some ones you may not think about often enough.

- **Car exhaust**
- **Fireworks**
- **Flour**
- **Gas ovens and appliances**
- **Candles**
- **Printer ink**
- **Plastic made from polyvinyl chloride (PVC)**

### MANAGING YOUR TEEN'S ASTHMA TRIGGERS

You may not have known this, but the sad reality of asthma is that **there is no cure**. But it can be managed. Taking each day one at a time and figuring out how to ease the symptoms while remaining active is the key. That means helping your child stay away from the triggers. Not managing triggers can mean more flare-ups and episodes, as well as damaged lung function.

# DO THIS



Follow these tips to help keep the triggers away that cause asthma episodes in your teen:

- **Take extra care of colds and infections**
- **Keep your teen inside on days of high pollen and mold counts**
- **Don't make foods that trigger asthma**
- **Clean the house of all mold**
- **Get rid of smoke, strong odors and sprays**
- **Control your pet's dander**
- **Get rid of all cockroaches and pests**
- **Close windows and use the air conditioning**
- **Make sure your teen covers his/her nose and mouth when going outside on cold days**
- **Teach your teen how to pace exercise and physical activities**
- **Replace feather pillows with ones made from man-made fibers**

Work with your doctor to help figure out what asthma triggers your teen has. Keeping a Trigger Diary can help your teen track the things that bring on asthma symptoms and help him/her learn how to stay away from them. Share these results with the doctor in order to create an asthma action plan.



MAKING MATTERS WORSE:

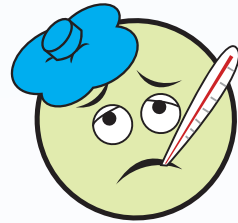
# IRRITANTS

Irritants aren't the same as triggers. They aren't things your child may be allergic to. Instead, they're things that can bother airways and cause asthma symptoms. They irritate the already inflamed airways and make breathing harder.

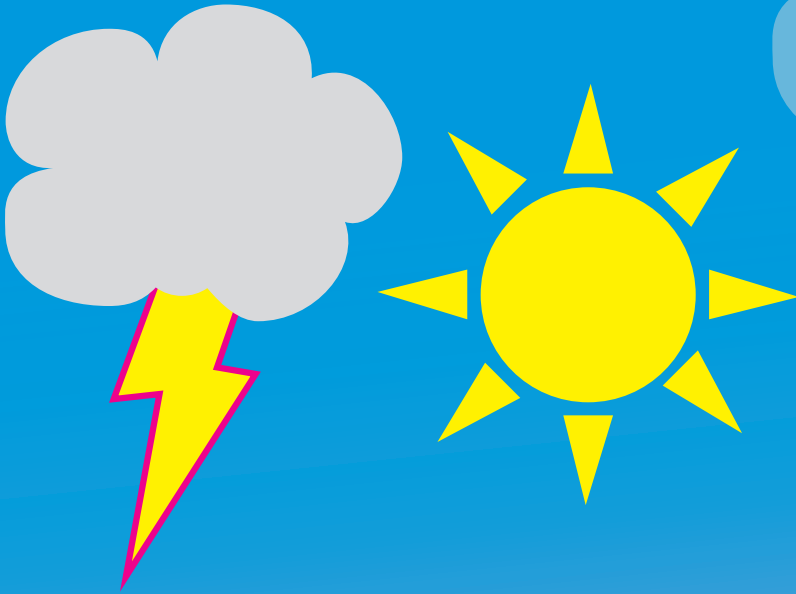


## IRRITANTS

- **Air pollution**
- **Strong smells**
- **Weather changes**
- **The flu**
- **Acute bronchitis**
- **Pneumonia**
- **Cigarette smoke**



**NOTE:** Get your child a flu shot each year in the early fall. Contact your health care professional at the first sign of the flu in your child. A pneumonia shot can protect your teen from many of the causes of this disease for several years.



## WEATHER FACT

Extremely dry, wet or windy weather conditions can make asthma worse.



**Asthma and Allergy Foundation of America:  
What Causes or Triggers Asthma?:**  
[aafa.org/asthma-triggers-causes/](http://aafa.org/asthma-triggers-causes/)



# EASING THE FEARS

The challenges of living with asthma can be pretty scary. But the more you know, the more you can help in calming those fears.

## WHAT IS AN ASTHMA EPISODE?

It's a series of events that end up with narrowed airways that make it hard to breathe:

- **Swelling of the airway lining**
- **Tightening of the muscle**
- **More mucus in the airway**

These make breathing difficult and labored, and result in the wheezing sound known all too well to people with asthma.

## FIGHT THE FEAR

A new diagnosis of asthma in anyone means a lot of fear, uncertainty and no doubt many questions. Easing your own fears and concerns as a parent about what to expect is the first step. You most likely have a lot of questions, and that's natural. Here are a few of the common questions with simple straightforward answers.

### Q: CAN MY CHILD LIVE A NORMAL LIFE?

**A:** Of course. With the right medical care and medication plan, watching out for triggers and staying away from irritants, your child can easily lead a normal and active life.

### Q: WHAT DOES IT MEAN TO HAVE MY CHILD'S ASTHMA "UNDER CONTROL"?

**A:** Having asthma under control means no coughing, no shortness of breath, no wheezing, and no chest tightness. It means your child doesn't wake up with symptoms in the middle of the night, and can participate in sports, exercise and play outdoors. It means no episodes with trips to the hospital or doctor's office, and no missed school days. It means normal or near normal lung function. And it's all possible for children with asthma.

### Q: WILL MY CHILD OUTGROW THE ASTHMA?

**A:** It's not possible to say how your child will grow and develop. Best case: symptoms may disappear over time, even though they may reappear later in life. Worst case: asthma symptoms may get worse.

### Q: HOW IMPORTANT IS IT FOR MY CHILD TO TAKE HER MEDICATION?

**A:** Your health care team will prescribe daily controller medications. It's important for your child to follow those instructions, even if she feels fine and has no symptoms. These meds will keep the airways from becoming inflamed, which can lead to an asthma episode.

**Q: MY TEEN DOESN'T LIKE TO TAKE HER MEDICATION. WHAT CAN I DO TO MAKE THAT EASIER?**

**A:** Be honest upfront and help her adjust to having a long-term illness. She'll need to learn how to care for herself. The more you involve her and make her aware of the process, the more responsible she'll be about taking her meds on schedule as she gets older.

**Q: FRANKLY, MY CHILD'S ASTHMA NEEDS ARE STRESSING ME OUT! WHAT CAN I DO?**

**A:** First, see to your own sleep and nutrition needs to make sure you have the energy to help your child. Find support groups and other parents in the same situation and learn from them. The more you know about asthma, the better you can deal with it. So learn as much as you can and you'll be better prepared to deal with the emotions that flare up when asthma episodes do as well.

**Q: WHAT CAN MY CHILD DO ABOUT ASTHMA FLARE-UPS AT SCHOOL?**

**A:** First, make sure you've talked with your son or daughter about what might happen at school. Make sure he or she has taken the daily medicine and knows how to use the inhaler and peak flow meter. Make sure the school staff knows about your teen's condition and how to help manage it. They should know:

- **How severe the condition is**
- **What your child's triggers are**
- **What meds your child takes and how to give them**
- **How to use the inhaler and peak flow monitor**
- **What to do in case of an episode**
- **Emergency contact info**

Work with your teen to write the steps for managing the condition in his or her asthma action plan. Give the info to all school officials who care for your child. Meet with the school officials from time to time and ensure they know about the action plan and the best ways of dealing with an asthma episode.

**ASTHMA FACT**

Diesel exhaust fumes can make asthma symptoms worse. The U.S. Environmental Protection Agency (EPA) has a Clean School Bus Program that helps reduce pollution from school buses.



**KidsHealth: Asthma and Teens:**

[kidshealth.org/en/teens/center/asthma-center.html](http://kidshealth.org/en/teens/center/asthma-center.html)



# CHOKES, GASP, GAG SMOKING & ASTHMA



## FIRSTHAND SMOKE

If your child is a teen, he or she has already come into contact with smokers and smoke. Maybe it's their friends or their relatives. The simple truth is: when you have asthma, smoking makes it much worse.

Let your child know what smoking does to a person with asthma:

- **It cancels out how well controller medicine works.**
- **It can make you have to use rescue medicine more often.**
- **It can make you cough at night more and affect sleep.**
- **It can get in the way of being able to exercise and play sports.**
- **It can send you to the emergency room with a severe asthma episode.**

If your child smokes, get him or her to quit. Asthma or not, smoking is terrible for one's health.

## SECONDHAND SMOKE

For people with asthma, just being around cigarette smoke can inflame airways and trigger an episode. Don't allow your child to hang out with anyone who smokes. Ask your friends and relatives who smoke to not do it around your child. They'll understand and respect your wishes for the health of your child.



### TeensHealth: Smoking and Asthma:

[kidshealth.org/teen/drug\\_alcohol/tobacco/smoking\\_asthma.html#](http://kidshealth.org/teen/drug_alcohol/tobacco/smoking_asthma.html#)

# MEDICINES TO THE RESCUE

## THE TWO TYPES

When it comes to asthma, there are two types of medications: long-term control and quick-relief medications.

### Long-term control medications:

These are taken daily to control and prevent asthma symptoms.



### Quick-relief medications:

These treat asthma episodes. They quickly relieve symptoms and are taken when needed.

Corticosteroids taken through an inhaler are effective anti-inflammatory medications for controlling asthma. These are safe and can improve asthma control and make lung function normal again.

If asthma is triggered by allergens that can't be avoided, you may need to consider immunotherapy or allergy shots. For symptoms occurring three days a week and more than two nights a month, this treatment is most effective. The shots work well when symptoms occur year-round or aren't easily controlled with other medication.



## ASTHMA FACT

According to the CDC, adults who don't finish high school are more likely to have asthma than adults who graduate high school or college.

**Here's a brief look at the most common asthma medications and how they work:**

MEDICATION	WHAT THEY DO
<b>Bronchodilators</b> (bron-co-DI-lay-ters)	Relax and open the muscles around the airways. Two types of medications are used to relax airway muscles. <b>Short acting</b> – Give quick relief of symptoms and last 4 to 6 hours. <b>Long acting</b> – Last 6 to 12 hours; not to be used for quick relief of symptoms.
<b>Corticosteroids</b> (cor-tih-co-STAIR-oyds)	Reduce, reverse and in some cases stop irritation, swelling and mucus buildup in breathing tubes. Three forms of corticosteroids: <b>Oral</b> <b>Inhaled</b> <b>Nasal</b>
<b>Non-Corticosteroids</b>	Stop swelling and mucus buildup when coming in contact with something that bothers you. Two types of non-corticosteroid medications: <b>Anti-Inflammatories</b> <b>Anti-Leukotrienes</b>

MEDICATION	WHAT THEY DO
<b>Expectorants &amp; Mucolytics</b>	Loosen mucus so that it's easier to cough up.
<b>Cough Suppressants</b>	Stop a steady, dry cough that doesn't bring up any mucus.
<b>Antibiotics</b>	Fight infections.

# DO THIS

Talk to your doctor or health care team to decide which of these medications are best for your child.

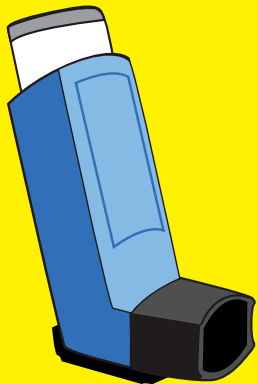


**WebMD: Asthma Medications:**

[webmd.com/asthma/guide/asthma-medications](http://webmd.com/asthma/guide/asthma-medications)

# THE PUFF OF DREAMS

## INHALERS AND SPACERS



### MEET THE INHALER

An inhaler is your first line of defense when an asthma episode strikes. Sometimes called a metered dose inhaler (MDI) or a dry powder inhaler (DPI), a puff breathed in on this device can relieve irritated airways and make breathing comfortable again. The MDI quickly sprays medicine through a nozzle, out of the mouthpiece and into the lungs. There are different kinds of inhalers, as seen below.

### INHALER STEPS

**You can help teach your teen how to properly use an inhaler by learning these steps:**

1. Shake the inhaler before using. Then remove the cap from the mouthpiece.
2. Open your mouth wide and place the mouthpiece an inch or two from your mouth.
3. Tilt your head back slightly, keeping your mouth wide-open.
4. While taking a slow, deep breath through your mouth, press down one time on the canister.
5. Hold your breath for 10 seconds if you can.
6. Breathe out slowly through pursed lips.
7. Wait two to three minutes before repeating the dose.
8. Replace the cap on the mouthpiece after your final puff of medicine.
9. Rinse your mouth with water so the medicine doesn't irritate your throat and mouth.

**NOTE:** Some inhalers used for asthma are breath-activated. For this type, you need to place your lips tightly around the mouthpiece for the inhaler to work properly.



## INHALER FACT

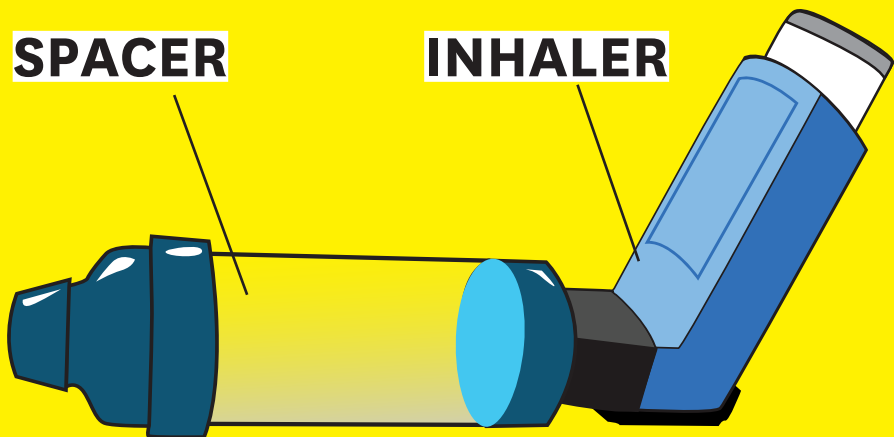
- Bronchodilator meds last about four to six hours and should be taken with an inhaler when your teen needs to ease asthma symptoms.
- Controller/preventer meds are meant to be taken every day, even when your child feels fine. These can prevent asthma episodes.
- Inhaled steroids can have a few side effects that aren't serious, such as: hoarse voice, sore throat and mild throat infection.

## INHALER FICTION

- Inhaler use can be addictive. NOT TRUE.
- Using inhaler meds everyday makes them lose their effectiveness. NOT TRUE.
- You need to wait one minute between inhalations. NOT TRUE. Inhalers are ready to spray again within seconds of firing.

## MEET THE SPACER


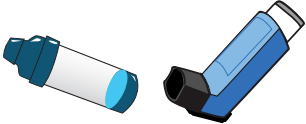
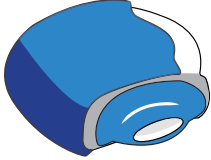
The spacer is an add-on tube that makes a chamber from an inhaler to your child's mouth. Spacers make it easier for the medication to travel by creating space in which your child can inhale the spray.


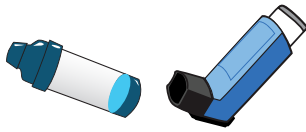
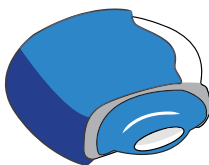


## SPACER STEPS

### Show your teen the easy steps for using a spacer on their inhaler:

1. Remove the protective cap from the inhaler and spacer.
2. Check the spacer for dirt and make sure it's clean and clear.
3. Insert the inhaler mouthpiece into the end of the spacer.
4. Firmly hold the spacer and inhaler and shake four to five times.
5. Breathe out normally.
6. Place the mouthpiece of the spacer between your front teeth and seal your lips around the mouthpiece. Keep your tongue under the mouthpiece. If you use a mask, gently place it over your mouth and nose.
7. Push down on the end of the inhaler and breathe in slowly.
8. When you've inhaled as much air as you can, hold your breath for five to 10 seconds. If the spacer makes a whistling sound, you're breathing in too quickly.
9. Breathe out slowly through pursed lips.
10. Rinse your mouth out after using the inhaler.

<b>METERED DOSE INHALER (MDI)</b> 	<b>METERED DOSE INHALER WITH SPACER</b> 	<b>DRY POWDER INHALER (DPI)</b> 
Small and easy to carry	Not as compact or easy to carry	Small and easy to carry
Doesn't require a deep, fast breath	Doesn't require a deep, fast breath	Requires a deep, fast breath
Accidentally breathing out a bit is OK	Accidentally breathing out a bit is OK	Accidentally breathing out a bit can blow away the medication
You may have to time your breath with the medicine release	Easier to time your breath with the medicine release	No need to time your breath with the medicine release

<b>METERED DOSE INHALER (MDI)</b> 	<b>METERED DOSE INHALER WITH SPACER</b> 	<b>DRY POWDER INHALER (DPI)</b> 
Meds can get stuck on tongue and back of the throat	Less chance of medicine on tongue and back of throat	Meds can get stuck on tongue and back of the throat
Some don't show how many doses are left	Some don't show how many doses are left	Shows when inhaler is running low on doses
Needs to be shaken and primed before use	Needs to be shaken and primed before use, with correct use of spacer	Capsules must be loaded into single dose models before use
Humidity doesn't affect meds	Humidity doesn't affect meds	High humidity can cause meds to clump

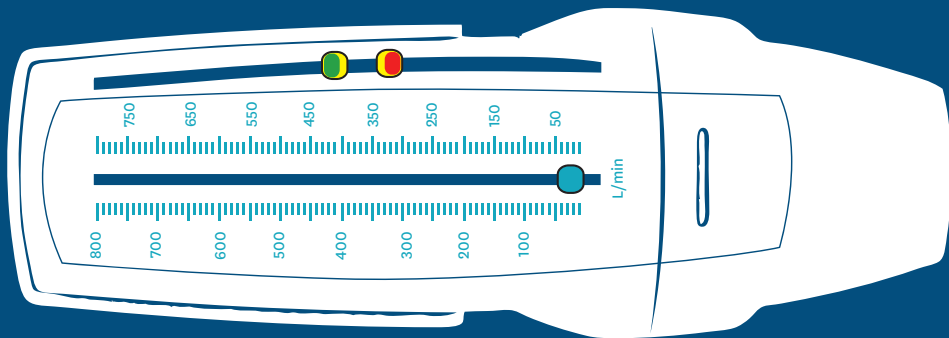


**WebMD: Asthma Inhalers:**

[webmd.com/asthma/guide/asthma-inhalers](http://webmd.com/asthma/guide/asthma-inhalers)

**MedlinePlus: How to Use an Inhaler - with Spacer:**

[medlineplus.gov/ency/patientinstructions/000041.htm](http://medlineplus.gov/ency/patientinstructions/000041.htm)



# GO WITH THE FLOW

## PEAK FLOW METERS

### PEAK SEASON

A peak flow meter is a handheld device that measures how well air flows out of your lungs. It's portable and doesn't cost a lot of money. Low range peak flow meters are best for small children. Standard range peak flow meters are geared toward older children, teens and adults. These are great tools for testing lung strength and capacity at any given time.

There are several types of peak flow meters available. Talk to your health care provider or pharmacist about which type your teen should use.

### PEAK FLOW METER STEPS

**A peak flow meter is easy to use and good for tracking your child's asthma. Here are the steps so you can show your teen how to use it:**

1. Stand or sit up straight.
2. Make sure the indicator is at the bottom of the meter (zero).
3. Hold the peak flow meter at the opposite end of the mouthpiece.
4. Take a deep breath in, fully filling up the lungs.
5. Put the mouthpiece in your mouth between your teeth and over your tongue. Close your lips tightly around it.
6. Blast the air out as hard and as fast as you can in one blow.
7. Remove the meter from your mouth.
8. Read the number at the level of the indicator.
9. Repeat these steps two more times.
10. Write down the highest of the three readings on the Peak Flow chart or asthma diary. This number is the PEF (peak expiratory flow).

## THE PEAK FLOW ZONES

It's important to keep a Peak Flow chart for your teen. Share it with the doctor or health care team so they can help figure out the Peak Flow Zones. These show where your teen's breathing range is: Green Zone, Yellow Zone or Red Zone.

**GREEN:** Good! 80-100 percent of their personal best

- **Breathing is good**
- **No early warning signs or asthma symptoms**
- **Be sure they take all medicines every day, as the doctor prescribes**
- **Make sure they take their inhaler before they exercise, as their doctor says**

**YELLOW:** Caution! 50-79 percent of their personal best

- **Runny or stuffy nose, sneezing, coughing, itchy throat**
- **Tiredness or restlessness**
- **Red or pale face, dark circles under the eyes**
- **Use rescue medicine**
- **Recheck peak flows after 15 minutes or so**
- **Call their doctor, health care professional, or nurse care manager if the next reading isn't in the Green Zone**

**RED:** Danger! Below 50 percent of their personal best

- **Coughing, more at night**
- **Wheezing**
- **Chest feels tight or hurts**
- **Breathing is faster than normal**
- **Becoming short of breath quickly**
- **Use their quick-relief medicine by inhaler or nebulizer right away**
- **Call their doctor or 911 now**



**KidsHealth: What's a Peak Flow Meter?**

[kidshealth.org/en/parents/peak-flow.html?ref=search](https://kidshealth.org/en/parents/peak-flow.html?ref=search)



# STEP UP

## FITNESS AND ASTHMA

### FITNESS FACTS

Having asthma shouldn't hold your teen back from being active and fit. If a diagnosis of asthma meant the end of sports participation, the world would never have known Jackie Joyner-Kersey, Emmitt Smith, Kristi Yamaguchi, Dennis Rodman and many other pro athletes.

It's important for children of all ages with asthma to play sports, exercise, be active and stay fit, as well as staying at a healthy weight. Building stronger breathing muscles can also help their lungs work better.

For your teen with asthma, there are a couple of important things to keep in mind about them playing sports.

1. Their asthma has to be under control for them to play properly.
2. With their asthma under control, they should be active and play sports just like anyone else.

Some sports are less strenuous and less likely to trigger asthma flare-ups. Swimming, walking, biking and golf are ideal. Games that don't require extended bursts of activity, like baseball, gymnastics and football work well, too.

But activities that require endurance, like long-distance running and cycling, and sports like soccer and basketball, will be more challenging. Cold-weather sports like skiing or ice hockey will pose greater breathing problems. It doesn't mean children can't play these sports if they want, but it will take the right training and medication.



## THE KEY

The key to keeping asthma under control is for children to take their medicine as prescribed. If they forget or skip taking their controller meds, symptoms can become worse or lead to severe flare-ups.

# DO THIS

Make sure your teen carries rescue medication at all times, even during sports, exercise and workouts, in case of a flare-up. Figure out how to make a kit that contains rescue meds, an inhaler and maybe a spacer. Put it in a small container that can fit in a backpack or purse and make sure your child takes it everywhere, along with their asthma action plan.



## TRIGGER WATCH

Keep triggers in mind when your teen is exercising or playing sports. To try to prevent them, have your child:

- **Skip outside activities when pollen or mold counts are high.**
- **Wear a scarf or ski mask during the winter when training outside.**
- **Breathe through the nose while exercising.**
- **Take the time to do a warmup and cool down.**

Make your child's coaches aware of the asthma and any meds he or she may need. It's important for the coaches to know when your teen may need a break from the activities before an episode comes on and it turns into an emergency.



### **HealthCentral: Kids with Asthma Can and Should Play Team Sports**

[healthcentral.com/asthma/c/52325/107483/asthma-play-sports](http://healthcentral.com/asthma/c/52325/107483/asthma-play-sports)

# AND ACTION!

## YOUR TEEN'S ASTHMA ACTION PLAN

You and your teen can use the Peak Flow Diary included in the *Teens on Course™: It's All about Asthma* book to chart and keep track of regular peak flow meter readings. Another important part of the process is to keep an asthma action plan.

**ANYONE WITH ASTHMA SHOULD HAVE AN ASTHMA ACTION PLAN, EVEN YOUR CHILD, NO MATTER HOW OLD.**

Created with your doctor, an asthma action plan is written to help control your teen's asthma. It shows their daily treatment, such as what kind of meds to take and when to take them. It shows how to control asthma long term and how to handle it during episodes and flare-ups. Like the Peak Flow Chart, it shows the Peak Flow Zones and explains when to call the doctor or go to the emergency room.

See to it that anyone who needs to know about your teen's asthma—such as teachers or coaches—has a copy of the asthma action plan.

## DO THIS



Make sure your teen takes his or her asthma action plan with them at all times. Make copies for them to give to anyone who may need to know in case of emergency.

The next page contains a sample asthma action plan.



**CDC: Asthma Action Plans:**  
[cdc.gov/asthma/tools\\_for\\_control.htm](http://cdc.gov/asthma/tools_for_control.htm)

# ASTHMA ACTION PLAN

## GENERAL INFORMATION:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor/health care provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEVERITY:  Intermittent  Mild persistent  Moderate persistent  Severe persistent

TRIGGERS:  Colds  Exercise  Food  Animals  Smoke  Weather  Dust  Air pollution  Other \_\_\_\_\_

## GREEN ZONE: DOING WELL

Peak Flow Meter Personal Best = \_\_\_\_\_

Symptoms:

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

Control medications:

Medicine	How much to take	When to take
_____	_____	_____
_____	_____	_____

Peak Flow Meter \_\_\_\_\_

More than 80 percent of personal best or \_\_\_\_\_

## YELLOW ZONE: GETTING WORSE

Contact doctor if using quick relief more than 2 times per week.

Continue control medicines and add:

Symptoms:

- Some problems breathing
- Cough, wheeze or tight chest
- Problems working or playing
- Wake at night

Medicine	How much to take	When to take
_____	_____	_____
_____	_____	_____

Peak Flow Meter  
Between 50 percent and 80 percent of personal best or \_\_\_\_\_ to \_\_\_\_\_

If symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN:

- Take quick-relief medication every four hours for one to two days.
- Change your long-term control medicine by \_\_\_\_\_
- Contact your doctor for follow-up care.

If symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, then:

- Take quick relief treatment again.
- Change your long-term control medicine by \_\_\_\_\_
- Call your doctor/health care provider within \_\_\_\_\_ hour(s) of modifying your medication routine.

## RED ZONE: MEDICAL ALERT

Ambulance/Emergency Phone Number: \_\_\_\_\_

Continue control medicines and add:

Symptoms:

- Many breathing problems
- Can't work or play
- Getting worse and not better
- Medicine doesn't help

Medicine	How much to take	When to take
_____	_____	_____
_____	_____	_____

Peak Flow Meter  
Less than 50 percent of personal best or \_\_\_\_\_ to \_\_\_\_\_

Go to the hospital or call 911 if:

- Still in the red zone after 15 minutes.
- You have not been able to reach your doctor/health care provider for help.
- \_\_\_\_\_

Call an ambulance or 911 right away if these danger signs are present:

- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.





# RESOURCES

## **American Lung Association**

1-800-LUNGUSA or 1-800-586-4872  
lung.org

## **Allergy & Asthma Network**

aanma.org

## **Centers for Disease Control and Prevention**

800-CDC-INFO  
cdc.gov

## **American Institute of Allergy, Asthma & Immunology**

aaaai.org

## **National Asthma Education and Prevention Program**

nhlbi.nih.gov/about/org/naepp

## **Find an Allergist**

acaai.org/locate-an-allergist

## **Asthma and Allergy Foundation of America**

Find a Local Support Group  
aafa.org/page/aafa-affiliated-asthma-  
allergy-support-groups.aspx

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## HELP YOUR TEEN GET ON COURSE WITH HIS OR HER ASTHMA CARE.

Having asthma can *make* you feel like a fish out of water. If it's your teen dealing with it, that's even worse.

Teens on Course™ has the info you need to help your child handle the stresses of asthma and lead a normal life.

From inhalers and spacers to exercising and action plans, from control meds and peak flow meters to triggers and irritants, we lay it all out for you in this guide to help your teen cope and live better.

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