



Currents

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Why Parents Shun the Good Steroids



BY KRISTINA BERGEN

Last spring, Cheryl Connors overheard a conversation that made her cringe. The executive director of the Canadian Network for Respiratory Care was speaking to her son's Grade 4 teacher when another parent entered the classroom. The teacher told the woman her son seemed quite sick with a bad cold, but the mother replied that it wasn't a cold, it was his asthma. The woman said she doesn't like to give her son "steroid" medicine, and prefers to use Vick's VapoRub.

Steroid fear is widespread among parents of children with asthma despite the fact that corticosteroids have proven safe and extremely effective in preventing asthma symptoms and asthma-related deaths. In fact, Dr. Tom Kovesi, an Ottawa-based pediatric respirologist, says studies show that between 50 and 80 per cent of children with asthma do not take their doctor-prescribed daily medication.

"It can be difficult to come to terms with your child having asthma," says Andy Shi, a pharmacist and certified asthma educator. "There's a mentality that if they don't have to take drugs, the condition isn't that bad."

Inhaled corticosteroids travel directly to the lungs, reducing underlying inflammation and allowing air to flow more easily, which improves breathing. But even the word "steroid" conjures images of banned substances (though anabolic and *Steroid* continued on page 36

Will My Baby Get My Asthma?

BY JOLANTA PISZCZEK

It's a common question among parents with asthma: if I have a child, will he or she inherit my asthma? Unfortunately there is no simple answer.

Genetics certainly play a role – the risk of developing asthma increases if asthma exists in the family, especially if both parents have it. But it's nearly

impossible to predict if a child will inherit asthma. Unlike traits such as eye colour, asthma is not linked to one single gene, but rather to a complex interaction between various genes and the environment. Having the genetic make-up of an asthmatic does not *cause* the condition, but simply increases the susceptibility to asthma.

Studies show that if both parents have asthma, the offspring has a 40 to 60 per cent chance of developing it. However, this varies dramatically with how much the child is exposed to environmental

triggers, such as cigarette smoke, dust, mould or pollen. Even in genetically indistinguishable identical twins, odds that they *both* develop asthma are only about 60 per cent. The unpredictability goes on: children's symptoms, severity, and response to treatments and triggers can vary greatly.

Both nature and nurture play roles, and since little can be done about the former, parents should focus on trigger avoidance for the whole family.

Jolanta Piszczek is a pharmacist and CAE.

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Steroid Fears

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corticosteroids are entirely different). Some parents fear that a steroid preventer inhaler will lead to addiction. (It won't.) Others struggle with giving a child daily medication for the rest of their lives. Distrust of the pharmaceutical industry is common, as are worries about weight gain, stunted growth and infection susceptibility.

"Many of these fears are misconceptions," explains certified respiratory educator Amy Kropf of Kitchener, Ontario. Burlington pharmacist Shi warns that avoiding inhaled steroids can result in the very side effects that parents sought to avoid. If an asthma attack requires a trip to the hospital, a child is likely to be given a high dose of an oral steroid such as prednisone, which can cause increased appetite, mood changes and hyperactivity. Poorly controlled asthma also leads to constant ill health and potential scarring of the lungs. Taking an inhaled corticosteroid may in fact result in less medication in the long run, as it's often possible to reduce the amount of medication once asthma is under control.

As for the Grade 4 boy's mother, Connors offered to set up an appointment with an asthma educator. This is a good idea for any parents wondering about the effects of steroid medication, advises Kropf. "A visit with a CAE or CRE can ease your concerns."

THE ASTHMA EXPERT

With Dr. Harold Kim

As fall leads into winter, many people feel that allergy symptoms will go away. But in fact, allergies may even be more severe in the cooler months.

This is because allergic rhinitis, the medical term for the nasal congestion, itchiness, sneezing and nasal drip that occur after exposure to allergens, comes in two varieties. There is the seasonal kind, caused by culprits like autumn's ragweed pollen. But then there is perennial allergic rhinitis or PAR. Its symptoms occur throughout the year, when allergic patients are exposed to indoor allergens such as dust mites, pets and occasionally moulds.

PAR is important because it often leads to more severe nasal congestion and adversely affects patients' daily activities. It can even lead to snoring, sleep apnea and sexual dysfunction. We know that people with PAR are more likely to develop asthma, which is especially the case when the symptoms are severe.

Yet with some simple measures, the majority of patients with PAR can gain control. First, the allergens causing symptoms need to be identified through allergy testing, and then avoided as much as possible. If allergies to pets are confirmed, the cat or dog should be removed from the home. Getting dust mite covers for the mattress and pillows can also be helpful.



Often, though, allergens can't be avoided adequately to provide relief. Fortunately, medical treatment is available. Nasal steroid medications, which are safe and simple to administer, usually lead to a significant improvement in both symptoms and quality of life for the majority of PAR patients.

Don't be one of those people who suffers needlessly for months or years with PAR. Effective treatment – and relief – are available.

For more information about CNRC, contact us at: www.cnrchome.net or 905-880-1092.

CNRC: ABOUT US

The **Canadian Network** for Respiratory Care is a non-profit organization and registered charity that works to improve the lives of Canadians living with respiratory disease.

We conduct exams and certify health-care professionals as Certified Asthma and Respiratory Educators (CAEs and CREs). Our CAEs and CREs work to help patients with their asthma, COPD, allergies and smoking cessation efforts.

For more information about CNRC or to find a CAE or CRE near you, please contact us at www.cnrchome.net or phone: 905-880-1092.

QUIZWHIZ

- 1 **True or False:**
House mites thrive in low humidity.
- 2 **True or False:** Asthma symptoms worsen during pregnancy.
- 3 **True or False:**
Asthma cannot be cured.

Answers page 38



Pat Steele

Ken Burns

Bev Kulbaba

Q&A

Certified Educators take your asthma and allergy questions.

Q. My son has asthma, and outdoor moulds are a trigger in fall. What can I do?

Pat Steele: Moulds are spores produced by certain fungi. They exist in humid places both indoors and outside. The most important step you can take to help your son is to avoid the trigger. Keep your windows closed when the humidity is high. Your son should also avoid activities such as raking and playing in the leaves or mowing the lawn, as moulds in the damp leaves and grass can be disturbed and become airborne. If this isn't always possible, he should wear a mask during these activities. Inside, also watch the moisture control in the bathroom and basement.

Q. My doctor says having a cat is bad for my asthma, but he doesn't come into my bedroom. I can I keep him, right?

Ken Burns: Among pets that trigger asthma, cats are the worst offenders. When you have a cat, the dander (dead skin particles), urine and feces (kicked up in dust from the litter box), oil secretions and saliva can be found throughout the home, including circulating in the air. This causes reactions that result in asthma exacerbations. Keeping the cat out of the bedroom may help to reduce asthma symptoms; however, it is highly recommended that the cat be removed from the home if it is an asthma trigger. Perhaps a friend could take the cat off your hands?

Q. How can I tell if my daughter's cough is due to a cold or asthma?

Bev Kulbaba: Colds are a common trigger for asthma, especially

in kids. Getting a cold will worsen asthma by increasing the inflammation and mucus inside the airways in the lungs. Coughing at night or early morning, without a cold, can be an early warning sign of worsening asthma. Either way, it is important to treat the cough with asthma medicines.

Your daughter's controller medicine should be started or increased at the first sign of a cold, according to her asthma action plan. If the asthma medicines are not helping, or if a high fever develops, she should be seen by her doctor.

Q. I just started using a dry powder inhaler, but I can't taste anything. Am I using it properly?

Pat Steele: People who use a metered-dose inhaler can generally feel or taste the medication. However, with dry powder inhalers such as the Advair Diskus, Symbicort Turbuhaler, Pulmicort and Bricanyl Turbuhalers, medication is delivered to the airway in a fine powder. Patients usually can't feel it and there is no taste, which is good news, but it leads some people to believe they aren't getting any medications. If your asthma symptoms are under control, then you know the medication is working. It is always a good idea to have your technique checked regularly by your pharmacist or respiratory educator.

Q. I have asthma, as well as acid reflux. Are they connected?

Ken Burns: Gastroesophageal reflux disease (GERD) and asthma are linked in a few ways. We know that more than half of the people with asthma have GERD compared to 1 out of 10 in the rest of the population. GERD can affect asthma as acid can flow back up the throat and end up in the lungs, irritating them. There is also a nerve reflex from the digestive tract that can narrow the airways. We know that controlling GERD can reduce asthma symptoms (and vice versa) and it is important to ensure that the medication for one doesn't aggravate the other.

Q. When should my son stop using a mask with his spacer?

Bev Kulbaba: In order to use an adult spacer and mouth-piece, a child must be able to take a slow deep breath in and hold it for 10 seconds. Most children are unable to master this technique until age 6, and are encouraged to continue to use the mask and child spacer until that point. Spacers are important to use at any age; they help to prevent side effects from controller medicine and have been shown to deliver more medication directly into the lungs. When it is time, ask an asthma educator to teach your son how to use the adult spacer correctly.

Pat Steele is a registered nurse and CRE at the Cape Breton Chest Clinic in Sydney, Nova Scotia. Ken Burns is a pharmacist and CRE at the Errington Pharmacy in Chelmsford, Ontario. Bev Kulbaba is a registered nurse and CAE at the Children's Asthma Education Centre in Winnipeg. Send your respiratory questions to: editor@allergicliving.com.

Fall's Allergy Foes

As the leaves start to turn colour, pollen counts are on the rise, making life miserable for those with allergies and allergic asthma.

Fall is the season when several weeds come into bloom and release the lightweight, airborne pollen grains that cause hay fever or seasonal allergic rhinitis, which is characterized by sneezing, runny noses and itchy, watery eyes.

The worst offender is ragweed, which can produce up to a billion grains of pollen from one plant in a single season. A second villain is outdoor mould spores, which are at their highest levels in late summer and early fall.

Weed pollen allergies can have a major impact on a person's quality of life, contributing to sleep disorders, fatigue and learning problems. For people with allergic asthma, pollens and mould spores can trigger a hypersensitive reaction in the airways that causes them to inflame and flood with mucus.

"The best way to cope with the fall spike is to know what your triggers are, do your best to avoid them, and take an antihistamine in advance," advises Ambris Ford, a certified respiratory educator in Calgary. If you're dealing with asthma and know that your symptoms worsen in autumn, speak to your doctor or CAE/CRE soonest. You may need an adjustment in your medication plan.

Ford's pollen-busting tips: keep windows closed when windy, wash hands properly, shower nightly (so you don't take pollen to bed), and bath your pets regularly.

– Kristina Bergen

QUIZ ANSWERS from page 36

1. **F** House dust mites thrive in humid environments. Dust mite populations are reduced when humidity levels are below 50%.
2. **F** One-third of women find symptoms improve during pregnancy, one-third notice a worsening, and one-third have no change.
3. **T** There is no cure for asthma, but it can be controlled by managing medication and triggers.

Contributed by Maria Muirhead, CRE and author of *Smoking = Problems (Big Problems!)* and *My Asthma Book*.

Kids' Corner



6 SMART TIPS FOR SLEEPOVERS

A sleepover can be great fun, if a little scary, especially when you have asthma. Julie Gaalaas offers tips to prepare for a safe and enjoyable time.

- When you've been invited over, make sure your friend knows that you have asthma and that you might need to go home if you get symptoms that cannot be controlled.
- Always use your controller medication on a regular basis and follow your action plan. If you are staying more than one night, take your action plan and be sure to pack all of your asthma medication.
- If you are bringing your own pillow and sleeping bag, make sure the bag is freshly washed. Just pulling one out of a damp basement could trigger your asthma.
- You and one of your parents will review asthma precautions with your friend's parents. Show how you use an inhaler and let them know when you take medication and how much.
- Your parents should write up an emergency plan that lists what symptoms to look for, what medications to take, and when to call if symptoms get worse. Provide emergency numbers to keep handy, like on the fridge.
- If there is a pet in the house, ask them to put it in another room and don't touch it. If the pet triggers your asthma, have the sleepover at your house so you can avoid any problems.

Julie Gaalaas is a registered respiratory therapist and CAE based in Camrose, Alberta.

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