

Asthma in Children and Young People

Information for young
people, parents and
carers

A decorative graphic consisting of a thick blue line that starts from the bottom left, curves upwards and to the right, then curves downwards and to the left, ending at the bottom center. It resembles a stylized wave or a path.

Asthma in Children and Young People

What is asthma?

Asthma is a common condition causing narrowing of the small air passages in the lungs. This makes it harder for air to get through them causing wheezing, coughing and problems with breathing.

What happens in asthma?

If you have asthma, your airways can be irritated by triggers. Triggers can include infections, smoke, pollen or animals. These can cause symptoms such as:

- wheezing (a whistling noise in the chest)
- becoming short of breath
- coughing, particularly at night and after exercise
- feeling tight in the chest: sometimes children will describe this as their chest hurting

When a person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that they become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways.

With the right medicine and treatment children and young people should be able to have very few asthma symptoms. They will be able to join in sport and lead active lives.

Children and young people with asthma often have a family history of asthma and allergies.

The RUH, where you matter



What treatment is needed?

Asthma can be well controlled in nearly all children and young people.

There are two types of medication: 'Relievers' and 'Preventers'

Relievers help during an attack and act quickly. They relax the breathing tubes making it easier for air to get through.

These relievers include inhalers, such as 'blue' salbutamol inhaler.

Steroids, such as Dexamethasone and Prednisolone are given by mouth to reduce the swelling of the airway passages. They are not generally suitable for frequent use as they can have side effects if used often.

Preventers help avoid attacks from happening. They are advised for all children and young people who are having regular symptoms (e.g. needing a reliever 3 times a week or more). Preventers must be taken every day, whether there are symptoms or not.

There are lots of different types of preventer medicines. They include inhalers, which generally contain a steroid and they may contain more than one medicine. Tablet or granule medication, such as montelukast, may be given.

Some children and young people with asthma may have a single maintenance and reliever inhaler.

Avoiding triggers

If it is noticed that triggers such as animals, pollen and dust mites increase symptoms they should be avoided as much as possible. Antihistamines such as cetirizine can sometimes help. Tobacco smoke should always be avoided.

Smoking

People with asthma are sensitive to tobacco smoke. Exposure to this makes it much more likely they will have an asthma attack. Help to give up smoking can be obtained from your GP, the NHS Quit Smoking website and the National Smokefree Helpline: 0300 123 1044.



<https://www.nhs.uk/better-health/quit-smoking/>


Vaping

Vaping is currently used as one method to help quit smoking. E-cigarettes contain nicotine, which can be addictive and there is growing evidence to suggest vaping is harmful. We do not yet know the long term health effects of vaping and advise against young people vaping.

How to use an inhaler and spacer

Your nurse, doctor or pharmacist will explain how to use the inhaler. Metered dose inhalers such as salbutamol e.g. Salamol[®] and beclomethasone e.g. Clenil[®] are used with spacers.

If this is the first time a spacer has been used or it has just been washed you should prime the spacer as per the inhaler instructions.



Using an inhaler with a spacer with mouthpiece (for children 5 years and older)

1. Shake the inhaler well and attach onto the end of the spacer.
2. The child should seal their lips around the mouthpiece.
3. Squirt ONE puff of the inhaler into the spacer.
4. Get the child to breathe in and out slowly and steadily 5 times keeping their lips around the mouthpiece.
5. Rest for 30 seconds then repeat all steps if further puffs are needed.

A whistling sound means the child is breathing in too fast.

Using an inhaler with a mask (for children who find the mouthpiece difficult)

1. Shake the inhaler well and attach it onto the end of the spacer.
2. Apply mask gently to the face ensuring a good seal is formed over the nose and mouth.
3. Squirt one puff of the inhaler into the spacer.
4. Hold spacer in this position for 5-6 breaths.
5. Rest for 30 seconds then repeat all steps if further puffs are needed.

Wash out mouth or clean teeth if a steroid (preventer) inhaler has been used.

When the inhaler needs replacing, take the old inhaler to the pharmacy for safe disposal.

There are different makes of spacer. In the RUH we use AeroChamber spacers shown in the pictures here:




Images of AeroChamber Spacers provided courtesy of Trudell Medical International

Some inhalers contain dry powders and do not need a spacer to be used. There will also be information on using the inhaler in the instruction leaflet which comes in the box. Do ask if you are not sure what to do.

Information videos on using different inhalers can be found on the **Asthma and Lung UK website:**



<https://www.asthmaandlung.org.uk/living-with/inhaler-video>



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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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