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HAVE YOU HAD YOUR FLU SHOT YET???

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DISCIPLINE, BEHAVIOR, MEDICATIONS: PARENTS CAN COPE WITH CHILDHOOD ASTHMA

* **Asthma** is the most **widespread chronic disease in children**: it affects not only the patient but the whole family.

Asthma can result in family friction, stress, irritation, financial worries, resentment in siblings, or, it can strengthen the family unit as everyone works together to support and control the disease.

* Sometimes, asthma, like any chronic illness, can blow family problems out of proportion and tensions within the family can run high. **Asthma and family problems can aggravate each other** making each worse and hurting the family unit and quality of life for all. If you feel this is happening in your family, speak to your healthcare provider about seeking family counseling to resolve these problems.

* But **there are ways** to cope with having an asthmatic child, ways to improve the quality of family life while handling asthma, especially when it comes to discipline, behavior and teaching a child to be responsible for their own medications.

* **Behavior**: Asthma **isn't psychosomatic**; it's not a disease caused by emotions. It is a physical disease yet emotions, including stress, tension, fear, anger, even extreme laughter can trigger asthma symptoms. But when a child has had severe or persistent asthma most of their life, the stress of the disease can cause psychosomatic behavior problems for some children. If your child exhibits **self-destructive behavior**, uses asthma as a reason for not going to school or to manipulate the family, or deliberately doesn't take their medications, then it's time to talk about this with your physician and perhaps seek psychological help. The worst a parent can do is to excuse or ignore this behavior.

* **Discipline**: Stress, high emotions (whether happy or sad), fear, anger, frustrations can all trigger an asthma flare in many children and adults but that isn't a reason to avoid disciplining a child when they are breaking family, school or society's rules. It's **more harmful** to let an asthmatic child **break the rules** and have their own way then to provide appropriate discipline even if it does result in an asthma flare. It's also harmful for other children in the family or in the classroom to see a sibling or friend "get away" with breaking the rules just because they have asthma. This can result in resentment or even stronger feelings. If it's necessary to discipline your child, discipline appropriately and follow the child's asthma action plan if they do have a flare-up or exacerbation. Don't feel guilty for playing the role of a parent.

* **Medications**: If a child is very young when diagnosed with asthma naturally it's the parents or caregiver that have the responsibility for administering medications when needed as needed, eliminating asthma triggers from the child's environment and generally protecting the child from exacerbations. As the child grows older, they should assume more responsibility for their own health but this responsibility should always be age and maturity appropriate to the individual child. How can you **teach your child the way to use their medications independently?**

* As a parent you and your physician will be the best judge as to when your child is ready to assume this responsibility. Some might be ready to start by age 5, others not until they're 8 or older. The older the child, the more responsibility they should have. There are some steps to make this learning process happen more easily.

1. Learn how to use a spacer and inhaler yourself so you can instruct your child in how to use it properly. Spacers ensure more medicine is inhaled and not lost in the air. They are highly recommended to get the most out of medications.
2. Teach your child one step at a time. It may take months or longer before your child is ready to take medications alone each time, depending on their age. Perform each step yourself and explain what you're doing and why.
3. Smile. Be patient. Give praise for trying as well as succeeding. Don't yell or berate failure even if frustrated.
4. Help your child do it the right way if they make a mistake. Create a reward system when they get it right (stars on a chart for younger kids, extra game time for older kids, etc.) but don't punish if they don't do it right.
5. As the child takes over, have them do each step as an adult watches. Praise and help as needed.
6. Build routine. Take medications at the same time daily and put the container(s) back in the same place each time.
7. Show the child how to wash the spacer container when needed and how to check the medicine every week to see when you need to buy more. NOTE: You can't test HFA propelled inhalers by floating in water. If you don't have an automatic dose meter on your inhalers, then mark a calendar to keep track of doses. Most hold 200 doses.
8. Once the child can take the medicine alone, ask your child to tell you when they have used the med so you can write it down and keep track of remaining doses

Hints: Some medications leave a bad taste or a dry mouth after using them. Follow manufacturer's instructions, but usually the child can rinse their mouth out with a little water after using the meds. Don't store dry powder inhalers in the bathroom, they collect moisture and gum-up. All medications have side effects. Discuss your child's concerns about these (I feel funny, I feel jumpy, I feel sleepy, I feel dopey) and work with your physician to find the medications with the least side-effects for your child. You can teach your child how to control their asthma!

* For more information on asthma and allergies, contact us at info@aafatexas.org or www.aafatexas.org

Upcoming AAFA-TX programs: **1) Nov. 5** "Tools To Manage Your Asthma & Allergies" Lunch & Learn, McKesson Corp., Eric Schmitt, MD, instructor
2) Nov. 8 "Walk for Food Allergy: Moving toward a Cure" Bob Woodruff Park, Plano, reg. begins 9 am. Sponsored by FAAN and partnered with AAFA-TX.
3) Nov. 19, 1:30-4:30 pm "Asthma Management & Education" a continuing ed. program worth 3 contact hours for nurses, 2 ARCE for registered therapists and 3 ACPE for pharmacists. Albuquerque, NM, Jan Tippett, instructor. Pre-registration required. A small fee for pharmacists, register with Julie, 505-265-8729. Contact info@aafatexas.org or check our website www.aafatexas.org or more information on activities.

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