

# Asthma

If you, or your child, has been diagnosed with Asthma it can be a frightening time. Our aim is to give an overview of Asthma, as well as discussing our experiences in order to help anyone dealing with Asthma. At the bottom of this article are links to useful website so that you can do some of your own research.

## What is it?

Asthma is a long term condition that affects the airways. The tubes that carry air into and out of, the lungs become inflamed when they come into contact with a trigger such as dust, animal hair, pollen, mould, pollution, viruses, smoke or food. The muscles around the walls of the airways tighten up and the lining of the airways begins to swell. Added to that, mucus sometimes forms which causes more narrowing. Asthma, like a lot of allergies, can run in families.

## Symptoms

We were shocked when Molly was diagnosed with asthma at a very young age. She didn't wheeze, but she was coughing all the time, especially at night. Subsequently it turned out that her coughing was also related to her reflux and we had hoped that the asthma was no longer a worry. This wasn't the case, and if I'm honest, I assumed that asthma symptoms were wheezing and shortness of breath – I didn't realise that coughing was a common symptom.

The symptoms to watch out for are:

Tight chest

Wheezing

Shortness of breath

Coughing

For Molly, the coughing was always worse during the night. She also reacts badly to mild viral infections such as a cold so we have to be careful to monitor her chest when she's ill. There are two types of asthma, allergic asthma, and non-allergic asthma. For allergic asthma the condition manifests when you come into contact with an allergen such as pollen, or dust. For non-allergic asthma it can

be triggered by colds, weather or exercise. Irritatingly, you can have both types. For Molly it's dust, and viruses that are her triggers.

## Treatment

Nobody likes to think about their child, or themselves, having a life threatening condition. But Asthma is not a disease to take lightly. The aim is to be symptom free, and taking the right medication, in the right dose is vital to avoid an attack.

There are two types of 'puffer' prescribed – 'preventer' and 'reliever'. Commonly called 'brown' and 'blue'. The key to managing asthma is using the preventer inhaler even when you feel well. If you still have symptoms despite using the preventer inhaler then see your GP again to adjust your treatment. The aim, is to not need the reliever (blue) inhaler, Ventolin, to treat symptoms. Only 5% of asthma sufferers have 'sever' asthma that need more involved treatment. For most, the standard inhalers, properly used, work well to control asthma.

## Getting a Diagnosis

It's not a straightforward test, rather a collection of symptoms and breathing tests that will lead to a diagnosis. Sometimes it's a case of seeing if the puffers make a difference to symptoms. The common diagnosis tests are:

### Peak Flow

This is a lung function test that assesses how quickly you can breathe out. This will be one of the ongoing tests that is taken and compares lung function to the average for your age and height. If you have a peak flow meter at home you can keep track of your lung function to ensure that your asthma is well controlled.

### Spirometry

This is similar to a peak flow test in that you breathe into a mouth piece to judge the volume of air that is exhaled. Again your results will be compared to 'average' for your age and height.

### FeNO Testing

This test checks the amount of exhaled nitric oxide that you breathe out. Nitric oxide is created in your lungs when they are inflamed due to allergy. This is used when you've been diagnosed with asthma but your symptoms are being

controlled and can help doctors identify the type of asthma you have.

## Our Story

Molly use to cough all night, and a lot during the day. The coughing was relentless and she didn't sleep through the night. The terrible thing about being sleep deprived is that it really does affect your ability to deal with issues affectively. The only way she's sleep as a baby was in her stroller...Julian use to take her out for a walk around 5am every morning for 2 hours while I got a bit of sleep. She was diagnosed as asthmatic but the puffers didn't really deal with the coughing as well as we'd hoped. She was on a variety of puffers and drugs, all very difficult to administer to a toddler.

Molly's asthma was also related to her reflux, once we got her reflux under control the coughing stopped and we were able to stop the asthma medication. However, the asthma wasn't, as we'd hoped, gone. We kidded ourselves that she'd outgrown it – so many people talk about outgrowing allergies and asthma that it's easy to assume that's what's going to happen. We concentrated on her allergies and reflux.

Still, every time she got a cold, she would cough a lot. Talking to other parents they talked of bad coughs as well. It's hard to know the difference sometimes between 'normal' coughing and asthma especially when it's triggered by a virus. We were always at the doctors having them listen to her chest. Everyone was always relaxed about her asthma – it was mild, she was symptom free most of the time, she wasn't on preventer inhalers. Over time we realised that she was affected by colds more than most children, and that it was always her chest. Like a lot of people seeing a GP isn't so simple these days so we tended to see different ones as our doctors' visits were a reaction to events, rather than planned.

All that changed on the day she had the HPV vaccine. She had a severe asthma attack and was hospitalised. It was a very scary night, and she was really quite ill – you can read the details in our blog post [Asthma – A Shocking Wake Up Call](#). It's changed out approach to everything, we now go nowhere without Ventolin and I check each night that Molly has taken her preventer. We hope this was a reaction to the vaccine, but we've got to move forward as if her asthma can hit at

any time. We are now having regular asthma reviews, regular peak flow tests and are very much 'on top of it'. Molly has come through a couple of colds without her chest being a problem, and without spending the night coughing so we know that the preventer is doing its job.

On top of Molly's asthma I've also been diagnosed with asthma. Every winter, every single winter, I get a chest infection. In light of Molly's asthma I raised the possibility that my constant chest infections were related to viral induced asthma. Our GP prescribed a preventer inhaler to use, and hey presto, I got through the winter without antibiotics for the first time in 20 years.

So the long, and the short of it, is that asthma is a complex condition that needs to be controlled and can become severe without notice. So always keep your Ventolin with you. The [Asthma UK](#) and [Allergy UK](#) sites are great for information and support – the Asthma nurses were amazing after Molly's attack and helped me prepare for the GP visit and clarified some issues I was concerned about. Do speak to them if you've any concerns. I'm going to finish by repeating the Asthma Attack information from Allergy UK as it's good to read about what to do, before you need to know!

[Allergy UK](#) Information:

### **What happens in an asthma attack?**

In an asthma attack the muscles around your airways can become swollen and inflamed with increased mucus production resulting in one or more of the following symptoms: difficulty breathing, difficulty speaking, experiencing a wheeze, blue colour to the lips and feeling distressed.

### **Managing an Asthma Attack**

1. Immediately take 1 puff of your asthma inhaler, repeating 1 puff, if required, every 30-60 seconds, up to a maximum of 10 puffs
2. Try to remain calm and sit upright (this allows you to breathe easier)
3. If you feel worse, or do not feel any better after 10 puffs call an ambulance (this ensures medical help is on its way)
4. If the ambulance takes longer than 15 minutes to arrive then repeat step 1

