

AIR INFORMANT

PREPARING FOR SCHOOL WITH ASTHMA AND ALLERGIES

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Beginning a new school year is always an exciting time for children and parents. It is also an important time to remember that children with allergies and asthma face challenges in the classroom. These challenges can range from discomfort that makes it hard to concentrate on school work, to symptoms that reduce their ability to participate in recess or physical education class, to life-threatening reactions to food or insect stings.

It is reported that more than 9 million children under the age of 18 suffer from allergies and asthma. This can account for more than 14 million missed school days and cost millions of dollars in medical bills and lost work days for parents.

BEFORE SCHOOL BEGINS

Given the amount of time children are away from home when attending school and the incidence of allergies and asthma, it is important that children and their families work together with teachers, coaches and school nurses to avoid asthma and allergy triggers and to deal with symptoms. Use this helpful checklist to find out what can be done before the school year starts to reduce potential allergens that may affect your child.

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- Schedule a meeting with teachers, coaches and the school nurse to discuss your child's condition.
- Make sure a "School Management Plan" is on file for your child at school.
- Work together with your child's allergist/immunologist to ensure that their medications are helping. If you don't have an allergist/immunologist, visit www.aaaai.org/physref/ to find one in your area.
- Talk to your child and review what triggers allergy or asthma symptoms. Encourage them to ask their teacher for help when symptoms worsen.
- Inform school cafeteria staff and teachers of what foods to avoid and suggest safe alternatives. If possible, have your child bring a bag lunch to school, and remind them not to share food with their friends.
- Inform physical education teachers and coaches about asthma and warning signs of an asthma attack.
- Encourage your child's physician to be an informational resource for the school.
- Make sure your child has his or her medications and peak flow meter with them at school.

In the classroom

Common allergens in the classroom that can trigger an allergic or asthmatic reaction in children are:

Dust Mites - microscopic creatures that thrive in high humidity and in areas where there is dust. The droppings of these mites are the most common trigger of perennial allergy and asthma symptoms. Check if your child's school is air conditioned, this may help reduce dust mites.

Chalk Dust - an irritant that can trigger an asthma attack. Students with allergies or asthma should try to stay away from the chalk board and erasers, and wash hands after writing on the board.



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Animal Dander- proteins found in the saliva, dander (dead skin flakes) or urine of furry animals can trigger allergy symptoms such as sneezing, an itchy, runny nose and itchy, swollen eyes. Itchy skin or a raised, red rash (called hives) can also come from touching animals, so children should try to avoid contact, if they are allergic. Make sure the teacher knows that your child has an allergy to animal dander.

Mold- found in dark, warm, humid places. Mold spores can trigger an allergy or asthma attack. Fortunately, indoor molds and mildew can be easily eliminated with a detergent cleaning solution once discovered. Make sure your child's school repairs and seals any leaking roofs or pipes.

In the cafeteria

Lunch is a time to take a break from the school books and a time to socialize with new friends, but precautions must be taken to ensure your child's safety when it comes to allergies.

- **Food allergies** - have your child bring their own food to school and remind them not to share or trade food with others. Also, your child, the nurse or teacher should have an Epi-Pen (injectable epinephrine) and know how to use it.

RECESS/GYM CLASS

Going back to school for the year also means recess, physical education and sports. These fun activities can take a turn for the worse if the following triggers aren't avoided.

- **Pollen** - microscopic, powdery granules necessary for plant fertilization. The average pollen particle is less than the width of an average human hair. For children with seasonal allergies, it is important to remember to take allergy medications 30 minutes before going outside during the spring season. Also, ask the teacher to close the windows in the classroom to keep any pollen from blowing into the classroom.
- **Stinging Insects** - severe allergic reactions to insect stings can involve many body organs and may develop rapidly. This reaction is called anaphylaxis. Symptoms of anaphylaxis may include itching and hives over large areas of the body, swelling in the throat or tongue, difficulty breathing, dizziness, stomach cramps nausea or diarrhea. Carry injectable epinephrine with you to help control allergic symptoms.
- **Exercise-Induced Asthma (EIA)** - for children with asthma it is common to experience symptoms after about six to eight minutes of physical activity. People with EIA experience coughing, wheezing, tight chest, prolonged and unexpected shortness of breath. As many as one out of every 10 young athletes has asthma. It should not stop them from enjoying exercise or even high level of competition, but athletes of all levels need to remember to take proper precautions if they have EIA. Patients with EIA have airways that are overly sensitive to sudden changes in temperature and humidity, especially when breathing colder, drier air. During strenuous activity, people tend to breathe through their mouths, allowing the cold, dry air to reach the lower airways without passing through the warming, humidifying effect of the nose.

<input type="checkbox"/>	Use a short-acting inhaler, 15 minutes prior to exercise. This will help ease asthma exacerbations and lasts between four to six hours.
<input type="checkbox"/>	Warm-up for six to ten minutes before beginning a full exercise program.
<input type="checkbox"/>	Drink plenty of fluids.
<input type="checkbox"/>	Stop exercising if symptoms arise.
<input type="checkbox"/>	Cool down at the end of your exercise.

Courtesy of the American Academy of Allergy Asthma & Immunology

CURRENT STUDIES

Page 3



Do you have eczema or atopic dermatitis?

Have you used PROTOPIC® (tacrolimus) ointment before you were 16 years of age to treat your eczema? Would you be interested in participating in a long-term program that will monitor your health? You may be eligible to participate in an observational research study. Talk to your physician if you would like to learn more about this important program.

Have asthma? Do allergies make it worse?

ASTHMA, Inc. is conducting a research study for people 12 years and older with asthma who have symptoms around dogs, cats, trees, grass or dust. Only 6 visits over 4 weeks! Qualified participants will receive compensation for time and travel. All study-related diagnostic testing, investigational medication and medical care provided at no charge to you.



Does your child have asthma?



ASTHMA, Inc. is looking for children with asthma who are 12 months to 8 years of age for a 16-week clinical research study looking at a new form of nebulized budesonide.

Qualified participants will receive all study-related procedures, physical exams, and study medication at no cost to you! Compensation for time and travel will also be available to those who qualify. For more information, please contact ASTHMA, Inc.

Recruiting in November

Are you allergic to grass pollen?

If you are age 18 or older and received treatment for your grass allergies last summer, we need you for a research study! Benefits include investigational medication, physical exams and medical testing at no cost to you. Compensation for time and travel for qualified participants. For more information please contact ASTHMA, Inc. clinical research.



Asthma attacks in early pregnancy may cause birth defects

Asthma attacks early in pregnancy put babies at greater risk of birth defects, new research suggests in the June issue of the *Journal of Allergy and Clinical Immunology* (JACI).

In a study of more than 4,300 pregnancies, researchers concluded that women who had an asthma flare-up in the first three months of pregnancy were 48% more likely to have a baby with at least one congenital defect than asthmatic mothers who did not have a flare-up in the first trimester.

The rate of birth defects among the children of mothers who experienced a flare-up was 12.8%, versus a rate of 8.9% for mothers with better-controlled asthma, according to study data.

The findings show the need to keep asthma well-managed throughout pregnancy, but especially in the first trimester – a crucial period for fetal development. Pregnant women, like all asthma patients, should avoid common asthma triggers such as house dust mites, animal dander and smoke.

How do asthma medications affect the fetus?

Studies and observations of hundreds of pregnant women with asthma have demonstrated that most inhaled asthma medications are appropriate for patients to use while pregnant. The risks of uncontrolled asthma appear to be greater than the risks of necessary asthma medications.

However, oral medications (pills) should be avoided unless necessary to control symptoms.

To learn more about asthma and pregnancy visit www.aaaai.org.





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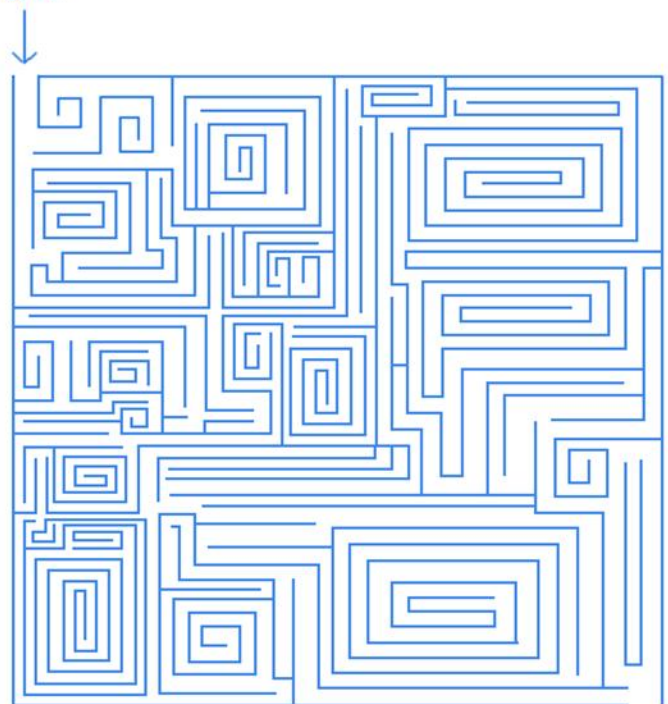
Brain Teasers: for adults and kids!

Answers found at the bottom of page 2

1. What comes once in a minute, twice in a moment, but never in a thousand years?
2. What word can be written forward, backward or upside down, and can still be read from left to right?
3. I have a little house in which I live all alone. It has no doors or windows, and if I want to go out I must break through the wall. Who am I?
4. What goes around the world but stays in a corner?
5. I have holes in my top and bottom, my left and right, and in the middle. But I still hold water. What am I?
6. I am taken from a mine, and shut up in a wooden case, from which I am never released, and yet I am used by almost everybody.
7. The more you take, the more you leave behind. What are they?
8. What goes round and round the wood but never goes into the wood?

Riddles found at <http://thinks.com/riddles/a1-riddles.htm>

Start



Courtesy of www.mazesonline.com

Finish