



## ASTHMA & ALLERGENS

Spring and Fall often bring outdoor allergens that can trigger allergy and asthma symptoms. Treatment can be more difficult in children because triggers can change throughout childhood. Most triggers can be broken down into two categories: outdoor allergens like pollens and mold spores and indoor allergens like animal dander, house dust mites, cockroaches, mold, tobacco smoke, and strong odors or sprays.



### How to avoid outdoor triggers:

- Keep windows and doors closed during high pollen seasons
- Use air conditioning, when possible.
- Avoid sources of mold (wet leaves, garden debris and mulch)
- Avoid wood burning campfires
- Avoid being outside on high pollution days

### How to avoid indoor triggers:

- Remove the pet from the home or classroom, keep the pet out of the child's room, close air ducts in the child's room, wash the pet once a week (even cats) and avoid visits to relatives who have pets
- Cover your child's mattress, box spring and pillows with allergy-proof encasings, frequently wash bedding, drapes and stuffed toys, vacuum and dust regularly, reduce the humidity in the home, avoid carpet in their bedroom especially in basements, and keep furnace filters clean
- Avoid cockroach infestations with regular extermination, set roach traps, or use insect sprays if the child is out of the house at the time and avoid leaving exposed food out
- Do not allow smoking in the home or car, have household members smoke outside if necessary and smokers should wear a smoking jacket (worn only when smoking) and leave it outside
- Avoid wood burning heat stoves, wood fireplaces, or kerosene heaters
- Avoid areas being painted, perfume, room deodorizers, strong cleaning products or candles

All asthma attacks can't be avoided, but being aware of your child's triggers and trying to manage their environment to avoid these triggers are important to dodging attacks. Remember that your child's airways or breathing tubes are sensitive and the sides of the airways in the lungs can become inflamed, sore, thick and swollen when introduced to allergens. This makes it harder for your child to breathe. The goal of treating asthma is keeping your child's symptoms under control long term avoiding sick appointments, the hospital and missed days of school.

In addition to avoidance, allergies can be treated by quick relief medications like antihistamines. Antihistamines (diphenhydramine, loratadine, and cetirizine) treat symptoms associated with allergies to decrease nasal congestion, itchy/watery eyes, and sneezing. Nasal steroids (Flonase and Nasonex) can be used daily during allergy season to prevent allergy symptoms.

There are two ways to treat asthma when it comes to allergens: Quick Relief medication and Long Term Control medications. When your child's asthma is triggered, a medication that can open the child's airways is the best response. Quick relief drugs are called Adrenergic Bronchodilators. These medications relax the tightened muscles around the airways and are usually administered by inhalation. Inhalation can be administered through an aerosol inhaler (sometimes with a spacer) or through a nebulizer. Long term control can be achieved through preventative medications to reduce the reaction to asthma triggers. Medications used to prevent asthma attacks include steroids and leukotriene modifiers (LTMs).

For parents, it is important to recognize and avoid your child's triggers, use long term control medications and follow up with Children's Medical Group when your child's management plan is not working. Educate your child on how to manage their asthma when age appropriate. Teaching them to avoid triggers, to tell an adult when they have symptoms, and knowing where their medications are and how to properly administer them is very important. Keep your child's school up to date with your child's prognosis and provide them with any medication needed to manage symptoms.