

With total asthma control you can enjoy living without limits and **You can enjoy most of the sports!**

Exercise is good for body and mind - both physical health and emotional well-being. For many children with asthma, however, physical activities like running or bicycling may cause wheezing, coughing, shortness of breath, and chest tightness. These are signs of exercise-induced asthma. Even crying and temper tantrums in very young children can induce these signs and symptoms that range from minor wheezing to severe difficulty breathing.



How does it occur? When a child has asthma, the muscles around the airways tighten and the lining of the airways swells and produces thick mucus. This causes the airways to narrow and makes it harder to breathe. This breathing difficulty is called an asthma attack.

Asthma is a common disease, affecting approximately 14% of San Diego County's children, and about 12% of adults in the County, according to the American Lung Association. Asthma can also be serious. More than 2,000 people are admitted to the hospital with asthma symptoms every year in San Diego County. (More information about asthma in our region is found in the San Diego Asthma Report Card at

<http://asthmasandiego.org/>)

Asthma is made worse by a number of factors, with exercise one of the most common asthma triggers. About 80% of asthmatics experience increased symptoms with exercise. In addition, many non-asthmatic patients experience asthma symptoms during or after exercise. Once exercise stops, most people stop suffering asthma symptoms, even without treatment, after 20-60 minutes.

Exercise-induced asthma tends to occur more often in sports such as track, basketball, tennis and soccer and less often in sports such as swimming, baseball, football and volleyball.



Exercise-induced asthma can be successfully treated with medicine. The treatment varies from person to person, based on individual symptoms and triggers. In addition to generally avoiding asthma triggers (such as dust and pet dander), a typical treatment plan involves a combination of long-acting medications: one to control the asthma over time and another consisting of short-acting inhalers for quick relief of symptoms. Many children benefit from using a short-acting bronchodilator such as albuterol about 15 minutes before exercise. Others, by using a long-acting bronchodilator spray that lasts up to 12 hours before school, are able to participate in all the sports and their physical education class.

In addition to medications, a warm-up period of activity before exercise may lessen the chest tightness that occurs after exertion. A warm-down period, including stretching and jogging after strenuous activity, helps prevent air in the lungs from changing temperature too rapidly and becoming an asthma trigger.

When should I call my child's healthcare provider? Call IMMEDIATELY if your child:

- Has severe wheezing
- Is having trouble breathing
- Has wheezing that has not improved after the second dose of asthma medicine
- Has a peak flow rate of less than 50% of the personal best.



Children with asthma can and should participate in sports. In fact, your child's condition may improve with regular physical activity. Before your child participates in sports, be sure that his or her asthma is under control. Better control of asthma means better athletic performance — and less danger of asthma attack.

Controlled asthma means that symptoms and flare-ups are rare. Work with your child's doctor to create an asthma action plan, a step-by-step guide for preventing, recognizing and treating an asthma attack. Asthma action plans usually include a list of medications and dosages, typical symptoms and average peak flow readings, signs of an attack, when to seek emergency care, and contact numbers.

Every child with asthma should have an asthma action plan. Involving your child in the decision-making process makes it more likely that he or she will follow the plan.

Communicate regularly with your child's teachers, your child's school nurse, and coaches. During summer camps or in the school setting, school nurses or coaches may administer the asthma medications to children. Because teachers, coaches and other caregivers have different levels of education on asthma, it's important for them to know exactly what to do if your child needs help. Make copies of your child's asthma action plan and give it to your child's caregivers. Be sure they know how important it is to know the plan and to have medication accessible in case of an attack.

Asthma and sports can be a winning combination. Nearly 30% of the 1996 U.S. Olympians who had asthma or took asthma medications won medals in their Olympic competition, achieving as well or better than athletes without asthma. Among Olympic athletes, asthma has been most common among cyclists and mountain bikers and least common in athletes competing in badminton, beach volleyball, table tennis and volleyball.

Even if they are not striving for an Olympic medal, almost everybody should be able to exercise, with appropriate diagnosis and treatment, in order to enjoy the health benefits of being physically active and living life to the fullest!

If you have questions about your child's asthma, contact the American Lung Association in San Diego at 619-683-8659 for more information in English or Spanish.

Manage Your Asthma and Score! Use the "rule of two:"

- Do you use a quick-relief inhaler more than TWO times per week?
- Do you wake up at night with asthma more than TWO times per month?
- Do you refill your quick-relief inhaler more than TWO times per year?
- If you can answer YES to any of these questions, ask your doctor about "CONTROLLER MEDICINES"

Learn more about
managing Asthma!



AMERICAN LUNG ASSOCIATION

For more information, call

1-800-Lung-USA (1-800-586-4872)

National City Asthma Project II

Funded by: US Department of Health and Human Services,
Office of Public Health and Science, Office of Minority Health





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