Childhood Asthma - Top Tips For GPs

NHS Rotherham

1) **Is It Really Asthma?**
Is there a history of interval symptoms and/or non-viral triggers.

2) **Management of the Acute Episodes**
Consider age and history to differentiate between asthma and Wheeze Associated Viral Episode (WAVE).

Asthma

- Is it a genuine exacerbation or chronic poor control?
- Follow BTS Management Of Acute Asthma In Children algorithm (Link).

WAVE

- Most URTI are viral and antibiotics are rarely indicated.
- SpO2 ≥ 94% - manage on 4-10 puffs salbutamol 4 hourly reassessing as required.
- SpO2 < 94% - refer.
- Prednisolone normally only indicated when supplementary oxygen required.

3) **Prescribing And Reviewing Asthma Medication**

- Assess asthma control using BTS guidelines
- **Before** escalating treatment - always check: Inhaler technique, Compliance, Trigger factors.
- Follow BTS stepwise approach.
- Most children respond to 400 micrograms total daily dose (TTD) of beclometasone or equivalent.
- Clenil Modulite should be used, NOT QVAR.
- Children maintained on **high dose inhaled steroid** i.e.
  - >400 microgram TDD of beclometasone or equivalent in < 5 years
  - ≥800 microgram TDD in children aged 5-12 years.

} **Must be under the care of a respiratory paediatrician and have annual assessment of adrenal function.**

4) **Choice of inhaler device**

- Good inhaler technique depends upon using an age appropriate device.
- Remember demonstration is better than explanation where children are concerned.

Age	Reliever	Maintenance
0 - 2.5 years	pMDI plus spacer + mask	
2.5 – 7 years	pMDI plus spacer + mask (1)	pMDI plus volumatic (2)
From 8 years	DPI or Breath Activated Device (3) plus pMDI + spacer for severe attacks (4)	pMDI plus spacer
Adolescent	As from 8 years	DPI if refusing to use spacer

(1) More attractive option as easily portable and salbutamol dose can be increased as necessary.
(2) Bypassing the nose can increase drug deposition by up to 40%. Volumatics are easier for this age group to use.
(3) Assess ability to generate sufficient inspiratory flow with In Check Dial especially if considering a turbohaler.
(4) Children struggle to generate sufficient inspiratory flows when experiencing respiratory distress.

5) **Reconsider the Diagnosis – especially if the control is poor.**

- Consider patient education session with Nurse Specialist, or Consultant referral if low probability of asthma.

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