



THE September Epidemic

It's the most dangerous month of the year for the nearly 7 million children in the U.S. with asthma. Get the latest advice on everything a mother needs to know about the condition that leaves so many kids breathless. BY JEANNETTE MONINGER

At back-to-school time, Desiree Trujillo, of Westminster, Colorado, stocks up on the requisite supplies for her 14-year-old daughter, Angela. Notebooks? Check. Pencils?

Check. Tissues? Check. Allergy and asthma meds? Double check. Angela is among the 9% of American children who have asthma. “Her breathing problems always get worse when school starts,” says Desiree, who was shaken four years ago when Angela had to spend four

days in the hospital after suffering a severe asthma attack in the fall.

Unfortunately, episodes like this—which take mom’s breath away too—are common, according to Stanley Szefer, MD, director of the Pediatric Asthma Research Program at Children’s Hospital Colorado in Aurora. “More schoolkids are admitted to the hospital for asthma attacks in September than in any other month,” he says. It’s a phenomenon known as the September Epidemic. A variety of factors are probably to blame for this worrisome spike, from germy classmates to the arrival of cold and flu season. Keep your kid out of the ER—and in the classroom—with this breathe-easy advice.

**ILLUSTRATIONS
BY JOHN RITTER**



IS IT A COLD OR ALLERGIES?

Since autumn is prime time for both, it can be challenging to figure out what's behind a kid's congestion. These three telltale signs mean that allergies are to blame.

She complains that her eyes, mouth or throat feels itchy.

Symptoms linger for more than 10 days.

She's an expert at the "allergic salute"—pushing upward on her dripping nose with her palm. The occasional cold wouldn't have her doing this as frequently. And over time, the habit can cause a crease or line to form on the bridge of the nose.

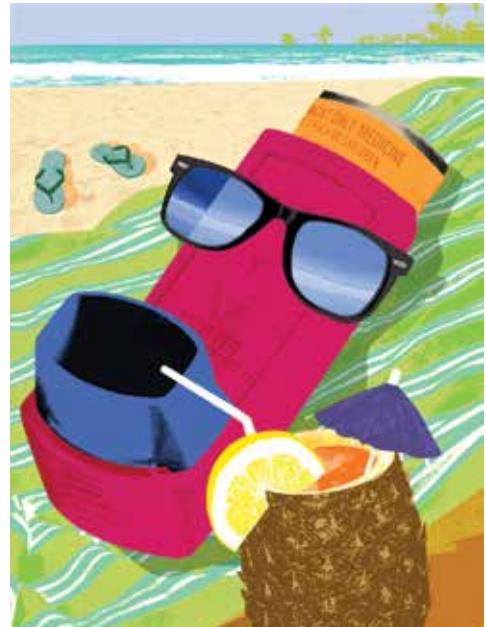
CANCEL THE MEDICATION VACATION

Perhaps one of the biggest factors for asthma worsening at back-to-school time is that inhalers and pills go untouched during summer break. "Parents think, 'I can keep an eye on him now that he's home.' They want their child to feel 'normal' and to not have to worry about popping a daily pill or using an inhaler, so they give kids a little holiday," says Jacqueline Eghrari-Sabet, MD, medical director of Family Allergy and Asthma Care in Gaithersburg, Maryland. While asthma is often seasonally cyclic, with symptoms decreasing in the summer when fewer allergens and respiratory viruses circulate, the risk of an attack never goes away. "Without daily fluoride, you eventually get cavities. Without daily asthma medication, you eventually get asthma attacks," explains Eghrari-Sabet. "You wouldn't let a child go all summer without brushing her teeth. Why chance something as critical as breathing?"

SAVE THEIR BREATH Always talk to a doctor before you reduce or stop a therapy. Reviewing your kid's medical history and having her take pulmonary function tests can ensure that her lungs are working well enough to scale back on treatment over the summer. If you get the okay to reduce or stop meds, be aware of potential signs of trouble, like a chronic cough that disturbs your child's sleep. Ignoring symptoms could lead to a scary trip to the ER.

HONE YOUR ALLERGY STRATEGY

Up to 80% of children with asthma also have allergies, with fall being especially problematic. "It's nearly impossible to escape ragweed pollen and mold spores blown about by the wind," says Tyra Bryant-Stephens, MD, director of the Community Asthma Prevention Program at the Children's Hospital of Philadelphia. When



breathing is restricted due to allergy congestion, the likelihood of asthma flare-ups increases. The two conditions combined account for more than 14 million missed school days each year.

SAVE THEIR BREATH Kids who are under the care of an allergist rack up 77% fewer school absences due to illness, according to the American College of Allergy, Asthma and Immunology. So make an appointment and have your child tested. Since some allergens are unavoidable, the next best thing is to prevent reactions with over-the-counter or prescription medications. Discuss with your doctor two new prescription drugs that just hit the market this spring: Grastek is approved for children ages 5 and up who suffer from grass pollen allergies (typically present from May to July), while Ragwitek is for those 18 and older who are allergic to ragweed (typically present from August to November). These daily medications dissolve

COMING SOON: AN ASTHMA-FREE FUTURE

A decade ago, a new class of prescription medications called monoclonal antibodies promised to revolutionize the treatment of severe, hard-to-control asthma brought on by airborne allergens. Xolair is currently the only medication of its kind on the market. However,

recent clinical trials of similar drugs have shown success, and new medicines may be available as early as 2015. "These drugs change a part of the immune system that reacts to allergens. Once that threat is removed, an asthma attack is unlikely to occur," explains Eghrari-Sabet.

Xolair is available as a monthly or twice-monthly injection for people age 12 and older. "The drugs currently under development target other parts of the immune system that are affected by different allergens," says Eghrari-Sabet. Studies show that monoclonal antibody

therapy can reduce the number of allergy-induced asthma attacks by a third and may also allow decreasing the amount of medications needed to manage asthma. If your child isn't a candidate for Xolair, search for clinical trials for new drugs open to people age

12 and older. To find a study, visit clinicaltrials.gov and type in "asthma and monoclonal antibodies." Now is also a good time to schedule allergy testing in case there are new therapies in the pipeline that could be an option for your child once they become available.

quickly under the tongue and are touted as a good alternative for kids who aren't keen on allergy shots—basically, every kid! Allergy treatments like these are so critical to asthma care because, as Bryant-Stephens notes, “when allergies aren't controlled, asthma gets out of control.”

GO TO WAR AGAINST GERMS

Viral infections such as colds, bronchitis and sinusitis cause more than 80% of childhood asthma attacks, and they flourish in the close quarters of a classroom.

SAVE THEIR BREATH Because viruses are spread through contact, it's important that kids clean their hands frequently throughout the school day. “Washing with soap and water through two choruses of the Happy Birthday song is the best way to get rid of germs,” says Bryant-Stephens. Regular use of hand sanitizers is another good option. Look for alcohol-based ones containing at least 60% alcohol so they don't contribute to the spread of antibiotic-resistant bacteria.

FLU-PROOF YOUR FAMILY

Having asthma and the flu delivers a one-two punch to young lungs. “There are now dual respiratory ailments inflaming lungs, swelling air passages and restricting the ability to breathe,” says Bryant-Stephens. As a result, stricken children are more likely to be hospitalized with life-threatening complications like pneumonia.

SAVE THEIR BREATH Everyone in your family should get the flu vaccine as soon as it's available. Just note that anyone with asthma should not get the vaccine nasal spray because its weakened live flu viruses may bring on asthma symptoms.

GET THEM OFF THE SIDELINES

Heavier kids are more likely to develop asthma than their average-weight peers, a recent study found. Even more troubling, the disease can be harder to manage. “Excess fat—which is full of inflammatory toxins—worsens an inflammatory disease like asthma,” says Eghrari-Sabet. Another complication: The additional weight on the chest and lungs makes deep breathing more difficult.

SAVE THEIR BREATH Nearly 10% of Olympic athletes have asthma, so the condition certainly doesn't mean you have to raise a benchwarmer. “If athletes can win medals and championships, your kid can participate in field day, recess and gym class,” says Eghrari-Sabet. Although it's possible for exercise to trigger bronchial spasms, staying physically active is vital to maintaining a healthy weight and healthy lungs. “There shouldn't be any problems if the disease is controlled with daily preventive medications,” says Eghrari-Sabet. Kids who need extra puffs of quick-relief meds

during physical activities should see their doctor about increasing their maintenance prescription. “You don't want to overdo your reliance on inhalers,” notes Eghrari-Sabet.

EDUCATE THE EDUCATORS

Teachers and school health aides spend a lot of time with your child, so it's important that they be aware of the condition and symptoms to look out for. “They can tell you if she's using an inhaler too frequently, which could indicate the disease isn't well managed,” says Bryant-Stephens.

SAVE THEIR BREATH Schedule a doctor's visit before the first day of school to ensure the current treatment plan is working and to resume medications if they were scaled back over the summer. This appointment is an opportunity to develop or revise an asthma action plan to give to the school. It typically covers a list of known asthma triggers, what personnel should do when a child experiences symptoms, instructions about when and how to administer meds, and guidelines for when to call parents and the doctor, along with their contact info. Review the plan with key school employees, including the primary teacher, the school nurse or health aide, the physical education teacher and sports coaches.



HOW TO HANDLE AN ASTHMA ATTACK

Watching a child gasp for air can be terrifying. Take a deep breath yourself, then jump to action with these lifesaving steps.

ASK ABOUT MEDS. If he has an inhaler, help him locate and use it.

KEEP THE CHILD UPRIGHT. Lying down makes breathing more difficult.

MOVE AWAY FROM ALLERGENS. Try to get some distance from irritants like cigarette smoke, a dog or a mulchy area that may harbor mold.

CALL 911. Get help immediately if an inhaler isn't available or he continues to struggle for breath, his lips are turning blue or he is unable to talk.

KEEP HIM CALM. Offer soothing reassurances, such as: “You're going to be okay,” “We're getting help,” and “Don't worry, I'm right here with you.”