



Communication du 18 Juillet 2020

## RETURNING TO THE SCHOOL

### No reason to exempt teenagers with asthma

*The Gregory Pariente Foundation (GPF) has teamed up with two specialists, Dr. David Drummond, pneumopediatrician (Department of Pediatric Pneumology and Allergy, Necker University Hospital - Children's Hospital - Paris) and Dr. Carine Favre-Metz, a specialist in pediatric pneumology and allergology at the Necker University Hospital - Children's Hospital - Paris. Carine Favre-Metz, pneumo-allergologist (Department of pneumology and allergology - new Strasbourg Civil Hospital and Paediatrics Department at the Haguenau Hospital) to assess the impact of the Covid-19 crisis on adolescent asthmatic patients. The specialists involved in pneumo-*

*paediatrics proposed to their young patients (10-15 years old), seen in consultation since the end of the Lockdown, a questionnaire (see attached) whose answers were shared through their personal medical experience as well as updated scientific data on asthma, allergies and Covid-19. To date, 18 adolescents have completed the questionnaire. This rather limited number is explained by the health constraints of reducing the number of young patients seen during a consultation, but it is thus possible to have an indication of a population that is particularly sensitive to the Covid-19 pandemic.*

#### 1 The overall impact of containment

Even if many in this age group found it "boring", most of them have adapted well to the Lockdown despite the absence of friends for some of them... Half were totally confined to their families; the rest had at least one parent working outside the home. Five of the eighteen adolescents were confined with a smoker in their home. Barrier measures were clearly well adapted and applied, probably at the initiative of parents.

#### 2 The impact of confinement on asthma

Asthma remained in check in the majority of adolescents surveyed (15-18 year olds). No complications were reported (no need to consult a physician, to take oral corticosteroids or an urgent treatment). Of the nine adolescents taking daily treatment, six continued taking them every day, two several times a week and one discontinued it. It should be noted that 2/3 of those who maintained their daily treatment felt protected from the coronavirus by their medication.

#### 3 Allergies

Being confined, even with animals in the home, was not a problem in most cases. Ten teenagers were confined with pets. For those adolescents in the 12-18 age group allergic to pollen, the discomfort felt was less than that of the previous year.

#### 4 The level of motivation to return to school

Three-quarters were in favour of returning to class.

They can't wait to see "their buddies" again, and also to get back to school. They also feel protected by their treatment and barrier gestures. The remaining quarter find it useless to take risks for a month when they could continue school at home... even after the pandemic.

#### 5 The level of acceptance of barrier measures, most notably the wearing of masks

There is unanimous agreement on the need for barrier measures, but without the wearing of masks for half of them.

However, they all appreciated the fact that at the end of the consultation they were given a mask made for them by the Gregory Pariente Foundation. The masks were specially designed for teenagers and were made at the request of Dr. Favre-Metz, who feared that in a particularly critical period of shortage, when there were almost only "home-made" masks available, boys, unlike girls, would be reluctant to wear them. She therefore wished to have special cloth masks, adapted for teenagers, so that these young people, mainly boys, would accept to protect themselves against the virus. Some even willingly lent themselves to selfies.



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## BACK to SCHOOL

### Getting back to a normal life

#### A well-balanced adolescent with asthma can and should live a normal life.

On the basis of all the scientific data available at the end of June 2020 and their personal medical experience - practising in particularly affected areas (Paris region and Eastern France) - the two specialists agree that, to date, for adolescents with asthma :

- Youth appears to be the best shield against Coronavirus
- Severe forms remain exceptional in children and adolescents. It is still difficult in such small numbers to consider with certainty that asthma is not a risk factor for severe forms of COVID-19, even though this risk is not totally ruled out in adults.

#### 1 Asthma and coronavirus: not to be confused !

An infection with the new coronavirus can potentially be suspected if the symptoms experienced are different from those usually felt during an asthma imbalance or attack - coughing, shortness of breath, wheezing, and chest tightness. Not every respiratory symptom is a coronavirus infection, as the current pollen season is a good time for allergic patients to develop rhinitis, conjunctivitis, and asthma. In any case, during an episode of allergic rhinitis and/or conjunctivitis or an asthma attack, if the symptoms are different from those usually felt, in case of fatigue, fever, and even more so if there is a loss of smell and/or taste, the patient should be treated by the attending physician who, if necessary, will prescribe a screening test.

#### 2 The Basic treatment creates a preventive effect ?

**Caution is still called for.** Even if a significant number of adolescents say they feel protected by their daily medication, which is confirmed by our survey and the testimonies of several pulmonologists who have followed adolescents during this period, particularly by tele-consultation, this hypothesis is based to date only on lab data and is not supported by published clinical data in humans. Our two specialists remain cautious and prefer to say :

*“In-depth therapy remains the ally of adolescents with asthma, even during the Covid-19 period”.*

Inhaled corticosteroids certainly do not favour severe cases, but discontinuation of the basic treatment always exposes the patient to the risk of loss of asthma control, which can unfortunately lead to a severe asthma attack, with an adolescent dying every 3 to 4 weeks in France.

#### 3 Asthma and allergies

A combination frequently found in teenagers.

- For those allergic to dust mites, moulds and pet allergens, being permanently confined indoors may have exacerbated their respiratory symptoms. They were therefore particularly advised to aerate their rooms daily, morning and evening, regardless of the weather.

*“We recommended that they combine the antihistamine treatment with an inhaled dual therapy to avoid any discomfort, as all the factors were present for asthma to worsen during the Lockdown. We even preferred to increase the recommended doses to be sure to protect these patients in the context of this overexposure of their bronchial tubes to allergens”.* Pr. Frédéric de Blay (Head of Pneumology and Allergy Department - new Civil Hospital of Strasbourg).

- We must remain vigilant even if this year the concentration of grass pollen grains in the air is lower than in previous years. Bearing in mind, moreover, that grass pollen allergy is often less associated with severe asthma exacerbations than concrete pollen. Our two specialists particularly insist on the need to control allergy symptoms in these uncertain times :

*“Aerate the home, morning and evening, in order to renew the ambient air; avoid exposure to tobacco, a major risk factor for bronchial fragility; take all the prescribed treatments properly”.*

#### 4 Lockdown can end up being bad for your health.

Living through a Lockdown may have created or reinforced bad habits that are all the more harmful in the case of asthma, especially in adolescence, an age that is particularly sensitive from a physiological and psychological point of view.

*“Get back to a healthy lifestyle as soon as possible”.*

Being in a Lockdown has been associated with a lack of physical activity in asthmatic adolescents, with its physical (weight gain, reduced motivation to exercise) and psychological (anxiety, feelings of loneliness) consequences. This may also have been reflected in increased exposure to tobacco smoke, as noted in the questionnaires.

#### 5 Returning to school is no more problematic for adolescents with asthma than it is for those without.

Returning to school is a way to find your way around and prevent physical or mental disorders related to being in a Lockdown. Adolescents need social interaction to develop.

*“There are many more benefits than risks to returning to the community”.* (French Pediatric Society)

- Dropping out of school can be more traumatic in the long run
- Absence may be a factor of exclusion from classmates
- Maintaining the false security of school at home can encourage a phobia over time

#### An emphasis on barrier measures...

The return to the community must be organized by emphasizing barrier gestures and remaining cautious. In addition to hygiene and social distancing measures, the wearing of a mask is essential to avoid scattering spittle, at least during class breaks and school transport.

*“Learning these gestures will also be very useful in preventing the transmission of future winter viruses such as influenza, bronchiolitis or gastroenteritis”.* (French Paediatric Society). Like everyone else... Adolescents, whether asthmatic or not, have very little risk of contracting a CoVid-19 infection if they respect the barrier gestures. If they contract this infection, the risk of a severe form is again very rare, whether they are asthmatic or not. The main risk that distinguishes adolescents with asthma from others is that of having a severe asthma attack. However, this risk is not related to the CoVid-19 pandemic: it existed before, continued during, and will persist after the CoVid-19 pandemic. It is a reminder of the importance of taking the disease-modifying therapy in adolescents, which remains the best protection against these severe asthma attacks.

*“A teenager with asthma can and should live a normal life, as long as he follows his basic treatment.”*

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