

# Asthma in Adolescents: The Golden Rules

## We must act immediately when you witness:

- a dry and prolonged cough/stopping effort/laughter/night
- abnormal breathlessness/difficulty in breathing
- a whistling sound in the chest
- chest tightness

If you notice any of these signs, consult your doctor. If asthma is diagnosed, treat the attack with an inhaled bronchodilator and we recommend that you see a lung specialist (at least once a year) who will:

- confirm the diagnosis and assess the degree of asthma
- research the triggering factors in order to better identify and prevent them
- look for aggravating associated allergies
- adjust your treatment
- ensure monitoring, which is very important in this at-risk age group, because the adolescent is less respectful of his treatment and uses it insufficiently.

## How to PREVENT an ASTHMA CRISIS?

By using a treatment before the perceived warning factor is identified, for example before going to the gym, or at a party with friends who smoke, or in case of pollution or allergies...

## How to PREVENT ASTHMIC CRISISES that are TOO FREQUENTLY?

By using an in-depth treatment based on inhaled corticoids if:

- use of the treatment for the attack is more than twice a week
- occurrence of a night cough that wakes you up
- limitation of asthma-related activity
- more than 2 asthma symptoms/week

**Do not hesitate to talk about it with your doctor.**

## POORLY INHALED TREATMENT = LITTLE OR NO TREATMENT

### Learn how to use your inhaler(s) properly

Gestures to be repeated with your doctor until they are perfectly integrated:

- take off the mouthpiece, exhale completely.
- press on the inhaler while inhaling
- wait 10 seconds and then breathe normally

## UNDERSTAND THE MAIN FACTORS OF POTENTIALLY SERIOUS RISKS (GINA\*) which make the adolescent particularly at risk.

- use of his inhaler > 2 times/week
- active or passive smoking
- persistence of allergens (animals, carpets, etc.)
- obesity, Rhinosinusitis, true food allergies
- psychosocial or economic problems
- already an episode of hospitalisation for a serious attack

## ASTHMA and SPORT

Sport is beneficial at any age provided that you follow the recommendations of your doctor or a pulmonologist, especially in the case of prolonged intense effort or exposure to cold which can be an aggravating factor. In this way, a teenager will be able to perform well in sports, as if he or she were not asthmatic.

## WHEN TO CALL THE EMERGENCY?

Dial 15 (or 112 in the European Union) for a transfer to an emergency room, in the event of an acute crisis which does not heal despite taking emergency treatment: 2 puffs or inhalations of bronchodilator to be renewed 3 times, 5 to 10 minutes apart in a seated position, calm, slow and regular breathing. The adolescent's difficulty in speaking without interruption is a clear sign which should alert you.

**APPROPRIATE TREATMENT, WELL TAKEN, WELL FOLLOWED = A NORMAL LIFE IN 95% OF CASES.**

**FOR THE REMAINING 5%, CONSIDER HAVING SEVERE ASTHMA**

**Asthma is a deceptive disease, you must "always do a little more than a little less". Never neglect an asthma attack and see a pulmonologist at least once to establish a diagnosis and treatment recommendations. an annual follow-up is recommended.**

(\* GINA = Global Initiative for Asthma)