Common asthma triggers:
• cigarette smoke
• dust mites
• respiratory tract infections
• mold
• cockroaches
• air pollution
• animal dander
• pollen
• exercise, especially in cold air

Does my child have asthma?

Many infants and toddlers experience occasional episodes of wheezing caused by respiratory tract infections, but that doesn’t mean they suffer from asthma, a chronic disorder that causes swelling and inflammation of the airways.

Risk Factors

Factors that may increase your child’s risk of developing asthma include exposure to tobacco smoke, previous allergic reactions, respiratory conditions (e.g., recurring bronchitis) and family history of asthma, allergic rhinitis, hives or eczema. About 60 percent of children with asthma will grow out of it by adulthood. However, only 5 to 30 percent of children with severe asthma will outgrow their asthma by adulthood.

Infants and children with asthma are at risk for asthma episodes, which can include wheezing, shortness of breath, chest tightness, labored breathing, low energy, and poor feeding in infants. If your child experiences these symptoms, he or she should be immediately evaluated by a healthcare professional.

“If you suspect your child has asthma, you should bring your child to your pediatrician for an evaluation,” says June Liu, MD, a pediatrician at UCLA Health’s West Los Angeles Pediatrics office. “The types of medicines or treatments that are recommended depend on the severity of asthma — intermittent or persistent mild, moderate or severe — so it’s important to have close follow-up with your pediatrician.”

Diagnosis and Treatment.

Physicians typically diagnose asthma by evaluating the frequency and timing of asthma episodes, the presence of risk factors and a child’s response to medication. These factors, in addition to your child’s age and overall health, will determine your child’s treatment course.

Medications for asthma treatment primarily consist of long-term-maintenance medicines (usually taken daily), short-term-relief medications (usually lasting two-to-six hours per dose), or in some cases, a combination of both. Most asthma medications are taken with a delivery device – metered dose inhaler, dry powder inhaler or nebulizer – that helps a child breathe the medicine directly into his or her lungs.

Seek Proper Treatment

“Poorly controlled asthma can significantly impact routine activities, disrupt learning and sleep, and result in numerous school absences, which can cause financial and work-related problems for parents,” Dr. Liu says. “It’s very important for a child with asthma to receive proper treatment because the whole family is affected.”