

Paediatric Asthma Workshop

30 min version

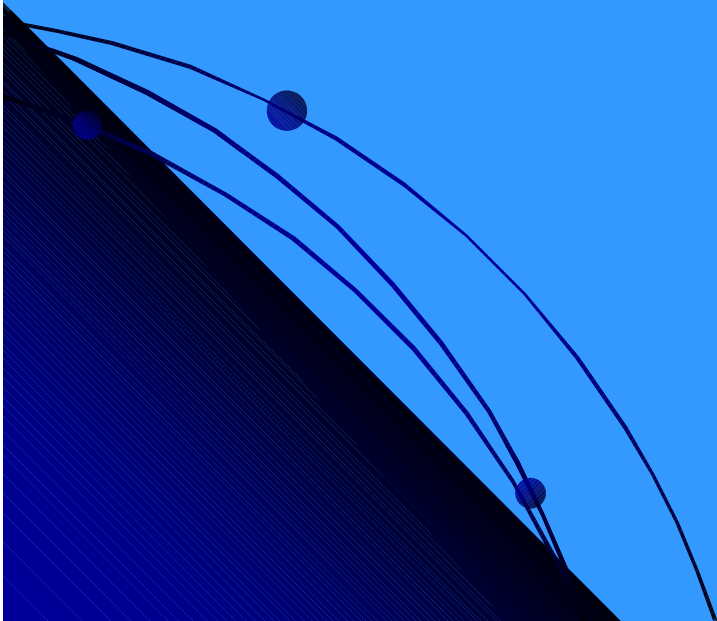


Case One: RXV9323

- Three year old girl
- Recurrent bronchiolitis as infant
- 5-6 chest infections total incl 3 in past 6 months
- Wheezy when acutely unwell
- Often takes 2 courses antibiotics to get better
- Even when well has cough every day, often wet

Case One (2/6)

- Diagnosed asthma one year of age
- Flixotide 50mcg 2p BD + Serevent 2p BD
- Still using ventolin daily for cough, not wheeze

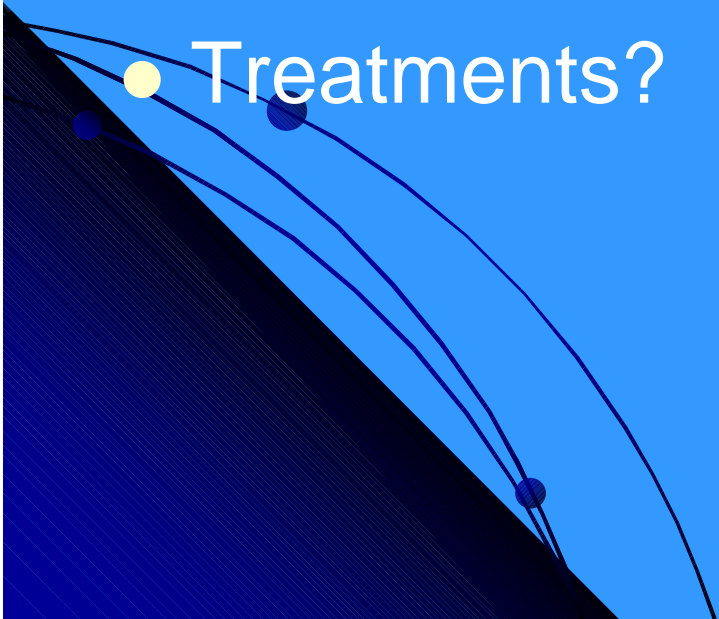


Case One (3/6)

- Adopted, adoptive parents separated
- Birth mother smoked in pregnancy
- Biological siblings have asthma
- On soy and goat's milk, avoiding wheat and dairy
- Normal clinical exam
 - No digital clubbing
 - No chest wall deformity, no wheeze

Case One (4/6)

- What to do next?
- Investigations?
- Treatments?



Case One Outcome (5/6)

- Bronchiectasis on CT scan



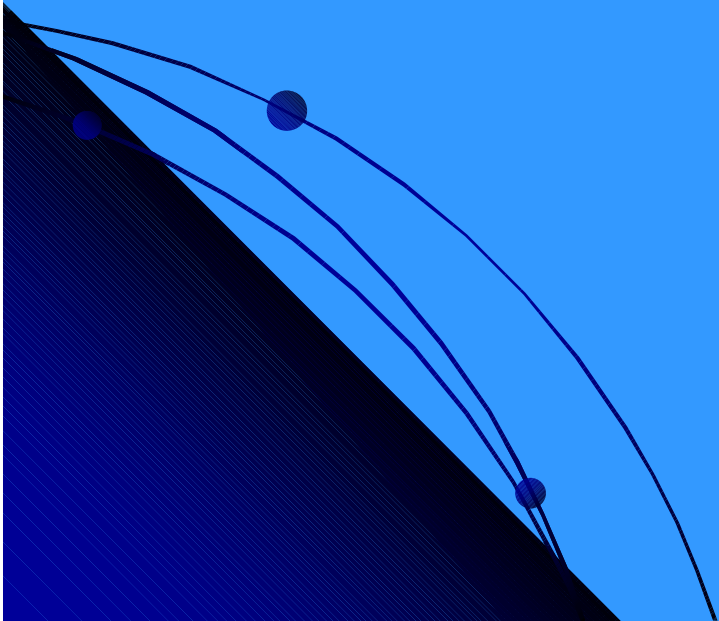
RED FLAG



- Daily or frequent wet cough

Practice point

- Consider a project to target asthma education in your enrolled Maori population



Case Three

- Thirteen year old pacific island girl
- Obese
- Multiple hospital admissions with asthma incl PICU since 10 years of age
- Usually presents with increasing shortness of breath and wheeze
- Lives in house with 10 people (1 smoker)
- FEV1 72% predicted with good response to salbutamol

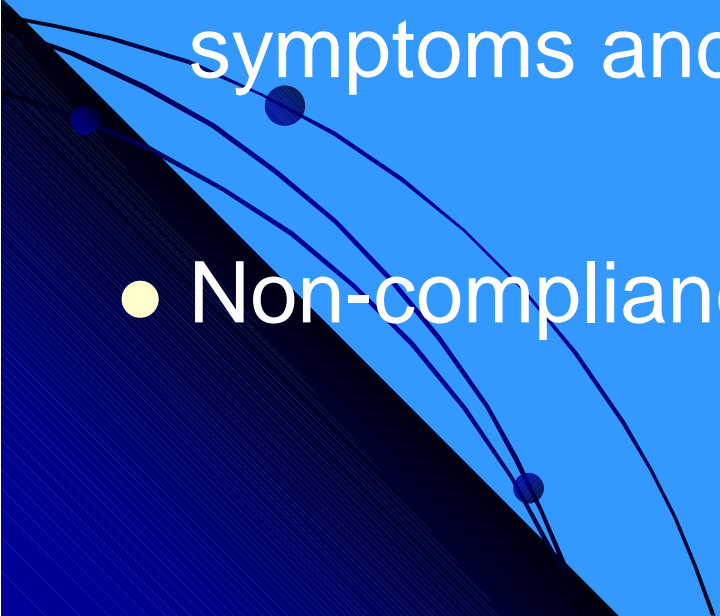
Case 3: December 2008

- Using ventolin 2x daily
- Peak flow usually 50-60% normal
- Despite maximal therapy
 - omeprazole
 - High dose ICS + LABA
 - Theophylline
 - Roxithromycin
 - 10 months of 20-40mg prednisone

Red Flag

- Poor or absent response to high dose treatment



- In-depth investigation confirmed asthma
 - Frequent non-attendance to clinic
 - Family passive about severity of symptoms and treatment
 - Non-compliance/adherence
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Intervention

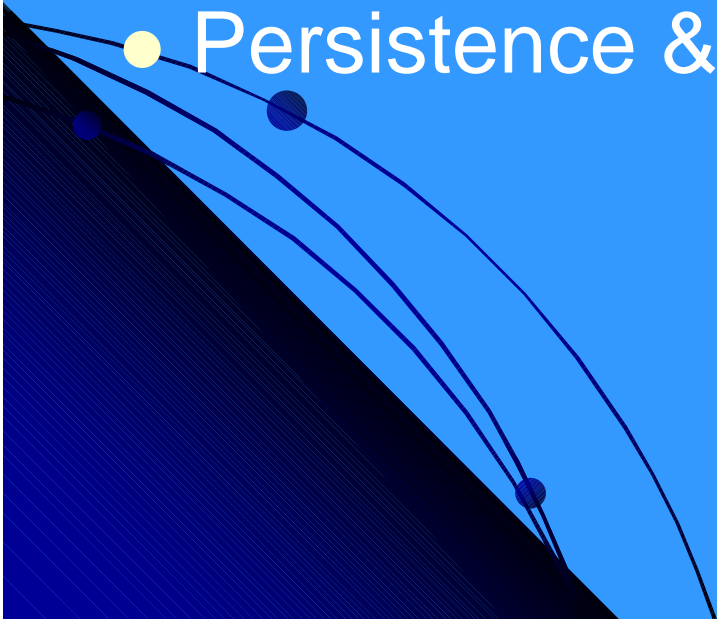
- Twice weekly school visits by homecare nurse
- Issued with Piko meter
- One good summer
- Patient actively interested in management and good control

Poor adherence

- Most difficult asthma related to poor adherence
- Low expectations
- Fear of medication side-effects
- Family disorganisation
- (Secondary gain)

Management

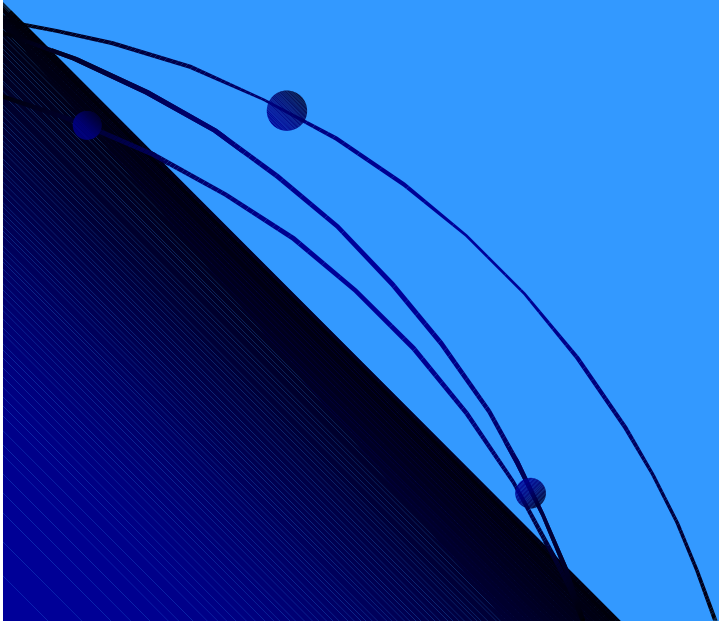
- Education
- Empowerment and building on success
 - “A moment when he helped himself”
- Persistence & Serendipity



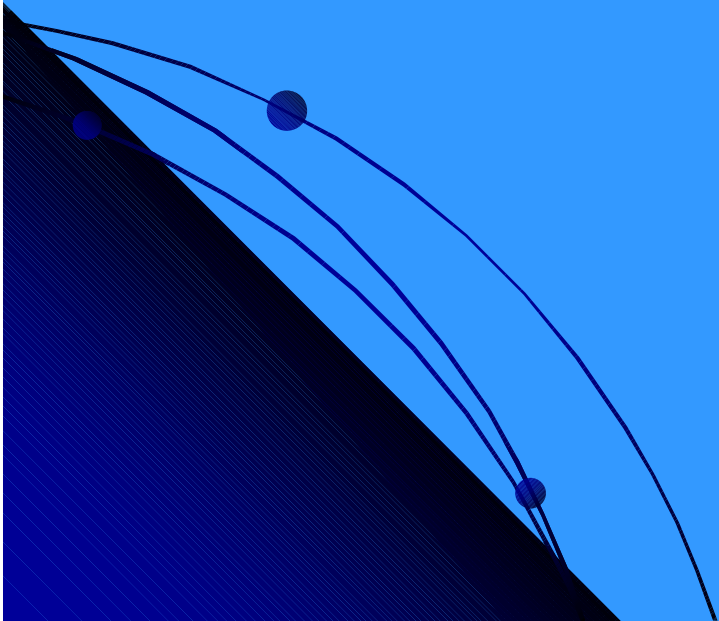
Practice Point:

- Correct device for age
- Infants to 2 years: spacer + mask
- As soon as able (by 4yr): spacer no mask
- From 7yr turbuhaler if appropriate
- Never: MDI without spacer

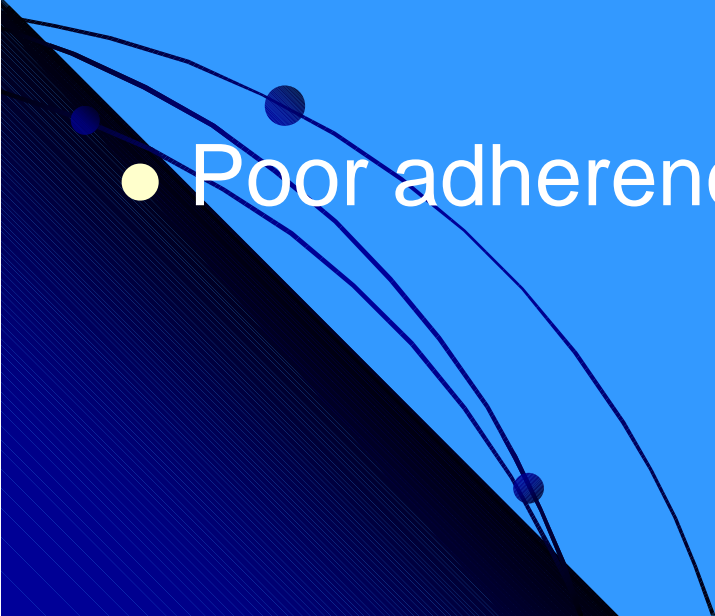
Inhaler technique



Summary

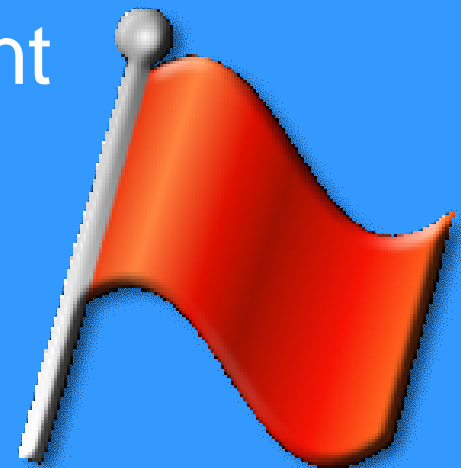


Persistent poor control of asthma

- Reconsider diagnosis – red flags
 - Co-morbidities
 - Incorrect device and/or use
 - Poor adherence
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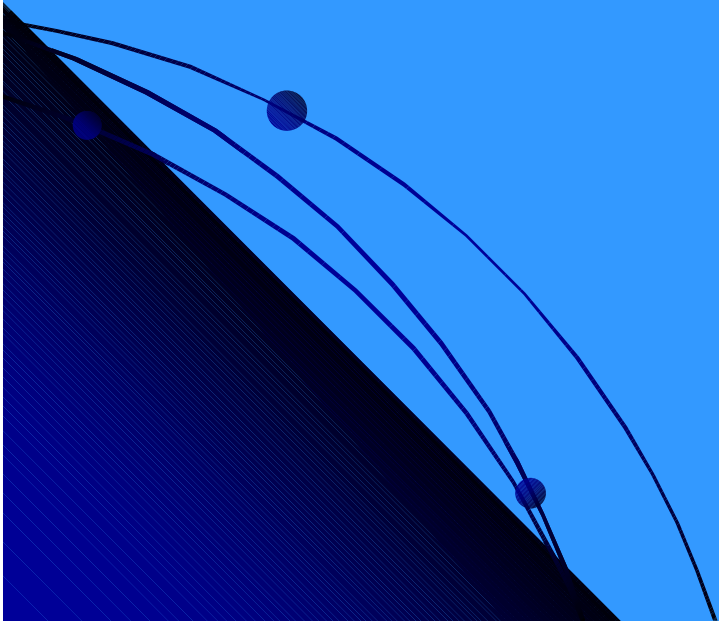
Red flags

- Continuous and/or daily symptoms
 - Wet cough
 - Noisy breathing
- Digital clubbing
- Failure to thrive
- Absence of response to treatment



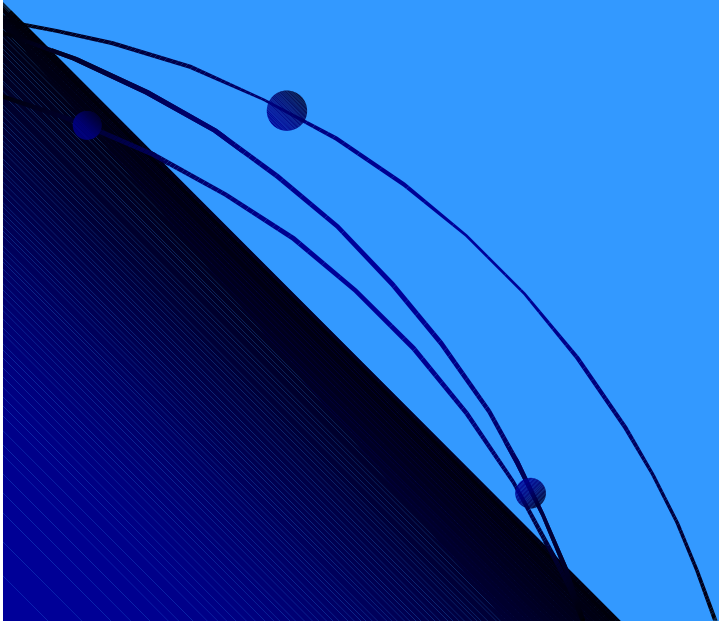
Device

- Always get patient to demonstrate use



Poor adherence

- Education
- Finding a way to motivate patient



Dr. Batty's



For Your Health

ASTHMA CIGARETTES

SINCE 1882

*For the temporary relief of
paroxysms of asthma*

EFFECTIVELY TREATS:

ASTHMA, HAY FEVER, FOUL BREATH
ALL DISEASES OF THE THROAT,
HEAD COLDS, CANKER SORES
BRONCHIAL IRRITATIONS

NOT RECOMMENDED FOR CHILDREN UNDER 6.