

THE KID WITH THE COUGH



Asthma is the most common chronic illness of childhood, but recognizing this breathing problem isn't always intuitive. If you've got a chronic cough, check out these experts' clues you could be missing.

by **SARAH MAHONEY** / photographs by **SASHA GULISH**

CHRISTY PUTNAL will never forget the relief she felt two years ago when the pediatrician examined her 3-year-old son, Anderson, and finally, finally said, “Yep, it’s asthma.”

“So many things fell into place,” says Putnal, who lives in Butler Lake, Florida. “He was always coughing. His nose was always running. The decongestants the doctor suggested didn’t work. I couldn’t get him well.” A few months earlier, her

son even spent four days in intensive care with RSV, a respiratory illness that’s usually relatively minor in kids his age. “No one had even mentioned the word asthma,” she says.

And yet about 6 million children in the U.S. (that’s 8 percent) have asthma, making it the most common chronic illness of childhood. Treatment has steadily progressed, and today, kids with the breathing disorder do much better

than they once did. According to data from the Centers for Disease Control and Prevention, about half of children with asthma missed school in the previous year due to symptoms. Fifteen years ago, that number was more than 60 percent. And half as many children today are hospitalized for asthma as in the early 2000s.

Experts say this improvement is thanks to better use of both preventive





medicine and rescue drugs. More families also have “asthma plans,” precise instructions for parents, caregivers, and schools about when to step up medications or see a doctor.

But asthma still poses major challenges for families, and the biggest one may be diagnosing it in the first place. Teasing out the symptoms of asthma from those of viral coughs isn’t easy in young children. Most babies have seven (or more!) colds in their first year, and preschoolers average about nine. And even when they’re not sick, healthy school-age children cough between ten and 34 times every day, research has found. Wheezing also isn’t definitive. About 30 percent of babies wheeze, and by age 5, half of all kids have joined the wheezing club—yet relatively few turn out to have asthma.

So how can you tell if your coughing kid’s lungs might need a second (or third) look? Experts say these are the key factors to watch for.

1. She’s got at least one of the three basic symptoms.

Children with asthma tend to experience the following issues:

FREQUENT COUGHING This one’s especially worrisome if the coughing is loud and extreme or gets worse at night.

A recent poll from the Asthma and Allergy Foundation of America found that 45 percent of children with asthma have coughed themselves awake. (That helps explain why asthma often leaves whole families exhausted.) To determine whether your kid’s cough could be problematic, also track how long it lasts. Three weeks or more likely means it’s not just another cold. However, the nature of the hacking won’t tell you much; while asthmatic coughs tend to be dry, they can also produce lots of gunk.

WHEEZING With asthma, you usually hear wheezing at the end of a cough or when your child exhales, and it’s often loud enough to get your attention (think high-pitched, like wind in a tunnel or a squeaky toy). Alas, it can also be so quiet that only a stethoscope can detect it.

SHORTNESS OF BREATH Older children may describe this as a feeling of tightness in their chest. Babies sometimes pant, especially when they’re playing, and you may notice your child’s belly moving in and out faster than normal.

2. The symptoms you’re noticing are severe.

Asthma attacks often get scary very fast. Every year, one in six children with asthma goes to the emergency room or urgent care, and one in 20 gets admitted

to the hospital. But severity doesn’t always mean high drama. It can also refer to sickness frequent enough to interfere with your child’s quality of life. Think back and count the number of times you’ve taken your child to his pediatrician this year—not just for coughs but for any illness. On how many nights has your child (and have you) lost sleep from his sickness? How many school days has he missed? Putnal’s son, Anderson, missed 20 last year before the Christmas break.

3. You’re seeing patterns.

“It may be that each of your child’s coughs seems like just a cold,” says Andrew Weinstein, M.D., who specializes in allergies and immunology at Sidney Kimmel Medical College of Thomas Jefferson University, in Philadelphia. “But if you pay close attention, you can eventually make connections. After about three or four episodes of severe upper respiratory distress in a single year, you can usually suspect asthma.”

WHAT ELSE COULD THAT COUGH BE?

A COLD A cough that is related to a cold should improve over a ten-day period, says Marilyn Li, M.D., a pediatric allergist and immunologist in Los Angeles. If it doesn’t, seek a medical evaluation.

ALLERGIES Sensitivity to pets, pollen, or certain foods can cause respiratory symptoms. (But keep in mind: About two thirds of children who have asthma also have at least one allergy.)

BIG TONSILS If you notice snoring or mouth breathing, ask your doctor to take a closer look. Some children eventually need to have their tonsils removed.

REFLUX Infants and very young children burp and spit up, while older kids might complain about a weird taste in their mouth. Try an earlier dinner, avoid acidic foods (especially juice), and place a thin bed wedge under your child’s mattress to elevate his head.

When you're observing your child, take note of specifics—like whether her cough changes with exercise or active play or when she's outside in cold air. Does laughing or crying start a coughing fit? Each of these can be a sign that you're dealing with more than a run-of-the-mill virus.

4. You child has at least one risk factor.

Doctors use a standard set of questions to determine which patients are most likely to develop asthma. The major ones: Does your child have eczema? Does your child have allergies to airborne irritants, like pollen? Does one of your child's parents have asthma?

Tracy Baker, who lives in Lincroft, New Jersey, says doctors diagnosed her son, Jack, at age 2, when she brought him to the emergency room in intense pain following weeks of coughing. As they began treating him for an ear infection, a hospital monitor that was measuring the amount of oxygen in his blood showed a sharp drop, which meant that his lungs weren't functioning well. (Some families buy an oximeter to use at home as a way to keep tabs on early signs of trouble.) "At that point, because my husband also has asthma, the doctors were able to say pretty definitively, 'Yes, Jack has is asthma,'" says Baker.

Boys are more likely to have asthma. African-American kids are also at higher risk and six times more likely to die from asthma. It's more common in Hispanic children, too, especially those of Puerto Rican descent. And children exposed to secondhand smoke are more vulnerable and have more frequent and severe attacks. Babies who are born prematurely (before the 37th week of pregnancy) are more likely to develop asthma as children but also more apt to outgrow it than other kids who have the condition.

5. She fails the medical tests.

To diagnose older children, doctors use lung-function tests. At the doctor's office, your child will take a deep breath and then exhale forcefully into a mouthpiece that's connected to a computer. This measures how much



air she can inhale and exhale, as well as how much force she uses. Your doctor may also use a smaller low-tech device called a peak-flow meter that assesses exhalations. These tests don't hurt, but children have to be able to follow instructions in order for them to be accurate. Most 6-year-olds are up to it, and some children as young as 4 can be too.

Health-care providers will typically repeat these tests several times, often before and after medication, and compare a child's scores with those of other children who are a similar weight and height. Low scores mean that airways are blocked and help confirm the asthma diagnosis.

Another clue may come from a trial of medication. Doctors prescribe bronchodilators such as albuterol for many breathing problems, even colds. These "rescue" medications quickly cause your child's airway to expand and let in more air. But they also play a diagnostic role. When a doctor suspects your child has asthma, he may send her home with a rescue medication to see if using it for a few weeks reduces her symptoms. (Many young children with asthma also use a nebulizer—a mask that allows the child to breathe in vaporized air that contains the medication.) Ultimately, if your child is found to have asthma, you can take comfort in knowing that treatment is very effective and she will be coughing a lot less.

TREATMENT **TIPS FROM THE** **ASTHMA** **WHISPERER**

She's a pediatrician, an asthma researcher at Harvard Medical School, and a mom to a 14-year-old who has had asthma since she was a toddler, so Ann Chen Wu, M.D., knows how to look at asthma from every angle. We asked her to share her top tips for keeping young kids with asthma safe, healthy, and comfortable. (You can find even more ideas on her blog, [Asth.ma](#).)

● **CONSIDER STEAM.** "When kids are coughing, moisture feels good and can help them calm down.

When my daughter, Allison, was a baby, I'd sit outside a steamy shower with her for ten to 15 minutes. We also used a cool-mist humidifier in her bedroom. Of course, steam doesn't replace medications that your doctor prescribes."

● **KNOW THE DANGER SIGNS.** "The first time Allison woke up sputtering and coughing, she was in real distress. Her nostrils were flaring, and her ribs were pulling in with each breath. She needed medication right away, and I took her straight to the emergency room."

● **MASTER THE MEDS.** "Before my daughter was diagnosed, I didn't fully understand why so many of my patients did not take their asthma medications

as prescribed. Preventive medications such as inhaled corticosteroids are so important to reduce the underlying inflammation in the airways that leads to symptoms. In general, children take half as much as they're supposed to. But now I get it. It's hard to remember to give a daily dose when your child isn't having trouble breathing. And no, these drugs don't stunt kids' growth or give them big muscles the way anabolic steroids can."

● **BOOST YOUR INHALER IQ.** "Most kids don't use inhalers correctly, so the medicine winds up in their mouth, not in their lungs. A spacer, a long plastic tube that's attached to the inhaler's mouthpiece, is essential, but many kids

hate to use one because it's bulky to carry around with them. We bought Allison a special purse for hers, which she loves."

● **MAKE IT A GAME.** "Following the plan is hard, so we try to have fun with medication reminders. Sticker charts helped when Allison was little. She also liked Wizdy Pets, an app aimed at 6- to 12-year-olds, which let her hatch and name a fire-breathing dragon with asthma, and care for it every day. Now she uses a cool medication tracker on her phone."

● **BE PREPARED.** "We've got a good written asthma plan that tells us exactly what to do if Allison has the first signs of a cold or is exposed to cats, one of her known triggers."