

Fact Sheet

Asthma medications commonly used for children

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Medications used in the treatment and management of asthma either relax the tight muscles around the airways and reduce or prevent inflammation of the inside airway lining. These medications relieve asthma symptoms and may prevent asthma attacks.

The aim is to gain the best asthma control with the least amount of medications and side effects. It is important to understand what the medications do, when they should be taken, possible side effects, and correct use of the most appropriate delivery device for taking them.

**Please note: Whilst the most common possible side effects have been listed below for each medication group, some children may experience others not listed. Always discuss any concerns about your child's medications, their side effects and the delivery device with your child's doctor or asthma educator.*

RELIEVERS – blue and grey colours eg. Asmol, Ventolin, Airomir, Epaq, Bricanyl

USED FOR WHEN MILD, MODERATE OR SEVERE SYMPTOMS ARE PRESENT

- Relieve asthma symptoms by relaxing the tight muscles and opening airways.
- Work within minutes and usually effective for up to 4 hours.
- Used when symptoms are present and may also be used before exercise or play.
- If needed more often than 3-4 times per week (excluding exercise or play) your child's asthma may not be well controlled and it is recommended that your child's asthma be reviewed.
- Always carry your child's blue reliever medication to ensure immediate access to it.

Possible side effects:

- fast heart rate, shaky hands, hyperactivity, excitability.
- possible side effects can vary between children and subside without any harmful effects.

RESCUE MEDICATIONS - ORAL CORTICOSTEROIDS

Prednisone (tablet); Prednisolone (tablet or syrup); Predmix, Redipred (syrup)

- Used if symptoms are worsening and there is little or no response to inhaled reliever medication.
- Decrease airway Inflammation.
- This medication is taken orally (tablet or liquid) and may be given to your child in hospital or by the child's local doctor.
- Generally only used for short periods up to 3 to 5 days.
- May be included as part of your child's asthma action plan

Possible side effects:

- hunger
- puffy face, weight gain, mood swings – these are unlikely to occur if only used short term (3-5 days). However if they do occur they will resolve once the medication has stopped.

Children with persistent asthma or difficult to control asthma who may require long term or frequent courses of oral corticosteroids may require regular review by a respiratory specialist or paediatrician.



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PREVENTERS - autumn colours – yellow, white, brown, burgundy, orange

Non-steroid medication – *Intal Forte*, **Singulair*

Steroid-based medication – ***Flixotide*, ***Alvesco*, ***Pulmicort*, ***Qvar*.

USED IN THE DAILY MANAGEMENT OF ASTHMA CONTROL

- Prevent the likelihood of asthma symptoms and reduce the risk of an asthma attack by decreasing the inflammation (swelling) and making the airways less sensitive to the trigger factors.
- Preventers are often prescribed when symptoms are frequent and troublesome.
- To be effective, preventers need to be taken every day, even if symptoms are not present – to be stopped only on medical advice.
- May take up to 2 to 3 weeks before the medications start working.
- Not every child requires a preventer medication.

Possible side effects:

- unpleasant taste and cough with non-steroid medication.
- oral thrush (sore mouth) and/or voice change with steroid-based medication.

To reduce the risk of side effects it is recommended that your child:

- rinses their mouth with water, spits out and or cleans teeth after taking their inhaled preventer medication.
- uses a spacer device with the puffer medication. Depending on child's age and needs your child could also choose a suitable alternative device but rinsing of the mouth is still required.

* **Singular** is a non-steroid chewable tablet taken orally once a day. Potential side effects may include a headache.

****Pulmicort, Flixotide, Qvar and Alvesco** are inhaled corticosteroids. It is important to discuss with your child's doctor how to maximise the benefits of these medications whilst reducing the risk of side effects.

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Additional Asthma Medications

Some children need additional medication to give greater control of their asthma. **Combination medication** is an **inhaled corticosteroid + symptom controller** (long acting reliever medication) in the one device, making it a more convenient way to take both medications. The addition of a symptom controller eg. Serevent or Oxis is recommended when the use of an inhaled corticosteroid alone is not achieving asthma control and is prescribed usually for children with **persistent asthma** (asthma attacks occurring more than 3 times per week).

Combination medications include **Symbicort**, a combination of **Pulmicort & Oxis** (available in a Red and White Turbuhaler) and **Seretide**, a combination of **Flixotide and Serevent** (available in a purple puffer or accuhaler). Possible side effects are the same as for inhaled corticosteroids and therefore similar precautions for taking these medications is required.

Symptom controllers are used in the daily management of asthma in conjunction with an inhaled corticosteroid and should not be used as a stand alone medication.



This fact sheet is for education purposes only.
Please consult with your doctor or other health professional
to make sure this information is right for your child.

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