

Patient information from BMJ

Last published: Jul 10, 2020

Asthma in children: what is it?

Having asthma means that it's sometimes hard to breathe. Asthma can be dangerous, but there are good treatments to help prevent and treat asthma symptoms.

Here, we look at the symptoms of asthma in children and how it is diagnosed. To learn about treatments, see the leaflet *Asthma in children: what treatments work?*

What is asthma in children?

Asthma happens when the walls of the tiny air passages in the lungs get swollen or inflamed. This makes it harder for air to get in and out.

Like an allergy, asthma symptoms can be triggered by substances in the air. Common triggers include:

- house dust mites
- pollen, and
- · animal fur.

Other things that can trigger asthma symptoms include:

- tobacco smoke (for example, when someone is smoking a cigarette nearby)
- air pollution
- fumes from chemicals (such as bleach)
- exercise, and
- colds and chest infections.

What are the symptoms?

The symptoms of asthma vary from child to child. Some children just get a dry cough, which often happens at night or in the early morning.

Other symptoms include wheezing, difficulty breathing, and a tight feeling in the chest.

Asthma in children: what is it?

Children with mild asthma may only get occasional wheezing and coughing. Children with more severe asthma may get symptoms more often and might need time off school.

It's not uncommon for children under 5 or 6 years old to have problems with wheezing, and it's sometimes hard to know whether their wheezing is caused by asthma.

For example, babies and young children often wheeze if they have a cold whether they have asthma or not.

There is no specific test for asthma. Doctors consider several things to diagnose the condition, including:

- the child's symptoms
- the results of tests of how well their lungs are working, and
- whether any close family members have asthma (asthma often runs in families).

Your doctor might also do tests to see whether other conditions might be causing the child's symptoms.

If a doctor suspects a child's symptoms are caused by asthma, he or she will often prescribe a trial of asthma medicine to see if it helps. The doctor will then check on the child regularly to make sure the treatment is the right one.

Some children get bad asthma attacks from time to time. Signs of a serious asthma attack include:

- struggling to breathe
- struggling to speak
- a fast heartbeat
- becoming confused, and
- a bluish tinge to their lips or fingernails.

If any of these things happen, your child needs emergency treatment.

If you're ever worried about your child's asthma, for any reason, it's always best to be on the safe side and call an ambulance.

What will happen to my child?

Asthma treatments work well to prevent and relieve symptoms, allowing most children with asthma to live healthy, active lives.

Asthma doesn't usually stop children from taking part in everyday activities, such as playing outdoors and doing sport. In fact, regular physical activity can improve a child's asthma control, as well as their overall fitness and quality of life.

But asthma attacks do happen and can be dangerous if they're not properly treated. A bad asthma attack may mean your child needs urgent treatment in hospital.

Asthma in children: what is it?

Some children with asthma grow out of the condition. But not all do. Children with severe asthma are more likely to still have asthma as adults.

The patient information from *BMJ* Best Practice from which this leaflet is derived is regularly updated. The most recent version of Best Practice can be found at best-practice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2020. All rights reserved.



