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ASTHMA

The Wheezing That Could Signal Childhood Asthma

By LINDA VILLAROSA

LATE last fall, Carrie R., a public relations executive who lives in Riverdale in the Bronx, noticed that her 2-year-old daughter had been suffering from a nagging cough for far too long. She assumed the toddler had caught a cold or was reacting to the change in weather.

But when the cough hung on for several more weeks, and became so severe that her daughter vomited, Carrie began to worry about something more serious. Still, she was stunned by her pediatrician's diagnosis — [asthma](#).

“I was completely blindsided,” said Carrie, who asked that her surname not be used to protect the privacy of her daughter. “I thought asthma would look more like an ‘attack,’ not just coughing. My pediatrician is wonderful, but I ended up taking my daughter to a specialist because this diagnosis was very serious and seemed so out of the blue that I wanted to be sure.”

Though asthma is a common disorder, particularly in childhood, it can be difficult to diagnose. Doctors can struggle to figure out whether a child who is having trouble breathing has asthma rather than a virus, nasal allergy or other upper-respiratory problem.

Unlike the tests for some diseases, checking for asthma does not involve using high-technology equipment or techniques. While there are tests — the most common uses a device called a spirometer, which measures airway efficiency — doctors often rely more on family histories and thorough questioning about symptoms and exposure to allergens.

There is no definitive test, said Dr. Stuart Stoloff, a family practice physician in Carson City, Nev. “There are no easy markers or a single blood test to tell when it's asthma and when it's not. Instead you have to carefully look at the whole picture.”

Dr. Stoloff is on an expert panel that is rewriting the federal guidelines for diagnosing and managing asthma. By early summer, the National Heart, Lung and Blood Institute and the National Asthma Education and Prevention Program will introduce these new recommendations, which place added emphasis on analyzing symptoms, looking for allergens, gathering histories and confirming the diagnosis with spirometry.

Asthma is a chronic respiratory disease that affects 20 million Americans, including 9 million children, or 6.5 percent of the under-18 population. It is characterized by attacks of inflammation and narrowing of the small airways of the lungs, generally sparked by a viral infection (like those that cause [colds](#)), exercise or exposure to pet hair, pollen or other allergens. But because attacks can vary in intensity and show up as shortness of breath, wheezing, coughing, chest pain, rapid breathing or a combination of these symptoms, asthma can often be confused with other illnesses.

The growing incidence of [obesity](#) in children has made diagnosing asthma even trickier. “Investigators are reporting that more and more children, particularly adolescents, are coming in with a diagnosis of asthma and they are also obese,” said Dr. Alkis G. Togias, the section chief, asthma and inflammation, division of allergy, immunology and transplantation at the [National Institutes of Health](#) in Bethesda, Md. “But it is not clear that they have asthma. It might be that the obesity is causing shortness of breath.”

Experts worry that asthma is often not diagnosed, particularly in young children. “Younger children, under 7 or 8, sometimes can’t express themselves well,” said Dr. Norman H. Edelman, the chief medical officer for the American Lung Association and professor of preventive medicine at [Stony Brook University Medical Center](#), in Stony Brook, N.Y.

A spirometer test can help confirm an asthma diagnosis. This device measures the amount of air blown out of the lungs over time. But if the test is done when the patient is not having symptoms, it may not show any abnormality. Furthermore, not every doctor’s office has such equipment, and some patients whose airway function seems normal might still have asthma. In addition, children under 4 generally cannot perform the test.

Dr. Sandra Braganza, an assistant professor of [pediatrics](#) at the Children’s Hospital at Montefiore in the Bronx, estimated that about a fourth of all the patients she sees suffer from the disease. “The rates of asthma in our community are so high that when a child comes in with wheezing, coughing or shortness, we immediately suspect asthma,” she said. “Parents, too, need to know how to recognize the signs and symptoms of asthma,” she added. “There’s nothing worse than seeing a child who can’t breathe. But being empowered with education makes it a lot less scary.”

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