

Exercise and Asthma

Exercise is a common trigger for asthma — it's called exercise-induced asthma (EIA). But it doesn't mean the exercise has to go. Here's what you need to know to keep EIA under control.

By Sam Gaines

Olympic gold medalists Greg Louganis, Amy Van Dyken, Jackie Joyner-Kersey, Mark Spitz, and Nancy Hogshead. NFL stars Jerome "The Bus" Bettis and Art Monk. NBA Hall of Famers Isiah Thomas and Dominique Wilkins. Women's marathoner and world-record holder Paula Radcliffe.

What do all of these world-class athletes have in common? They all have asthma. And that's just a short list. It's estimated that 10 percent of Olympic athletes have been diagnosed with what's called exercise-induced asthma (EIA). In fact, many people discover during childhood that they have asthma during exercise or other physical activity.

At a time when obesity is a national epidemic, the importance of exercise cannot be stressed enough. Exercise-induced asthma can make physical activity a real challenge for many youngsters. But the good news is that it can be managed and treated.

Not Just "Catching Breath"

About 90 percent of children who have known asthma get symptoms when they exercise. This EIA is not a separate kind of asthma. It only means that exercise is one of many possible triggers for their asthma.

The symptoms of EIA include:

- Coughing or wheezing either during the exertion, or right after.
- Feeling out of breath or having chest tightness during or after a few minutes of physical activity.

Many youngsters who have EIA may not recognize it right away. That's because the



symptoms are somewhat similar to overexertion, or just being out of shape. “Labored breathing can be part of any normal physical activity,” says Paul R. Stricker, M.D., FAAP, author of *Sports Success Rx! How to Maximize Potential and Minimize Pressure*. “But if a child is having continuous trouble keeping up with other kids, feels short of breath enough to stop activities, or is having significant coughing with heavy breathing, then more evaluation is needed.”

Exercise as a Trigger

Scientists aren’t sure why exercise triggers asthma symptoms for so many children. Some think the cold, dry air that hits the lungs when a child breathes through the mouth (cold and dry because it bypassed the nose that usually humidifies and warms air we breathe) during exercise may start the asthma symptoms.

Other researchers point to changes in the airway surface liquid during strenuous play as a possible cause of asthma symptoms. “We just aren’t sure what the exact cause is,” says Christopher Harris, M.D., FAAP, chair of the American Academy of Pediatrics’ Section on Pediatric Pulmonology. “But we know that exercise is a common trigger for people with asthma.”

At the Doctor’s Office

If you suspect your child may have EIA symptoms, it’s important to see the pediatrician. Convey your child’s symptoms to the doctor, and make sure you also give him any family history of asthma since it runs in families. Your pediatrician may have your child do an exercise-breathing test after he or she has been running outside or on a treadmill for a number of minutes to reproduce the symptoms.

Instead of — or in addition to — a breathing test, the pediatrician may give you a sample of an asthma medication for your child, to see if it reduces exercise-induced symptoms. If it does, this would strongly suggest an EIA diagnosis.

Living (and Playing) with EIA

Asthma treatment for children who get exercise-triggered symptoms is the same as for other asthma flare-ups, namely use of an inhaled rescue bronchodilator medication. But your pediatrician may recommend a different routine for physical activity as a preventative measure. One possibility is pre-treatment, in which your child uses a fast-acting, short-term (rescue) medication before he or she begins exercise.

If that’s not enough to control symptoms, your pediatrician may recommend that your child also use a controller medication to keep airways from getting inflamed. If neither approach is doing enough to control symptoms, the medication may need to be adjusted. Or, other causes of the breathing difficulty with exertion need to be considered. It’s important to keep your pediatrician informed of any changes in your child’s breathing.

Asthma should not keep a child from physical activity and exercise. Even with EIA, a child should still enjoy all the fun and benefit of being active.

“Families often ask me how EIA will impact a child’s activity level,” Harris says. “I’ve always told them that with proper management, their children can be every bit as active as they want to be.” As with all children, exercise is important for keeping your child fit and healthy.

Some sports and activities are better for kids with EIA. These

include walking, jogging, hiking, golf, baseball, football, gymnastics, and shorter track and field events. Swimming also is a good activity, since the water’s humidity can help ease breathing passages, although on occasion, the smell of the chlorine in pool water can aggravate the child’s asthma.

Meeting the Challenge of EIA

Endurance sports, and those that require lengthy bursts of energy or running, can be more challenging. These include basketball, soccer, cycling, and distance running. Still, there are positive steps your child can take to reduce or even eliminate the risk of getting asthma symptoms:

- Warm up for 5 to 10 minutes before exercise.
- Take rescue medication prior to exercise.
- As much as possible, breathe through the nose during exercise.
- Rest briefly when symptoms occur.
- Cool down for a few minutes after exercise.
- If on controller therapy, make sure it’s used regularly and consistently.



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Cold- and dry-weather sports and training can also present challenges for kids with EIA. Indoor exercise is a good way to avoid the potential difficulties. If a child must be outdoors to participate in cold-weather activities, a ski mask or scarf over the mouth and nose can help.

If your child is involved in organized sports, it’s important that coaches and other school staff know about his EIA. “A plan of action should be maintained so that everyone knows the protocol and the steps that need to be taken,” Stricker says. “The idea is to let the child participate with as little restriction as possible. There is no reason why asthma should affect a child’s ability to help the team or have a successful sports experience.” ●