



How to Find a Pediatric Lung Specialist

If you live near a children's hospital, that's often the best place to start when looking for a referral to a specialist in pediatric respiratory disease. Two organizations that can help you find a nearby specialist are the American Board of Pediatrics (www.abp.org) and the American Board of Medical Specialties (www.abms.org). Look for a pediatric pulmonologist, a physician board-certified in both pediatrics and pediatric pulmonology. Pediatric allergists also specialize in asthma care. They are certified in both pediatrics and allergy/immunology.

Children's Lung Specialists

Many parents may not know what a **pediatric pulmonologist** does. But these children's lung specialists are at the forefront of lung disease research and treatment.

By Celia Vimont

Who goes to see a pediatric pulmonologist? Lots of people. Children with severe asthma, babies born prematurely who have been on a ventilator, infants with cystic fibrosis, and kids with nighttime breathing problems. This pediatric specialist treats a wide range of lung problems that require care beyond what a typical pediatrician's practice may offer. Learning more about what a pediatric pulmonologist does can help you decide to speak with your pediatrician about whether you think your child might benefit from a visit to one of these specialists.

Getting Asthma Under Control

Asthma is the number-one reason that children see a pediatric lung specialist. Many children's asthma is well controlled with the treatment they receive from their pediatrician. But if you are frequently rushing your child to the doctor or hospital because of asthma attacks, you should consider visiting a pediatric lung specialist, says Miles Weinberger, M.D., FAAP, Professor of Pediatrics and Director of the Pediatric Allergy & Pulmonary Division at the University of Iowa Children's Hospital. Some children with severe asthma see a pediatric pulmonologist, while others are treated by a pediatric allergist (see "How to Find a Pediatric Lung Specialist" on page 20.)

"Asthma is a highly controllable and treatable problem," Dr. Weinberger says. "If your child's asthma is interfering with activities or sleep, or is causing school absences, or if your child needs to use his or her rescue medications for symptoms too often, then an asthma specialist should be able to provide treatment to bring the asthma under control."

The first thing a specialist will do is find out if a child does have asthma. Children, especially preschoolers, may be misdiagnosed with other lung problems, such as bronchitis or pneumonia, when they actually have asthma. This prevents them from receiving the correct treatment, Dr. Weinberger says. Other times, a child diagnosed with asthma sees a pulmonologist, but it is discovered he has some other condition masquerading as asthma.

Lung specialists also will consider factors that can cause or worsen asthma, such as exposure to tobacco smoke or other lung irritants. An asthma specialist also is equipped to teach families the best ways to manage a child's asthma, Dr. Weinberger says. A specialist also will see a

child with asthma on a regular basis to look for any changes and to see if any adjustments are needed in treatment.

Progress in Cystic Fibrosis

The average lifespan of a typical baby born today with cystic fibrosis is more than double what it was 30 years ago, says Dr. Weinberger, who also is the director of the University of Iowa Cystic Fibrosis Center. Cystic fibrosis is an inherited disorder that causes mucus to be thick and sticky. The mucus clogs the lungs, causing breathing problems and making it easy for bacteria to grow. This can lead to problems, such as repeated lung infections and lung damage, which eventually prove fatal.

Most cystic fibrosis patients are treated at a cystic fibrosis specialty center that employs a team of specialists, including pulmonologists, respiratory therapists, nutritionists, and physical therapists. "New medications and more aggressive treatments are making a substantial difference in the lives of children with CF," Dr. Weinberger says. "The average lifespan of a child with CF used to be 16 years. Now it's almost 40 and continuing to increase."

A Growing Sleep Apnea Problem

Pediatric pulmonologists are treating a growing number of obese children who suffer from obstructive sleep apnea, says Christopher Harris, M.D., FAAP, assistant professor in the Department of Pediatrics, Division of Pediatric Pulmonary Medicine at Vanderbilt University. In obstructive sleep apnea, the upper airway narrows, or collapses, during sleep. Periods of apnea end with a partial waking-up that may disrupt a child's sleep hundreds of times a night. Daytime sleepiness and snoring are two common signs of sleep apnea, and obesity is a major risk factor for the condition.

Losing weight can often help an overweight child with sleep apnea, Dr. Harris says, and is important first-line therapy in this group of kids. Some children are treated with a technique called nasal CPAP (continuous positive airway pressure), which delivers air through a mask while the child sleeps. This keeps the airway open. Others, whose sleep apnea is caused by large tonsils and adenoids, are cured when these tissue clumps are removed surgically. •