

June 2009 Meeting Notes:

Thanks to everyone who turned out for the meeting tonight. I thought the speaker was so informational and easy to understand. I will try to summarize some of the main points and I just hope I don't error in anything medical!!!

I have also attached our meeting agenda with information on the next few meetings. I am unable to book September - December at Koelbel until July - but will keep you posted.

I have also attached an article on Vit D and asthma.

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**Dr. Margarita Guarin, MD** is a pediatric pulmonologist and has asthma children herself.

\*Asthma is a severe condition, you can't cure it and it is genetic (I think that is right)

\*Asthma must be controlled, don't just treat the symptoms

\*Asthma is inflammation of the airways, reactive airways

\*It can be hyper-responsive to exercise, cold weather, animals, virus

\*She doesn't usually use nebulizer treatments on kids, but uses a special kid mask attached to the spacer with albuterol. You just increase the puffs - of course, only as prescribed by a physician.

\*Symptoms - cough, shortness of breath, tightness. wheezing usually happens when the child is in a more critical stage.

\*Need to have maintenance steroids if your child has persistent asthma, they are safe.

\*Pro-Air albuterol inhaler can clog

\*Make sure your child is using the proper technique when using their inhalers - puff and hold for 10 seconds or if using the mask with spacer, 8 breaths for each puff

\*By not keeping on top of asthma with inhaled steroids, you may be giving your child too much albuterol. There is a point where the body will need more and more to give them relief.

\*Singular might help for asthma and allergies but doesn't take the place of the steroid inhaler

\*There are 3 different inhaled steroids to choose from

\*If you have an asthma child, she advises you always travel with and have Prednisone in case of a severe attack. It takes 6-8 hours to kick in and best to start it if the albuterol is not helping.

\*If your child had RSV when they were young, they have a high likelihood of getting asthma now and becoming an allergy/asthma child even if you do not have the genetic make up.

\*If your child has asthma, make sure you have a lung function test. PFT - Pulmonary Function Test can be done at your asthma Dr.'s office. It is good to have a baseline when they are healthy. Also good to do this test, then an albuterol treatment and then the test again to see if there is any difference.

\*Hopefully, Cindy D. will check into the Exhale Testing for asthma - let me know what you find out!! Not sure if that is the right thing to call the test (getting more tired now!)

\*She said the Peak Flow is a good thing to use but it isn't really an accurate sample of how they are doing. Be sure to check for their symptoms to really know. But, like so many other things in the allergy/asthma world, it is the best thing we have for now. If there is a big concern, take your child in for a lung function test.

I think asthma may be like allergies in that each Dr. has an opinion of medical treatment. I really gained a lot of information tonight.

Currently, Nick is on a higher steroid treatment daily because he wasn't maintaining and needing his albuterol too much. I feel much better about keeping him at this "medium" inhaled steroid level.

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### **Other information:**

I also passed out 2 boxes of Sof'ella Gluten-Free chocolate cake and frosting mix. Let me know when you have tried the cake mixes and how they were!  
[www.sofellafoods.com](http://www.sofellafoods.com)

Thank again for all of those who came tonight!  
-Moiria