Asthma: Practical Tips For Coaches

Developed by: The Minnesota Department of Health Asthma Program - updated 2008
How Many Kids Have Asthma?

- Approximately 2.5 students in a class of 30 are likely to have asthma.

- An estimated 7.9% of Minnesota children ages 0-17 have asthma which is equivalent to more than 98,000 children.¹

¹ Asthma in Minnesota, 2005 Epidemiology Report
Asthma:

- Accounts for 12.8 million lost school days annually. ¹
- 67% of US children with asthma have had at least one attack in the past year. ¹
- Is the 3rd leading cause of hospitalizations among children under 15. ²
- Close to 1 in 11 (8.9%) children have asthma. ¹
- 6.5 million children under 18 have asthma. ¹
- Is the most common chronic disease causing absence from school. ²

1 National Health Interview Survey; Asthma Prevalence, Health Care Use, and Mortality, 2000-01, National Center for Health Statistics, CDC
2 National Hospital Discharge Survey, 2002; American Lung Association Asthma and Children Fact Sheet, August 2006
The Good News

- Asthma can be controlled!
- Children with asthma are just like any other child!
- Children with asthma can play sports and compete just like everyone else!
The Goal of Asthma Management

“Children should live happy, healthy, physically active lives, without asthma symptoms slowing them down”
What Is Asthma?

A chronic disease that causes obstruction:

- Tightening of the muscles surrounding the airways.
- Swelling of the lining of small airways in the lungs.
- Airways that are overly sensitive to allergen and irritant triggers.
- Over production of sticky mucus clogging the airways.
Airway Obstruction

Normal bronchiole

Asthmatic bronchiole

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Common Symptoms Of Asthma

- Frequent cough, especially at night
- Shortness of breath or rapid breathing
- Chest Tightness
- Chest pain
- Wheezing
- Fatigue
- Behavior changes
Every Child Is Unique!

- Wheezing and coughing are the most common symptoms - _but_-  
- No two children will have the exact same symptoms or the same trigger.  
- Every child who has a diagnosis of asthma should have access to a rescue inhaler!  
- Every child who has asthma should have an asthma action plan (AAP).
Asthma Episodes (Attacks)
What’s An “Episode”?

- Occurs when a child is exposed to a trigger or irritant and their asthma symptoms start to appear.

- This can occur suddenly without a lot of warning, or brew for days before the symptoms begin.

- Episodes are preventable by avoiding exposure to triggers and taking daily controller medications (if prescribed).
How Do I Handle An Asthma Episode On The Field/Rink/Gym?

1. Remain calm and reassure the child.
2. Check the child's asthma action plan or emergency card for actions.
3. Give “rescue or reliever” medications if ordered and available. (some children carry their own asthma inhalers with them)
Handling An Episode cont..

4. Have the child sit up and breathe slowly-in through the nose, out through pursed lips slowly.

5. Have the child sip room temperature water/ fluids.

6. Contact the parent or guardian as necessary - AND-

7. **Do not** leave the child unattended.
Call 911 if..

- Lips or nail beds are bluish.
- Child has difficulty talking, walking or drinking.
- Quick relief or “rescue” meds (albuterol) is ineffective or not available.
- Neck, throat, or chest muscles are pulling in (retracting).
- Nostrils flare out when trying to breathe.
- Obvious distress.
- Altered level of consciousness/confusion.
- Rapidly deteriorating condition.
Exercise Induced Asthma
What Is Exercise Induced Asthma (EIA)?

- Tightening of the muscles around the airways.
- Distinct from other types of asthma because it only happens with aerobic type exercise.
- Can be prevented by taking pre-exercise medication and by warming up/cooling down.
- About 10% of the general population without asthma, have EIA when they exercise.

1. Ohio State University Medical Center [www.sportsmedicine.osu.edu/Clinical_Care/asthma.htm](http://www.sportsmedicine.osu.edu/Clinical_Care/asthma.htm)
EIA - What Happens?

- Symptoms include coughing, wheezing, chest tightness and shortness of breath.
- Symptoms may begin during exercise and can be worse 5 to 10 minutes after exercise.
- EIA can spontaneously resolve 20 to 30 minutes after starting.
- Can be avoided by doing the following:
Preventing EI A

- Make sure your athletes give you an Asthma Action Plan - Keep it with you on a clipboard.
- Athletes should use reliever (Albuterol) 15-30 minutes before strenuous activity begins.
- Do warm-up (5-10 minutes) and cool-down exercises before and after activities.
- Check outdoor ozone/air quality levels [www.aqi.pca.state.mn.us/hourly](http://www.aqi.pca.state.mn.us/hourly)
- Do not allow other athletes to tease or berate the athlete having asthma symptoms.
Preventing EIA continued..

✓ If an athlete is complaining of breathing difficulty—BELIEVE IT and take action!

✓ Allow the athlete to continue to play only when you know their breathing is normal again.

✓ Inform athletes parents’ of breathing difficulties and request they see a provider to be checked.

✓ Assign someone to stay with the athlete off the field/gym etc. while the event continues.

✓ Never encourage an athlete to “tough it out” when having asthma symptoms.
Improved Athletic Performance

- Athletes whose asthma is well controlled perform as well as those without asthma.
- Any athlete with asthma who is already “the best” can improve when they’re breathing better!
- More oxygen to the lungs means better performance on and off the field!
Olympians

A study in the November 1998 Journal of allergy and Clinical Immunology found that 1 in 6 athletes representing the United States in the 1996 summer Olympics had asthma. Thirty percent of the asthmatic athletes took home team or individual medals. They fared as well as athletes without asthma (28.7%) who took earned team or individual medals.
Pro’s Who Have Asthma:

- Isiah Thomas - NBA
- Jerome Bettis - NFL
- Dominique Wilkins - NBA
- Gary Roberts - NHL
- Donnell Bennett - NFL
- Amy Van Dyken - Olympic Gold Medallist (swimming)
- Jackie Joyner-Kerse - Olympic Gold Medallist (track & field)
- Greg Louganis - Olympic diver
Medications
Two Categories of Medications

- **Controller Medications**
  - Taken every day to prevent swelling in the lungs.

- **Reliever or Rescue Medications**
  - Taken only when needed to relieve symptoms.
  - Taken before strenuous exercise to prevent exercise induced asthma (EIA) from developing.
Reliever or “Rescue” Medications

✓ Should be taken 10-15 minutes before strenuous or aerobic activity begins.
✓ Taken when needed to relieve symptoms.
✓ Should be immediately and easily accessible at every sporting event.
✓ Coaching staff must be aware that an athlete is using this medication and ready to assist.
✓ Should be taken using a spacer or holding chamber (MDI) unless otherwise directed.
Athletes, Keep Asthma in Good Control:

- Get & use an Asthma Action Plan
- Know symptoms and Peak Flow readings for each of the green-yellow-red zones.
- Take “controller” medicine daily.
- Avoid exposure to triggers.
- Find a health care provider you trust and go in for asthma check-ups at least twice a year.
- Tell your coach and team mates about your asthma.
Take Home Messages

- Athletes with asthma can participate in exercise/sports without restrictions.
- If an athlete is having trouble participating, their asthma may not be in good control.
- Athletes having difficulty should be allowed to rest.
- If athletes are having symptoms with activity, encourage them to use rescue inhalers before the event.
- If you have a concern about an athlete, talk with the child and the parents.
- Encourage flu shots annually and regular asthma check-ups with their health care provider.
Everyone Wins When An Athlete Plays Their Game To The Fullest!