

Compliance Is Often Difficult *for Adolescents With Asthma*

Dr. Judge offers guidance to this young man in effectively managing allergic conditions, as his concerned mother looks on.



“It’s often difficult to get young people—especially active adolescents—to take their medication faithfully, when it’s needed.”

“There are as many as five million children and adolescents in the U.S. with asthma,” notes Dr. Dave Judge of the Allergy, Asthma and Sinus Center in Cary, with offices in North Raleigh and Wake Forest, “and for a majority of these young people—especially the teenagers—the single greatest issue in their treatment can be summed up in one word: Compliance!

“Stated another way, it’s often difficult to get young people—especially active ado-

ASTHMA AND BREATHING

Asthma—afflicting an estimated 20 million Americans—is about being able to breathe well. “Patients with asthma may cough, wheeze, experience tightness in the chest, and generally have difficulty breathing,” Dr. Judges says.

“When someone with asthma is exposed to a trigger (perhaps cigarette smoke, dust, animal dander or pollen), it may cause an asthmatic reaction. The airways leading to the lungs become inflamed or swollen, so there’s less room for natural breathing.”

Dr. Judge emphasizes that today’s medications “allow us to manage this chronic condition safely and effectively. We work with three basic groups of medications: anti-allergy medications, anti-inflammatory medications, and bronchodilators. Every case of asthma is unique, so we need to adjust medications accordingly. People with mild or occasional asthma, for example, may only need medication when they are exposed to their own personal trigger. People with severe asthma may need to take medications every day to manage the problem.”

ASTHMA AND SCHOOLS

There are special considerations for the school age child who has asthma, Dr. Judge notes. Among issues of concern:

ENVIRONMENTAL ISSUES: “If classrooms contain allergens or substances that increase a child’s symptoms, these should be removed if possible. Some school classrooms are airtight—making it difficult to provide good ventilation. This can be a problem for the youngster with asthma.”

PE AND SPORTS: “Although many children with asthma can participate fully in physical education and sports, that’s not true in all cases. Exercise for some children is a trigger for an asthma attack. Parent, physician, and school need to work closely together to design the best possible environment and program for the child with asthma.”

Dr. Judge is quick to add that “many outstanding athletes—including Olympic athletes such as Greg Louganis and Jackie Joyner-Kersey—have asthma and they’ve excelled in their sports because they excel, as well, in the management of this chronic disease. It takes discipline, it takes desire, and many have shown that it can be done with great success.”

THE TOLL OF ASTHMA

More Americans than ever before are suffering with asthma—one of the country’s most common and costly diseases.

Each day:

- 40,000 people miss school or work because of asthma
- 30,000 people have an asthma attack
- 5,000 people visit a hospital emergency room for asthma treatment, and 1,000 of them are admitted
- 11 people die from asthma

swings are common among these young people. Adding asthma to the mix is another way of making a child feel different and separate from the group.

“In older adolescents, there’s a natural tendency to resist and move away from parental authority, as well as a really stunning and common

belief in one’s own immortality. So it’s not unusual for a teenager to simply not take medications, in the belief he or she will do fine without them.”

Dr. Judge adds, “I’ve had the privilege of working with many adolescents who had severe asthma, and I have seen them manage the problem with great skill and discipline.

lescents—to take their medication faithfully, when it’s needed. The consequence too often is an experience with asthma ranging from the very unpleasant to the dangerous.”

The reasons for non-compliance are not difficult to understand, Dr. Judge adds. “In early adolescence, group membership for most kids is extremely important. Mood

One young patient dealt with a severe level of asthma during her teenage years, but managed it so well she was able to engage in any activity she liked, including full participation in sports. She went on to college, and in her mid-twenties her asthma naturally began to subside. She’s now far less

reliant on medications than she was earlier. She gets high marks from me for her excellent management of medications, exercise, and other quality of life issues over the years.”

But such success stories are an unfortunate exception, Dr. Judge notes. “Parents who choose to insist that their adolescent child maintain rigid adherence to an asthma management program risk making the problem worse,” he finds. “I encourage parents to offer their adolescent children information rather than orders. It works better. I also encourage them to offer their child options and choices about ways to manage their asthma medication program. Kids respond well to this approach, and to a steady diet of positive reinforcement.” **h&h**

For more information about diagnostic and treatment options for allergies, asthma, and sinus conditions, contact:

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