MANAGEMENT OF ACUTE ASTHMA IN CHILDREN AGED UNDER 2 YEARS

- The assessment of acute asthma in early childhood can be difficult
- Intermittent wheezing attacks are usually due to viral infection and the response to asthma medication is inconsistent
- Prematurity and low birth weight are risk factors for recurrent wheezing
- The differential diagnosis of symptoms includes:
  - Aspiration pneumonitis
  - Pneumonia
  - Bronchiolitis
  - Tracheomalacia
  - Complications of underlying conditions such as congenital anomalies and cystic fibrosis

TREATMENT OF ACUTE ASTHMA

BRONCHODILATORS

B	**Oral β_2 agonists are not recommended for acute asthma in infants.**
A	**For mild to moderate acute asthma attacks, a pMDI + spacer and mask is the optimal drug delivery device.**
B	**Consider inhaled ipratropium bromide in combination with an inhaled β_2 agonist for more severe symptoms.**

STEROID THERAPY

B	**In infants, consider steroid tablets early in the management of severe asthma attacks in the hospital setting.**
✓	Steroid tablet therapy (10 mg of soluble prednisolone for up to three days) is the preferred steroid preparation for use in this age group.

For children with frequent episodes of wheeze associated with viruses caution should be taken in prescribing multiple courses of oral steroids.