

# Myths About Asthma

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## **Are asthma medicines addictive?**

No. The medicines used for asthma are not addictive. Be sure that medications are taken as directed and let a doctor know if there are any problems in taking the medicine.

## **Are inhaled steroids, when used as long-term control medicine, dangerous?**

The inhaled steroid medicines used as long-term controllers to treat asthma are safe and effective. It is important that inhaled steroid medicine is taken exactly as prescribed by a doctor. The steroids used for medicine are NOT the same as the unsafe steroids some athletes take to build muscle.

## **Do asthma attacks usually sneak up on you?**

Not usually. The body sends cues called “early warning signs” such as watery eyes, itchy skin or scratchy throat that alert your body that asthma symptoms such as coughing or chest tightness may soon occur or that you are near an asthma trigger.

## **Is asthma serious or is it all in your head?**

Asthma attacks ARE dangerous. In fact, children with asthma have died from asthma attacks. This is why it is so important that children with asthma and school personnel know what the early warning signs are and know what to do in an emergency.

## **Does having asthma mean students can't do what their friends can do?**

No. Properly managed asthma means that children can do everything their friends can do, including play sports, go on field trips or play a musical instrument.

## **Is it to be expected that that children will wake up in the night because they have asthma?**

No. Sleeping through the night is a sign of properly managed asthma. If a child wakes up in the night because of asthma their asthma is not well-controlled. Make sure the room is cleared of triggers and talk to a doctor about adjusting medication.

## **Does asthma or asthma medicine keep children from growing?**

No. Asthma or asthma medications do not keep a child from growing. Studies show that low to medium dose of inhaled corticosteroids (used as long-term control medicine) can potentially decrease growth rate but this effect is not permanent, does not progress, and can be reversible. The potentially small risk of delayed growth is well balanced by the effectiveness of these medications.

## **Since we don't know what causes asthma, why worry about exposure to asthma triggers?**

While we don't know what causes asthma in children, we do know that reducing asthma triggers in the environment, such as exposure to smoke and to strongly scented products, can prevent asthma attacks.

## **Will an air cleaning device help remove indoor asthma triggers in the classroom or at home?**

If you are considering an air-cleaning device, do your homework before investing by visiting <http://www.epa.gov/iaq/pubs/residair.html>. Your first line of defense is to reduce indoor asthma triggers and to provide proper ventilation.

## **Do babies who wheeze when they have a cold ever 'outgrow' their asthma?**

Many children who wheeze as a baby do not go on to have asthma when they get older. But other children continue to have asthma throughout their childhood. Children with allergies or a family history of asthma are more likely to continue to have asthma as they get older.