



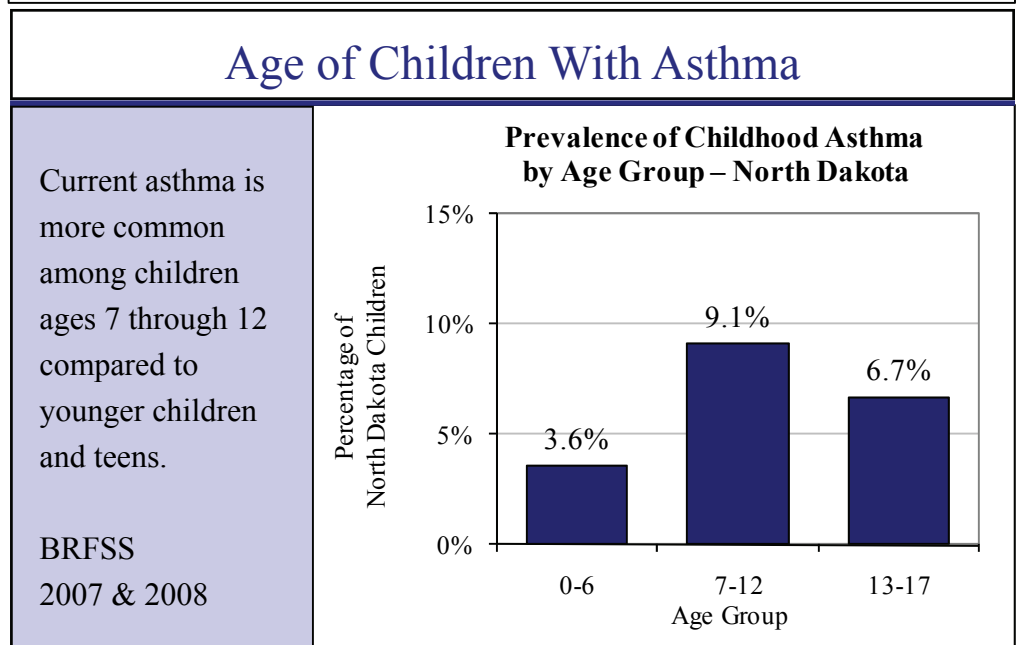
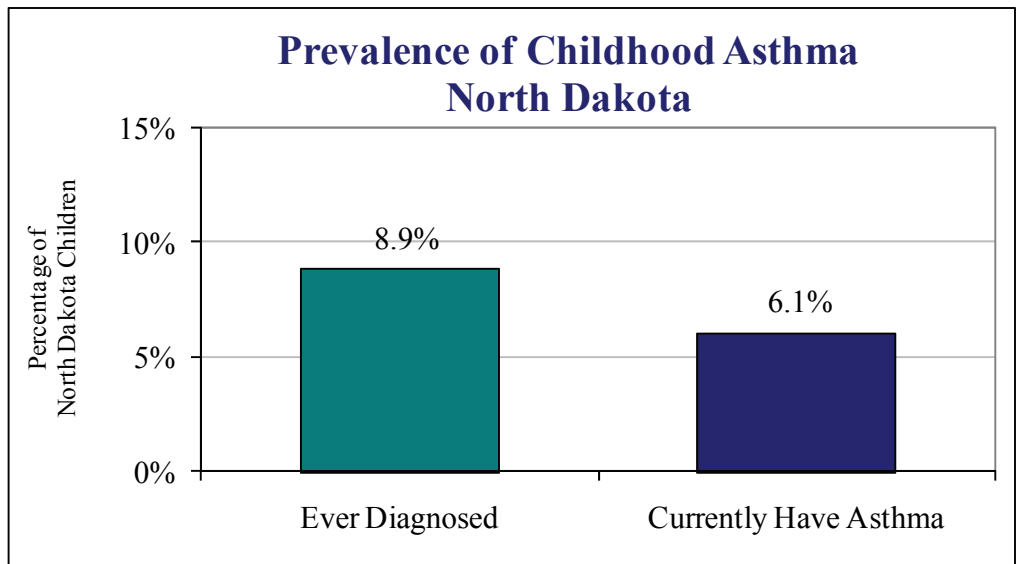
Asthma

The Burden of Childhood Asthma

Asthma is a disease that affects the lungs. It is the most common long-term disease in children. Repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing characterize the disease. Asthma can be controlled by knowing the warning signs of an episode, avoiding things that trigger an episode, and following the advice of a health-care provider.

Well-controlled asthma results in decreased symptoms such as wheezing or coughing. Sleep is more restful and there is less absenteeism from work or school. Participation in physical activity is not limited and visits to the hospital or emergency room are unlikely.

Nine percent of the children in North Dakota have ever been diagnosed with asthma, and 6 percent currently have asthma. This equates to approximately 10,000 children who currently have asthma. (BRFSS 2007 & 2008)



Factors Related to Asthma

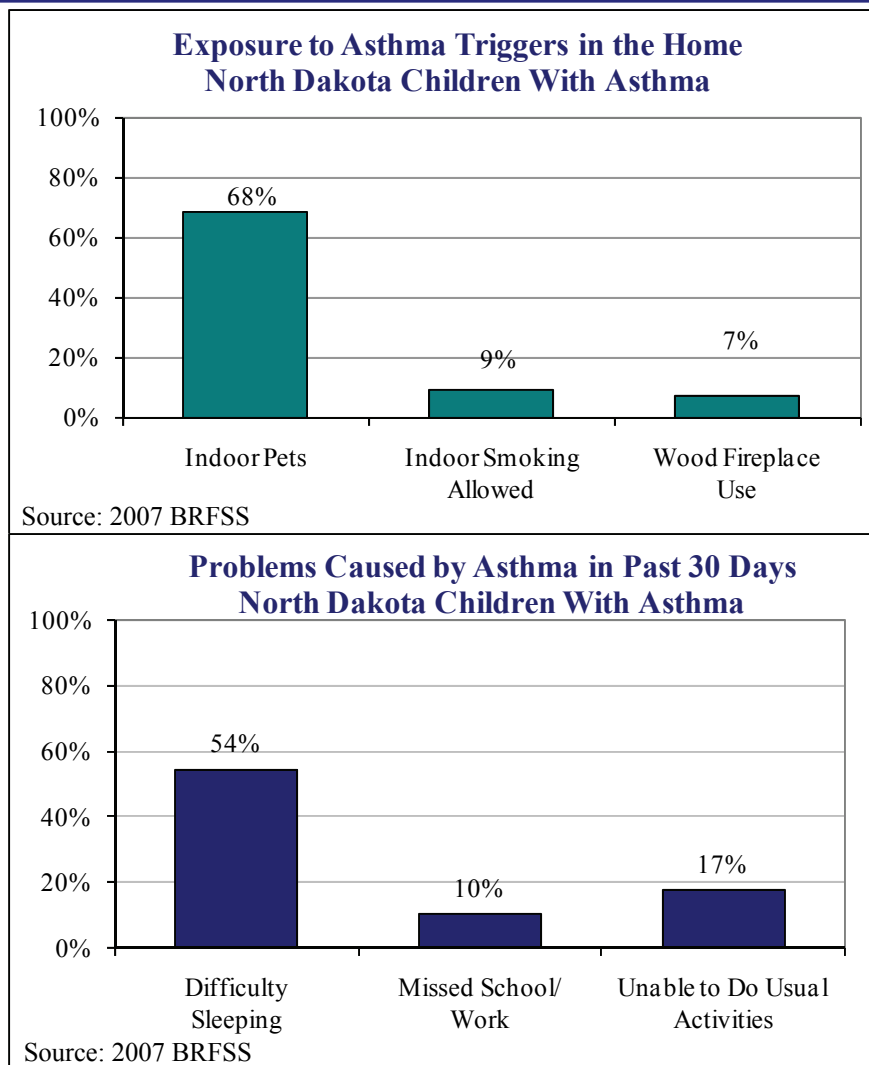
Asthma Triggers

Many children with asthma are exposed to triggers in the home such as pets, tobacco smoke and wood-burning fireplaces. Other common triggers in the home include dust mites and mold.

Outdoor air triggers include pollen, cold air and weather (wind, rain, etc.). Food allergies, exercise and upper respiratory infections also can trigger an asthma episode. The ways in which children react to asthma triggers vary. Some children react to only a few triggers, others to many.

Asthma Problems

Many children with asthma experience difficulty sleeping, miss days of school or work, and are unable to participate in their usual activities. This chart shows the percentage of children with asthma who experienced these problems at least once in the 30 days prior to responding to the 2007 BRFSS survey.



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The North Dakota Department of Health provides an online Asthma Action Plan form.

www.ndhealth.gov/asthma/forms.htm

This fillable form is for healthcare providers to use as a disease management aid for patients.

North Dakota Century Code Chapter 15.1-19 requires an Asthma Action Plan documenting a student's ability to possess and self-administer emergency asthma medication to be on file at the student's school.

