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When to Suspect Your Child is Wheezing

As I write this article, the September Asthma Wave has hit us in full force. In this week's article I wanted to advise parents as to when to suspect that their children are wheezing.

What is Wheezing?

Wheezing is a sound heard when children *exhale* or cough. It is a sign that their lungs are getting "tight". The reason for this tightness is that their lungs are hyper-reactive to certain triggers. These triggers are most often viral colds, but also include environmental triggers such as cigarette smoke, city pollutants, dust mites, molds, perfumes and pollen. Patients that wheeze on more than one occasion are considered "asthmatic".

Can Wheezing be Dangerous?

The answer is a resounding YES! Wheezing left unnoticed will often exacerbate to a point that a child will not be able to breathe on his own and will need medical interventions such as oxygen and medicines to relax his lungs. Wheezing is one of the most common reasons for hospitalization in children and unfortunately, still costs the life of hundreds of children despite readily available medical therapies and interventions.

How to Spot a Wheezing Infant

My main goal and teaching point in this article is help you spot the wheezing infants. The reason is simple. Older children have more lung capacity and are able to sustain wheezing for longer periods than infants. In addition, the older "wheezers" will often be able to tell their parents that they are feeling tight or have chest pains. Infants however, have very little lung capacity to spare and very non specific ways to communicate with their parents.



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Personal tips to suspect that your coughing child is wheezing:

1. *New Feeding issues* – if your *infant* was feeding well to a certain point and suddenly, you notice that they can not nurse or drink from a bottle for more then a *few seconds* – that is a very suspicious sign that they are wheezing. Other causes of rapid breathing include congenital heart disease. So if you notice that your child struggles to nurse or drink please alert your doctor immediately.
2. *Chest Retractions* – if your *infant* has been coughing, please fully undress them when it's their time for a diaper change. If you see that their chest goes in much deeper then usual or much faster then usual – that would be a sign of possible wheezing. In order to know if your child's breathing is changed you should routinely examine their breathing even when they have no symptoms. In this way you will know the normal breathing pattern for your child (some kids are born with chest formations that make their chest appear retracting – a common condition known as *pectus excavatum*. These kids are perfectly healthy and will *very rarely need any medical intervention*.)
3. *Duration of cough* – unlike regular coughs caused by colds, children of all ages who wheeze, have persistent coughs that can last weeks or months. The cough is usually wet (which means that you will hear the sound of mucus in the cough) and a bit harsher then normal. Asthmatics are known to be “nocturnal wheezers”, which means that they will cough very often at nights. The rule of thumb is that if your child coughs *regularly* on two nights every week, they are probably wheezing.
4. *Family history* – as with other medical conditions, asthma has a strong hereditary correlation.
5. *Allergies* – asthmatics are more likely to have food and environmental allergies. Food allergies that cause wheezing are usually life threatening. Children that are severely allergic to foods such as peanuts, milk and eggs can often have life threatening wheezing



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episodes. More often, asthmatics will wheeze due to environmental factors such as pollen, dust mites and cigarette smoke.

6. *Colds* – viruses that cause common colds are the most common triggers of asthma. A child may have a slight fever and nasal congestion for a few days and suddenly develop severe respiratory symptoms. The RSV (Respiratory Syncytial Virus) is a fall & winter type of a virus that is a notorious cause of wheezing in infants. This could be severe, life threatening in premature infants and infants with heart or lung disease.

Will My Child Outgrow His Asthma?

This is probably the most daunting question in parents' minds. I often inform parents that most children outgrow their asthma. It is very hard for us to tell which kids will outgrow their asthma. From my experience however, children that did not require hospitalizations have a better chance of outgrowing their asthma.

Prevention

As I mentioned in the previous article, there are medicines available to prevent children from wheezing. We use these medicines when a child has several episodes of asthma or persistent coughs that necessitate frequent use of albuterol (a non-steroidal muscle relaxant). The two drug classes doctors prescribe are:

1. *Inhaled Steroids* – I know many parents grimace when they hear the word *steroid*. What I like to remind parents is that when their children have severe wheezing they often need shots of steroids or oral steroids for a few days to prevent them from hospitalization. Giving an inhaled steroid for *an entire year* has the same amount of steroids as a *five day course* of oral steroids!!!
2. *Leukotriene inhibitors* – This class of drugs work by inhibiting the pathways leading to inflammation in the lungs. One commonly prescribed medicine in this class is known as Singulair. They are not



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steroids! Thus far, they are believed to be safe (they have been around for approximately 15 years.) However, in recent years studies show that they are not as effective as we once thought they were.

*Yes, if they sound familiar, these last two paragraphs are exact excerpts from my previous article on the September asthma wave.

I hope that you find this information useful and practical. Please feel free to send or email me any comments, tips or personal stories that you may want me to comment on in my future articles.

Wishing you a the best of health,

David Elazar Simai M.D.