

Parental Concerns and Perceptions of Inhaled Corticosteroid Use in Children with Asthma

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Introduction

Asthma is a chronic respiratory condition that affects a significant portion of the global population, particularly children. In the United States alone, asthma affects approximately 6 million children, making it one of the most common chronic diseases in childhood. The management of asthma typically involves the use of medications that control symptoms and prevent exacerbations. One of the mainstays of asthma treatment is Inhaled Corticosteroids (ICS), which are highly effective in reducing inflammation in the airways and improving overall asthma control. Despite their proven efficacy, the use of inhaled corticosteroids in children often raises concerns among parents. These concerns are frequently rooted in misconceptions about the safety and long-term effects of ICS use, as well as a lack of understanding about the role these medications play in asthma management. For many parents, the decision to administer inhaled corticosteroids to their children can be a source of significant anxiety. The primary concern is the potential for side effects, especially given the widespread belief that corticosteroids, when used over long periods, can cause harm to a child's growth, development, and overall health. Parents may worry about the impact of ICS on their child's immune system, bone health, or behavior. These concerns are often fueled by misinformation or past experiences with oral corticosteroids, which are known to cause more severe side effects when used for extended periods. In contrast, inhaled corticosteroids, when used as prescribed, are generally considered safe and are far less likely to cause systemic side effects due to their localized action in the lungs.

Description

Another concern that parents may have is the potential for their child to become dependent on ICS medication. Some parents fear that their child will need to rely on inhaled steroids for the rest of their life and that the medication will not address the underlying causes of asthma. This concern is particularly prevalent among parents whose children have asthma exacerbations despite consistent use of medications. While it is true that asthma is a chronic condition with no cure, ICS medications play a crucial role in managing inflammation and preventing asthma attacks, enabling children to lead a normal, active life. Parents' perceptions about asthma management are often influenced by their understanding of the condition and the available treatment options. The fear of side effects and dependency is often compounded by a lack of education about asthma and ICS. Parents may not fully understand the mechanism by which ICS work to control asthma symptoms. Inhaled corticosteroids reduce inflammation in the airways, making it easier for children to breathe and preventing the narrowing of the airways that leads to asthma attacks. However, because these medications are used regularly to prevent symptoms, parents may mistakenly perceive them as a temporary solution rather than an essential long-term therapy. Parents may also struggle with the idea that asthma, as a chronic disease, requires ongoing management and may not fully

appreciate the importance of regular medication use in controlling symptoms and preventing long-term complications, such as lung function decline [1].

This misunderstanding is also reinforced by external factors, including media portrayals of asthma treatment and the influence of friends or family members who may have negative experiences with asthma medications. For example, parents may hear stories about children who experienced adverse reactions to steroids, such as weight gain, irritability, or changes in behavior, leading to fear of the same outcomes for their child. Additionally, the portrayal of corticosteroids in popular media often emphasizes their potential for harm, rather than their benefits when used correctly. This has led to the development of a fear-based narrative surrounding corticosteroid use, which can be difficult to overcome without proper education. In addition to the fear of side effects, another significant concern for parents is the impact that asthma and its treatment can have on their child's quality of life. Asthma is a chronic disease that requires ongoing management, and the use of inhaled medications may be perceived by parents as a constant reminder that their child has a health problem. Parents may feel guilty or anxious about their child's need for daily medication and the potential for asthma flare-ups despite regular treatment. This guilt can be particularly pronounced if the child's asthma symptoms are severe or difficult to control. The daily administration of inhalers, coupled with school or extracurricular activities that may be interrupted by asthma symptoms, can create a sense of burden for both the child and the parents. In some cases, parents may even feel that their child's asthma is a source of shame or stigma, which can lead to reluctance to engage in public discussions about the condition or seek help from healthcare providers [2].

Despite these concerns, research has consistently shown that inhaled corticosteroids are the most effective treatment for asthma in children. They help reduce airway inflammation, improve lung function, and prevent asthma exacerbations, thereby minimizing the risk of hospitalization or emergency department visits. Inhaled corticosteroids have been shown to improve both short-term and long-term asthma control, which in turn improves a child's overall quality of life. Importantly, ICS have a favorable safety profile when used as prescribed, with side effects typically limited to mild symptoms such as hoarseness, sore throat, or oral thrush, which can be minimized with proper inhaler technique and the use of a spacer device. Additionally, the low systemic absorption of ICS means that the risks of long-term side effects, such as stunted growth or weakened bones, are minimal compared to oral corticosteroids. The key to overcoming parental concerns and fears about ICS use lies in effective education and communication between healthcare providers and parents. Pediatricians, allergists, and pulmonologists play an important role in alleviating misconceptions about asthma treatment by providing clear, evidence-based information about the safety and efficacy of ICS medications. Parents need to understand that ICS are not a cure for asthma, but rather a tool to manage symptoms and prevent exacerbations. Parents should be educated about the proper use of inhalers, including the importance of consistent, long-term medication use, and the potential risks of underusing medication or discontinuing treatment prematurely [3].

It is also important for healthcare providers to address parents' concerns in a compassionate and empathetic manner. Acknowledging the challenges that parents face in managing their child's asthma can help foster trust and encourage open communication. For example, healthcare providers can discuss the potential side effects of ICS in an honest, yet reassuring, way, emphasizing that the benefits of asthma control far outweigh the risks of rare or mild side effects. Moreover, healthcare providers should actively involve parents in the decision-making process, explaining the available treatment options and allowing them to express their concerns and preferences. This

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collaborative approach can empower parents to feel more confident in their choices and more comfortable with their child's asthma treatment. Support groups and community resources also play a vital role in helping parents cope with the emotional and psychological challenges of managing a child with asthma. Connecting with other parents who have similar experiences can help reduce feelings of isolation and provide valuable insights into how to navigate the complexities of asthma management. These support systems can provide parents with reassurance and practical advice on how to address concerns about medication use and asthma care [4,5].

Conclusion

Ultimately, the goal is to ensure that parents feel confident in their ability to manage their child's asthma effectively. By providing the necessary education, support, and resources, parents can better understand the role of inhaled corticosteroids in asthma management and feel more at ease with the treatment plan. This, in turn, will help children with asthma achieve better control of their symptoms, improve their overall health, and enhance their quality of life. Addressing parental concerns and fears about ICS use is essential in ensuring that children receive the optimal care they need to manage their asthma and live a healthy, active life.

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Conflict of Interest

None.

References

1. Beasley, Richard, Julian Crane, Christopher KW Lai and Neil Pearce. "Prevalence and etiology of asthma." *J Allergy Clin Immunol* 105 (2000): S466-S472.
2. Asher, M. Innes, Charlotte E. Rutter, Karen Bissell and Chen-Yuan Chiang, et al. "Worldwide trends in the burden of asthma symptoms in school-aged children: Global Asthma Network Phase I cross-sectional study." *lancet* 398 (2021): 1569-1580.
3. Shin, Youn Ho, Jimin Hwang, Rosie Kwon and Seung Won Lee, et al. "Global, regional, and national burden of allergic disorders and their risk factors in 204 countries and territories, from 1990 to 2019: A systematic analysis for the Global Burden of Disease Study 2019." *Allergy* 78 (2023): 2232-2254.
4. Bel, Elisabeth H. "Clinical phenotypes of asthma." *Curr Opin Pulm Med* 10 (2004): 44-50.
5. Moore, Wendy C., Deborah A. Meyers, Sally E. Wenzel and W. Gerald Teague, et al. "Identification of asthma phenotypes using cluster analysis in the Severe Asthma Research Program." *Am J Respir Crit Care Med* 181 (2010): 315-323.

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