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INTERVENTIONS FOR ACUTE SEVERE ASTHMA ATTACKS IN CHILDREN: AN OVERVIEW OF COCHRANE REVIEWS

AUGUST 5, 2020 - Asthma is a common childhood illness that is caused by narrowing of the small air passages in the lungs. This narrowing is due to swelling and inflammation and to muscles around the air passages becoming tighter. An acute asthma attack results in shortness of breath, cough, wheeze, and chest tightness.

When children have an asthma attack, the standard treatment is to give steroids to reduce inflammation and swelling (usually given by mouth) and inhaled medications to relax the muscles in the air passages (called “bronchodilators”). In this review, we call that standard treatment “first-line” treatment. These medications are well understood to be the best treatments for use in the first instance.

Some children’s asthma attacks do not improve with first-line treatment, and more treatment is necessary - usually at the emergency department or hospital; in this review, we call this ‘second-line’ treatment. However, the best second-line treatment for children who do not respond to first-line treatment is poorly understood. Many treatment options are available, and what is done for children varies from hospital to hospital.

We wanted to look at existing Cochrane Reviews of second-line treatments for children having asthma attacks. We hoped to be able to bring this information together in a useful document and to be able to present the evidence that would help the practitioner make the best treatment decision for each child having an asthma attack when inhaled bronchodilators and oral steroids have not helped with symptoms.

Full citation: Simon S. Craig, Stuart R. Dalziel, Colin V.E. Powell, Andis Graudins, Franz E. Babl, Carole Lunny. Cochrane Systematic Review - Overview; Published Online: August 05, 2020 (DOI: 10.1002/14651858). URL Upon Publication: <https://doi.org/10.1002/14651858.CD012977.pub2>

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