



LETTER TO THE EDITOR

Safe schooling for asthmatic children



Escolarización segura de los niños con asma

Dear Editor,

We have read your letter¹ in regard to our article,² ‘Response letter to the article published in Anales de Pediatría: ‘‘School children with chronic diseases; what are teachers worried about?’’ Let’s not forget asthma!’. We agree in part with the authors of the letter and would like to offer some remarks:

Physical activity, which is essential to the development of the child, can trigger asthma exacerbations. A large part of the physical activity of children takes place in the school setting. Children with asthma that have adequate knowledge of the disease and inhaler technique and adhere to treatment experience fewer exacerbations and have a better quality of life. This should be clearly conveyed to teachers, especially physical education teachers. However, a systematic review conducted in the United States showed that teachers lacked knowledge on the management and treatment of asthma exacerbations.³

On the other hand, the prevalence of asthma and the likelihood that a child will experience a severe exacerbation in school requiring immediate treatment has led to the establishment of action protocols in some regions. For instance, in the Autonomous Community of Galicia, asthma is also part of the School Alert programme.⁴

It must be taken into account that the denial of the disease by some patients, out of ignorance or fear of being stigmatised, is a current phenomenon (especially in adolescents).⁵ This problem can be aggravated if these attitudes are promoted by teachers themselves when, for example, they restrict physical activity in students with asthma out of fear of not knowing how to respond in the event of an exacerbation or, on the contrary, they force asthmatic students to overexert themselves when they are having an exacerbation. To try to prevent such situations, some autonomous communities advocate for the role of the school nurse based on studies that show that these

professionals contribute to improving the quality of life of students and reduce school absenteeism, which could make their presence a cost-effective intervention, especially in the case of asthma.

We believe that anaphylactic, epileptic, hypoglycaemic or asthmatic events require early preventive and therapeutic measures that need to be known and implemented by both children and families, on one hand, and schoolteachers and nurses, on the other, to prevent morbidity and contribute to the adequate integration of affected children in school and in society. To this end, health care professionals and educational and public health authorities must continue to support health education interventions aimed at training children, parents and teachers on health and self-care, with theoretical contents and practical activities that will enable them to act as first responders in the event of an acute exacerbation.

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