

Exercise-Induced Asthma (EIA)

Vigorous and/or aerobic activity is a common asthma trigger and can narrow the airways. This is due to the cooling and drying of the airways that results when breathing occurs through the mouth (versus the nose) at a rapid rate. For students with asthma, this fast-paced breathing triggers the muscles in the airway to contract causing airway narrowing and the experience of asthma symptoms. Exercise-induced asthma symptoms (coughing, wheezing, trouble breathing) can start several minutes into the activity and up to 30 minutes after completion of the activity. Asthma symptoms from exercise are often due to poorly managed asthma, and a visit to a health care provider may be required. Exercise-induced asthma is more commonly experienced when physical activity is performed:

- in cold weather environments;
- in conjunction with an upper respiratory infection (cold);
- with sustained running;
- during high pollen count days; or
- during poor air quality days.

With good control of asthma and a warm up period, most students with asthma will not have trouble being physically active. If a student experiences exercise-induced asthma symptoms, the reliever inhaler should be used to reverse or relieve the symptoms. Students who repeatedly experience exercise-induced symptoms should talk to their doctor for treatment strategies to allow for full participation. For some students, their doctor will advise them to take the reliever inhaler 10-15 minutes before starting the physical activity. For students identified with asthma, the teacher must review the student's asthma Plan of Care for specific information to support the student's full participation and/or have a conversation with the student's parent/guardian to learn about the student's asthma.