A new study receiving a great deal of media attention suggests that asthma medication given to infants and babies may limit a child's future height. The researchers presented their findings at the 54th Annual European Society for Paediatric Endocrinology Meeting in Barcelona, Spain.

The scientists investigated 12,000 Finnish babies and found that those who had inhaled corticosteroids before their second birthday were consistently unable to meet the average height for their age.

Specifically, those infants given Budesonide, a common corticosteroid prescribed for the treatment of asthma, had more pronounced growth deficits. Babies who were given Budesonide in their first year, or for six months or more, showed the greatest correlation with stunted growth.

The study's authors say this indicates physicians need to be more judicious with medications. And while this is true, since health-imparing tradeoffs are involved, the reverse might also be true.

Asthma, characterized by an obstruction of the air passages, is a deadly condition for infants and children. Every year thousands of Americans die from asthma related deaths, or nine deaths every day. Physicians and parents must weigh this risk against the possibility their child may not reach height milestones throughout their lives.

To put it bluntly, corticosteroids are lifesaving drugs for those with asthma, and physicians should continue to prescribe them even if it jeopardizes the patient's chances of making the high school basketball team someday.

This is not to say physicians should prescribe asthma medicine to all infants and children. In fact, some data suggest we do over-diagnose asthma in as much as 30 percent of adults.

Certainly, there's a balance that must be maintained, something we harp on a lot, for instance, when we discuss antibiotics. Overprescribing for the flu or the common cold, which are cause by viruses, is a practice we criticize. However, when a patient has a serious bacterial infection, like strep throat or pneumonia, antibiotics are lifesaving and their administration should not be inhibited.
Parents, patients and physicians must work together to communicate openly about symptoms and the effects of the drugs, and opinions may vary. But one goal everyone can agree on is that keeping a child alive should remain the top priority.

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