Utah parents light up, kids with asthma head to the ER

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You might think you were in a tobacco-producing state like West Virginia or Kentucky — not almost smoke-free Utah — judging by the number of parents who light up yet have children who visit the emergency room because of asthma.

Even with Utah's rock-bottom smoking rate, up to 30 percent of asthma patients admitted for care are exposed to smoking at home, according to Primary Children's Medical Center.

There's no safe level of exposure to secondhand smoke, but it's particularly problematic for asthmatics: The smoke can cause asthma in preschool-aged children and it can trigger attacks, including coughing, wheezing and difficulty breathing. Parents, friends and relatives are advised to never smoke around asthmatics.

But about a quarter of Utah middle and high school students with asthma live with someone or have a close friend who smokes.

Kevin Nelson has seen the aftermath in the ER. As a resident at Primary Children's, he was initially surprised to enter rooms to check on asthmatic patients and smell cigarette smoke lingering on parents who had stepped outside for a drag.

He soon discovered that Utah's low overall smoking rate of 10 percent masks the reality that certain neighborhoods struggle with addiction, at rates that match or exceed the national average of 18 percent. Six of the areas with the state's highest smoking rates have the highest asthma hospitalizations or ER visits: Magna, West Valley City, Glendale, Rose Park, South Salt Lake and the TriCounty Health Department covering Daggett, Duchesne and Uintah counties.

"Utah overall is a healthy state," Nelson said, adding there are "communities where that may not be the case, so we want to provide support."

He helped create a nationally-recognized program, Pediatricians Against Secondhand Smoke, to train doctors in areas with the highest smoking rates to ask every parent if they light up, and to help those who do to quit.
Elizabeth Smith is one of the first pediatricians to be trained. She works at the University of Utah Health Care’s Stansbury Health Center in Tooele County, where the smoking rate is 16 percent and children up to age 4 have the state’s third-highest asthma hospitalization rate. She is just starting to ask parents whether they smoke — a question she anticipates could be awkward. But many of the young parents she sees don’t have a primary care provider who would ask them about smoking, Smith said.

“You feel like you’re prying into the parent’s personal life even though the reason you’re doing it is to impact [the] child’s health. Most parents would do whatever they could possibly do to make their child healthy. When you talk about changing lifestyle, it gets a little bit more dicey.”

Parents throughout the state who smoke could use the same help. Amanda Johnson, who lives in the Holladay area where smoking rates are low, wants to quit because her 2-year-old has asthma.

“He woke up crying during one of his naps, saying he couldn’t breathe,” the 27-year-old recalled.

Johnson said she tried to quit smoking while pregnant but the stress of going smokeless nearly caused a miscarriage. She says she first quit when her son Myckle was diagnosed with asthma.

Her parents used to smoke around her sister, who has asthma. “I remember my sister having to sit on a chair with the humidifier and a towel over her head, breathing in the air because she was having an asthma attack. I didn’t want my son to have to do that.”

She quit for 11 months, and her son became sick less often, but she lit up again after she and her son had to move in with people who smoked indoors.

“He just had an all-around harder time breathing,” she remembers. They’ve since moved out and she’s back to smoking outdoors and in her car.

“I’m going to be quitting again. I haven’t actually set a quit date yet.”

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Want help quitting?

Call the UtahTobacco Quit Line at 1-888-567-TRUTH (8788).

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