

## Psychological treatments for childhood asthma

A recent review of the social and emotional impact of childhood asthma noted four main categories: social and leisure pursuits, schooling, practical aspects of daily life, and emotional effects.<sup>1</sup> A fifth, and perhaps the most important, is the vicious cycle between the emotional and social impact on the child and family and the course of the asthma.

Parental denial or overprotectiveness, inappropriate handling of the asthma, family tensions or conflict, and the child's emotional reactions to the asthma can each exacerbate the illness as a result of, separately or in combination, emotional arousal, suggestion, conditioning, or hyperventilation.<sup>2-3</sup> Various psychophysiological processes have been proposed including increased vagal activity, raised endogenous adrenal steroid output, and central nervous system mechanisms such as the hypothalamic-limbic-midbrain circuits that can influence the immune systems and produce tissue change.<sup>3-4</sup>

There is therefore an obvious rationale for taking a comprehensive approach to the assessment and treatment of childhood asthma. The essence of such an approach is to give due consideration to physical, psychological, and social factors both in assessment and management. The emotional reactions to and social consequences of the asthma for both child and family should be specifically explored and discussed. Possible emotional and social triggers should be sought, and both short term and long term reactions to attacks explored. This allows not only for identification of problems, with the potential for resolution of at least some of them, but also for expression of feelings which, if remaining suppressed, may exacerbate the illness. Discussion of the emotional, financial, and practical burden of the asthma helps parents and children feel better understood, promotes confidence and trust, and encourages compliance. Anxieties which might otherwise exacerbate the illness can in this way be resolved.

After a comprehensive assessment a clearly defined and goal oriented management plan can be formulated. This will include both physical and psychological treatments. The most useful psychological approaches include parental counselling, family therapy, and behavioural treatments.

Parental counselling focuses on helping the parents to work together, supporting and helping each other in their management of the asthma, sharing problems and decisions, identifying and resolving conflicts, and remaining consistent between each other and over time. Single parents can be helped to identify problem areas and to seek solutions, as well as to find support within their own community.

The aim of family therapy is to help modify the dysfunctional aspects of family relationships so that the asthma is neither maintained nor exacerbated by them. Particular areas of attention include (a) helping adopt more realistic attitudes to the illness, (b) moving away from overinvolvement and overprotectiveness or denial, (c) promoting age appropriate behaviour in the child, and particularly in relation to looking after the asthma, and (d) promoting open and direct communication, thus allowing for the expression and acknowledgement of distress and the identification and resolution of conflict, especially where

this involves the asthmatic child. A number of studies have demonstrated the value of family therapy in childhood asthma.<sup>5-7</sup>

Behavioural treatments include relaxation, systematic desensitisation, and biofeedback. Self relaxation is of particular value when anxiety levels are high and can be taught to most children aged 7 upwards in a few minutes. Voluntary muscle relaxation is accompanied by concomitant relaxation of bronchial smooth muscle and subsequent relief of symptoms.<sup>8</sup> This process can be enhanced by the use of systematic desensitisation.<sup>9</sup> Children are taught to identify psychological triggers (for example, angry mother, teasing, etc) and then in a state of relaxation imagine themselves exposed to each in turn. The aim is to help the child remain relaxed while imagining the threatening situation. Most children can carry over the technique in vivo. The use of biofeedback equipment is enjoyed by children, assists the learning of these techniques, and has been shown to reduce the need for steroids.<sup>10</sup> Cognitive approaches may also be used and involve helping children gain mastery over situations in which they feel fearful or helpless.

A specific psychological intervention is indicated when there is:

- (a) an obvious trigger for the asthma,
- (b) clear evidence of behavioural or emotional disturbance,
- (c) clear evidence of family dysfunction, such as disturbed relationships, or inappropriate handling of the illness,
- (d) school based difficulties,
- (e) failure of standard treatment or steroids are required,
- (f) non-compliance with medication.

Paediatricians cannot be expected to have either the time or expertise to offer all of these treatments but basic skills in parental counselling are essential. Given the relevance of psychosocial factors in childhood asthma, every effort should be made to ensure ready access to a child psychologist or psychiatrist who can offer some of the other treatments outlined.

BRYAN LASK

*Department of Psychological Medicine,  
The Hospital for Sick Children,  
Great Ormond Street,  
London WC1N 3JH*

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