The facts do not reflect particularly advantageously on any of the political parties.

Counter-productive?

However, a number of the members themselves have become non-smoking activists in the Club, banning non-smoking activities such as I don't mind if you smoke, if you don't mind if I fart: Smoking is a dying habit. Have a fog—keep the underclass happy, etc. Some of these materials are professionally produced, obviously from one or more anti-smoking organisations, whilst others are hand-produced.

I have had nothing whatever to do with supplying these materials, and the only slogan I did suggest was never taken up as it was regarded as 'not funny enough'.—You may think you're a smoker, but you ain't. The cigarette does the smoking and you're just the mug at the other end.

The significant issue is that this entire development has been adolescent-inspired and adolescent-led. It suggests to me that possibly much of the 'top-down' work with which health promotion workers get involved may be incorrectly conceived and even counter-productive. Alternatively, once a health advocacy sub-group becomes identified and is given non-directive encouragement, it can become a most effective and sustained instrument for health promotion.

(Asked for any updates before this article was printed, Professor MacDonald reported that one of his group of reform smokers has reentered, but that there are further encouraging signs. The club's designated no-smoking areas, previously ignored, are now popularly enforced—so he observed an example of this when the weight-lifting supervisor, coming into one of these, was told to the boys to extinguish his cigarette! We look forward to further reports from Newham, and news of any other examples of self-generated health promotion will be welcomed. —Ed.)

A letter to the Head

A stimulating method of using your survey data in different subject areas

We teach them how to drink?

Can schools help parents to arrive at a 'common alcohol policy'?

Do we stigmatise asthma sufferers?

Undiagnosed asthma, labelling people.

A Balancing Act

Preparing pupils to participate in leisure pursuits in later life

Computer files and databases

Graphical display of your data

Data interrogation: links and statistics

After your Health Related Behaviour Questionnaire survey.
Emotional upset can trigger asthma, but usually it is only a contributory factor.

Pollens and spores These are difficult to avoid except by staying inside, but asthmatic children should be given the opportunity to use their medication before activities such as nature walks.

Exercise The effects are frequently worse in cold weather. Cross-country running can be a particular problem, and known asthmatics should be allowed to use their medication before any vigorous exercise.

Cold air Going outside on a cold day can set off some asthmatics.

Emotional upset The importance of this can be exaggerated. Emotional upset can trigger asthma, but usually it is only a contributory factor. There is no reason to feel inhibited about reprimanding an asthmatic child — asthmatics are no more or less neurotic than other people.

The child who has an attack for the first time in two years on the very day his mother starts work outside the home is not likely to be attention-seeking, but is more likely to be worrying about the problems an attack might cause now that his mother has begun to work.

A child who has emotional problems and also has asthma may use it in an attempt to manipulate teachers and parents, but would be most unlikely to fake an acute attack.

Allergy There is a link between asthma, hay fever and eczema, and all these diseases can be triggered by allergic reactions to substances such as grass pollen, house dust mites, pet hair and even some foodstuffs such as nuts, fish and Coca-Cola.

Less common triggers There are a number of substances that are known to trigger asthma and are officially recognized for the purposes of compensation for industrial injury. The following ones may be encountered in schools:

Epoxy resins (in adhesives, paints and plastics)

Colophony fumes (from soldering)

Floor or wood dust

Asthmatic children may have to monitor and treat their asthma themselves, during school time, and teachers are in a better position to help them if they understand what they are doing, and why.

Preventive treatment

Some types of asthma medication prevent the symptoms occurring, but do not relieve them when they do occur. The most common are inhaled bronchodilators, which are given as a preventative treatment, and do not relieve an attack. A single dose of an inhaled bronchodilator is often all that is needed to prevent an asthma attack.

The treatments work only if they are taken regularly — at least twice daily. They are effective only a few days' treatment. Twice-daily treatment need not involve a dry school at all, but higher frequency may be needed. The problem with preventive medication is that after a few days the child will feel well and may forget to take his medication, or consider that he has better things to do. This is how controllable asthma begins to get out of control again.

Any obstacles to the child taking the medication should be removed or overcome. Having to come to the office to find a teacher to get the inhaler may be a considerable disincentive to a young child.

Having to come to the office or find a teacher to get the inhaler may be a considerable disincentive to a young child.

A sample worksheet from 'The School's Asthma Pack'

Mild attack


2. Let the child sit down; don't make him lie down.

3. Let the child take his usual treatment — normally a blue inhaler.

If the child has forgotten his inhaler, and you do not have permission to use another one . . .

1. Summon the parent.

2. Failing that, call the family doctor.

3. Check that the attack is not severe — see below.

4. Wait 5—10 minutes.

5. If the symptoms disappear, the child can go back to what he was doing.

6. If the symptoms have improved, but not completely disappeared, summon the parents and give another dose of inhaler while waiting for them.

7. If the normal medication has had no effect, then treat it as a severe asthma attack.

Severe attack

Either follow your school protocol or . . .

1. Call the family doctor and ask him to come immediately.

2. Be in a room nearest the children's area.

3. Summon the fire department straight away, and get someone to warn them of the child's coming. Alternately, call an ambulance.

4. Get someone to inform the parents.

5. If the child has an emergency supply of oral steroids, make sure the correct dose is given to the child now.

6. Keep trying with the usual reliever inhaler, and don't worry about possible overdosing.

The School's Asthma Pack

The Asthma Training Centre has produced a pack containing the following items:

1. A poster giving information on what to do in an asthmatic emergency. This is for general display on school notice boards.

2. A larger plasticized version of the poster for classrooms or staffrooms which has individual card inserts for completion by the parents of asthmatic children.

3. A 'trivial pursuit' style board game for 7—11 year olds. The game includes many general knowledge subjects as well
Investigating the frequency of asthma.

It is therefore tempting to infer that this question (a) is at a young age, and (b) that perhaps a greater proportion of girls are going undiagnosed. The article points out that only about half of all asthmatics have been correctly diagnosed, which is in line with the percentages presented here.

An example from a small 1992 survey of 12-14 year old boys shows how most diagnosed asthmatics are in fact being identified as possible asthmatics. The percentage of boys (who are more likely to have asthma) who were correctly diagnosed as having asthma was 60%, while the percentage of girls was only 30%.

A greater proportion of girls than boys may be going undiagnosed.

Review


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his book, written by a community dietitian, contains eight sections entitled Digestion, Basic nutrition, Healthy eating, Dietary disorders, Circulatory disorders, Malnutrition, Micronutrients, and Energy. It was originally intended to support local health promotion or similar video resources. There is undoubtedly a need for this approach, though for a variety of reasons I am not sure it is fulfilled by this book.

The material would benefit, as good teaching material often does, from an introduction which could include a teachers' guide to use, stating the methodological approach used throughout the book and indicating the areas of the curriculum to which it is linked. As the book stands it does not appear to be a child-centred resource, nor does it offer a problem-solving approach. It functions mainly in the information-based domain, and links to the development of skills or attitudes, which are probably more important, requires more teaching than is achieved.

The idea of providing a resource to support a range of video and other similar materials remains a good one, but the process by which this is achieved affects the results greatly. A deep understanding of curriculum demands, supported by the involvement of teachers and young people, may make a far more valuable contribution to supporting useful and quality materials to assist in the learning process for pupils in our schools today. — Ruth Joyce, County Advisor for Drugs and Health Education, Cambridge.

(Obtainable from Milton Keynes Health Promotion Service (0908 661487).)

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