Let's Talk About ...

Inhaled Corticosteroids (ICS)

Inhaled corticosteroids [CORE-tick-oh-STEH-royds], also called ICS, are medicines used to control and prevent symptoms of asthma and other lung conditions. They help to reduce airway swelling, which causes most asthma symptoms, and are often called "controllers."

Why does my child need ICS?

Your child may need ICS if they have moderate to severe asthma. Some children with mild asthma may also benefit from ICS. Children with asthma who use ICS have:

- Better quality of life
- Fewer asthma symptoms
- Better school attendance
- Fewer long hospital stays
- Less need for corticosteroid pills (like prednisone)

Inhaled corticosteroids are the best way to control long-lasting asthma. They may also prevent lung damage from untreated asthma.

How does ICS work?

Inhaled corticosteroids start to reduce airway swelling 24 hours after your child takes them. However, you may not notice a change in your child's asthma for 1 to 2 weeks.

Once your child's asthma is under control, they should use ICS every day, even if they have no asthma symptoms.

Remember: Inhaled corticosteroids do not relieve asthma attacks. Your child should use quick-relief medicine like albuterol, not ICS, during an asthma attack.



How does my child take ICS?

Your child usually takes ICS with an inhaler and a plastic tube called a spacer. They should take the prescribed number of puffs of the inhaled steroid through the spacer. Some dry-powder inhalers should not be used with a spacer. Children younger than 4 years old should also use a face mask.

What are the side effects of ICS?

ICS may cause:

- A hoarse voice
- An irritated throat
- Coughing
- Mouth or throat infections (small white patches that may be sore)

Your child can lessen these side effects by always using a spacer and rinsing their mouth with water each time they use ICS. If you notice a mouth or throat infection, call your child's doctor.

Can ICS affect my child's growth?

ICS medicine labels warn that inhaled corticosteroids may cause a child to grow slower. This is rare when children use a low to medium dose of medicine and is not true for everyone. Children who use ICS may also have catch-up growth later on, even if they do grow slower at first.

Problems from untreated asthma, including slow growth and lung damage, may be worse than possible side effects from inhaled corticosteroids. Once your child's asthma is controlled, their doctor will make sure your child takes the smallest dose of ICS they need.

Will my child always have to use ICS?

Many children with asthma may need to continue using ICS as they get older. Some children do not. Your child's doctor may prescribe a non-steroid controller medicine, especially if your child's asthma gets milder. Some children only need ICS during certain seasons (like cold and flu season or pollen season). Ask your child's doctor about these options.

If you have any questions about which medicines your child can use with a spacer or about your child's growth while using inhaled corticosteroids, ask your child's doctor.

Talking with your child's doctor about inhaled corticosteroids

The table below lists the potential benefits, risks, and alternatives for inhaled corticosteroids (ICS). Talk to your child's doctor about these medicines, and ask questions before your child uses them.

Possible benefits	Risks and possible complications	Alternatives
ICS is the best way to control long-lasting asthma. They reduce airway swelling 24 hours after your child takes them. They can also prevent lung damage from untreated asthma.	Risks and possible side effects of ICS may include: • A hoarse voice • An irritated throat • Coughing • Mouth or throat infections • Slowed growth (this is rare and may also be a side effect of untreated asthma)	The main alternative to ICS is quick-relief medicines like albuterol, which your child takes during an asthma attack. However, quick-relief medicines are not as effective at controlling long-lasting asthma.

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