



Asthma the basic facts

Information outlining asthma management



**ASTHMA
FOUNDATIONS**
AUSTRALIA

Disclaimer: Information in this brochure is not intended to replace professional medical advice. Any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

Asthma the basic facts

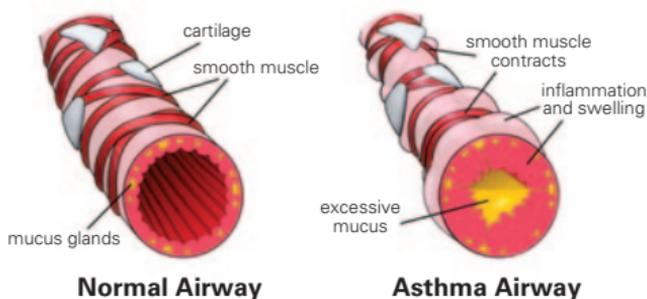
This brochure contains simple information about asthma management.

Why do people get asthma in the first place?

The causes of asthma are not fully understood, but there is often a family history of asthma, eczema or hayfever. Asthma is more prevalent in developed countries, can begin at any age and the severity can change over time. Evidence also suggests that exposure to environmental factors, tobacco smoke, smoking while pregnant or breastfeeding contributes to asthma and a variety of other health problems.

What is asthma?

People with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe.



Three main factors cause the airways to become narrow:

- The inside lining of the airways becomes red and swollen (inflammation)
- Extra mucus (sticky fluid) may be produced
- The muscle around the airways tightens (bronchoconstriction)



How do you recognise asthma?

- Shortness of breath
- Wheeze
- Chest tightness
- A dry, irritating, persistent cough, particularly at night/early morning, with exercise or activity

Asthma triggers

Every person's asthma is different. Not all people will have the same triggers, nor will they react to every trigger listed below.

Common triggers may include:

- Colds and flu
- Cigarette smoking
- Exposure to cigarette smoke (passive smoking)
- Exercise/activity
- Inhaled allergens (e.g. pollens, moulds, animal dander and dust mites)
- Environmental factors (e.g. dust, pollution, wood smoke and bush fires)
- Changes in temperature and weather
- Certain medications (e.g. aspirin)
- Chemicals and strong smells (e.g. perfumes, deodorants and cleaners)
- Emotional factors (e.g. laughter, stress)
- Some foods and food preservatives, flavourings and colourings

You may not always know what triggers your asthma. It is helpful to identify triggers in order to avoid them however this is not always possible (e.g. colds and flu). Exercise is the only trigger that should not be avoided.

How is asthma diagnosed?

The diagnosis of asthma by a doctor is based upon:

- Medical and family history
- Physical examination
- Lung function tests
- Response to medication

Can asthma be cured?

Asthma cannot be cured, but it can be managed. Most people with asthma can carry out their daily activities without asthma symptoms. Good asthma management allows you to lead an active, healthy lifestyle.



Asthma medications

There are three main groups of asthma medications:

1. Relievers
2. Preventers
3. Symptom controllers

1. Relievers

Inhaled medications - Airomir, Asmol, Bricanyl, Ventolin (blue)

Relievers provide relief from asthma symptoms within minutes by relaxing the muscles around the airways for up to four hours.

Important points

- Always carry your blue reliever medication in case you need to use it, particularly for an asthma emergency
- If you are using your reliever medication more than three times per week to ease asthma symptoms it may be a sign that your asthma is not well controlled. Check with your doctor

Atrovent (green) is a different type of medication that may be prescribed. Ask your doctor for further information.

This medication takes up to 30 minutes to work, can keep the airways open for up to six to eight hours and is more commonly used for other lung conditions.

2. Preventers

Inhaled medications – Alvesco (rust), Flixotide (orange), Intal Forte (white), Pulmicort, Qvar (brown), Tilade (yellow)

Oral medications – Singulair

Preventers make the airways less sensitive, reduce the redness and swelling inside the airways and dry up the mucus. It may take a few weeks for preventers to reach their full effect.

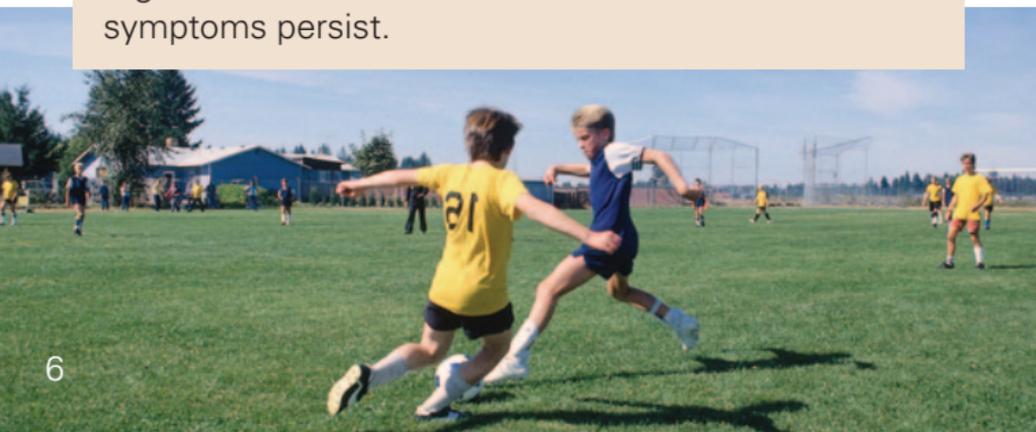
Preventers must be taken daily to keep you well, reduce the risk of asthma attacks and to prevent lung damage. A number of these medications are corticosteroids (sometimes referred to as steroids). They are similar to the steroids that we produce naturally in our bodies. They are not the same as anabolic steroids misused by some athletes.

Important points

- Some people may only need preventers for a set period (eg. seasonal) while other people need to take preventers all year round
- Preventers need to be taken at the same time each day at the dosage prescribed by your doctor
- Preventers take time to work, so an improvement in your symptoms may not be noticed for a couple of weeks. Do not stop taking your preventer medication after only a few days
- Preventers are safe to use every day and they can reduce the risk of life threatening asthma attacks

Treatment of Acute Asthma

When there is little response to relievers, the doctor may prescribe a short course of oral corticosteroid tablets (Prednisolone/Prednisone). This is used to reduce the inflammation in the airways and quickly regain control of asthma in an acute attack or when symptoms persist.



3. Symptom Controllers

Foradile (pale blue), Oxis, Serevent (green)

Symptom controllers (also called long acting relievers) help to relax the muscles around the airways for up to 12 hours. They are taken daily, usually at morning and night, and can only be prescribed for people who are taking regular inhaled corticosteroid preventers and are still experiencing asthma symptoms.

Combination Medications

Seretide (Flixotide and Serevent - purple), Symbicort (Pulmicort and Oxis - red)

Combination medications combine a preventer with a symptom controller in the same delivery device.

Combination medications need to be taken at the same time each day at the dosage prescribed by your doctor.

The SMART (Symbicort Maintenance And Reliever Therapy) Protocol

- Some people over the age of 12 may have Symbicort prescribed as both their reliever and preventer, under strict guidelines. This is known as the SMART protocol

NOTE

- Seretide cannot be used as reliever medication or for asthma emergencies

Singulair is a non-corticosteroid preventer medication that may be prescribed by your doctor. It is a tablet that is taken daily and may be used on its own or in addition to corticosteroid medication. Ask your doctor for further information.

How are asthma medications taken?

Asthma medications can be inhaled (breathed in) or taken orally (swallowed). Most people use inhaled asthma medication because:

- Medication goes directly to the lungs
- Smaller doses can be given so there are fewer side effects

There are two types of inhalers; metered dose inhalers (puffers and breath activated) and dry powder inhalers.

Getting the most out of your asthma medications

Inhalers need to be used correctly to ensure maximum benefits are achieved with minimum side effects. It is important to:

- Have your technique regularly checked by your doctor, pharmacist or asthma educator
- Use a spacer with a puffer to minimise side effects and deliver more medication to your lungs (a spacer is a device into which you fire medication from a puffer and inhale)
- Check that there is medication left in your inhaler (some inhalers have a counter)
- Check that your medication has not expired
- Know how to care for and clean your medication devices
- When you are well (no asthma symptoms and rarely using your blue reliever), talk to your doctor about a review of your medications
- Make sure you ask your doctor, pharmacist or asthma educator if you have any questions or concerns about your asthma medication and/or asthma delivery devices



Managing your asthma effectively

- Have regular reviews of your asthma and ask your doctor for a written Asthma Action Plan
- Avoid things that make your asthma worse (triggers)
- Know your asthma symptoms and how to treat them
- Make sure you know how to use your asthma medications correctly
- Recognise signs of worsening asthma and follow your written Asthma Action Plan
- Know your Asthma First Aid Plan and how to use it
- Inform others about your asthma and how they can provide Asthma First Aid
- Discuss with your doctor whether your medication doses are appropriate and if you have been well controlled for some time, whether the dose you are on could be reduced

What is an Asthma Action Plan?

An Asthma Action Plan is a written set of instructions prepared in partnership with your doctor that helps you to manage your asthma at different times. Your plan should help you to:

- Recognise worsening asthma symptoms
- Start treatment quickly
- Seek the right medical assistance

Early attention to worsening asthma may prevent you from having a serious attack. Ask your doctor for a Written Asthma Action Plan.

Monitoring your asthma

Diary of asthma symptoms

This is the preferred method for monitoring asthma in children. Asthma in children is often seasonal and many children only need treatment when they get a cold or the flu. All children who have regular asthma symptoms should have a written Asthma Action Plan.

For more detailed information about asthma in young children, contact your local Asthma Foundation for a copy of Asthma in the under 5s.

Record Peak Flow Readings

A peak flow meter is a simple device you blow into to measure the condition of your airways. They can be purchased from pharmacies and some Asthma Foundations.

Peak flow readings tell you whether your airways are wide open or narrow. Increasing asthma symptoms or a fall in peak flow readings suggest that your asthma is getting worse. Following your written Asthma Action Plan will help you to manage your asthma symptoms.

Exercising or being active

Exercise helps keeps you fit and healthy. Many people with asthma report that regular exercise reduces the severity and frequency of symptoms. If exercise triggers your asthma, ask your doctor for advice about management of exercise-induced asthma (EIA). If EIA is managed properly, you should be able to take part in any exercise, sport or activity (except SCUBA diving).

For more detailed information about EIA, contact your local Asthma Foundation for a copy of the brochure Being active with asthma.



Recognising an asthma attack

An asthma attack can take anything from a few minutes to a few days to develop. During an asthma attack shortness of breath, wheeze, chest tightness and cough can quickly worsen.

Signs of a severe asthma attack:

- Gaspings for breath
- Severe chest tightness
- Inability to speak more than one or two words per breath
- Feeling distressed and anxious
- Little or no improvement after using blue reliever medication (Aiomir, Asmol, Bricanyl or Ventolin)
- Sucking in of the throat and rib muscles
- Blue colouring around the lips (can be hard to see if skin colour also changes)
- Pale and sweaty

As well as the above symptoms, young children appear restless, unable to settle and may have problems eating or drinking due to shortness of breath. They may also have severe coughing resulting in vomiting.

The signs of an asthma attack vary, so a person with asthma may not show all the above signs during a severe attack.

If any of these signs are present, follow the Asthma First Aid Plan detailed over.

What to do in an asthma emergency

If the person's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (Dial 000) and state that the person is having an asthma attack.

In an asthma emergency follow the Asthma First Aid Plan located opposite.

If a person has difficulty breathing and is not known to have asthma, call an ambulance immediately and follow the Asthma First Aid Plan. No harm is likely to result from giving a blue reliever puffer.

Asthma First Aid

1

Sit the person upright, be calm and reassuring.

Do not leave them alone.



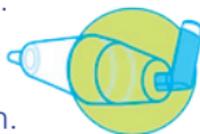
2

Give 4 separate puffs of a blue reliever*

The medication is best given one puff at a time via a spacer device.

Ask the person to take 4 breaths from the spacer after each puff of medication.

If a spacer is not available, use the blue reliever puffer on its own.



3

Wait 4 minutes.



4

If there is little or no improvement repeat steps 2 and 3.

If there is still no improvement call an ambulance immediately (DIAL 000).

Continue to repeat steps 2 and 3 while waiting for the ambulance.



If the person's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (DIAL 000).

For further information:

1800 645 130

(office hours)

www.asthmaaustralia.org.au

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AUSTRALIA



*A Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer is unavailable.

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for professional, confidential and
independent information about asthma

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