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for professional, confidential and
independent information about asthma

www.asthmaaustralia.org.au

Asthma the basic facts

This brochure contains simple information
about asthma management.



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**ASTHMA
FOUNDATIONS**
AUSTRALIA

Disclaimer: This brochure is published for information only.
Any person with asthma should seek medical advice.

Why do people get asthma in the first place?

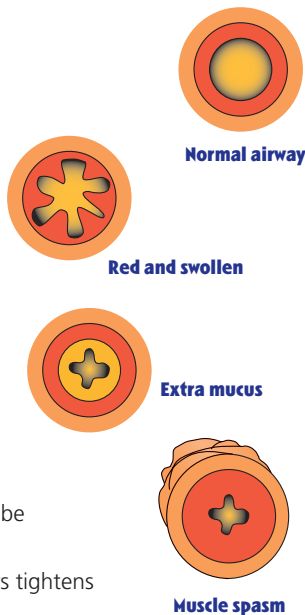
The causes of asthma are not fully understood, but there is often a family history of asthma, eczema or hay fever. Asthma is more prevalent in developed countries. Some researchers believe our 'clean' lifestyle contributes to the development of asthma. Asthma can begin at any age and can change over time.

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

What triggers asthma symptoms?

- Colds and flu
- Cigarette smoke
- Exposure to cigarette smoke (passive smoking)
- Exercise/activity (but this can be managed)
- 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, cleaners)
- Emotional factors (e.g. laughter, stress)
- Some foods and food preservatives, flavourings and colourings (uncommon)

Every person's asthma is different. Not all people will have the same triggers, nor will they react to every trigger listed above. 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). Your doctor or local Asthma Foundation will assist you.





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. Preventers
2. Relievers
3. Symptom controllers

1. Preventers

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

Oral medications – Singulair, Prednisolone, Prednisone

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 optimal 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 (more commonly known as 'steroids'). They are similar to steroids that we produce naturally in our bodies. They are not the same as the anabolic steroids misused by some athletes.

Important points

- Some people may only need preventers for a set period 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
- 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 if you have any questions or concerns about your asthma medication and/or asthma delivery devices



Treatment of acute asthma

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

For more detailed information about this medication ask your doctor or contact your local Asthma Foundation for a copy of "Asthma Medications and Delivery Devices".

2. Relievers

Inhaled medications – *Airomir, Asmol, Bricanyl, Epaq, Ventolin* (blue)

Relievers provide relief from asthma symptoms within minutes. They relax the muscles around the airways for up to four hours, allowing air to move easily through the airways.

Important points

- Always carry your blue reliever medication. It is the only medication to use in 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 can keep the airways open for up to six to eight hours, take up to 30 minutes to work and is more commonly used for other lung conditions.

3. Symptom controllers

Inhaled medications – *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 and are only prescribed for people who are taking regular inhaled 'steroid' preventers.

Combination medications

Inhaled medications – *Seretide* (*Flixotide and Serevent* - purple), *Symbicort* (*Pulmicort and Oxis* - red)

These 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.

Nebulisers

Nebulisers convert liquid medication into a fine mist inhaled through a mask or mouthpiece. The air-flow and pressure of your nebuliser should be checked regularly (at least once a year). Depending on use, disposable nebuliser bowls may need replacing every 3 months. It is advisable to always have a spare bowl. Nebuliser filters should be changed and the machine serviced according to the manufacturer's instructions.

A puffer and spacer is equally as effective as a nebuliser, if used correctly. Nebulisers need only be used if asthma is severe or if a puffer and spacer is not suitable.



Getting the most out of your asthma medications

The aim of delivery devices is to get the maximum amount of medication into your lungs with minimum side effects. It is important to:

- Know how to care for and clean your medication devices
- Ensure there is medication left in your device
- Ensure that your medication has not expired
- Use a spacer with a puffer to minimise side effects and deliver more medication to your lungs (a spacer is a device shaped like a clear plastic football or tube into which you fire medication from a puffer and inhale)
- Use your inhaler correctly. Have your technique regularly checked by your doctor, pharmacist or asthma educator

Managing your asthma effectively

- Find a doctor who has a keen interest in asthma and have regular asthma reviews
- Ask your doctor for a written Asthma Action Plan
- Avoid things that make your asthma worse (triggers - other than exercise)
- Know your asthma symptoms and how to treat them
- Make sure you use 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 your family members about your asthma and how they can provide asthma first aid

What is an Asthma Action Plan?

An Asthma Action Plan is a written set of instructions prepared in partnership with your doctor that assists 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 under seven years. Asthma in children is often seasonal and many children only need treatment during winter. All children who have regular asthma symptoms should have a written Asthma Action Plan.

For more detailed information about asthma in 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. A written Asthma Action Plan will help in this situation.

Exercising or being active

Exercise 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 "Being active with asthma".

Avoiding triggers

Apart from exercise try to avoid triggers that make your asthma worse. Some triggers cannot be avoided, such as changes in the weather and colds or flu. Ask your doctor for a written Asthma Action Plan to help in these situations.

Remember you should be in control of your 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 chest tightness, coughing, wheezing and shortness of breath can quickly worsen. If this happens, follow the Asthma First Aid Plan detailed below.

ASTHMA FIRST AID PLAN

Step 1. Sit the person upright and give reassurance. Do not leave them alone.

Step 2. Without delay give 4 separate puffs of a blue reliever (Airomir, Asmol, Epaq or Ventolin)*. 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.

Step 3. Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

Step 4. If there is still no improvement call an ambulance immediately (DIAL 000).

Continuously repeat steps 2 and 3 while waiting for the ambulance.

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

** If a spacer is not available, simply use the puffer on its own.

However, if you (or anyone in your care) have any signs of a severe asthma attack, call an ambulance (Dial 000) straight away and follow the Asthma First Aid Plan while waiting for the ambulance to arrive.



Signs of a severe asthma attack:

- Gasping 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 (Airomir, Asmol, Bricanyl, Epaq 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 and vomiting.

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

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