

# ASTHMA - *Taking Control*



ASTHMA  
SOCIETY  
OF IRELAND

## TAKING CONTROL OF ASTHMA

This booklet explains what asthma is and how it is treated. It will show you that most people with asthma, with the right treatment, can lead a full, normal and active life.

## ASTHMA – what is it?

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. People with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when you have a cold or other viral infection or when you come into contact with an asthma trigger.

## What is a trigger?

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. Common triggers include colds or 'flu, cigarette smoke, exercise and allergies to things like pollen, furry or feathery animals or house-dust mite. Everyone's asthma is different and you will probably have several triggers.

## What happens to the airways?

When someone with asthma comes into contact with an asthma trigger, the muscle around the walls of the airways tightens so that the airway becomes narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. This means that you may start wheezing or coughing.

## What does asthma feel like?

The usual complaints of someone with asthma are:

- ❖ Coughing
- ❖ Wheezing, or a whistling noise in the chest
- ❖ Getting short of breath
- ❖ A tight feeling in the chest

Not everybody will get all these symptoms. Some people experience them from time to time, perhaps if they get a cold, or come into contact with one of their asthma triggers. Others experience the worst symptoms at night, first thing in the morning or after exercise. A few people may experience these symptoms all the time.

Around 275,000 people in Ireland have asthma.

That means around one in 20 adults in Ireland have asthma

Around one in five children in Ireland have asthma

Over 100 million people worldwide have asthma

Research is indicating that asthma is on the increase. In one study, the number of children reporting an asthma attack in the last year was almost three times as high in 1992 as it had been in 1982.

Asthma can start at any time of life. Two-thirds of people get symptoms during childhood, but some people can be in their sixties or seventies before it develops.

## Treatments

How can I best take care of my asthma?

The best way to take control of your asthma is to follow these golden rules:

- 1 Get the best treatment you can and take it regularly
- 2 Try and avoid the things that trigger your asthma

### *What treatments are available?*

There are some excellent treatments available to help you get full control of your condition. There are two main kinds of asthma medicines. We call them relievers and preventers and they work in different ways.

Relievers help to relieve breathing difficulties when they happen

Preventers help protect the airways and reduce the chance of getting asthma symptoms.

## *Relievers*

Relievers are medicines that you can take immediately when asthma symptoms appear. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider making it easier to breathe again. However, relievers do not reduce the swelling in the airways.

- ❖ They are essential in treating asthma attacks.
- ❖ If taken before exercise they reduce your chances of getting asthma symptoms.

Relievers usually come in blue inhalers.

Salbutamol (eg. Ventolin) and terbutaline (Bricanyl) are two examples of relievers. They work almost immediately to relieve the symptoms of asthma. That is why they are sometimes called rescue relievers.

Ipratropium bromide (Atrovent) is a different type of reliever and is most commonly used by children under two or in older people. Atrovent takes around 45 minutes to work.

## *Other reliever treatments.*

Long lasting relievers include the inhaled oxitropium (Oxivent), salmeterol (Serevent), eformoterol (Oxis) and the xanthine tablets (Slo-Phyllin and Uniphyllin are two examples). They go on working for a longer time than the rescue relievers and usually need to be taken twice a day to have an effect.

- ❖ Your doctor may consider giving you a long lasting reliever if your normal level of preventer isn't controlling your asthma symptoms.
- ❖ You should not be using a long lasting reliever unless you are also on a preventer and a rescue reliever.

## *Are there any side effects from relievers?*

Relievers are a very safe and effective medicine and have very few side effects. Some relievers can slightly increase your heartbeat or give you

mild muscle shakes. These effects are more common when taking high doses. They generally wear off within a few minutes, or a few hours at most. Xanthine tablets can sometimes make you feel nauseous.

## *Preventers.*

Preventers protect the lining of the airways. They calm down the inflammation in our airways and stop them from being so sensitive. This means that the lungs are less likely to react badly when they come across an asthma trigger.

- ❖ They reduce the risk of severe attacks.
- ❖ Their protective effect builds up over a period of time so they need to be taken every day, usually morning and evening, even if you are feeling well.
- ❖ When you first start using them, it may take up to 14 days before you notice any improvement in your asthma symptoms.

Preventers usually come in brown, beige, white, red or orange inhalers.

Most people will receive a preventer from their doctor, which contains an inhaled steroid. There are several kinds of inhaled steroids but they all work in the same way. For example beclomethasone (eg Becotide and Becloforte), budesonide (Pulmicort) fluticasone (Flixotide).

Sodium cromoglycate (Intal or Cromogen) and nedocromil sodium (tilade) are non-steroid preventers. They must be taken regularly, usually three or four times a day. They are not usually as effective as inhaled steroids.

## *Other preventer treatments*

New preventer medicines are now available in the form of tablets. For further information, see our Preventer Tablets factsheet.

Another treatment now available is a combined preventer and long lasting reliever in one inhaler. This may be an easier way of taking your treatment.

Talk to your doctor or practice nurse about whether these new treatments are suitable for you.

## *Concerns about steroids.*

Many people are anxious about the side effects of steroids used in preventer treatment.

## *Here are some points to remember:*

- ❖ The steroids used to treat asthma are called corticosteroids
- ❖ Corticosteroids are a copy of those produced naturally in our bodies
- ❖ They are completely different to the anabolic steroids used by body builders and athletes.

Most people use inhaled steroids, which go straight down to the airways, so very little is absorbed into the rest of the body.

- ❖ Your doctor will prescribe the lowest possible dose to get your asthma under control.
- ❖ There is a small risk of a mouth infection called thrush and hoarseness of the voice. You can avoid this by using your inhaler before brushing your teeth, and by rinsing out your mouth well afterwards. Using a spacer will also help reduce the possibility of thrush.

## *When are steroid tablets used in asthma?*

If your asthma gets really bad, your doctor may give you a short course of steroid tablets. They work quickly and powerfully to help calm down your inflamed airways. Short courses of tablets, anything from 3-14 days, will not give any long-term side effects. Steroid tablets can lower the body's resistance to chickenpox, so you should contact your doctor if you are taking steroids and come into contact with chickenpox.

A small minority of people with severe asthma need to take steroid tablets for a longer period. These people are more at risk of

experiencing side effects. Always talk to your doctor or practice nurse about any concerns you have about the side effects of your asthma treatment.

For more information, see our Asthma and Steroids booklet

## *Can complementary medicine help?*

Many people find that complementary therapies, particularly yoga, acupuncture and homeopathy, seem to improve their asthma symptoms. However, there is little scientific evidence that complementary treatments used on their own are effective. That is why it is better to regard them as 'complementary' rather than 'alternative'. If you want to try one of the many complementary treatments available, tell your doctor and do not stop taking your normal asthma medication.

## *How do I take my asthma medicine?*

Most asthma medicines are given by inhalers. There are two main groups of inhaler devices:

- ❖ Aerosol inhalers (also called metered dose inhalers) or puffers. These can be used with spacers
- ❖ Dry powder inhalers

Whichever inhaler you have, it's important that you use it correctly. This helps send the medicine straight to where it's needed, inside the airways of your lungs.

Your doctor, nurse or pharmacist will help you choose the best device for you and show you how to use it correctly.

Many aerosols contain a type of propellant called CFC's (chlorofluorocarbons). These will gradually be replaced with CFC-free propellants in the next few years.

For more information, see our CFC-free Inhalers factsheet.

## *When is a nebuliser used?*

A nebuliser is a machine, which creates a mist of medicine which is

breathed in through a mask or mouthpiece. They are most often used to give high doses of a reliever medicine in an emergency.

With so many improved inhaler devices and spacers around, there is less and less need for nebulisers. However, if you have very severe asthma, your hospital consultant may prescribe one.

## What is a spacer?

A spacer is a large plastic container, usually in two halves that click together. At one end there is a mouthpiece and at the other a hole for the aerosol inhaler to fit in.

There are several different brands of spacer, which fit inhalers and are available on prescription (including Volmatic, Nebuhaler and Aerochamber). The child's Aerochamber is not currently available on prescription.

Spacers are very important because:

- ❖ They make aerosol inhalers easier to use and more effective.
- ❖ You get more medicine into your lungs than you could using just the inhaler on its own
- ❖ They trap the medicine inside the spacer so you don't have to worry about pressing the inhaler and breathing in at exactly the same time.
- ❖ They are a convenient and compact alternative to a nebuliser. Spacers work just as well as nebulisers in acute attacks of asthma
- ❖ They help reduce the possibility of side effects from the higher doses of inhaled steroids by reducing the amount of medicine which is swallowed and absorbed into the body.

## *Handy hints on using the spacer*

- ❖ When you first get the spacer, wash it in warm soapy water, rinse and leave to dry, do not wipe.
- ❖ Only put one puff of the medicine into the spacer at a time. If

you put in more than one puff, the droplets of spray stick together and coat the sides of the spacer, so you actually get less medicine.

- ❖ Read the instructions in the box carefully to find out how to use the spacer. Ask your doctor, nurse or pharmacist to show you if you're not sure.

## *Are there any other ways I can control my asthma?*

As well as taking your preventer and reliever medicines regularly, you can help yourself by avoiding things that tend to bring on your asthma symptoms.

There are many different asthma triggers and they vary from person to person. These are some of the common triggers:

- ❖ **Colds, flu and other viral infections**  
A recent survey put chest infections as the top trigger of asthma symptoms for both adults and children.
- ❖ **House-dust mite**  
Many people with asthma are allergic to the microscopic house-dust mites found in beds, carpets, soft furnishings and soft toys. For more information, see our booklet *Dust in the Home*.
- ❖ **Cigarette Smoking**  
This significantly increases breathlessness and cough in people with asthma
- ❖ **Furry or feathery animals**  
These are a common allergic trigger of asthma symptoms.
- ❖ **Exercise**  
Exercise can make some people's asthma worse, especially on cold, dry days or after a change of weather.
- ❖ **Pollen**  
Pollen can trigger asthma attacks in some people. For further information, see our booklet *Living with Hay Fever*.

- ❖ **Air pollutants**  
These can include cigarette smoke, car fumes, paint fumes, perfumes and certain chemicals.
- ❖ **Weather**  
A sudden change in temperature, cold air, windy days and poor air quality (often on hot, humid days).
- ❖ **Mould**  
Mould spores in wet weather, damp housing, or piles of autumn leaves
- ❖ **Emotion**  
Emotional upset, stress, excitement or even a long fit of laughing.
- ❖ **Medicines**  
Some medicines including aspirin, non-steroidal anti-inflammatory tablets (eg nurofen) and beta blockers used for heart disease and glaucoma can lead to asthma attacks in a small number of people. Always tell your pharmacist that you have asthma. For more information, see our factsheet Medicines that can trigger asthma.
- ❖ **Hormones**  
Some women find their asthma varies before their periods, during pregnancy, or during the menopause. For more information see our Asthma and Women booklet
- ❖ **Food**  
Although this is rare, some people have an allergy to specific foods (eg dairy products, fish, nuts or yeast), which can bring on an asthma attack
- ❖ **Work**  
Occupational asthma mainly occurs in people who develop sensitivity to a chemical in the work place. For further information see our Asthma at Work booklet.

If you notice anything that makes your asthma worse, discuss it with your doctor. You will probably find that many different things trigger your asthma so it is unlikely you'll be able to avoid them all. However, most steps that you can take are commonsense.

Remember;

Just avoiding your triggers alone is unlikely to control your asthma. You need to take regular asthma medication as well.

## *Keeping asthma controlled*

The whole aim of managing asthma is to put you in control of your asthma, rather than letting the asthma control you. The best way of getting control of your asthma is to work in close partnership with your doctor or asthma nurse. Together, you will be able to decide whether you are getting the best treatment for your asthma.

The key to keeping your asthma under control is to continue to take your preventative medication regularly every day – even when you're feeling well. That's because it works over a period of time to give your airways the protection they need. Keep your preventer in a handy place – so that taking it becomes part of your daily routine.

## *Is my asthma mild or severe?*

Asthma can vary a great deal from being very mild, needing just an occasional puff or two of reliever to keep it under control, to more severe.

When doctors decide how best to treat your asthma, they may use a nationally agreed 'stepwise treatment plan' to help them. Each step shows what treatment is needed to control your asthma. If the treatment on one step isn't working, your doctor may recommend moving up to the next step. If your asthma is well controlled, your doctor may recommend moving down a step.

When asthma is first diagnosed, your doctor may start you on a high step to get it under control quickly and then step down.

The success of stepwise treatment relies on you reporting back to the doctor or asthma clinic to tell them how you are doing.

## *Managing adult in steps.*

**Step 1** You occasionally use a reliever (usually a blue inhaler). If you are using it more than once a day you should go onto the next step.

**Step 2** In addition to your reliever, you will now need to take regular preventer treatment (drugs that reduce the inflammation in your airways). This can be a steroid inhaler or a sodium cromoglycate-type drug.

**Step 3** In addition to your reliever, you will now need to take higher doses of the regular preventer treatment. Your doctor may also ask you to use a spacer. Alternatively, some people may be given a long lasting reliever plus of the low dose steroid preventer, instead of the higher dose steroid preventer.

**Step 4** In addition to your reliever and higher dose preventer with spacer you may also need to try other types of reliever and preventer.

**Step 5** In addition to your reliever, higher dose preventer with a spacer and one or more of the long lasting, slow acting relievers, you may be given regular steroid tablets to take every morning.

It's important that you don't move yourself up or down the steps without talking to your doctor or nurse first to agree on a self-management plan.

## *What is a self-management plan?*

One good way of managing your asthma is to use a self-management plan. The plan will show you what to do when your asthma gets worse or when your peak flow reading falls. Your doctor will prepare one especially for you.

## *What is a peak flow?*

A peak flow is a measurement of how hard you can blow air out of your lungs. You get this reading by blowing into a small plastic tube called a peak flow meter.

Most adults and children over six years of age can use a peak flow meter. The meter has a marker, which slides up the scale as you blow out. The better controlled your asthma, the harder you'll be able to blow out and the higher your peak flow scores will be.

There is no one peak flow score, which is good for everyone. Your score will vary according to your age, sex and height.

Your doctor or nurse will probably ask you to take a series of peak flow readings over a few weeks. You should take readings every morning and early evening, before you use your inhalers. Your doctor or nurse will give you a chart to plot the results and s/he will look at them to see if your levels are as high as they should be.

Measuring your peak flow is important because:

- ❖ You can tell what's going on in your airways rather than just by guessing how you feel.
- ❖ You can find out if the treatment is having the effect it should.
- ❖ You will know whether you need to change your treatment.
- ❖ It's a record of how well you've been which you can show your doctor or nurse.

### *How can I tell if my asthma is getting better or worse?*

As well as using a peak flow meter there are other ways in which you can keep a check on your asthma. If you notice any of the following, then you should see your doctor who can help to bring your asthma back under control.

- ❖ Waking at night with coughing, wheezing, shortness of breath or a tight chest
- ❖ Increased shortness of breath on waking up in the morning
- ❖ Needing more and more reliever treatment or reliever doesn't seem to be working well.
- ❖ Can't keep up with your usual level of activity or exercise.

## *What to do in an asthma attack*

Sometimes, no matter how careful you are taking medicine and avoid triggers, you may have an asthma attack. Quite often, a couple of puffs of reliever are all that is needed to get your asthma under control again. At other times symptoms are more severe and more urgent action is needed.

Always discuss what to do in an asthma attack with your doctor or practice nurse.

- 1 Take two puffs of your reliever straight away, preferably using a spacer
- 2 Keep calm and try to relax as much as your breathing will let you  
Sit down, don't lie down  
Rest your hands on your knees to help support yourself  
Try to slow your breathing down, as this will make you less exhausted
- 3 Wait 5-10 minutes
- 4 If the symptoms disappear, you should be able to go back to whatever you were doing, bearing in mind to review the reason why this attack occurred.
- 5 If the reliever has no effect, call the doctor or ambulance
- 6 Keep taking your reliever inhaler every few minutes until the ambulance arrives
- 7 Take your steroid tablets, if your doctor has written them into your self-management plan.

Do not be afraid of causing a fuss, even at night.

## **Your questions answered**

### *Will I grow out of asthma?*

It is impossible to decide whether any one person is likely to 'grow out of' asthma symptoms. Research has shown that only about one in three children with asthma lose their asthma, as they grow older.

# ASTHMA - Taking Control



Some children do find their asthma gets better during the teenage years, but it can come back in later life.

## *Can you die from asthma?*

Deaths from asthma do occur, but they are extremely rare. In the last ten years, the number of deaths from asthma has decreased. Better treatments for asthma and better understanding of the condition now mean that you shouldn't need to worry about your asthma getting out of control.

## *Will my asthma get worse as I get older?*

Not necessarily. In fact, asthma can get better during adult life. Being realistic we should accept that asthma is often a long-term condition, but it is not necessarily one that will get worse. If you take your preventer treatments regularly, this will improve your long-term chances of controlling your asthma.

## *Is there a cure for asthma?*

Unfortunately not. One thing is certain though: the outlook for asthma research has never looked so good. Researchers are tackling asthma from many different directions, indoor and outdoor pollution, allergies, gene therapy, cell biology and chemical structures, to name just a few. The results of their work will help us understand much more about how and why this common condition develops. New asthma medicines are coming onto the market all the time, which are leading to an even better quality of life for people with asthma.

## *What causes asthma?*

It is difficult to say for sure. Asthma, like its related allergic conditions eczema and hay fever, often runs in families and may be inherited. There are probably a number of other environmental factors that contribute to someone developing asthma – many aspects of modern lifestyles, such as housing and diet, might be responsible. We also know that smoking during pregnancy increases the chance of a child developing asthma. Outdoor air pollution has not been proven to cause asthma although it can make the symptoms of asthma worse.

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For further information on asthma visit our Website at:  
**[www.asthmasociety.ie](http://www.asthmasociety.ie)**

Or phone our Asthma Line at 1850 44 54 64 for 24 hour pre – recorded information.

Or phone our Asthma Liveline to speak to an Asthma Nurse Specialist on 01 8788122. Monday and Wednesday: 9.30 – 1.00 and Thursday: 9.30 – 5.30. (Times may vary – please contact our main office if you experience any difficulty.)

***The Asthma Society is primarily an information service which aims to enhance and augment the information provided by your GP, asthma nurse and chemist.***



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