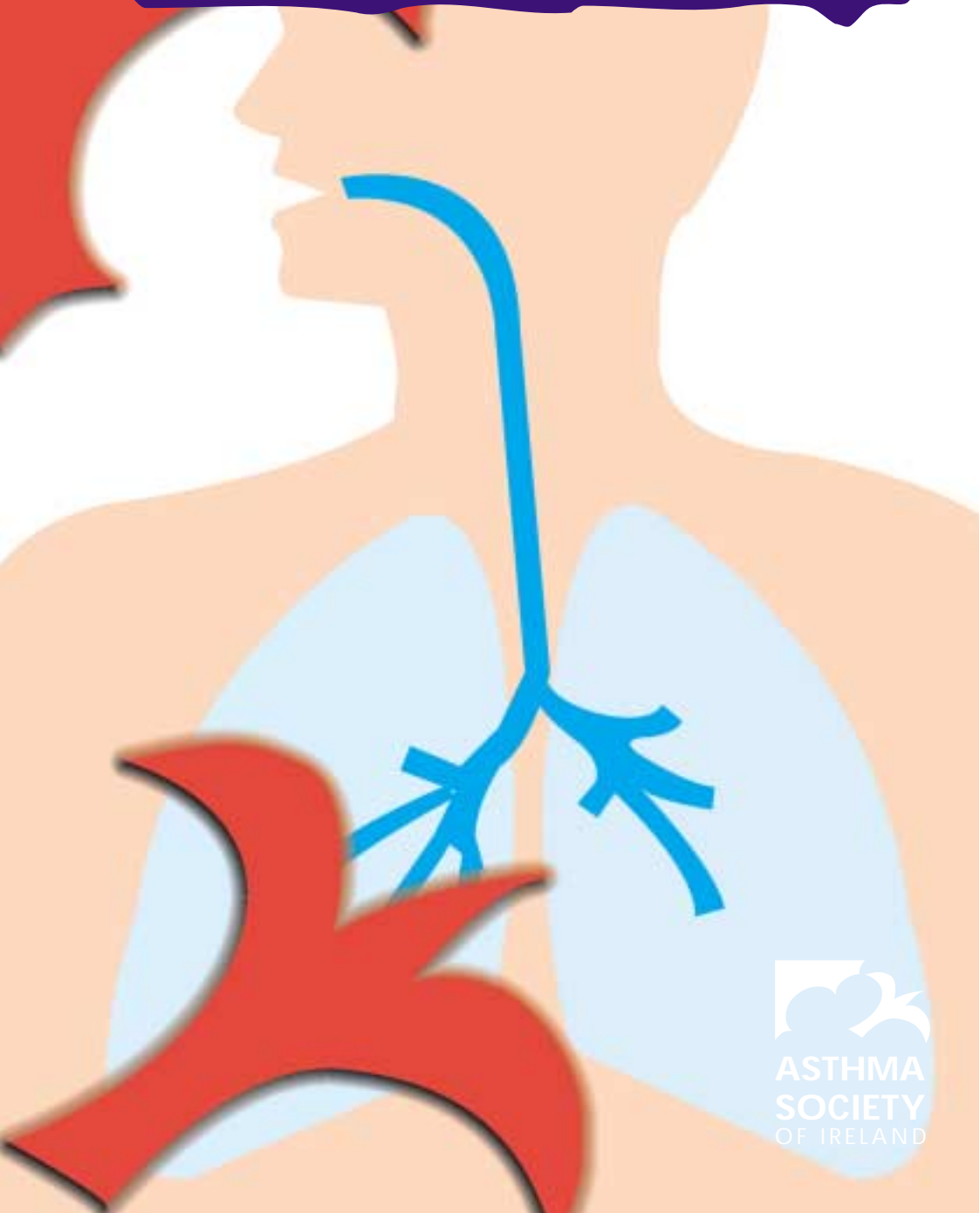


# ASTHMA - *What is it?*



ASTHMA  
SOCIETY  
OF IRELAND

## WHAT IS ASTHMA?

Have you been told that you (or your child) have asthma? Perhaps you suspect you have it? This booklet aims to tell you about asthma, what to do next.

Remember:

- ❖ Good treatment for asthma is available.
- ❖ Most people with asthma live life normally.

## Is it Asthma?

The usual complaints of someone with asthma are: difficulty in breathing, a tight feeling in the chest, wheezing (a whistling noise in the chest) and a cough. These may occur in episodes, perhaps brought on by colds, exercise, change of temperature, dust or other irritants in the air, or by an allergy e.g. pollen or animals. (See the booklet "Triggers in Asthma" for further details.) Episodes at night are common. A few people have these complaints all the time. You need to see your doctor, who will check that there is not some other explanation. By examining your chest, doing breathing tests and listening to your description, the doctor can usually decide if you have asthma and can prescribe some suitable treatment.

## Why me?

Anyone can get asthma. It is very common in Ireland, where over 274,000 adults and children have asthma. It can start at any time of life, although it most often begins in childhood. In fact, as many as one quarter of all children will wheeze at some time. Sometimes it affects several family members e.g. if you have parents or brothers and sisters with asthma you are more likely to get it yourself. Conditions like hay-fever, eczema, or hives, which are usually the result of allergy, may occur along with asthma. Having these makes it more likely that you might get asthma too. But asthma can affect anyone.

# ASTHMA - What is it?

## Where the trouble lies.

For air to get deep into the lungs, it needs to travel through a series of branching tubes. It is in these tubes that trouble can occur.

## What goes wrong?

In asthma, the breathing tubes become over-sensitive and react to things that would normally cause no problem, such as cold air or dust. Muscle around the wall of the tube tightens up, making it narrow. The lining of the breathing tube gets swollen (just like your nose during a cold) and sticky mucus is produced, clogging up the breathing passages. With the tubes narrowed like this, you can see why it becomes difficult for air to move in and out and why the chest has to work so much. Tightening of muscle around the breathing tubes can happen quickly and is the most common cause of mild asthma. It can be relieved quickly too, with the right inhaler. The swelling and mucus happen more slowly and need different treatment. They take longer to clear up and are a particular problem in serious episodes of asthma.

## Can you measure asthma?

Yes. Using a small device that you blow into – a Peak Flow Meter – you can measure how open or narrow your breathing tubes are. The measurement can guide you in treating yourself and help you decide when to get help. (For more details see the factsheet "Peak Flow Measurement", available from the Asthma Society.

## Isn't it all in the mind really?

NO. It is very very rare for asthma to be caused by psychological reasons. Lots of people, however do find their asthma is worse if they are worried, anxious, or under stress. Perhaps that's not too surprising.

## Treatment

We don't yet know how to cure asthma but we can control it pretty well.

The aims of treatment are:

- ❖ To make the lungs and breathing tubes as normal as possible.
- ❖ To stay free of symptoms.
- ❖ To have as little interruption to ordinary life as possible.

Most of the time these aims can be reached. It is exceptional for asthma not being kept under good control. There are also common sense things you can do, such as keeping fit, not smoking and (where possible) avoiding the things that trigger asthma. Then it is a matter of finding the right medication.

## Asthma Medicines

*To prevent or reduce asthma episodes* requires regular treatment. The medicine used soothes the breathing tubes and makes them less irritable. Inhaled preventer medicines used regularly (even when you feel well) can make a huge difference to the amount of asthma you have.

*To treat episodes of wheeze* when they happen, you can use a *reliever* medicine ("Bronchodilator"), which *relaxes* the breathing tubes' tight muscle. The quickest and most convenient way to take it is through an inhaler – taking a puff of it when you need to. Tablets or liquid forms of reliever medicines are also available, but these are slower to work.

## Treating worse episodes and severe attacks

If asthma becomes bad despite your usual treatment, something extra will be needed. It may mean increasing your inhalers, or taking a course of steroid tablets, or maybe having an injection from the doctor.

You need to know:

- ❖ What to do.
- ❖ Who to call.
- ❖ Where to go.

## Can I manage without taking medicines?

People do try other ways – e.g. homeopathy, acupuncture, special diets, massage, faith healing, "traditional" medicines and so on. These approaches have not been tested in the strict scientific way that conventional medicine has, either for how good they are at fixing asthma or for their ill effects. However, some people may find one or other medicines to be helpful and they usually do no harm. If you do explore alternatives, it's a good idea to make sure you have a supply of proven treatment to fall back on if things go wrong.

## Will it go away or get worse?

A lot of children seem to lose asthma by their teens. In adults it tends to remain. It's hard to say for any one person what the future holds, but asthma is not bound to get worse, by any means. In some people it may become more troublesome, but this is not the usual pattern.

However, SMOKING is very likely to make asthma worse with time.

## Is it dangerous?

For most people, asthma is a nuisance only. But some get severe attacks and, sadly, a few people do die of asthma. The Asthma Society strongly believes that most people with asthma can control their condition well, and can be in a good position to avoid/deal with serious attacks if these occur.

## REMEMBER:

To keep your asthma under control:

- ❖ Try to AVOID what gives you asthma
- ❖ Do NOT smoke
- ❖ Keep FIT
- ❖ USE a Peak Flow Meter
- ❖ TAKE inhalers/medicines as agreed with your doctor. It is especially important to take the preventer inhaler regularly, even when you are well, because the preventer keeps you well.
- ❖ KNOW what to do if your asthma worsens.

# **ASTHMA - *What is it?***



## **Other leaflets available in this series including:**

- Asthma Beyond Fifty**
- Asthma in Children**
- Asthma and Exercise**
- Asthma and Holidays**
- Asthma and Medicines**
- Asthma – Nebulisers**
- Asthma and Pregnancy**
- Asthma and School**
- Asthma Society of Ireland**
- Asthma – The Triggers**
- Asthma and Women**
- Asthma and Work**
- Asthma – Taking Control**
- Asthma and Steroids**

**These leaflets are being added to and updated on a regular basis.  
For further information contact our office**

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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, Wednesday and Thursday mornings: 9.30 am to 1.00 pm. ( Times may vary – please contact our office – *see contact details below* – 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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