ASTHMA AND WOMEN

This booklet describes how the various bodily changes that take place throughout a woman's life can affect her asthma. It offers advice on how to cope with asthma during puberty, pregnancy and the menopause. It also explains how the menstrual cycle can affect some women's asthma.

Asthma in Puberty:

Throughout childhood, asthma is generally more common in boys than in girls. This trend reverses during puberty when more girls develop asthma for the first time. Although we don’t know exactly why this happens, it may be that hormones play a part. Hormonal changes certainly affect asthma in adolescent girls. Some girls find their asthma is worse around the time their period starts for the first time. However, other factors such as the pressures of starting a new school and emotional stress need to be taken into account as well. Symptoms usually settle down once their menstrual cycle becomes established. However, some women may find that their asthma worsens before their period.

Asthma and the menstrual cycle:

Could my periods affect my asthma?

If you have noticed that your asthma is harder to control at certain times of the month, you are not alone. Studies have shown that around one third of women think their symptoms are worse just before or during menstruation. This link seems to be stronger in women with severe asthma.

What can I do?

❖ Keep a peak flow diary to help you see if your periods are affecting your asthma.
If over a few months, you notice your asthma consistently gets worse before your period, go to see your doctor or practice nurse. They may advise you to take extra preventer treatment during the week before your period.

Some women who experience very severe asthma attacks pre-menstrual may benefit from progesterone hormone therapy given either as a tablet or by injection. Your doctor will be able to advise if this is appropriate for you.

Aspirin and similar drugs (non-steroidal anti-inflammatory tablets, e.g. Nurofen, ibuprofen and Ponstan) used for period pain may induce an asthma attack in some people. Paracetemol is usually safe. If you take regular medication for period pain check with your doctor.

**Will taking the pill affect my asthma?**

No. Your asthma treatment is just as effective when you are taking the pill. As with all women taking the pill, it is best if you do not smoke and have your blood pressure checked regularly.

**Asthma during pregnancy:**

So many hormonal changes take place during pregnancy, that it is hardly surprising many women report changes in their asthma too. For most women with asthma, there is every chance that their pregnancy will be trouble-free. But many women do have concerns at this important time in their lives. Here are the answers to some common questions about asthma in pregnancy.

**Will my asthma get worse during pregnancy?**

Like pregnancy itself, asthma varies enormously from woman to woman. Around one third of women find their asthma symptoms improve in pregnancy, one third stay the same and one third find their asthma gets worse. If your asthma gets worse, you may need to increase your medication.
Can my asthma treatment harm my baby?

No. Your baby will do best if you are breathing well and easily, so it is important that your asthma is well controlled. Most asthma medicines are inhaled. These are entirely safe for your baby.

The two types of asthma treatment and their effects:

Relievers

❖ Relievers help prevent breathing difficulties when they happen. Relievers (e.g. Ventolin, Bricanyl) are perfectly safe to use during pregnancy.

Preventers

❖ Preventers help protect the airways. They reduce the possibility of asthmatic symptoms.

❖ Preventers usually contain an inhaled steroid. Many people worry about the effects of steroids. Inhaled steroids (e.g. Becotide, Flixotide, and Pulmicort) go straight to the airways where they are needed, so very little is absorbed into the bloodstream. This means the medicine is highly unlikely to reach the baby. If high doses of inhaled steroids are used, it is sensible to use a spacer device to reduce the risk of absorption.

Steroid Tablets

❖ In rare cases more severe asthma in pregnancy needs treating with steroid tablets. Short courses for 1-2 weeks can do no harm to your baby.

❖ A very small minority of people with severe asthma need to take steroid tablets for a longer period. Using steroid tablets for long periods of time or repeatedly during pregnancy can increase the risk of your baby being born underweight. In severe long-term asthma you and your doctor will have weighed up the risks against the benefits of using steroid tablets to control your asthma.
Other Medicines:

❖ Chest infections may occasionally need to be treated with antibiotics. Commonly used antibiotics, such as amoxycillin, are safe. Others, such as tetracycline, are not used in pregnancy.

❖ If you are worried, discuss your treatment with your doctor or practice nurse.

Can I smoke during pregnancy?

If you want to give your baby the best start in life, neither you nor your partner should smoke.

Women who smoke during pregnancy:

❖ Are more likely to have babies who have breathing problems, including asthma.

❖ Are more likely to have a miscarriage.

❖ Are more likely to go into premature labour.

❖ Are more likely to have babies who weigh less.

Getting help to quit smoking:

Most people find it difficult to give up smoking. There are no promises that it will be easy. But do keep trying. If you can give up, you will notice huge benefits to your health in just a few weeks. You will also be helping your baby. Children who grow up in smoking households are more likely to develop asthma and have chest problems as they grow.

What if I have an asthma attack when I am in labour?

It is unusual for asthma to cause problems in labour. When you are in labour your body produces extra steroid hormones (cortisone and adrenaline) which help to prevent attacks.

❖ If you do find yourself getting wheezy during labour, use you reliever inhaler as normal. It will not harm the baby in any way.
Talk to your doctor or midwife beforehand about drawing up a birth plan. This will take your asthma into account and can help to reduce any fears you may have about giving birth.

**What about other complications during labour?**

There are a number of different ways to control pain during labour, including epidurals, all of which are safe for women with asthma. If you need to have an operation, it will not cause problems providing the anaesthetist knows that you have asthma.

**Caring for your baby:**

**Should I change my diet during pregnancy?**

During pregnancy it is important to have a healthy, balanced diet with plenty of fruit and vegetables. This will help make sure that your baby gets all the nutrition s/he needs.

- There is no convincing evidence that avoiding any foods during pregnancy will help prevent your baby from developing asthma.
- There is evidence that allergy to peanuts may develop in the womb. Current Government advice is that if anyone in the immediate family had an allergic condition such as asthma, hay fever or eczema, the mother should avoid eating peanuts and food containing peanut products during pregnancy and while breast feeding.

**Should I breast-feed my baby?**

- Some, but not all, studies have shown that breast-feeding in the first few months of life may reduce the chance of your baby developing allergic conditions, including asthma.
- Breast-feeding also reduces the risk of babies developing intestinal illnesses and other infections.
Will my asthma treatment interfere with breast-feeding?

❖ Your inhaled asthma medication will not affect your baby when you breast-feed. Usual doses of inhaled steroids do not enter the bloodstream, so they won’t be found in breast milk.

❖ Steroid tablets can sometimes be present in very small quantities in breast milk. However, there is too little to have any harmful effect on your baby.

❖ Medication prescribed for asthma does not affect your ability to produce breast milk.

What if I don’t breast-feed?

If you decide to bottle-feed your baby you should talk to your doctor or practice nurse about the best milk formula to use.

What food should I give my baby?

The possibility of developing food allergy appears to be less likely if certain foods are introduced into the baby’s diet later rather than sooner. Department of Health guidelines suggest that babies should be breast-fed or bottle-fed until they are at least four months old, and that other foods should be introduced as follows:

❖ At 4-6 months:
Vegetables, fruit other than citrus fruit, rice, meat, chicken and pulses (E.g. Lentils).

❖ At 6-12 months:
Foods containing wheat (e.g. pasta, bread, and biscuits) fish eggs, yoghurt, cheese and citrus fruit.

❖ Over 12 months:
Ordinary cow’s milk.

❖ If members of the family have allergies, peanuts and foods containing peanuts should ideally not be included in the diet until a child is three years old
Will my baby inherit my asthma?

This is one of the main concerns of many women with asthma. Like other allergic conditions, such as hay fever and eczema, asthma often runs in the family. The chance of a child developing asthma is higher if both parents have asthma. If only the mother has asthma, the chances of the child developing asthma are higher than if only the father has asthma.

❖ Research funded by the National Asthma Campaign in UK is suggesting that reducing exposure to allergens such as house dust mite and furry pets (e.g. cats and dogs) during pregnancy and the first year of the baby’s life might reduce the risk of your baby developing asthma.

❖ Studies have also shown that children of parents who do not smoke are less likely to develop asthma and wheezing in infancy.

Asthma in the menopause:

Menopause is a natural process. It marks the point at which the balance of hormones in a woman's body changes. You may find that, as at other times of hormonal fluctuation, your asthma becomes troublesome. It is important to keep an eye on your asthma at such times and discuss any problems you have with your doctor or asthma nurse.

Is there a link between asthma and osteoporosis?

Osteoporosis, or brittle bones, is one of the major health concerns for older women. This bone-thinning disease affects one in three women after they reach the menopause. However, for some women with asthma, the chances of suffering from osteoporosis are slightly higher than average. Studies have shown that taking steroid tablets continually or high doses of inhaled steroids for a number of years may increase the risk of osteoporosis. You can reduce the risk of side effects from inhaled steroids by:

❖ Using a spacer to take your inhaled steroid medication.
Rinsing your mouth out after taking your steroid inhaler.

How can I prevent osteoporosis?

Here are steps you can take to make sure your bones stay healthy:

- Make sure your diet contains plenty of calcium-rich foods such as yoghurts, cheese, bread and milk.
- Take regular weight-bearing exercise such as running, light weight-training or walking.
- Stop smoking. Smoking can bring on a premature menopause. Smokers are also more at risk of fractures as their bone mineral density is lower than non-smokers.
- Drink only moderate amounts of alcohol. As well as taking the above steps, you may take hormone replacement therapy (HRT). One of the main jobs of HRT is to slow down bone loss in women. It may even reverse some of the bone changes of osteoporosis. If you and your doctor decide that HRT is not appropriate, ask about other treatments using bisphosphonates, which may reduce the risk of bone thinning.

Is HRT safe for women with asthma?

Recently, an American study caused alarm by suggesting that women taking HRT are more likely to develop asthma. The researchers found a link between the increased levels of the female hormone oestrogen from HRT and the incidence of asthma. But this research is not considered to be conclusive. Most medical experts agree that the health benefits of taking HRT far outweigh the possible risks. Don’t be afraid of taking HRT if your doctor prescribes it. If you already have asthma, your doctor will consider your asthma medication when s/he decides whether or not to prescribe HRT.
Your questions answered:

**Will the steroids I take for my asthma make me put on weight?**

Steroid treatment is an essential part of asthma management. For most people, a regular dose of a steroid inhaler is all that is needed to keep their asthma under control. This contains a very low dose of steroid and it won’t make you put on weight. Steroid tablets are sometimes prescribed if your asthma gets more severe. They contain a higher dose of steroid than your inhaler. Steroid tablets themselves won’t make you put on weight. However, they can make you feel hungry and, of course, if you eat more than usual you’ll start to put on the pounds. Stick to your usual eating habits, take regular exercise, and you should be fine.

**Will complementary medicine help my asthma?**

Many people find that complementary therapies – for example, yoga, acupuncture and homeopathy – do 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.

**Should I eat a special diet if I have asthma?**

You should not need to follow a special diet if you have asthma. Whether or not asthma is related to food allergy is a controversial issue. Some experts say that there is no proven link between asthma and food allergy, others disagree. The foods that may possibly cause a problem are: cows milk, nuts, shellfish, fish and yeast products. If you think you have a food allergy, consult your doctor. S/he may ask you to keep a diary of your diet and your symptoms to see if there is a consistent relationship between the two.
**Will my asthma interfere with my sex life?**

There is no reason why people with asthma shouldn’t have a completely normal and healthy sex life. Sex can be a strenuous physical activity, so you should approach it as you would any other form of exercise. Take a puff or two of your reliever inhaler beforehand. Barrier covers on pillows and bedding will also prevent the house dust mite allergen from irritating your airways.
Acknowledgements:

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For further information on asthma visit our Website at: 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 Friday: 9.30 – 1.00 and Thursday: 9.30 – 5.30. (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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