

# Take Control of your Asthma!



[www.asthmasociety.ie](http://www.asthmasociety.ie)





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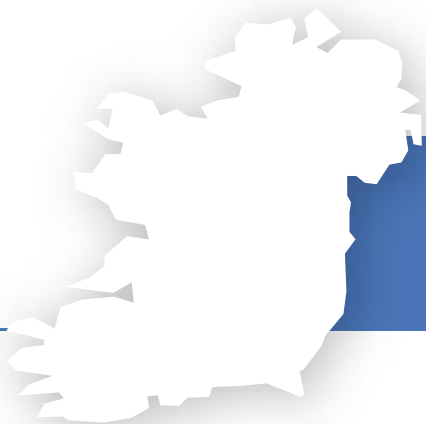
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# INTRODUCTION

Prompted and inspired by the questions raised on the Asthma Adviceline this booklet is an attempt to collate information that will help you to understand the basics/fundamentals of asthma. This will enable you to manage your condition, reduce the problems it produces for you and to lead a life which is not restricted by it.

If you have any further questions about asthma after reading this booklet you can call the Asthma Adviceline on 1850 44 54 64 or visit our website at [www.asthmasociety.ie](http://www.asthmasociety.ie).



**1 in 10 adults and  
1 in 5 children  
in Ireland have asthma.**



# 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?

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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. 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?

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Anyone can get asthma. It is very common in Ireland, where over 470,000 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 have it yourself. Conditions like hay-fever, eczema, or hives, which are usually the result of allergy, may occur along with asthma.

## WHERE THE TROUBLE LIES

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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?

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In asthma, the airways 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 airways 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 airways can happen quickly and is the most common cause of mild asthma. It can be relieved quickly too, with the right inhaler. However, 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.

## DIAGNOSING ASTHMA?

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Before any treatment starts it is important that your doctor confirms the diagnosis of asthma. The following tests may be performed by your doctor to confirm the correct diagnosis.

- Peak flow measurements taken

over a period of time, both when you have symptoms and when you are symptom free

- Reversibility tests that measure peak flow recordings before and after a dose of reliever to see if it has improved your lung capacity, or before and after two to three weeks' treatment with inhaled steroids or steroid tablets, or other treatment
- An exercise test to check if exercise worsens your symptoms.

### Your doctor will also ask you:

How long have you had asthma like symptoms, the frequency of them and how they affect your quality of life, and then the appropriate treatment and advice about how to control your symptoms will be given.

The process of diagnosis and getting the correct level of treatment may involve several visits to your doctor. This is so that your symptoms can be reviewed; your doctor can observe if the medication is effective, check your inhaler technique and advise you on how to improve control of your symptoms. However, if your symptoms persist after a trial of treatment it is important to return

to your doctor and make certain that the diagnosis of asthma is the correct one.

## TRIGGERS IN ASTHMA

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Most people can think of several things that make their asthma worse. These we call triggers.

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. Everyone's asthma is different and you will probably have several triggers.

It can be difficult to identify exactly what triggers your asthma. Triggers usually show themselves straight away but sometimes develop over 4-6 hours or longer.

### The common triggers are:

- Colds and flu
- Cigarette smoking
- Exercise and activity
- Allergies
- Weather changes
- Air pollutants
- Occupations
- Food and drink
- Emotions
- Hormones

Often it's not just one trigger that sets off an episode of asthma but a mixture of several triggers at about the same time.

### Colds and Flu

Colds, flu, along with throat and nose infections, can bring on asthma episodes. The first signs are usually a blocked or runny nose or a sore throat.

You cannot stop yourself catching these infections so deal with them as soon as they appear.

Flu and pneumonia vaccinations are recommended for everyone over the age of 65 and those who have severe asthma symptoms. Ask your doctor or nurse about getting your flu jab each year.

### Cigarette smoking

At least 75% of people with asthma become wheezy in a smoky room. It has been shown that children with asthma whose parents smoke have more asthma episodes than children whose parents don't smoke.

- If you smoke or are exposed to passive smoke you increase the risk of asthma attack and may permanently damage your airways

- If you smoke as a teenager you increase the risk of your asthma persisting
- You put your children at risk of asthma if you smoke around them or during pregnancy
- You also increase the risk of developing Chronic Pulmonary Disease (COPD). COPD is a term used to describe any one of a combination of chronic bronchitis, emphysema and chronic asthma.

## Exercise and Activity

Wheezing, tightness of the chest or coughing during or after exercise or activity shows that this is a trigger of your asthma. However, it's better to control your asthma than to avoid exercise.

If your asthma symptoms worsen during or after exercise it could be a sign that your asthma is poorly controlled.

### What to do:

- Make sure you do warm-up exercises, for example some stretching exercises followed by running or skipping on the spot to build up fitness
- Take your usual dose of reliever inhaler about 5 to 10 minutes before you start exercise or any strenuous activity
- If you get wheezy when you exercise stop, rest, and take extra reliever medicine. Make sure you have recovered before you start exercising again
- If you frequently experience symptoms when exercising inform your doctor or nurse.

### What are the best types of exercise for people with asthma?

If your asthma is under control you should be able to do any sport or exercise that you enjoy. However, you might like to try the following:

- Yoga (helps to relax the body and improve your breathing technique)
- Fitness classes involving short periods of aerobic exercise
- Swimming (however, chemicals used in pools may be a trigger for some people).

Some sports and activities, for example, scuba diving, climbing, hiking or skiing at high altitudes, can cause problems for some people with asthma. Speak to your doctor if you are thinking about

doing any of these activities.

People involved in competitive sport should ensure that their medication complies with the current regulations of their sporting bodies. For further information please see our Factsheet on Asthma & Exercise.

## Allergies

Some people are particularly sensitive to certain things they come into contact with every day. These are “allergens” and they are important in hay fever and eczema as well as asthma. Hay fever causes itching, a runny nose and sneezing. Eczema causes redness and itching of the skin.

### **The most common causes of allergies are:**

- House dust mites
- Pets
- Pollens
- Moulds and Fungal Spores

For further information please see our Factsheet on Asthma & Allergic Rhinitis

## House dust mites

House dust mites are too tiny to see. They eat the flakes of skin we constantly shed. We all have them and it does not mean that our homes are dirty. They are present in furniture and carpets and especially in our beds. We breathe in their waste products and it is these that our airways are allergic to. Signs of allergy to dust mites include wheezing when you are vacuuming or dusting; when you enter a dusty room or house; asthma symptoms during the night or first thing in the morning.

### **What to do:**

- Use complete barrier covering systems on your mattress, duvet and pillow.
- Remove all carpets and replace with hard flooring
- Vacuum all areas frequently. Use a vacuum cleaner that has good suction and a filtered exhaust that does not scatter dust. Damp dust all surfaces or use an attachment on your vacuum cleaner
- Keep soft toys to a minimum and wash at 60° C on a weekly or fortnightly basis.
- Hot wash (at 60°C) sheets, duvet

covers and pillowcases once a week. Although some people are allergic to feathers there is no conclusive evidence to show that synthetic, ‘hypo-allergenic’ pillows are any better

- Clean your soft furnishings with anti house-dust mite chemicals. (Use with caution, as these can cause asthma symptoms for some people)
- A dehumidifier may be used to dry the air, as this makes it more difficult for the house-dust mites to survive
- Ask someone else to vacuum while you stay out of the room.

If your symptoms do not improve, there is no point in continuing with these measures.

## Pets

Cats are the second major source of indoor allergen. A high proportion of Irish families keep cats and the allergens they produce tend to stay in the house for long periods. They are not a good choice of pet for families who have members with allergies. Other pets do not seem to produce such potent allergens, but dogs, rabbits, guinea pigs, hamsters and mice can cause problems in some people.

## What to do:

- Try to find a new home for your pet, alternatively, never allow pets into the bedroom and if possible, keep them outside
- If you are visiting friends or family who have furry animals take extra medication beforehand or, if possible, ask them to visit you. People will understand if you explain why.

## Pollens

Pollens can come from grasses, trees and shrubs. Privet has received publicity as a trigger for asthma but not everyone with asthma is sensitive to it. Grasses and weeds are so widespread and have such a long season that they are the major pollen problem in Ireland. Most grasses and weeds have two to six month seasons.

## What to do:

- If pollen triggers your asthma it is important to review your treatment with your doctor or nurse in advance of the hay fever season
- Look out for pollen forecasts on the television, in newspapers and on our website [www.asthmasociety.ie](http://www.asthmasociety.ie). If high counts

are forecast in your region, try to reduce time spent outside.

### **Moulds and Fungal Spores**

Moulds release tiny seeds called spores into the air, which can trigger asthma symptoms in some people. Mould spores are found in any damp place – from piles of autumn leaves and woody areas to bathrooms, kitchens and even piles of damp clothes.

#### **What to do:**

- Ensure the house is well ventilated
- Remove mould or mildew from walls, shower curtains etc. with a fungicide
- Air clothes and wardrobes regularly
- Avoid contact with spores from rotting vegetation e.g. compost, leafmould
- Mowing the lawn may disturb pollen and spores
- If you are considering air conditioning for your house, investigate before you buy, it can be expensive and not all types are suitable
- Vacuum filters need to be effective against the extremely

small pollen and fungal spores. (The type of filter required is a HEPA. This is a type not a brand name).

### **Weather Changes**

Often changes of weather (rather than a particular temperature) can trigger asthma. The arrival of spring and autumn seem to be trigger times. Asthma can be troublesome in winter but more usually because of colds and flu rather than the season itself.

#### **What to do:**

- Take your usual dose of reliever inhaler before going out on cold, dry days
- If it is cold and windy, wear a scarf over your face to help to warm up the air before you breathe in
- Try to avoid going out in the middle of the day on hot, smoggy days.

### **Air Pollutants**

Triggers in the air include not only factory smoke and car exhaust fumes but also cigarette smoke, fly sprays, strong perfumes and aerosol cleaning sprays. Some building materials and home

furnishings may give off fumes that might make asthma worse.

### **What to do:**

- Try to find what the trigger is.
- If exhaust fumes are a problem, carry a reliever inhaler in your car.
- Keep well informed about air quality if pollution triggers your asthma.
- Ozone can be a problem for some people, and levels are likely to be higher on hot sunny days. Avoid being outdoors especially in the afternoon if you feel that this may be a trigger for you.
- For home improvement materials seek specialist advice.
- Ensure that your home is well ventilated so that fumes do not accumulate.
- Get heating systems serviced regularly.

### **Occupations**

If you have developed asthma as an adult, it may have been caused by something at work. Occupational asthma can sometimes take weeks, months or years to develop. Look out for the following signs:

- Your symptoms worsening during the week, at work or after work
- Your sleep being disrupted because of increased symptoms during the week
- Your symptoms improving when you are not at work (for example when you are on holiday).

### **The major triggers of asthma at work include:**

- Chemicals (isocyanates) found in spray-paint, foam moulding, adhesives, and foundry cores and surface coatings
- Dust from flour and grain
- Wood dust (particularly hard wood and red cedar wood dust)
- Colophony (fumes from glues, soldering and floor cleaners)
- Dust from insects, animals and their waste products
- Latex
- Stress
- Tobacco smoke.

If you notice anything that makes your asthma worse, discuss it with your doctor and with the Health and Safety Officer in your workplace. Taking action to reduce these triggers, and making your

employer aware that your asthma is affected is vital. It is also important that you are referred to an occupational asthma specialist to confirm the diagnosis.

## Food and Drink

Most people with asthma do not have to follow a special diet. In some cases certain foods can make symptoms worse. The foods most commonly associated with food allergy are cow's milk, wheat, seafood, shellfish, eggs, soybeans and peanuts. These can also cause your face, tongue and mouth to swell. **Milk allergy affecting asthma occurs in probably one out of 50 children under the age of two.** In older children and adults it is less frequent, about one in 500 people. Often it is not the food or drink as much as the substances or additives in them e.g. preservatives and colouring.

### What to do:

- If you have an immediate reaction to a certain food, avoid it in future
- Check labels on all tinned and packaged food to make sure they are free from the substances you are allergic to
- If you want to try an additive-

free diet, contact the Asthma Society for a list of commonly used additives

- If you wish to take something out of your child's diet, discuss it first with your doctor as it may be important and necessary for healthy growth
- Some people with asthma are very intolerant of foods containing salicylates, which is the main chemical in aspirin. Tomatoes, cucumbers and several fruits, especially kiwi fruit, contain salicylates
- Do not stop dairy products for children under 14 without first consulting a doctor.

## Emotions

At times people become worried, up-tight or stressed as well as being excited or happy. What is of concern for people with asthma are the extremes of these emotions, or when one upsetting emotion is long-term. The part your emotions play in your asthma can be difficult to pinpoint. If you are aware that your feelings aren't well-balanced then they may be making your asthma worse. There are skilled people to help you, your doctor may be able to assist or refer you on.

Furthermore ongoing monitoring of your condition as well as taking your medication regularly should help to minimise your symptoms

## Hormones

Some women find their asthma can be affected around puberty, before their periods, during pregnancy and during the menopause. If your asthma gets worse, see your doctor so that you can discuss any changes in medicine that may help to improve your symptoms.

## Sex

If you are concerned about your asthma symptoms becoming worse during sex, you can control your symptoms as you would with any other form of exercise. Take your usual dose of reliever inhaler beforehand.

## Pregnancy and breast-feeding

Many women find their asthma symptoms can get worse or better during pregnancy, so you may need to alter your medicine. Speak to your doctor, nurse or midwife about how you can keep your symptoms under control during pregnancy and labour. Your asthma treatments are safe to continue taking during your pregnancy and during breast-feeding.

## Summary

Every person with asthma has different triggers. Identifying them is not always easy but it is well worthwhile trying. Using a peak flow meter (see page 27) or recording symptoms when your asthma gets worse will help you find out your triggers. Pay particular attention to your triggers when your asthma is troublesome, as you will react more to them at this time. Make a list of your possible triggers and take this list next time you visit your doctor and discuss all that can be done to avoid or deal with them.



# Asthma treatments and how to take them





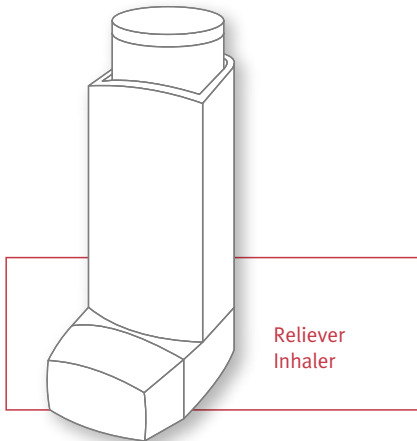
470,000 people in Ireland have asthma and the majority of these do not have their symptoms under control.

Ensure you take medication properly, particularly preventer medication.

**EVERYONE WITH ASTHMA SHOULD HAVE A RELIEVER.**

## RELIEVERS

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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 (e.g. 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.

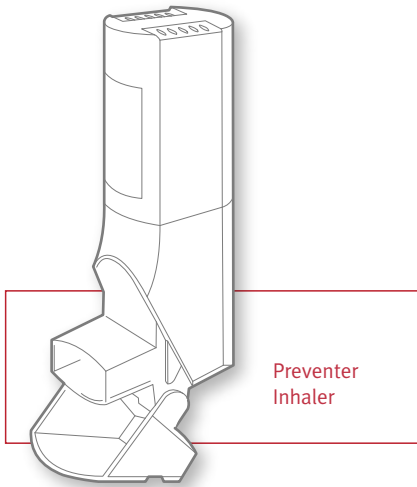
Ipratropium bromide (Atrovent) is a different type of reliever and is most commonly used by children under two or in older people. Atrovent takes around 45 minutes to work.

## 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.

## PREVENTERS

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Preventers control the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks. Their effects build

up over a period of time so they need to be taken every day, usually morning and evening, **even when you are feeling well.**

You will be started on an appropriate level of treatment to get your symptoms under control; once this has been achieved the treatment will be reduced to the lowest possible dose.

Preventer inhalers usually contain a steroid medication. There are several kinds of inhaled steroids, but they all work in the same way.

## OTHER TREATMENTS AND 'ADD-ON THERAPIES'

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If your asthma is not well controlled by using your preventer medicine regularly, you should go and see your doctor. Before increasing the dose of your preventer, your doctor may suggest other treatments or 'add-on therapies' to help you.

The first 'add-on therapy' to be tried is usually a long acting reliever. This is in addition to your steroid preventer. Long-acting relievers go on working for a longer time than normal relievers and are usually taken twice a day to have an effect.

If asthma treatment remains suboptimal after the addition of an inhaler long acting reliever, the dose of inhaled steroids may be increased.

If control is still inadequate a leukotriene receptor antagonist may be prescribed which blocks the action of naturally occurring chemicals in the lungs called leukotrienes, which can lead to inflammation in both upper and lower airways or a theophylline may be prescribed by your doctor.

- Before changing any medicines or offering you new ones, your doctor or nurse should speak to you about how you take your medicines and whether you are taking the prescribed dose
- If you are taking an ‘add-on therapy’ that is not helping to control your asthma symptoms, your doctor may stop it before you start a different treatment.

### **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.

### **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.

## MANAGING ADULT ASTHMA IN STEPS

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When doctors decide how best to treat your asthma, they use a 'stepwise' approach.

Each step shows what treatment is needed to control your asthma. If the treatment on one step is not working, your doctor may recommend moving up to the next step. More importantly, if your asthma is well controlled your doctor may recommend moving down a step.

### Step 1

You occasionally use a reliever (usually a blue inhaler). If you are regularly using it more than once a day/night you should go to the next step.

### Step 2

In addition to your reliever, you will now need to take regular preventer treatment to reduce the inflammation in your airways. This will almost always be a low-dose steroid inhaler.

### Step 3

If your asthma is not fully controlled, before increasing preventer treatment, your doctor should offer you a trial of 'add-on therapy', such as a long-acting reliever. Symptoms should then be assessed to see if there has been an improvement. There are other 'add-on' treatments available and if the long-acting reliever medicine has no effect, your doctor should stop this treatment before introducing other medicines.

### Step 4

In addition to your reliever medicine and a long-acting reliever medicine (if it is helping to reduce your symptoms), your steroid inhaler medicine may be increased further. Other 'add-on therapies' may be introduced if your symptoms are difficult to control. If one 'add-on therapy' does not improve your symptoms, it should be stopped before you are started on a different medicine.

### Step 5

If your symptoms are still difficult to control, even on maximum amounts of medicine, you should be referred to a specialist in respiratory care. You may be started on a course of steroid tablets to get your symptoms under control.

It is imperative that you do not move yourself up or down the steps without taking instructions from your doctor or nurse.

### Stepping up and stepping down

- You should be on the lowest dose of medicine to control your asthma
- Once your asthma is under control, your doctor may consider 'stepping down' your medicines to see if your symptoms will stay controlled on a lower dose
- It is important that your doctor or nurse reviews your symptoms after your medicines have been 'stepped down' to see what effect it has had.

### How do I take my asthma medicine?

Most asthma medicines are given by inhalers.

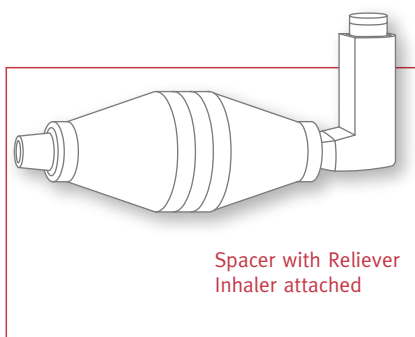
There are a variety of different types

of inhaler. Tablets may also be given as part of your treatment.

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.

### 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 Volumatic, Nebuhaler,

Babyhaler 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.

### **How to use a spacer device:**

- Your doctor, nurse or pharmacist should show you how to use your inhaler and spacer properly

- Make sure that the spacer you have been given fits your inhaler

- Put one puff of your inhaler into the spacer and breathe in deeply through the mouthpiece. Hold your breath for ten seconds (or for as long as is comfortable) then breathe out slowly. It is best to take at least two deeply held breaths for each puff of your inhaler. If you find it difficult to take deep breaths, taking ten smaller breaths is just as good

- Repeat the step above for each dose/puff needed

- Wash your spacer once a month - leave it to drip-dry as this helps to prevent the medication sticking to the sides

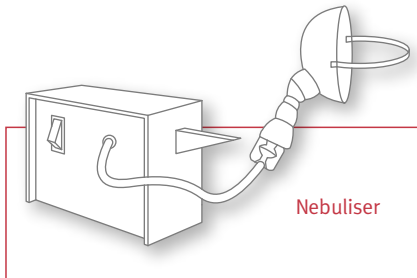
- Using metal or anti-static spacers can help to make sure that most of the medicine gets into your lungs

- Spacers should be replaced at least every year, especially if you use them daily.

- For further information on how to use a spacer device please see pg. 33.

Spacers work as well as nebulisers in severe attacks of asthma.

## 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.

## COMPLEMENTARY MEDICINES AND ASTHMA

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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.**





# Controlling Your Asthma





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.

## **PERSONAL ASTHMA DIARY AND ACTION PLAN**

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Everyone who has asthma should have a written personal asthma diary and action plan, this can be obtained from the Asthma Society of Ireland. Your doctor or nurse should complete this in discussion with you. The plan will contain the information you need to keep control of your asthma, including details about your asthma medicine, key things to tell you when your asthma symptoms are getting worse and what you should do about it, and emergency information on what to do if you

have an asthma attack.

The plan allows you to vary and change your medicine within agreed limits to gain better control of your asthma. Make sure you have your asthma reviewed once a year, or sooner if your symptoms are getting worse or you have more severe asthma symptoms.

It is important that you do not change your medicines without talking to your doctor or nurse first to agree on a personal asthma action plan.

A key part of keeping your asthma under control is to continue taking your preventive medicines as

regularly as prescribed - even when you are feeling well - because it builds up over time to give your airways the protection they need.

## **WHAT IS A PEAK FLOW?**

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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 reading 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.

For a step by step approach on how to use your peak flow meter please see pg. 31.

## **HOW CAN I TELL IF MY ASTHMA IS GETTING BETTER OR WORSE?**

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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 not working very well
- Unable to continue your usual level of activity or exercise



# What to do in an asthma attack





Occasionally an asthma attack may occur no matter how careful you are about taking your asthma treatment and avoiding triggers. An asthma attack normally doesn't occur suddenly; most people find that asthma attacks are the result of a gradual worsening of symptoms over a few days. If your symptoms are getting worse, do not ignore them. Quite often using your reliever may be all that is needed to get your asthma under control again. At other times symptoms are more severe and more urgent action is required.

## **THE FIVE MINUTE RULE**

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**The Five Minute Rule contains the recommended steps to follow in an asthma attack**

1. Ensure the reliever inhaler is taken immediately. This is usually blue and opens up narrowed air passages.
2. Sit down and loosen tight clothing.
3. Stay calm. Attacks may be frightening and it is important to stay calm.
4. If there is no immediate improvement continue to take the reliever inhaler every minute for five minutes or until symptoms improve: two puffs if MDI/evohaler or one puff if turbohaler.

5. If symptoms do not improve in five minutes, or if you are in doubt, call 999 or a doctor urgently. Continue to give reliever inhaler until help arrives or symptoms improve.

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

If you are admitted to hospital or an accident and emergency department because of your asthma, take details of your treatment with you.

You should also make an appointment with your doctor or nurse after you are discharged from hospital, so that you can review your asthma treatment to avoid the situation rising again.

## HOW TO USE THE PEAK FLOW METER

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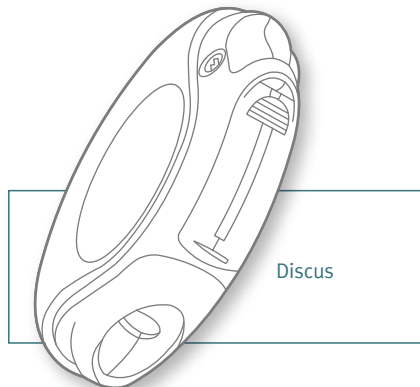
1. Stand up if possible.
2. Check cursor is on zero (L/Min position).
3. Take a deep breath in and place Peak Flow Meter in the mouth (hold horizontally), and close lips.
4. Blow suddenly and hard.
5. Note number indicated on cursor.
6. Return cursor to zero.
7. Repeat twice and obtain three readings.
8. Write down the best of the three readings.

Peak flow meters can be purchased from the Asthma Society of Ireland.

## INHALER TECHNIQUE

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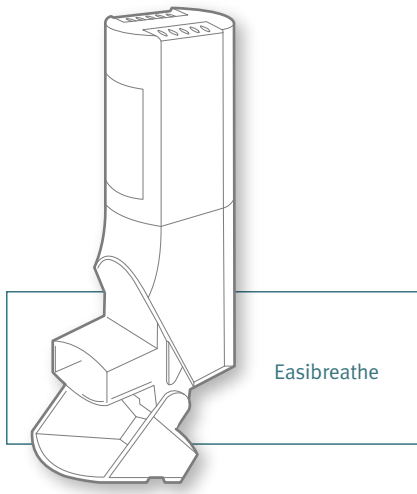
### How to use the Discus



1. Hold the outer casing of the Discus in one hand whilst pushing the thumb grip away until a click is heard
2. Hold Discus with mouthpiece towards you, slide lever away until it clicks. This makes the dose available for inhalation and moves the dose counter on
3. Holding Discus level, breathe out gently away from the device, put mouthpiece in mouth and suck in steadily and deeply
4. Remove Discus from mouth and hold breath for about 10 seconds
5. To close, slide thumb grip back towards you as far as it will go until it clicks
6. For a second dose repeat steps 1-5

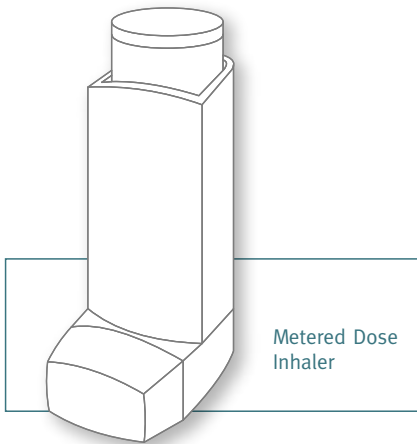
## How to use the Easi-breathe

7. For a second dose, wait a few seconds before repeating steps 1-6



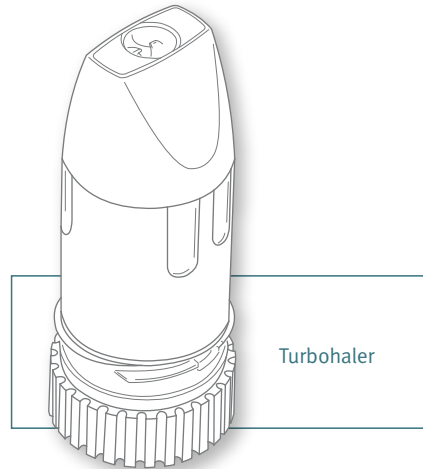
1. Shake inhaler
2. Hold inhaler upright. Open the cap
3. Breathe out gently. Keep inhaler upright, put mouthpiece in mouth and close lips and teeth around it (the air holes on the top must not be blocked by the hand)
4. Breathe in steadily through mouthpiece. Don't stop breathing when the inhaler puffs and continue taking a really deep breath
5. Hold breath for about ten seconds
6. After use, hold inhaler upright and immediately close cap

## How to use a metered dose inhaler



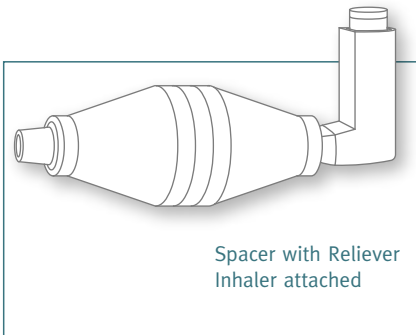
1. Remove cap and shake inhaler
2. Breathe out gently
3. Put mouthpiece in mouth and at start of inspiration, which should be slow and deep, press canister down and continue to inhale deeply
4. Hold breath for 10 seconds, or as long as possible then breathe out slowly
5. Wait for a few seconds before repeating steps 2-4

## How to use the Turbohaler



1. Unscrew and lift off white cover. Hold turbohaler upright and twist grip forwards and backwards as far as it will go. You should hear a click
2. Breathe out gently, put mouthpiece between lips and breathe in as deeply as possible. Even when a full dose is taken there may be no taste
3. Remove the turbohaler from mouth and hold breath for about 10 seconds. Replace the white cover

## How to use a spacer device e.g. Volumatic



3. Press canister once to release a dose of drug
4. Take a deep, slow breath in
5. Hold breath for about 10 seconds, then breathe out through the mouthpiece
6. Breathe in again but do not press the canister
7. Remove device from mouth
8. Wait about 30 seconds before repeating steps 2-7

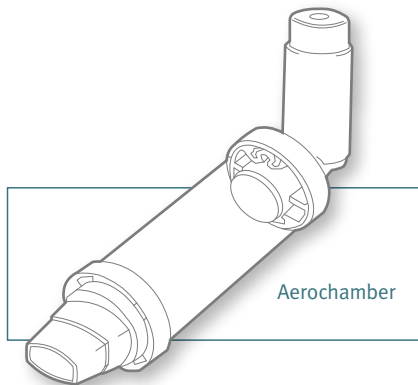
### Multiple breath technique

1. Remove cap, shake inhaler and insert into device
2. Place mouthpiece in mouth
3. Start breathing in and out slowly and gently. (This will make a clicking sound as the valve opens and closes)
4. Once breathing pattern is well established, depress canister and leave device in same position as you continue to breathe (tidal breathing) several more times
5. Remove device from mouth
6. Wait about 30 seconds before repeating steps 1-5

### Single breath technique

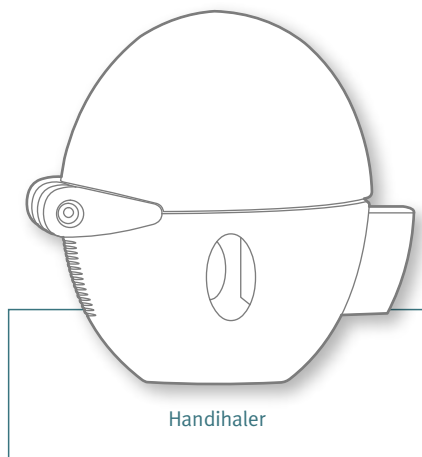
1. Remove cap, shake inhaler and insert into device
2. Place mouthpiece in mouth

## How to use the Aerochamber



1. Remove cap
2. Shake inhaler and insert in back of Aerochamber
3. Place mouthpiece in mouth (or mask over mouth and nose)
4. Press the canister once to release a dose of the drug
5. Take a deep, slow breath in. (If you hear a whistling sound, you are breathing in too quickly)
6. Hold breath for about ten seconds, then breathe out through the mouthpiece
7. Breathe in again but do not press canister
8. Remove mouthpiece from mouth and breathe out
9. Wait a few seconds before a second dose is taken, and repeat steps 2-8

## How to use your Handihaler:



1. Open the dust cap by pulling it upwards. Then open the mouthpiece
2. Remove a Spiriva capsule from the blister (only immediately before use) and place the Spiriva capsule in the centre chamber. It does not matter which way the capsule is placed in the chamber
3. Close the mouthpiece firmly until you hear a click, leaving the dust cap open
4. Hold the Handihaler with mouthpiece upwards and press the green piercing button completely in once, and then release
5. Breathe out completely, please avoid breathing into the mouthpiece at anytime
6. Raise the Handihaler to your mouth and close your lips tightly around the mouthpiece. Keep your head in an upright position and breathe in slowly and deeply but at a rate sufficient to hear the capsule vibrate. Breathe until your lungs are full: then hold your breath as long as comfortable and at the same time take the Handihaler out of your mouth. Resume normal breathing. Repeat steps 5&6 once, this will empty the capsule completely.
7. Open the mouthpiece again. Tip out the used capsule and dispose.

*These are the inhaler devices currently available. As new devices are developed up-to-date information will be available on our website at [www.asthmasociety.ie](http://www.asthmasociety.ie).*





## Further information about the Asthma Society of Ireland





## Authors:

This booklet would not have been possible without the work and cooperation of the following, to whom we express our sincere thanks:

Medical Advisory Committee of the Asthma Society of Ireland  
Frances Guiney, Asthma Society of Ireland  
Dr. Pat Manning, Chairman of the Medical Advisory Committee  
And thanks to Asthma UK

## ASTHMA SOCIETY OF IRELAND PUBLICATIONS

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We have literature/booklets on many topics related to or associated with asthma e.g. Allergic Rhinitis, and you can obtain these on request from our office.

Tel: 01 878 8511  
Email: [office@asthmasociety.ie](mailto:office@asthmasociety.ie)

## ASTHMA SOCIETY OF IRELAND ADVICELINE

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Ask for help and advice from an asthma nurse specialist, who has

the time to listen to your concerns and discuss what is right for you or your child - in confidence. Our team can also refer you to other organisations, which may be able to help.

### Asthma Adviceline:

1850 44 54 64  
10.00am - 1pm, Tuesday,  
Wednesday and Thursday.

## ASTHMA SOCIETY OF IRELAND WEBSITE

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Read the latest independent advice and news on asthma.  
[www.asthmasociety.ie](http://www.asthmasociety.ie)



## A. Member Details / Membership Type

Title (eg. Mr/Mrs): \_\_\_\_\_

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type (Please Tick) :

Individual

Family

## B. Payment by Cheque/Postal Order

Individual Membership: €15.00

Family Membership: €20.00

Donation (if wished, Thank You): € \_\_\_\_\_

**TOTAL:** € \_\_\_\_\_

## C. Payment by Standing Order

Individual Membership: €15.00

Family Membership: €20.00

Donation (if wished, Thank You): € \_\_\_\_\_

**TOTAL:** € \_\_\_\_\_

Signed: \_\_\_\_\_

Full name: \_\_\_\_\_

Member's Address: \_\_\_\_\_

Acct No.: \_\_\_\_\_

Sort Code: \_\_\_\_\_

To the Manager (Name and Address of your bank:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please pay the sum of € \_\_\_\_\_ annually from the \_\_\_\_\_ day of \_\_\_\_\_ (Month) \_\_\_\_\_ Year to:

The Asthma Society of Ireland,  
Bank of Ireland, 2 College Green, Dublin 2,  
Sort Code 90-00-17, A/C 37426590,  
until further notice quoting this ref: ASM-

## D. Payment by Credit Card/Laser Card

Individual Membership: €15.00

Family Membership: €20.00

Donation (if wished, Thank You): € \_\_\_\_\_

**TOTAL:** € \_\_\_\_\_

Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

Signature: \_\_\_\_\_

Alternatively you can make your payment using your credit/laser card over the phone by calling (01) 878 8511.

If you have any queries regarding completing this form please contact us at (01) 878 8511

PLEASE RETURN ALL COMPLETED FORMS TO:

THE ASTHMA SOCIETY OF IRELAND, 26 MOUNTJOY SQUARE, DUBLIN 1



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SOCIETY  
OF IRELAND**

[www.asthmasociety.ie](http://www.asthmasociety.ie)