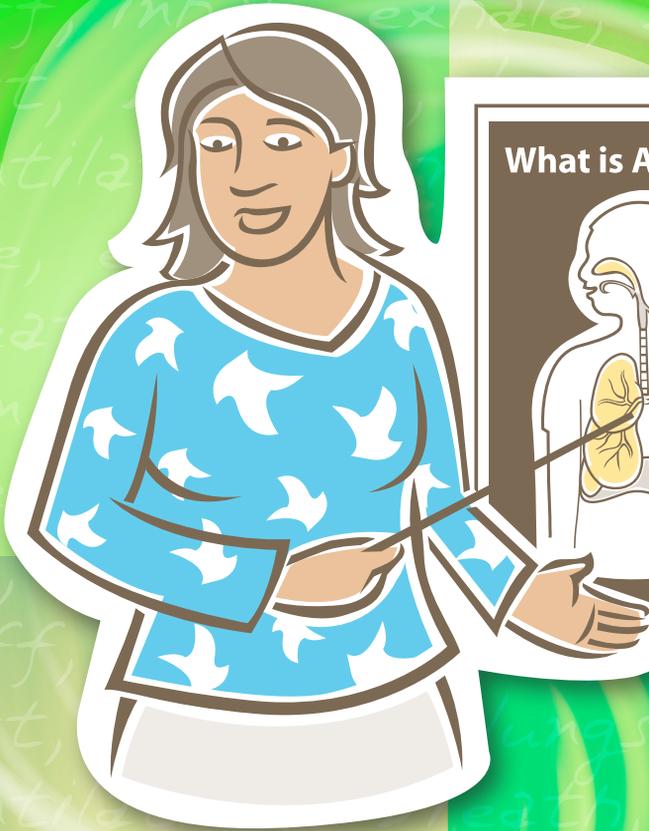
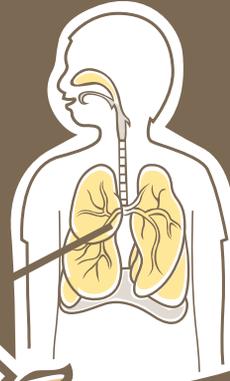


What is Asthma?



What is Asthma?



the asthma foundation

Better respiratory health for New Zealanders



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Do you have asthma?



You are not alone. Asthma affects one in four children and one in six adults in New Zealand. Anyone can get asthma and it can start at any time of life.

The word asthma comes from the ancient Greek word for 'panting attack'.

There are many theories about the possible causes of asthma – environment changes, diet, or exposure to different infections. However, we don't know for sure why New Zealand has one of the highest asthma rates in the world. We can't guard ourselves against getting asthma, but we can control how much it affects our life.

Work with your doctor, nurse, pharmacist and asthma educator to learn as much as you can about your asthma. It feels great to look after your asthma and be able to lead the life you want.

Asthma symptoms

Some symptoms of asthma are:

SYMPTOMS

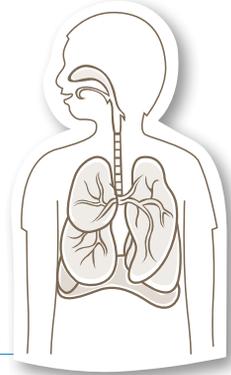
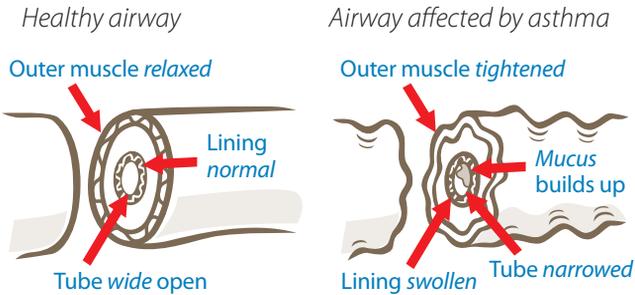
- coughing, particularly at night and after exercise
- breathlessness
- wheezing (noisy breathing)
- a tight feeling in the chest



Symptoms may occur suddenly as an 'asthma attack' or they may be with you all the time. You may experience one of these symptoms or a combination of them. Many people with asthma also have hay-fever or eczema, and a family history of these conditions.

How does asthma affect your lungs?

When you breathe, air travels into your lungs through your airways. People with asthma have over-sensitive airways which react to triggers that don't affect other people. These triggers cause the airways to tighten, partially close up, swell inside and make more mucus. This makes it hard to breathe in and even harder to breathe out.



Controlling your asthma

Take charge of your health by learning as much as you can about your asthma.

Identify your triggers

TRIGGERS

A trigger is something that brings on your asthma. Triggers are different for everyone. Here are some common triggers:

- colds and flu
- cigarette smoke
- certain plants
- cats and other furry pets
- weather changes
- house dust mites (found in all homes, especially in carpets and bedding)
- physical activity
- emotions

Work out what your triggers are and how you can best avoid them.

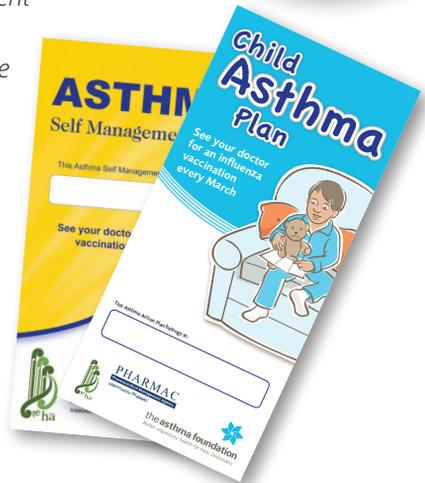


Work as a team

You, your doctor, nurse, pharmacist and asthma educator make up a team that looks after your asthma. Your asthma team can:

- offer advice on how to recognise and avoid your triggers
- offer advice on how to prevent and relieve your symptoms
- give you a *Symptom Diary* to help identify your triggers and symptoms
- give you a *Peak Flow Meter* and diary to measure and record how fast you can blow air out of your lungs
- check your inhaler technique
- issue a *Self Management Plan* to show you what to do, who to call and where to go if your asthma gets worse. Your plan will be written especially for you by your doctor. It will also tell you what to do when your asthma improves again. *Self Management Plans* should be reviewed regularly – i.e. after you have had a severe asthma attack, you are experiencing frequent asthma attacks or after a child's growth spurt
- research shows that people who follow their *Self Management Plan* control their asthma better than people who do not
- answer any questions you may have about your asthma

It is important to visit members of your asthma team when you are well. Your doctor, nurse and asthma educator will be able to monitor the difference between your good and bad asthma health.



- For more information on triggers ask your doctor, pharmacist, nurse or asthma educator for the booklet called 'Triggers in Asthma' or visit the Asthma and Respiratory Foundation's website www.asthmafoundation.org.nz

UNDERSTAND YOUR ASTHMA MEDICINES

Your doctor will prescribe medicines to help stop your airways from over reacting to your triggers. Most asthma medicines come in an inhaler because this is the best way to get the medicine straight to your lungs. There are many different types of inhalers, and your doctor, nurse, pharmacist, or asthma educator will help you decide which one is best for you.



There are four main groups of asthma medicines:

1 preventer inhalers



2 reliever inhalers



3 symptom controllers



4 combination inhalers



1

How do preventer medicines work?

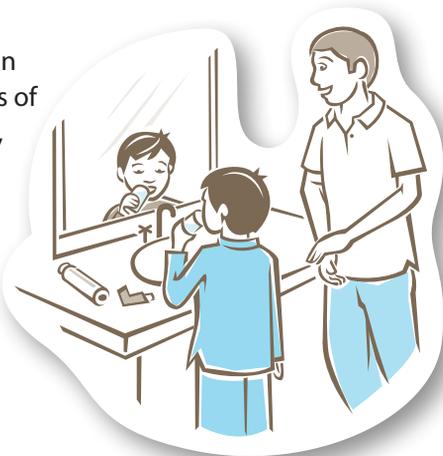


Preventer medication is your most important medicine, because it prevents swelling and narrowing inside the airways and reduces the likelihood of an asthma attack.

Preventers work slowly so you won't notice any immediate change in how you feel. Your preventer controls your health for the months ahead. To be effective, preventer inhalers need to be taken everyday, even when you are well.

Preventer medicines usually come in brown or orange inhalers. Examples of preventer medicines are Beclazone, Flixotide, Intal, Pulmicort, Tilade and Vicrom.

Drink a glass of water or clean your teeth after taking preventer medication to avoid getting a sore throat or thrush in the mouth.



Steroid tablets

Sometimes your doctor may give you a short course of steroid tablets (prednisone) or for children a steroid liquid (prednisolone – Redipred) in addition to your preventer inhaler. Oral steroids are very useful in bringing asthma attacks under control quickly. They do this by rapidly reducing the swelling in the lining of the airways and reducing the amount of mucus produced.

A short course of prednisone is safe with no lasting side effects. You can discuss possible short-term side effects and any other concerns with your doctor or pharmacist. Some people may notice a change in mood, energy level or appetite while they are taking oral steroids.

2

How do reliever medicines work?



*Reliever medicine brings **short term** relief from asthma. It relaxes the tight bands of muscle around your airways. This helps air flow in and out of your lungs more freely.*

Relievers can help wheezing, coughing or tightness in the chest. Many people rely on their blue inhaler to feel better immediately, but they do not treat the underlying cause of their asthma (swollen and inflamed airways), by regularly using their preventer. See a doctor or asthma nurse if you take your reliever more than three to four times a week, you wake at night or early morning with asthma symptoms or asthma symptoms impact on your daily activities. This means your asthma is not under control and you may need to start or increase your preventer medication.

Reliever medicines generally come in blue inhalers. Examples of relievers are Atrovent, Bricanyl, Respigen, Salamol and Ventolin.

Some side effects of reliever medicines include mild shaking, headaches, a racing heart and restlessness.

3

How do symptom controllers work?



A symptom controller is long acting reliever medicine for people whose asthma is not controlled by regular use of a preventer. It is taken twice a day to keep the airway muscle relaxed. The effect of each dose lasts twelve hours.



Symptom controllers are used in addition to the preventer inhaler. They DO NOT replace preventer inhalers, which MUST be taken at the same time.

A symptom controller should **not** be used for immediate or emergency use. Your blue reliever inhaler should be used when you are having an asthma attack. It is therefore important to carry your reliever inhaler with you "just in case".

Symptom controller medicines generally come in green or light blue inhalers. Examples of symptom controller medicines are Foradil, Oxis and Serevent.

Some side effects of symptom controllers include mild shaking, headaches, a racing heart beat or restlessness.

4

What is a combination inhaler?



Combination inhalers contain both preventer and symptom controller medicine in one inhaler.

They are prescribed for people who continue to have trouble with their asthma, despite regular use of high doses of an inhaled preventer and symptom controller. Ask your doctor if you may benefit from a combination inhaler and whether your combination inhaler may be used in an emergency situation.

Examples of combination medicines are Seretide, Symbicort and Vannair.

Some of the unwanted side effects of these inhalers are mild shaking, headaches, a racing heart beat, a sore throat or thrush in the mouth.

Drink a glass of water or clean your teeth after taking your combination medication to avoid getting a sore throat or thrush in the mouth.

Can you reduce your medicines?

If your asthma has been well-controlled for six months, you may want to talk to your doctor about reducing your medication dose. This will depend upon the severity of your asthma and any side effects you may experience. When you start to reduce your medication it is advisable to still keep a supply of your medicine close at hand, just in case something triggers your asthma again. Whenever you reduce preventer medication you should monitor your peak flow and your symptoms. If either starts to get worse, you will need to increase or start your preventer medication again. It is important to follow your Self Management Plan and your doctor's directions when changing medications.

Complementary therapies

Some people try complementary methods to control their asthma in addition to their medication, such as buteyko, homeopathy, acupuncture, special diets, massage or traditional medicines. Many of these methods have not been tested scientifically for their effectiveness or potential to cause side effects.

Talk to your doctor, nurse, pharmacist or asthma educator if you are thinking of trying a complementary treatment. It is important to continue using your asthma medicines.



Other ways to control your asthma

You can help your asthma by keeping physically active and avoiding asthma triggers where possible.

One thing that makes asthma worse is smoking. Make your home and car smokefree zones to reduce the amount of second-hand smoke you inhale.

If you do smoke and want to stop, contact your doctor, nurse, pharmacist or asthma educator about quitting or call the Quitline on 0800 778 778.



Being prepared

For most people, asthma is just something that requires them to be careful. However, every year some people get sudden and severe attacks of asthma, which can be fatal. The next few pages will help you and the people you spend time with know what to do in the event of an asthma attack.



❖ ASTHMA EMERGENCIES

It is important to recognise and treat asthma as soon as possible, so that it can be brought back under control.

Remember the **A.S.T.H.M.A.** steps:

A SSESS

Assess whether the attack is mild, moderate or severe

MILD

Mild symptoms might include:

- *slight wheeze*
- *mild cough*
- *symptoms when excited or running*

MODERATE

Moderate symptoms might include:

- *obvious breathing difficulties*
- *persistent cough*
- *difficulty speaking a complete sentence*

SEVERE

Severe symptoms might include:

- *distress*
- *gasping for breath*
- *difficulty speaking more than one or two words*
- *looking pale and sounding quiet*
- *complaints that the reliever medicine is not working*
- *unresponsiveness*

If you or someone you know has severe asthma or is frightened, call an ambulance immediately on 111.



SIT

Sit down and lean forward slightly. Ensure your arms are supported by your knees, a table or the arms of a chair.

TREAT

Treat an asthma attack with up to 6 puffs of a reliever inhaler.

If your reliever medicine comes in a metered dose inhaler (MDI), use a spacer if possible to gain the maximum benefit of the medicine. Puff the inhaler once into the spacer and breathe 6 times (as normally as possible) in and out through the spacer. Repeat the process up to 6 times (with a total of 36 breaths)

HELP

If the person with asthma is not improving after 6 minutes call the ambulance (if you haven't already.) Remember, puff the inhaler once into the spacer and take 6 normal breaths. Continue to use the reliever inhaler 6 puffs every 6 minutes until help arrives.

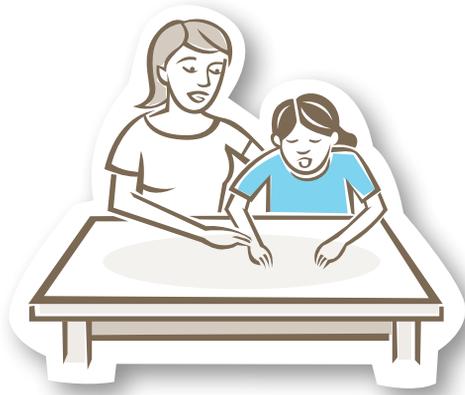
In this situation you will not overdose the person by giving them the reliever every 6 minutes.

MONITOR

If improving after 6 minutes keep checking. If necessary repeat doses of the reliever inhaler.

ALL OKAY

The person with asthma can return to normal activities when they are free of wheeze, cough and breathlessness. If symptoms recur, repeat treatment, rest, and see your doctor.





Will my asthma improve or get worse?

Some children grow out of asthma by their teens, although it may return.

About one third of adults with asthma did not have asthma as children but develop symptoms later in life. Asthma is different for everyone.





Your local affiliated Asthma Societies

