

Keeping Asthma under control

KEEPING ASTHMA UNDER CONTROL

Asthma usually causes symptoms over a long period and cannot be cured. But, asthma can be kept under control so that those affected are able to live normal lives enjoying full involvement in sport and all other activities. New guidelines for the treatment of asthma put effective control of asthma as the most important goal.

For a normal life the aim is to:

- Be completely free of any symptoms i.e. cough, wheeze and breathlessness;
- Attend school regularly and participate fully in all school activities, including sport;
- Have restful sleep, free from night time cough and/or wheeze;
- Minimise the number of attacks of asthma; and
- Avoid hospital admissions.

Yes, troublesome asthma can usually be controlled. But there is no magical instant cure. It takes time and effort to learn about asthma (see “What is Asthma”), and to look after yourself.

THE FOLLOWING POINTS ALLOW YOU TO MANAGE YOUR ASTHMA

- Understand your treatment and use medication as prescribed;
- Understand the devices you use and when and how to use them;
- Have and use an action plan when symptoms change; and
- Keep in touch with your doctor.



UNDERSTAND YOUR TREATMENT AND USE MEDICATION AS PRESCRIBED.

One of the most important concepts to understand about asthma is that, for most asthmatics, treatment must be used regularly, whether you feel unwell or not (See “Asthma medicines and how they work”). This 'preventative' approach allows you to keep the inflammation in your lungs under control. Medicines that are used regularly, whether symptoms are present or not, are called controllers (sometimes preventers). **Controllers work by reducing the swelling, mucus and muscle tightening around the airways.**

In addition, but not in place of controllers, your doctor will give you a reliever treatment to use when you need to. **Relievers are an emergency treatment to open up your airways when they are even tighter or more closed than usual.** They help to make you feel better for a short while, but they do not treat the underlying inflammation. It is important to know that relying on relievers only is a poor way to control symptoms, because the symptoms will keep on coming back after some temporary relief.

Make sure your doctor answers these questions:

- Which is my controller and which is my reliever?
- When should I take my controller?
- When should I take my reliever?
- How many doses or puffs should I use?
- Can I alter these doses if my asthma gets worse or better?

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UNDERSTAND THE DEVICES YOU USE AND HOW TO USE THEM.

The commonest way in which asthma medicine is used is with an asthma pump/puffer (metered dose inhaler), where the medicine is breathed straight into the lungs. If a child has problems using the inhaler, then talk to your doctor about using a 'spacer'. A spacer is a large volume bottle that holds the mist from the inhaler until the child starts to breathe in. Some people use powder devices. In this case, pressing the inhaler is not necessary and breathing in (after activating the device) is all that is needed.

Correct inhaler technique is essential for medicine to reach your lungs and get to work (see "Inhaler Devices in Asthma"). Bring your devices with you to every doctor or nurse visit, so you can show them whether you are using your devices properly.

HAVE AND USE AN ACTION PLAN WHEN SYMPTOMS CHANGE.

The National Asthma Education Programme has asthma management cards (such as the one in this brochure) which your doctor can use to make a plan of action for a change in your symptoms - or peak flow - that is specifically for you.

Everyone's action plan will be different, so ask your doctor to write in the various asthma medications and when to change. This card is organised by the colours of a robot (traffic light) and rates your symptoms, how much medication you are needing, and your blowing through a flow meter (a "peak flow rate": see "Lung function tests").

Common triggers for a flare-up could be seasonal viral infections, seasonal allergen exposure e.g. pollen, food allergy, air pollution, change in environment, return to



school and poor adherence to inhaled corticosteroids (controller)

Green reflects good control. You must continue using your controller medicines.

Orange indicates worsening in symptoms or peak flow. You must follow the instructions on your treatment plan.

Red reflects poor control or a bad asthma attack. You must contact your doctor.

It is useful to put this card in a safe place and to take it with you when visiting your doctor or hospital.

HOW AN ACTION PLAN WORKS:

Green: well controlled asthma:

- You have no wheeze or cough;
- You can exercise and do all your usual activities;
- You seldom need any reliever medicine; and
- Your peak flow readings stay within the safe range, as written in your Action Plan.

This is what you do:

- Continue with your regular treatments (written down on your Action Plan chart as "normal medicines").

Orange: Worsening asthma:

- You need your reliever inhaler more often than usual for wheeze, cough or tight chest;
- You are waking with asthma at night;

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- You are getting a cold;
- You are more short of breath during activity; or
- Your peak flow readings are up and down showing wide swings, and are lower than the expected figures.

This is what you can do:

- Don't ignore your symptoms. Taking action at this early stage is very important;
- Take extra doses of your reliever. Your doctor will write the maximum number of extra doses that are safe for you on your plan;
- Continue to take your controller inhaler as normal to prevent your symptoms. Only increase your treatment if it has been filled in by your doctor on your treatment plan;
- If you are on other regular treatments - tablets, etc. - continue these as usual. Do not increase the dose of these without your doctor's instructions;
- Measure your peak flow rate several times each day so that you can check if the extra treatment is working; and
- If there is no improvement, make an appointment to see your doctor or asthma nurse.
- After a self-managed exacerbation, you must see your doctor within 1-2 weeks

Red: severe asthma:

- You are getting little relief from your reliever inhaler (or nebuliser);
- You need to use your reliever more than every 4 hours;
- You can't talk easily or eat easily;
- You can't walk;
- Your peak flow readings after using your reliever inhaler stay the same or go down; or



- Your peak flow is below the level agreed on by your Action Plan.

This is what you do:

- Take 1 puff of your reliever every minute for 10 minutes. Use a spacer if you have one;
- If you have steroid tablets or syrup, give them now; and
- DON'T DELAY AT THIS STAGE: contact your doctor and organise an emergency visit or go to a clinic or emergency department.
- After a self-managed exacerbation, you must see your doctor within 1-2 weeks.

KEEP IN TOUCH WITH YOUR DOCTOR

Because asthma is with you for some time, you need to see your doctor regularly, not just when the symptoms get really bad. This allows your doctor to know what level of control you are having and sort out a plan of action that suits you. It allows your doctor to check whether you are on regular controller medicine and using it properly. Bring all your pumps and medicines with you to your visit so your doctor can explain to you what type of medicine it is, and check whether your technique in using it is good enough. Be sure to ask questions that are bothering you. Your action plan has your doctor's and nearest hospital's contact numbers.

Written by Prof Robin Green in 2006. Revised in 2008 and 2012. Updated in 2019 by Dr Visva Naidoo.

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ASTHMA ACTION PLAN

Name: _____

Phone: _____

Action plan updated: M _____ / D _____ / Y _____

Bring this action plan to your doctor/nurse at each visit.

Doctor's Contact Details: _____

Nurse/Educator Details: _____

In an emergency call: _____

OR CALL AN AMBULANCE IMMEDIATELY.

YOUR EMERGENCY CONTACT PERSON

Name: _____

Phone: _____

Relationship: _____

IF YOUR ASTHMA IS WELL CONTROLLED

You need your reliever inhaler less than 3 times per week, you do not wake up with asthma and, and your asthma does not limit your activities (including exercise) (if used, peak flow over ____L/min)

Your controller medication is: _____ (name) _____ (strength)

Take: _____ puffs/tablet _____ times EVERY DAY

Use a spacer with your controller inhaler

Your reliever/rescue medication is: _____ (name) _____ (strength)

Take _____ puffs if needed to relieve asthma symptoms like wheezing, coughing, shortness of breath

Use a spacer with your reliever inhaler

Other medications: _____ (name) _____ (strength) _____ (how often)

_____ (name) _____ (strength) _____ (how often)

Before exercise take: _____ (name) _____ (strength) _____ (how many puffs/tablets)

IF YOUR ASTHMA IS GETTING WORSE

You need your reliever more often than usual, you wake up with asthma, or you cannot do your normal activities (including exercise) because of your asthma (if used, peak flow between ____ and ____L/min)

Take your reliever/rescue medication: _____ (name) _____ (strength) _____ (how often)

Use a spacer with your controller inhaler

Take your controller medication: _____ (name) _____ (strength)

Take: _____ puffs/tablet _____ times EVERY DAY

Use a spacer with your reliever inhaler Contact your doctor

Other medications: _____ (name) _____ (strength) _____ (how often)

IF YOUR ASTHMA SYMPTOMS ARE SEVERE

You need your reliever again more often than every 3-4 hours, your breathing is difficult, or you often wake up with asthma (if used, Peak Flow under ____L/min)

Take your reliever/rescue medication: _____ (name) _____ (strength) _____ (how often)

Take prednisone/prednisolone: _____ (name) _____ (strength)

Take: _____ tablet _____ times every day

CONTACT A DOCTOR TODAY OR GO TO THE EMERGENCY DEPARTMENT

Additional comments: _____
