Melbourne Respiratory & Sleep Services

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CONTROLLING ADULT ASTHMA

What is Asthma?

Asthma is a long-term disease. It can be controlled with proper long-term treatment. Unfortunately it cannot be cured. It affects as many as 1 in 5 children and 1 in 10 adults in Australia. It is the cause of many lost school days and a lot of time off work. People with asthma have episodes of shortness of breath which may be brought on or made worse by certain trigger factors. Shortness of breath is due to narrowing of the small airways within the lungs as a result of inflammation and muscle spasm.

How do the lungs work?

Every breath you take draws air into the windpipe or trachea. The windpipe splits into two further tubes called the bronchi, which then divide into smaller and smaller airways called bronchioles, eventually leading to small air sacs called alveoli. It is here in the alveoli that oxygen in the air passes into the bloodstream. At the same time, carbon dioxide produced in the tissues of the body moves from the blood into the air sacs and then out of the body.

What happens during an asthma attack?

Asthma is a special type of inflammation of the small airways which then become 'twitchy' and oversensitive to any environmental changes. The basic cause of asthma is unknown. Asthma can vary in severity from mild chest tightness with cough and wheeze during exertion, to a life-threatening attack of severe breathlessness requiring urgent medical attention. During an asthma attack breathing becomes harder, even at rest. There may be a cough or wheezing, which is a musical noise when you breathe. Asthma can also occur at night during sleep. These problems occur because the airways leading to the alveoli within the lungs become narrower. The muscles surrounding the airways tighten. The lining of the airways becomes swollen. The airways also become blocked with sticky mucus. These factors can all make the airways narrower. The air moving in and out of the narrowed airways then makes the wheezing sound, and air is more likely to be trapped inside the lungs.

Three ways to help keep your asthma under control

Learn to recognise and avoid the triggers that start your own asthma symptoms. Check your asthma symptoms and respond quickly to warning signs. Make two action plans with your doctor; one for daily treatment and one for emergencies.

1 Asthma triggers

Most asthma symptoms start when your airways are bothered by something. These things are called triggers. Asthma symptoms can be controlled by staying away from or controlling triggers. Each individual has their own set of trigger factors. Common trigger factors include:

- a cold or flu-like illness
- pollens from certain grasses, trees and weeds
- exercise, laughing, or strong emotion
- air pollution

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- weather or temperature changes
- dusts or moulds
- animal fur or skin particles, particularly from cats
- strong irritant fumes and sprays
- passive cigarette smoke
- medicines including aspirin, certain arthritis medicines and beta blockers (for high blood pressure, and in some eye drops)
- food additives, including metabisulphate (MBS), and tartrazine
- certain industrial chemicals

You need to discuss the importance of these factors with your doctor so as to avoid or minimise their role in asthma attacks. Peak flow meters can sometimes help you to find out what your trigger factors are. A peak flow meter tells you how well you are breathing. It is cheap, small and easy to use at work or at home.

2 Checking your asthma symptoms

It is important always to check your asthma. Peak flow meters can be helpful in monitoring the warning signs that an asthma attack is developing or that asthma is getting out of control. Most asthma episodes start slowly, and most asthmatics can tell when an episode is coming on. It is well worth asking your doctor about the warning signs of asthma so that you can plan what to do when your warning signs occur or your peak flow readings are down. You can often stop an asthma episode when you catch it early and follow your asthma treatment plan. If you fail to do this, your symptoms may get worse.

3 Making your Asthma Action Plan with your doctor

A good asthma action plan will include how to avoid or cope with triggers, how to use medication routinely, and how to respond to the early warning signs of an asthma attack. Work with your doctor to make peak flow meter use routine. Always plan ahead and make sure you know what to do when asthma is out of control and how to get urgent help in an asthma emergency. If your reliever medications won't work, call an **AMBULANCE** - it carries oxygen – and go to the nearest hospital Emergency Department. If your symptoms settle quickly, no harm is done, but if your asthma worsens, you are in the safest place.

What sort of asthma treatments are there?

There are 2 classes of medicines used to treat asthma - relievers and preventers.

Reliever medications:

These include Ventolin™, Respolin™, Respax™, Asmol™, Bricanyl™ and Atrovent™. These medications relieve symptoms after they occur by reducing the spasm in the muscles in the airways. They are often known as bronchodilators. They have been available for a long time and used properly are very safe. Occasionally some people will be prescribed a new longer-acting form called Serevent especially for night-time symptoms.

Preventer medications:

These include inhaled corticosteroids including Becotide™, Becloforte™, Aldecin™, Pulmicort™ and Flixotide™ as well as Intal™, Intal forte™ and Tilade™. These medications need to be taken on a regular basis each day in order to prevent asthma symptoms by reducing inflammation of the airways. Occasionally some people require corticosteroid

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tablets (e.g. prednisolone) on a regular basis. Others require short courses of tablets as part of a treatment plan when needed for worsening asthma control.

What can most people with asthma expect from effective treatment?

- No symptoms, or occasional minor symptoms
- Sleep through the night without asthma symptoms
- No time lost from work, school, or usual daily activities
- Active participation in normal physical activity, exercise and sport
- Little or no side-effects of asthma medication
- No Emergency Department visits or hospital admissions for asthma
- How to work with your doctor to get the best care for your asthma
- Keep your regular appointments (or at least call if you can't keep the
- appointment and ask for another appointment)
- Give information (symptoms, peak flow readings, medication use, problems with
- following the treatment plan)
- State what you expect at each visit
- Follow directions (make sure you tell the doctor if you are finding this hard to do

What lifestyle can I expect to live?

You should not look on asthma as something that will hold you back in life. There are many Australians who play top class cricket, football and swimming as well as other sports, who have asthma. You should always have reliever medication handy for first aid if asthma symptoms develop. The early use of reliever medication for symptoms is essential. Reliever medication can also be used prior to exercise to prevent exercise-induced asthma. A healthy diet, non-smoking status and regular exercise are important. No matter what your age, if symptoms need treatment more often than 2-3 times a week, preventer medication should be started in most people. Many people, especially teenagers, believe that they can do without any medication. Successful control is achieved when the problem is faced and properly dealt with. Successful control also means enjoyment of a full and happy life.

The National Asthma Campaign Six Step Asthma Management Plan

Step 1 Know how severe your asthma is
Step 2 Achieve your best lung function
Step 3 Avoid asthma triggers
Step 4 Stay at your best possible function
Step 5 Work out an action plan with your doctor
Step 6 Check your asthma regularly

Further information

For more information to help you to control your asthma, talk to your doctor, your pharmacist, or contact your local Asthma Foundation.

Please Note: This information is intended by The Australian Lung Foundation to be used as a guide only and is not an authoritative statement. Please consult your family doctor or specialist respiratory physician if you have further questions relating to the information provided here.