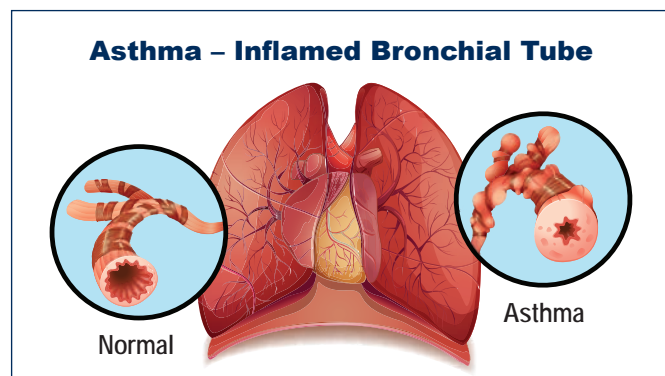


# Asthma



Asthma is a condition that affects the airways. It is especially common in New Zealand – one in seven children are estimated to have asthma. Asthma commonly starts in childhood but can also begin when you are an adult. For some people, asthma runs in the family. Conditions like hayfever, eczema or hives (usually the result of allergy) make getting asthma more likely. In people with asthma, the airways are oversensitive and react to certain triggers by tightening up ('bronchospasm'), swelling on the inside ('inflammation') and producing more mucus. As a result, the airways become narrower, making it difficult for air to move in and out of the lungs. This causes the typical symptoms of asthma:

- difficulty breathing
- a tight feeling in the chest
- wheezing (a whistling/musical noise in the chest)
- cough – especially at night or in the morning.

## What effect could asthma have on me?

Asthma affects people differently. Some only get mild symptoms, reflecting the airways getting a bit tight. Others have more severe symptoms with tightness, swelling and mucus. Some people only feel symptoms from time to time but, for others, symptoms may be there most of the time. Symptoms can also appear suddenly as an 'asthma attack'.

For most people, asthma is only a nuisance. However, some get severe attacks and a few people do die of asthma. Most people with asthma can control their condition well and can be in a good position to avoid or deal with serious attacks if they occur. The best thing you can do to prevent asthma affecting your lifestyle and life is to know your asthma: learn about asthma, get to know how severe your asthma is and learn how to manage it properly.

**Tip:** The Asthma and Respiratory Foundation NZ has more information at [www.asthmaandrespiratory.org.nz](http://www.asthmaandrespiratory.org.nz), and also has a 'Managing your child's asthma' resource available at [www.learnaboutlungs.org.nz](http://www.learnaboutlungs.org.nz)

## What are the triggers for asthma?

A trigger is something that makes asthma worse or brings on an 'attack'. They differ for everyone but common ones are:

- colds or the 'flu'
- exercise
- house dust mites
- moulds
- animals and pets
- pollens and plants
- smoke and fumes
- temperature, cold air, changes of weather
- some medicines (eg, anti-inflammatories such as ibuprofen, aspirin and beta-blocker drugs)
- emotions (eg, anxiety, excitement).

## Do I have asthma?

The usual complaints of someone with asthma include difficulty in breathing, a tight feeling in the chest, wheezing and cough (especially at night or in the morning). You need to see your doctor to check there is no other explanation for this. By examining your chest, doing breathing tests and listening to your description, your doctor can usually decide if you have asthma and can prescribe suitable treatment.

You may be asked to measure how open or narrow your airways are using a small device you blow into, called a 'peak flow meter'. The peak flow meter is also useful to guide you in treating yourself and deciding when to get help.

## Asthma action plans

It is important you know the signs that your asthma is getting worse and what you can do about it. An Asthma Action Plan is worked out with your doctor or nurse, and written down for you to refer to. The plan enables you to make adjustments to the dose of your inhalers depending on your symptoms and/or your peak flow readings. Download the free app "My Asthma", created by the Asthma and Respiratory Foundation NZ, from Google Play or the Apple App Store. This app includes an electronic asthma action plan that you can access from your smart device.

## Managing your asthma

Some common sense things you can do are keeping fit, not smoking, trying to avoid things that trigger your asthma and using your medication correctly.

Most people with asthma are treated with inhaler devices. Inhalers deliver a small dose of the drug directly to the airways. There are different groups of drugs delivered by inhalers: relievers, preventers and combination inhalers.

### Reliever inhalers

Relievers bring fast, short-term relief for your asthma. They act by relaxing the airways, allowing the air to flow in and out more freely. Take your reliever when you feel tight in the chest or you are coughing or wheezing. Some examples of reliever inhalers are Ventolin, Respigen, Salamol, SalAir and Bricanyl. Be sure to check with your pharmacist so that you know which inhaler to use in an emergency.

**Tip:** If you are using your reliever inhaler more than twice a week, your asthma may not be properly controlled – see your doctor or asthma nurse.

### Preventer inhalers

A preventer inhaler is taken every day to prevent the symptoms of asthma developing. Preventers treat the inflammation inside the airways, reducing the likelihood of an asthma attack. They do not give immediate relief of symptoms. You should continue to take the preventer each day even when your symptoms have gone – the aim is to prevent the symptoms coming back. When you are on the correct dose of preventer you should hardly need to use your reliever at all. Some examples of preventer inhalers are Beclazone, Flixotide, Pulmicort, QVAR and FloAir.

**Tip:** Rinse your mouth and spit it out after using a preventer.

### Combination inhalers

Combination inhalers contain both preventer and reliever medicines in one device. Some examples of combination inhalers are Symbicort, Vannair, RexAir, Seretide and Breo Ellipta.

### Prednisone tablets

Prednisone is a steroid medicine used in severe episodes of asthma to reverse the airways swelling.

**Tip:** If you need prednisone tablets more than twice a year your asthma is not under control.

### Spacers

A spacer is a plastic container that makes your inhaler easier to use. The spacer greatly increases the amount of the drug that reaches the airway where it is needed. Your doctor or nurse can demonstrate how to use a spacer properly.

**Tip:** You can get a spacer for free from your doctor.

## Severe asthma

If asthma becomes bad despite your usual treatment, something extra will be needed. It may mean increasing your inhalers, taking a course of steroid tablets or maybe having an injected medication. Discuss a plan with your doctor so you know what to do, who to call and where to go if your asthma is bad. Make sure your whānau/family and friends are aware of this plan.

**Tip:** If you are distressed with severe asthma ring 111 for an ambulance and say "severe asthma attack".

### My asthma checklist:

- ☐ Asthma Action Plan
- ☐ Spacer to use with my inhalers
- ☐ Check I am using my inhaler correctly
- ☐ Asthma review each year (more often if needed)
- ☐ Consider the annual flu vaccine (it may be free for you)
- ☐ See your doctor early if unwell with a chest cold or flu
- ☐ Consider wearing a MedicAlert bracelet

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