MANAGING ASTHMA

BREATHE EASY
We’ll help find a healthier you
It’s our purpose that makes us different — we want our members to live longer, healthier, happier lives. We offer more than health cover. Our expertise extends to health assessments and health coaching, wellness programs, optical care, aged care and international health cover. We offer information and tools to help you manage your health. And as a member, you’ll enjoy access to great value travel, home, car and life insurance.

A commitment to our members
We’re part of a global family, who reinvests our profits to provide better services for our members. We proudly offer affordable, high-quality health cover to more than three million Australians.
ABOUT THIS GUIDE

This guide offers practical advice, current research and information to help people living with asthma. It may also be a useful resource for family and friends who want to know more about asthma and how they can help.

Take this guide with you when you next talk to your doctor so you can fill in your Asthma quiz and Action Plan together.
WHAT IS ASTHMA?

Asthma is a disease of the airways affecting the small tubes of your respiratory (breathing) system which carry air in and out of our bodies. Approximately two million Australians have asthma, including 10 percent of adults and over 10 percent of children. Asthma can occur for the first time at any age, though it often starts in childhood and the condition and its symptoms can change over time.

When an asthma attack is triggered, the sensitive airways become irritated and inflamed. The linings swell, extra mucous is produced and the airway muscles contract and become narrow, making it difficult for air to flow in and out.

This causes asthma symptoms such as:

- coughing (especially at night or early morning)
- wheezing (a whistling sound in the chest)
- chest tightness
- shortness of breath

You may be diagnosed with asthma even if you do not have all of these symptoms.

There is no cure for asthma yet but it can be managed by knowing your condition, having tools in place to look after yourself and regular visits to your doctor. It’s important to take these steps because if left untreated, there’s a risk that symptoms will worsen and you can experience permanent damage to the airways. In some cases, this can lead to a severe or even fatal asthma attack.
HOW IS ASTHMA MANAGED?

Asthma management is all about feeling as well as possible. The better controlled your symptoms are, the less asthma will interfere with your health and wellbeing.

Research shows that some of the best things to do are:

- see your doctor for regular check-ups so that you can work together to monitor your asthma
- follow a written Asthma Action Plan developed together with your doctor
- stick to your medication program even when you feel well
- avoid known triggers where possible.

People with severe asthma tend to experience symptoms frequently and their lifestyle may be affected by their illness. If you have uncontrolled asthma, it may mean that you experience daily symptoms, sometimes severe enough that you may need to visit the hospital.
Regular check-ups with your doctor

Visiting your doctor on a regular basis to discuss your asthma management — even when you feel well — can help you stay in control of asthma and lead an active and healthy life.

Your doctor may want to measure your lung function from time to time to see how well your lungs are working. One test for asthma is spirometry, which gives an indication of the efficiency and capacity of your lungs. The test involves breathing into a tube attached to a spirometer, which measures the amount of air the lungs can hold and the rate that air can be exhaled. The results of the test are compared with those of healthy people of similar height, age, sex and ethnicity. If this test shows your lungs aren’t allowing you to breathe out as easily as you should, then a bronchodilator (a medicine which opens up the airways) is administered by a nebuliser (a pump that turns the medicine into spray mist) to see whether the problem can be at least partially corrected.

You may also be asked to monitor your asthma at home with a peak flow meter. This measure is often used as part of a written Asthma Action Plan. However, it’s not recommended in Australia as a way of monitoring asthma in children under 12.

Your doctor may refer you for specialist advice. You are also entitled to ask to see a specialist or seek a second opinion if you feel the need.
WHY DO I NEED AN ASTHMA ACTION PLAN?

An Asthma Action Plan is a personalised summary of how you can best manage your asthma at all levels from well to severe, and includes the medicines and self-management techniques you can use in each circumstance.

An Asthma Action Plan can help you recognise when your asthma is getting worse. It provides you with clear instructions about what to do when this happens, and when to adjust the amount of medication you take. It also provides you with important information on when to see your GP or visit hospital to get medical help quickly.

If you don’t already have an Asthma Action Plan, work with your doctor to develop one (you can find an Asthma Action Plan on page 17 of this guide). Your doctor will help you work out necessary medications, as well as when to take them and how much to increase your doses.

Asthma is a condition that may change over time. So take your Asthma Action Plan with you every time you visit your doctor for a regular check-up so they can review and update instructions if necessary. People who follow a written Asthma Action Plan developed with their doctor are likely to feel better, have fewer asthma attacks and have fewer days off school or work because of asthma.
There are many medications available to treat asthma but they are most effective when tailored to your individual needs. Treatment may be changed, and doses increased or decreased, according to your need for asthma control at different times. Make sure you understand how your medications work and tell your doctor or pharmacist if you are experiencing any side effects.

There are two types of asthma medications:

- controllers (also known as preventers) — to help prevent symptoms and control the progression of your asthma
- relievers — to help treat and relieve your symptoms.

Use relievers for quick relief of asthma symptoms like coughing, wheezing or shortness of breath. These short-acting relievers (also known as bronchodilators) include medicines such as salbutamol and terbutaline that work to widen your airways and quickly ease your symptoms. If you have to use a reliever frequently (generally more than three times a week), this calls for a visit to your doctor.

Controllers prevent symptoms to help reduce the use of your reliever medication. They usually contain a steroid medicine, such as beclomethasone or fluticasone, and work by reducing the swelling inside the airways. Controllers are a long-term medication and need time to be effective so if you’re given a controller medication you should use it every day — even if you don’t have symptoms.
If your symptoms aren’t well controlled with a regular preventer and occasional use of a short-acting reliever, you may be prescribed a combination treatment with both a long-acting reliever and a controller.

Most asthma medications are given by an inhaler (or ‘puffer’) as this helps the medication get to the lungs where it’s needed. Inhalers contain gas or dry powder that propels the correct dose of medicine either when you press the top down or when you take a deep breath.

If you use a gas propelled inhaler, you may also be given a spacer. Spacers are devices that can help you use your inhaler correctly and are particularly helpful for babies (when used with a face mask) and children. A spacer is a long tube which clips onto the inhaler. You breathe in and out of a mouthpiece at the other end of the tube. It’s easier to use because it allows you to activate the inhaler and then inhale in two separate steps. Using a spacer also reduces the risk of getting a sore throat from using a steroid inhaler. You can talk to your doctor, asthma educator or pharmacist for more advice on using your inhaler and spacers.
There is also a controller medication available in tablet form. And if you have severe asthma symptoms, your doctor may prescribe a course of steroid tablets such as prednisone, to be taken as directed.

Talk to your doctor for more information and to work out which medications and/or devices are best for you. Read the consumer medicines information leaflet of any medication you are prescribed and talk to your pharmacist if you have any questions.

Remember to tell your pharmacist and doctor about any other medications you take, including over-the-counter and complementary ones. Some medications may make your asthma worse or react with your asthma medication. For example, asthma symptoms may arise after taking aspirin, or non-steroidal anti-inflammatory drugs (NSAIDs) to treat pain, muscle and joint inflammation. If you are unsure whether it’s safe to take a particular medication, ask your doctor or pharmacist beforehand.

**Complementary therapies**

In recent years many people have become interested in using complementary therapies for a range of conditions including asthma. It’s important to be aware that some complementary medicines can pose a danger by worsening asthma symptoms.

If you want to consider this option, make sure you have accurate information and make the decision in conjunction with your doctor. There is less information available about the safety and effectiveness of complementary therapies compared with prescribed asthma medications.

Regardless of your treatment choices, we recommend you have an Asthma Action Plan in place and continue with any prescribed medications until you’ve consulted your doctor or pharmacist.
Useful tips

° Ask your doctor and/or pharmacist about the role of each of your medications. Ask for written instructions on when and how to use each one and include in your Asthma Action Plan.

° Learn about the side effects of your medication so you have a better understanding of what you might expect and what to be concerned about. If you have any worries about your medications, talk to your doctor or pharmacist.

° If you’ve been prescribed controller medication, keep taking it even when you feel well. It needs to be taken regularly and long term to work effectively.

° Ask your doctor if your medication routine can be simplified. For example, having the same type of puffers for all your medications so you don’t have to get used to several kinds. Discuss with your doctor which asthma puffer you feel most comfortable with, whether you need a spacer if you have trouble coordinating the ‘press and breathe’ process, or whether you need a different kind of inhaler or medication.

° Even the best medication will only work if you take it correctly. Ask your doctor or pharmacist to check your puffer technique regularly.

° Create memory aids for yourself such as taking your regular asthma medication when you brush your teeth in the morning and evening.
KNOW YOUR ASTHMA TRIGGERS

There are often triggers that can result in a flare up of asthma symptoms. Triggers vary from person to person, but common triggers include:

- respiratory infection — such as a cold or flu
- irritants — such as dust, cigarette smoke and fumes
- allergies — to pollen, medicines, animals, house dust mites or certain foods
- exercise — especially in cold, dry air
- emotions — laughing or crying very hard can trigger symptoms, as can stress
- chemicals (and other substances) found in the workplace — this is called occupational asthma
- medications — certain medications can trigger asthma.

You may already have a list of what triggers you or your child’s asthma. If you’re not sure what can trigger your asthma, ask your doctor to help you work it out. Keep a diary to record anything that triggers your asthma as this can also help identify patterns.

Exercise and asthma

While exercise can be a common trigger, it’s important for general health and fitness. It’s generally better to manage the symptoms than to stop exercising. Good asthma management, pre-exercise medication or warm-up exercises may help relieve asthma triggered by exercise.

Diet and asthma

Food is generally not a common trigger of asthma, but food allergies can lead to severe asthma symptoms in some people. In general, unless you and your doctor have determined otherwise, avoiding certain foods is unlikely to help you prevent asthma symptoms.
Smoking and Asthma

Smoking and passive smoking are major triggers for asthma, and people living with asthma and those around them are advised to not smoke.

Smoking:
- can worsen asthma symptoms
- makes asthma control more difficult and asthma medication less effective
- may cause additional lung damage and may increase the risk of permanent damage to airways.

Also, if you smoke and have young children, they are more likely to get asthma.
EXTRA TIPS FOR PARENTS

The tips on page 11 are for all ages. The following are some extra tips for parents and people looking after children with asthma:

- Try to remove allergens that are known triggers for asthma from the home and garden.
- As a general rule, your child’s controller medication can be taken before and after school so there is less need for supervision by teachers and hassles from other children are avoided.
- As the child gets older, involve them in decisions about their asthma medication and Asthma Action Plan.
- Tying asthma medication to the child’s own goals can help. For example, a child who loves sport will more likely take their medication if they understand that it may help them perform better when they’re experiencing less asthma symptoms.
ASTHMA QUIZ

Here are some important questions about your asthma. Discuss these questions and your answers with your doctor. This can help to improve your asthma management and quality of life.

1. How often do you have asthma symptoms such as a cough, wheeze, chest tightness or shortness of breath?

2. Do you wake during the night or early in the morning with asthma symptoms? If so, how often?

3. Do you get asthma symptoms when you exercise?

4. Do you know what triggers your asthma (common asthma triggers are house dust, pollen, animal fur, fumes, moulds, tobacco smoke, cold air, colds and flu)?

5. Have you missed work or school because of asthma in the last three months?

6. Has your doctor prescribed reliever medication for you (eg Ventolin, Bricanyl, Airomir, Asmol)? If so, how often do you take it?
7 How well does reliever medication help your asthma symptoms?

8 Has your doctor prescribed preventer/controller medication for you (eg Pulmicort, Flixotide, Alvesco, Qvar)? If so, do you take it as prescribed?

9 Has your doctor prescribed a combination medication for you like Symbicort or Seretide?

10 How well does a controller and/or combination medication help your asthma?

11 What do you do if your asthma gets worse?

12 Have you checked with your doctor or pharmacist that you are using your asthma inhaler (‘puffer’), spacer device or peak flow meter correctly?

13 How recently have you had your lung function measured with a spirometer or peak flow meter?
### THE ASTHMA ACTION PLAN — FOR CHILDREN AND ADULTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Best peak flow*</th>
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<tbody>
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<td></td>
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*Not recommended for children under 12 years

<table>
<thead>
<tr>
<th>WHEN WELL/ASTHMA UNDER CONTROL</th>
<th>PEAK FLOW* ABOVE</th>
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<tbody>
<tr>
<td>(Almost no symptoms)</td>
<td></td>
</tr>
<tr>
<td>Preventer</td>
<td>Dose</td>
</tr>
<tr>
<td>Reliever</td>
<td>Dose</td>
</tr>
<tr>
<td>Symptom controller (if prescribed)</td>
<td>Dose</td>
</tr>
<tr>
<td>Combination medication (if prescribed)</td>
<td>Dose</td>
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</tbody>
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<table>
<thead>
<tr>
<th>WHEN NOT WELL/ASTHMA GETTING WORSE</th>
<th>PEAK FLOW* BETWEEN</th>
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<tbody>
<tr>
<td>(Waking from sleep, using more reliever, at the first sign of a cold)</td>
<td></td>
</tr>
<tr>
<td>Preventer</td>
<td>Dose</td>
</tr>
<tr>
<td>Reliever</td>
<td>Dose</td>
</tr>
<tr>
<td>Symptom controller (if prescribed)</td>
<td>Dose</td>
</tr>
<tr>
<td>Combination medication (if prescribed)</td>
<td>Dose</td>
</tr>
<tr>
<td>Continue on this increased dosage plan for</td>
<td>before returning to the doses you take when well.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>IF SYMPTOMS GET WORSE/ASTHMA IS SEVERE</th>
<th>PEAK FLOW* BETWEEN</th>
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</thead>
<tbody>
<tr>
<td>(Difficulty with normal activity, feel that asthma is out of control)</td>
<td></td>
</tr>
<tr>
<td>In addition to the above stages:</td>
<td></td>
</tr>
<tr>
<td>Start prednisolone/prednisone and contact doctor.</td>
<td>Dose</td>
</tr>
<tr>
<td>Stay on this dose until your peak flow is above</td>
<td>on two consecutive mornings.</td>
</tr>
<tr>
<td>Reduce prednisolone/prednisone to daily dose of</td>
<td>for days, then cease.</td>
</tr>
<tr>
<td>Extra steps to take</td>
<td></td>
</tr>
<tr>
<td>When your symptoms get better, return to the dose you take when well.</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>DANGER SIGNS</th>
<th>PEAK FLOW* BETWEEN</th>
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<tbody>
<tr>
<td>(Waking from sleep, using more reliever, at the first sign of a cold)</td>
<td></td>
</tr>
<tr>
<td>Continue reliever (if prescribed)</td>
<td>Dose</td>
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For a medical emergency, call 000 or go to the nearest hospital. If you aren't sure, call your doctor or local hospital.
ASTHMA ACTION PLAN

Take the Asthma Action Plan with you when you visit your doctor and you can fill it in together.

When well:

- you’re free of regular night-time wheeze, cough or chest tightness
- you don’t regularly wheeze, cough or experience chest tightness on waking or during the day
- you’re able to take part in normal physical activity without getting asthma symptoms
- you don’t need reliever medication more than three times a week (except if it is used before exercise).

When not well you may experience one or more of the following:

- increasing night-time wheeze or cough or chest tightness
- asthma symptoms in the morning when you wake up
- a need for extra doses of reliever medication
- symptoms which interfere with exercise.

If symptoms get worse, this is an acute asthma attack and you may experience:

- increasing wheeze, cough, chest tightness or shortness of breath
- a need to use your reliever medication at least once every three hours or more often
- sleep disruption with asthma symptoms.
DANGER SIGNS

if you experience these, dial 000 for an ambulance immediately as this is an asthma emergency:

- your symptoms get worse very quickly
- your symptoms don’t respond to reliever medication or return within minutes of taking reliever medication
- you have severe shortness of breath, can’t speak comfortably, or your lips look blue.
The information in this brochure has been developed and reviewed for Bupa Australia Pty Ltd and its related entities (‘Bupa’) by health professionals. To the best of their knowledge it is current and based on reputable sources of medical research. It is intended to be a guide only and should not be relied upon as a substitute for professional medical advice. The mention of specific products, services, tests, doctors, specialists or other health care professionals, procedures or opinions does not constitute or imply a recommendation or endorsement by Bupa, unless specifically stated as such. Bupa makes no warranties or representations regarding the completeness or accuracy of the information and is not liable for any loss or damage you suffer arising out of the use of or reliance on the information, except that which cannot be excluded by law. We recommend that you consult your doctor or other qualified health professional if you have questions or concerns about your health or wish to discuss your individual symptoms or circumstances. The information in this brochure does not represent which products and services may or may not be covered under your level of cover.

WHERE CAN I GET FURTHER INFORMATION?

For more information and support, contact:

○ Your local doctor
○ Your local Asthma Foundation on 1800 645 130
○ National Asthma Council Australia at www.nationalasthma.org.au

Sources


