

Asthma

If you have asthma, you are not alone. About 20 million people in the United States have this lung disease. Of these, almost 9 million are children. Asthma is a problem among all races. But the asthma death rate and hospitalization rate for African Americans are three times the rate of Caucasians. Proper asthma care could prevent these complications for all.

This information can help you learn to control your asthma or help a friend or family member with asthma.

Asthma is a serious lung disease

Individuals with asthma have lungs that are consistently swollen or inflamed to some degree. Asthma attacks go through three processes. First, your airways become irritated and react to things like smoke, dust, pollen and other irritants. Second, your airways narrow or become smaller and then produce more mucous which reduces the size of the airway. Finally, the airway muscles tighten, causing "Bronchospasms" that cause common symptoms like:

- Coughing
- Wheezing (a whistling noise when you breathe)
- Chest tightness (the feeling that someone is squeezing or sitting on your chest)
- Shortness of breath
- Faster or noisy breathing

You may have all of these symptoms, some of them or just one. Symptoms can be mild or severe.

Asthma that is not well controlled can cause many problems. People have problems sleeping, miss work or school, and may be hospitalized or even die because of their asthma. But many of these problems are preventable.

Your asthma can be controlled with proper care

With the provider's help, you can control your asthma and become free of symptoms most of the time. But your asthma does NOT go away when your symptoms go away.

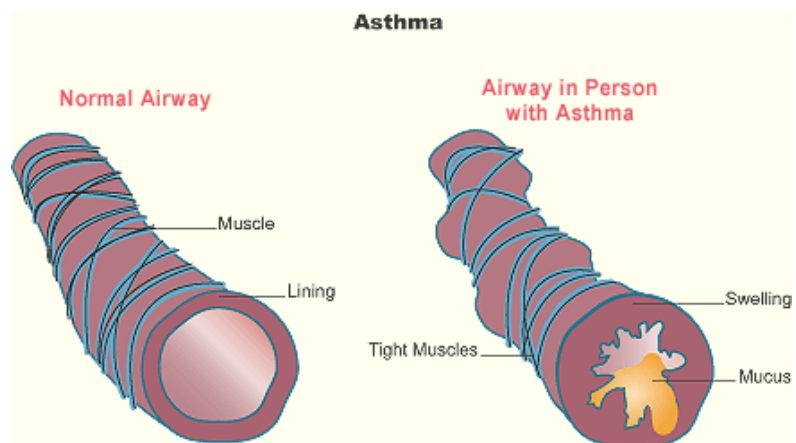
Your asthma can not be cured - having asthma is part of your life. If you had asthma symptoms only as a child, you still have asthma. You can NOT grow out of asthma. So you need to make taking care of your asthma a part of your life. This is true even if your asthma is mild.

How to take care of your asthma

- Work with your health care provider and see him or her at least every six months.
- Take your asthma medicines exactly as your provider tells you.
- Watch for signs that your asthma is getting worse and act quickly.
- Stay away from or control things that make your asthma worse.
- Perform peak flow meter testing daily and track your trends.

Asthma Classifications

- **Mild intermittent (comes and goes)** – you have episodes of asthma symptoms twice a week or less, and you are bothered by symptoms at night twice a month or less. Between episodes however, you have no symptoms and your lung function is normal.
- **Mild persistent asthma** – you have asthma symptoms more than twice a week, but no more than once in a single day. You are bothered by symptoms at night more than twice a month. You may have asthma attacks that affect your activity.
- **Moderate persistent asthma** – you have asthma symptoms every day, and you are bothered by nighttime symptoms more than once a week. Asthma attacks may affect your activity.



- **Severe persistent asthma** – you have symptoms throughout the day on most days, and you are bothered by nighttime symptoms often. With severe asthma, your physical activity is likely to be limited.

The above classifications are based on when you are not taking any medications. Anyone with asthma can have a severe attack – even people who have intermittent or mild persistent asthma.

How to work with your health care provider

- Agree on clear treatment goals with your health care provider.
- Agree on what things you need to do. Then do them.
 - Ask questions until you feel you know what your health care provider wants you to do, when you should do it, and why. Tell your provider if you think you will have trouble doing what is asked. You can work together to find a treatment plan that is right for you.
 - Write down the things you are supposed to do before you leave the office, or soon after.
 - Put up reminders to yourself to take your medicine on time. Put these notes in places where you will see them.
- See your health care provider at least every six months to check your asthma and review your treatment. Call for an appointment if you need one.

Prepare a day or two before each visit with your provider

Answer the questions in "Is Your Asthma under Control?" Talk to your health care provider about your answers. Also, talk about any changes in your home or work that may have made your asthma worse. Write down questions and concerns to discuss with your provider. Include ALL of your concerns even those you think are not a big deal. Bring your medications and written action plan to each visit. If you use a peak flow meter, bring it to each visit.

Is your asthma under control?

Answer these questions by placing the appropriate number in the far right column. Do this just before each visit.

In the past four weeks:

1. How often did your asthma keep you from getting as much done at work, school or at home? (1) all the time, (2) most of the time, (3) some of the time, (4) a little of the time, (5) none of the time	
2. How often do you have shortness of breath? (1) more than once a day, (2) once a day, (3) 3-6 times a week, (4) once or twice a week, (5) not at all	
3. How often do your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than normal? (1) 4 or more nights a week, (2) 2 or 3 night a week, (3) once a week, (4) once a week or less, (5) not at all	
4. How often do you use your rescue inhaler or nebulizer medication? (3 or more times per day, (2) 1 or 2 times per day, (3) 1 or 2 times a week, (4) once a week or less, (5) not at all	
5. How would you rate your asthma control during the past four weeks? (1) not controlled at all, (2) poorly controlled, (3) somewhat controlled, (4) well controlled, (5) completely controlled	
Add columns 1-5	TOTAL

If the total score is 19 or less, your asthma may not be controlled as effectively as it could be. Consider making an appointment with an I Health team member to discuss your results at (217) 244-9677.

With proper treatment, you should ideally have these results:

- Your asthma should be controlled
- You should be free of asthma symptoms.
- You should have fewer attacks.
- You should use quick-relief medicines less often.
- You should be able to do normal activities without having symptoms.

Taking the right medicines at the right times

There are two primary types of medications for asthma: (1) those that help with the long-term control of asthma and (2) those that give short-term quick relief from asthma symptoms.

Long-term control medicines are taken every day to control asthma

Long-term-control medicines will prevent symptoms and control asthma. But it often takes a few weeks before you feel the full effects of this medicine.

Ask your health care provider about taking daily long-term-control medicine if you:

- have asthma symptoms three or more times a week, or
- have asthma symptoms at night, three or more times a month, or
- if your Asthma Control test score above was 19 or less.

If you need a long-term-control medicine, you will need to keep taking your medicine each day, even when you feel well. This is the only way you can keep your asthma under control.

Make taking your long-term-control medicine a part of your daily routine - just like eating, sleeping, and brushing your teeth.

The long-term control medicines

The most effective long-term-control medicines are those that reduce swelling in your airways (inflammation). These medicines include inhaled steroids, cromolyn, and nedocromil.

- Inhaled steroids and steroid tablets are the strongest long-term-control medicines. The steroids used for asthma are NOT the same as the unsafe steroids some athletes take to build muscles.
- Inhaled steroids are used to prevent symptoms and control mild, moderate, and severe asthma. Inhaled steroids are safe when taken at recommended doses. This is because the medicine goes right to your lungs when you need it. This reduces the amount of medicine you need and the chance of any side effects.
- Steroid tablets or liquids are used safely for short times to quickly bring asthma under control. They are also used longer term to control the most severe asthma.
- Cromolyn and nedocromil are often the choice of medicine for children with mild asthma.
- Theophylline, which is used either alone to treat mild persistent asthma or together with inhaled corticosteroids to treat moderate persistent asthma. People who take theophylline should have their blood levels checked to be sure the dose is appropriate.

If you stop taking long-term control medicines, your asthma will likely worsen again.

Many people with asthma need both a short-acting bronchodilator to use when symptoms worsen and long-term daily asthma control medicines to treat ongoing inflammation. Over time, your provider may need to make changes in your asthma medicine. You may need to increase your dose, lower your dose, or try a combination of medicines. Be sure to work with your health care provider to find the best treatment for your asthma. The goal is to use the least amount of medicine necessary to control your asthma.

Most asthma medicines are inhaled. They go directly into your lungs where they are needed. There are many kinds of inhalers, and many require different techniques. It is important to know how to use your inhaler correctly.

Quick-relief medicines are taken only when needed

Everyone with asthma needs a quick-relief or “rescue” medicine to stop asthma symptoms before they get worse. Short-acting inhaled beta-agonists are the preferred quick-relief medicine. These medicines are bronchodilators. They act quickly to relax tightened muscles around your airways so that the airways can open up and allow more air to flow through.

You should take your quick-relief medicine when you first begin to feel asthma symptoms, such as coughing, wheezing, chest tightness, or shortness of breath. You should carry your quick-relief inhaler with you at all times in case of an asthma attack.

Your health care provider may recommend that you take your quick-relief medicines at other times as well – for example, before exercise.

Can asthma be prevented?

We don't know yet how to prevent asthma, but there are some things that can lower your chances of having an asthma attack.

To prevent asthma symptoms:

- Learn about your asthma and how to control it.
- Use medicines as directed by your provider to prevent or stop attacks.
- Avoid things that make your asthma worse as much as possible.
- Get regular checkups from your health care provider.
- Follow your asthma self-management plan.

Scientists do not yet know how to prevent the inflammation of the airways that leads to asthma. They are exploring some theories:

- Babies exposed to tobacco smoke are more likely to get asthma. If a woman is exposed to tobacco smoke during pregnancy, her baby may also be more likely to get asthma.
- Obesity may be linked to asthma, as well as other health problems.

Living with asthma

If you have asthma, it is important to learn how to take care of yourself. Work with your health care provider on a daily asthma self-management plan that you are both happy with.

- Tell your doctor about all other medications you are taking, in case one of them affects your asthma.
- Follow your asthma self-management plan and have regular checkups.
- Learn to use your medication correctly. Ask your health care provider to teach you how to use your inhaler. This is very important. If you do not use your inhalers correctly, less medication will get into your airways.
- If you are having problems taking your asthma medicine, let your health care provider know right away.

You need to know what things bring on your asthma symptoms. Then you can avoid or limit contact with these things.

- If animal dander is a problem for you, keep your pet out of the house or at least out of your bedroom, or find it a new home.
- Do not smoke or allow smoking in your home, car, etc.
- If pollen is a problem for you, stay indoors with the air conditioner on, if possible, when the pollen count is high.
- To control dust mites, wash your sheets, blankets, pillows, and stuffed toys once a week in hot water. You can get special dust proof covers for your mattress and pillows.
- If cold air bothers you, wear a scarf over your mouth and nose in the winter.
- If you have symptoms when you exercise or do routine physical activities like climbing stairs, work with your health care provider to find ways to be active without having asthma symptoms. Physical activity is important.
- If you are allergic to sulfites, avoid foods (like dried fruit) or beverages (like wine) that contain them.

Be alert for warning signs of an asthma attack.

- Watch for symptoms (for example, coughing, wheezing, chest tightness, and difficulty breathing) and use your quick-relief medicine as prescribed by your provider.
- Use your peak flow meter as directed to monitor your asthma.

If your asthma is not under control, there will be signs that you should not ignore. The following are some signs that your asthma is getting worse:

- You have asthma symptoms more often than usual.
- Your asthma symptoms are worse than they used to be.
- Your asthma symptoms are bothering you a lot at night and making you lose sleep.
- You are missing school or work because of your asthma.
- Your peak flow number is low or varies a lot from day to day.
- Your asthma medicines do not seem to be working very well anymore.
- You have to use your short-acting quick-relief, or "rescue" inhaler more often. Using quick-relief medicine every day or using more than one inhaler a month is too much.
- You have to go to the emergency room or health care provider because of an asthma attack.

- You end up in the hospital because of your asthma.

If your asthma seems to be getting worse, see your provider. You may need to change your medicines or do other things to get your asthma under control.

Source

Adapted with permission from: National Heart, Lung, and Blood Institute (NHLBI) as part of the National Institutes of Health and the U.S. Department of Health and Human Services, 2008.

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If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: **<http://www.mckinley.uiuc.edu>**