

Asthma in Adults

Take Control, Live Better



Asthma

Asthma causes swelling and inflammation in the airways (bronchial tubes) that lead to your lungs.

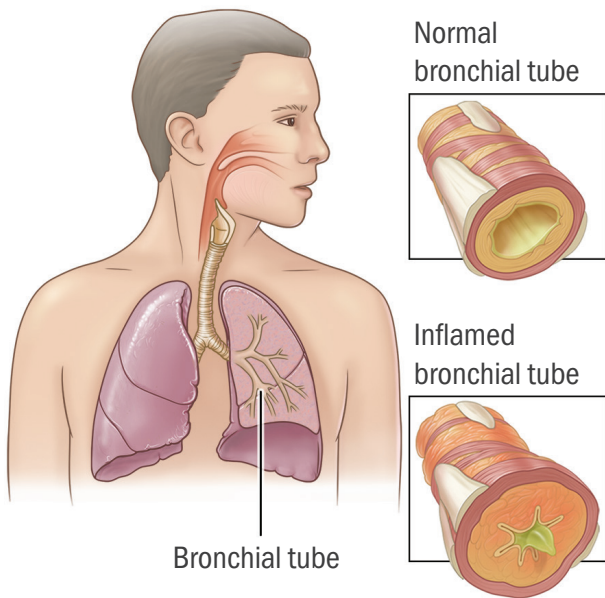
When asthma flares up, the airways tighten and become narrower. This keeps the air from passing through easily and makes it hard for you to breathe. These flare-ups are also called asthma attacks or exacerbations.

Asthma affects people in different ways. Some people only have asthma symptoms during allergy season, or when they breathe in cold air, or when they exercise. Others have many severe symptoms that send them to the doctor often.

Even if you have few asthma attacks, you still need to treat your asthma. The swelling and inflammation in your airways can lead to permanent changes in your airways and harm your lungs.

But asthma doesn't have to control your life. There are things you can do every day to prevent these problems and live better with asthma.





During an asthma attack, your bronchial tubes are swollen and inflamed. This is why it's hard to breathe.

What you can do

- ▶ **See your doctor regularly.** How often you need checkups depends on how bad your asthma is.
- ▶ **Have and follow an asthma action plan.** This plan helps you control your asthma over the long term and know what to do when you have an asthma attack.
- ▶ **Take part in your care.** Check your peak flow if your doctor recommends it. Keep track of your symptoms. Don't ignore your asthma just because you feel good.
- ▶ **Learn what things make your asthma worse or lead to asthma attacks.** Avoid these triggers when you can.
- ▶ **Take your asthma medicines.** If you're not sure how or when to take them, talk to your doctor.

Symptoms

Having asthma symptoms can mean that your asthma is not well controlled.

You may need to see your doctor and adjust your treatment if you:

- ▶ Wheeze.
- ▶ Cough a lot.
- ▶ Feel tightness in your chest.
- ▶ Feel short of breath.
- ▶ Sleep poorly because of coughing or trouble breathing.
- ▶ Get tired quickly during exercise.

When to call a doctor

Call 911 if:

- ▶ You have severe trouble breathing.

Call your doctor now if:

- ▶ Your symptoms don't get better after you have followed your asthma action plan.
- ▶ You cough up dark brown or bloody mucus.
- ▶ You have new or worse trouble breathing.

Contact your doctor if:

- ▶ Your coughing and wheezing get worse.
- ▶ You cough more deeply or more often, especially if you notice more mucus or a change in the color of your mucus.
- ▶ You need to use quick-relief medicine on more than 2 days a week (unless it's just for when you exercise).
- ▶ Your asthma symptoms wake you up more than 2 times a month.
- ▶ You want help figuring out what triggers your asthma attacks.



Getting regular checkups

Seeing your doctor regularly is a key part of asthma treatment.

How often you need to see your doctor depends on how bad your asthma is. If you have mild asthma, you may need a checkup at least every 6 months. If your asthma isn't well controlled, you may need to see your doctor more often.

At your visit:

- ▶ Tell your doctor how your symptoms or peak flow have been. For example, have they been better, been worse, or stayed the same?
- ▶ Let your doctor know if your asthma has been worse at night or during exercise.

- ▶ If you've been keeping a record of your symptoms or an asthma diary, bring it with you.
- ▶ If your doctor has recommended that you check your peak flow, bring your peak flow meter so your doctor can see how you use it.

Based on how your asthma is, your doctor may change your medicines or how much you use.

Did you know?

Your peak flow is how much air you can breathe out very quickly. It tells you how well your airways and lungs are working.

Keeping asthma under control

Asthma is considered well controlled when:

- ▶ You can prevent symptoms and attacks.
- ▶ You keep your lung function as close to normal as possible.
- ▶ You need to use your quick-relief inhaler no more than twice a week during the day and no more than twice a month at night.
- ▶ You can do your normal daily activities, such as work, school, exercise, and recreation.
- ▶ You have few or no side effects from your medicine.

If you're having trouble controlling your asthma, talk to your doctor. Adjusting your medicines or taking other steps may help.

Using an asthma action plan

Go to web

Using an asthma action plan is an important step toward living better with asthma. To learn more about making and using an action plan, go to www.healthwise.net/patiented and enter **B518** into the search box.

An action plan can help you be in control of your asthma.

An asthma action plan is a written plan that shows you how you're doing and what to do when you start having problems.

An asthma action plan usually includes:

- ▶ A list of which medicines you take daily for asthma control and when to take them.
- ▶ Steps to take when your symptoms get worse, so you can avoid an attack.
- ▶ What to do if an attack becomes an emergency, and where to get medical treatment.

An asthma action plan is based on zones defined by your symptoms, your peak flow, or both. There are three zones: green, yellow, and red. Your action plan tells you what to do when you are in each zone.

An asthma action plan can help you feel better and avoid serious health problems. If you don't have a plan, ask your doctor to help you fill out the one in this workbook.

Adjusting your plan

There may be times when you need to adjust your asthma action plan.

For example, you may need special treatment:

- ▶ **When you exercise.** Exercise often causes asthma symptoms. You may need to use medicine right before you exercise.
- ▶ **As you get older.** Older adults tend to have worse asthma symptoms and a higher risk of death from asthma than younger people. Older adults may also be taking other medicines that can make asthma symptoms worse.
- ▶ **During pregnancy.** Your symptoms may get better or worse during pregnancy.
- ▶ **Before having surgery.** People who have moderate to severe asthma are at higher risk of having problems during and after surgery than people who don't have asthma.

You and your doctor can work together to adjust your action plan or medicines so you can stay in control.



Asthma action plan

Doctor's name: _____

Doctor's phone: _____

Controller medicines

How much?

How often?

Other instructions: _____

Quick-relief medicine

How much?

How often?

Other instructions: _____

GREEN ZONE

This is where I want to be.

Symptoms

- ▶ I have no shortness of breath, cough, wheezing, or chest tightness.
- ▶ I can do all of my usual activities.
- ▶ I sleep well at night.

Peak flow

(if I use a peak flow meter):
_____ or more (80% or more of my personal best)

Actions

- Take controller medicine(s) every day.
- Avoid asthma triggers.
- Take quick-relief medicine ___ minutes before exercise.

YELLOW ZONE

My asthma is getting worse.

Symptoms

- ▶ I'm coughing or wheezing or have chest tightness or shortness of breath.
- ▶ Symptoms keep me up at night.
- ▶ I can do some but not all of my usual activities.

Peak flow

(if I use a peak flow meter):
_____ (50% to 79% of my personal best)

Actions

- Take _____ puff(s) of my quick-relief medicine.
Repeat every _____ hours.

If my symptoms don't get better or my peak flow has not returned to the green zone in 1 hour, then:

- Take _____ puff(s) of _____
(controller medicine)
and take it _____ times a day.
- Start or increase corticosteroid pills.
Take _____ mg
_____ times a day.
- Call my doctor.

RED ZONE

Danger!

Symptoms

- ▶ I'm very short of breath.
- ▶ I can't do my usual activities.
- ▶ Quick-relief medicine doesn't help, or my symptoms don't get better after 24 hours in the yellow zone.

Peak flow

(if I use a peak flow meter):
_____ (less than 50% of my personal best)

Actions

- Take _____ puff(s) of my quick-relief medicine.
Repeat _____ times.
- Start or increase corticosteroid pills.
Take _____ mg now.
- Call my doctor. Or if I can't reach my doctor, I'll go to the hospital or call 911.

EMERGENCY: If it's hard to walk or talk because of shortness of breath, or if my lips or fingertips are blue, I need to CALL 911 or go to the hospital for help right away.

Checking peak flow

Peak flow (peak expiratory flow, or PEF) is how much air you can breathe out very quickly.

Go to web

For more tips on measuring your peak flow, go to www.healthwise.net/patiented and enter **Z376** into the search box.

If your doctor recommends checking your peak flow, doing it regularly may help you to:

- ▶ Know how well your lungs are working, even if you don't have symptoms.
- ▶ Find out what things make your asthma worse. For example, if your peak flow is always worse when you're stressed or when you let your dog sleep in your bedroom, it's a sign that these things are not good for your asthma.

Checking your peak flow is quick and easy. You can do it at home with a simple, low-cost device called a peak flow meter.

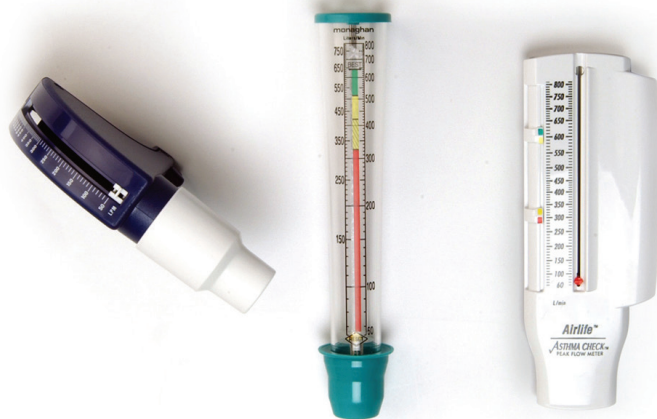
How to check your peak flow

1. Take a breath and blow into the tube on the meter as hard and as fast as you can.
2. Check the number on the meter, and write it down where you keep track of your peak flow, such as in your asthma diary.
3. Do what your asthma action plan says to do based on your peak flow.


Work with your doctor to find out what your peak flow should be and how often to check it. Bring the record of your peak flow readings and symptoms to every checkup.

These help your doctor know if you need to change your treatment.

Examples of peak flow meters



Weekly asthma diary

Date	a.m./p.m. peak expiratory flow (PEF) (if using a peak flow meter)			Trigger	Symptoms	Quick-relief medicine and response	Red-zone visit to doctor or hospital?
	 Green zone	 Yellow zone	 Red zone				
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							



Avoiding your triggers

Go to web

To learn more about finding your triggers and how to avoid them, go to www.healthwise.net/patiented and enter **B443** into the search box.

For many people who have common allergies, allergy shots can reduce or prevent symptoms. But allergy shots have both pros and cons. For help deciding whether allergy shots might be right for you, go to www.healthwise.net/patiented and enter **F498** into the search box.

A trigger is anything that makes your asthma worse and can cause an attack. Smoke, pollution, pollen, pet dander, colds, stress, and cold air are common triggers.

You can learn what triggers your asthma by keeping track of your peak flow, your symptoms, or both. When you get worse or better, think about what may have caused it.

Once you know what your triggers are, try to avoid them. This can help prevent asthma attacks and keep you healthy and out of the hospital.

Avoid common triggers

- ▶ **If you smoke, quit.** Talk to your doctor if you need help quitting.
- ▶ **Stay out of smoky places.** Don't use a wood-burning stove or fireplace.
- ▶ **Reduce dust, dust mites, pollen, and mold in your home**—especially in your bedroom. Dust and vacuum regularly. Wash bedding in hot water.

- ▶ **Don't exercise outside when the air is cold and dry.** Work out in a gym. Walk at the mall. Or do exercises at home.
- ▶ **Keep pets out of your bedroom.** Keep your pet in areas with hard floors. They're easier to clean than carpets.
- ▶ **Avoid colds and flu.** Get a flu vaccine every year. And ask your doctor about getting the pneumococcal shot.
- ▶ **Limit your exposure to pollens if you're allergic to them.** Check your local weather report for pollen counts in your area.
- ▶ **Avoid foods that may cause asthma symptoms.** Some people get symptoms after having foods or drinks that contain sulfites, such as processed potatoes, shrimp, nuts, dried fruit, and beer or wine.
- ▶ **Avoid aspirin, ibuprofen, and similar medicines** if they increase asthma symptoms. Use acetaminophen (Tylenol) instead.



Identify your triggers

**My triggers
(check off)**

**These things make my symptoms
or peak flow worse:**

- Air pollution
-
- Animal dander
-
- Cigarette smoke
-
- Cockroaches
-
- Colds, flu, or sinusitis
-
- Dry, cold air
-
- Exercise
-
- Heartburn or gastroesophageal reflux disease (GERD)
-
- Hormone changes, such as during pregnancy or menstrual period
-
- House dust mites
-
- Indoor mold
-
- Medicines, such as beta-blockers, aspirin, and other nonsteroidal anti-inflammatory drugs (NSAIDs)
-
- Pollen
-
- Other

Taking medicines properly



Did you know?

Be sure you know which are your controller medicines and which are your quick-relief medicines. If you're not sure, talk to your doctor or pharmacist.

Asthma medicine helps prevent symptoms and makes you more able to do the things you want to do. It helps you control your asthma instead of your asthma controlling you.

Most people need two types of asthma medicine.

Controller medicine

You use these medicines every day, even when you don't have asthma symptoms. They reduce inflammation of your airways and prevent sudden, severe symptoms. Inhaled corticosteroids are a type of controller medicine.

Quick-relief medicine

Short-acting beta2-agonists are the quick-relief medicine that you use when you have symptoms of an asthma attack. It acts fast to treat an attack before it gets bad. This medicine relaxes the airways, allowing you to breathe easier.

Always keep quick-relief medicine with you.

Sometimes you may need other medicine too. For example, you may need oral or injected corticosteroids to get your asthma under control before you start taking daily medicine. You may also need these medicines to treat asthma attacks.



Using your inhaler

Asthma medicine usually comes in an inhaler. This device lets you breathe the medicine in through your mouth so it goes right to your airways and lungs.

For best results, be sure to use your inhaler correctly. You can ask your doctor or pharmacist for help. Your doctor may suggest using a spacer. This is a piece you attach to the inhaler. It makes using an inhaler easier for many people.

If you still have trouble, tell your doctor. There may be another way you can take your medicine.

Quick-relief medicine: Not for daily use

Since quick-relief medicine helps your breathing problems so quickly, you may be tempted to use it often to control your asthma instead of taking your controller medicine. This is not a good idea. Quick-relief medicine is for times when you can't prevent symptoms and need to treat them. It is not intended as the daily medicine you take to control your asthma.

Why does it matter?

- ▶ The goal is to prevent symptoms before they start. This is the job of controller medicine. Quick-relief medicine doesn't help as well with this.
- ▶ Using quick-relief medicine too often can cause your heart to beat too fast or in an odd rhythm.
- ▶ Needing to take quick-relief medicine on more than 2 days a week or more than 2 times a month at night may mean that your asthma is not controlled.

Talk to your doctor if you're using quick-relief medicine more often than you should.

Some people with asthma need to take quick-relief medicine before they exercise. If your doctor has advised this, it's okay to take it as often as you exercise.

Go to web

It's important to use an inhaler correctly. To learn more about using a metered-dose inhaler, go to www.healthwise.net/patiented and enter **E273 into the search box.**

To learn about using a dry powder inhaler, go to www.healthwise.net/patiented and enter **A517 into the search box.**

How to use a metered-dose inhaler with a spacer



After you place the inhaler into the spacer, hold the inhaler upright with the mouthpiece at the bottom.



Tilt your head back slightly, and breathe out slowly and completely.



Place the spacer's mouthpiece in your mouth.



Press down on the inhaler to spray one puff of medicine into the spacer and then start breathing in slowly (press first, then breathe in).

Amy's story

Amy and her mom had met for coffee one Saturday. Amy was telling a funny story about a customer at work when she began to cough.

She grabbed her quick-relief inhaler and took her dose.

After a few minutes, Amy continued with her story. But her mom interrupted.

“She pointed out that I have an asthma attack every time we meet, and I get worse when I laugh,” Amy remembers.

Amy assured her mom that her quick-relief inhaler always took care of the problem.

Amy's mom, who also has asthma, reminded her that using quick-relief medicine too much may mean asthma isn't controlled. Amy wasn't fine.

“I was irritated,” Amy recalls. “I mean, I'm an adult. I should know if I'm okay or not.”

But Amy began to wonder. Her prescription for controller medicine had expired, and she hadn't seen her doctor yet. She

thought she'd be okay without it. She began coughing a lot at work, and a customer asked if she was sick.

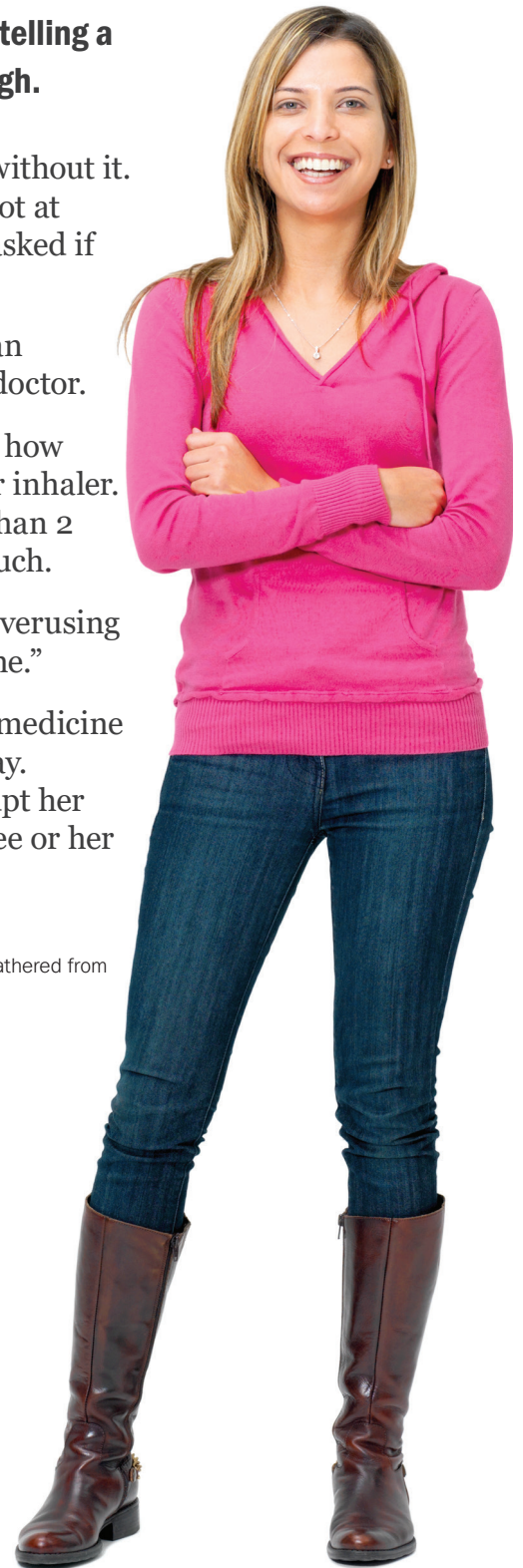
Amy decided to make an appointment with her doctor.

At the visit, she shared how often she was using her inhaler. Her doctor said more than 2 days a week was too much.

“I didn't realize I was overusing my quick-relief medicine.”

Now a daily controller medicine keeps Amy's cough away. Asthma doesn't interrupt her Saturday morning coffee or her mom's advice.

This story is based on information gathered from many people with asthma.



Work with your doctor to make a plan for your health. You can use this in addition to the Asthma action plan (page 7).

Health action plan

Name:

Doctor's name:

.....
Doctor's phone number:

.....
Other emergency contact numbers:

.....
Next doctor visit date:

.....
Questions for my doctor:

.....
When should I call my doctor?

.....
Call 911 if:

.....
List of my medicines:

.....
When to take my medicines:

.....
Does my doctor recommend any changes to my medicines? If so, what changes?

.....
What do I need to check or keep track of? (such as triggers or symptoms)

.....
Do I need to change my diet or activities? If so, what changes do I need to make?

