

SAVE YOUR



BREATH

A Guide to  
Effective Control  
of Asthma



## TABLE OF CONTENTS

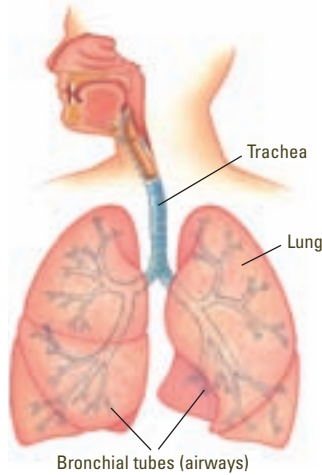
Understanding Asthma.....	2
Facts About Asthma.....	3
How Your Doctor Can Tell If You Have Asthma.....	3
Common Asthma Triggers.....	3
– Allergic Triggers .....	4
– Non-allergic Triggers.....	6
Treating Your Asthma – Medication and Devices .....	8
– Preventer Medications.....	10
– Reliever/Rescue Medications.....	12
– Inhalers and Other Devices Used in Treating Asthma.....	14
– Dry Powder Inhalers.....	14
– Aerosol Inhalers .....	17
– Spacer Devices .....	18
– Nebulizers/Compressors.....	19
– Peak Flow Monitoring .....	20
– Remember.....	21
Living with Asthma .....	22
– Know when Your Asthma May Be Getting Worse.....	22
– Get a Written Action Plan.....	23
– Know What to Do If You Become Pregnant.....	23
– Enjoying Life and Managing Your Asthma.....	23
– Be Responsible.....	24
– Keep Fit.....	24
– See Your Doctor.....	24
– Be Informed.....	25

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The opinions expressed in this booklet are those of the authors. Readers are advised to discuss the information presented in this booklet with their physician before acting on the basis of this information.

## UNDERSTANDING ASTHMA

Asthma is a condition that affects how you breathe. People with asthma usually have difficulty with breathing and may cough a lot. When you breathe, air passes through your nose or mouth into your windpipe (*trachea*). Air then travels down your windpipe to your lungs. Air enters your lungs by many tubes called "airways" (*bronchial tubes*).



When you have an asthma attack or asthma episode your airways get narrower than normal. This makes it harder for air to go in and out of the lungs. Airways can get smaller when:



*NORMAL AIRWAY*

### *ASTHMATIC AIRWAY*

- the muscles around the airways tighten
- more mucus (*phlegm*) is made in the airways and blocks the airflow.
- the inside of the airways swells (*inflammation*)



When this happens, people with asthma may wheeze, cough, have a tight chest or have shortness of breath.

## FACTS ABOUT ASTHMA

- Asthma is common and affects people of all ages.
- There is no cure for asthma, but it can be treated.
- Some children grow out of asthma, but it is difficult to tell who will and who won't.
- Asthma is not contagious, but it tends to run in families.
- There are certain "triggers" or things that bother some people's airways and cause asthma symptoms.
- Smoking or secondhand smoke can make asthma symptoms worse.
- Asthma is controlled by knowing the symptoms and looking after them properly.

## HOW YOUR DOCTOR CAN TELL IF YOU HAVE ASTHMA

To tell if you have asthma, your doctor will ask you about your symptoms (such as wheezing, coughing and shortness of breath) and will examine you thoroughly. Your doctor may order some tests for you to take. These tests confirm the diagnosis of asthma and rule out other lung problems:

- Breathing tests in the doctor's office or at a laboratory
- Chest x-ray and blood tests
- Allergy skin tests to find possible asthma triggers
- Peak flow monitoring at home and at work if work-related asthma is suspected

## COMMON ASTHMA TRIGGERS

The exact cause of asthma is not clear, but there are a number of things which can bother your airways. These things are called "**triggers.**" A trigger can cause your airways to narrow. When this happens, it blocks the flow of air. There are two main types of triggers:

- **Allergic**
- **Non-allergic**

## Allergic Triggers

People who have allergies may be sensitive to certain substances in the air or foods. If they breathe or eat these things, they could have an asthma attack.

### ANIMALS



**SOURCE:**  
– household pets such as cats, dogs, birds and other furry animals

#### HOW TO AVOID:

- if possible you should not have any pets in the home
- if you have pets keep them out of the bedroom or outside
- bathe pets once a week

### DUST MITES

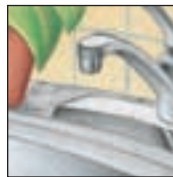


**SOURCE:**  
– carpets, furniture, mattresses, dirty filters, feather pillows, stuffed toys

#### HOW TO AVOID:

- vacuum regularly (avoid sweeping)
- use a zippered synthetic dust mite-proof covering for the mattress and pillows
- wash bed sheets in hot water
- dust with a damp cloth regularly
- change furnace filters monthly
- use synthetic-filled washable pillows and toys

### MOULD

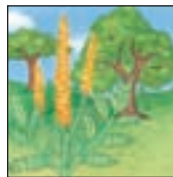


**SOURCE:**  
– damp areas, such as sinks, bathrooms, laundry areas  
– garbage cans, humidifiers  
– household plants

#### HOW TO AVOID:

- clean and air out rooms regularly
- have few house plants
- keep humidity in your house low (40-50%)
- clean humidifiers regularly if you use one

### POLLEN



**SOURCE:**  
– trees, grass, ragweed

#### HOW TO AVOID:

- avoid freshly cut lawns
- keep doors and windows closed in pollen season
- use central air conditioning if available

### FOODS & ADDITIVES



**SOURCE:**  
– foods such as nuts, shellfish, eggs, milk and chocolate  
– additives or food colouring  
– sulphite in dried or preserved fruits, beer, wine or salads  
– monosodium glutamate (MSG)

#### HOW TO AVOID:

- don't eat or drink foods that you know are triggers
- be informed and read labels on products
- ask for the ingredients in foods ordered in restaurants

## Non-allergic Triggers

Other things can bother your airways and cause an asthma attack/episode.

### EMOTIONS



#### SOURCE:

- excitement, laughing, crying, fear, anxiety or stress

#### HOW TO REDUCE:

- use relaxation techniques when possible
- take slow, deep breaths and breathe out slowly
- seek help in stressful situations

### EXERCISE



#### SOURCE:

- various sports or activities

#### HOW TO REDUCE:

- use your relief/rescue inhaler

10-15 minutes before exercise; do **not** avoid exercise

- discuss with your doctor
- warm up before exercise and cool down after
- exercise indoors in cold weather

### INFECTION



#### SOURCE:

- colds or chest infections

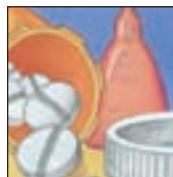
#### HOW TO REDUCE:

- monitor peak flows to see if

your asthma is getting worse

- get **written** self-management guidelines from your doctor or call your doctor for advice
- talk to your doctor about getting a yearly flu shot

### MEDICATIONS



#### SOURCE:

- various medications, including aspirin, certain blood pressure pills, certain eye drops (beta-blockers)

#### HOW TO REDUCE:

- tell your doctor and pharmacist about all medications you are taking so other medications can be given safely
- wear a MedicAlert® bracelet

### SMOKE/FUMES/IRRITANTS



#### SOURCE:

- cigarette smoke, fumes from bleach, paints, wood stoves, perfume or chemicals, high humidity or cold air

#### HOW TO REDUCE:

- stop smoking and avoid smoky areas
- get plenty of fresh air in work areas
- use a mask where possible
- wear a thick scarf over nose and mouth in cold weather
- avoid using strong-smelling detergents in the home

### WORKING AREAS AND WORK-RELATED PRODUCTS



#### SOURCE:

- working areas with fumes, gases, chemicals; dusty areas
- constant exposure to wheat, flour or latex products

#### HOW TO REDUCE:

- use recommended safety measures such as masks
- ask your doctor for advice if you think that something at work is making your asthma worse

## TREATING YOUR ASTHMA – MEDICATION AND DEVICES

Medication plays an important role in treating and managing asthma. Currently there is no cure for asthma, but it can be controlled. Looking after your asthma means preventing attacks/episodes and controlling your symptoms through proper use of your medications.

**Inhaled** (*breathed into your lungs*) medications are given most often because they go directly to the airways in your lungs. Asthma medication is also available in pills or liquids. Some people take different types of medications to look after their asthma. The type(s) of medication you take will depend on your asthma symptoms. There are two main types of medications: **preventer (anti-inflammatory)** and **reliever/rescue (bronchodilators)**.

### Preventer Medications (anti-inflammatory)



These medications help to reduce and control the swelling (*inflammation*) of your airways as well as preventing asthma symptoms such as coughing, wheezing and shortness

of breath. These medications **must be taken every day**. This means even if you are feeling well you need to take your medication as prescribed by your doctor. There are two types of preventative medications 1) inhaled steroids such as <sup>Pr</sup>**Pulmicort**<sup>®</sup>, **Flovent**<sup>\*</sup> and **Beclodisk**<sup>\*</sup> and 2) non-steroidals such as **Intal**<sup>\*</sup> and **Tilade**<sup>\*</sup>.

### Reliever/Rescue Medications (bronchodilators)



These medications relax tight airway muscles that surround the airways, making it easier to breathe. They are used for quick relief when you are having asthma symptoms or an

asthma attack/episode. There are different types of reliever/rescue medications — for example, <sup>Pr</sup>**Bricanyl**<sup>®</sup>, **Ventolin**<sup>\*</sup> and **Ventodisk**<sup>\*</sup>. Reliever/rescue medication should **not** be needed every day. If you find you need more and more of this type of medicine, it may mean your asthma is getting worse. See your doctor if this happens.

There are also **longer-acting bronchodilators** which are used to help control more severe asthma. Examples of this type of medicine are **Foradil**<sup>\*</sup> and **Serevent**<sup>\*</sup>. These medications **must be taken as prescribed**.

**Your medication(s) are:**

**Preventer:** \_\_\_\_\_

**Reliever/Rescue:** \_\_\_\_\_

**Other Medication:** \_\_\_\_\_

The following chart shows **some** of the different types of medications taken for asthma. Find your medication(s) in the chart.

## PREVENTER MEDICATIONS

INHALERS	
<p><b>Inhaled Steroids</b></p> <p><i>Most effective medications used for controlling asthma</i></p>	<p><b><sup>®</sup>Pulmicort<sup>®</sup></b> (budesonide)  <b>Becloforte<sup>*</sup></b> (beclomethasone dipropionate)  <b>Beclovent<sup>*</sup></b> (beclomethasone dipropionate)  <b>Beclodisk<sup>*</sup></b> (beclomethasone dipropionate)  <b>Flovent<sup>*</sup></b> (fluticasone propionate)  <b>Vanceril<sup>*</sup></b> (beclomethasone dipropionate)  <b>Bronalide<sup>*</sup></b> (flunisolide)  <b>Azmacort<sup>*</sup></b> (triamcinolone acetonide)</p>
<p><b>How They Work</b></p>	<ul style="list-style-type: none"> <li>• Treat and prevent swelling, mucus build-up in the airways</li> <li>• Slow-acting</li> <li>• Reduce irritation in the airways</li> </ul>
<p><b>Common Side Effects &amp; Helpful Hints</b></p>	<ul style="list-style-type: none"> <li>• hoarseness</li> <li>• mouth and throat infection (thrush)</li> <li>• may use aerosol inhaler with a spacer device</li> <li>• after use, rinse mouth, gargle and spit out water</li> <li>• nebulized form of Pulmicort also available</li> </ul>
<p><b>Inhaled Anti-inflammatory (non-steroidal)</b></p>	<p><b>Intal<sup>*</sup></b> (sodium cromoglycate)  <b>Tilade<sup>*</sup></b> (nedocromil sodium)</p>
<p><b>How They Work</b></p>	<ul style="list-style-type: none"> <li>• Prevent swelling and mucus build-up</li> <li>• Slow-acting, take several weeks to be effective</li> <li>• Reduce irritation in the airways</li> </ul>
<p><b>Common Side Effects &amp; Helpful Hints</b></p>	<p><b>Intal<sup>*</sup></b></p> <ul style="list-style-type: none"> <li>• throat irritation, cough</li> <li>• can be taken before exercise, or before contact with a known trigger</li> <li>• nebulized form of medication available</li> </ul> <p><b>Tilade<sup>*</sup></b></p> <ul style="list-style-type: none"> <li>• unpleasant taste may cause stomach upset</li> </ul>

TABLETS	
<p><b>Anti-allergic</b></p>	<p><b>Zaditen<sup>*</sup></b> (ketotifen fumarate)</p>
<p><b>How They Work</b></p>	<ul style="list-style-type: none"> <li>• A mild anti-inflammatory when taken over several months (more effective in children)</li> </ul>
<p><b>Common Side Effects &amp; Helpful Hints</b></p>	<ul style="list-style-type: none"> <li>• may cause drowsiness or weight gain</li> </ul>
<p><b>Steroids</b> <i>For severe cases only</i></p>	<p><b>Prednisone</b>  <b>Medrol<sup>*</sup></b> (methylprednisolone)  <b>Prednisolone</b></p>
<p><b>How They Work</b></p>	<ul style="list-style-type: none"> <li>• Slow-acting, 4-6 hours</li> <li>• Reduce swelling and mucus build-up in the airways</li> <li>• For emergency control of asthma attacks</li> <li>• Used to treat severe asthma</li> </ul>
<p><b>Common Side Effects &amp; Helpful Hints</b></p>	<ul style="list-style-type: none"> <li>• side effects are dependent on the dose and length of time taking the medication: <ul style="list-style-type: none"> <li>– <b>short term</b> may cause mood changes, water retention, increased blood sugar, increased appetite, heartburn or indigestion</li> <li>– <b>long term</b> may cause thinning of bones, skin, bruising easily or cataracts</li> </ul> </li> <li>• <b>use only as prescribed</b></li> </ul> <p><i>NOTE: inhaled, liquid, injectable forms available</i></p>

INTRAVENOUS STEROIDS	
	<p><b>Solu-Medrol<sup>*</sup></b> (methylprednisolone sodium succinate)</p>
<p><b>How They Work</b></p>	<ul style="list-style-type: none"> <li>• Reduce swelling and mucus build-up</li> <li>• Used to manage severe asthma attacks/episodes</li> </ul>
<p><b>Common Side Effects &amp; Helpful Hints</b></p>	<ul style="list-style-type: none"> <li>• Used in life-saving situations in hospital</li> </ul>

## RELIEVER/RESCUE MEDICATIONS

INHALERS	
<b>Beta<sub>2</sub> Agonist</b> <i>(quick-acting)</i>	<p><sup>®</sup><b>Bricanyl</b>® (terbutaline sulfate)</p> <p><b>Berotec</b>* (fenoterol hydrobromide)</p> <p><b>Berotec Forte</b>* (fenoterol)</p> <p><b>Maxair</b>* (pirbuterol acetate)</p> <p><b>Ventolin</b>* (salbutamol)</p> <p><b>Ventodisk</b>* (salbutamol)</p>
<b>How They Work</b>	<ul style="list-style-type: none"> <li>• Quick relief within 5 minutes</li> <li>• Relax tight airway muscles</li> <li>• Effect lasts 4-5 hours</li> </ul>
<b>Common Side Effects &amp; Helpful Hints</b>	<ul style="list-style-type: none"> <li>• tremors, dizziness, fast heart rate when first taken</li> <li>• may cause nervousness in some people</li> <li>• may be available in other forms such as tablets, liquids, injections, nebulized</li> </ul>
<b>Anticholinergic</b>	<b>Atrovent</b> * (ipratropium bromide)
<b>How They Work</b>	<ul style="list-style-type: none"> <li>• Take 15-30 minutes to relax airway muscles</li> </ul>
<b>Common Side Effects &amp; Helpful Hints</b>	<ul style="list-style-type: none"> <li>• dryness of mouth, metallic taste</li> <li>• do not get into eyes</li> </ul>
<b>Anticholinergic + Beta<sub>2</sub> Agonist</b>	<b>Combivent</b> * (ipratropium bromide & salbutamol sulfate)
<b>How They Work</b>	<ul style="list-style-type: none"> <li>• Take 5 minutes to work</li> <li>• Relax tight airway muscles</li> </ul>
<b>Common Side Effects &amp; Helpful Hints</b>	<ul style="list-style-type: none"> <li>• tremors, increased heart rate</li> <li>• headache, dizziness, nausea, cough, dry mouth</li> </ul>

INHALERS <i>(cont'd)</i>	
<b>Long-Acting Bronchodilators</b>	<p><b>Serevent</b>* (salmeterol xinafoate)</p> <p><b>Foradil</b>* (formoterol fumarate)</p>
<b>How They Work</b>	<p><b>Serevent</b>*</p> <ul style="list-style-type: none"> <li>• Take 10-20 minutes to work</li> <li>• Relax airway muscles</li> <li>• Effective at least 12 hours</li> </ul> <p><b>Foradil</b>*</p> <ul style="list-style-type: none"> <li>• Relax airway muscles within 3 minutes</li> <li>• Effective at least 12 hours</li> </ul>
<b>Common Side Effects &amp; Helpful Hints</b>	<ul style="list-style-type: none"> <li>• tremors, headache, fast heartbeat</li> <li>• if sensitive to drug, may develop rash, itchiness, bronchospasm (problem breathing)</li> <li>• <b>do not use for quick relief</b></li> </ul>

TABLETS	
<b>Theophylline</b>	<p><sup>®</sup><b>Theo-Dur</b>®</p> <p><b>Slo-Bid</b>*</p> <p><b>Uniphyll</b>*</p> <p><b>Choledyl</b>* (oxtriphylline)</p>
<b>How They Work</b>	<ul style="list-style-type: none"> <li>• Slow-acting, can last 8-24 hours, depending on which medication is used</li> <li>• Open airways</li> </ul>
<b>Common Side Effects &amp; Helpful Hints</b>	<ul style="list-style-type: none"> <li>• upset stomach, shakiness, headache, restlessness or difficulty in sleeping</li> <li>• take after meals or with food</li> <li>• never increase dose on your own</li> <li>• do not chew or crush tablets</li> <li>• do not use for quick relief</li> </ul>

## Inhalers and Other Devices Used in Treating Asthma

Inhaled medicine usually works more quickly because it goes directly to your lungs where it's needed. Inhalers are devices which help you breathe in your medicine. They are used for both preventer medications (*anti-inflammatory*) and reliever/rescue medications (*bronchodilators*). Many different types of inhalers are used. The most common ones are **dry powder inhalers** and **aerosol (metered dose) inhalers**. Examples of other devices are **spacers, nebulizers/compressors**.

All inhalers and devices used to deliver inhaled medication come with special instructions. It is very important to know how to use your prescribed inhaler, know when to clean it and when it is empty. For specific instructions, talk to your health care provider. Make sure you read your instructions carefully.

### DRY POWDER INHALERS

These types of inhalers may be very easy to use. They are used for different types of bronchodilators and anti-inflammatory medicines. Examples of dry powder inhalers are **Turbuhaler®**, **Diskhaler\***, **Rotahaler\***, **Spinhaler\*** and **Aerolizer\***. **Each type of inhaler has special instructions that show you how to use the inhaler.** Make sure you read these instructions carefully. All of these devices send a powdered form of your medication directly to the lungs without propellants (CFCs or freons).

### How to Use Turbuhaler®

1. Unscrew the cover and lift it off. Do not shake the Turbuhaler inhaler.



2. **Hold Turbuhaler upright.** Turn the coloured grip as far as it will go in one direction (right) and then back again (left) until you hear a "click." The "click" you heard means that the inhaler is ready to use.



3. Breathe out. NOTE: Never breathe out through the mouthpiece.



4. Place Turbuhaler mouthpiece between your lips and breathe in forcefully and deeply through your mouth.



5. Remove the inhaler from your mouth and try to hold your breath for 10 seconds.

6. If you are to take a second inhalation, repeat steps 2, 3, 4 and 5.

7. Replace the cap. NOTE: When using Pulmicort Turbuhaler, rinse your mouth out after each dosing occasion.

Turbuhaler has a dose indicator. When a red mark appears in the little window underneath the mouthpiece, approximately 20 doses remain. It is time to fill your prescription. The inhaler is EMPTY when the little window becomes completely filled with red. Discard. When empty the drying agent still makes a sound if shaken.

*"But I don't feel or taste anything ..."*

**IMPORTANT:** Turbuhaler produces a powder that is very fine. You may not taste or feel any medication when inhaling from Turbuhaler. This is common. If you follow the instructions above, you will receive the medication.

## How to Use Diskhaler

### Loading Your Diskhaler

1. Make sure you read the instructions included with your Diskhaler. Remove the dark brown cover and make sure the mouthpiece is clean.
2. Gently pull out the white cartridge until you can see the ribbed sides of the cartridge.
3. Remove the cartridge by squeezing the ribbed sides and pulling the cartridge out from the Diskhaler.
4. Place your medication disk on the wheel so you can see the numbers. Slide the cartridge back into the Diskhaler devices (available in 4 or 8 doses per disk depending on medication used).

### Using the Diskhaler

1. Gently push in and pull out your loaded cartridge. Continue doing this until you see the highest number, 4 or 8 of your disk in the side indicator window. This will also let you know how many doses you have left in your cartridge.



2. Lift the Diskhaler lid as far as it will go (this will puncture the blister) and then close the lid.



3. Breathe out.
4. Place the mouthpiece between your teeth and lips. Be careful not to cover the air inlet holes at the side of the mouthpiece. Tilt your head slightly back.



5. Breathe in deeply and forcefully through your mouth.

6. Hold your breath and remove the mouthpiece from your mouth. Continue to hold your breath for 10 seconds or as long as you can. Breathe out.

7. Repeat steps 3-6 to make sure you have inhaled the full dose.

\* If a second dose is ordered, pull the cartridge out and push it in once. This will rotate the disk to the next number. Use the Diskhaler as directed in steps 2-6.

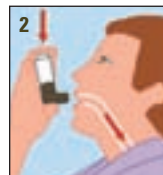
## AEROSOL INHALERS (Metered Dose)

These types of inhalers send an aerosol (mist) form of medication to the lungs. When you use this type of inhaler, you must learn to breathe and spray at the right time. It is very important that you carefully read and follow the instructions provided with your inhaler. Ask your health care provider to check if you are using it correctly.

### How to Use a Metered Dose Inhaler



1. Remove the cap. Shake inhaler canister well. Breathe out. Hold inhaler upright 1-2 inches (2.5-5 cm) from your mouth or close your mouth around the mouthpiece.



2. Open mouth<sup>†</sup>, start breathing in slowly and deeply. Press the canister to release the medicine just after you start breathing in. Continue to breathe in.



3. Hold your breath for about 10 seconds or as long as comfortable. Breathe out.

4. Repeat steps 1-3 if more than one puff is prescribed.



<sup>†</sup>This device can also be used by closing your mouth around the inhaler mouthpiece. If you have any questions, talk to your doctor or pharmacist

## SPACER DEVICES

Some people, including children, who have problems using their metered dose inhaler or have problems with thrush from inhaled steroids can add on a spacer device. The spacer device holds the medication for a few seconds before it is breathed in. With a spacer device you can breathe in medicine without having to breathe and spray at the same time. There are many types of spacers, the example below shows you how to use an **AeroChamber\***.

### How to Use an AeroChamber\*



1. Remove caps from inhaler and spacer device. Insert the inhaler into the large opening of the spacer device and shake well. Breathe out.
- 2 Put the spacer mouthpiece in your mouth and close your lips around it. Press the canister down then start breathing slowly and deeply through your mouth.

If using a **pediatric mask**, shake well, hold the spacer mask over the child's nose and mouth to form a seal. Press the canister down and have child breathe in 4-6 breaths. Check valve opening.



3. Hold your breath. Remove the spacer from your mouth. Continue to hold your breath for 10 seconds. Breathe out.
4. Repeat steps 1-3 if more than one puff is prescribed.



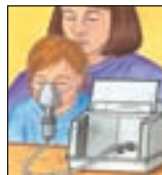
## NEBULIZERS /COMPRESSORS

These devices turn medication into a fine mist which is inhaled through a face mask or a mouthpiece. These devices come with special instructions on how to prepare and use your medication and care for your device. Nebulizers are used in emergency situations to deliver bronchodilators such as **Ventolin\*** or **Atrovent\***. They can also be used to deliver preventive medication such as **Pulmicort®** **Nebuamp®** or **Intal\***. Make sure you carefully read and follow the instructions that come with your device.

### How to Use a Nebulizer



1. Sit in a comfortable position. Place mask over nose and mouth (or use a mouthpiece for more effective delivery of your medication). Turn on the machine.



2. Take slow, deep breaths, inhaling the fine mist through your mouth. Hold your breath for 5-10 seconds if you can and breathe out slowly.
3. Repeat until the medication chamber is empty. (This takes about 7-10 minutes, depending on the compressor unit.)

## Peak Flow Monitoring

Your doctor or health care provider may ask you to check your asthma with a peak flow meter. This is a small device that shows how open or narrow your airways are. It is also used to check changes in your airways that may be caused by triggers, exercise and/or work-related products. Peak flow monitoring should be done early in the morning, evening, anytime you do not feel well or before and after using your reliever inhaler. If work-related asthma is suspected, you may be asked to measure your peak flow levels at home and at work.

Your highest peak flow when you are well is called your **personal best**. This is used to develop an action plan that will help you look after your asthma. Peak flow monitoring and a record of your asthma symptoms will show how well controlled your asthma is and will help your doctor decide on the best way to look after your asthma. Recording peak flows in moderate to severe asthma is recommended.

### How to Use a Peak Flow Meter



1. Stand up (sit upright if you are not able to stand).
2. Set arrow to zero level on the scale.
3. Take a deep breath and seal your lips around the mouthpiece.

Blow hard and as quickly as possible.

4. Note the level of the arrow or marker on the scale.
5. Repeat steps 2-4 two more times.
6. Record the highest number of the three tries.

## Remember

- Your doctor will decide which inhaler is best for you. Each inhaler and device has its own instructions on how to use and clean it. Follow these instructions carefully. Not using the inhaler or device properly may mean you are not getting your medication.
- Preventer medication is taken every day, even when you are feeling well.
- Reliever/rescue medication is used at the first signs of an asthma attack/episode.
- Inhaled steroids such as <sup>Pi</sup>Pulmicort® reduce swelling (*inflammation*) of your airways. They help you breathe easier and are not harmful to your body. Your doctor will prescribe the lowest dose possible to keep your asthma under control.
- Asthma medications are not addictive. Your asthma medications will continue to work even if you have to take them for a long time.
- Everyone is different. Looking after your asthma may mean taking preventer or reliever/rescue medications or a combination of both as prescribed.
- It is very important to know your asthma symptoms and to look after them immediately.
- Peak flow monitoring shows how well your asthma is being looked after. It can help you recognize “triggers” and take the right action to look after your asthma.
- Discuss your concerns with your health care provider.

## LIVING WITH ASTHMA

### Know When Your Asthma May Be Getting Worse



Often there are warning signs that your asthma is getting worse. Knowing these signs will help you **get the right help at the right time**. Treating your asthma symptoms right away can help to prevent a severe attack/episode or even being hospitalized.

**Warning signs** may include one or more of the following:

- You use your relief inhaler more often than usual or you do not get the same effects from your inhaler.
- You wake up two nights in a row with a cough, wheeze or shortness of breath.
- You have an early morning wheeze or a tight chest even after using your relief inhaler.
- Your asthma symptoms stop you from doing the things you usually would do.
- Your peak flow meter shows lower readings, less effect from your relief inhaler, and a wider difference between the highest and lowest daily levels.

*IF ANY OF THESE SIGNS HAPPEN TO YOU...  
TAKE ACTION!*

## Get a Written Action Plan

Make sure you get a **written action plan** from your health care provider so you know when to:

- contact your doctor
- add an anti-inflammatory
- increase or decrease inhaled steroids (and by how much)
- go to the hospital (and what to do on your way to the hospital).

## Know What to Do If You Become Pregnant

Tell your doctor if you are pregnant or planning to become pregnant. Your doctor will adjust your medications if necessary and watch your asthma closely. Pregnant women with asthma should continue with their asthma medications. Mothers who stop their medication often put the unborn child at a greater risk. Uncontrolled asthma may lower the oxygen supply to the baby. It is **very important** to take your asthma medications and keep your asthma under control. Discuss any concerns you have with your doctor.

## Enjoying Life and Managing Your Asthma

Living with asthma every day means learning to control your asthma and not letting it control you. Your asthma may be worse at different times during the day, or it may vary from day to day. Your symptoms may change depending on the season. Knowing what can trigger your asthma symptoms and avoiding or removing those triggers can help you get better control.

Following these steps will make living with asthma easier:

## 1. BE RESPONSIBLE



- Know how to prevent asthma attacks/episodes.
- Avoid asthma triggers where possible (but do not give up exercise).
- Know the names of your asthma medications, how they work and their side effects.
- Take your preventer medications as prescribed even when you are feeling well.
- Know when to adjust your medication if needed.
- Know when to contact your doctor.
- Know what to do during an asthma attack/episode.

## 2. KEEP FIT

- Exercise regularly. Choose an activity you enjoy and can tolerate.
- Eat a balanced diet.
- Do not smoke.

## 3. SEE YOUR DOCTOR

- Keep follow-up appointments to discuss your fears, concerns or questions.
- Discuss an action plan and get written instructions in case your asthma gets worse.
- Reassess dose and need for medication. Asthma severity can change.

## 4. BE INFORMED



Knowing what to do to prevent an asthma attack/episode and how to look after yourself during an asthma attack/episode will help you cope better.

- Learn as much as you can about your asthma.
- Read books, watch videos and find CDs on asthma, and attend asthma workshops.
- Join your local Lung Association, the Asthma Society and the Allergy/Asthma Information Association. These groups have the latest news on research and new developments in treating asthma.

REMEMBER, BE RESPONSIBLE:

YOU CAN CONTROL YOUR ASTHMA AND  
LIVE A HEALTHY LIFE...

*DON'T LET YOUR ASTHMA CONTROL YOU!*

### Contact Numbers

Allergy/Asthma Information Association (905) 712-2242  
Asthma Society of Canada (416) 787-4050 or 1 (800) 787-3880  
The Lung Association (416) 922-9440

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Produced through an educational grant from

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