

# mims

MONTHLY INDEX OF MEDICAL SPECIALITIES

## PRESCRIBING NOTES FACT PACK

### ASTHMA MEDICINES USE REVIEW

2007

#### RECOMMENDATIONS

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Questions to ask and action points

##### 2. ASTHMA MEDICINES

Relievers, preventers, side-effects  
and compliance

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Correct inhaler techniques for eight  
commonly used devices

##### 4. ASTHMA CONTROL

Recognising symptoms, asthma triggers,  
preventing and managing asthma attacks



In association with Asthma UK and PSNC



# 1. GUIDE TO A MEDICINES USE REVIEW WITH A PATIENT WITH ASTHMA

## ASTHMA ADVICE FROM YOUR PHARMACIST

Prior to a medicines use review (MUR), the patient should have been given Asthma UK's *Asthma advice from your pharmacist* leaflet (see right).



### 1. PRESCRIBED MEDICINE AND DOSAGE REGIMEN

Ask the patient what is (are) the name(s) of their asthma medicine(s), both tablets and inhaled, including spacer devices\*.

#### Action points

- Check the patient's answer against any previous medicines review and their prescription/patient medication record.
- Record the patient's medicines on the MUR form.

### 2. DOSAGE REGIMEN AS PATIENT TAKES IT (INCLUDING OTC AND COMPLEMENTARY THERAPIES) (SEE CARD 2)

Ask the patient when they take their reliever and/or preventer medicines and how much they take.  
Ask the patient what other medicines/treatments/therapies they are taking.

#### Action points

- If the patient has been taking their medicines incorrectly they should be advised on the appropriate method and/or dosage.
- Discuss possible contraindications or treatments that should be used with caution in people with asthma.
- If relevant, discuss complementary therapies as working alongside, rather than as an alternative to, conventional asthma medicines.

### 3. PATIENT'S KNOWLEDGE OF THEIR MEDICINES (SEE CARD 2)

Ask the patient if they are aware of the differences between reliever and preventer inhalers.

#### Action point

- If the patient is unsure of what their medicines do, discuss how they work and how they can help to control asthma.

### 4. COMPLIANCE (SEE CARDS 2 AND 3)

Ask the patient if, when well, they usually forget to take their preventer medicine.  
Ask the patient if they can describe what asthma is (*ie* the mechanisms of asthma) – see inside back cover for visual aid.

#### Action points

- Discuss the patient's feelings and beliefs about their asthma, their asthma medicines and their reasons for not taking their medicines. Discuss how their asthma medicines can help.
- A change of inhaler device could be considered if the problem has been one of compliance.

### 5. IS THE FORMULATION APPROPRIATE? (SEE CARD 3)

Ask the patient if they are confident that they are using their inhaler properly to get maximum benefit from their medicines.

#### Action point

- It is important to ask all patients to demonstrate their inhaler technique and offer appropriate advice.

## 6. IS THE MEDICINE WORKING? (SEE CARD 4)

Ask the patient the three Royal College of Physicians (RCP) questions. In the last month:

- Have you had difficulty sleeping because of your asthma symptoms (includes coughing)?
- Have you had your usual asthma symptoms during the day (cough, wheeze, tight chest or breathless)?
- Has your asthma interfered with your usual activities (eg housework, work, school etc.)

### Action points

- If the answer to any of these is 'yes', the patient's asthma is not well controlled. Discuss this with the patient and encourage them to arrange an asthma review with their doctor/asthma nurse or offer to send a written referral. A copy of the MUR form can be used as a written referral.
- If the patient has answered 'no' to all of the above, it might be possible to step down their treatment (see the British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN) guidelines. Discuss this with the patient and encourage them to make an appointment with their doctor/asthma nurse or offer to send a written referral. A copy of the MUR form can be used as a written referral.
- Discuss with the patient the use of written personal asthma action plans. Everybody with asthma should be offered a personal asthma action plan to help them manage their asthma. *Personal asthma action plans* (see right) are available from Asthma UK.



## 7. ARE SIDE-EFFECTS PRESENT? (SEE CARD 2)

Ask the patient whether they are experiencing any side-effects from their asthma medicines.

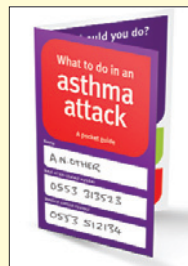
### Action points

- Discuss the safety and effectiveness of asthma medicines, offer appropriate advice on side effects and ensure the patient has a steroid warning card if necessary.
- Encourage patients to brush their teeth, rinse their mouth out or gargle with water after using their preventer inhaler to help avoid the small risk of sore throat, hoarseness of voice or oral thrush.

## 8. GENERAL COMMENTS

A general awareness and understanding of the following may improve concordance:

- What is asthma? Discuss the mechanisms of asthma with the patient (see inside back cover).
- Recognising symptoms (see Card 4):
  - Discuss with the patient what their asthma symptoms are.
  - Ask the patient how they know when their asthma is getting worse and what they should do if it is.
  - Discuss with the patient what they should do if they are having an asthma attack. An *Asthma attack card* (see right) for patients is available from Asthma UK.
- Asthma triggers (see Card 4):
  - Discuss with the patient their asthma triggers, including medicines, and how they can manage these.
  - Ask the patient if they smoke and advise appropriately.



\*This guide focuses on asthma medicines; any medicines that a patient takes for another condition also need to be included in the MUR.

The information provided in this pack is a summary of current best practices/guidance. Pharmacists should always refer to *MIMS* or the Summary of Product Characteristics for full information on medicines and to the BTS/SIGN guidelines.

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## 2. ASTHMA MEDICINES

Currently there is no cure for asthma, but there are some very safe and effective asthma treatments available that can help people with asthma to control their symptoms. The most effective way of taking asthma medicines is to inhale them straight into the lungs. It is important the medicine is taken properly. There are two main kinds of asthma medicines that may be prescribed. They are called relievers and preventers.

### RELIEVERS

Everyone with asthma should have a reliever inhaler (usually blue). Relievers are medicines that are taken immediately to relieve asthma symptoms. They relax the muscles surrounding the narrowed airways (within five to 10 minutes), making it easier to breathe again. If the patient needs to use their reliever inhaler more than once a day they may need additional preventer treatment to keep their asthma symptoms under control.

### PREVENTERS

Preventers control the swelling and inflammation in the airways, stopping them from being so sensitive to asthma triggers and reducing the risk of a severe attack. The protective effect of preventer treatments builds up over time, so it is important that the patient takes it every day, even if they are feeling well. Preventer inhalers are usually brown, red or orange.

If the patient takes their preventer regularly (as prescribed), they will improve the chances of controlling their asthma and reduce the likelihood of permanently damaging their airways.

### ADD-ON THERAPIES

If asthma is not well controlled by using a preventer every day, an add-on therapy may be necessary. Add-on therapies include: long-acting relievers, leukotriene receptor antagonists and theophylline.

Combination inhalers are available that contain both a long-acting reliever and a steroid preventer. They should be taken regularly, every day as prescribed, even when well. One of the combination inhalers now available can be used as both a preventer and a normal reliever. If the patient has been prescribed this type of combination inhaler it is important to explain clearly how it works.

### SIDE-EFFECTS

Asthma medicines are very safe and effective and the benefits of taking the medicines far outweigh any potential side-effects.

Relievers have very few side-effects. Sometimes high doses of reliever can slightly increase the patient's heartbeat or give them mild muscle shakes. These effects are harmless and generally wear off after a short period of time.

Preventers usually contain corticosteroids (a copy of the steroids produced naturally in the body) in low doses. These steroids are very safe, not addictive and are completely different to the anabolic steroids associated with bodybuilders and athletes. With the use of preventer medicines, there is a small associated risk of sore throat, hoarseness of voice and oral thrush. This can be avoided by patients using their inhaler before brushing their teeth and rinsing out their mouth or gargling with water afterwards. Using a spacer device will also reduce the risk of these side-effects occurring.

Long-acting beta agonist inhalers should never be taken as single therapy and all patients taking a long-acting beta agonist reliever inhaler must be prescribed a simultaneous preventer medication (usually inhaled steroids). The need for these medicines to be taken together should be stressed to the patient.

Leukotriene receptor antagonists may cause side-effects in a small number of people. The most common side-effects are headaches or abdominal pain. A few people may feel more thirsty than usual and preventer tablets may occasionally cause a skin rash.

Theophylline may cause nausea, insomnia and palpitations, which might be an early indicator of toxicity requiring referral to a doctor or nurse as soon as possible.

Beta blockers (including beta blocker eye drops) are contraindicated for people with asthma. Other medicines that should be used with caution include NSAIDs and aspirin. In some patients, long-term steroid tablet use (greater than 7.5mg prednisolone daily for more than three months) may cause water retention, depression, cataracts and indigestion.

### **STEROIDS AND CHILDREN**

For most children, taking inhaled corticosteroids has no effect on growth and development. It is important to note, however, that use of inhaled steroids at or above 400µg a day of beclometasone dipropionate or equivalent may be associated with systemic side-effects including short-term growth suppression and adrenal suppression. Regular asthma reviews – at least every six months or more regularly if they have just been diagnosed or have severe asthma symptoms – will ensure that the child is using the minimum dose of inhaled steroid needed to control their symptoms<sup>1</sup>.

### **PREGNANCY**

Pregnant women with asthma may be concerned about possible harmful side-effects of their medicine on their baby. In general, the medicines used to treat asthma are safe to take during pregnancy. The risk of harm to the baby from severe or uncontrolled asthma outweighs any small risk from the medicines used to control asthma and therefore pregnant women should be encouraged to continue taking their asthma medicines as normal<sup>1</sup>.

### **COMPLIANCE**

While a single missed dose of a preventer inhaler is unlikely to cause harm, more frequent forgotten or missed doses increase the likelihood of asthma attacks.

The reasons for non-compliance and lack of concordance are often complex. However, several factors are consistently related to poor medicine taking in people with asthma (see Table 1)<sup>2</sup>.

**Table 1. Factors related to poor patient concordance<sup>2</sup>**

<b>Patient factors</b>	<b>Treatment factors</b>
<ul style="list-style-type: none"><li>● Misunderstanding the treatment</li><li>● Forgetting</li><li>● Beliefs</li><li>● Misunderstanding the condition</li><li>● Denial</li><li>● Embarrassment</li><li>● Lack of social support</li></ul>	<ul style="list-style-type: none"><li>● Fear of, or experience of, side-effects</li><li>● Complex regimen</li><li>● Frequent dosing</li><li>● Methods of administration</li></ul>
	<b>Condition factors</b>
	<ul style="list-style-type: none"><li>● No symptoms or mild symptoms</li><li>● Severe symptoms</li></ul>

### **REFERENCE**

1. British Thoracic Society, Scottish Intercollegiate Guidelines Network. SIGN 63: British guideline on the management of asthma. A national clinical guideline. BTS/SIGN, 2005 (updated online at [www.brit-thoracic.org.uk/asthma\\_guideline\\_download.html](http://www.brit-thoracic.org.uk/asthma_guideline_download.html), accessed 2/10/06).
2. Carter S, Taylor D, Levenson R. A question of choice: Compliance in medicine taking. Medicines Partnership, London, 2003.

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## 3. INHALER TECHNIQUE

The most effective way of taking most asthma medicines is to inhale them so they get straight into the lungs. The best inhaler device is one that the patient can and will use. The correct inhaler and technique is central to achieving the greatest benefit from asthma medicines. Ask the patient to bring their own inhalers to the medicines use review and check their technique.

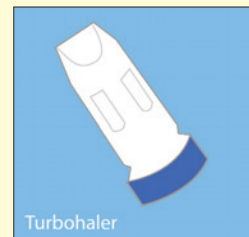
### METERED DOSE INHALER

1. Remove cap and shake inhaler.
2. Breathe out gently.
3. Put in mouth and as you begin to breathe in, which should be slow and deep, press canister down and continue to inhale steadily and deeply.
4. Hold breath for 10 seconds, or as long as is comfortable, and remove inhaler from mouth.
5. For a second dose wait for approximately 30 seconds before repeating steps 1–4. Only use the inhaler for the total number of doses on the label, then start a new inhaler.



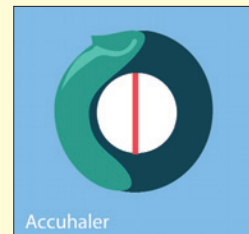
### TURBOHALER

1. Unscrew and lift off white cover. Hold turbohaler upright and twist grip forwards and backwards as far as it will go. You should hear a click.
2. Breathe out gently, put in mouth and breathe in as deeply as possible. Even when a full dose is taken there may be no taste.
3. Remove from mouth and breathe out slowly.
4. Replace white cover. To take another dose repeat steps 1–3. When a red line appears at top of window on inhaler, there are approximately 20 doses left. Some turbohalers have a dose counter to tell you how many doses are left.



### ACCUHALER

1. Hold the outer casing of the accuhaler in one hand while pushing the thumb grip away with thumb of other hand until a click is heard.
2. Holding accuhaler with mouthpiece towards you, slide lever away until it clicks. This makes the dose available for inhalation and moves the dose counter on.
3. Breathe out gently. Holding device horizontally put mouthpiece in mouth and suck in quickly and deeply.
4. Remove accuhaler from mouth and hold breath for about 10 seconds or as long as is comfortable.
5. To close, slide thumb grip back towards you as far as it will go until it clicks.
6. For a second dose, repeat steps 1–5. The counter on top of the accuhaler tells you how many doses are left. Numbers 5 to 0 will appear in red, to warn you the inhaler is almost empty.



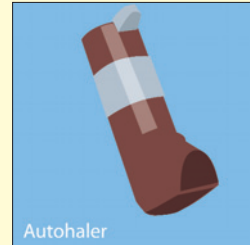
### EASI-BREATHE

1. Shake inhaler, hold upright and open cap.
2. Breathe out gently. Hold inhaler upright, put mouthpiece in mouth and close lips and teeth around it. Do not block the air holes on top.
3. Breathe in steadily through mouthpiece. Do not stop breathing when the inhaler 'puffs' but continue taking a deep breath. Hold breath for 10 seconds or as long as is comfortable and remove inhaler from mouth.
4. After use, hold inhaler upright and immediately close cap. For a second dose, wait for approximately 30 seconds before repeating sections 1–3. Only use the inhaler for the total number of doses on the label, then start a new inhaler.



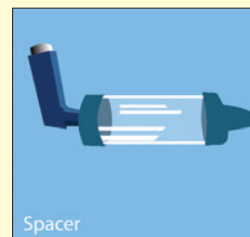
## AUTOHALER

1. Remove cap. Hold autohaler upright and push grey lever up. Shake inhaler.
2. Breathe out gently. Keeping inhaler upright, put in mouth and close lips around it. (The air holes at the bottom must not be blocked by your hand.)
3. Breathe in steadily through mouthpiece. Do not stop breathing when inhaler 'clicks' – continue taking a deep breath. Hold breath for 10 seconds or for as long as is comfortable and remove inhaler from mouth. Lower grey lever.
4. To take another dose repeat steps 1–3. Wait for approximately 30 seconds before taking another dose. The lever must be pushed up ('on') before each dose, and pushed down again ('off') afterwards. Only use the inhaler for the total number of doses on the label, then start a new inhaler.



## SPACER (SMALL VOLUME)

1. Remove caps from inhaler and spacer. Shake inhaler and insert in back of spacer.
2. Breathe out gently. Place mouthpiece of spacer in mouth.
3. Press canister once to release a dose of medicine.
4. Take a deep, slow breath in. If you hear a whistling sound, you are breathing in too quickly. Hold breath for 10 seconds or as long as is comfortable. Remove inhaler and breathe out.
5. To take another dose, wait for about 30 seconds then repeat steps 1–4.



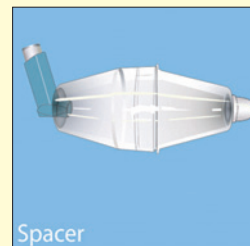
## SPACER – YOUNG CHILDREN (SMALL VOLUME)

1. Remove cap from inhaler, shake inhaler and insert into back of spacer.
2. Place mask of spacer over mouth and nose of child and ensure there is a good seal.
3. Encourage child to breathe in and out slowly and gently.
4. Once breathing pattern is established, press canister and keep it in same position as child continues to breathe in and out slowly five more times.
5. Remove mask from child's face.
6. To take another dose, wait approximately 30 seconds then repeat steps 1–5.



## SPACER (LARGE VOLUME)

1. Remove cap from inhaler, shake inhaler and insert into back of spacer.
2. Breathe out gently. Place mouthpiece of spacer into mouth.
3. Press inhaler canister once to release one puff of medicine.
4. Take one deep, slow breath in, then hold breath for about 10 seconds or as long as is comfortable. This is the 'single breath technique' of using a spacer.
5. Remove inhaler from mouth and breathe out.
6. To take another dose, wait approximately 30 seconds then repeat steps 1–5.  
NB. Refer to manufacturers' instructions for the 'multiple breath technique.'



**Asthma UK provides an online demonstration of correct inhaler technique for the eight most popular devices at [www.asthma.org.uk/inhalerdemo](http://www.asthma.org.uk/inhalerdemo)**

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## 4. ASTHMA CONTROL

### INTRODUCTION

If a patient's asthma is well controlled they should:

- Have few or no symptoms during the day or night
- Have little or no need for their reliever inhaler
- Be active and able to exercise without problems.

### GETTING ASTHMA UNDER CONTROL

Knowing what medicines to take and when to take them is an important step in keeping asthma under control. Patients also need to:

- Take their preventer medicine regularly, as prescribed – even when they are feeling well, as the protective effects of the medicine build up over a period of time.
- Have been offered a written personal asthma action plan. The patient's doctor/asthma nurse should complete this in discussion with the patient. The plan will contain the information the patient will need to keep their asthma well controlled, including details about their asthma medicines, how to tell if their asthma symptoms are getting worse and what they should do, and emergency information on what to do if they have an asthma attack. The plan allows the patient to vary and change their medicines within agreed limits to gain better control of their asthma.
- Review their symptoms and medicines with their doctor/asthma nurse at least once a year (more frequently if they have severe asthma symptoms, are newly diagnosed or in the case of children).
- Have identified their triggers and know how to avoid them.
- See their doctor/asthma nurse to step down their asthma medicines once their asthma is under control.

### Personal asthma action plan

- Ask patients to bring their personal asthma action plan to their MUR.
- Asthma UK produces a *Personal Asthma Action Plan* as part of its 'Be in Control' self-management materials. This should be filled in with the patient's doctor or asthma nurse. 'Be in Control' packs are available free from Asthma UK.



### ASTHMA TRIGGERS

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. By identifying and avoiding triggers where possible, symptoms can be reduced and a patient's asthma can become more controlled.

Everyone's asthma is different and a patient may find that they have several asthma triggers. Common asthma triggers include: viral infections (colds or flu), allergies (eg to pollen, animals, house-dust mites), irritants (eg cold air, tobacco smoke, chemical fumes), exercise, ozone and pollution.

Although it is unlikely that a patient will be able to avoid their asthma triggers all of the time, steering clear of them when they can, will help to reduce their symptoms. Ask the patient to try to keep a record of the times and situations when their asthma is worse. This will help them identify what their asthma triggers are.

Some people find that exercise triggers their symptoms. However, exercise is good for everyone, including people with asthma. Advise a patient to take their preventer treatment regularly, warm up and down before exercising and keep their reliever inhaler to hand. If asthma is well controlled there is no reason why people with asthma cannot take part in exercise. If their asthma symptoms get worse during or after exercise it could be a sign that their asthma is poorly controlled and they need to review their treatment with their doctor/asthma nurse.

## FLU AND PNEUMOCOCCAL ADVICE

Some patients with asthma should receive vaccinations for flu and pneumonia. Those at risk are listed below\*:

**The Department of Health recommends the flu vaccination for:**

- People over 65 years old.
- People with asthma requiring repeated or continuous inhaled steroids or steroid tablets.
- Those who have worsening asthma that requires hospital admission.

**The Department of Health recommends the pneumococcal vaccination for:**

- People over 65 years old.
- Infants as part of the childhood immunisation programme.
- People with asthma who are taking continuous or frequently repeated courses of steroid tablets.

## RECOGNISING SYMPTOMS

Approximately 1,400 people in the UK die each year as a result of an asthma attack. Many people do not realise how serious asthma can be if it is not under control. It is important that people with asthma are able to identify when their symptoms are getting worse so that they can act straight away. A patient's asthma is getting worse if they are:

- Waking at night with coughing, wheezing, shortness of breath or tightness in the chest.
- Having asthma symptoms when waking up in the morning.
- Needing more and more reliever treatment.
- Unable to continue with their usual levels of activity or exercise.

A patient is having an asthma attack if:

- Their reliever does not help their asthma symptoms.
- Their symptoms are getting worse (coughing, breathlessness, wheeze or tightness in the chest).
- They are too breathless to speak, eat or sleep.

## WHAT TO DO IN AN ASTHMA ATTACK

The following steps are suitable for adults and children with asthma.

- The patient should take their reliever inhaler (usually blue) immediately.
- They should sit down and ensure that any tight clothing is loosened. Patients should not lie down.
- If there is no immediate improvement during an attack, patients should continue to take one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
- If their symptoms do not improve in five minutes – or they are in doubt – call 999 or a doctor urgently.
- Patients should continue to take one puff of their reliever inhaler every minute until help arrives.

## AFTER AN EMERGENCY ASTHMA ATTACK

After an emergency asthma attack a patient should:

- Make an appointment with their doctor/asthma nurse for a review within 48 hours of their attack.
- Organise another review within one or two weeks of their asthma attack to make sure their symptoms are under control.
- Not ignore worsening symptoms. Most people find that asthma attacks are the result of a gradual worsening of symptoms over a few days.

\*Department of Health recommendations correct at time of printing, January 2007

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# WHAT IS ASTHMA?

## INTRODUCTION

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. People with asthma have airways that are almost always red and sensitive (inflamed) (see Figure 1).

When a person with asthma comes into contact with an asthma trigger, the muscle around the walls of the airways tightens. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated – leading to the symptoms of asthma.

## WHAT DOES IT FEEL LIKE?

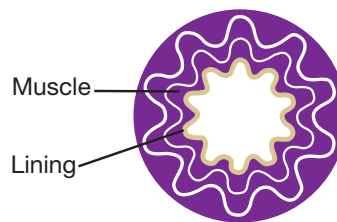
The usual symptoms of asthma are:

- Coughing.
- Wheezing or a whistling noise in the chest.
- Shortness of breath.
- Tightness in the chest.

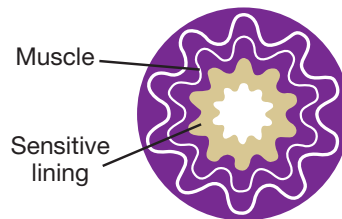
Not everybody will get all these symptoms. Some people experience them from time to time. A few people may experience these symptoms all the time.

Figure 1. How asthma affects the airways

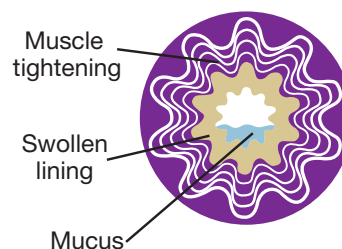
People without asthma have airways like this



People with asthma have airways like this



In an attack, the airway lining starts to swell, muscles tighten and mucus is secreted



# YOUR ASTHMA TREATMENT INFORMATION

*Keep this sheet as a reminder of the discussion you have had with your pharmacist. It shows you what your asthma medicines are and also how to tell if your treatment is working properly.*

## WHAT IS ASTHMA?

Asthma is a condition that affects the airways – the small tubes that carry air in and out of your lungs. People with asthma have airways that are almost always red and sensitive (inflamed). They react badly when you come into contact with an asthma trigger. Symptoms of asthma are coughing, wheezing, tightness in the chest and shortness of breath. Not everyone will get all of these symptoms. Some people experience them from time to time; a few people may experience these symptoms all the time.

## YOUR ASTHMA MEDICINES ARE:

### PREVENTER

How much to take (dosage/  
numbers of puffs):

When to take it:

**What it does:** controls the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks. The protective effects build up over a period of time so if you have been prescribed a preventer inhaler you need to take it every day, usually morning and evening, even when you are feeling well.

### RELIEVER

How much to take (dosage/  
numbers of puffs):

When to take it:

**What it does:** quickly relaxes the muscles surrounding the narrowed airways, making it easier to breath. Relievers are essential in treating an asthma attack and should be taken immediately when your symptoms appear. If you are using your reliever inhaler more than once in any day, your asthma may not be under control and you should discuss this with your pharmacist, doctor/asthma nurse.

### OTHER

How much to take (dosage/  
numbers of puffs):

What it does:

## ASTHMA TRIGGERS

A trigger is anything that irritates your airways and causes the symptoms of asthma to appear. By identifying and avoiding your triggers you can reduce unnecessary symptoms and become more in control of your asthma.

## INHALER TECHNIQUE

The most effective way of taking most asthma medicines is to inhale them straight into your lungs. You should expect your doctor to prescribe the best inhaler device for you, regardless of cost. Your pharmacist, doctor or asthma nurse should explain how to use the inhaler properly so that every dose you take gives you the most benefit. Check your inhaler technique by watching the Asthma UK online inhaler demonstration at [www.asthma.org.uk/inhalerdemo](http://www.asthma.org.uk/inhalerdemo).

## IS YOUR ASTHMA MEDICINE WORKING?

In the last month:

- Have you had difficulty sleeping because of your asthma symptoms (including coughing)?
- Have you had your usual asthma symptoms during the day (cough, wheeze, tightness in the chest or breathlessness)?
- Has your asthma interfered with your usual activities (eg housework, work, school, etc)?

If you answered 'yes' to any of the above questions, or if you are unhappy with your asthma medicines for any reason or feel that they are not working for you, arrange to have an asthma review with your doctor or asthma nurse.

## ARE THERE ANY SIDE-EFFECTS?

Asthma medicines are very safe and effective and the benefits of taking your medicine far outweigh any potential side-effects, but if you do experience any side-effects, discuss them with your pharmacist, doctor or asthma nurse. Using your preventer inhaler before brushing your teeth and rinsing your mouth out or gargling with water afterwards will help to avoid the small risk of a sore throat, hoarseness of voice or a mouth infection called thrush.

### Get more information and advice from Asthma UK

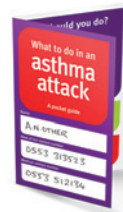


#### ● Asthma UK Adviceline

Talk about your asthma in confidence with an asthma nurse specialist who has the time to listen. Tel: 08457 010203; website: [www.asthma.org.uk/adviceline](http://www.asthma.org.uk/adviceline)  
9am–5pm, Monday–Friday.  
Interpreting service for more than 100 languages. Calls charged at local rates

- Request Asthma UK booklets, leaflets and an *Asthma attack card* to keep with you so that you, your family and friends know what to do if you have an asthma attack. Tel: 020 7786 5000; email: [info@asthma.org.uk](mailto:info@asthma.org.uk)

- **Asthma UK website**  
Read the latest independent advice and news on asthma at [www.asthma.org.uk](http://www.asthma.org.uk)



**Reviewed by:** Professor Martyn R Partridge, Chief Medical Adviser, Asthma UK, and Professor of Respiratory Medicine, Imperial College London

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# GWYBODAETH YNGLŶN Â THRIN EICH ASTHMA

*Cadwch y ddalen honi'ch atgoffa am y drafodaeth a gawsoch â'ch fferylllydd. Mae'n dangos beth yw eich moddion asthma a hefyd sut i weld a yw eich triniaeth yn gweithio'n iawn.*

## BETH YW ASTHMA?

Cyflwr yw asthma sy'n effeithio ar y llwybr anadlu – y tiwbiau bychain sy'n mynd ag awyr i mewn ac allan o'ch ysgyfaint. Mae gan bobl y mae asthma arnynt lwybr anadlu sydd bron bob amser yn goch a sensitif (yn llidus). Mae'n adweithio'n ddrwg pan ddewch i gysylltiad â rhywbeth sy'n sbarduno eich asthma.

Symptomau asthma yw peswch, anadlu'n wichlyd, brest gaeth a bod yn fyr o wynt. Ni fydd pawb yn cael pob un o'r symptomau hyn. Bydd rhai pobl yn eu cael o bryd i'w gilydd; gall ychydig o bobl brofi'r symptomau hyn trwy'r amser.

## DYMA EICH MODDION ASTHMA:

### ATALYDD

Faint i'w gymryd  
(dos/sawl anadliad):

Pryd i'w gymryd:

**Beth mae'n ei wneud:** rheoli'r chwyddo a'r llid yn y llwybr anadlu, gan ei rwystro rhag bod mor sensitif a lleihau'r perygl y cewch byliau difrifol. Mae'r effaith warchodol yn cynyddu dros gyfnod o amser ac felly os ydych wedi cael anadlydd atal ar bresgripsiwn, mae angen ichi ei gymryd bob dydd, fel arfer yn y bore a gyda'r nos, hyd yn oed pan fyddwch yn teimlo'n iawn.

### LLINIARYDD

Faint i'w gymryd  
(dos/sawl anadliad):

Pryd i'w gymryd:

**Beth mae'n ei wneud:** llacio'r cyhyrau o gwmpas y llwybr anadlu sydd wedi culhau, gan ei gwneud yn haws anadlu. Mae lliniarwyr yn hanfodol ar gyfer trin pwl o asthma a dylid eu cymryd ar unwaith pan gewch symptomau. Os ydych yn defnyddio eich anadlydd lliniaru fwy nag unwaith y dydd, efallai nad yw eich asthma dan reolaeth a dylech drafod hyn â'ch fferylllydd, eich meddyg neu eich nyrs asthma.

### ARALL

Faint i'w gymryd  
(dos/sawl anadliad):

Beth mae'n ei wneud:

## SBARDUNAU ASTHMA

Sbardun yw unrhyw beth sy'n cosi eich llwybr anadlu ac yn achosi symptomau asthma. Trwy adnabod ac osgoi eich sbardunau chi gallwch gael llai o symptomau diangen a rheoli eich asthma yn well.

## DEFNYDDIO'R ANADLYDD

Y ffordd fwyaf effeithiol o ddefnyddio'r rhan fwyaf o foddion asthma yw eu hanadlu'n syth i mewn i'ch ysgyfaint. Dylech ddisgwyl i'ch meddyg roi'r anadlydd gorau ar bresgripsiwn ichi, waeth beth fo'r gost. Dylai eich fferylllydd, meddyg/nyrs asthma egluro sut i ddefnyddio'r anadlydd yn iawn fel bod pob chwythiad a gymerwch yn gwneud y lles mwyaf ichi. Gallwch weld a ydych yn defnyddio eich anadlydd yn iawn trwy edrych ar arddangosiad Asthma UK arlein yn [www.asthma.org.uk/inhalerdemo](http://www.asthma.org.uk/inhalerdemo).

## A YW EICH MODDION ASTHMA'N GWEITHIO?

Yn y mis diwethaf:

- A fu'n anodd ichi gysgu oherwydd eich symptomau asthma (gan gynnwys peswch)?
  - A ydych chi wedi cael eich symptomau asthma arferol yn ystod y dydd (peswch, gwichian, caethdra neu ddifffyg gwynt)?
  - A yw eich asthma wedi ymyrryd â'ch gweithgareddau arferol (e.e. gwaith tŷ, gwaith, ysgol etc)?
- Os mai 'do', 'ydw' neu 'ydy' oedd eich ateb i unrhyw rai o'r cwestiynau uchod, neu os ydych yn anhapus â'ch moddion asthma am unrhyw reswm neu'n teimlo nad ydynt yn gweithio i chi, trefnwch i gael adolygiad asthma gyda'ch meddyg/nyrs asthma.

## A OES UNRHYW SGIL EFFEITHIAU?

Mae moddion asthma yn ddiogel ac effeithiol iawn ac mae budd cymryd eich moddion yn llawer mwy nag unrhyw sgil effeithiau posibl, ond os byddwch yn cael sgil effeithiau, trafodwch nhw â'ch fferylllydd, neu â'ch meddyg/nyrs asthma. Bydd defnyddio eich anadlydd atal cyn glanhau eich dannedd a golchi eich ceg/garglo â dŵr wedyn yn helpu i leihau'r perygl o gael dolur gwddw/gwddf tost, crygni yn eich llais neu haint yn eich ceg o'r enw lliindag.

## Gofynnwch am ragor o wybodaeth a chyngor oddi wrth Asthma UK



### ● Llinell gyngor Asthma UK

Siaradwch am eich asthma yn gyfrinachol â nyrs asthma arbenigol a fydd ag amser i wrando. Tel: 08457 010203; gwefan: [www.asthma.org.uk/](http://www.asthma.org.uk/) llinell gyngor  
9am-5pm, LLun-Gwener. Gwasanaeth cyfieithu ar y pryd ar gyfer dros 100 o ieithoedd. Codir cyfraddau lleol am alwadau

- Gofynnwch am lyfrynnau a thafenni Asthma UK ac am y Cerdyn Pwl o Asthma i'w gadw arnoch fel eich bod chi, eich teulu a'ch ffrindiau'n gwybod beth i'w wneud os cewch bwl o asthma. Tel: 020 7786 5000; e-bost: [info@asthma.org.uk](mailto:info@asthma.org.uk)

### ● Gwefan Asthma UK

Darllenwch y cyngor a'r newyddion annibynnol diweddaraf am asthma yn [www.asthma.org.uk](http://www.asthma.org.uk)



**Adolygydd gan:** Yr Athro Martyn R Partridge, Prif Gyngorydd Meddygol, Asthma UK, ac Athro Meddygaeth Anadlol, Imperial College, Llundain

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