



# Respiratory Care WA

Asthma | COPD | Respiratory Health



08 9289 3600



36 Ord Street, West Perth, WA, 6005



[respiratorycarewa.org.au](http://respiratorycarewa.org.au)

## Asthma in the Over 50's

Asthma is not just a childhood disease. One in ten adults in Australia live with asthma. You could have asthma and not even know it.

This fact sheet provides advice on asthma management and will help you decide whether to ask your doctor about your symptoms.

### What is asthma?

People with asthma have sensitive airways in their lungs. When they are exposed to certain *triggers*, their airways narrow, making it hard for them to breathe.

There are two main factors that cause the airways to become narrow:

1. The inside lining of the airways becomes red and swollen (this is called inflammation) and extra mucus (sticky fluid) may be produced.
2. The muscle around the airway tightens (this is called bronchoconstriction).

As we get older, asthma symptoms are often mistaken for part of the normal ageing process or are masked by other health problems. There is no 'cure' for asthma, but diagnosis and good management will allow a full and active lifestyle.

### How do you recognise asthma?

The following could be symptoms of asthma:

- Wheeze
- Tightness in the chest
- Coughing and shortness of breath at night, which prevents sleep
- A cough that has stayed with you long after the 'flu has gone
- Shortness of breath after activity or exercise
- Cough/shortness of breath that develops after starting new tablets or eye drops.

### Avoiding trigger factors

You can help control and manage your asthma if you identify and avoid trigger factors that can induce an asthma flare-up. These triggers may include pollens, dust, cigarette smoke, animal hair and skin flakes, food additives and preservatives. Triggers such as weather changes, colds and viruses are harder to avoid. Aspirin, some medicines for arthritis, blood pressure or heart problems and eye drops taken for glaucoma may also trigger asthma. Every person's asthma is different so they will react to different triggers.

**Always check with your doctor or pharmacist before taking other medications.**



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Exercise and physical activity is also a common asthma trigger but that doesn't mean you need to avoid enjoyable physical exercise. Your doctor will be able to advise you on the ways in which you can prevent and manage exercise-induced asthma.

If you are or have been a smoker, you should have your lungs checked thoroughly by your doctor.

## Medication

There are four main types of asthma medications:

- Preventers
- Relievers
- Symptom Controllers
- Combination medications

### 1. Preventers

- **Inhalers (puffers):** Flixotide, Intal, Intal-Forte, Pulmicort, Qvar, and Tilade (Autumn coloured and white containers)
- Tablets: Singulair

These medications make the airways less sensitive and help keep you well. They reduce the inflammation (redness and swelling) in the airways and help clear up the mucus. Preventers should be used regularly (every day) even when you are feeling well. Preventers do not provide quick relief from Asthma symptoms, and they often take a few weeks to make you feel better.

For best results use a spacer with an inhaler. Always rinse your mouth with water, gargle and spit after using a preventer inhaler. This helps avoid side effects such as a hoarse voice or oral thrush.

When there is little response to reliever medication, the doctor may prescribe a short course of Prednisone or Prednisolone tablets for 7-14 days. These medications work much faster than inhaled preventers to regain control in acute asthma episodes.

**Do not stop taking your preventer unless advised by your doctor.**



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## 2. Relievers

- **Inhalers:** Airomir, Asmol, Bricanyl, Epaq, APO-salbutamol and Ventolin (Blue containers)

Relievers help open the airways by relaxing the tight muscles around them. They provide relief from asthma symptoms (coughing, wheezing and shortness of breath) within minutes. Always carry your blue reliever medication with you, as this is the medication to be used during an asthma flare-up.

If reliever medication is needed more than three or four times a week (other than before exercise) you may need to use a preventer. See your doctor for advice.

*Atrovent* is a different kind of reliever that is sometimes used with one of the above relievers. It does not work as quickly as the above relievers.

## 3. Symptom Controllers

- **Inhaled:** Foradile, Oxis, Serevent (Mainly green containers)

Symptom controllers (also called long-acting relievers) help to relax the muscles around the airways for up to 12 hours. They do not provide quick relief from asthma symptoms. People who take daily preventer medications but still have regular asthma symptoms (particularly at night) may then have this medication prescribed.

## 4. Combination Medications

- **Inhaled:** Seretide and Symbicort

Combination medications combine a symptom controller with a preventer in the one delivery device.



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## Delivery Devices

Problems with arthritis, reduced mobility and co-ordination difficulties sometimes make it hard to use asthma inhalers. There are a number of devices available that can help overcome these problems:

1. **Spacers** used with puffers require less coordination, increase the amount of medication inhaled and help reduce side effects. It is highly recommended that spacers be used for all age groups, regardless of ability. Spacers are recommended for first aid treatment during an Asthma flare-up.
2. **Autohalers, Turbuhalers** and **Accuhalers** are breath-activated devices and coordination skills are not required to inhale the medication (however, a strong fast breath is needed to use these devices). A twist grip for the turbuhaler is available for people with arthritis.
3. **Haler aids** are designed to help people with disabilities or arthritis who have difficulty pressing down their aerosol inhaler. This device requires a squeezing action rather than pressing.
4. **Nebulisers** convert liquid medication into a fine mist inhaled through a mask or mouthpiece. The air-flow and pressure of your nebuliser should be checked regularly (at least once a year). Depending on use, disposable nebuliser bowls may need replacing every 3 months. It is advisable to always have a spare bowl. Nebuliser filters should be changed and the machine serviced according to manufacturer's instructions.

A puffer used with a spacer is equally as effective as a nebuliser, if used correctly. Nebulisers need only be used if asthma is severe or if a spacer and puffer cannot be coordinated. Make sure you are using your devices correctly. Check your technique with your doctor, pharmacist or asthma educator.

## Asthma Management

To manage your asthma effectively:

- Try to identify, avoid or minimise exposure to triggers
- Learn more about your asthma
- Obtain a written Asthma Action Plan from your doctor
- Visit your doctor regularly for review even when you are feeling well (6 monthly).



## Asthma First Aid

For Salbutamol (eg. Ventolin® or Asmol®)

1



**Keep calm and sit up straight**

2



**Have 4 doses of reliever inhaler**

Use a spacer if possible, one dose into the spacer at a time, taking four breaths after each dose.

3



**Wait 4 minutes**

If there is no improvement, have four more separate doses of reliever inhaler as above.

4



If no improvement

**call an ambulance (dial 000)**

Keep giving four separate doses every four minutes until ambulance arrives

Follow your Asthma Action Plan



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