



Respiratory Care WA

Asthma | COPD | Respiratory Health



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respiratorycarewa.org.au

Common Questions about Asthma

This fact sheet provides answers to commonly held misconceptions about asthma.

1. Is asthma a serious health concern?

Asthma is one of the 10 most chronic health conditions. It currently affects over 2 million people in Australia. It costs the Australian community in excess of \$750 million annually.

2. Does anyone die of asthma nowadays?

421 Australians sadly died from asthma in 2019. Research has shown that two in three deaths from asthma could be prevented by better management of the condition including by having personal Asthma Action Plans, timely reviews of asthma care and prescription of more appropriate asthma medication.

3. Is asthma psychological?

Asthma is a condition which occurs in the lungs, not the mind. Stress is well recognised as aggravating an asthma flare-up or making asthma control more difficult. It is rare for stress to trigger a flare-up of asthma.

4. Will my child grow out of it?

Asthma may improve with age and flare-ups may become less frequent and/or severe, but the tendency is always there. Changes may occur in the body chemistry at any time. Some children can experience long periods of time without symptoms (e.g. in teenage years). However, asthma can return later in life. Improvement for very young children with asthma is generally due to increases in body size, overall improvement in health and fitness, muscle development etc. rather than a “cure”.

5. If you have asthma is your body weak?

The presence of asthma does not mean that the body is inferior, only that the lungs are more sensitive to triggers.

6. Is exercise bad for people with asthma?

Good asthma management including correct medication will allow people with asthma to exercise to the level that they choose. Exercise is the one trigger which should not be avoided. With premedication and warm up exercises, people with asthma should be able to regularly exercise. An improved level of fitness and general well being achieved through regular exercise will benefit people who have asthma.



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7. Is a puffer all I need for my asthma?

People with asthma should always be under medical supervision, have an action plan in place and have the status of their asthma reviewed every 6 months. As a general guideline, if they are using their reliever inhaler (puffer) more than 3 times a week for other than premedication for exercise induced asthma, they should seek medical advice as soon as possible. It may be that the person needs to commence using a preventer medication or that the dosage or type of preventer that they are currently using needs review.

8. Are inhaled steroids dangerous?

Inhaled steroids in preventers are NOT anabolic steroids. They are similar to a chemical which the adrenal glands in the body are producing all the time. They are usually safe when taken in the prescribed dosage, recommended manner and under medical supervision.

9. Can I always feel when my asthma is getting worse?

The onset of asthma may be slow and gradual. The first visible sign of asthma e.g. a cough or wheeze may not be the commencement of the asthma flare-up. Always be alert for the other individualised signs like tiredness, increased use of reliever medication, waking each night and most mornings with symptoms of asthma, etc.

10. Should people with asthma be able to lead full, active lives?

Good management will allow a person to control their asthma, not let asthma control them. Remember that many successful people and top athletes have asthma.