

# Patient information from BMJ

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## Asthma in adults: what treatments work?

**Most adults with asthma have had it since childhood, although some people do get asthma later in life. With the right treatment it can usually be controlled well.**

**You can use our information to talk to your doctor and decide which treatments are best for you.**

### What treatments work?

If you've had asthma since you were a child, you're probably very familiar with the treatments used to help control the condition.

But if you've been diagnosed with asthma recently, you may not know very much about the different treatments for controlling and preventing asthma symptoms.

It is important to remember that, however long you've had asthma, the condition should not stop you being active and doing the things you enjoy.

Doctors use what they call a **stepwise** approach to treating asthma. If you're still getting symptoms with your usual medicine, you may need to take a higher dose or an extra drug for a while. This is called **stepping up**.

But it doesn't mean that you'll always need to take more medicine. Once your asthma is under control your doctor may **step down** your treatment.

Doctors always try to give you the lowest dose of medicine to treat and prevent your symptoms. The lower the dose, the less likely you are to get side effects.

Your doctor will probably give you a **written action plan** for your asthma. This will give you detailed advice about how to manage your asthma and adjust your medicine if necessary.

### Monitoring your asthma at home

It's important to have regular follow-ups with your doctor to make sure your asthma is well controlled.

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Your doctor might ask you to test your breathing at home with a device called a **PEFR meter**(PEFR is short for **peak expiratory flow rate**).

This measures how quickly you can breathe out. When your asthma isn't well controlled, you can't breathe out as much air as you normally would because your airways are narrowed.

You'll need to write down the results every time you use the meter. This helps you and your doctor see how your asthma changes and whether your treatment is working.

### Medicines

You'll have a **quick-relief inhaler** to use when you get symptoms. It contains a type of drug called a short-acting beta-2 agonist. You should carry your inhaler with you at all times. If you get symptoms only once or twice a week, or with exercise, this may be all the treatment you need.

These inhalers don't usually cause side effects. But you may get a slight shaking or trembling, especially in your hands.

Your doctor may suggest a **treatment to prevent asthma symptoms** if you get symptoms more than two times a week. The best preventer treatment is a **steroid inhaler**.

The steroids in these inhalers are not the same as the anabolic steroids used by some athletes and bodybuilders. Instead, they are **corticosteroids**, which are similar to chemicals your body makes to reduce inflammation.

Steroid inhalers can help prevent asthma symptoms (including symptoms brought on by exercise), help you sleep better (because asthma symptoms don't wake you up), and reduce how much you need to use a quick-relief inhaler.

You're also less likely to need hospital treatment for asthma if you use a steroid inhaler regularly.

But these inhalers can cause side effects in some people, including:

- a sore throat
- a hoarse or croaky voice, and
- a fungal infection called candidiasis (thrush) in your mouth or your throat.

But not everybody gets these problems. You can reduce your chance of getting these side effects by gargling with water after using the steroid inhaler.

Steroid inhalers don't help to stop an asthma attack once it has started. They work too slowly. If you get asthma symptoms you should use your quick-relief inhaler. Steroid inhalers aim to prevent asthma symptoms in the long term.

There are other types of inhaler and also tablets to prevent asthma symptoms. But steroid inhalers are usually the preferred treatment.

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However, doctors do sometimes prescribe the other treatments in addition to a steroid inhaler, if needed, or if a person can't or doesn't want to use a steroid inhaler. The dose of your inhaler will be adjusted depending on how severe your symptoms are.

If you haven't had any problems with asthma for a few months, it may be possible to reduce the amount of steroids you are taking.

### How to use an asthma inhaler

There are different types of inhalers. One of the most common types is a **metered-dose inhaler** (or MDI for short). Here's how to use it:

- Take off the cap and shake the inhaler
- Stand up and breathe out
- Put the mouthpiece in your mouth
- Breathe in slowly. As you start to breathe in, push down on the top of the inhaler and keep breathing in slowly
- Close your mouth and hold your breath for 10 seconds
- Breathe out.

Another common type of inhaler is the **dry powder inhaler**. With these inhalers you don't have to coordinate your breath with pushing on the top of the inhaler. This is because the medicine is released when you take a deep, fast breath.

This is easier for some people, although others may find it difficult. As with a metered-dose inhaler, you breathe out before putting the device in your mouth and breathing in.

Your doctor or practice nurse will give you instructions on how to use your inhaler. They may also watch you using it at check-ups to make sure you are using it correctly - especially if your asthma doesn't seem to be well controlled.

If you have problems using your inhaler, tell your doctor or nurse. You may find that a different type is easier to use.

### Things you can do for yourself

**Learning as much as you can about asthma** can help you get better control over your condition. Your doctor should give you detailed information about how to take your asthma treatments.

You should also discuss signs that your treatment may need to be stepped up (for example, if you are using your quick-relief inhaler more than usual), and when you should seek emergency treatment.

Many doctors put this information in writing as part of an asthma action plan. Your doctor might also recommend taking part in an asthma education programme.

There may be things in your home and outdoors that can **trigger your asthma**. For example, some people find that symptoms happen when they are around:

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- pollen
- tobacco smoke, or
- pets.

Staying away from these things may help to keep your asthma under control.

Some adults still die each year from asthma. You can help keep your asthma under control by **taking your medicine regularly**, the way your doctor has prescribed.

If you find your symptoms are becoming more troublesome (for example, if asthma is waking you up at night), you should see your doctor.

If you feel your symptoms are getting out of control very quickly, call your doctor or seek emergency treatment. You might be able to avoid going into hospital by **taking early action** to get control over your symptoms.

If you have had times when your asthma gets suddenly worse, try to remember what made it worse. This might have been a cold, for example. The next time you get the first signs of a cold talk to your doctor about what you should do to prevent your asthma symptoms getting worse.

For more background information on asthma see our leaflet *Asthma in adults: what is it?*

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