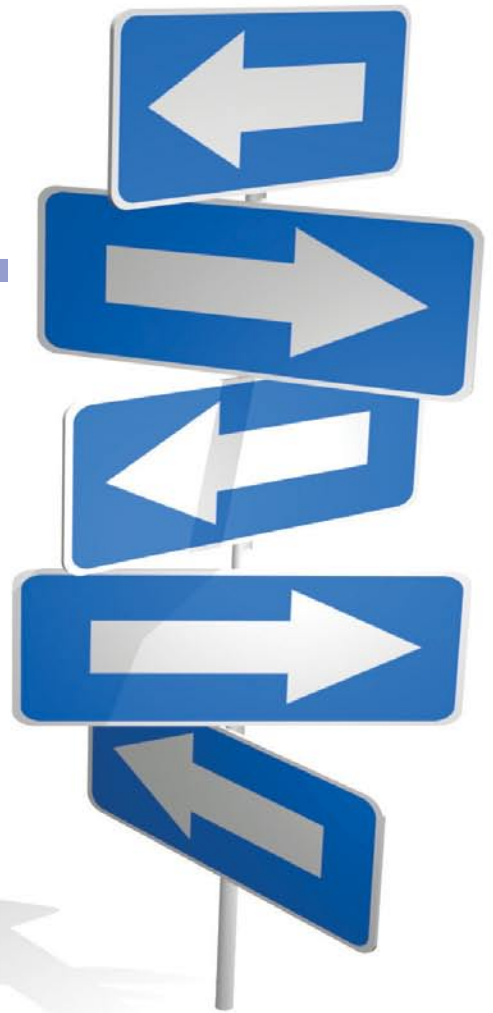


CONTROL YOUR ASTHMA

Choosing the right
maintenance therapy
will help you breathe easy

by Dr. J. Mark FitzGerald



Asthma is a chronic inflammatory disease of the airways. Many people take anti-inflammatory drugs to reduce and prevent that inflammation and maintain good asthma control. There are several different options to choose from and it can be a real challenge to figure out what works best for you. The key is educating yourself about the disease and the different medications you can take to keep it in check.

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Your doctor will decide whether to put you on maintenance therapy, also called controller medication, based on how often you need to use your short-acting, reliever medication for acute symptom relief. While the Canadian asthma guidelines have suggested **anti-inflammatory** treatment be prescribed if reliever medication is used more than three times a week, guidelines produced by the Global Initiative for Asthma say using it more than twice a week warrants maintenance therapy.

Before choosing an appropriate controller medication, your doctor will want to assess your lung function. It's also very important that you learn the basic mechanisms involved in asthma, particularly how to avoid the allergens or irritants that trigger your symptoms. You also need to know what to do if your asthma is getting worse (see page 22 for a list of websites that can help).



INHALED CORTICOSTEROIDS

Inhaled corticosteroids (ICS) are commonly prescribed to control symptoms of asthma. When taken regularly, most people will see improvement from this medication alone (see Asthma Maintenance Meds for a list of all inhaled corticosteroids currently available in Canada).

There's a lot of concern about side effects of inhaled steroids, especially their effect on growth. However, recent studies showed that height was not affected by inhaled steroids, even in people who started using them as children and continued taking them for 20 years. Keep in mind that if you use these drugs under the guidance of your physician or asthma educator, side effects will be minimal or non-existent. Inhaled corticosteroids provide excellent delivery of medication directly to the lungs, but you should always rinse your mouth out after using it, to avoid a fungal infection called oral candidiasis (thrush). Using a "spacer" device to slow down the delivery of the drug to your lungs can also help.

Your doctor will decide the dose of inhaled corticosteroids necessary to control your symptoms and it's important to take your medication regularly to prevent flare-ups. If your symptoms do worsen, the dose and/or frequency with which you use your inhaler may need to be increased.

LEUKOTRIENE MODIFIERS

A second category of asthma medication, leukotriene receptor antagonists (LTRAs), may be used alone in combination with ICS to improve control of asthma symptoms. Some LTRAs may be helpful in people with seasonal **rhinitis** or allergy-related nose symptoms as well as asthma. Unlike corticosteroids, LTRAs come in tablet form, which some people prefer to an inhaler.



COMBINATION THERAPY

If you're taking your ICS as directed but have still not achieved good control of your asthma, your doctor may suggest adding another type of medication, a long-acting bronchodilator, to your treatment plan. Like the short-acting bronchodilators you would use as a rescue medication, long-acting bronchodi-



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lators, also called long-acting beta₂-agonists, open up the airways to help you breathe easier. By combining the long-acting bronchodilator and the ICS, you get both symptomatic relief (from the bronchodilator) as well as preventive therapy (from the corticosteroid).

With combination therapy, you take the same dose of your combination inhaler once or twice a day, plus your reliever medication as needed. Two types of combination inhalers are available in Canada: Advair[®], a combination of salmeterol

ASTHMA MAINTENANCE MEDS

Inhaled corticosteroids (ICS)

- Budesonide (Pulmicort[®])
- Fluticasone (Flovent[®])
- Ciclesonide (Alvesco[®])

Long-acting beta₂-agonists (LABAs)

- Formoterol (Oxeze[®] or Foradil[®])
- Salmeterol (Serevent[®])

Leukotriene receptor antagonists (LTRAs)

- Montelukast (Singulair[®])
- Zafirlukast (Accolate[®])

Combination therapy

- Advair[®] (salmeterol + fluticasone)
- Symbicort[®] (formoterol + budesonide)


and fluticasone and Symbicort®, which contains formoterol and budesonide. Symbicort® can also be used for emergency relief of acute symptoms. As with ICS, your doctor will determine the right dose of medication for you.

Before deciding to switch from inhaled corticosteroids to combination therapy, you and your doctor should first make sure you're taking your inhaled corticosteroids correctly, and at the right dosage. It's also a good idea to review your exposure to new allergens, both outdoors and indoors, because a new allergen coming into your environment could be responsible for the worsening of your symptoms.

OTHER INTERVENTIONS

It's incredibly important for people with asthma not to smoke. Those who do experience a more rapid decline in lung function over time compared to people who don't smoke. There's also emerging evidence that inhaled corticosteroids don't work as well in smokers.

People with asthma should also make sure to get their flu shot every year as this will reduce the risk of getting influenza, a common viral infection that can cause your asthma to worsen.

Using the appropriate maintenance medication correctly and consistently, combined with education and lifestyle modifications, most patients will be able to achieve excellent control of their asthma. To see if you're getting the most out of your maintenance medication, fill out the 30-second asthma test below and bring it to your doctor at your next visit. 

Using the appropriate maintenance medication, most patients will be able to achieve excellent control of their asthma



SELF-TEST

THE 30 SECOND ASTHMA TEST

Thinking your asthma is under control is one thing. Knowing is another.

To understand if your asthma is under control, answer these 5 questions:

1. Do you cough, wheeze, or have a tight chest because of asthma? (3 or more times a week)

- YES
- NO

2. Do coughing, wheezing, or chest tightness wake you up at night? (1 or more times a week)

- YES
- NO

3. Do you stop exercising because of asthma? (in the past 3 months)

- YES
- NO

4. Do you ever miss work or school because of your asthma? (in the past 3 months)

- YES
- NO

5. Do you use your blue inhaler more than 3 times a week? (except one dose/day for exercise)

- YES
- NO

If you or someone you love answered "yes" to one or more questions, bring this self-test to your doctor.

Courtesy of the Asthma Society of Canada, www.asthma.ca

Asthma Basics Steps

We developed the Asthma Basics Steps to help you learn about good asthma control. Use these steps to guide your discussions with your doctor, pharmacist and asthma educator.

Step 1 Diagnosis

- Talk to your doctor about your breathing difficulty
- Your doctor confirms you have asthma and may do tests
- Find out about asthma, what it is and how it can be controlled
- This step is discussed in this booklet called **Diagnosis**



Step 2 Triggers

- Find out what makes your asthma worse by keeping a diary and getting allergy tests
- Once you know what your allergic and non allergic triggers are, you learn how to avoid them
- This step is discussed in the booklet called **Triggers**



Step 3 Medication

- Your doctor may prescribe anti-asthma medication
- Learn what your medication does and how to take it properly
- Learn how a written action plan can help you manage your asthma
- This step is discussed in the booklet called **Medications**

Step 4 Education

- Learn as much as possible. Ask your pharmacist and doctor lots of questions
- Read informational materials and visit www.Asthma.ca and www.Asthma Kids.ca to learn more



Step 5 Asthma action plan

- When your asthma is well-controlled, talk to your doctor about your medication needs and any changes in your environment
- Work with your doctor to get a written asthma action plan that you can use for asthma management at home
- Visit www.Asthma.ca for a sample action plan to take to your doctor

Step 6 Ongoing management

- Discuss your asthma every six months with your doctor, even if you are well
- Take lung function tests every year to make sure your asthma is well controlled
- Tell other health care professionals that you have asthma

