

Take Control of Your **ASTHMA!**



A Guide for Living Well with Asthma

Asthma in Ireland

- Ireland has the **fourth highest** prevalence of asthma in the world
- Asthma is the **most common** chronic disease in Ireland
- More than **1 in every 10** people have asthma in Ireland
- **60%** of people with asthma do not have their asthma under control
- Around **20,000** people visit hospital due to asthma every year
- More than **one person a week dies** from asthma
- Asthma causes adults to miss an average of **12 days** of work each year
- Asthma causes children to miss an average of **10 days** of school each year.

About Us

The Asthma Society of Ireland is the national charity dedicated to empowering the 470,000 people with asthma in Ireland to take control of their asthma.

Asthma cannot be cured but it can be controlled. We are working to reduce the number of deaths and hospital visits caused by asthma and to increase the number of people receiving the right information and support, to help them control their asthma.

We support people with asthma and their families by providing a wide range of high quality information and education services – all completely free of charge.

We provide a strong, unified voice, and strive to improve the health and quality of life of everyone with asthma in Ireland.

We drive change nationally by raising awareness, supporting innovative research and advocating for universal access to the best asthma care.

We actively work with health care professionals, industry and government bodies to provide expert information and keep asthma high on the national agenda.

The Asthma Adviceline

You can get further information and advice by calling our Asthma Adviceline on (Lo-call) **1850 44 54 64** or by emailing nurse@asthmasociety.ie. Our Asthma Nurse Specialists are available to answer your questions about asthma and allergies every Monday-Friday from 10am to 1pm.

The Asthma Society of Ireland can ensure that asthma is better managed and controlled, but we need your support. By giving a small amount on a regular basis you can help us change the lives of people with asthma!

With €5 a month, you can help us continue to publish our information booklets, which could help save a life.

With €10 a month, you can help us continue to keep our Adviceline open with specialist nurse advice to help people with asthma.

With €21 a month, you can help fund our Asthma Clinics, where we provide expert asthma nurse consultations and a range of information on asthma and allergies.

The Asthma Society of Ireland receives limited funding and relies on donations to run our life-saving services. Please help us in the fight against asthma by **DONATING NOW** at www.asthma.ie

Fighting asthma with every breath

In Ireland;

- 470,000 have asthma, the **4th highest** level of asthma in the world
- **60%** of people with asthma **do not have control** of their asthma
- **1 person dies every week** from asthma
- **90%** of these deaths are **preventable**

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Introduction

Asthma cannot be cured but with the right information and management, it can be controlled. If you are concerned that you may have asthma, you have been recently diagnosed or you feel your asthma is not well controlled, this booklet can help. Prompted by queries to our Asthma Adviceline, **Take Control of Your Asthma!** will give you the information you need to help you to manage your asthma and have a better quality of life.

Inside you will find information on:

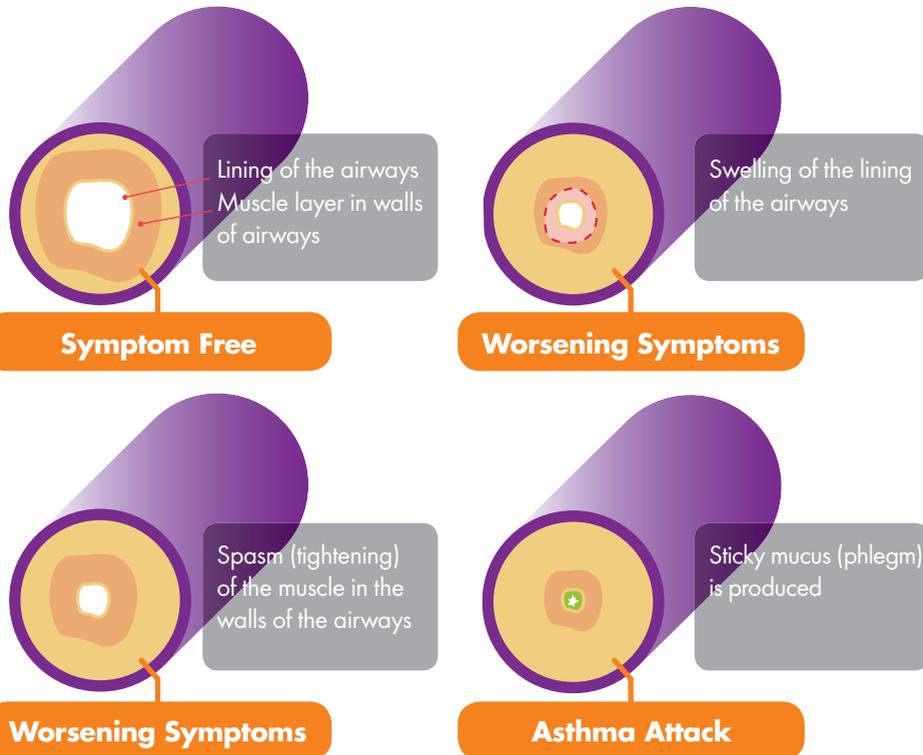
- What asthma is
- What can trigger asthma symptoms
- Asthma treatments and how to take them
- How you can manage your asthma
- What to do if you have an asthma attack.

About Asthma

What is Asthma?

Asthma is a common chronic disease which inflames the airways. The airways are the small tubes that carry air in and out of the lungs. Asthma causes the airways to become over-sensitive and react to things they wouldn't normally react to, such as cold air or dust mites and even family pets. These are called triggers.

When asthma symptoms are triggered, the muscles around the wall of the airways tighten, making them narrow. The lining of the airways also swells and sticky mucus is produced, clogging up the already narrowed airways. With the airways narrow and clogged with mucus, it becomes difficult to breathe.



What are the Symptoms of Asthma?

The symptoms of asthma are one or any combination of:

- Shortness of breath
- Regular wheezing
- Chest tightness
- Coughing.

Do I Have Asthma?

Asthma symptoms can vary from person to person. You may have one symptom or a combination of symptoms. Below are some signs that you may have asthma:

- You have one or more of the symptoms listed above
- You cough at night
- You cough or wheeze after exercise
- You have wheeze, chest tightness or a cough after coming in contact with an asthma trigger such as cold air, dust or pollen
- When you have a cold it goes down to your chest or takes more than ten days to clear.

If you answer yes to any of these questions you should visit your doctor who will assess your symptoms.

Why Do I Have Asthma?

Anyone can develop asthma. Asthma is a very common; in fact it is the most common chronic disease in Ireland. Asthma can start at any time of life, although it usually starts in childhood. Asthma can sometimes run in families and is linked to other conditions such as eczema and hay fever.

About Asthma

How is Asthma Diagnosed?

Before you can be treated for asthma you must be diagnosed by a doctor. Your doctor will check if you have asthma by asking you questions, examining your chest and performing some tests.

Questions Your Doctor Might Ask You:

- How long have you had asthma-like symptoms?
- How often do you have symptoms?
- How do your symptoms affect your day to day life?
- Have you had an attack or regular attacks of wheezing, coughing or shortness of breath?
- Do you cough at night and does it disturb your sleep?
- Do you wheeze or cough after exercise?
- Do you wheeze or cough after you come in contact with triggers such as pollen, smoke, cold air etc.?
- Do your colds go down to your chest or take more than ten days to clear?
- Are your symptoms improved by taking asthma treatments?
- Is there a history of asthma in your family?

Tests Your Doctor Might Perform:

- A Spirometry Test measures your breathing and lung function. It must be carried out by a trained healthcare professional. You will be asked to blow into a spirometer machine which will give you a reading of your lung function.
- A Reversibility Test compares your spirometry reading before and after you have taken asthma medication, to see if there is an improvement.
- A Methacholine Challenge Test is sometimes used when asthma is difficult to diagnose, e.g. if you have a history of asthma in your family and asthma symptoms, yet your spirometry reading is normal. Methacholine is a chemical which is known to trigger asthma. To help diagnose your symptoms your doctor will ask you to breathe in Methacholine through a nebuliser and assess your reaction to it. You can find more information on nebulisers on page 26.
- A Peak Flow Test is a breathing test which uses a Peak Flow Meter to measure how fast you breathe air out of your lungs. This rate is called your 'peak flow'. Your peak flow can be measured over a period of time, even when you are symptom free. A Peak Flow Test can be carried out by a healthcare professional or by you at home. You can find more information on how to use a peak flow meter on page 27.
- An Exercise Test compares your lung function before and after exercise to check if exercise is triggering your symptoms.
- A Blood and Skin Allergy Test checks what allergies might be triggering your symptoms.

About Asthma

Asthma Management Plan

Once you have been diagnosed with asthma, your doctor or nurse can help you develop an Asthma Management Plan. An Asthma Management Plan will have all the information you need to keep your asthma under control.

Your Asthma Management Plan will include the following information:

- A list of your medication and when to take it
- How to tell if your symptoms are getting worse
- What to do when your symptoms get worse
- A list of your triggers, vaccinations and the asthma education you have received
- A peak flow diary to help monitor how well your lungs are working
- What to do if you have an asthma attack
- Important contact information, such as your GP and emergency contacts.

Everyone should have an Asthma Management Plan. You can get a free children's or adult plan by calling us on **01 817 8886** or by emailing office@asthmasociety.ie.

We have also developed a mobile and web version of an Asthma Management Plan called **Asthma Coach**. You can download it for free from the App Store for iPhone or go to www.app.asthmasociety.ie.



Diet and Asthma

If you have asthma, it is important to have a healthy diet consisting of a variety of nutritious food. Research has shown that modern diets, which include higher levels of processed foods, vegetable oils and salt, and lower levels of fruit, vegetables and oily fish than before, are not good for asthma. These types of diet have contributed to the rise in the level of asthma in Ireland and can make asthma symptoms worse. In particular, being overweight will have a negative impact on your asthma control.

To make sure your diet is healthy, use the food pyramid for a guide to the types of food and portions you should eat.



Your diet should include lots of food from the bottom of the pyramid, such as breads, cereals, fruit and vegetables, as well as dairy, lean meat and fish. Food from the top of the pyramid, such as sweets and cakes should not be eaten every day. You can find more information on asthma and food allergies on page 11.

Asthma Triggers

Asthma Triggers

When you come into contact with certain things they can make your asthma worse. These are called triggers.

It can be difficult to figure out what is triggering your asthma. To help find out what your triggers are you should keep an asthma diary or management plan. In it you should record the times, places and what you are doing when your asthma gets worse.

Asthma Triggers A-Z

Air Pollution

Air pollution, both indoors and outdoors, can trigger asthma symptoms. Outdoor air pollution includes exhaust fumes, factory smoke, and smoke from domestic coal. Indoor air pollution includes chemical fumes, aerosols, perfumes, fumes from heating systems and smoke from coal fires.

Trigger Tips

- Check the air quality in your area regularly. You can check the air quality at www.epa.ie.
- Service your heating system regularly.
- Check if you live in a smoky coal ban area. If you do, you can report anyone burning or selling smoky coal. For more information go to www.asthma.ie.
- Avoid using aerosols, cleaning products or perfumes if they trigger your asthma and try using natural alternatives.
- Avoid strenuous activity outdoors if the air quality is poor.

Cigarette Smoke

Cigarette smoke is a major trigger of asthma symptoms. Smoking or breathing in cigarette smoke makes your asthma control worse, increases the risk of infection and viruses, and lessens the effectiveness of your asthma medication. Smoking and passive smoking also increase your risk of developing Chronic Obstructive Pulmonary Disease (COPD), which is a combination of bronchitis, emphysema and asthma.

Trigger Tips

- **Do not smoke.**
- Ask people not to smoke around you and avoid passive smoke, especially in enclosed spaces.
- If you are a smoker you should quit. Contact the National Smokers' Quitline on 1850 201 203 (www.quit.ie) or call the Asthma Adviceline on 1850 44 54 64 for information and support to help you quit smoking.

Colds and Flu

Colds and flu, as well as nose and throat infections can trigger asthma symptoms.

Trigger Tips

- Get the flu vaccine each year. Speak to your healthcare professional about getting the flu vaccine in advance of flu season in September or October.
- Get the pneumococcal vaccine. You should get the pneumococcal vaccine at least once every 5 years. It can be given at the same time as the flu vaccine. Speak to your doctor, nurse or pharmacist for more information.
- Stop the spread of colds and infection by washing your hands and using hand sanitizer regularly.

Emotions

Asthma is a physical disease and not a psychological condition; however emotions, such as excitement, worry or stress can trigger asthma.

Trigger Tips

- Speak to a healthcare professional if your emotions are triggering your asthma.
- Keep your reliever inhaler with you at all times, especially during times of stress or high emotion.

Asthma Triggers

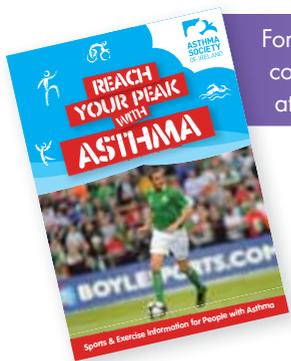
Exercise

Exercise can trigger asthma, especially if your asthma is not well controlled. Once your asthma is well controlled, exercise should not be a problem and a regular exercise regime can actually improve your asthma control. In fact, many top sports people have asthma.

Most types of sports are suitable for people with asthma but some sports, such as scuba diving or high altitude sports, may cause problems and you should speak to your doctor or nurse before taking part.

Trigger Tips

- Always carry your reliever inhaler in your pocket or kit bag when exercising.
- Warm up 15-20 minutes before exercising and cool down afterwards.
- Make sure your coach, team mates or training partners know you have asthma. If you are exercising alone, make sure someone knows where you are and when you will return.
- Asthma Attack Cards are available for free from the Asthma Society of Ireland. Always carry one with you.
- Avoid exercising in areas with high levels of pollen or pollution.
- If you are considering taking up exercise then yoga or a light aerobic exercise class are good choices.
- Swimming is also recommended as it can improve lung function and the warm, moist air in indoor pools is ideal for people with asthma; however chlorine, often found in swimming pools, can be a trigger for some people.



For more information on exercise and asthma get your free copy of our **Reach Your Peak with Asthma** booklet at www.asthma.ie.

Food and Drink

Food and drink rarely trigger asthma. If they do, it is usually in young children. Most people with asthma don't have to follow a special diet and you shouldn't avoid any types of food unless you have been advised to do so by a doctor.

In the rare cases that food and drink is a trigger of asthma symptoms the following foods may be the cause; wheat; shellfish; eggs; dairy; soybeans; peanuts; foods containing salicylates such as tomatoes, cucumbers or kiwi fruit; and also food additives.

Some people believe that dairy is a common asthma trigger. However, like other foods, dairy rarely triggers asthma symptoms and is recommended as part of a balanced diet for people with asthma. You can find more information on diet and asthma on page 7.

Trigger Tips

- If you think food or drink might be triggering your asthma see your doctor who may refer you to a specialist or for allergy testing.
- Don't remove any food from your diet before an allergy is confirmed by medical testing.
- If your asthma is triggered by a certain type of food check the labels on food before eating and ask staff about ingredients when eating out.
- Often it is the additives in food that triggers asthma. Contact the Asthma Adviceline on **1850 44 54 64** for information on an additive free diet.

Hormones

Sometimes women find that their hormones can trigger asthma symptoms. This usually occurs during puberty, before their period, during pregnancy or during the menopause.

Trigger Tips

- See your doctor who may change your medication to help improve your symptoms.
- You can find more information on asthma and pregnancy on www.asthma.ie.

Asthma Triggers

House Dust Mite

House dust mites are spider-like organisms and are a common trigger of asthma and allergies. They live in every home and thrive in indoor environments, especially in furnishings, bedding and carpets. If your asthma symptoms are worse when you dust or vacuum, or during the night or in the morning, it's likely that house dust mites are triggering your asthma. It is impossible to completely get rid of house dust mites but you can reduce them and limit their impact on your asthma.

Trigger Tips

- Using house dust mite proof covers on all mattresses, duvets and pillows and washing your bedding at 60° once a week may help reduce the affects of house dust mites.
- Where possible have hard floors instead of carpets.
- Vacuum frequently using a vacuum with a HEPA filter.
- Dust regularly with a damp cloth.
- Avoid soft toys, especially in the bedroom. If you have soft toys wash them at 60° once a week.
- Reduce dampness and humidity in the home.
- Avoid using feather bedding.

Medication

Certain types of medication can trigger asthma symptoms in some people.

Trigger Tips

- If you have a reaction to or have concerns about any kind of medication, speak to your doctor, nurse or pharmacist.
- Non steroidal anti inflammatory drugs (NSAIDs), such as difene and ibuprofen can trigger severe asthma symptoms in some people.
- If you are taking beta-blocker drugs, for blood pressure, heart disease or glaucoma, close medical supervision is essential.
- Salicylates, such as aspirin, can trigger asthma symptoms.

Occupations

If your asthma gets worse during working hours and gets better at weekends, or during holidays, there could be something in your workplace that is triggering your asthma.

Occupational asthma can take weeks, months or even years to develop.

The types of triggers you might find in your workplace include chemicals found in spray paint, adhesives etc.; dust from flour and grain; wood dust (especially hard wood and red cedar wood); fumes from glues, soldering, colophony or cleaning; insects or animals and their waste products; latex; stress; cigarette smoke.

Trigger Tips

- If you notice a change in your asthma while at work, discuss it with your doctor or nurse.
- Ask for a referral to an occupational asthma specialist.
- Talk to the Health and Safety Officer in your workplace about your asthma.
- Take action to reduce your exposure to the trigger.

Pets

Fur, hair and dander from some animals, most frequently cats or dogs, can trigger asthma.

Trigger Tips

- Avoid having a pet if you find it triggers your asthma.
- If you have a pet, keep it in one area of the house and never let it in your bedroom.
- Vacuum frequently using a vacuum with a HEPA filter.
- Wash your pet once a week.

Asthma Triggers

Pollen

Many people with asthma have an allergy to pollen. This is called allergic rhinitis, or hay fever. Pollen comes from grasses, trees, weeds and shrubs. In Ireland, the pollen season lasts from March to September, with different pollens being released at different times.

Download [Asthma Coach](#) for the iPhone or visit asthma.ie for a regional pollen tracker which is updated daily.

Trigger Tips

- Check the Asthma Society pollen tracker before leaving the house.
- Avoid grassy, weedy or tree filled areas or stay indoors when the pollen count is high.
- Prepare a hay fever kit, which includes items such as tissues, eye drops and preventative remedies such as anti-histamines and a decongestant spray, and keep it with you during pollen season.
- Have an asthma review with your doctor and asthma nurse in advance of pollen season.

For more information on pollen or spores get your free copy of our **Asthma and Allergic Rhinitis** booklet at www.asthma.ie.



Spores

Mould and fungi release tiny seeds into the air called spores. Spores can trigger asthma symptoms. They are found indoors and outdoors and thrive in damp places such as bathrooms, kitchens, woody areas and in autumn leaves.

Trigger Tips

- Make sure your house is well ventilated.
- Remove mould or mildew from your home, e.g. on walls or shower curtains.
- Avoid places with rotting vegetation, e.g. piles of leaves or compost.
- Avoid mowing as lawns and grasses may contain spores.
- Vacuum frequently using a vacuum cleaner with a HEPA filter.

Weather Changes

Changes in season and weather changes can trigger asthma. Cold wind, fog and heat can affect your asthma.

Trigger Tips

- If cold air, fog or heat triggers your asthma, take your reliever inhaler before going outside.
- Wear a scarf over your mouth and nose in cold weather. This will warm the air before you breathe it in.
- Try to avoid going outside in mid afternoon on hot or foggy days.

Asthma Treatments

Asthma Treatments

Around 60% of asthma sufferers in Ireland do not have their asthma under control. With the right treatment you can control your asthma and keep your symptoms at bay.

There are a variety of different treatments and medications for asthma. Some, called relievers, work to relieve your symptoms when they happen, while others, called controllers, help to control your symptoms and stop them happening.

It is important to take your medication as prescribed. Talk to your doctor, nurse, pharmacist or call the Asthma Adviceline on 1850 44 54 64 if you have any questions.

Relievers

When you breathe in reliever medication it relaxes the muscles around the airways, allowing them to widen and making it easier for you to breathe. You should use your reliever inhaler whenever you get asthma symptoms or if you are having an asthma attack. Everyone with asthma should have a reliever inhaler and you should always carry your reliever inhaler with you.

Facts about Relievers

- Reliever inhalers are usually blue.
- Reliever inhalers are sometimes referred to as 'rescue medication'.
- They work quickly to ease your symptoms.
- You can take your reliever in advance of coming in contact with an asthma trigger e.g. before you exercise or before you go out in cold air.
- Reliever medication is safe and has few side effects. Some relievers may slightly increase your heart rate, or cause mild tremors but these side effects are temporary and should not cause concern.
- If you use your reliever inhaler more than twice a week, it is a sign that your asthma is not controlled and you should speak to your doctor.

Controllers

The key to controlling your asthma is to use your controller inhaler every day, even when you are well. Controller medication contains a steroid called corticosteroid. It does not relieve your symptoms immediately, but builds up over a period of time to reduce swelling in the airways and stop your symptoms developing.

At first, your doctor will prescribe the level of controller medication needed to get your asthma under control. Over time, once your asthma is better controlled, you may be 'stepped down' to a lower level of medication.

Facts about Controllers

- Controller inhalers vary in colour but are usually brown.
- Controller inhalers should be taken everyday, even when you are well.
- The steroids in controller inhalers are similar to those found naturally in the body and should not be confused with anabolic steroids, which are sometimes banned for use in sport.
- When you inhale controller medication it targets the airways directly so only a small amount is absorbed into the rest of your body.
- Sometimes using controller medication can cause hoarseness or a mouth infection called thrush. To reduce the chance of this happening use a spacer device and rinse your mouth after taking your controller inhaler.

Combination Inhalers

Some people may be prescribed a combination inhaler. Combination inhalers give you a dose of a reliever medication and a dose of controller medication at the same time.

Leukotriene Receptor Antagonists

Leukotriene Receptor Antagonists or LTRAs help control your asthma by stopping the natural chemicals in your airways that can cause them to narrow and become inflamed. They are usually given as well as your reliever and controller inhalers, and taken as a tablet.

Asthma Treatments

Further Treatment

If you are taking your controller medication, but your asthma is still not well controlled your doctor may prescribe further treatment as well as your reliever and controller inhaler. Below is a list of other treatments which you might be prescribed.

- **Theophylline Tablets** widen your airways and reduce inflammation. They may cause nausea and are best taken with food. Your doctor will check the levels of theophylline in your blood to make sure the tablets are working and that there is not too much theophylline in your system.
- **Controller or Steroid Tablets** contain larger amounts of medication than a controller inhaler and may be prescribed for a short time, in addition to your controller inhaler, if your asthma gets worse. They work to reduce the inflammation in your airways.

Complementary Treatments

Complementary treatments have a limited role to play in treating asthma. There has been little independent scientific research carried out on complementary treatments and their affect on asthma is largely unproven.

If you are thinking of trying a complementary treatment you should speak to your doctor first. Complementary treatments may be taken as well as your prescribed asthma medication and should not be taken as an alternative.

Below is a list of complementary treatments which are offered for asthma:

Buteyko Breathing Technique

Asthma symptoms can be made worse by breathing too quickly. Buteyko Breathing Technique claims to reduce asthma symptoms by teaching people how to breathe slowly and gently through the nose. There is little scientific research on the affect the Buteyko Breathing Technique has on asthma or on what types of people with asthma might benefit from this treatment.

Salt Therapy

Salt therapy, which is also called Halotherapy or Speleotherapy, claims to treat asthma symptoms with the inhalation of salt, usually through salt mines or caves. There is no independent, objective scientific evidence that Salt Therapy is of any benefit to people with asthma.

Homeopathy

Homeopathy claims to treat asthma with remedies made up of natural substances which have been diluted many times. Homeopaths believe that by highly diluting a substance that would normally cause symptoms, you can treat the same symptoms the substance causes.

Independent scientific research has found that Homeopathy is ineffective and there is no research that proves it reduces asthma symptoms.

Ionisers

An Ioniser is a machine which claims to clear the air through the use of electrostatic charges. Whilst some evidence suggests they can reduce air borne asthma triggers, research shows that they can increase symptoms such as night time coughing. The Asthma Society of Ireland does not recommend using an Ioniser to treat asthma symptoms.

Air Filters

An Air Filter is a machine which claims to clean indoor air of asthma triggers. Air Filters vary in design, cost and effectiveness. Scientific research has failed to show that Air Filters have a significant impact on asthma and they should not be depended on as the only way of improving indoor air quality. Air Filters are not effective for every trigger so it is important to know which triggers they work on before using one.

Humidifiers

Humidifiers claim to improve asthma symptoms by moistening indoor air. When using a humidifier the humidity in your home should be kept between 30-50%. Increased humidity can lead to mould growth and an increase in house dust mites. The Asthma Society does not recommend the use of Humidifiers, especially if your asthma is triggered by house dust mites.

How To Use Your Inhaler and Other Asthma Devices

There are lots of different types of inhalers and a wide range of other devices you can use to help control your asthma. Using your inhalers and asthma devices correctly is very important in making sure your asthma is controlled. If you use your inhalers or asthma devices incorrectly you may not get the full benefit of your medication and are less likely to control your asthma.

Below you will find a list of inhalers and other asthma devices and how to use them. For more information log on to www.asthma.ie for free instructional videos on all the devices listed below.

What is an Inhaler?

Inhalers are the small spray devices that deliver your asthma medication. They release a puff of medication which you breathe directly into your lungs. Inhalers work best when you use a spacer. Inhalers can be used for both reliever and controller medication.

There are many different types of inhaler. In this section you will find instructions on how to use each type of inhaler.

What is a Spacer?

A Spacer is a plastic container that is used with metered dose inhaler (MDI) to inhale medication into your lungs. Using a Spacer makes taking your inhalers easier and more effective, and reduces the chance of side effects, such as oral thrush. Everyone should use a spacer with their inhaler, especially children.

A Spacer has an opening at one end to insert your inhaler and a mouthpiece or mask at the other end for you to breathe in your medicine. Spacers should be cleaned regularly and replaced as per the manufacturers instructions.

There are two different types of spacers and instructions on how to use them below. We sell a range of discounted spacers including Volumatics and Aerochambers. Call us on 01 817 8886 or visit www.asthma.ie.

How to Use a Volumatic Spacer

Multiple Breath Technique

1. Remove the cap, shake the inhaler and insert it into the Volumatic.
2. Place the mouthpiece between your teeth and seal it with your lips, but do not bite.
3. Start breathing in and out slowly and gently. You will hear a clicking sound as the valve opens and closes.

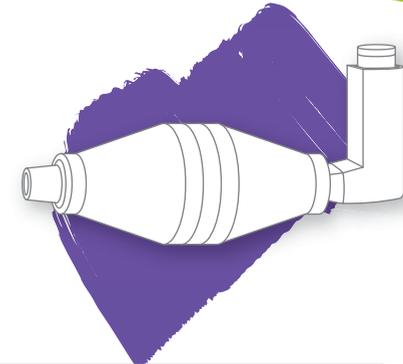
4. Once your breathing is steady, press one puff of your inhaler and continue to breathe in and out several times.
5. Remove the Volumatic from your mouth.
6. Repeat steps 1-5 for extra puffs.

Single Breath Technique

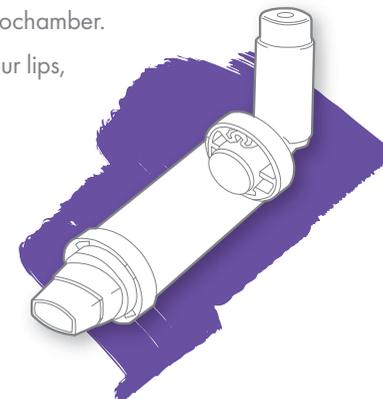
1. Remove the cap, shake your inhaler and insert it into the Volumatic.
2. Place the mouthpiece between your teeth and seal it with your lips, but do not bite.
3. Press one puff of your inhaler.
4. Take a deep, steady breath in. You should hear the mouthpiece valve click as you breathe through it.
5. Hold your breath, removing the mouthpiece from your mouth as you do so. Continue holding your breath for 10 seconds, or as long as comfortable.
6. Breathe out.
7. Repeat steps 1-6 for extra puffs.

How to Use an Aerochamber Spacer

1. Remove the cap, shake your inhaler and insert it into the Aerochamber.
2. Place the mouthpiece between your teeth and seal it with your lips, but do not bite.
3. Press one puff of your inhaler.
4. Take a deep, slow breath in. (If you hear a whistling sound you are breathing in too fast).
5. Hold your breath for 10 seconds, and then breathe out through the mouthpiece.
6. Breathe in again but do not press your inhaler.
7. Remove the mouthpiece from your mouth and breathe out.
8. For extra puffs, wait a few seconds and then repeat steps 1-7.



Volumatic Spacer with inhaler attached

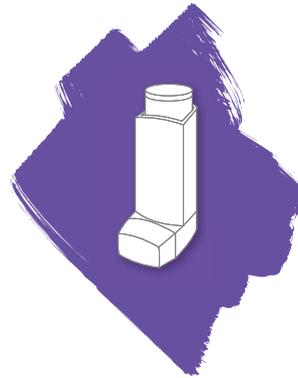


Aerochamber Spacer with inhaler attached

How To Use Your Inhaler and Other Asthma Devices

How to Use a Metered Dose Inhaler (MDI)

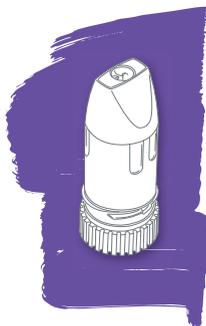
1. Remove the cap and shake your inhaler.
2. Breathe out gently.
3. Place the mouthpiece between your teeth and seal it with your lips, but do not bite.
4. Start to breathe in through your mouth and press your inhaler to release a puff of medication, while continuing to breathe in steadily and deeply.
5. Hold your breath and remove the inhaler from your mouth.
6. Continue holding your breath for 10 seconds, or for as long as is comfortable.
7. Repeat steps 1-6 for extra puffs.
8. Replace the cap on your inhaler.
Do not rush steps 3-6.



Metered Dose Inhaler (MDI)

How to Use a Turbohaler

1. Unscrew the cover and remove it (you might hear a rattling sound).
2. Hold your Turbohaler upright and turn the grip as far as it will go in one direction, then turn it as far as it will go in the other direction until you hear a click sound. Your Turbohaler is now loaded and ready to use. You should only load your Turbohaler when you are ready to use it.
3. Hold your Turbohaler away from your mouth and breathe out gently. Do not breathe through your Turbohaler.
4. Place the mouthpiece between your teeth and seal it with your lips, but do not bite.
5. Breathe in deeply and forcefully through your mouth.
6. Remove your Turbohaler from your mouth and breathe out gently (there is no need to hold your breath).
7. Repeat steps 1-6 for extra puffs.
8. Replace the cover of your Turbohaler.



Turbohaler

How to Use a Diskus

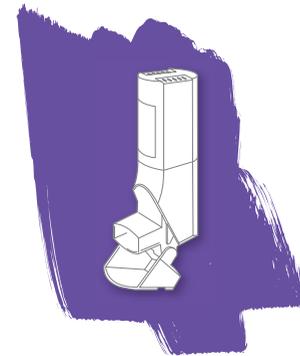
1. Hold the outer casing of the Diskus in one hand and push the thumb grip away with the other, until you hear a click.
2. Hold the Diskus with the mouthpiece facing towards you and slide the lever away until it clicks. This makes the dose available for inhalation and moves the dose counter on.
3. Holding the Diskus level, breathe out gently away from the device. Put the mouth piece in your mouth and suck in steadily and deeply.
4. Remove the Diskus from your mouth and hold your breath for 10 seconds.
5. To close, slide the thumb grip back towards you as far as it will go until it clicks.
6. Repeat steps 1-5 for extra puffs.



Diskus

How to Use an Easi-Breathe

1. Shake the inhaler
2. Hold the inhaler upright and open the cap.
3. Breathe out gently. Keep the inhaler upright and place the mouthpiece between your teeth and seal it with your lips, but do not bite. (Make sure not to block the air holes with your hand).
4. Breathe in slowly and deeply through the mouthpiece. Don't stop breathing when the inhaler puffs and continue taking in a really deep breath.
5. Hold your breath for 10 seconds.
6. Hold the inhaler upright and close the cap.
7. Wait one minute and repeat steps 1-5 for extra puffs.



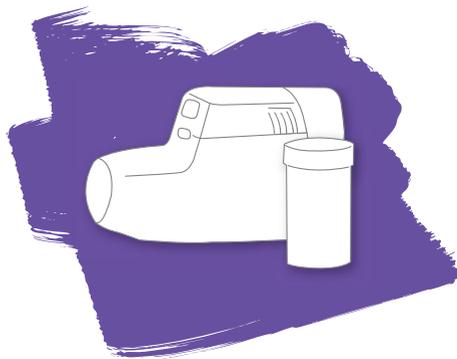
Easi-Breathe

An optimizer is used to reduce side effects from steroid based inhalers. Follow the steps above but put the optimizer on the inhaler after step 2 before continuing with steps 3-6.

How To Use Your Inhaler and Other Asthma Devices

How to Use a Novolizer

1. Take the cap off and prime the inhaler by pressing the button at the back. The bottom window will turn green when the medication is ready to take.
2. Exhale and put the mouthpiece in your mouth.
3. Take a deep breath in. You will hear a click which means you are using your Novolizer correctly. Continue breathing in when you hear the click.
4. Hold your breath for 10 seconds or as long as comfortable.
5. Exhale through your nose.
6. If you have used the Novolizer correctly the bottom window will be red.
7. Replace the cap afterwards.



Novolizer

How to Use a Breezhaler

1. Take off the cap and open your Breezhaler.
2. Place a capsule in the chamber and close your Breezhaler until you hear a click.
3. Pierce the capsule by firmly pressing both side buttons at the same time once. You should hear a click sound. Release the buttons fully.
4. Breathe out away from your Breezhaler.
5. Place the mouthpiece between your teeth and seal it with your lips, but do not bite.
6. Breathe in rapidly, but as steadily and deeply as you can.
7. Hold your breath for at least 5-10 seconds, taking the inhaler out of your mouth. Breathe out.
8. If there is powder left in your Breezhaler then repeat steps 1-7.



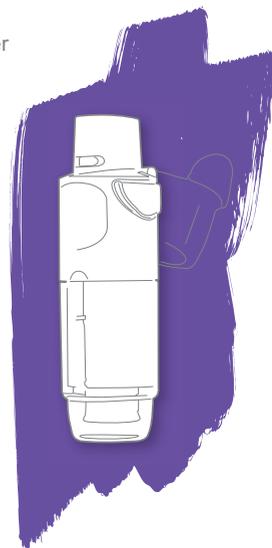
Breezhaler

How to Use a Spiriva Respimat Inhaler

Your healthcare professional will prepare your Spiriva Respimat inhaler for you the first time you use it, after which you should follow the directions below.

To prepare the Spiriva Respimat Inhaler for the first time

1. Hold the Respimat Inhaler upright with the transparent cap closed. Turn the base in the direction of the red arrows on the label until it clicks (half a turn).
2. Open the transparent cap until it snaps fully open.
3. Point the Respimat Inhaler towards the ground. Press the dose release button, close the transparent cap. Repeat Steps 1-3 until a cloud is visible.



Respimat

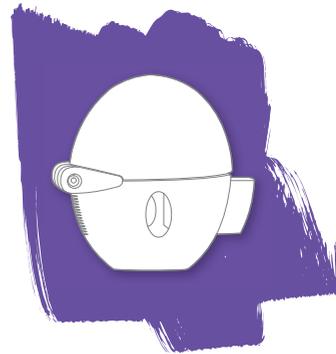
Using the Spiriva Respimat Inhaler

1. Hold the Spiriva Respimat Inhaler upright with the transparent cap closed. Turn the clear base in the direction of the red arrows on the label, until it clicks (half turn).
2. Open the transparent cap until it snaps fully open.
3. Breathe out slowly and fully and then close your lips around the end of the mouthpiece without covering the air vents. Point your Spiriva Respimat Inhaler to the back of your throat.
4. While taking in a slow, deep breath through your mouth press the dose release button and continue to breathe in slowly for as long as you can.
5. Hold your breath for 10 seconds or for as long as comfortable.
6. For a second dose repeat steps 1 to 5.

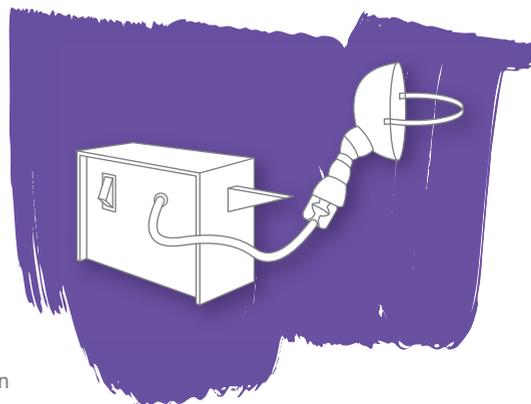
How To Use Your Inhaler and Other Asthma Devices

How to Use a Spiriva Handihaler

1. Open the cap by pulling it upwards and open the mouthpiece.
2. Remove a Spiriva capsule from the blister immediately before use. Place the capsule in the centre of the chamber.
3. Close the mouthpiece firmly until you hear a click and leave the cap open.
4. Hold the Handihaler with the mouthpiece upwards and press the green piercing button in once fully, and then release it.
5. Breathe out completely, keeping the Handihaler away from your mouth.
6. Raise the Handihaler to your mouth and close your lips tightly around the mouthpiece. Keep your head in an upright position and breathe in slowly and deeply but at a rate sufficient to hear the capsule vibrate. Breathe until your lungs are full, hold your breath for 10 seconds or as long as comfortable and at the same time take the Handihaler out of your mouth. Resume normal breathing.
7. Repeat steps 5 & 6 once, this will empty the capsule completely.
8. Open the mouthpiece, tip out the used capsule and dispose of it.



Handihaler



Nebuliser

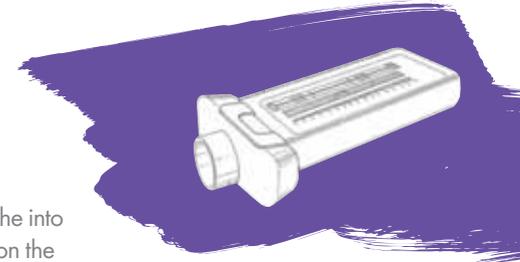
What is Nebulised Treatment?

A nebuliser is a device which changes liquid asthma medication into a mist which can be breathed in through a mask or mouthpiece. Nebulised therapy is often used to give high doses of reliever medication in emergency situations. Due to advances in the types of inhalers and spacers available today, there is less need for nebulised therapy; however in certain circumstances it may be prescribed.

What is Peak Flow Meter?

A peak flow reading is a measure of how fast you breathe air out of your lungs. Your peak flow is measured using a Peak Flow Meter and helps tell you when your asthma is well or poorly controlled. You can record your peak flow readings in your asthma management plan.

A Peak Flow Meter is a small plastic tube. You breathe into the tube as hard and fast as you can and a marker on the side of the Peak Flow Meter measures your peak flow rate. You can record your peak flow rate in a peak flow diary and over time you or your health care professional may see a pattern of when your asthma control is good and when it gets worse.



Peak Flow Meter

How to Use a Peak Flow Meter

1. You should measure your peak flow rate every morning and evening before you take your inhalers.
2. Stand or sit up straight.
3. Push the pointer on the peak flow meter to base or zero.
4. Take a deep breath in.
5. Place the mouthpiece between your teeth and seal it with your lips, but do not bite. Take care not to cover or block the pointer with your finger.
6. Blow as hard and fast as you can (a short sharp breath).
7. Do this three times and record the highest reading.

Call us on 01 817 8886 or visit www.asthma.ie if you would like to purchase a discounted Peak Flow Meter.



Gary & Noah's story

Gary from Wexford contacted the Asthma Adviceline last year when his three year old son Noah was diagnosed with asthma.

The Asthma Nurse gave Gary lots of simple, practical tips on how to manage Noah's asthma. Gary was really worried about Noah's asthma when he was first diagnosed but with the support of the Asthma Society he's come on in leaps and bounds. He's feeling great.

After getting help with managing Noah's asthma from the Asthma Adviceline, Gary decided he wanted to do something to support the Asthma Society and help ensure that other people could get the same support that he and his family had received.

Gary hadn't raised money for charity before but he decided to run the Wexford half marathon and donate the sponsorship money he raised to the Asthma Society. He also held a dress down day at work and a raffle, asking local businesses to donate prizes. Gary raised over €1,200 in aid of the Asthma Adviceline.

Help Us to Fight Asthma!

The Asthma Society of Ireland can ensure that asthma is better managed and controlled, but **we need your support**. By fundraising in your community you can help us change the lives of people with asthma!

You can organise your event now in 3 simple steps;

- **Decide what you are going to do** to raise funds with your family, friends, work colleagues, at your school or with a local group.
- **Call us for support** and to order a fundraising pack on **01 817 8886** or email **office@asthmasociety.ie**.
- **Make sure you have fun at your event** whilst raising much needed funds to help the Asthma Society of Ireland in the 'fight against asthma'.

What to do in an Asthma Attack

Asthma Attacks

An asthma attack can be a frightening and dangerous experience. Asthma attacks can happen when symptoms get worse over a number of days or hours, so it is important not to ignore your symptoms when they start. However, asthma attacks can also happen suddenly, even when you are taking your asthma treatment and avoiding your triggers.

If you are having an asthma attack you should take immediate action. Do not be afraid of causing a fuss, even during the night.

How do I Know if I am having an Asthma Attack?

If you are having an asthma attack you will have one or a combination of any of the symptoms below:

- Cough
- Wheeze
- Shortness of breath
- Chest tightness
- Too breathless to finish a sentence
- Too breathless to walk, sleep or eat
- Lips turning blue.

Hospitalisation

If you are admitted to hospital or the Emergency Department because of your asthma you should bring details of your treatment and your asthma management plan with you.

Once you are discharged from hospital you should schedule a visit to your doctor or asthma nurse between two days and two weeks, depending on the severity of your asthma attack.

If You're Having An Asthma Attack Immediately Follow the 5 Step Rule

1. Take 2 puffs of reliever inhaler (usually blue), 1 puff at a time
2. Sit up and stay calm
3. Take slow steady breaths
4. If there is no improvement, take 1 puff of reliever inhaler every minute:
 - Adults and children over 6 years can take up to 10 puffs in 10 minutes
 - Children under 6 years can take up to 6 puffs in 10 minutes
5. Call 999 or 112 if symptoms do not improve after 10 minutes or you are worried. Repeat step 4 if an ambulance does not arrive within 10 minutes.

Remember if someone is having an asthma attack:

- Extra puffs of reliever are safe
- Use a spacer if possible
- Don't lie them down or put your arm around them

Glossary

Allergen

Allergens are the tiny particles that cause an allergic reaction when you come in contact with them. Examples of allergens are spores, pollen and house dust mites.

Allergy

An allergy is your body's over reaction when it comes in contact with substances that would cause no reaction in people without allergies (allergens). For example, pollen causes a reaction in people who suffer from hay fever but poses no problem for people who don't suffer from hay fever.

Anabolic Steroids

Anabolic steroids are not used in the treatment of asthma. They cause the body to build up muscle and are sometimes taken to improve sporting performance and strength. They should not be confused with corticosteroids, which are used to treat asthma and a number of other medical conditions.

Anti-Inflammatory drugs

Many diseases - such as asthma, arthritis or bowel disease - cause an inflammation somewhere in the body. Anti-inflammatory drugs reduce this inflammation, helping your body to function as normal. Medication used to treat asthma is anti-inflammatory medication.

Asthma Management Plan

An asthma management plan is written in partnership with your healthcare professional and helps you manage your asthma by monitoring your treatments, triggers and symptoms. Everyone with asthma should have an asthma management plan. Contact us for a free asthma management plan.

Atopy

Atopy is a predisposition to conditions which cause hypersensitivity such as hay fever, eczema or asthma.

Beta Agonist Drugs

Beta Agonist Drugs act like adrenaline, causing the muscles in the airways to relax, allowing them to widen. Beta Agonist Drugs are used in reliever medication.

Beta Blocker Drugs

Beta blocker drugs block the effects of adrenaline and are mostly used to treat heart or eye conditions. They act in the opposite way to beta agonists and are not used to treat asthma. Speak to your doctor, nurse or pharmacist about beta blocker drugs and asthma.

Colophony

Colophony, also known as rosin, is a solid form of resin used in many industries. Prolonged exposure to colophony fumes can cause occupational asthma.

Complementary Therapies

Complementary Therapies are non-medical treatments which may be taken alongside medical treatments. They should not be taken as an alternative to medical treatment and you should always ask your healthcare professional before trying a new complementary therapy. For more information see page 18.

Compressor

A compressor is a machine that helps a nebuliser to convert liquid medication into a mist that can be breathed in through a mouthpiece or mask.

Conjunctivitis

Conjunctivitis is an inflammation in the eye and on the surface of the eyelids that is caused by infection. It can also be caused by an allergy.

Controller

Controller is an asthma medication containing a steroid called corticosteroids. It does not relieve your symptoms immediately, but builds up over a period of time to reduce swelling in the airways and reduce your symptoms.

Corticosteroid

A corticosteroid is a type of chemical produced naturally in the body to fight infection and stress. When produced synthetically as a drug they are very effective in treating inflammation.

Eczema

Eczema is a chronic skin condition which makes the skin itchy, dry, red and cracked. Eczema can be caused by an allergy (atopic eczema or atopic dermatitis). It is common for people who have asthma to also suffer from eczema.

Exacerbation

An exacerbation is the worsening of your asthma symptoms.

Glaucoma

Glaucoma is an eye disorder which damages the optic nerve. Medication found in eye drops used to treat glaucoma may cause asthma exacerbation. If you have glaucoma and asthma, you should discuss treatments with your doctor.

HEPA Filter

High Efficiency Particulate Air (HEPA) filter is a type of air filter which is very effective at cleaning small particles out of the air. HEPA filters can be found in air filtration devices and also in vacuum cleaners. We recommend that people with asthma, especially those allergic to house dust mites, use a vacuum cleaner with a HEPA filter.

Humidity

Humidity is the amount of water vapour in the air.

Glossary

Inflammation

Inflammation is the body's reaction to injury and is generally designed to stop the spread of injury or infection. In some cases, such as poorly controlled asthma, the inflammation becomes chronic or long term. Chronic inflammation damages the body, rather than protecting it.

Inhaler

Inhalers are devices used to deliver medication directly to your lungs. Inhalers are mainly used in asthma and in Chronic Obstructive Pulmonary Disease (COPD).

Isocyanates

Isocyanates are chemicals used in the production of pesticides. They can irritate the eyes and airways, and can be an asthma trigger.

Latex

Latex is a fluid found in plants and trees which can be used in types of rubber and in paint. Some people are allergic to latex and it can be an asthma trigger.

Leukotriene Receptor Antagonist

Leukotriene Receptor Antagonists or LTRAs help control your asthma by stopping the natural chemicals in your airways that can cause them to narrow and become inflamed. They are usually given as a tablet or granules.

Mould

Mould is the fungus that grows on decaying food, dead leaves and in damp places in the home. Mould produces thousands of microscopic spores which float in the air and can be an asthma trigger.

Nebuliser

A nebuliser is a device which changes liquid asthma medication into a mist which can be breathed in through a mask or mouthpiece. Nebulised therapy is often used to give high doses of reliever medication in emergency situations.

Non Steroidal Anti-Inflammation Drugs (NSAIDs)

NSAIDs are painkillers that also reduce inflammation.

Oral Thrush

Oral thrush is an infection in the mouth caused by a fungus called candida albicans. Symptoms of oral thrush include itching, soreness or white patches and rawness in the mouth. Oral thrush can be caused by inhaling controller medication. To avoid developing oral thrush you should rinse your mouth after taking your controller inhaler and use a spacer when possible.

Peak Expiratory Flow Rate (PEFR)

PEFR is a measurement of how fast you can blow air out of your lungs, using a Peak Flow Meter. Your PEFR will be lower when your asthma symptoms are worse.

Peak Flow Diary

A Peak Flow Diary is a diary in which you can record your PEFR readings over a period of time. A Peak Flow Diary should form a part of your Asthma Management Plan.

Preservatives

Preservatives occur naturally or are added to food, drugs, paints etc. to prevent them going off. Some preservatives can be asthma triggers.

Reliever

When you breathe in reliever medication it relaxes the muscles around the airways, allowing them to widen and making it easier for you to breathe. You should use your reliever inhaler whenever you get asthma symptoms or if you are having an asthma attack.

Rhinitis

Rhinitis is the inflammation in the lining of your nose, similar to the inflammation in the airways caused by asthma. The most common cause of rhinitis is an allergy to pollen, called hay fever. The symptoms of Rhinitis are a running or blocked nose, sneezing and itchy eyes.

Salicylates

A chemical found in many types of food and medicines such as aspirin. They can be an asthma trigger for some people.

Spacer

A Spacer Device is a plastic container that is used with your MDI inhaler to inhale the medication into your lungs. For more information see page 20.

Spores

Spores are microscopic particles produced by many kinds of fungi, plants and algae. They float in the air and can trigger asthma symptoms in people who are allergic to them.

Symptom

A symptom is your body's reaction to asthma which tells you that your asthma is getting worse. Asthma symptoms may include; wheezing, coughing, shortness of breath and chest tightness.

Theophylline

Theophylline tablets are used to control your asthma by widening your airways and reducing inflammation.

Trigger

A trigger is anything that makes your asthma worse when you come in contact with it.

Further Information

Would you Like More Information?

If you would like further information on asthma or allergies please contact us. You can speak to one of our Asthma Specialist Nurses and get one on one advice on your asthma. We also have a range of information available on our website, in our publications and in tools designed to help you **Take Control of Your Asthma!**

The Asthma Adviceline

If you would like further information or you have questions that weren't answered by this booklet please call our Asthma Adviceline on **1850 44 54 64** between 10am and 1pm every Monday-Friday or email nurse@asthmasociety.ie. A Specialist Nurse will be on hand to answer your query and give you personalised advice on how to manage your condition.

Asthma Clinics

Our Asthma Clinics are held throughout the country and are free for everyone to attend. We visit locations all over Ireland, including large regional clinics and smaller clinics in community pharmacies. For more information on the dates and locations of our clinics visit www.asthma.ie



Asthma Publications

Take Control of Your Asthma is our main publication; but we also have a range of publications dealing with other topics such as childhood asthma, asthma and exercise, allergies, asthma and pregnancy, asthma in schools, and many more. If you would like to order a free Asthma Management Plan or any of our publications log on to www.asthma.ie or call **01 817 8886**.



Let us know what you think!

We would love your feedback on this booklet. You can send your feedback, comments or suggestions to communications@asthmasociety.ie or call us on **01 817 8886**.

Acknowledgements

We would like to thank Prof. Stephen Lane and Dr. Eamonn Shanahan of the Asthma Society of Ireland Medical Board for their time and expertise in helping us to produce **Take Control of Your Asthma!**

Disclaimer

The information contained in this publication is based on current medical knowledge, in accordance with international best practice guidelines, at the time of publication. The information is intended for use as a general guide and does not replace individual consultation by a health care professional on a case-by-case basis.

The Asthma Society of Ireland is not responsible for any injury, loss, damage or expense incurred by any individual or organisation resulting, either directly or indirectly, from any information contained in this publication.



Asthma Society of Ireland
42-43 Amiens Street
Dublin 1

Cumann Asma na hÉireann
42-43 Sráid Amiens
Áth Cliath 1

Tel: 01 817 8886

Fax: 01 817 8878

Asthma Adviceline: 1850 44 54 64

Email: office@asthmasociety.ie

 www.asthma.ie

