



# Take Control of Your Asthma

A guide for Living Well with Asthma



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## Acknowledgements

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## Disclaimer

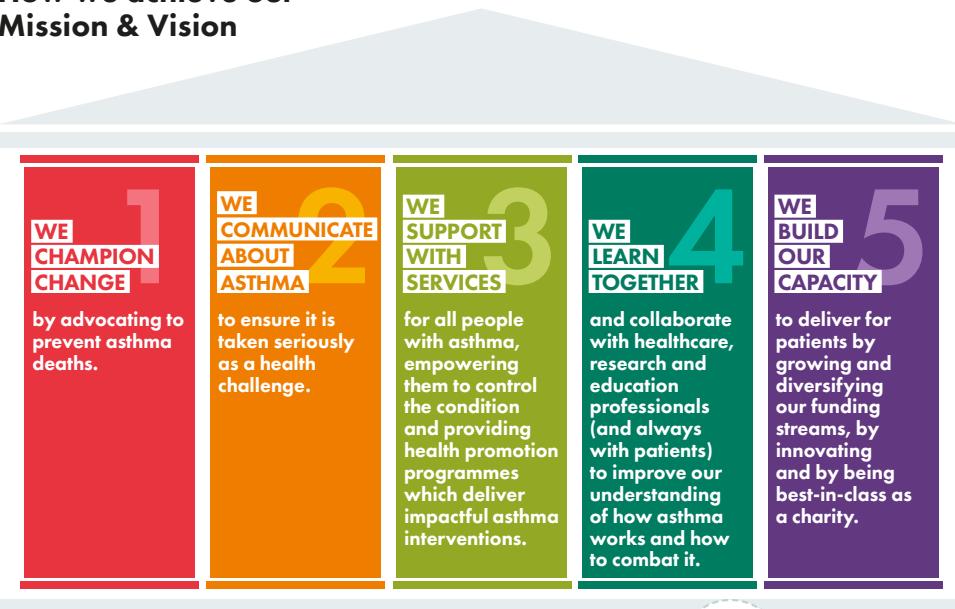
The information contained in this publication is based on current medical knowledge, in accordance with international best practice guidelines, at the time of publication. The information is intended for use as a general guide and does not replace individual consultation by a health care professional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

# About us

## Our Mission

Our mission is to stop asthma deaths in Ireland. We are the voice of the 450,000 people with asthma in Ireland, and our work radically transforms their quality of life.

## How we achieve our Mission & Vision



ASTHMA ADVICELINE

**1800 44 54 64**

WHATSAPP NURSE MESSAGING SERVICE

**086 059 0132** 

## Why our work is so important

**2.4m** **€1,242**

The number of asthma GP consultations annually.

**1 in 10** **1 in 13**

Proportion of children who currently have asthma.

Proportion of people in Ireland currently have asthma.

**five**  
**ASTHMA IN IRELAND**

Average number of school days missed every year due to asthma.

**seven**  
**890,000**

Average number of work days missed every year due to asthma.

The number of people in Ireland who experience asthma at some stage of their life.

**14**  
Compared to 14 other European countries: Ireland had the highest death rate from asthma in 2015.

**one** **every seven days**

The frequency that people are dying as a result of their asthma.

**€472 million**

The amount asthma costs the state per annum.

**1 in 5**

Proportion of children who experience asthma at some stage in their life.

**66%**

Percentage of asthma deaths that are preventable.

**2nd**  
Ireland had the second highest rate of asthma hospital discharges in Western Europe in 2016.

**minutes**  
**Four**

How often someone in Ireland visits an Emergency Department with asthma.

**40,593**

The number of children registered under the Asthma Cycle of Care programme.

**8,000**

The number of asthma admissions to hospital every year.

## 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 you.

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?

**Well controlled asthma reduces the risk of an asthma attack.**

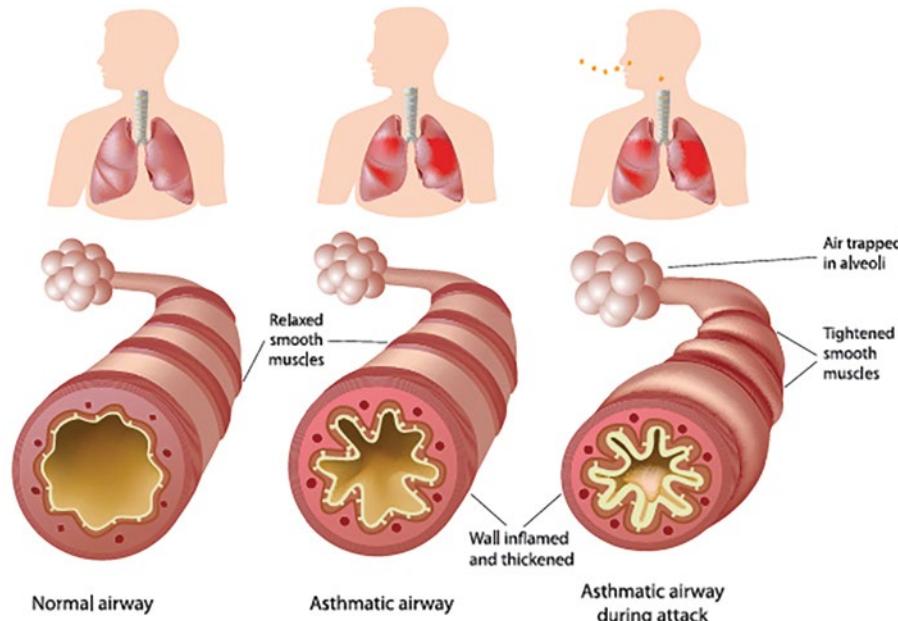
**Poorly controlled asthma can be bad for your health and result in flare-ups that require visits to the GP or emergency department.**

**This Take control of your asthma booklet will give you the knowledge and skills to manage your asthma and have a good quality of life.**

## 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 oversensitive and react to things they wouldn't normally react to, such as cold air, dust mites, pollen and even family pets. These are called triggers.

When asthma is not well controlled the lining of the airways becomes swollen and irritated; the airways can also produce extra mucus. Additionally when asthma symptoms such as cough, wheeze and chest tightness are triggered, the muscles around the walls of the airways tighten making them narrow.



## 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 below.
- You cough at night.
- You cough or wheeze with 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 condition; in fact it is among the most common chronic respiratory diseases 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.

# Symptoms & triggers

Typical symptoms of asthma are:



Persistent cough



Shortness of breath



Wheeze



Chest tightness

## Things that can set asthma off

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.



Smoking / Vaping



Animals



Medicines



Cleaning products



Air pollution



Viral Colds / Flu / Covid-19



Foods & drinks

To help find out what your triggers are you should keep an asthma diary or action plan. In it you should record the times, places and what you are doing when your asthma gets worse.



Exercise



Feelings



House dust mites



Sprays



Mildew or mould



Hormones



Weather



Pollens, grass, trees, weeds

Scan the QR code to view our symptom tracker



# Diagnosing asthma

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:

- 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 you come in contact with triggers such as pollen, smoke, cold air?
- Do you wheeze or cough with exercise?
- 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?
- Does it disturb your sleep?
- How many courses of antibiotics or oral steroids for chest infections in past 12 months?
- How many visits to GP, Out of Hours GP or Emergency Department with respiratory problems?





## Tests your doctor might perform:

- A peak flow test is a breathing test which uses a Peak Expiratory Flow Meter to measure how fast you breathe air out of your lungs. Your peak flow can be measured over a period of time, even when you are symptom free. A peak flow test can be carried by a healthcare professional or by you at home. You can find more information on how to use a peak flow meter on page 28.
- A lung function test (spirometry/pulmonary function) 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 lung function reading before and after you have taken asthma medication, to see if there is an improvement.
- Blood tests to check for eosinophils and allergies may be carried out.
- FeNO test (Fractional exhaled nitric oxide) measures the amount of inflammation in your airways and can also assess how you are responding to your controller therapy.
- An exercise test compares your lung function before and after exercise to check if exercise is triggering your symptoms.
- A methacholine challenge test is sometimes used when asthma is difficult to diagnose. Methacholine is a chemical which is known to trigger asthma.
- Skin allergy tests may be completed to check what is triggering your symptoms.



## Colds & viral infections

Colds and viruses are common asthma triggers, especially in autumn and winter.

### Trigger Tips:

- Take your medication as prescribed.
- Keep a written Asthma Action Plan to monitor symptoms and know what to do if they worsen. Get a free plan from the Asthma Society of Ireland.
- Contact the Asthma Advice line to talk about your Asthma Action Plan.
- Use the correct spacer and know how to use your inhaler device.
- Ensure a diet high in fresh fruits and vegetables to boost the immune system.
- Get your annual flu vaccines and discuss other recommended vaccines with your GP (i.e., COVID, RSV and pneumococcal). HSE updates its vaccination guidelines each year ([www.immunisation.ie](http://www.immunisation.ie)).
- Stop the spread of colds and infection by washing your hands and using hand sanitiser regularly.

## Chemicals

Asthma can be triggered by chemicals in household products like aerosols, cleaning products, laundry detergents, paints, adhesives, pesticides, cosmetics, and air fresheners —whether scented or unscented.

### Trigger Tips:

- Minimise use of chemical products.
- Keep away from areas where chemicals are used.
- Ensure good ventilation by opening doors and windows when using chemicals.





## Exercise

Exercise can trigger asthma if it's not well controlled, but once managed, it can improve your asthma. Many athletes have asthma, and most sports are safe. Discuss any issues you have with exercise and asthma with your doctor/nurse or contact the Asthma Advice line.

- Use your reliever inhaler 20 minutes before exercising.
- Carry your reliever inhaler and spacer.
- Warm up for 15-20 minutes and cool down after.
- Breathe through your nose in cold weather to reduce airway irritation.
- Gradually increase exercise intensity.
- Let others know you have asthma; if exercising alone, tell someone where you'll be.
- Avoid high pollen or polluted areas.
- Try yoga or light aerobics.
- Swimming is great for lung strength and the warm moist air in indoor pools is ideal for people with asthma but chlorine might trigger symptoms.

## Cigarette smoke/ Vaping

Cigarette smoke/vaping is a major trigger for asthma symptoms, reducing the effectiveness of asthma medication. It also heightens the risk of COPD (Chronic Obstructive Pulmonary Disease), pneumonia, bronchitis, and ear infections.

### Trigger Tips:

- Seek help to stop smoking/vaping
- Ensure you are not exposed to second-hand smoke/vape; smokers/vapers should not smoke/vape indoors.
- Your pharmacist can help you quit.
- For help quitting smoking/vaping, call the QUIT service (1800 201 203)

## Emotions

Emotions such as excitement, worry, laughter, stress (exam/work) and anxiety can trigger asthma symptoms.

### Trigger Tips:

- Follow your Asthma Action Plan
- Take your prescribed medication and inhaler with a correct spacer.

## Food

Food allergies are uncommon triggers for asthma. Certain foods—such as wheat, shellfish, eggs, dairy, soy, peanuts, foods containing salicylates (like tomatoes, cucumbers, or kiwi), and some food additives—can occasionally worsen asthma symptoms, but this is rare. If you suspect specific foods may be causing symptoms, consult your doctor before eliminating anything from your diet. If you have anaphylaxis this could trigger a severe asthma attack.

- 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.



## Hormones

Changes in hormones can affect asthma control, especially in adolescence during the menstrual cycle, pregnancy and menopause.

### Trigger Tips:

- Keep a symptom diary.
- Follow your Asthma Action Plan.
- 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](http://www.asthma.ie).



Scan the QR code  
for more on  
pregnancy & asthma



## House dust mites

House dust mites are tiny insects that thrive in warm, damp places like mattresses, carpets, soft toys, and furnishings. They are the most common perennial air allergen in Ireland. While you can't completely eliminate them, you can reduce symptoms they cause.

### Trigger Tips:

- Clean surfaces with a damp or electrostatic cloth.
- Use a completely enclosed anti-dust mite cover on mattresses, duvets and pillows and wash them regularly.
- Hot wash all bedding at 60°C.
- Remove carpets, especially in bedrooms.
- Vacuum with a HEPA filter.
- Keep the general area clutter free.
- Minimise soft toys and hot wash them at 60°C.



## Household pets

Dander from pets, especially cats and dogs, can trigger asthma.

### Trigger Tips:

- Keep pets off fabric covered furniture/beds
- Keep pets out of bedrooms.
- Use HEPA filters in vacuums and air purifiers.
- Wash your pet regularly.

## Medication

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

Non-steroidal anti-inflammatory drugs (NSAIDs) (i.e. diclofenac, aspirin and ibuprofen) and beta-blockers are good examples

- If you have a reaction to or have concerns about any kind of medication, speak to your doctor, nurse or pharmacist.
- Avoid any medications that you think trigger your asthma and discuss with your GP.

## Occupations

If your asthma gets worse during working hours and gets better at weekends, or during longer holidays, there could be something in your workplace that is triggering your asthma. Occupational asthma can take weeks, months or even years to develop. Early diagnosis and referral to a respiratory physician is vital.

The types of triggers you might find in your workplace include chemicals found in spray paint; adhesives; dust from flour and grain; wood dust (especially hard wood and red cedar wood); fumes from soldering, colophony or cleaning products; insects/mites 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.

## Pollen

Many people with allergic asthma have an allergy to pollen. Pollens also causes allergic rhinitis/hay fever and allergic conjunctivitis. Pollens from trees, grasses, weeds, and flowers are a frequent triggers for asthma.

Pollen season can last from late January to late October with different pollens being released at different times. Your doctor can adjust their medication to minimise pollen related symptoms.

### Trigger Tips:

- Check the pollen count at [www.pollen.ie](http://www.pollen.ie) or call the Asthma Advice line at 1800 44 54 64 or the WhatsApp service 086 059 0132.
- Apply a barrier gel/spray to nostrils.
- Keep away from freshly mowed grass areas.
- Shower, wash your hair and change your clothes if you have been outdoors for an extended period.
- Minimise contact with pets that have been outside.
- Exercise just after rainfall or in the evening when pollen counts fall.



Scan the QR code  
for more on  
**Asthma and  
Allergic Rhinitis**

- Stay indoors during high pollen counts. Discuss therapies with your pharmacist, nurse or GP.
  - Have a review with your GP ahead of the pollen season.
- Visit [www.asthma.ie](http://www.asthma.ie) for more on allergies, hay fever, and strategies to avoid pollen.

## Weather Changes

Change in season and weather changes (i.e., cold air, wind, fog and hot humid air) can trigger asthma.

### Trigger Tips

- Remember to take your medication as prescribed.
- Remember to always carry your reliever inhaler when outdoors.
- Wrap up well in cold weather.
- Cover your nose and mouth with a scarf/snood when going from warm to cold weather.
- Try to avoid going outside on hot or foggy days.



## Mould 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.
- Check for and fix any sources of moisture or leaks in your home, including broken pipes and structural damage.
- Remove indoor plants, as they can promote mould growth.
- Avoid drying clothes indoors or on radiators.

**Note** that while mould grows in humid environments, dehumidifiers have not shown a proven positive effect on asthma control. Have an asthma review with your doctor and asthma nurse in advance of pollen season.

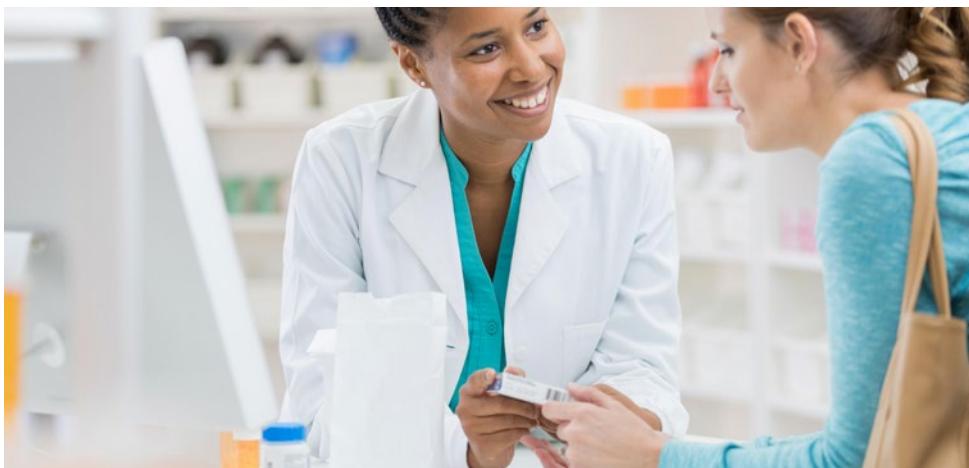
## Asthma medication

There are a variety of different treatments and medications for asthma.

It is important to take your medication as prescribed. Your GP, nurse and pharmacist can all help you achieve good control of your asthma symptoms and discuss your medications.

The following is an outline of medications used to treat asthma.





## Controllers (Inhaled Corticosteroids)

The key to controlling your asthma is to use your controller inhaler everyday, even when you are well. Controllers contain a low dose 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.

### Facts about Controllers

- Controller inhalers devices vary in colour (red, yellow, purple, orange and brown).
- Should be taken everyday, even when you are well.
- The steroids in controller inhalers are like those naturally in the body and differ from anabolic steroids banned in sports.

- Controllers reduce sensitivity to triggers, reduce the risk of asthma and improve lung function.
- 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.
- Learn good inhaler technique with the device you have been prescribed for your controller. Your GP, nurse or pharmacist can help with this and provide you with advice and tips.

## Combination Inhalers

Many 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.

## MART (Maintenance and Reliever Therapy)

MART is an asthma treatment approach that guides you to vary your daily doses which uses a single combination inhaler to help you prevent asthma symptoms (preventer doses) and to relieve symptoms (reliever doses).

## Further Treatment

- **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 much worse. They work to reduce the inflammation in your airways.

## Leukotriene Receptor Antagonist (LTRA)

Leukotriene Receptor Antagonists or LTAs 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. Rare mental health side effects have been reported.

## Complementary Treatments

The Asthma Society's Medical Advisory Group recommends a full asthma management plan that includes medication, avoiding triggers, and self-management.

Complementary therapies should only be used alongside prescribed medication and with your doctor's guidance. Never stop your asthma medication without medical advice, as it may worsen symptoms or trigger attacks.

Complementary therapies typically lack strong scientific evidence for safety or effectiveness and should never replace conventional medical care.

# How to use your inhaler

Good inhaler technique ensures the medicine goes straight to your lungs, where it's needed, reducing side effects and helping you manage asthma symptoms effectively.

There are a lot of different types of inhaler devices. The three main classes of inhaler devices are pressurised metered-dose (PMDI) inhalers, dry-powder inhalers and soft mist inhalers.

Below you will find a list of inhalers and how to use them. Scan the QR code beside each inhaler for a video demonstration or visit [www.asthma.ie](http://www.asthma.ie)

## What is a metered-dose inhaler?

A metered-dose inhaler is a small device that delivers your asthma medication. They release a dose of medication which you can breathe directly into your lungs that work best when you use a spacer.

## 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 and hoarseness. Everyone should use a spacer with their metered-dose 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 manufacturer's instructions.

For information on  
Top Tips for inhaler  
technique scan the  
QR code.



For more information  
on and how to use  
a **volumatic spacer**  
scan the QR code.

## How to use a volumatic (Large volume) spacer

### Multiple Breath Technique

(better choice for children and if coughing too much or too breathless when trying to inhale deeply)

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 for 6 – 10 breaths.
5. Remove the Volumatic from your mouth.
6. Repeat steps 1-5 for extra puffs.
7. Replace the cap on your inhaler when finished.

### Single Breath Technique

(better choice when able to hold a deep breath without coughing)

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.
8. Replace the cap on your inhaler.



For information on  
**Metered Dose Inhaler**  
scan the QR code.



Scan the QR  
code for more on  
**Turbohaler**

## How to use an Aerochamber Spacer

1. Remove the cap, shake your inhaler and insert it into the Aerochamber. Place the mouthpiece between your teeth and seal it with your lips, but do not bite.
2. Once your breathing is steady, press one puff of your inhaler and continue to breathe in and out 6-10 times
3. Remove the mouthpiece from your mouth and breathe out.
4. For extra puffs, wait a few seconds and then repeat steps 2-4.
5. Replace the cap on your inhaler when finished.

## 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.

## How to use a Turbohaler

1. Unscrew the cover and remove it.
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 quickly and deeply 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.

For more information  
on **Aerochamber  
Spacer** scan the  
QR code.



For more information  
on **Diskus** scan the  
QR code.



For more information  
on Easi-Breathe scan  
the QR code.



## 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. Check the dose counter to make sure the inhaler isn't empty.
3. 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.
4. Holding the Diskus level, breathe out gently away from the device. Put the mouthpiece in your mouth and breathe in steadily and deeply.
5. Remove the Diskus from your mouth and hold your breath for 10 seconds.
6. To close, slide the thumb grip back towards you as far as it will go until it clicks.
7. Repeat steps 3-5 for extra puffs.

## 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 deep breath. Remove from mouth. Avoid breathing out through the device.
5. Hold your breath for 10 seconds.



For more information  
on Breezhaler scan  
the QR code.

6. Hold the inhaler upright and close the cap.
7. Wait one minute and repeat steps 1-6 for extra puffs.
8. When you've finished, close the cap.

## 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
9. When you've finished, close the cap.

## 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.

### 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 it is comfortable.
6. For a second dose repeat steps 1 to 5.
7. When you've finished, close the cap.

## How to use Forospiro

When first using the inhaler, check the number on the foil strip in the top window—it shows the inhaler is full. As you use it, the strip moves. The first few blisters in the side chamber have black bars and contain no medicine. Always ensure no more than three blisters are in the chamber, or the inhaler may jam. Tear off used blisters by opening the side flap and using the serrated edge.

1. Open the cap and check the number in the top window to ensure it's not empty.
2. Lift the white lever fully until it clicks, then close it until it clicks again—your dose is ready.
3. Hold the inhaler horizontally with the cap down and mouthpiece towards you. Don't tip it upside down.
4. Sit or stand straight, chin slightly up.
5. Breathe out gently away from the inhaler.
6. Seal your lips around the mouthpiece without blocking the side holes. Breathe in quickly and deeply.
7. Remove the inhaler, hold your breath for up to 10 seconds or as long as comfortable.
8. Breathe out gently away from the inhaler.
9. Close the cap.

## How to use a Bufomix Easyhaler

1. Take the cap off and check there's nothing inside the mouthpiece. Check the dose counter to make sure the inhaler isn't empty.
2. Hold the inhaler upright and shake it well. Don't tip the inhaler upside down as the powder may fall out.
3. Push down on the coloured button until you hear it click. Then release it. The dose is now ready.
4. Sit or stand up straight and slightly tilt your chin up as it helps the medicine reach your lungs.
5. Breathe out gently and slowly away from the inhaler, until your lungs feel empty and you feel ready to breathe in.
6. Make a tight seal with your lips around the mouthpiece, then breathe in quickly and deeply until your lungs feel full.
7. Take the inhaler out of your mouth and hold your breath for up to ten seconds or for as long as you comfortably can.



For more information on Ellipta inhaler scan the QR code.

8. Breathe out gently away from your inhaler.
9. If you've been prescribed a second puff, shake the inhaler again and repeat the steps.
10. When you've finished, replace the cap.

## How to use an Ellipta

1. Hold inhaler steady (do NOT shake inhaler)
2. Check the dose counter to make sure the inhaler isn't empty.
3. Slide cover down until it clicks (dose counter counts down by 1).
4. Breathe out gently
5. Hold mouthpiece at right angles between teeth and close lips around the mouthpiece. (Do not block the air vents)
6. Breathe in quickly and deeply through the inhaler
7. Remove the inhaler from the mouth and hold breath for 10 seconds or as long as it is comfortable.
8. Breathe out slowly (away from the device)
9. Slide the cover upwards to cover the mouthpiece.

## How to use a Spiromax

1. To use your inhaler, first open the cap by pulling it down until you hear a click.
2. Check there's nothing inside the mouthpiece.
3. Check the dose counter to make sure the inhaler isn't empty.
4. Hold the inhaler upright. Do not tip the inhaler upside down as the powder may fall out.
5. Sit or stand up straight and slightly tilt your chin up as it helps the medicine reach your lungs.
6. Breathe out gently and slowly away from the inhaler, until your lungs feel

- empty and you feel ready to breathe in.
7. Put your lips around the mouthpiece to make a tight seal taking care not to block the air vent.
8. Then breathe in quickly and deeply until your lungs feel full.
9. Take the inhaler out of your mouth and hold your breath for up to ten seconds or for as long as you comfortably can. Then breathe out gently away from your inhaler.
10. If you've been prescribed a second puff, close the cap to reset the device and repeat the steps.
11. When you've finished, close the cap.

## 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 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 if 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.

## What is Nebulised Treatment?

A nebuliser is a device which changes liquid asthma medication into a mist which can be breathed through a mask or mouthpiece. Nebulised therapy can be used to give high doses of reliever medication in emergency situations. The Asthma Society of Ireland doesn't recommend the use of nebuliser compressors in the home, unless you have been instructed to do so by a healthcare professional.

## Peak flow meters

A peak expiratory flow reading is a measure of how fast you breathe air out of your lungs. If you have asthma, you may sometimes have narrow airways. This will make it more difficult to quickly blow the air out of your lungs and give a lower score or peak flow reading. The score that is usual for you when you are well is sometimes called your personal best score. If your score drops below your normal score this could indicate your asthma is getting worse.

A peak flow meter is a small plastic tube. You breathe powerfully into the tube as hard and fast as you can and a marker on the side of the Peak Flow Meter measures your peak expiratory flow rate. After performing three attempts, the highest of the three blows is the "peak" flow (the lower measurements are compromised by having indicated lower effort).

Digital peak flow meters are available. They are more expensive than mechanical peak flow meters.



## Why is peak flow measuring used:

Peak flow measuring is used to help diagnose and monitor asthma. Talk to your GP or nurse about whether you need to monitor your peak flow, how often and what you need to do if the scores change.

Peak flow measuring is used to

- Help diagnose asthma
- Monitor asthma alongside symptoms
- As part of an Asthma Action Plan
- If you have had a change in your medications
- After an asthma attack or attendance at the emergency department

## How to use your Peak Flow Meter

1. Stand or sit up straight
2. Push the pointer on the peak flow meter to zero at the top near the mouthpiece
3. Take a deep breath in
4. 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
5. Blow as hard and fast as you can (a short sharp breath)
6. Do this 3 times and record the highest reading (the number next to the pointer).

## Common Errors with Inhaler Devices

1. Failure to remove the cap before use
2. Incorrect preparation of the device
3. Using an empty or nearly empty device
4. Not using a spacer when recommended
5. Failure to prime or shake the inhaler
6. Not exhaling before inhalation
7. Inhaling too fast or too slow
8. Poor inspiratory effort ie not breathing deeply enough
9. Poor dexterity – inhaler aid devices are available to assist with reduced dexterity
10. Poor co-ordination of actuation of the device and inspiration
11. Dry powder inhalers getting damp/wet in handbags, kit bags, school bags etc
12. Failure to close the cap after use

## TOP TIPS FOR

# MANAGING YOUR ASTHMA



1 Know the  
**5 STEP RULE**  
for dealing with  
an asthma attack.



3 Use a written  
**ASTHMA ACTION PLAN**  
to manage your asthma.



5 Have your  
**INHALER TECHNIQUE**  
checked regularly.



7 Eat a healthy  
**BALANCED DIET**  
and  
**EXERCISE REGULARLY**



9 Make sure you can tell  
when your asthma is  
**GETTING WORSE**  
so you can quickly  
get help from your  
GP or asthma nurse.



2 Take your  
**MEDICATIONS**  
as prescribed, even  
when you are well.



4 Go for a regular  
**ASTHMA REVIEW**  
Adults - at least once a year.  
Children - every 6 to 12 months.



6 **KNOW YOUR TRIGGERS**  
and avoid them  
where possible.

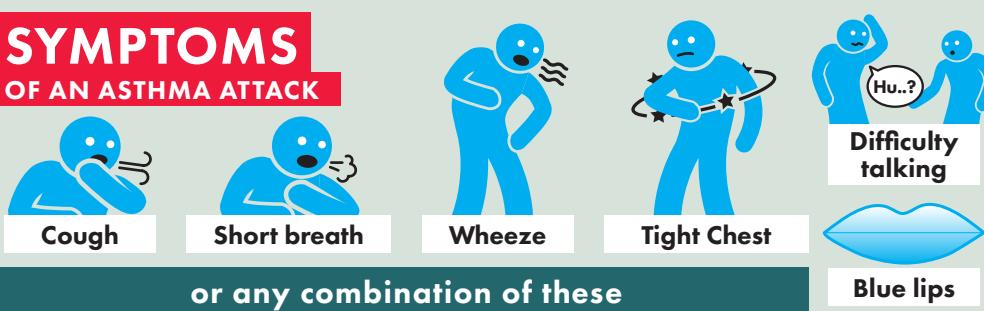


8 **DO NOT SMOKE**  
and ask people not to  
smoke around you.



10 Know your  
**EXPECTED PEAK FLOW**  
and how to use your  
peak flow meter.

## SYMPTOMS OF AN ASTHMA ATTACK



## 5 STEP RULE

### How to deal with an asthma attack

If someone has an asthma attack:

- Do not leave them on their own.
- Extra puffs of reliever inhaler (usually blue) are safe.



Scan this QR to watch our 5 STEP RULE video

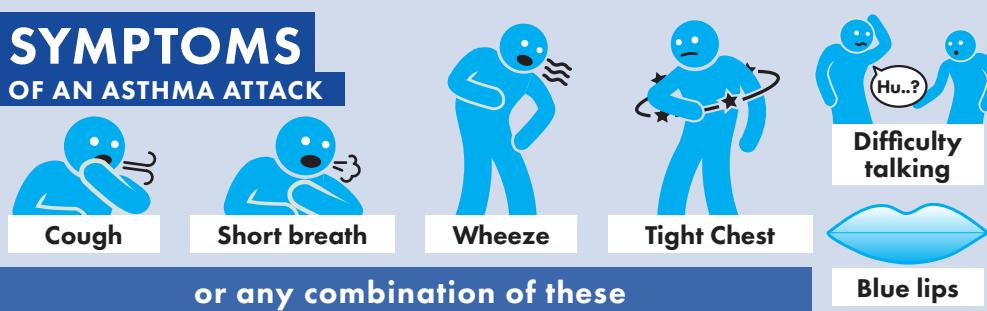


## TRIGGERS

THINGS THAT CAN SET ASTHMA OFF



## SYMPTOMS OF AN ASTHMA ATTACK



## MART 5 STEP RULE

### How to deal with an asthma attack

If someone has an asthma attack:



## TRIGGERS

THINGS THAT CAN SET ASTHMA OFF



# Book a nurse call

**Simply fill in the online form and a member of our team will get in touch**

**Scan here**



## Our services to you

**Check out our other publications on [www.asthmasociety.ie](http://www.asthmasociety.ie)**



## Worried about your Asthma?

We have time to talk to you.  
Freephone the Asthma Advice line or  
send a WhatsApp message to speak  
with an Asthma Nurse Specialist about  
your asthma.

ASTHMA ADVICELINE  
**1800 44 54 64**  
WHATSAPP NURSE MESSAGING SERVICE  
**086 059 0132** 



ASTHMA  
SOCIETY  
OF IRELAND

**Phone the adviceline today  
for your free appointment.**

**Find out more about asthma,  
learn to self-manage your condition  
and improve your quality of life.**

## NOTES



## NOTES



If you would like further information or you have questions that weren't answered by this booklet please call our **Asthma Adviceline** on **1800 44 54 64** between 10am and 5pm every Monday-Friday or email [reception@asthmasociety.ie](mailto:reception@asthmasociety.ie).

You will be given a phone appointment to talk to a respiratory nurse specialist about 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!*

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3 Ballsbridge Park,  
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Dublin 4, D04 C7H2

Teach Alexander,  
3 Páirc Dhroichead na Dothra,  
Bóthar Mhuirfean,  
Droichead na Dothra,  
Baile Átha Cliath 4

Tel 01 817 8886  
Email [reception@asthmasociety.ie](mailto:reception@asthmasociety.ie)

Asthma Adviceline  
**1800 44 54 64**

WhatsApp Nurse Messaging Service  
**086 059 0132**

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