Asthma Patient Education

www.ucalgary.ca/asthma
403-944-8742
Asthma

Asthma Facts

Asthma is a common chronic lung condition that can:

- Affect your breathing
- Affect people at any age
- Improve or worsen
- Be treated/controlled
- Be life threatening

There is no cure for asthma. Learn to control it.
Symptoms of Asthma

There are a variety of asthma symptoms. Some people suffer from one particular symptom, while others have several of the symptoms that affect the way asthma affects their life. Here are the most common symptoms:

- Coughing, especially at night, during exercise or when laughing
- Difficulty breathing
- Chest tightness
- Shortness of breath
- Wheezing (a whistling or squeaky sound in your chest when breathing, especially when exhaling)
How Asthma Affects the Lungs
What can trigger asthma?

Triggers are things that make your asthma worse. Know and avoid your triggers.

- Cold air
- Smog/Cigarette smoke
- Pollen
- Animals
- Dust mites
- Mold

Other Triggers: Stress, Scents/fumes/chemicals, Medications, Heartburn, Exercise
Cigarettes, Vaping and Cannabis

- **Asthmatics** who smoke or vape are in a constant state of poor asthma control.
- Smokers often have ongoing **asthma** symptoms and need higher doses of controller (inhaled corticosteroid) medication.
- When you are ready to quit smoking, research shows nicotine replacement therapy can help.
- [AlbertaQuits](https://www.albertahealthservices.ca/albertaquits) has great resources and information.
Asthma Control

• Have you used your rescue medications (i.e., Ventolin, Airomir, Bricanyl) 4 or more times in the last week?
• Are you waking up at night or in the morning with chest tightness, wheezing or coughing?
• Have you missed school or work due to your asthma in the last 4 weeks?
• Does your asthma prevent you from exercising or performing other daily activities?

If you answered YES to any of the questions above, it is a sign that your asthma is not under control.
Warning Signs of Poorly Controlled Asthma

• Cough that never goes away
• No energy to exercise
• Needing your rescue inhaler (Ventolin) more than 2 times or more in a week
• Waking in the night with asthma symptoms
Do you have Control of Your Asthma?

**Strive for Control**

Learn to assess your asthma control.

Good asthma control means you are:

- Not bothered by asthma symptoms during the day or night
- Not using your rescue inhaler more than 2 times/week
- Not limiting your physical activity
- Not missing school or work because of asthma
- Not needing emergency or urgent care for asthma
What Asthma Control Looks Like for You

• Asthma that is treated and managed should not interfere with any of the activities of daily life - sleeping, working, learning, sports, exercising or having fun.
• No Emergency visits, hospitalizations or increased medications such as prednisone.
Asthma Medications

Ask to be shown how to take your medications and use your inhaler properly.
## Asthma Medications

<table>
<thead>
<tr>
<th>I Take:</th>
<th>My Dose</th>
<th>What it Does</th>
<th>Side Effects</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliever As Needed</td>
<td></td>
<td></td>
<td>tremor (hands shake), fast heart rate, nervousness, headache, weakness/dizziness, sweating</td>
<td>Keep with you at all times for use: during asthma attacks, episodes of shortness of breath, episodes of difficulty breathing attacks, before activity to prevent attacks, use regularly during flare-ups, use spacer with all MDIs*</td>
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<tr>
<td></td>
<td>Aironir®</td>
<td>Relaxes muscles in the airways</td>
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<tr>
<td></td>
<td>Bricanyl®</td>
<td>Works quickly - within minutes when needed</td>
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<tr>
<td></td>
<td>Salbutamol</td>
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<tr>
<td></td>
<td>Ventolin®</td>
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<tr>
<td>Preventer</td>
<td>Alvesco®</td>
<td>Regular use decreases inflammation (swelling) of the airways</td>
<td>oral thrush, sore throat, hoarse voice</td>
<td>Rinse, gargle, spit &amp; after each use, use spacer with all MDIs*, Aminty is once daily</td>
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<tr>
<td></td>
<td>Asmanex®</td>
<td>Works slowly over days for long-term improvements</td>
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<td></td>
<td>Flovent®</td>
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<td></td>
<td>Pulmicort®</td>
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<td>Qvar®</td>
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<tr>
<td></td>
<td>Aminty®</td>
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</tr>
<tr>
<td>Combination</td>
<td>Advair®</td>
<td>Regular use decreases inflammation (swelling) of the airways</td>
<td>hoarse voice, sore throat, oral thrush, headache, tremor, fast heart rate, muscle cramps</td>
<td>Rinse, gargle, &amp; spit after each use, use spacer as directed, take regularly to control inflammation and relax muscles in airways, use spacer with all MDIs*, Breo is once daily</td>
</tr>
<tr>
<td></td>
<td>Symbicort®</td>
<td>Relaxes muscles in the airways</td>
<td></td>
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<tr>
<td></td>
<td>Zenihale®</td>
<td>Lasts 12 hours</td>
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<td></td>
<td>Breo®</td>
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<tr>
<td>Preventer</td>
<td>Singular®</td>
<td>Prevents inflammation of the airways</td>
<td>headache, stomach upset, skin rash</td>
<td>Use Singular® once a day, in the evening</td>
</tr>
<tr>
<td>Add On Bronchodilator</td>
<td>Spiriva®</td>
<td>Relaxes muscles in the airways</td>
<td>dry mouth/throat, constipation, trouble urinating, headache</td>
<td>Avoid getting the mist in your eyes, if trouble urinating, stop medication and see your Doctor</td>
</tr>
<tr>
<td>Controller Anti-Inflammatory</td>
<td>Prednisone</td>
<td>Rapidly decreases inflammation of the airways</td>
<td>short term use: increased appetite, weight gain, mood change, bruising, difficulty sleeping, long term use: increase blood pressure, round face, osteoporosis, bruising, weight change</td>
<td>Used short term for severe worsening of breathing/asthma attacks, take once a day with morning meals, if taken longer than 2 weeks, doses may be “tapered” (decrease the amount slowly rather than stop suddenly)</td>
</tr>
<tr>
<td>Preventer Anti-Inflammatory</td>
<td>Amaryls®</td>
<td>Taken in pill form for 5-10 days for flare ups of asthma</td>
<td>nasal irritation, bleeding, crusting, dry nose</td>
<td>Use regularly when allergies are bothering you, may use as needed throughout the year</td>
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<td></td>
<td>Flonase®</td>
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<td>Nasacort®</td>
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<td></td>
<td>Nasacort®</td>
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<td></td>
<td>Rhinocort®</td>
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<td></td>
<td>Beclomethasone</td>
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*MDIs - Metered Dose Inhalers

05/05/2020

Calgary COPD & Asthma Program
Why use a Spacer?

AeroChamber® family of Valved Holding Chambers (VHC) ensure that inhaled medication gets where it’s needed... in the lungs

Inhaler Alone
Many patients do not use their inhaler properly. Not enough medication reaches the lungs.1

Medication collects in mouth and throat

To be effective, medication must reach the lungs

Inhaler + AeroChamber® brand-name VHC
Using the AeroChamber® brand-name VHC, the patient controls when to inhale. Inhalation is easy and effective.1

Less medication collects in mouth and throat, reducing side effects

More medication delivered to the lungs
Turbuhaler

Click [here](#) to watch the video.
Click [here](#) to print instructions.
Diskus

Click [here](#) to watch the video.
Click [here](#) to print instructions.
Ellipta

Click [here](#) to watch the video.
Click [here](#) to print instructions.
Respimat

Click [here](#) to watch the video.

Click [here](#) to print instructions.
Twisthaler

- Click [here](#) to watch the video.
- Click [here](#) to print instructions.
Don’t Forget The Nose

• Allergic rhinitis is a major chronic respiratory disease due to its links with asthma
• Treatment may include saline nasal rinse/spray, antihistamine, decongestants, glucocorticosteroids - oral/intranasal, leukotriene antagonists and intranasal anticholinergics
• Non Allergic Rhinitis (Vasomotor Rhinitis) – Symptoms are similar to allergic rhinitis of sneezing, congestion, runny nose and post nasal drip. It differs in that it does not involve the immune system like allergic rhinitis
• Nasal Polyps can also make asthma symptoms worse and a lot of asthmatics with Nasal Polyps can have sensitivity to aspirin and NSAIDs (ibuprophen, naproksen) which may possibly worsen asthma symptoms

Improving rhinitis/nasal polyps improves asthma symptoms, improves sleep quality, and proper breathing pattern.
Nasal Sinus Hygiene

Why is it important? Chronic nasal stuffiness and drainage is a relatively common problem, and occurs in persons both with and without allergies. In some cases these symptoms are associated with chronic disease of the nasal sinuses. Many patients with asthma also have some disease involving the nose and sinuses, and many of them report that deteriorations in their nasal/sinus disease is followed by worsening of their asthma. It is important to keep your nose clean and moist to keep it healthy.

The treatments we use may involve part of all of the following, depending on a particular patient’s problem. The goal is to keep the nasal passages open by reducing nasal congestion, wash out any mucus, germs or any other irritating substances, and to allow better penetration of nasal medications. We recommend purchasing a commercial product rather than making your own. Getting the recipe wrong can cause irritation in your nose and make things worse.

Humidification In Winter:
The cold winter months in Alberta often mean dry indoor air. We recommend you keep the relative humidity in your home at about 30%. You can increase the humidity in your home by using a humidifier on your furnace or by using a room humidifier.
Nasal Sprays and Rinses

Nasal Sprays
Common commercial preparations such as Rhinaris, Salinex or Hydrasense help to keep your nasal passages moist. Use any one of these products three or more times per day. Use the saline spray before using any medicated nasal sprays.

Sinus Salene Rinse
Common commercial preparations include NeilMed Sinus Rinse, Neil Med NetiPot or Rhinaris Sinus Nasal Rinse. These help to remove mucus and decrease crusting, as well as wash away germs and chemicals released by your body in your nose to fight germs. These chemicals can cause irritation and congestion. These rinses should be used at least once daily to improve symptoms. Tilt your head forward over the sink. Irrigate each nostril with about half a cup of solution. The solution will go in one nostril and out the other. Use the saline rinse before using any medicated nasal sprays.
Nasal Spray

• Click here to print instructions.
What is an Asthma Action Plan?

- An **Asthma Action Plan** shows you how to monitor asthma symptoms and adjust your asthma medications when needed. Click [here](#) to print a copy.
Asthma and COVID-19

- Click [here](#) to print a copy of “Managing Asthma During COVID-19”
- Click [here](#) to watch the video “Ask the Expert”
Symptoms of COVID-19

- Anyone who has these symptoms must self-isolate for a minimum of 10 days or until symptoms resolve, whichever is longer.

More Information on COVID-19

The following links contain updated information from Alberta Health Services.

- Updates on COVID-19 virus
- COVID-19 Self Assessment Tool: Use this tool to help determine whether you should be tested for COVID-19
Patient History Form

Date of Visit: [Blank]
Name Patient: [Blank]
Daytime Phone #: [Blank]

What best describes what your doctor would say about your lungs? 
- [ ] COPD  
- [ ] Asthma  
- [ ] Smoker at Risk  
- [ ] Cough  
- [ ] Other: __________________________

In what year did you first develop breathing problems? __________________________

What are your main concerns today about your breathing problems?

Do you have a history of:  
- [ ] Asthma  
- [ ] Childhood chest illness  
- [ ] Heart disease  

(check all that apply)

Is there a family history of lung disease?  
- [ ] No  
- [ ] Yes (If Yes, check all that apply below)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>COPD</th>
<th>Asthma</th>
<th>Chronic Bronchitis</th>
<th>Emphysema</th>
<th>Other</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>Mother</td>
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<tr>
<td>Sister/Brother</td>
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<tr>
<td>Children</td>
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</tbody>
</table>

Have you had a:  
- [ ] Flu vaccine  
- [ ] Pneumonia vaccine

Date of vaccine: __________________________

How many chest colds or episodes of bronchitis have you experienced in the last 2 years? __________________________

How many times in the last 12 months have you:  
- [ ] been to your family doctor, walk-in clinic or emergency department for Urgent treatment of your breathing? __________________________
- [ ] been hospitalized for treatment of your breathing? __________________________
- [ ] taken prednisone for treatment of your breathing? __________________________

Have you ever had an occupation or hobby that you think made your breathing worse?  
- [ ] No  
- [ ] Yes  
- [ ] Don't Know  

What was it? __________________________

Have you ever been:  
- [ ] Admitted to an Intensive Care Unit for your breathing?  
- [ ] On a life support machine for your breathing?  

[ ] No  
[ ] Yes  

During the past 12 months, have you stopped using tobacco or tobacco-like products for 1 day or longer because you were trying to quit?  
- [ ] Yes  
- [ ] No  

What treatments have you tried in the past to quit?  
- [ ] Nicotine patch  
- [ ] Gum  
- [ ] Lozenge  
- [ ] Inhaler  
- [ ] Spray  
- [ ] Zyban  
- [ ] Champix  
- [ ] Other (specify) __________________________

On a scale of 1-10 how important is changing your tobacco or tobacco-like product use?  
(1 = not important, 10 = very important) circle:  
1 2 3 4 5 6 7 8 9 10

Would you like to set a quit day?  
- [ ] Yes (Date: __________)  
- [ ] No
New position statement was developed by the CTS Asthma Steering Committees to help Canadian physicians optimize management for their patients during the COVID-19 pandemic.

Click here to read the Asthma Position Statement – APRIL 8, 2020
Acknowledgements

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• Living Well with COPD
Contact Us

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