You can control your asthma
What is asthma?

Asthma is an inflammatory condition that affects the airways, which are small tubes that carry air in and out of the lungs.

When a person comes into contact with something that irritates their airways:

- The muscles around the airways become tight
- The airways become inflamed and swollen
- More mucus collects inside the airways

All these make the airways narrower and more irritable and cause symptoms of wheezing, coughing, tightness in the chest and shortness of breath.

Symptoms often occur in the early hours of the morning.
What could trigger your asthma and how to avoid these triggers

A trigger is anything that irritates the airways and worsens symptoms of asthma. It is important to avoid or reduce exposure to your asthma triggers so that your asthma is better controlled. Some of the common triggers that can worsen asthma are listed below. Different people are sensitive to different triggers.

Tick the picture next to the trigger that may be relevant to you:

- **House dust mite**
  - Place your mattress and/or blankets outside in the sun once a week
  - Wash your sheets in hot water
  - Replace pillows and duvets that contain feathers with ones that contain synthetic fibres
  - Cover your mattress and/or pillow with a special anti-allergen cover
  - Remove carpets from the bedroom and replace them with wood, linoleum or tiles
  - Vacuum carpets regularly
  - When dusting, use a damp cloth and open the windows
  - Avoid giving asthmatic children soft toys or place soft toys in the freezer for 6 hours, then wash in hot water

- **Cigarettes and other smoke**
  - Do not smoke cigarettes
  - Avoid breathing cigarette smoke from other people - ask the person to smoke outside
  - Avoid making a fire in the house
  - Open the windows when using paraffin stoves or lamps
• **Cockroaches**
  - Keep house clean and regularly check for cockroaches
  - If you have a problem, contact the Environmental Health Officer to spray the drains.
  - Don’t leave food out

• **Animals with fur or feathers**
  - Keep pets outside the house

• **Plant, grass and tree pollen**
  - Avoid entering open fields on windy spring days
  - Keep house/car windows closed on windy days
  - Avoid cutting grass or wear a mask

• **Mould**
  - Limit indoor plants
  - Do not leave fruit and bread lying around
  - Empty and clean rubbish bins regularly
  - Clean tiles and shower curtains with Jik

• **Chemicals, dust or fumes**
  - Wear protective clothing and a suitable mask
  - Install extractor fans
  - If possible ask to work elsewhere
  - Place dangerous chemicals in a fume cupboard
• **Certain foods and some medicines**
  - Avoid foods containing artificial flavouring and colouring
  - Avoid beta blockers or pain medicines that contain aspirin or non-steroidal anti-inflammatory drugs, e.g. Brufen™ or Voltaren™
  - Ask doctor or pharmacist for alternatives

• **Exercise**
  - Use your asthma inhaler (reliever) 15-30 mins before exercising
  - Swimming and brisk walking are good exercise
  - Warm up before exercise

• **Viral infections (colds and flu)**
  - Try to keep away from persons with colds or flu
  - Have your annual flu vaccination early

• **Emotional upsets**

• **Cold weather**
How can my asthma be treated?

Although there is no permanent cure for asthma, with good treatment it can be well controlled. The best way of taking asthma treatment is to use an inhaler (asthma pump). Inhalers give quick relief and the inhaled medicine goes straight to the airways where it is needed. Inhalers also reduce the chance of side effects as very little medicine reaches any other part of your body.

There are two kinds of asthma inhalers:

A: Reliever medication

*How it works:*

- Relievers help to open the airways by relaxing the tight muscles and making breathing easier.
- Relievers work very quickly to relieve symptoms of asthma e.g. Salbutamol. Always carry your reliever with you.
- Relievers should be used **when needed.** Some asthma sufferers use relievers before exercise.

The name or colour of my reliever is: ..............................................................

I take .......... puffs as required to relieve my asthma.

Relievers are safe and have very few side effects, which disappear quickly when not using the reliever. Sometimes they:

- Increase the heartbeat  
- Cause fine muscle tremors or shakes
B: Controller medication (Preventer)

How it works:

- Inhaled steroids are the most important part of your treatment
- Controllers reduce inflammation and therefore stop or reduce swelling, mucus build-up and muscle tightening in your airways.
- Controllers e.g. Budesonide work more slowly to control the underlying disease and prevent symptoms of asthma.
- Controllers should be used regularly, every day, even if you feel well and according to your prescription.

The name or colour of my **controller** is: .................................................................

I take this **every day**, ........... puffs .......... times a day.

Controllers are safe and have very few side effects.
Inhaled steroids can cause:

- Sore tongue/throat
- Mouth infections
- Hoarseness of voice

These can be prevented by using a spacer, rinsing your mouth or brushing your teeth after inhalation.

**Do not miss your clinic/doctor’s follow-up appointment!**
How to use my inhaler correctly

1. Remove mouthpiece cap
2. Shake
3. Hold pump upright
4. Form a seal with your lips around the mouthpiece
5. Press the inhaler once at the beginning of the breath. Breathe in deeply and slowly.
6. Hold breath for 10 seconds or as long as possible
7. Remove inhaler from mouth and breathe out slowly
8. Wait for 1 minute and then repeat steps 2–7 for second puff

RINSE MOUTH AFTER USE OF INHALED STEROIDS
How to use my spacer correctly

1. Assemble the spacer
2. Remove inhaler mouthpiece cap
3. Shake the inhaler
4. Place inhaler firmly into the spacer
5. Remove the spacer’s dust cap and form a seal with your lips around the mouthpiece. Press the inhaler with 1 puff into the spacer
6. Breathe in deeply through the mouth
7. Remove the spacer and hold breath for 10 seconds or as long as possible
8. Breathe out slowly
9. Wait for 1 minute and then repeat steps 3-8 for second puff

RINSE MOUTH AFTER USE OF INHALED STEROIDS
# How controlled is my asthma?

The aim of asthma treatment is to:

- Be free of any symptoms - wheeze, tight chest, cough and/or breathlessness
- Have a restful sleep without any symptoms
- Enable you to work, study or do other daily activities
- Have no emergency visits or stays in the hospital due to asthma

<table>
<thead>
<tr>
<th>Your 20 second asthma check - answer yes or no to the following five questions:</th>
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<tbody>
<tr>
<td>Do you use your reliever 3 or more times a week? (Except one dose/day for exercise)</td>
</tr>
<tr>
<td>Do you wheeze, cough or have a tight chest during the day, 3 or more days a week?</td>
</tr>
<tr>
<td>Does wheezing, coughing or chest tightness wake you at night or early in the morning?</td>
</tr>
<tr>
<td>Have you ever stopped your usual activities because of your asthma in the last 4 weeks?</td>
</tr>
<tr>
<td>Have you made an emergency visit to a health worker because of your asthma in the last 3 months?</td>
</tr>
</tbody>
</table>

If you have 3 or more “yes” answers, your asthma is **uncontrolled**.
If you have 1 or 2 “yes” answers, your asthma is **partly controlled**.
If you have answered “no” to all the questions, your asthma is **controlled**.

## What can I do?

**Uncontrolled**
- Start a short course of steroid tablets (Prednisone) if your asthma becomes worse
- Consult your nurse, doctor or pharmacist as soon as possible

**Partly Controlled**
- Use your reliever as required
- Consider the triggers listed on pages 2-4
- Make sure you are taking your controller every day according to your prescription
- Make sure you are using the inhaler correctly (see pages 7 and 8) and think about using a spacer
- Consider increasing your inhaled corticosteroids by one extra puff morning and night
- Obtain an earlier appointment with your nurse or doctor

**Controlled**
- Use your reliever as required
- Keep taking your controller medication as usual
- Attend your follow-up appointments
WHAT TO DO IN AN ACUTE ATTACK

If you have an ACUTE attack you may feel:
• Severe shortness of breath, wheeze, tight chest or cough
• Fast and hard breathing
• You are too breathless to speak, walk, eat or sleep
• Your reliever does not help symptoms

My peak expiratory flow (PEF) readings

If you have your own peak flow meter, you can also measure how bad you are during an acute attack. Ask your nurse or doctor to fill in your predicted or best PEF readings below.

My predicted (or best) PEF reading is: ........................................................................................................

Severe attack  My PEFR will be less than .................... (below 50%)
Moderate attack  My PEFR will be between ......and........ (between 50 and 75%)
Mild attack  My PEFR will be above ......................... (above 75%)

What should I do?
• Sit upright
• Take reliever inhaler and repeat every 20 minutes
• Take your first dose of steroid tablets (Prednisone)
• Go urgently to the nearest hospital or emergency room

In an emergency, please call:
• 107
• 10177 Ambulance
• 112 (Cellphone) Emergency

• Your nearest community health centre name: .................................................................
  Tel: .................................................................
• Your nearest hospital/emergency room name: .................................................................
  Tel: .................................................................

Make arrangements for a medic alert badge if you have severe asthma
To obtain these materials, please contact:

National Asthma Education Programme (NAEP)
PO Box 1795
Lonehill
2062
Tel: 0861 278462
Fax: 086 655 0809
Email: naepr@netactive.co.za; asthma@oz.co.za
Web: www.asthma.co.za