

# Asthma and me

A guide to living  
with asthma



with you every  
breath of the way

# Asthma and me

“At first I didn't think asthma was serious but it made me very unwell until I was on the right medicines. Now I know what medicines I need and how to use my inhaler, my asthma is under control and I feel much happier.”

Nur Karatas



Finding out you have asthma can be a time of worry and confusion — there's a lot of new information to take in. Your doctor or asthma nurse may have explained what asthma is and how it can be treated. But no doubt there are other questions on your mind, such as:

- How will asthma affect me on a day-to-day basis?
- What can I do to help?
- Is there a cure?
- How serious is it?

We hope that after reading this booklet, you'll understand the basics of asthma, feel reassured about your health and know where to go for help if you have other worries.

## Contents

- p4 What is asthma and what triggers it?
- p8 What sets off my asthma?
- p14 Asthma medicines and how to take them
- p16 Add-on treatments
- p20 How do I take my medicines?
- p22 Living with asthma
- p24 How can I manage my asthma?
- p26 How do I know if my asthma is getting worse?
- p27 What to do in an asthma attack

If you have any further questions, please call the Asthma UK Adviceline 0800 121 62 44 or visit [www.asthma.org.uk](http://www.asthma.org.uk)



million people in the UK have asthma



## What is asthma and what triggers it?

Asthma is a long-term condition that affects the airways – the small tubes that carry air in and out of the lungs. If you have asthma your airways are almost always sensitive and inflamed (swollen), even when there are no outward signs of asthma.

When you come into contact with something that irritates your airways (an asthma trigger), the lining of your airways becomes inflamed; the muscles around the walls of your airways start to tighten; and sometimes the mucus that cleans and protects the lining of your airways builds up and gets in the way of the air that's trying to reach the lungs.

All of these reactions mean that your airways will become narrower, making it more difficult to breathe. This leads to the symptoms of asthma.

There is a person with asthma in

“I’m very lucky that my asthma doesn’t prevent me from going to the gym, doing yoga and pilates. Because my triggers are pollutants and I can’t control the environment, I need to carry my reliever inhaler with me at all times and take my preventer twice daily.”

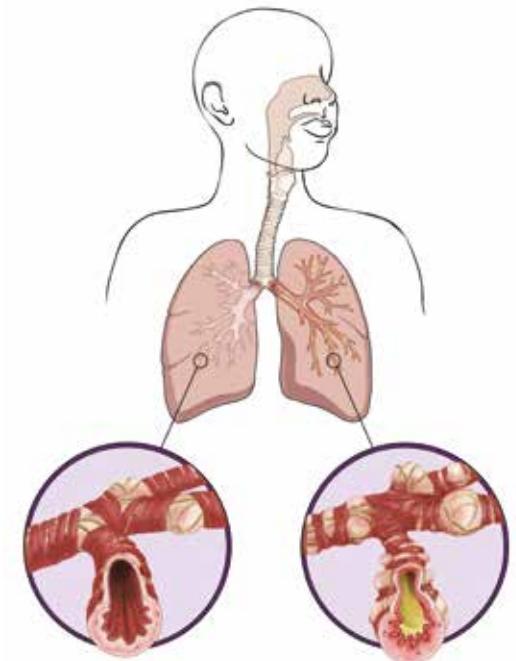
*Liza Franchi*

## What are the symptoms of asthma?

The usual symptoms of asthma are:

- wheezing or a whistling noise in the chest
- a feeling of tightness in the chest
- getting short of breath
- coughing in the daytime or it may wake you up in the night.

Not everyone has the same symptoms and these may come and go. With the right medicines, taken properly and as prescribed, you should be able to lead a full life without symptoms. However, asthma is a serious condition, and if not treated properly can lead to life-threatening asthma attacks.



Healthy airways

Airways of a person with asthma

1 in 5

households in the UK



## How will I know that I have asthma?

Unfortunately there isn't a single test that can tell you whether you have asthma. To diagnose the condition, your GP or asthma nurse will ask you questions about your symptoms, and may run some tests.

They will also ask you things like:

- how long you have had asthma symptoms
- how often you have them
- how they affect your life
- if you have any family history of asthma or allergies.

Some of the tests might include:

- **Peak flow measurements:** A peak flow meter is a small plastic tube (see right) you blow into that tells you how well your lungs are working by measuring how quickly you can blow air out. Peak flow is taken at regular intervals over a period of time, both when you have symptoms and when you don't. You may be asked to record your peak flow for a few weeks and record your readings on a chart.
- **Spirometry:** This measures the volume of air that you're able to blow out from your lungs after taking a full breath in.
- **Reversibility tests:** This involves measuring your peak flow or spirometry before and after a dose of asthma medicine, to see if it improves your lung function.

If it's likely that you have asthma you'll be started on some medicines and given advice on how to manage your symptoms.

It's important to go back to your doctor and check that the diagnosis of asthma is right, if after a trial of asthma medicines your symptoms have not improved.



## Why did I get asthma?

Asthma can start at any age. Some people get symptoms during childhood, which then disappear in later life. Others develop 'late-onset' asthma in adulthood, without ever having had symptoms as a child. It's difficult to say for sure what causes asthma. What we do know is that:

- you're more likely to develop asthma if you have a family history of asthma, hay fever, eczema or other allergies
- many aspects of modern lifestyles – such as changes in housing and diet and a more hygienic environment – may have contributed to the rise in asthma over the past few decades

- smoking during pregnancy increases the chance of a child developing asthma
- a cold or chest infection can cause late-onset asthma
- irritants (eg chemicals, dust) found in the workplace may lead to a person developing asthma.





## What sets off my asthma?

A trigger is anything that can make your asthma worse by irritating the airways. Everyone's asthma is different and you'll probably find you have several triggers.

If you know what your triggers are, you can try to avoid them. Some triggers can't be avoided, but there are things you can do to reduce the effect they have on your asthma symptoms. This will lessen your risk of asthma attacks, and you may need less medicine over time.

### To cope with your triggers it's important that you:

- take your preventer inhaler every day as prescribed
- always have your reliever inhaler with you in case you need it.

## How do I find out what my triggers are?

It can be difficult to find out exactly what triggers your asthma. Sometimes the link is obvious, for example when your symptoms start within minutes of coming into contact with a cat or dog. But some people can have a delayed reaction to an asthma trigger, so some detective work may be needed.

“My asthma is triggered by many things, including pollution, humidity, dust and smoke. To reduce my risk of an asthma attack I take my medicines and avoid these triggers as best I can. I clean my house regularly and if it's going to be a really humid day I'll stay inside so I'm not putting myself in the firing line for problems.”

*Eddie Connor*

## Keeping track of your asthma

When you have asthma symptoms, try keeping a note of anything that might have caused them: think about where you are and what you're doing at the time. You may be able to notice patterns that help identify your asthma triggers.

## Common asthma triggers

### Colds and viral infections

Colds and viral infections are a very common trigger for asthma. If you're prescribed regular preventative medicine you should have an annual flu vaccination every autumn. If you're unsure about this, talk to your doctor or asthma nurse. Try to keep yourself healthy by eating a balanced diet with plenty of fruit and vegetables.

### Smoking

Smoking is particularly dangerous for people with asthma. If you smoke (or breathe in other people's smoke) it can make asthma medicines less effective, increase the risk of an asthma attack and permanently damage your airways. Smoking around children, or during pregnancy, can also put children at risk of developing asthma.

We know that stopping smoking can be difficult, but it will have a massive positive impact on your asthma. For help with this you can speak to your doctor or pharmacist, or call the NHS Smoking Helpline on: **0800 022 4 332** [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

### House-dust mites

House-dust mites are tiny creatures that live in our beds, carpets, soft furnishings and soft toys. It's almost impossible to get rid of all the house-dust mites, but you might be able to reduce their numbers.

See [www.asthma.org.uk/house-dust-mites](http://www.asthma.org.uk/house-dust-mites) for more details.



### Furry and feathery animals

Furry and feathery animals are a common trigger of asthma symptoms, with allergens found in their saliva, flakes of skin and urine. Think seriously before buying a pet if you have a family history of allergies or if you have asthma, and keep any pets out of your bedroom.

### Pollen

Pollen is produced by certain types of trees, grasses, weeds and flowers. To help to reduce the effects of this trigger, review your medicines with the doctor or asthma nurse before the hay fever season starts.

See [www.asthma.org.uk/pollen](http://www.asthma.org.uk/pollen) for more details.

### Mould

Moulds release tiny spores into the air, and are found in any damp place – from piles of autumn leaves and woody areas to bathrooms, kitchens and even damp clothes. By keeping your house well ventilated and treating mould and damp quickly, you can reduce the risk of this triggering your asthma.

### Air pollutants

The air we breathe contains lots of different particles that can trigger asthma symptoms. Air pollutants like cigarette smoke and car exhaust fumes contain gases and particles which can irritate your airways.

### Work

If you've developed asthma as an adult, it may have been caused by something at work. Occupational asthma can develop very quickly or take weeks, months or years to develop. Look out for the following signs:

- Your symptoms worsening during your working week, at work or after work.
- Your symptoms improving when you're not at work (for example when you're on holiday).

If you notice anything that makes your asthma worse, discuss it with your doctor and with the health and safety adviser at your workplace as soon as possible. If they think you have occupational asthma, your GP should refer you to an occupational asthma specialist to confirm the diagnosis.

### Exercise

Some people find that exercise triggers their asthma symptoms. However, exercise is good for everyone, including people with asthma, and it's important that you don't use asthma as an excuse to not exercise. If your symptoms worsen during or after exercise it's usually a sign that your asthma isn't under control so speak to your doctor or asthma nurse.

### How can I make sure exercise doesn't trigger my asthma?

Start with gentle exercises to slowly warm your body up, and when you finish exercising don't just suddenly stop but gradually cool down.

Check with your doctor or asthma nurse whether you should take your usual dose of reliever inhaler immediately before you start warming up and keep it close at hand during exercise.

If you need to stop to use your reliever inhaler during exercise, wait for it to take effect before starting again.

For more information on exercise and asthma visit [www.asthma.org.uk/exercise](http://www.asthma.org.uk/exercise)



## Weather

A sudden change in temperature, cold air, windy days, poor air quality and hot, humid days can all be triggers for asthma. This doesn't mean that you shouldn't go outside, but be aware of your triggers and make sure you take your reliever inhaler with you when going out.



## Thunderstorms

Thunderstorms have been associated with an increase in asthma attacks, possibly as a result of pollen and mould spores being swept up into the air and broken into small pieces that can be breathed in.

As they can cause severe attacks, it's important to know how to best prepare for thunderstorms. See [www.asthma.org.uk/weather](http://www.asthma.org.uk/weather) for more information.

## Emotions

Any kind of stress or even a fit of laughter can trigger asthma symptoms. If you're suffering from anxiety or stress there are ways your doctor may be able to help you. See [www.asthma.org.uk/stress-and-anxiety](http://www.asthma.org.uk/stress-and-anxiety) to find out more.

## Sex

Some people may not feel comfortable talking to their doctor about how sex affects their asthma. If you're concerned about your asthma symptoms becoming worse during sex, take your reliever inhaler beforehand and make sure you take your preventer inhaler regularly.

## Hormones

Some women find their asthma can be affected around puberty, before their periods, during pregnancy and during the menopause. See your doctor or asthma nurse to discuss any changes in medicine that may improve your symptoms.

## Pregnancy and breastfeeding

Many women find their asthma symptoms can change during pregnancy, either getting better or worse. It's really important to see your doctor or asthma nurse regularly to help you manage your asthma well and change your medicines if necessary. The good news is that asthma medicines are safe to continue taking while pregnant and breastfeeding.

## Food

Most people with asthma don't have to follow a special diet. But for some people, certain foods (including cow's milk, eggs, fish, shellfish, yeast products, nuts and some colourings and preservatives) can make symptoms worse. People with asthma are also recommended to avoid royal jelly products as they may trigger symptoms.

If you think you have a food allergy, discuss it with your doctor or asthma nurse as it could put you at a higher risk of having a serious asthma attack. So it's very important that you make sure your asthma is really well managed.

If you think your asthma is triggered by a specific food:

- let your doctor or nurse know as soon as possible; if your symptoms are severe you may be referred to a consultant



- keep a food diary, recording what you were eating, what the symptoms were and when they started after eating the food
- and if you have an adrenaline (epinephrine) auto injector pen (for example anapen, epipen or jext) to use in an emergency, see your doctor or nurse regularly to go through the emergency procedure together.

For information on fasting and asthma please go to [www.asthma.org.uk/fasting-and-asthma](http://www.asthma.org.uk/fasting-and-asthma)

## Asthma medicines and how to take them

### Managing asthma in steps

Your doctor's choice of treatment for your asthma will be based on a nationally agreed 'stepwise' approach taken from the *British Guideline on the Management of Asthma*.

There are five steps – step one involves just one medicine that you use occasionally and each further step involves either adjusting dosages or adding other medicines to your treatment. You are moved up the steps until you are on the right level of treatment that controls your asthma. Before you're moved up a step your doctor or asthma nurse will check to make sure you've been using your inhalers properly and managing your triggers. When your asthma has been well controlled for many months, your doctor will recommend moving down a step – this is called 'stepping down'.

#### > Step 1

Everyone with asthma should have a reliever inhaler. Relievers are used when you feel your asthma symptoms coming on, for example when you start to cough or wheeze. They work by relaxing the muscles that surround your airways, allowing the air to flow in and out more easily. The effect lasts for about four hours. Reliever inhalers are usually blue.

If you need to use your reliever inhaler more than three times a week you should be on step 2.

#### > Step 2

In addition to your reliever inhaler, you'll be given a preventer inhaler to take every day.

Preventer inhalers contain small doses of corticosteroids, which work by reducing swelling, soreness and irritation in your airways, making them less sensitive to triggers.

The effects of preventer medicine build up over a period of time and you'll only start to feel some benefits after about a week. Preventer inhalers need to be taken every day even when you're feeling well. They have a protective role and reduce your risk of asthma attacks and long-term damage to your lungs.

#### > Step 3

If you're using your preventer inhaler correctly and regularly and are still experiencing asthma symptoms, your doctor may 'add on' a long-acting reliever inhaler before increasing the dose of your preventer medicine.

As the name suggests, long-acting relievers work in a similar way to reliever inhalers but the effects last for longer – around 12 hours instead of four. They open up the airways by relaxing the muscles that surround the airways and are taken twice a day. **These must be taken with a preventer inhaler.**

If the long-acting reliever inhaler helps but you're still getting asthma symptoms, your doctor will keep you on it and increase the dose of your preventer inhaler.

If the long-acting reliever isn't helping, your doctor will tell you to stop taking it and increase the dose of your preventer inhaler.

Your doctor will 'add-on' any of the medicines mentioned on pages 16-17 if your asthma is still troubling you.

#### > Step 4

If your asthma symptoms are still not controlled despite using your medicines regularly and correctly, your doctor may increase the strength of your preventer inhaler medicine to higher than usual levels.

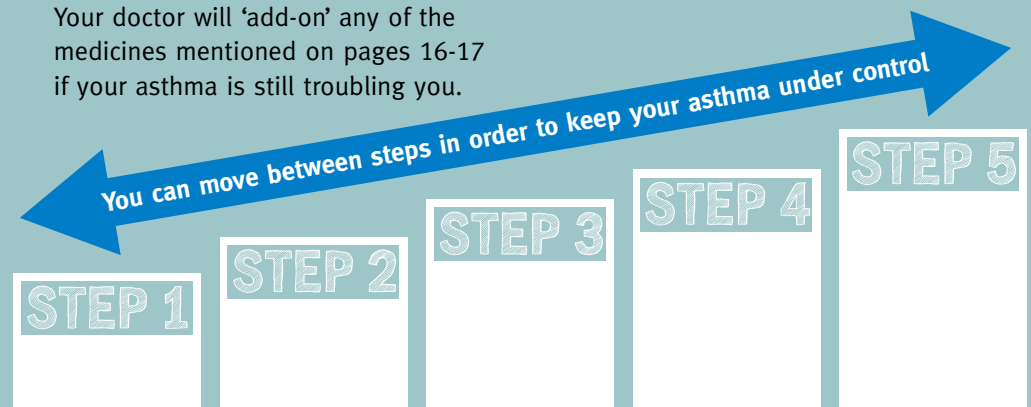
Your doctor will also 'add-on' any of the medicines mentioned on pages 16-17.

#### > Step 5

If your symptoms are still difficult to get under control, you'll be started on daily steroid tablets in addition to the medicines you're already taking.

Steroid tablets contain corticosteroids at a higher dose than found in preventer inhalers. They work by reducing swelling, soreness and irritation in your airways, making them less sensitive to triggers.

You will also be referred to an asthma specialist who will take over your care.





### 'Add-on' treatments

Your doctor has the option of trying any of the following 'add-on' treatments when you are on steps 3 or 4. You will be started on them one at a time on a trial basis. If the medicine doesn't help, your doctor will stop it before starting you on another one. If the 'add-on' treatment helps, you'll be kept on it even if you move up onto step 5.

### Preventer tablets – leukotriene receptor antagonist

Preventer tablets work by blocking one of the reactions in your lungs that causes your airways to flare up when you come into contact with an asthma trigger. They may be particularly effective if your asthma is triggered by exercise or allergies. They're usually taken once or twice a day (depending on the type prescribed), even when you are feeling well.

### Theophylline tablets

Theophylline tablets release theophylline slowly into your bloodstream. This relaxes the airways in your lungs to make breathing easier and helps prevent asthma attacks. It may also help to continuously reduce inflammation in your lungs. You need to take them regularly each day and the dose may need to be adjusted according to the levels of theophylline in your blood. If you're changed to a different brand of theophylline your dose will also need adjusting.

### Slow release reliever tablets

These contain the same (or similar) reliever medicine that's in your reliever inhaler. You take the tablets three or four times a day and they slowly release the reliever medicine into your bloodstream so it can continuously relax the muscles in your airways.

Once or  
twice  
a day

Regularly  
each  
day

Three or  
four times  
a day



## Steroid tablets

Regardless of which step of asthma treatment you are on, if your asthma symptoms flare up, your doctor or asthma nurse may give you a short 'rescue' course (3–14 days or longer) of steroid tablets to quickly get your asthma back under control, in addition to your usual medicines.

Steroid tablets are powerful and quickly reduce the inflammation (redness, soreness and swelling) in your lungs that causes you to cough, wheeze, be short of breath and have chest tightness.

Steroids are hormones that occur naturally in our bodies. Steroid medicines are man-made but are similar to our natural hormones. The type of steroids used to treat asthma are called corticosteroids. They are different to the anabolic steroids which some athletes and bodybuilders use.

A short course of steroids usually causes no long-term side effects. These are more likely to occur if you take a long course of steroids (more than two to three months) or take short courses repeatedly. The higher the dose, the greater the risk of side effects.

## Combination inhalers

Combination inhalers contain both preventer and long-acting reliever medicines in one device. This is a more convenient way of taking two medicines and makes it less likely that you'll forget to take them both. They should be taken regularly, every day as prescribed, even when you're feeling well.

As well as using a combination inhaler twice daily as preventer treatment, your doctor may advise you to use your combination inhaler as your reliever too. This is called Maintenance and Reliever Therapy (MART), but it's not suitable for all people and only certain combination inhalers can be used as MART.



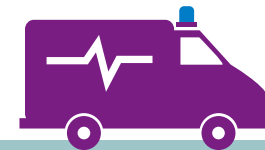
**It's important you see the doctor or asthma nurse for an asthma review every 12 months to make sure you're on the correct medicines. This means that they will be able make sure you're on the lowest dose of medicines possible to manage your symptoms.**

## Can complementary medicine help?

Some people find that complementary therapies seem to improve their asthma symptoms. However, there is little scientific evidence that complementary therapies alone are effective. If you want to try one of the many complementary therapies available, talk to your doctor and continue to take your normal asthma medicine as well.

# 90%

**of deaths from asthma are preventable**



## How do I take my medicines?

### Inhalers

Most asthma medicines come as inhalers so that the medicine can be breathed into the lungs. This is the most effective way of taking your medicine as it goes straight to the airways where it's needed. This means that the dose can be kept much lower than would be needed in tablets. Inhalers can be in a spray form (aerosol), or dry powder form.



Using a

# spacer

with your inhaler makes it more effective

### Getting it right

Inhalers can be tricky to use at first and a good technique is important in getting the most from your medicine. Your doctor or nurse should teach you how to use the inhaler properly so that you get the most benefit. If you're not sure if you have a good inhaler technique or haven't had it checked recently, ask your doctor, asthma nurse or pharmacist to check it for you. If you're finding it difficult to use your inhaler, or feel that it's not helping with your symptoms, discuss the possibility of changing to a different device that is easier for you to use. If you use an aerosol inhaler, it's best to use it with a spacer device.

Visit [www.asthma.org.uk/using-your-inhalers](http://www.asthma.org.uk/using-your-inhalers) to see how to use your inhaler.

### Using a spacer with your inhaler

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for the inhaler at the other. Spacers are only used with an aerosol inhaler. There are several different brands that fit different inhalers, and they are available on prescription or over the counter.

Spacers are very important because:

- they make aerosol inhalers easier to use
- they make aerosol inhalers more effective because you get more medicine into your lungs than when just using the inhaler on its own
- they stop the medicine from sticking to the back of your mouth, reducing the risks of thrush (a fungal infection that can occur in the mouth) and a sore mouth
- they help to reduce possible side effects from the higher doses of inhaled steroids by reducing the amount of medicine swallowed and absorbed by the body
- in an emergency situation, an inhaler and spacer are now recommended as an alternative to a nebuliser.

### What is a nebuliser?

A nebuliser is a machine that creates a mist of medicine, which is then breathed in through a mask or mouthpiece. Nebulisers are usually only used to give high doses of

medicine in an emergency (eg at hospital or the doctor's surgery). They are not recommended for most people at home. In an emergency using a spacer and inhaler is just as effective.

See [www.asthma.org.uk/nebulisers](http://www.asthma.org.uk/nebulisers) for more details.

### Using asthma medicines with other medicines

Some medicines can lead to asthma attacks in a small number of people and should be avoided if you have asthma. These include:

- aspirin and non-steroidal anti-inflammatory tablets or preparations (ibuprofen, naprosyn, diclofenac sodium and naproxen)
- beta blockers used to treat heart disease
- eye drops containing beta blockers for glaucoma
- some cold and flu remedies.

If you've taken any medicines and experienced asthma symptoms, it's important that you discuss this with your doctor. **Always tell your pharmacist you have asthma when picking up prescription medicines or buying over-the-counter medicines.**

## Living with asthma

“It’s really important to get to know your asthma because everyone is different. Having a personal asthma action plan, taking regular peak flow readings and monitoring how your breathing changes when you’re doing different activities all help you to be prepared.”

*Cassandra Clark*



If you look after your asthma, you can stay fit and healthy and free from symptoms. This will reduce your risk of having an asthma attack and make it less likely that you’ll need to take time off work or study. It means that you’ll have a better quality of life and be able to do the things you want to.

### Managing your asthma

Your doctor or nurse may talk to you about how you can ‘control’ or ‘manage’ your asthma. This is their way of talking about how to treat asthma.

# Exercise

is good for your asthma

## What does good asthma control mean?

If your asthma is under control it means that you:

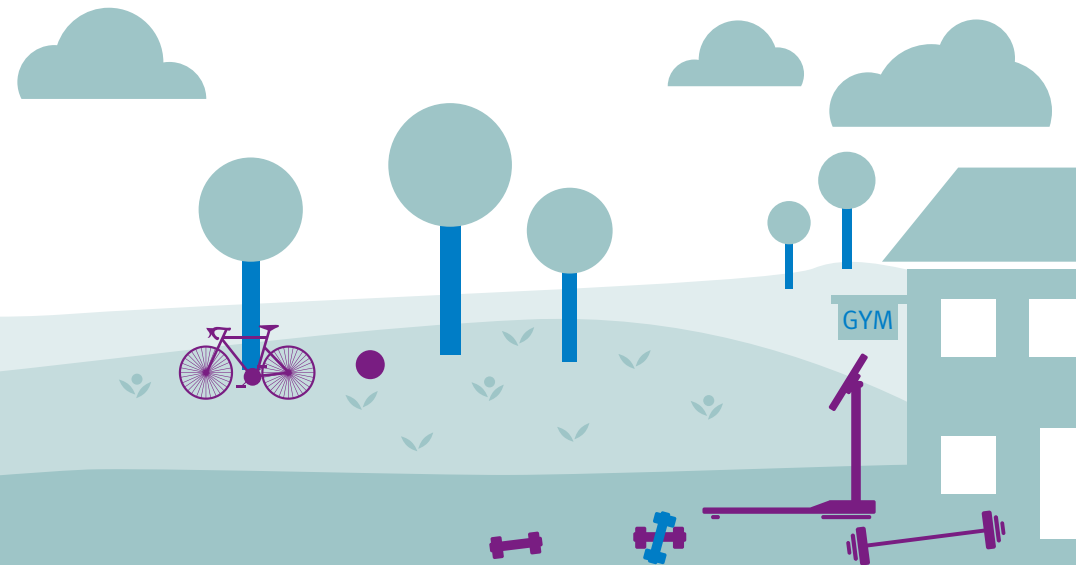
- have no symptoms of asthma day or night
- rarely need to use your reliever inhaler
- are able to do all your usual activities, including exercise
- don’t have asthma attacks or flare-ups.

Your asthma is not under control if:

- you’re having asthma symptoms
- you’re using your reliever inhaler more than three times a week
- you’re waking at night due to your asthma
- your asthma is getting in the way of your work or ability to exercise, or stopping you from doing any activity that you want to do.



Your doctor or asthma nurse should work with you to help you achieve ‘good control’ so that you reduce your risk of having an asthma attack. It may take a few visits to get it right.





## How can I manage my asthma?

**Here are some key actions that you can take to make sure you manage your asthma, and reduce the risk of an asthma attack.**

### 1) Have a written personal asthma action plan

The plan will contain information about how to manage your symptoms, your asthma medicines, how to tell when your symptoms are getting worse and what you should do about it. Your doctor or asthma nurse should help you to complete it. It will include emergency information on what to do if you have an asthma attack, and how to 'step down' your medicines when your symptoms have improved.

### 2. Understand what medicines you're on and when to take them

Talking to your GP, asthma nurse or pharmacist will help you with this. They can help you fill out your action plan, which will contain all of this information. Visit [www.asthma.org.uk](http://www.asthma.org.uk) for more information.

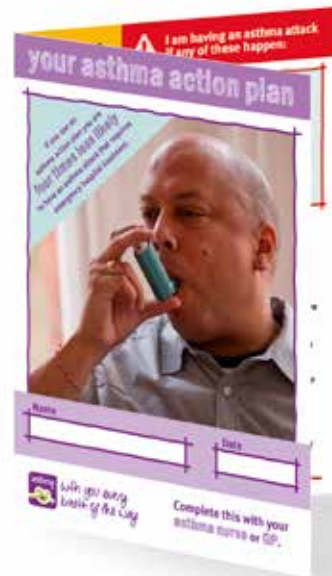
Ask your doctor for a copy of Asthma UK's *Your Asthma Action Plan*. You can also get free copies of *Your Asthma* materials from Asthma UK (see back cover).

### 3. Get your inhaler technique checked

You can check your inhaler technique (and spacer if you use one) with your GP, asthma nurse or pharmacist. Make sure you do this regularly, especially if you change inhaler devices.

### 4. Take your preventer medicines regularly

Taking your preventer even when you're feeling well is important. It will reduce your risk of having an asthma attack, help to prevent your asthma symptoms and decrease the risk of long-term damage to your lungs.



### 5. Monitor your symptoms

When your asthma is well managed you shouldn't have any symptoms. Make sure you keep an eye on your symptoms, and be aware when things start to change so that you can act quickly.

### 6. Check your peak flow

By keeping a peak flow diary you can keep track of your symptoms and notice if your asthma is changing. It's useful because:

- you can tell what's going on in your airways rather than just guessing by how you feel
- you can find out if your medicine is effective
- it will tell you whether you need to 'step up or down' your medicines as agreed with your doctor or asthma nurse
- it's a record of how well you've been, which you can show to your doctor or asthma nurse.

You can get a free *Your Asthma Peak Flow Diary* from Asthma UK (see back cover).

### 7. Have an asthma review with your doctor or asthma nurse every year

Asthma is a long-term condition that needs to be treated on an individual basis. You should see your doctor or asthma nurse at least once a year but will need to go more regularly just after you've been diagnosed or if you've been unwell with your asthma.

### 8. Know what steps to take in an asthma attack.

Please see page 27 for this information.

For more information on living with asthma visit [www.asthma.org.uk](http://www.asthma.org.uk)



## How do I know if my asthma is getting worse?

To help you to manage your asthma and reduce the risk of an asthma attack it's important to know how to tell if things are getting worse. Asthma attacks don't usually come out of the blue but are the result of gradually worsening symptoms. Signs that your asthma is getting worse include:

- needing more and more reliever inhaler
- waking in the night with coughing or wheezing
- having shortness of breath or the feeling of a tight chest
- having to take time off work or study because of your asthma
- feeling that you can't keep up with your normal activity or exercise
- noticing a drop in your peak flow meter readings.

If your asthma symptoms are getting worse don't ignore them! Quite often, using your reliever is all that's needed to feel better, but if you're using your reliever inhaler three times a week or more, go and discuss your symptoms with your doctor or asthma nurse.

## Having an asthma attack

Sometimes, no matter how careful you are about taking your asthma medicines and avoiding your triggers, you may have an asthma attack.

You are having an asthma attack if any of the following happen:

- Your reliever doesn't help your symptoms.
- Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest).
- You're too breathless to speak, eat or sleep. This is a very serious sign.

You can order a free, pocket size *What to do in an asthma attack* card to carry with you (see back cover).



## What to do in an asthma attack\*:

1. Take one to two puffs of your reliever inhaler (usually blue), immediately.
2. Sit down and try to take slow, steady breaths.
3. If you don't start to feel better, take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs. Use a spacer if you have one.
4. If you don't feel better after taking your inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance doesn't arrive in ten minutes and you're still feeling unwell, repeat step 3.
6. If your symptoms improve and you don't need to call 999, you still need to see a doctor or asthma nurse within 24 hours. Don't be afraid of making a fuss, especially at night. If you have to go to hospital, make sure you take all your asthma inhalers and any other medicines with you.

\*If you're using a Symbicort inhaler on the SMART regime, you should discuss what to do in the event of an attack with your doctor or asthma nurse, as this advice will not apply to you.

## After an asthma attack

1. Make an appointment with your doctor or asthma nurse for an asthma review within 48 hours of your attack. This is so they can:
  - try to find out what made your asthma worse
  - check your inhaler technique
  - check your asthma symptoms and peak flow to make sure that everything is settling down again
  - check that you're on the right medicines to reduce the risk of another asthma attack
  - make sure you know what to do should you have another attack.
2. You'll also need another review with your doctor or asthma nurse within one to two weeks to make absolutely sure your symptoms are back under control and less likely to flare up again.

To find out more about Asthma UK's work, including how to fundraise or get involved, visit [www.asthma.org.uk](http://www.asthma.org.uk) or call us on **0800 121 62 55**.



Know your risk of an asthma attack  
[www.asthma.org.uk/triple-a](http://www.asthma.org.uk/triple-a)



Asthma UK Adviceline  
**0800 121 62 44**



[info@asthma.org.uk](mailto:info@asthma.org.uk)



Or visit our website  
[www.asthma.org.uk](http://www.asthma.org.uk)



*with you every  
breath of the way*

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