

# Live well with asthma



Use this handy guide to  
help you stay symptom free

**Any asthma questions?**

Ask our respiratory nurse specialists

**Call 0300 222 5800**

**WhatsApp 07378 606 728**

(Monday-Friday, 9am-5pm)

[www.asthma.org.uk](http://www.asthma.org.uk)

# Welcome

Whether you've had asthma for as long as you can remember, or you've only recently been diagnosed, we're here to help you with lots of ideas on how you can improve your chances of staying well.

We've put this booklet together to answer some of the questions you may have about your asthma, such as how it's diagnosed, how it changes as you get older, why you need to take medicines every day, and how you can get on with enjoying life. We've also shared some useful tips and tricks for sticking to a good routine with your asthma medicines which can make a real difference to how well you feel.

We're here to help you live well with asthma! This booklet has been made using the latest evidence, and with feedback from people with asthma and healthcare professionals.



If you have any questions that aren't answered on these pages, there's a lot of useful information on our website [www.asthma.org.uk](http://www.asthma.org.uk). And you can talk to our respiratory nurse specialists by **calling 0300 222 5800** or **messaging via WhatsApp on 07378 606 728** (Monday-Friday, 9am-5pm).



**“When I was 55, my GP diagnosed late-onset asthma. It was a shock to be diagnosed with a condition I'd only ever associated with children and young adults, but with the support of my GP I'm managing my symptoms well. Exercise helps. I try and eat well. I take my medicines regularly. I'm living with asthma, I don't suffer from it.”**

Vicki



Share your experiences and get tips from other people with asthma at [www.facebook.com/AsthmaUK](https://www.facebook.com/AsthmaUK)

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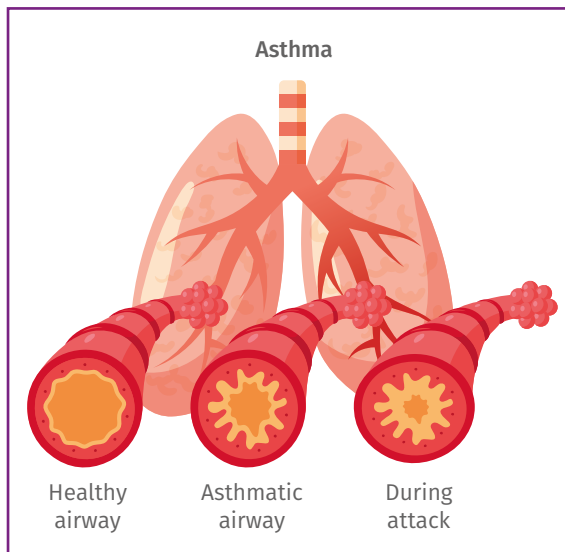
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# All about asthma

## What is asthma?

**Asthma is a condition that affects the airways – the tubes that carry air in and out of the lungs.**

If you have asthma, you have 'sensitive' airways that are inflamed and ready to react to things that can irritate them. This can include pollen, cold weather, stress and hormones. When the airways react they become narrower and more irritated. This causes you to have asthma symptoms, where you find it harder to breathe.



## What are the symptoms of asthma?

The usual symptoms include:

- wheezing
- coughing
- shortness of breath
- tightness in your chest.

Asthma symptoms can come and go. Even when you're well, the asthma is there in the background. There isn't a cure for asthma. It's a long-term condition. If it's not treated properly, asthma can be serious and lead to a potentially life-threatening asthma attack.

The good news though, is that most people who get the right medicines and support can manage their asthma well and live a symptom-free life.





Getting active can help  
improve asthma symptoms

### Severe asthma

Around 4% of people with asthma have severe asthma. They have difficulty breathing most of the time and often have asthma attacks. Their symptoms are harder to control because they don't improve with the usual medicines – even when they're taken as prescribed and in the right way. There's lots of research looking at why the usual medicines don't help. If your GP thinks you may have severe asthma, they'll refer you to a specialist who will do lots of tests to confirm the diagnosis and then work with you to find the best treatment.

## Asthma in adults

**Lots of people are diagnosed with asthma when they're children. For most, it's a life-long condition.**

**Some children with asthma find symptoms disappear as they get older, but then return later in life. What's reassuring is that most people can manage their asthma well and live a symptom-free life.**

### Getting a diagnosis when you're older

A lot of people think of asthma as something that children have, not adults. But people do develop asthma later in life too.

Known as 'late onset' or 'adult onset' asthma, the symptoms are less likely to be triggered by allergies (to substances, such as house dust mites, animals and pollen) and more likely to be triggered by other things like viruses, exercise, hormonal changes, depression or cold air. This type of asthma is more common in women than in men.

It can take a while to find out if you've got asthma. This is partly because asthma symptoms can come and go. Also, it can be difficult to tell the difference between asthma and other conditions that cause similar symptoms, especially in older adults. For example, pneumonia, heart problems, other lung conditions or panic attacks can also cause breathlessness. Your GP will ask you lots of questions to help them get a full picture.





**Your GP or asthma nurse will ask about:**

- Your symptoms (and when you've noticed they get worse or better)
- Some details about your symptoms (e.g. is your cough wet or dry?)
- Your family history
- Your past medical history (e.g. childhood illnesses)
- Your lifestyle (e.g. do you smoke, or are you often around smokers?)
- Your workplace, and/or your job
- Your home environment
- Your health in general.

Your GP may ask you to track your symptoms for a while. You may also be asked to keep a peak flow diary to measure how well your lungs are working over time. To confirm an asthma diagnosis you'll need some asthma tests, such as spirometry and FeNO. These are tests where you blow into different devices. If you are diagnosed with asthma, there are lots of effective medicines to help you manage your symptoms.

**Why did I get asthma?**

**It's hard to say for sure what causes asthma. But we do know that someone's more likely to develop it if they:**

- have a family history of asthma, eczema or allergies
- have eczema or an allergy, such as hay fever (an allergy to pollen)
- had bronchiolitis (a common childhood lung infection) as a child
- were born prematurely and/or had a low birth weight.

**Also:**

- It's thought that modern housing, diet and a more hygienic environment may play a role.
- If your mother or grandmother smoked during pregnancy or you were exposed to cigarette smoke early in life, your risk of developing asthma increases.
- Occupational asthma is a common cause of asthma in adults (both new asthma symptoms and childhood asthma symptoms returning).
- Research shows that obesity can increase the risk of developing asthma.

**Will my asthma change as I get older?**

**Even if you've had the same or similar symptoms for years, your asthma may change as you get older.**

**You may notice:**

- your asthma symptoms change – or you have more symptoms, or fewer
- your medicines aren't working as well
- that the side effects of your asthma medicines seem worse
- different things trigger your asthma
- if you spot any of these changes, keep a symptom diary to show your GP or asthma nurse – they can talk to you about your individual lifestyle factors and may adjust your medicines or doses.

## Asthma triggers explained

**If you have asthma, you have ‘sensitive’ airways that are inflamed and ready to react to things that can irritate them even more.**

**Anything that can set off your asthma is known as a trigger. Everyone with asthma has their personal mix of triggers – you can have one or more.**

### How can you deal with asthma triggers?


The best way to help your body cope well with any asthma triggers is to take your preventer medicines every day as prescribed so your airways are less inflamed and sensitive. Taking your preventer medicines soothes your airways so they’re less likely to react to common triggers you can’t avoid – like pollen, pollution, dust mites or cold weather. Using your medicines exactly as prescribed means you’ll be more likely to stay symptom free and be able to go to work, exercise, have fun with your family, and enjoy your social life.

There are some triggers that are easier to avoid – for example, a food allergy, alcohol, or smoke from open fires. It can be useful to work out your triggers because then you can avoid the ones in your control. Bear in mind you might have more than one trigger, and you might not react straight away. You may need to do a bit of extra detective work – you could try keeping a diary of activities and symptoms to help spot any patterns.


If you’re taking your medicines as prescribed but still having asthma symptoms, speak to your GP or asthma nurse so you can come up with a plan to improve things. It might be that something as simple as a change of inhaler technique could solve the problem.

Check yours with our quick videos at [www.asthma.org.uk/inhalervideos](http://www.asthma.org.uk/inhalervideos)


### Some common asthma triggers

 **Colds and viruses** can increase the risk of asthma symptoms. We don’t understand the exact reason why. Some research shows it’s because having a cold or flu sets off inflammation in the body, including in the airways.

**TOP TIP** Speak to your GP or asthma nurse to see if they recommend an annual flu vaccine – this is usually between September and early November.

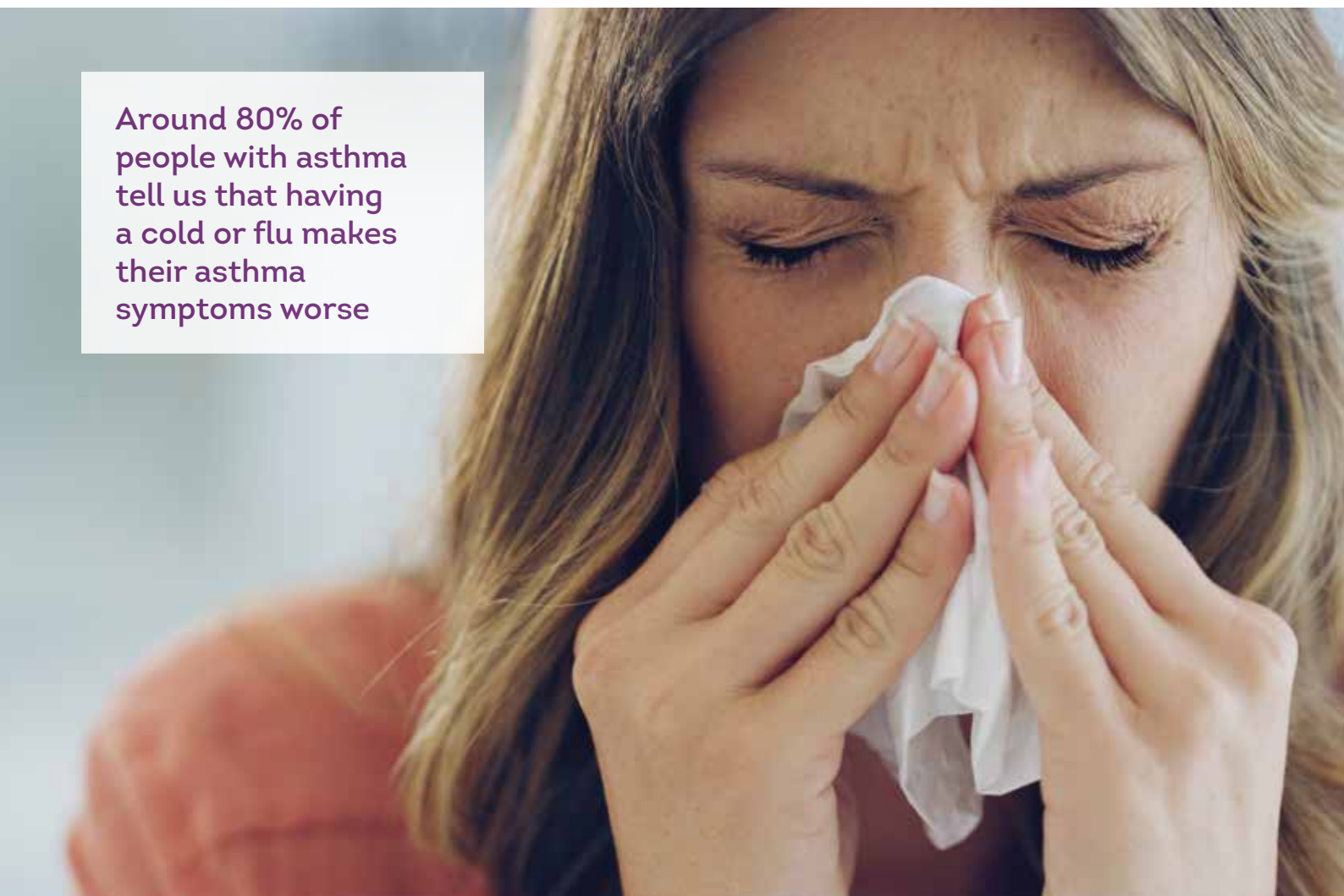
 **Smoking** – the chemicals in cigarettes irritate and inflame the airways and lungs. If you smoke, you’ll get more symptoms and need higher doses of your asthma preventer medicine. Being around other people who smoke will also make your asthma symptoms worse.

**TOP TIP** Using stop smoking treatments boosts your chances of successfully giving up smoking. Discuss your options with your GP, asthma nurse or pharmacist.

 **Exercise** can trigger asthma symptoms. You’re more likely to breathe in through your mouth during exercise – and this means the air is colder and drier.




Around 80% of people with asthma tell us that having a cold or flu makes their asthma symptoms worse



In some people with asthma, the airways are sensitive to these changes in temperature and humidity and they react by getting narrower.

**TOP TIP** If you regularly have asthma symptoms when you exercise, it may mean your asthma isn't well controlled. Speak to your GP or asthma nurse who can help you get things sorted out so you can get active with no problems.

 **Cold air** can enter your airways and trigger them to get narrower causing asthma symptoms, such as coughing, wheezing, shortness of breath and tightness in the chest.

**TOP TIP** Wrap a scarf loosely over your nose and mouth on cold or damp days – this will help to warm up the air before you breath it in.

▶ **Stress** can cause changes to your breathing patterns and make your airways more sensitive. Also, if you're stressed you may feel too busy to do the things that help you stay well with your asthma, such as taking your medicines and going to regular asthma reviews.

**TOP TIP** Try to identify stress so you can take steps to deal with it before it starts to affect you. Talking to somebody about how you're feeling can really help. Use your support network – there's a list to remind you of your options on the back page.

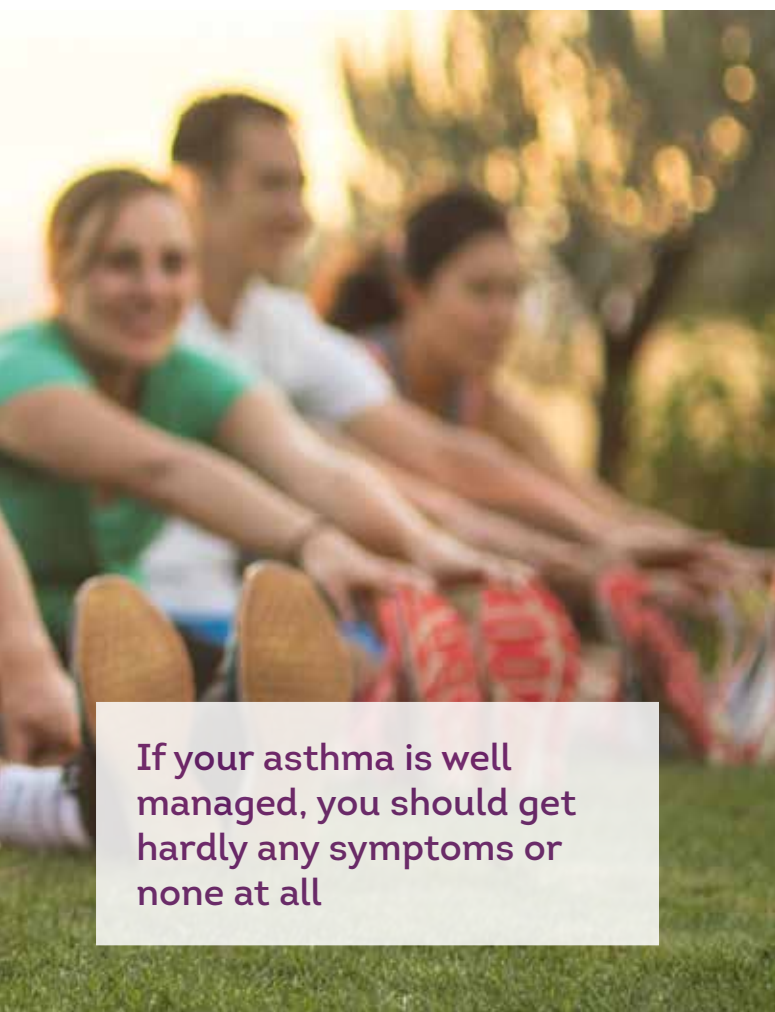
▶ **Pollen** is a tiny powder-like substance produced by certain types of trees, grasses and weeds. It is spread through the air by insects and the wind. An allergy to all these types of pollen is known as hay fever. A lot of people with asthma also have a pollen allergy – and their asthma symptoms are triggered by pollen.

**TOP TIP** To help prevent symptoms of hay fever, and stop it triggering your asthma, you can start hay fever treatment two weeks before the pollen that affects you comes into season. Find out which is yours with our pollen calendar at [www.asthma.org.uk/pollen](http://www.asthma.org.uk/pollen)



▶ **Hormones** are chemicals that travel around your body in your bloodstream. When a woman's hormone levels change a lot this can affect asthma symptoms. For example, during puberty, pregnancy, perimenopause or before a period.

**TOP TIP** If your asthma symptoms get worse just before your period, ask your GP or asthma nurse if you can adjust how much medicine you take at certain times of the month. Ask them to add this to your asthma action plan.



If your asthma is well managed, you should get hardly any symptoms or none at all

#### TOP TIP

## 5 simple ways to help manage asthma triggers

**Take your asthma medicines as prescribed so your airways are less sensitive.**

**1** Keep your medicines somewhere handy, such as a bedside table, or near something else you do every day, so you're reminded to take them as part of your routine.

**2** Use your written asthma action plan – you can find out more about this on page 26.

**Make sure you get the best results from your medicines.**

**3** Go for an asthma review at least once a year to check your asthma medicines.

**4** Ask your GP or asthma nurse to check your inhaler technique.

**Be prepared to face any triggers that come your way.**

**5** Make sure you've always got your reliever inhaler (usually blue) with you.





# Asthma medicines



## Starting treatment

The good news is that there are lots of effective treatments to help you deal with asthma symptoms.

When your GP or asthma nurse suspects you have asthma, they may prescribe you asthma medicines to see if they help your symptoms improve. If your symptoms do improve and an asthma diagnosis is confirmed with tests, you may be told to carry on taking the same medicines.



**The aim of treatment is to manage your asthma so that:**

- you get no daytime symptoms
- you get no night-time waking due to asthma
- you don't need to use reliever inhalers (usually blue)
- you don't have any asthma attacks
- asthma doesn't limit your daily life (including working and being active).

**Scientists are always working on new treatments for severe asthma.**

**In recent years, more people with severe asthma are being treated with biologic therapies.**

## What you can do

The medicines your GP prescribes you can't deal with your asthma unless you take them in the right dose, in the right way, at the right time(s). Ask yourself these questions to see if you're doing everything you can to help stay on track.

### Do you:

- Use an up-to-date written asthma action plan?
- Go for an asthma review at least once a year?
- Take your asthma medicines regularly as prescribed – even when you're feeling well?
- Keep your reliever inhaler (usually blue) with you wherever you go? And your spacer if you need one?
- Recognise your asthma triggers so you can avoid or manage them?
- See your GP or asthma nurse if you need to use your reliever inhaler (usually blue) three or more times a week?
- Keep an eye on your inhalers so that you can organise a new prescription before you run out of your medicines?

**The Asthma UK Helpline respiratory nurse specialists all agree:**

**“Taking your asthma medicines regularly as prescribed is the number one thing you can do to prevent asthma symptoms and what could be a life-threatening asthma attack.”**

## Ease any worries about asthma medicines

**It's not unusual for concerns about medicines to put people off taking them as prescribed. But that means missing out on their benefits.**

**Help put your mind at rest, as we explore some of your common concerns about everything from side effects to steroids.**

### I don't like taking medicines every day

Some people do worry about taking medicines for a long-term condition such as asthma. If you're one of them, weighing up the pros and cons can help you find a positive way forward. Ask your GP or asthma nurse, or a pharmacist, to run through the benefits of your medicines and how they work, to help you feel clear about why you need to take them. Your preventer inhaler cuts down the inflammation and swelling in your airways, so you're less likely to react to triggers. It protects your airways over time so you need to take it every day. It can be useful to think about what might happen if you don't take your medicines – such as coughing at night, or missing work or social occasions because of an asthma attack. Ask yourself how you'll feel if you become unwell because you haven't taken your medicine.

### I'm concerned about side effects from my reliever inhaler

Reliever inhalers (usually blue) are safe and effective, and won't harm you. Every medicine goes through safety testing before it can be prescribed.

Sometimes, using reliever inhalers can make your heart beat faster, give you mild muscle shakes or make you hyperactive. But this is normally just when you have to take more than a couple of puffs, and the effects usually wear off quickly. If they don't wear off or they happen a lot, tell your GP or asthma nurse.

Remember, though, that if you are using your reliever inhaler three or more times a week, it's likely your asthma isn't well controlled and you have a higher risk of an asthma attack. Book an appointment so your GP or asthma nurse can see how you're doing and review your treatment.

### I don't like taking medicines when I'm well


Your preventer inhaler contains a dose of steroid medicine that controls the inflammation and swelling in your airways. This medicine reduces your risk of having symptoms in the first place, and makes your airways less likely to react to any triggers. Although you won't feel the benefits straight away, your preventer inhaler builds up protection in your airways over time. It works away in the background when you keep it topped up with your daily doses. This cuts your risk of asthma attacks and other symptoms, like being out of breath.

If you stop using your preventer inhaler, the protection it gives your airways will start to reduce, which puts you more at risk of an asthma attack. That's why it's really important for you to use your preventer inhaler every day exactly as prescribed. If you're staying well, and not reacting to triggers, it means your medicine is working. And if you stay well, your GP or asthma nurse may even be able to reduce the dose of your preventer medicine at your next asthma review.

If you're not keen to take your preventer medicines when you're well, even though you still need to keep your airways protected, try thinking about how comforting it is for your family to know you're well and how much they worry when your asthma gets worse – especially if they've felt scared when you've had an asthma attack before.

## **I'm worried my preventer inhaler will cause side effects**

If you're taking a preventer inhaler with a low dose of steroids, the risk of side effects is low. This is because the medicine goes straight to your airways, where it's needed – very little medicine is absorbed into your bloodstream. Some people get a sore tongue or throat, a hoarse voice or a mouth infection called thrush from using preventer inhalers. You can make this less likely by using a spacer and rinsing out your mouth after using your inhaler. These side effects are also more common if you're not using your inhaler in the correct way – so check your technique with your GP or asthma nurse. You can also check it using our three-minute videos at [www.asthma.org.uk/inhalervideos](http://www.asthma.org.uk/inhalervideos)

A photograph of a male doctor with a shaved head, wearing a white lab coat over a blue shirt, looking towards a female patient whose back is to the camera. They are in a pharmacy setting with shelves of medicine in the background.

**It's not unusual for concerns about medicines to put people off taking them as prescribed**

## **I hate the thought of taking steroids**

Many people worry about taking steroids, so you're not alone. It's important to remember that the steroids used to treat asthma are corticosteroids, which are a copy of the substances the body makes naturally. They are completely different to the anabolic steroids that bodybuilders sometimes use.

Many people with asthma take low-dose steroids through inhalers – these make your airways less inflamed and sensitive, and are unlikely to cause side effects.

Your GP will always prescribe the lowest possible dose needed to manage your asthma. Going for a regular asthma review (at least once a year) means you can check you're on the lowest dose to keep your symptoms under control.

If your symptoms get worse or you have an asthma attack, you may need to take a short course of steroids in tablet form alongside your usual inhalers. The tablets might cause your mood to go up and down, and you might be hungrier than usual, but these effects will go away when you've finished the course of tablets.



**Your steroid preventer medicine protects your airways**



People with asthma might need to take high-dose steroids in the long term, especially if they have severe asthma. These can have some side effects – your GP, asthma nurse or consultant will talk to you about how to manage them if you're affected.

But if you do need steroid tablets, it's important to remember that they are a very effective treatment, and that they'll only be prescribed if your healthcare professional thinks that the benefits outweigh the risks.

It can be easy to end up focusing on your worries, especially if you see lots of scare stories online. Write down a list of pros and cons to help you see the full picture. Does your list help you see that the benefits of taking steroids for your asthma outweigh the risks? If you think your fears may prevent you from taking the medicines you've been prescribed, tell your GP or asthma nurse so they can help ease your mind. Or speak to one of our respiratory nurse specialists by **calling 0300 222 5800** or **messaging via WhatsApp on 07378 606 728** (Monday-Friday; 9am-5pm).

## **I'm embarrassed about using inhalers**

**If you're self-conscious about using an inhaler, or an inhaler with a spacer, in front of people, you can:**

- Ask your GP or asthma nurse if there's a smaller inhaler or spacer you could try.
- Remind yourself that taking medicine isn't anything to be embarrassed about. If anything, you can feel proud that you're taking care of your health.
- Take your preventer medicine every day at home as prescribed. This may mean you'll be less likely to need to use your reliever inhaler (usually blue) when you're out and about.
- Think about the well-known people (like footballer David Beckham, runner Paula Radcliffe, singer Nathan Sykes and TV star Paddy McGuinness) who use their inhalers in public when they need to – it hasn't held them back!


## Continuing treatment

**Your GP or asthma nurse will prescribe a treatment 'package' for your individual asthma symptoms and needs. You and your GP or asthma nurse can review this at your annual asthma review. You can also speak to them at other times if you have concerns. There are lots of different treatments, but they all aim to help you live life free of asthma symptoms.**

Treatments may include:

**i Reliever inhalers** – everyone with asthma needs a reliever inhaler. They're usually blue. They give you on-the-spot relief from asthma symptoms and asthma attacks, relaxing your airways very quickly.

**DID YOU KNOW?** If you use your reliever inhaler three or more times a week this can be a sign that your asthma isn't well managed. Book an appointment with your GP or asthma nurse to review your treatment as soon as possible.



**Taking your medicines as prescribed will reduce your risk of an asthma attack**

**i Preventer inhalers** – most people with asthma are prescribed a preventer inhaler. It helps prevent asthma symptoms and makes it less likely that your airways will react to triggers, by reducing swelling and inflammation in the airways. There are several kinds of preventers.

**DID YOU KNOW?** You need to take your preventer inhaler every day (usually twice a day) even if you're feeling well because the protective effect builds up over time and needs to be topped up regularly.

**i Add-on therapies** – some people with asthma might be prescribed extra treatments as well as their regular inhalers. These are known as 'add-on treatments' or 'add-on therapies'. Common ones include leukotriene receptor antagonists (LTRAs), theophylline and long-acting bronchodilators.

**DID YOU KNOW?** If you've been prescribed a leukotriene receptor antagonist tablet (LTRA) it's very important that you keep using your preventer inhaler as well. The tablet has not been prescribed instead of the inhaler, but to use alongside it as an 'add-on' treatment. Your preventer inhaler is an anti-inflammatory and opens the airways. The tablet gives you extra help to deal with the inflammation.

## Thinking of trying a complementary therapy for your asthma?

Although you can find lots of promising claims about complementary therapies on the internet and in forums, they haven't been studied as much as conventional medicines, so there's not very much scientific evidence to show they work or that they're safe.

It is very important that you check with your GP or asthma nurse before you try a new complementary therapy and that you don't stop taking your prescribed medicines, unless your GP or asthma nurse advises you to do so.

That said, if stress is a trigger for you, it might be worth asking your GP or asthma nurse whether they think yoga or massage might help. You can also ask them about breathing techniques, such as Buteyko.

Find out more about complementary therapies at [www.asthma.org.uk/complementary-therapies](http://www.asthma.org.uk/complementary-therapies)




**i** **Combination inhalers** – some people with asthma are prescribed a combination inhaler. These contain both a long-acting bronchodilator to ease ongoing symptoms and also a preventer medicine to help prevent inflammation in your airways over the long-term.

**DID YOU KNOW?** Most combination inhalers can't give quick relief when symptoms come on or if you're having an asthma attack so you still need to carry your blue reliever inhaler with you at all times.

**i** **Steroid tablets** – if your asthma symptoms become severe or you have an asthma attack, your GP or asthma nurse may give you a short course of steroid tablets (called prednisolone). These help to calm inflamed airways and stop the inflammation that makes it harder to breathe.

**DID YOU KNOW?** A short course of steroids, if your GP or asthma nurse thinks you need it, can help you avoid an asthma attack. Attacks are usually treated with larger doses of steroids.

## Don't forget! You can...

-  **Book asthma reviews once a year.** Your GP or asthma nurse can make sure you're always taking the lowest dose of medicines possible to manage your symptoms well.
-  **Have an appointment four to eight weeks after you've been given new medicines** to check they're working well for you.
-  **Book extra appointments if you need them.** For instance, if you've noticed that your symptoms are getting worse, or you haven't had symptoms for three months, book an extra appointment.



## Feel confident with your medicines

**? Your GP or asthma nurse can answer any questions you have about your medicines.** If you understand why you're taking them, how often you need to take them and the best way to take them, you can make sure you're getting the maximum benefits from your medicines.

**? A pharmacist can also answer questions about your medicines.** And the great thing is you don't need an appointment – just go to the pharmacy counter when you're next in the supermarket, or pop into a high street pharmacy.

**i Find lots of useful information on our website: [www.asthma.org.uk/advice/inhalers-medicines-treatments](http://www.asthma.org.uk/advice/inhalers-medicines-treatments)**

**☎ Call our respiratory nurse specialists** with any questions or concerns about your medicines. **Phone 0300 222 5800 or message via WhatsApp on 07378 606 728** (Monday-Friday; 9am-5pm).



### TOP TIPS

**So you don't like taking steroids? People with asthma share their thoughts.**

**“** If I need to take steroids, I remind myself that there are no side effects that are as bad as not being able to breathe.”

“I don't like taking steroids but I can quickly feel what a difference they make to my breathing. They can literally save my life.”

“If I feel reluctant to take a course of steroids, I remember how well they worked last time. And there are loads of people on Facebook with stories about how steroids have helped symptoms or even saved their life, which is a comfort.”

“I feel like a bottomless pit hunger-wise when I'm taking steroids so I always have lots of healthy snacks handy. Weight gain isn't inevitable if you're careful.”

“Ask yourself what you would say to a friend who was worried about taking steroids. Could the advice you'd give them be useful for yourself?”

Swap ideas and tips with other people who have asthma at [www.facebook.com/AsthmaUK](https://www.facebook.com/AsthmaUK)

## Using inhalers and spacers

**Although there's no cure for asthma, there are now lots of very effective medicines to help relieve your symptoms and cut your risk of asthma attacks.**

### Inhalers

Most asthma medicines come inside inhalers so that you can take the medicine into your lungs and it can go straight to your airways, where it's needed.

Most people with asthma are prescribed two asthma inhalers – a preventer inhaler to reduce inflammation in the airways and make them less likely to cause symptoms or react to triggers. And a reliever inhaler (usually blue) to help relieve symptoms on the spot when they happen.

There are different types of inhaler. Pressurised metered dose inhalers (pMDIs) and dry powder inhalers are two of the more common types.

Your GP or asthma nurse will explain which type of inhaler(s) you need and why.

**Check it!** Whatever type of inhaler and spacer you're using ask your GP, asthma nurse or pharmacist to check you're using it in just the right way. Even if you've been using it for a long time, you might be surprised that a small tweak can make a big difference. You can also check using our short inhaler videos at [www.asthma.org.uk/inhalervideos](http://www.asthma.org.uk/inhalervideos)



## Spacers

Lots of people use a spacer to take their asthma medicines. These are empty containers usually made of plastic. You can use them with a pressurised metered dose inhaler (pMDI), which delivers the medicine in a fine spray (aerosol). Your GP, asthma nurse or pharmacist should show you how to use and care for your inhaler and spacer properly so that every dose is effective.

### Using a spacer means:

- It's easier to get the right dose of medicine.
- You may need to use less medicine.
- There's a lower risk of side effects (such as a sore throat) because they help prevent the medicine sticking to the back of your throat.

### Every day

- If your spacer or inhaler has a cap, store it with the cap on so that nothing can get stuck in the mouthpiece.
- Don't store your inhalers or spacer in a plastic bag or container as this can create static that will affect the way they work.

### Once a month

- Wash your spacer.
- Don't scrub the inside as this will affect the way it works.
- Use washing up liquid and warm water and leave to air-dry.

### Once a year (at least)

- Ask your GP for a prescription to replace your spacer.

## Nebulisers are used in ambulances and hospitals for asthma attacks

A nebuliser changes liquid medicines into a fine mist that can be breathed in through a mask. It's used when someone is having an asthma attack in an ambulance or in hospital. Nebulisers are sometimes prescribed to people with severe asthma to use at home. But most people with asthma don't need one because research shows that using a reliever inhaler with a spacer works just as well for treating mild to moderate asthma attacks. Find out more about nebulisers at [www.asthma.org.uk/nebulisers](http://www.asthma.org.uk/nebulisers)

# Staying on top of your asthma



## Help yourself stay well with asthma

**Your asthma doesn't need to hold you back from doing all the things you want to do. If you take the right medicines in the right way, and try the handy tips in this leaflet, you'll be well on the way to living well with asthma. And there are lots of other proven, simple things you can do to give yourself the best chance of living a symptom-free life.**





## At home

**Use your asthma action plan** – One of the best ways to look after your asthma is to use a written asthma action plan. Fill it in with your GP or asthma nurse, and keep a photo on your phone. Find out more on page 26.

**Make it a habit** – Taking your preventer inhaler at the same times in the same place every day means that it will become part of your everyday routine and you'll do it automatically and be less likely to forget. If you need to take your preventer medicine twice a day, for example, you could keep your inhaler and spacer on the bedside table so you see it when you wake up and when you go to bed.

**Talk to your friends and family** – If you explain to the people close to you about your asthma, how it can affect you and how it can make you feel sometimes, it may help them understand how they can support you. For instance, they can remind you to pack your medicines if you're going on holiday, and to use them if you're out of your usual routine. They can come with you to your asthma reviews, or dial 999 if they recognise you're having an asthma attack.

**Get organised** – People with asthma tell us they feel more in control of their symptoms if they get organised and plan ahead. For example, write appointment dates down as soon as you get them; keep all your medicines in one place; have a list of useful contacts on your phone.

**Watch your weight** – If you're overweight, you're more at risk of asthma symptoms and asthma attacks. Your GP can support you to lose some weight if you need to. Even losing a small amount of weight can mean fewer asthma symptoms and needing to use your reliever inhaler less often.

**Get emotional support when you need it** – Everyone reacts differently to having asthma. It's not unusual for people with a long-term condition to feel a range of emotions – from worry, fear and embarrassment to pride when they've achieved a goal like stopping smoking, losing weight or going for a personal best time without having asthma symptoms. Often the difficult feelings are temporary and pass, but sometimes they can stay around for longer and start to affect the way you live your life. You don't have to put up with feeling low. Tell your GP or asthma nurse and they will help you get the all-round help and support you need.

Your successes, big and small, are worth sharing too – they can help you feel positive and satisfied that you've made progress. Tell your friends and family when you feel pleased or proud, and share your tips for success with other people who have asthma so they can be inspired: [www.facebook.com/AsthmaUK](https://www.facebook.com/AsthmaUK)



## **At work**

**Keep a log of your symptoms** – If your asthma symptoms are better on days when you don't work, or you need to use your reliever inhaler more often when you're at work, jot this down and show your GP or asthma nurse. They may suggest you keep a peak flow diary to help you work out whether or not your asthma symptoms are linked to your workplace, and advise you what to do if they are.

**Know your triggers** – Some things in the workplace can trigger asthma symptoms. For example, fumes, dust, certain chemicals, cold air, physical activity, or stress. Keep a diary of activities and symptoms to help spot any patterns. Once you know your triggers at work you can figure out ways to avoid them.

**Talk to your employer** – Most employers will be happy to help you work out a plan to avoid any triggers that are making your asthma worse.

### **If you think you're not making progress you can:**

- talk to the person responsible for health and safety in your workplace
- contact your trade union
- contact the local HSE (Health and Safety Executive) office for advice.

**The Asthma UK Helpline respiratory nurse specialists all agree:**

**“With modern medicines and some simple routines, most people can manage asthma well and live a symptom-free life.”**

## **Your asthma medicine will work better if you stop smoking**

**Whether you're at home, at work or out with friends, if you smoke, or you're around someone else smoking, chemicals in cigarettes will irritate and inflame your airways and lungs, and you will:**

- get more symptoms
- need higher doses of your asthma preventer medicine
- use your reliever inhaler more
- be more likely to have a serious asthma attack that needs hospital treatment.

Quitting isn't easy for most people, but if you have asthma, it's the biggest thing you can do to improve your health, alongside taking your medicines as prescribed. Quitting will lead to fewer asthma symptoms and a better quality of life. You'll sleep better and you'll have more energy to do the things you love.

**Your GP, asthma nurse or a pharmacist can talk to you about all the different support available that can increase your chances of quitting successfully:**

- NHS stop smoking support at [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)
- Nicotine replacement therapy
- Stop smoking medicines.

### TOP TIPS

**Want to quit smoking? Some people with asthma share their tips to help you stay motivated.**

**“** Since quitting I've noticed a significant improvement in my health and my ability to exercise.”

“A pharmacist suggested I try NRT patches. They definitely helped me cope with the cravings!”

“Write a list of all the reasons why you gave up. If you're giving up for your (grand)children, put a photo of them where you used to keep your cigarettes.”

“I took up knitting to help distract me every time I needed to smoke. My family got sick of the jumpers but it worked.”

“Don't be discouraged if you feel worse and cough more when you first give up smoking. This is common but will pass, and you'll soon start noticing the benefits.”

“Putting the money I save in a jar where I can see it helps me to stay motivated.”

“Tell yourself you can do it! If giving up feels too difficult, remember you've got through challenges in the past – learning to ride a bike, learning to drive, starting a new job, for example. Are there things you did then that could help you now?”

## Why a written asthma action plan will make your life easier

**Your written asthma action plan can help you stay well. You can update it whenever you go to see your GP or asthma nurse about your asthma.**

**Your asthma action plan has the key information you need in one place, including:**

- The number of puffs of preventer inhaler you need to take and how often (usually twice a day)
- The things that make your asthma worse (your triggers)
- The symptoms that mean you need to use your reliever inhaler (usually blue)
- The signs and symptoms that mean you need to see your GP or asthma nurse
- The signs and symptoms that you are having an asthma attack, plus what you need to do (including when you need to call 999).





## Get the best from your action plan!

- **Download a plan from our website:**  
[www.asthma.org.uk/advice/resources](http://www.asthma.org.uk/advice/resources)
- **Fill it in with your GP or asthma nurse** – they'll make sure each section is personalised for you.
- **Take it to all your asthma reviews and appointments** – your GP or asthma nurse may need to update it.
- **Keep it where you can find it easily** – on the fridge, for example, or take a photo of it on your phone so you always have it with you.
- **Share copies** with anyone who might find it useful or comforting to know how they can help you, such as your partner or a friend.

**1 Every day asthma care:**

**My asthma is being managed well:**

- With this daily routine I should expect/aim to have no symptoms.
- If I have not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose.
- My personal best peak flow is:

**My daily asthma routine:**

**My preventer inhaler** (insert name/colour):

I need to take my preventer inhaler every day even when I feel well.

I take  puffs in the morning and  puffs at night.

**My reliever inhaler** (insert name/colour):

**I take my reliever inhaler only if I need to**

I take  puffs of my reliever inhaler if any of these things happen:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing

**Other medicines and devices (e.g. spacer, peak flow meter) I use for my asthma every day:**

**2 When I feel worse:**

**My asthma is getting worse if I'm experiencing any of these:**

- My symptoms are coming back (wheezing, tightness in my chest, heavy breathlessness, cough).
- I am waking up at night.
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising).
- I am using my reliever inhaler three times a week or more.
- My peak flow drops to below:

**URGENT! If you need your reliever inhaler more than every four hours, you need to take emergency action now. See section 3.**

**What I can do to get on top of my asthma now:**

If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it:

- Increase my preventer inhaler dose to  puffs times a day until my symptoms have gone and my peak flow is back to my personal best.
- Take my reliever inhaler as needed up to  puffs every four hours.
- Carry my reliever inhaler with me when I'm out.

**URGENT! See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days.**

**Other advice from my GP about what to do if my asthma is worse (eg SABA or rescue steroid tablets):**

**3 In an asthma attack:**

**I'm having an asthma attack if I'm experiencing any of these:**

- My reliever inhaler is not helping or I need it more than every four hours.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.
- My peak flow is below:

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

- 1 Sit up straight** – try to keep calm.
- 2 Take one puff of your reliever inhaler (usually blue) every 30 – 60 seconds, up to a maximum of 10 puffs.**
- 3 If you feel worse at any point OR you don't feel better after 10 puffs, call 999 for an ambulance.**
- Repeat step 2 after 15 minutes** unless you're waiting for an ambulance.

**After an asthma attack:**

- If you dealt with your asthma attack at home, see your GP today.
- If you were treated in hospital, see your GP within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't respond after treatment, see your GP urgently.

**What to do in an asthma attack if I'm on MACE:**

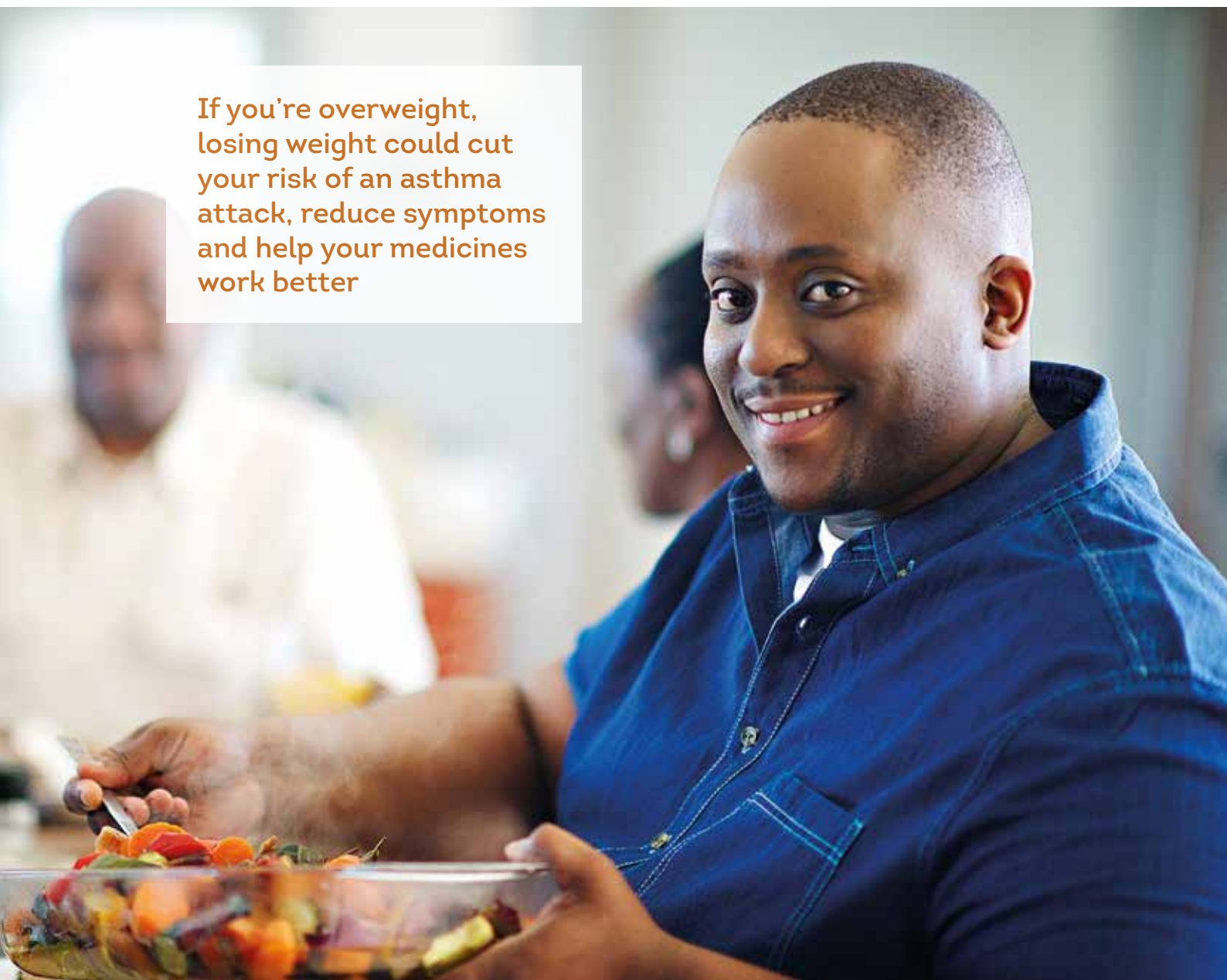


Call the respiratory nurse specialists on our Helpline with any questions about your asthma action plans or asthma. **Phone 0300 222 5800 or message via WhatsApp on 07378 606 728** (Monday-Friday, 9am-5pm).

“The written asthma action plan I wrote with my consultant and asthma nurse helps me to keep on top of everything. It's very helpful to hand over my plan – with details of my medication, doses and times – when I'm in the middle of an attack and finding it difficult to breathe and talk.”

Jenny

If you're overweight, losing weight could cut your risk of an asthma attack, reduce symptoms and help your medicines work better



## Feel more confident

Knowing what to do if your asthma gets worse helps you feel more in control and take action if you need to. Here's what you need to know, and share with friends and family.

### You're having an asthma attack if:

- Your reliever inhaler is not helping or you need it more than every four hours.
- You're finding it difficult to walk or talk.
- You're finding it difficult to breathe.
- You're wheezing a lot or you have a very tight chest or you're coughing a lot.

### What to do in an asthma attack:



**1 Sit up straight** – try to keep calm.



**2 Take one puff of your reliever inhaler** every 30–60 seconds, up to a maximum of 10 puffs.



**3 If you feel worse** at any point **or** you don't feel better after 10 puffs, call 999 for an ambulance.



**4 Repeat step 2 after 10 minutes** while you're waiting for an ambulance.

**Even if you feel better, make an urgent same-day appointment with your GP or asthma nurse.**

**IMPORTANT! This asthma attack information is not designed for people on a MART medicine plan. If you are on a MART medicine plan, please speak to your GP or asthma nurse to get the correct asthma attack information.**

## ? How do I know if my asthma's getting worse?

For a small number of people with asthma, symptoms can develop quickly. But for most people, symptoms rarely just come 'out of the blue'. They build up gradually over a few days, and research shows that symptoms often rapidly increase two or three days before an asthma attack. This means it's often possible to look out for the early warning signs and ward off an asthma attack by following your asthma action plan.

### **Book an urgent appointment with your GP or asthma nurse if you are experiencing one or more of these early warning signs:**

- Your symptoms are coming back (wheeze, tightness in your chest, feeling breathless, cough).
- You're waking up at night because of your asthma.
- Your symptoms are getting in the way of your day-to-day routine (e.g. work, family life, exercising).
- You need to use your reliever inhaler (usually blue) three times a week or more because of your asthma symptoms.

If you recognise any of these early warning signs, they are telling you an asthma attack could be on its way. This is your chance to stop it coming on. Book an urgent appointment with your GP or asthma nurse or visit your local walk-in centre. They can help you to stop an asthma attack before it happens, or make it less serious so you don't end up in hospital.

## ? If you've been in hospital with an asthma attack

### **Cut your risk of another asthma attack with these three steps:**

- 1** Book an urgent appointment with your GP or asthma nurse – even if you feel well. See them within 48 hours of your attack if you can. Tell them you need an urgent appointment because you've had an asthma attack. If your asthma symptoms are getting worse at any point, book an appointment with your GP today.
- 2** Keep taking your asthma medicines as prescribed to keep down the swelling in your airways. This means you're less sensitive to your asthma triggers.
- 3** Plan recovery time into your day. After an asthma attack it's important to try and rest as much as you need to. Ask friends and family to help or talk to your employer about a gradual return to work. Everyone's different so it's important to do what's right for you. Lots of people do feel physically and emotionally tired.





### **What you need to know about peak flow**

The peak flow test is a way to measure how fast you can breathe out – so the doctor can see how well your lungs are working. You take a full breath in, then blow out as hard and as fast you can into a small, hand-held plastic tube called a peak flow meter. The measurement that's taken is called your peak flow.

You might also be given a peak flow meter on prescription so you can record your peak flow scores in a diary. This can help you manage your asthma by understanding if your lungs are not working as well as they should be. Your GP or asthma nurse will tell you if you need one. You can find out more about your peak flow and get a peak flow diary at [www.asthma.org.uk/advice/resources](http://www.asthma.org.uk/advice/resources)

## Don't let asthma hold you back!

**With a bit of clever planning, you can do everything you want to do.**

### **Above all:**

- Use your written asthma action plan
- Take your preventer inhaler every day as prescribed
- Make sure you always have your reliever inhaler (usually blue) with you
- Go for an asthma review every year

**Remember** staying as symptom free as possible means your asthma is well controlled and your lungs are less likely to react to triggers.



## Enjoy being active



Whether you're walking around the park, digging over the garden, having a friendly game of tennis or playing sport for a team, asthma doesn't have to stop you being active. In fact, regular exercise can improve lung function for people with asthma, as well as bringing all the other health benefits, such as lifting your mood and reducing your risk of heart disease and cancer. Some well-known athletes have asthma, including footballer David Beckham and Olympic cyclist Laura Kenny. So rest assured that you shouldn't have to miss out on walking the dog or cycling to work because of asthma.

### What you need to know

- If you haven't exercised for a while, ask your GP or asthma nurse to recommend a programme or the types of exercise that will suit you.
- Always warm up before and cool down after exercise.
- If exercise often triggers your asthma symptoms, it might mean your asthma isn't as well managed as it could be, so book an appointment with your GP or asthma nurse. They will be able to update your written asthma action plan, check your inhaler technique and review your asthma medicines.
- You must keep your reliever inhaler (usually blue) with you at all times, but especially when you're exercising – so you can deal with any asthma symptoms quickly if they do develop during a workout.
- If you're exercising outside in winter when it's really cold, covering your mouth and nose with a scarf can help because it warms up the air before you breathe it in and it hits your sensitive airways.

## Enjoy your love life



Most people with asthma don't have any problems enjoying their love life. But if you've heard stories on social media, or been one of the small number who've found asthma symptoms have been brought on at an inconvenient time, it can be easy to feel a bit worried. Sexual activity can sometimes trigger asthma symptoms (partly because it causes your breathing to get quicker and you usually start breathing through your mouth), but if your asthma is well managed it doesn't need to stop you from enjoying your love life. So – unromantic as it sounds – taking your medicines regularly is the best way to make sure everything goes smoothly.

### What you need to know

- Keep your reliever inhaler close by so that if you have asthma symptoms during sex, you can use it straight away and rest until you feel better. Once your symptoms have stopped and you feel well, you can carry on if it feels right.
- Experiment with different positions to find out what helps you to breathe more comfortably.
- Worrying about having symptoms during sex can increase your stress levels – and stress can be a trigger for some people. If you avoid having sex because you have asthma or if sex often triggers asthma symptoms, ask your GP or asthma nurse to check your medicines and discuss solutions. If you feel embarrassed, remember they've probably had lots of conversations with people going through similar experiences.

## Enjoy travelling



Having asthma doesn't mean you can't enjoy discovering new places all over the world or in the UK.

Although travelling can sometimes trigger symptoms in people with asthma for various reasons – the change in weather, altitude, activity levels or routine, for example – all that's needed is a bit of forward planning and you can pack your bags with confidence.

## What you need to know

- If your asthma is triggered by the cold, you might find somewhere with cold temperatures or at high altitude triggers your asthma. Make sure that you take your preventer inhaler as prescribed and that you've always got your reliever inhaler with you.





- If you're flying, book an appointment with your GP or asthma nurse to talk about your travel plans and review your written asthma action plan. If your asthma is well managed and you're physically fit and well, you should have no problems when you're flying. If your asthma is more severe, you may have some difficulties due to the reduced air pressure in the airplane cabin. Your GP or asthma nurse will advise you.
- Speak to your doctor, practice nurse or travel health clinic about travel vaccines at least two months before you go abroad. Having asthma doesn't rule out any of the usual travel jabs.
- Make things easier at airport security by taking the tear-off slip from your prescription, listing your medicines, or get a letter from your GP.
- Save a photo of your written asthma action plan on your phone. You could also take a copy to pin up in your accommodation.



## Pregnant or planning to become pregnant?

It's hard to know how being pregnant may affect your asthma because it's different for every woman. Some pregnant women find their asthma improves, while some don't notice any changes in their symptoms at all, and others may experience more symptoms. When you find out you're pregnant, make an appointment to see your GP or asthma nurse as soon as you can. This is a chance to review your asthma medicines and check that your written asthma action plan is up to date. Tell your midwife you have asthma and note it in your birth plan.

### Asthma in pregnancy – the facts

- Continuing to take your medicines as prescribed is the best way for you to stay well with your asthma. Most are safe in pregnancy.
- If your asthma is well controlled, the risk of complications due to asthma is very small.
- If you smoke while pregnant, your baby is more likely to have breathing problems, including asthma. Smoking also increases your risk of miscarriage and your baby being born too early. Talk to your GP, asthma nurse or midwife about support to help you quit.



Find out more about looking after your asthma at [www.asthma.org.uk/advice/manage-your-asthma](http://www.asthma.org.uk/advice/manage-your-asthma)

## Make your routine easier

**All the information and ideas in this booklet are designed to be as helpful as possible. But it can feel a bit challenging to work out how to fit it all into your daily life.**

**Using these five steps gives you a proven way to make it easier to stick to your plans and achieve what you set out to do. Don't be tempted to do this just in your head – writing it down gives you something to refer back to.**

### **STEP 1** Create your own day-to-day plan

Think about what you **want** to do and **how** you're going to do it so you know how you'll fit things into day-to-day life. Create two columns. The ideas below are just examples, so when you fill in yours, make them really personal to you and your life.

<b>What I will do:</b>	<b>How I will fit this into my routine:</b>
Take my preventer inhaler twice a day as prescribed	After I brush my teeth every morning and evening I'll take my inhaler, and then rinse my mouth out
Always have my reliever inhaler (usually blue) handy	Before I step outside the front door, I'll check I have my blue reliever inhaler with me
See my GP or asthma nurse straight away if I'm using my blue inhaler three or more times a week OR if I wake at night with asthma symptoms	Whenever I use my blue reliever inhaler, I'll make a note of the time and date on a page in the back of my diary or in my phone so I can keep an eye on how often I'm using it

### **STEP 2** Keep going!

Once you've got into a good routine, stick with it – soon, managing your asthma will just become part of daily life. If you've ever learned to drive or use a new mobile phone, or started a new job, you'll know that what seems strange at first can soon feel much smoother. You can do it!

### STEP 3 Troubleshoot

Planning for any problems can help you stay on track. Create another two columns. Use them to think about possible difficulties and how to solve them. For example:

Possible problems:	How will I solve them:
I get out of routine with medicines on holiday	Order new prescription two weeks before I travel and ask my partner/friend to ask me if I'm remembering to take my medicines while we're away
I lose my written asthma action plan	Stick a plan on the fridge and keep a photo of it on my phone
I forget to take my reliever inhaler out with me	Stick note on front door and keep a spare reliever inhaler in my bag
I lose my reliever inhaler (usually blue)	Keep spare reliever inhaler in my desk at work and in my sports bag

### STEP 4 Deal with unhelpful thoughts

The way you think about asthma and any worries you have can affect how well you stick to your medicine routine. For example, if you generally don't like taking medicines, you might be less worried about skipping doses. Or if you had side effects from a medicine in the past, it might put you off taking your medicines every day as prescribed.

#### Make a list of all your concerns

- You can now work through the list, to deal with each concern.

You can talk with your GP or asthma nurse. Or **call our respiratory nurse specialists on 0300 222 5800** or **message via WhatsApp on 07378 606 728** (Monday-Friday; 9am-5pm).

### STEP 5 Reward yourself

Rewarding yourself for achieving what you set out to do can help you stay motivated to keep going with your plan. And treating yourself in ways that eases stress or lifts your spirits gives you more energy to cope well – which is always important for anyone with a long-term health condition. Write down the ways you're going to reward yourself when you stick to your plan – for example:

- If I give up smoking, I will use the money I save on a meal out or massage.
- If I remember to take my reliever inhaler with me every day for two weeks, I'll have an evening to myself to watch a box set or buy new clothes or books.
- If I take my preventer inhaler every day as prescribed for a month, I will treat myself to tickets to a show or a film.



# Use your support network

**Having asthma can be challenging sometimes, especially if your diagnosis is new, or if you've had a lot of symptoms lately. Make sure you always get the help you need by taking five minutes to write down a list of who you can call.**



**Friends, family and colleagues** can sometimes help just by listening. Don't be afraid to share with them how you're feeling.



**Your healthcare team** – GP, asthma nurse, specialist consultant and pharmacist – is on hand to provide whatever care and support you need.



**Asthma UK's respiratory nurse specialists** will ease your worries about asthma. Just **call 0300 222 5800** or **message via WhatsApp on 07378 606 728** (Monday-Friday, 9am-5pm).

**Your online asthma community** is always there for you:



Swap ideas with others who have asthma:  
**[www.facebook.com/AsthmaUK](https://www.facebook.com/AsthmaUK)**



Get information, tips and ideas on everything from inhalers to triggers and managing your asthma: **[www.asthma.org.uk/advice](https://www.asthma.org.uk/advice)**



Get the latest asthma news by following us on Twitter: **@AsthmaUK**



Get more health advice and asthma news with Asthma UK email updates  
**[www.asthma.org.uk/sign-up](https://www.asthma.org.uk/sign-up)**



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