

No 5. Medication for Asthma – Part 1

Unfortunately there is no cure for asthma but there are many treatments available and, with the right treatment, most people can be free of symptoms and have no restriction of lifestyle.

Your doctor will prescribe medication for your asthma using nationally agreed guidance which uses a step-wise approach to ensure the best possible control of your symptoms on the smallest possible dose of medicine.

For treatment to be successful it is important that prescribed medications are taken as directed and that you let your doctor or nurse know if the treatment is working. This helps your doctor or nurse decide whether your treatment needs to be altered.

The type of medication you need will depend on how troublesome your asthma symptoms are and may vary from time to time.

You may be given:-

- **Relievers**

All patients with asthma will be given a reliever, a medicine that can be taken when needed and which works quickly (usually within a few minutes) by relaxing narrowed airways to relieve symptoms of cough, wheeze, breathlessness and chest tightness.

Relievers come in a variety of inhaler devices and under a number of names but are usually blue.

Your doctor or nurse will show you how to use your inhaler device and will periodically check you are using it correctly. Relievers are very safe but can sometimes cause an increase in heart rate or give some muscle trembling. These side-effects are more common with high doses but usually wear off quickly.

If your asthma is mild you may only need to take a reliever occasionally but if you are regularly using a reliever more than once a day you probably also need a preventer. This is because relievers only relax the airway and do not reduce the underlying inflammation or swelling of the airways.

- **Preventers**

These are medicines which must be taken regularly to be effective. They reduce the inflammation and swelling of the airways making them less sensitive to triggers. Preventers also come in a variety of inhaler devices and under a number of names and can be of several colours – usually brown, red or orange.

Preventers will not relieve sudden attacks of asthma and they may take up to 14 days before improving your symptoms.

Even when your symptoms are well controlled you should continue to take your preventer regularly unless advised otherwise by your doctor or nurse.

Preventers usually need to be taken twice a day – morning and night.

The most commonly used preventers are inhaled steroids

- These inhaled steroids are called corticosteroids and are similar to those produced naturally in our bodies. They are not like anabolic steroids used by body builders.
- They are given in small doses delivered directly into the lungs where they work. Very little is absorbed into the rest of the body making side effects unlikely.
- In the doses normally used they will not affect the growth of children – but growth can be slowed by poorly controlled asthma.
- Inhaled steroids can occasionally cause a mouth infection called “thrush” or some hoarseness of the voice. Thrush can be easily treated by your doctor and can usually be avoided altogether by rinsing your mouth out or brushing your teeth after using your inhaler.
- The use of a spacer device with aerosol inhalers can reduce the amount of steroid which lands in the mouth and upper airways. It can reduce the above side effects and increase the amount of medicine delivered to the lungs. Spacers are recommended for all doses of steroid in childhood and for higher doses in adults.

In children with mild asthma non-steroid preventers such as sodium cromoglycate or nedocromil may be used. These usually need to be taken three or four times a day and are often not as effective as inhaled steroids. If these non-steroid preventers are not effective inhaled steroid preventers will be given and are safe in the doses usually prescribed.

Some other types of medication prescribed for asthma are mentioned in Sheet Number 6 – Medication for Asthma – Part 2.

We are happy to consider requests for this publication in other languages or formats such as large print.

Please call **01324 590886** (24hrs), or email fv.disabilitydepartment@nhs.scot

