

No 6. Medication for Asthma – Part 2

Other medications used in the treatment of asthma include:-

- **Higher Dose Inhaled Steroids**
Can be given when lower doses are not controlling asthma symptoms. Higher dose inhaled steroids can be given through a “spacer” device which improves the delivery of the steroid to the lungs and reduces the chance of absorption into the body. There are a variety of devices available and you and your doctor or nurse can decide which one suits you best. Your doctor or nurse will tell you how to use the one you are prescribed.
- **Protectors**
Protectors work by relaxing narrowed airways but work for a longer time than a reliever. They need to be taken once or twice a day. **If you have asthma you should not be using a protector unless you are also on a preventer and a reliever.**
- **Leukotriene Antagonists**
These are a newer type of protector which come in tablet form. They are not effective for everyone and are usually firstly given for a four to six week trial to see if they improve symptoms. They have very few side-effects.
- **Theophyllines**
These are also a type of protector. They come in tablet form and are only used in a small number of people when their asthma is difficult to control. They work by helping to reduce narrowing of the airways. They can cause nausea or sickness. If you are prescribed a Theophylline your doctor may want to take a blood test to check the level of the medication in your blood.
- **Steroid tablets**
If you have a bad asthma attack your doctor may give you a short course (3-14 days) of oral steroid tablets which work quickly to reduce airway inflammation and swelling. Short courses rarely give any side-effects. A very small number of people with severe asthma may need to stay on small doses of oral steroid tablets long-term. If this happens your doctor may recommend treatment to help preserve your bone density.
- **Antibiotics**
If your asthma worsens because of a chest infection your doctor may prescribe an antibiotic. However most chest infections, even those where you are coughing up yellow or green spit, are due to viral infections and these are not made better by antibiotics.

The aims of asthma treatment are:-

- To keep you free from asthma symptoms
- To maintain your best possible peak flow rate
- To minimize the risk of a severe asthma attack
- To avoid asthma interfering with your daily activities e.g being off work or school.
- To allow you to “self-manage” and take control of your asthma

Symptoms of poor control are:-

- Disturbed sleep due to asthma symptoms of cough, wheeze or breathlessness
- Waking in the morning wheezy or breathless
- Needing to use more reliever medication than usual
- A lower peak flow than usual or a big difference between morning and evening readings
- Interference with normal activities e.g. being off work or school

If you have any of these symptoms you should make an appointment with your doctor or nurse and let them know or follow your self-management plan.

- **Self-Management Plan**

Your doctor or nurse may give you a clearly written self-management plan to follow. This plan should tell you what to do when your asthma gets worse or your peak flow falls and should include advice on when you might need to call for medical help urgently. **If you are not sure what your plan means tell your doctor or nurse.**

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

