



 Please call 911 if you think you have a medical emergency.

## A s t h m a T r e a t m e n t

Since asthma is a chronic disease, treatment goes on for a very long time. Some people have to stay on treatment for the rest of their lives. The best way to improve your condition and live your life on your terms is to learn all you can about your asthma and what you can do to make it better.

- Become a partner with your health care provider and his or her support staff. Use the resources they can offer -- information, education, and expertise -- to help yourself.
- Become aware of your asthma triggers and do what you can to avoid them.
- Follow the treatment recommendations of your health care provider. Understand your treatment. Know what each drug does and how it is used.
- See your health care provider as scheduled.
- Report any changes or worsening of your symptoms promptly.
- Report any side effects you are having with your medications.

These are the goals of treatment:

- Prevent ongoing and bothersome symptoms
- Prevent asthma attacks
- Prevent attacks severe enough to require a visit to your provider or an emergency department or hospitalization
- Carry on with normal activities
- Maintain normal or near-normal lung function
- Have as few side effects of medication as possible

### Self-Care at Home

Current treatment regimens are designed to minimize discomfort, inconvenience, and the extent to which you have to limit your activities. If you follow your treatment plan closely, you should be able to avoid or reduce your visits to your health care provider or the emergency department.

- Know your triggers and do what you can to avoid them.
- If you smoke, quit.
- Do not take cough medicine. These medicines do not help asthma and may cause unwanted side effects.
- Aspirin and nonsteroidal anti-inflammatory drugs, such as ibuprofen, can cause asthma to worsen in certain individuals. These medications should not be taken without the advice of your health care provider.
- Do not use nonprescription inhalers. These contain very short-acting drugs that may not last long enough to relieve an asthma attack and may cause unwanted side effects.
- Take only the medications your health care provider has prescribed for your asthma. Take them as directed.
- Do not take any nonprescription preparations, herbs, or dietary supplements, even if they are completely "natural," without talking to your health care provider first. Some of these may have unwanted side effects or interfere with your medications.
- If the medication is not working, do not take more than you have been directed to take. Overusing asthma medications can be dangerous.
- Be prepared to go on to the next step of your action plan if necessary.

If you think your medication is not working, let your health care provider know right away.

## Medical Treatment

If you are in the emergency room, treatment will be started while the evaluation is still going on.

- You may be given oxygen through a face mask or a tube that goes in your nose.
- You may be given aerosolized beta-agonist medications through a face mask or a nebulizer, with or without an anticholinergic agent.
- Another method of providing inhaled beta-agonists is by using a metered dose inhaler or MDI. An MDI delivers a standard dose of medication per puff. MDIs are often used along with a "spacer" or holding chamber. A dose of 6-8 puffs is sprayed into the spacer, which is then inhaled. The advantage of an MDI with a spacer is that it requires little or no assistance from the respiratory therapist.
- If you are already on steroid medications, or have recently stopped taking steroid medications, or if this appears to be a very severe attack, you may be given a dose of intravenous steroids.
- If you are taking a methylxanthine, such as theophylline or aminophylline, the blood level of this drug will be checked, and you may be given this medication through an intravenous line.

- People who respond poorly to inhaled beta-agonists may be given an injection or intravenous dose of a beta-agonist such as terbutaline or epinephrine.
- You will be observed for at least several hours while your test results are obtained and evaluated. You will be monitored for signs of improvement or worsening.
- If you respond well to treatment, you will probably be released from the hospital. Be on the lookout over the next several hours for a return of symptoms. If symptoms should return or worsen, return to the emergency department right away.
- Your response will likely be monitored by a peak flow meter.

In certain circumstances, you may need to be put in the hospital. There you can be watched carefully and treated should your condition worsen. Conditions for hospitalization include the following:

- An attack that is very severe or does not respond well to treatment
- Poor lung function on spirometry
- Elevated carbon dioxide or low oxygen levels in your blood
- A history of being admitted to the hospital or placed on a ventilator for your asthma attacks
- Other serious disease that may jeopardize your recovery
- Other serious lung illnesses or injuries, such as pneumonia or pneumothorax (a "collapsed" lung)

If your asthma has just been diagnosed, you may be started on a regimen of medications and monitoring. You will be given 2 types of medications:

- Controller medications: These are for long-term control of persistent asthma. They help to reduce the inflammation in the lungs that underlies asthma attacks. You take these every day regardless of whether you are having symptoms or not.
- Rescue medications: These are for short-term control of asthma attacks. You take these only when you are having symptoms or are more likely to have an attack--for example, when you have an infection in your respiratory tract.

Your treatment plan will also include other parts:

- Awareness of your triggers and avoiding the triggers as much as possible
- Recommendations for coping with asthma in your daily life
- Regular follow-up visits to your health care provider
- Use of a peak flow meter

At your follow-up visits, your health care provider will review how you have been doing.

- He or she will ask you about frequency and severity of attacks, use of rescue medications, and peak flow measurements.
- Lung functions tests may be done to see how your lungs are responding to your treatment.
- This is a good time to discuss medication side effects or any problems you are having with your treatment.

The peak flow meter is a simple, inexpensive device that measures how forcefully you are able to exhale.

- Ask your health care provider or an assistant to show you how to use the peak flow meter. He or she should watch you use it until you can do it correctly.
- Keep one in your home and use it regularly. Your health care provider will make suggestions as to when you should measure your peak flow.
- Checking your peak flow is a good way to help you and your health care provider assess what triggers your asthma and its severity.
- Check your peak flow regularly and keep a record of the results. Over time, your health care provider may be able to use this record to improve your medications, reducing dose or side effects.
- Peak flow measures fall just before an asthma attack. If you use your peak flow meter regularly, you may be able to predict when you are going to have an attack.
- It can also be used to check your response to rescue medications.

Together, you and your health care provider will develop an action plan for you in case of asthma attack. The action plan will include the following:

- How to use the controller medication
- How to use rescue medication in case of an attack
- What to do if the rescue medication does not work right away
- When to call the health care provider
- When to go directly to the hospital emergency department

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For more information, read the complete article, Asthma

(<http://www.emedicinehealth.com/script/main/art.asp?articlekey=59369>) on <http://www.emedicinehealth.com>.

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