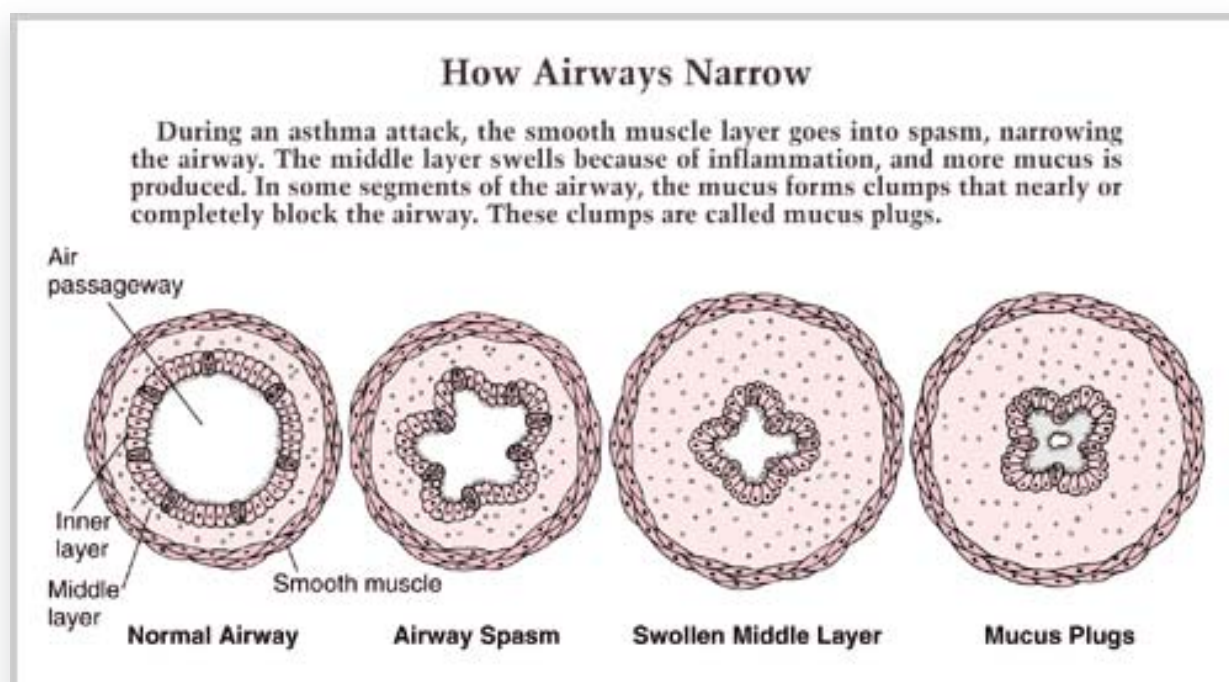


# ASTHMA NEWS

Helping you understand asthma / July 2008

Apologies to all NAEP members for the delay in sending out the newsletter. It is our intention to put out an edition of the newsletter as often as possible. If anyone wishes to help with the newsletters, please contact Dr Naidoo at [shirani@polka.co.za](mailto:shirani@polka.co.za). Also to help us, please pay your subscription fees and update your contact details by contacting the NAEP office below. If you know of anyone who wishes to become a member, please ask them to contact us.

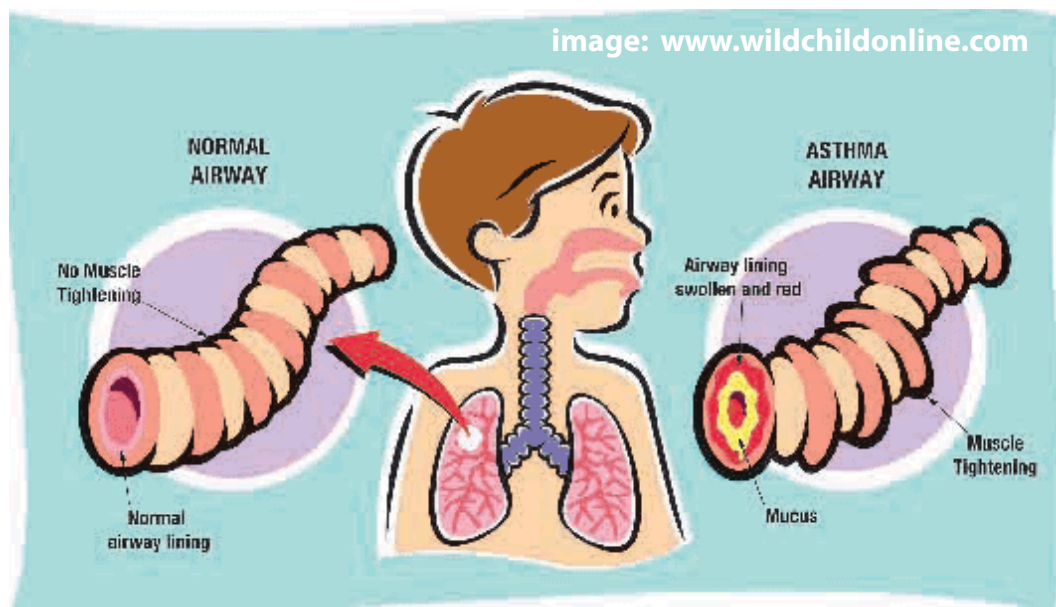


The theme of this edition is **the acute asthma attack**. If you are an asthmatic or a relative of an asthmatic, this is a really important newsletter to have. Print it out and keep it for reference. If you are a medical professional, you can print this out to give to your patients. You may forward this email to as many people as you wish.

For more information on asthma please visit the National Asthma Education Programme web site at: [www.asthma.co.za](http://www.asthma.co.za) P.O. Box 72128, Parkview, 2122. Tel: (011) 643 2755, Fax: 088 011 678 3069, E-mail [naepr@netactive.co.za](mailto:naepr@netactive.co.za).

## ACUTE ASTHMA ATTACK

This is the most commonly recognized face of asthma- the acute intermittent spells of wheeze and tight chest.



We know that asthma is a more complex chronic disease which can show itself in many ways, but an asthma attack is an important topic which every asthmatic (or parent / caregiver) must know how to manage.

### Recognising the acute attack

**Your asthma is well controlled when:**

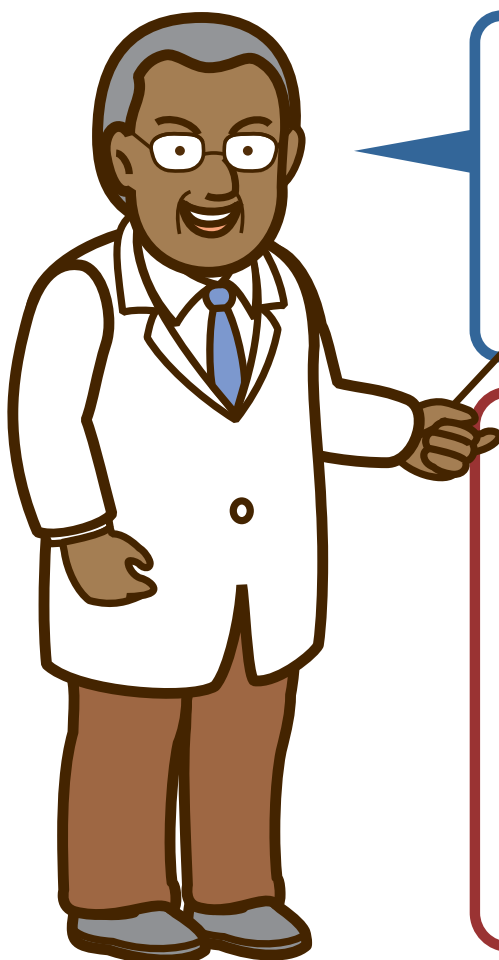
- You have no wheeze/ cough during the night
- You can exercise and/or do your usual activities
- You seldom need any reliever medicine
- Your peak flow readings stay within the safe range (as discussed with your doctor)

**Your asthma is worsening when:**

- You need your reliever inhaler more often than usual
- You are waking with asthma at night
- You are getting a "cold" or you are more short of breath during activity than usual
- Your peak flow readings are up and down, showing wide swings, or are lower than the expected figures.

Do not ignore your symptoms - taking action at an early stage is very important !

- Consult your Action Plan - It will show you the peak flow reading at which you might expect to get symptoms and need to take action
- Make sure you are taking your regular medication as prescribed, in the correct manner, preferably with a spacer. Do not increase the dose of your controller meds without your doctor's instructions.
- Take extra doses of your reliever- your doctor will tell you the maximum number of extra doses that are safe for you
- Measure your peak flow rate several times each day so you can check if the extra treatment is working - Remember, you are trying to get your Peak flow back up to your usual level.



Consider consulting your doctor if:

- You are not improving.
- If you do not have a written action plan
- You have previously had severe or sudden asthma attacks
- If the patient is a young child

You are experiencing a severe attack when:

- You are getting little relief from your reliever inhaler (or nebuliser)
- You are more and more breathless despite extra doses of your reliever inhaler
- Your peak flow readings after using your reliever inhaler either stay the same or go down
- Your peak flow is below the danger level marked on your Action Plan
- You need to use your reliever more than every 4 hours.

You must contact your doctor urgently.

If your doctor has given you a supply of tablets (or syrup) to take in this case – take it now.

**DON'T DELAY AT THIS STAGE!**

### Medication for the acute attack

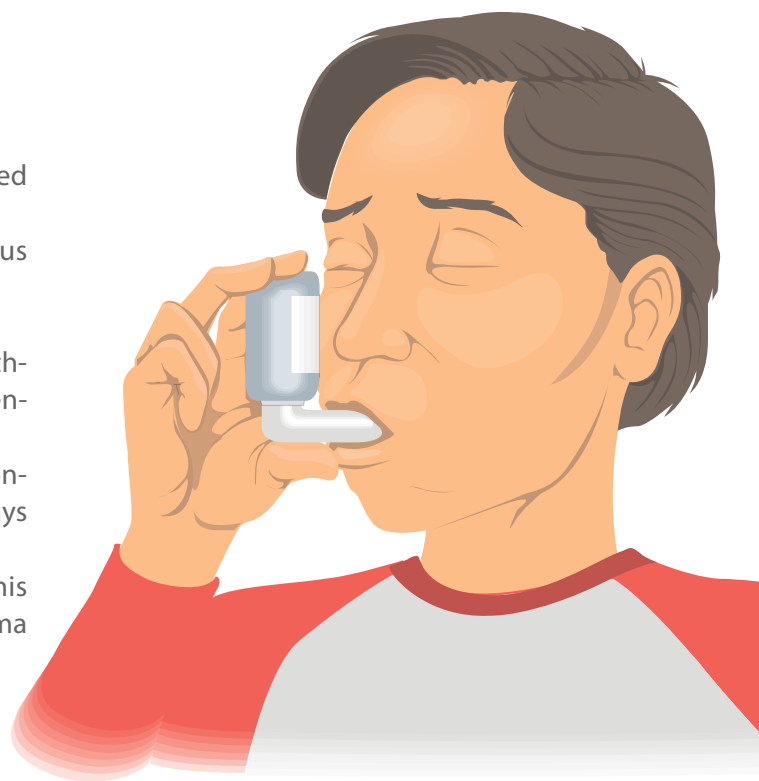
There are various kinds of medication that can be used for an acute attack.

For the most part these consist of Relievers of various types.

One of the major causes of the symptoms that asthmatics experience is bronchospasm which is tightening of the muscle around the airways.

Bronchospasm is relieved by medicines called bronchodilators or relievers which help open the airways and make breathing easier.

Relievers produce nearly instant relief and for this reason are used as 'First Aid' treatment for asthma symptoms or attacks.



### Always carry them with you!

Shakiness and a fast heart beat can occur when reliever medicines are first used, or when larger than normal doses are used. These effects disappear once the medicines have been used for a few weeks. Reliever medicines are available in three forms: inhalants, tablets, syrups or intravenous (given via a drip in a medical facility).

Inhaled bronchodilators- Inhaled medicines are preferred as they go directly and rapidly to the airways. This means that quick results can be achieved with smaller doses than would otherwise be needed.

Spacer devices allow the use of asthma pumps in children of all ages. The tighter your chest is, the more difficult it is to use your inhaler properly. In these cases, a spacer makes proper use of an inhaler much easier, whatever your age.

There are three types of inhaled bronchodilators:

- short-acting beta-agonists
- long-acting beta-agonists
- anticholinergics

Short-acting beta-agonists are the reliever medicines already described

Long-acting beta-agonists have a duration of action of 12 hours and are used for troublesome night-time and activity (exercise) induced symptoms. They are always used with preventer medicines, in the dose prescribed. They are now available with inhaled steroids in a single inhaler.

Anti-cholinergic agents achieve the same effect but in a different way, and are often used in combination with beta-agonists especially in emergency units.

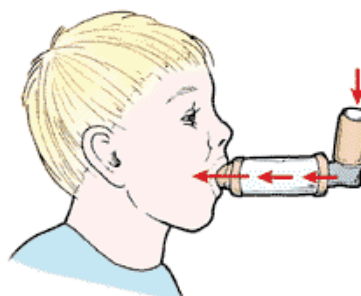
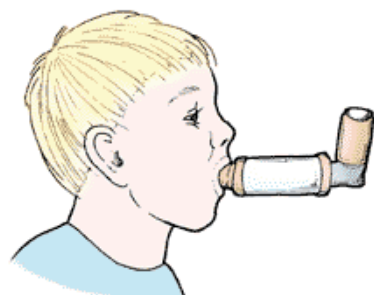
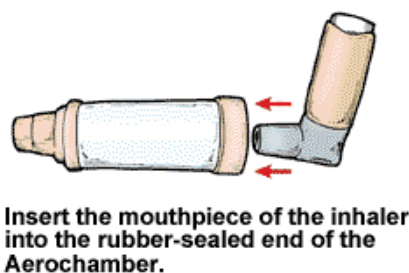
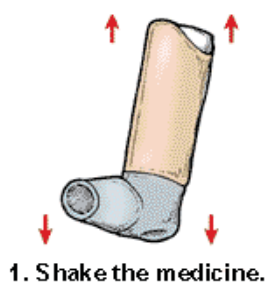
However, relievers have no effect on the swelling of the airways or the build up of mucus which is a major player in the more severe asthma attack.

To deal with the swelling of the airways quickly, we may need to use corticosteroids (the same family of drugs that many of the controllers belong to), but in a much higher dose, and usually by mouth rather than in the low dose given by controller pumps.

Taking oral corticosteroids (eg prednisone) by mouth is just as effective as the intravenous route and is the recommendation in everyone except people who are not able to swallow properly or who are vomiting profusely.

**Beware: many of these are quite bitter and it can be a quite struggle getting a child to swallow the crushed tablets or syrup!!**

### How to Use a Metered-Dose Inhaler with an Aerochamber (Spacer)



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## The emergency plan

Once you have recognised that you are having an acute attack:

Consult your written treatment plan - It is very important to have discussed with your doctor prior to attacks. A personal plan will include the number of doses of your reliever pump you should be taking, and include a guideline of when you should be going to a emergency unit / doctor

If you don't have a personal treatment plan, follow these general principles unless the following danger signs are present.

### Danger signs

- If you (or the patient) are looking blue around the lips
- If you (or the patient) are confused or increasingly lethargic
- If you (or the patient) are unable to drink more than sips at a time
- If you (or the patient) are unable to speak more than a few words at a time

This is a very severe attack

This is a life threatening asthma episode

Do not hesitate

Urgent medical intervention is needed



If there are no danger signs, you can do the following:

Increase the number of puffs of short acting B agonist that you take at a time- remember when you are very tight the medication will not get to where it needs to be as easily as when you are not tight .Use 4-6 puffs, with 4 being the dose for very small children

Repeat your reliever pump at fifteen minute intervals.

If you have used 3 cycles of your reliever medication and you/ the patient has not improved- strongly consider an Emergency room visit.

If danger signs begin to develop at any time, continue using your MDI while on your way to your nearest emergency unit, or while you call for an ambulance.

Do not stay home/ keep a child at home for repeated nebulisations if you/they are not improving Home nebulisers run on AIR and have NO OXYGEN. They are not a substitute for a medical examination.



At the ER:

Remember, the doctor you are seeing does not know you like your regular doctor does, so always take along your written treatment plan.

If you do not have one,

- take all your medication with you so they can see what and how much asthma medication you normally take
- remember what your usual peak flow is.
- Tell the doctor if you have an Emergency room visit or admission to hospital because of your asthma in the last year



**NATIONAL ASTHMA**  

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