Live well with asthma

Use this handy guide to help you stay symptom-free

Any asthma questions?
Visit any time
www.asthma.org.uk

Call our friendly expert nurses Mon-Fri; 9am – 5pm
0300 222 5800
Welcome

Whether you’ve had asthma for as long as you can remember, or you’ve only recently been diagnosed, there are lots of things you can do to help improve your chances of staying well. It’s helpful to know more about what asthma is and how the most common medicines work to help you deal with it. Plus, recognising your individual triggers and using tips and tricks in your daily routine can help make a big difference to how you feel.

This booklet has been put together using the latest evidence and feedback from people with asthma, healthcare professionals, and the nurse team at Asthma UK. It’s designed to answer many of the questions you may have, such as:

- Is there a cure for asthma?
- Will my asthma change as I get older?
- Why have I been prescribed my medicines?
- How can I stop asthma affecting my everyday life?
- What can I do if I’m feeling down about my asthma?

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. And our friendly Helpline asthma nurse specialists are only a call away on 0300 222 5800 (9am – 5pm; Mon – Fri).

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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 Shenton

Share your experiences and get tips from other people with asthma at www.facebook.com/AsthmaUK

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If you use a written asthma action plan, you’re four times less likely to have an asthma attack that needs emergency hospital treatment

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www.asthma.org.uk
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 of asthma include:
• wheezing
• coughing
• shortness of breath
• tightness in the chest.

Symptoms can come and go, even though the asthma is there in the background all the time. 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 is that most people who get the right medicines and support can manage their asthma well and live a symptom-free life.

Severe asthma

Around five per cent 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 will 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 diagnosed 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

It’s not uncommon to be diagnosed with asthma later in life. Some people find this surprising because asthma’s often thought of as a childhood condition. 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 factors, such as 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)
- the nature of your symptoms (e.g. is your cough wet or dry?)
- your family history
- your past medical history (e.g. birth history, 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 keep a symptom diary. You may 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.

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 some aspects of modern lifestyle may have contributed to the increasing numbers of people with asthma over the past few decades. For example, our housing, diet and more hygienic environment may play a role.
- If your mother smoked during pregnancy or you were exposed to cigarette smoke early in life, your risk of developing asthma increases.
- Recent research has also found that if your grandmother smoked during pregnancy, your risk of developing asthma may also be higher. More research is needed in this area, but one theory is that smoking causes gene changes and these can be passed down through more than one generation.
- One in 10 cases of asthma in adults (both new asthma symptoms and childhood asthma symptoms returning) is caused by work-related factors.

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 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 the airways even more. These things are known as triggers. Anything that can set off your asthma by irritating your sensitive airways is 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 medicines as prescribed to reduce sensitivity and irritation in your airways. This is particularly reassuring to know because many common triggers are unavoidable – 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, take exercise, have fun with your family and enjoy socialising with friends.

However, some triggers are more easily avoided – 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 them. Bear in mind you might have more than one trigger, and/or have a delayed reaction. A bit of extra detective work may be needed – 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.

Some common asthma triggers

- **Colds and viruses** can increase the risk of asthma symptoms. The exact reason why isn’t yet understood, although 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 vaccination – this is usually between September and early November.

- **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 than when you breathe in through your nose (as your nostrils warm and moisten the air). 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 or damp air** can enter your airways and trigger them to go into spasm, 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 breathe it in.

81% of people with asthma have told us that having a cold or flu makes their asthma symptoms worse

- **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.
Pollen is a tiny powder-like substance produced by certain types of trees, grasses and weeds. It is spread by insects and the wind. An allergy to all these types of pollen is known as hay fever. Roughly 62 percent of people with asthma also have a pollen allergy - and their asthma symptoms are triggered by pollen.

**TOP TIP:** Ask your GP or asthma nurse to refer you for a test to find out which type(s) of pollen you’re allergic to. To help prevent symptoms of hay fever, and stop it triggering your asthma, you can start the hay fever treatment you’ve been recommended two weeks before the pollen that affects you comes into season.

**People with asthma that’s well managed may get very few, if any, symptoms**

**Stress** can make your airways more sensitive, which can increase your risk of asthma symptoms. 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 tackle 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.

**Hormones** are chemicals that travel around your body in your bloodstream. It’s not yet known why, but changes in a woman’s hormone levels (for example, during puberty, pregnancy or menopause, or before a period) can affect asthma symptoms.

**TOP TIP:** If you’ve noticed your asthma symptoms get worse just before your period, ask your GP or asthma nurse if it would be a good idea for you to adjust your asthma medicines according to your monthly cycle.

**TOP TIPS**

3 simple ways to help manage asthma triggers

1. Take your asthma medicines as prescribed to reduce the sensitivity in your airways.

   **MAKE IT EASIER!**
   - 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.
   - Use your written asthma action plan – you can find out more about this on page 28.

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

   **MAKE IT EASIER!**
   - Go for an asthma review at least once a year to check doses.
   - Ask your GP or asthma nurse to check your inhaler technique.

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

   **MAKE IT EASIER!**
   - Make sure you’ve always got your reliever inhaler (usually blue) with you.
   - Sign up to Asthma UK pollen and weather alerts on twitter @AsthmaUK.

Find out more about asthma triggers at www.asthma.org.uk/advice/triggers
Starting treatment

The good news for anyone with asthma in the UK is that there are lots of really effective treatments on offer.

When your GP or asthma nurse suspected you had asthma, you may have been prescribed asthma medicines to see if they helped your symptoms improve - known as a ‘trial of treatment’. If your symptoms improved you may have been told to carry on taking the same medicines once your asthma diagnosis was confirmed with asthma tests.

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 exercising).

What you can do

The medicines you’ve been prescribed can’t work to deal with your asthma unless you take them in the right dose, in the right way, at the right time(s). Ask yourself these seven 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 every 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?

✔️ recognise your asthma triggers so you can avoid or manage them?
✔️ see your GP or asthma nurse if you’re using 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 medicine?

The Asthma UK Helpline nurses all agree:

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

GPs, asthma nurses and specialist consultants prescribe treatment based on the gold standard guidelines for asthma care, which take into account the very latest clinical evidence.
Ease any worries about asthma medicines

It’s not unusual for concerns about medicines to put people off taking them as the doctor or nurse has 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 works by reducing the inflammation and swelling in your airways, so you’re less likely to react to triggers. Its protective effects build up 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 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 notice an immediate benefit, it has a protective effect that builds up over time and works away in the background when you keep it topped up with your daily doses. This cuts your risk of asthma attacks and means you’re less likely to have other symptoms, such as breathlessness.

If you stop using your preventer inhaler, the protection it gives your airways will start to reduce, raising your risk of a potentially life-threatening asthma attack. That’s why it’s really important for you to use your preventer inhaler every day exactly as it’s 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.

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 the bloodstream. Some people get a sore tongue or throat, a hoarse voice and/or a mouth infection called thrush from using preventer inhalers. You can help prevent these possible side effects by using a spacer and rinsing out your mouth and brushing your teeth after using your inhaler or spacer. These side effects are also more common if you’re not using your inhaler in the correct way, or with a spacer – so get your technique checked regularly either by your GP, asthma nurse or by a pharmacist.

If you’re well and aren’t keen to take your preventer medicine, think 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 concerned about side effects from my blue inhaler
Reliever inhalers (usually blue) are safe and effective, and won’t harm you. Every medicine goes through rigorous safety testing before it can be prescribed. Sometimes, using reliever inhalers can lead to a temporarily raised heartbeat, 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. If you do get these side effects, they will usually wear off quickly. If they don’t wear off or they happen frequently, 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 assess your treatment.
If you quit smoking, it will help your asthma

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 they can prescribe a more discreet device
• 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
• consider the well-known people (footballer David Beckham, runner Paula Radcliffe and singer Niall Horan from One Direction to name but a few) who use their inhalers in public when they need to – it hasn’t held them back!

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 are used by bodybuilders.

Many people with asthma take low-dose steroids through inhalers – these reduce the inflammation and sensitivity in your lungs, and are unlikely to cause side effects. Your GP or asthma nurse 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 will 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 stop taking the tablets.

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 powerful and 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 this 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 put your mind at rest. Or speak to one of our friendly asthma nurse specialists on 0300 222 5800 (9am – 5pm; Mon – Fri).
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 will assess this at your annual asthma review. You can also speak to them at other times if you have concerns. These packages are all different, but they all aim to help you live life free of asthma symptoms.

Treatments may include:

1. **Reliever inhalers** – everyone with asthma needs a reliever inhaler. They’re usually blue. Your doctor or nurse might call them short-acting reliever inhalers. They give you on-the-spot relief from asthma symptoms and asthma attacks, relaxing 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 so your treatment can be reviewed.

2. **Preventer inhalers** – some people with asthma are prescribed a preventer inhaler. They help prevent asthma symptoms and make 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 then needs to be topped up regularly.

3. **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 reliever inhalers.

   **DID YOU KNOW?** Leukotriene receptor antagonists come in tablet form. If you’ve been prescribed a tablet (LTRA) to take along with your inhaler 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 anti-inflammatory and opens the airways. The tablet gives you extra

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 even 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/advice/inhalers-medicines-treatments/other/complementary-therapies
help with the inflammation.

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

**DID YOU KNOW?** Even though there’s a reliever medicine in a combination inhaler, you still need to make sure your reliever inhaler (usually blue) is always in easy reach. This is because the long-acting reliever medicine in the combination inhaler does not give quick relief – if asthma symptoms come on or if you’re having an asthma attack you need to use your reliever inhaler for immediate relief.

**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 so much 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.

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### Don’t forget! You can

✅ **Book asthma reviews once a year**
Your GP or asthma nurse will monitor you to 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

1. **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.

2. **A pharmacist can answer any medicine-related questions you have.** And the great thing is you don’t need any appointment – just go to the pharmacy counter when you’re next in the supermarket, or pop into a high street pharmacy when you’re in town.

3. **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)

4. **Call our friendly expert nurses** on 0300 222 5800 (9am – 5pm; Mon – Fri) with any questions or concerns about your medicines.

### 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

[www.facebook.com/AsthmaUK](http://www.facebook.com/AsthmaUK)
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 the two main types of asthma inhaler. The first is a reliever inhaler (usually blue) to help relieve symptoms on the spot when they happen. The second is a preventer inhaler, which reduces inflammation in the airways to make them less likely to cause symptoms or react to triggers.

Inhalers come in different types. Common types include a metered dose inhaler (an MDI), which delivers the medicine in a fine spray (aerosol) form. 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.

Check it!
Whatever type(s) of inhaler (and spacer) you’re using, it’s very important that your inhaler technique is checked regularly – by your GP, asthma nurse or a pharmacist. If you’re using your inhaler(s) correctly, you’ll get the most benefits from your medicine and be more likely to stay well. A small tweak can make a big difference.

Spacers
Lots of people use a spacer to take their asthma medicines. These are large, empty containers that are usually made of plastic. They can be used with a metered dose inhaler (an MDI), which delivers the medicine in a fine spray (aerosol) form. 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.

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 leave to air-dry.

Once a year (at least)
- ask your GP for a prescription to replace your spacer.

Most people with asthma don’t need a nebuliser
These machines change liquid medicine into a fine mist that can be inhaled through a mask. They’re used when someone’s having a severe asthma attack in an ambulance or in hospital. The ones you can buy online might not be the same as those used in hospitals and are not recommended. And the latest research shows using a reliever inhaler with a spacer is just as effective for treating mild to moderate asthma attacks.

Find out more about asthma inhalers at www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers
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 medicine(s) 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 28.

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 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 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. So, for example: remember when repeat prescriptions are due and appointment(s) are scheduled by writing the dates down in a diary or on a calendar, or using a reminder app on your phone. Keep a list of useful contacts on or next to your phone, or on the fridge. Make a habit of keeping all your medicines in one place, so they’re easy to find.

Deal with smoking – If you smoke, stop – it’s the single biggest thing you can do to make big improvements in your asthma, along with taking your asthma medicines as prescribed. Your GP or asthma nurse will be happy to help you. Or ask a pharmacist what local support is available.

Ask family and friends to avoid smoking – anyone with asthma is likely to find second-hand smoke is a trigger. Explain to anyone who wants to smoke in your home that the chemicals in tobacco smoke irritate your airways and lungs and trigger asthma symptoms, increasing your risk of an asthma attack.

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 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. Some studies suggest that depression is up to six times more common among people with asthma than in people without it. 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

At work
Keep a log – if your asthma symptoms are better on days when you don’t work, or you need to use your blue reliever inhaler more often when you’re at work, jot this down and show your GP or asthma nurse. They can 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 exposure to irritants such as fumes, dust, or 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.

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:

Your asthma medicine will work better if you stop smoking
Whether you’re at home, at work or out socialising, 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 blue 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 – England: 0800 169 0169; Wales: 0800 0852219; Scotland: 0800 848484; Northern Ireland: 0800 858585
• nicotine replacement therapy
• stop smoking medicines, such as Champix and Zyban.

The Asthma UK Helpline nurses all agree:
“With modern medicines and some simple routines, most people can manage asthma well and live a symptom-free life.”

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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 with your GP or asthma nurse when you go for your asthma review every year.

Your asthma action plan contains all the 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).

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 history, medication, doses, times – when I'm in the middle of an attack and finding it difficult to breathe and talk.

Jenny Negus
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...

Q What should I do if I’m having an asthma attack?
1. Sit up straight – don’t lie down. Try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, to a maximum of 10 puffs.
3. If you feel worse at any point while you’re using your reliever inhaler, you don’t feel better after 10 puffs or you’re worried at any time, call 999 for an ambulance.
4. If the ambulance is taking longer than 15 minutes repeat step 2.
   • If your symptoms improve and you don’t need to call 999, you still need to make an urgent same-day appointment with your GP or asthma nurse.
   • If you need to go to A&E, try to remember to take your written asthma action plan with you so staff can see details of your asthma medicines.

Q 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 usually possible to look out for the signs and ward off an asthma attack by following your asthma action plan. The signs that your asthma is getting worse include:
• needing to use your reliever inhaler (usually blue) three or more times a week
• wheezing
• waking in the night with coughing or wheezing
• having shortness of breath or feeling tight in the chest
• having to take off work because of asthma
• feeling you can’t keep up with your normal activities or exercise
• a drop in your peak flow meter readings (see right)
• not being able to walk as far or as fast as usual, or being breathless when you do.
**What should I do if my asthma is getting worse?**

Use your written asthma action plan. If you don’t have one, make an urgent appointment to see your GP or asthma nurse and get advice – ask them to record it on a written asthma action plan so that you can take it home and follow it.

If your asthma symptoms are getting worse or you’re using your reliever inhaler three or more times a week, don’t ignore it. Make an urgent appointment to see your GP, asthma nurse or specialist consultant within 24 hours. They will be able to help you take action to ward off an asthma attack.

**What are the signs of an asthma attack?**

You are having an asthma attack if any of the following things happen:
- Your reliever inhaler (usually blue) isn’t helping or lasting over four hours
- Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- You’re too breathless or finding it difficult to speak, eat or sleep
- Your breathing is getting faster – it will feel as though you can’t get your breath in properly.

**What’s the best way to stay well after an asthma attack?**

One in six people who have an asthma attack need to go to hospital again within just two weeks. If you’ve been in hospital with an asthma attack, it’s important to know what you can do to help avoid another one and cut your risk of ending up back in hospital.

You can:
- Make an appointment with your GP or asthma nurse within two working days of your discharge from hospital.
- Before you leave hospital, make sure you’ve been given a written asthma action plan or updated your current asthma action plan.
- Have another asthma review with a hospital specialist after one month to check you’re taking the right treatment and to double check that your asthma is well managed. Your GP or asthma nurse can arrange this appointment – make sure you mention it if they don’t.

**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 fast as 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 order a peak flow diary at www.asthma.org.uk/resources.
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 strolling 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 Trott, 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 warm 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.
It’s hard to predict 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.

Enjoy your love life
Most people with asthma don’t have any problems enjoying their love life. But if you’ve heard stories on the internet, 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 your date night goes smoothly.

What you need to know
• If your asthma symptoms do become worse during sex, your GP may suggest you take one or two puffs of your reliever inhaler (usually blue) beforehand.
• Experiment with different positions to find out what helps you to breathe more comfortably.
• 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.
• 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. And you might find it helpful to rehearse a few times in your head by imagining yourself at the appointment, feeling calm, and running through what you’re going to say. It might sound strange, but it can really help.

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 and/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 a holiday destination 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 blue reliever inhaler with you.
• If you’re flying, book an appointment with your GP or asthma nurse to discuss 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.
Get into a routine

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 stick to your plans and achieve what you set out to do. Don’t be tempted to do this just in your head – writing or typing 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.

<table>
<thead>
<tr>
<th>What I will do:</th>
<th>How I will fit this into my routine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take my preventer inhaler twice a day as prescribed</td>
<td>Before I brush my teeth every morning and evening, I’ll take my preventer inhaler. I’ll keep it on my bedside table</td>
</tr>
<tr>
<td>Always have my reliever inhaler (usually blue) handy</td>
<td>Before we step outside the front door, I’ll check I have my blue reliever inhaler with me</td>
</tr>
<tr>
<td>See my GP or asthma nurse straight away if I’m using my blue inhaler more than three times a week OR if I wake at night with asthma symptoms</td>
<td>Whenever I use my blue reliever inhaler, I will 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</td>
</tr>
</tbody>
</table>

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 even 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 potential difficulties and how to solve them. For example:

<table>
<thead>
<tr>
<th>What potential problems:</th>
<th>How I will solve them:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I get out of routine with medicines on holiday</td>
<td>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</td>
</tr>
<tr>
<td>I lose my written asthma action plan</td>
<td>Stick a plan on the fridge and keep a photo of it on my phone</td>
</tr>
<tr>
<td>I forget to take my blue reliever inhaler out with me</td>
<td>Stick note on front door ‘Inhaler?’ and keep a spare reliever inhaler in my bag</td>
</tr>
<tr>
<td>I lose my reliever inhaler (usually blue)</td>
<td>Keep spare blue reliever inhaler in my desk at work and in my sports bag</td>
</tr>
</tbody>
</table>

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 them skipping doses. Or if you had side effects from a medicine in the past it might put you off taking your medicines every day exactly as prescribed.

Make a list of all your concerns
• You can now work through the list, addressing each concern.
• Reading pages 14 – 21 of this booklet may help.
• You can talk things through with your GP or asthma nurse, or our friendly asthma nurse specialists on 0300 222 5800 (9am – 5pm; Mon – Fri).
• See how other people cope at www.facebook.com/AsthmaUK.

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 massage or facial, or a new gadget
- If I prepare well for my asthma review, I will buy myself tickets to the cinema
- If I take my preventer inhaler twice a day for a week I will enjoy an extra long soak in the bath or an hour on the sofa with a magazine
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 friendly expert nurses** will ease any worries or concerns about asthma. Just call 0300 222 5800 (9am – 5pm; Mon – Fri).

Your online asthma community will be there whatever time of day:

👩‍💻 Swap ideas with others who have asthma: [www.facebook.com/AsthmaUK](http://www.facebook.com/AsthmaUK)

✈️ Get information, tips and ideas on everything from inhalers to triggers and asthma safety at school: [www.asthma.org.uk](http://www.asthma.org.uk)

🐦 Get the latest news and asthma weather alerts by following us on Twitter: [@AsthmaUK](https://twitter.com/AsthmaUK)

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

Any asthma questions?
Call our friendly expert nurses

0300 222 5800
(9am – 5pm; Mon – Fri)