PATIENT PRIMER

NOTES

Your doctor or therapist has given you this patient education handout to further explain or remind you about an issue related to your health. This handout is a general guide only. If you have specific questions, discuss them with your doctor or therapist.

advance RESPIRATORY

Know Your Asthma Medications

By Debra Yemenijian

Understanding how your asthma medications work is an important part of keeping exacerbations in check so that you can maintain an active lifestyle.

People with asthma rely on two kinds of medications for asthma management: one for quick relief and another for long-term asthma control. The frequency and intensity of your asthma symptoms will help you and your doctor determine the medicines that are right for you.

RESCUE MEDICINES

Quick-relief medications, or rescue medicines, provide prompt relief of symptoms associated with an asthma attack such as cough, chest tightness and wheezing. These medicines will help you feel better for a while after you experience an episode.

Short-acting bronchodilators are the drug of choice for

relieving asthma and preventing symptoms of exercise-induced asthma. Albuterol and metaproterenol are commonly prescribed bronchodilators. Levalbuterol is a purer form of albuterol that's now available via nebulization in hospitals. Studies show it may require lower doses with longer action and fewer side effects than some other medicines.

A short course of an oral steroid such as prednisone or prednisolone also may be used to relieve symptoms of occasional flare-ups.

Take your rescue medicine at the earliest sign that your asthma is getting worse (a drop in peak flow measurement or increase in symptoms, for example). An asthma episode is easier to stop if you take your medicine as soon as symptoms appear.

Remember that inhaled bronchodilators relieve symptoms, but they don't reduce or prevent the airway swelling that causes your symptoms to return. If you find that your bronchodilator doesn't work as well or as long as it used to, or if you find yourself using it multiple times each week, this may indicate you need a controller medication for long-term asthma control. Discuss this with your physician right away.

CONTROLLER MEDICINES

Your doctor may instruct you to take a controller medication if you cough, wheeze or have chest tightness more than once a week. It also may be prescribed if you wake up at night because of asthma or if you have to use quick-relief medicine every day to stop asthma attacks.

Controller medications are taken daily over an extended period of time to achieve and maintain control of persistent asthma. The most commonly prescribed controller medicines are anti-inflammatory drugs that reduce or reverse the swelling in your

airways that causes asthma symptoms. They include inhaled corticosteroids and oral leukotriene inhibitors.

Long-acting bronchodilators such as inhaled salmeterol and oral sustained-release theophylline can be used in conjunction with anti-inflammatory medicines. Asthma drugs can be prescribed in any number of combinations, but an inhaled corticosteroid is usually one

component. By combining two different medications, you may reduce potential side effects of taking one medicine at a higher dose.

For asthma patients with allergies, physicians also may prescribe routine use of a nasal corticosteroid or an extra dose of an anti-inflammatory drug like cromolyn sodium to be taken before patients come in contact with a known asthma trigger. Omalizumab is a new treatment for moderate to severe allergic asthma in adults and adolescents. It works by inhibiting the allergic reaction that can cause airway constriction.

Take your prescribed controller medication exactly the way your physician recommends even if you aren't experiencing symptoms. The medicine will continue to reduce airway swelling and will prevent asthma episodes from starting. Controller medicines must be taken regularly for them to work well.

Editor's note: Information adapted from the American Academy of Family Physicians, the American College of Allergy, Asthma & Immunology, and the Pharmaceutical Care Network.

Debra Yemenijian is assistant editor of ADVANCE. She can be reached at debray @merion.com.

