Basic information about asthma

Here is a primer on asthma, including how it's diagnosed and what you can do about it. Maybe you experience wheezing or you wake up at night coughing. Either can be a sign of asthma. You are not alone. More than 20 million Americans have asthma.

What is asthma?

Asthma is a chronic inflammatory lung disease that affects children and adults. Certain triggers constrict the airways leading to the lungs (called bronchi). In these airways, the lining swells and excess mucus builds up. Together, the swelling and excess mucus can severely restrict air flow. This can cause difficult breathing, wheezing and coughing. Symptoms of asthma occur when a “trigger” sets off this chain reaction. An asthma trigger is often an irritant or allergen (something you’re allergic to). You can better manage your asthma by taking four steps:

• Work with your doctor to learn asthma self-care.
• Learn about your medicines and how to take them.
• Identify your asthma triggers, and avoid them.
• Know how to self-monitor your asthma and what to do if you have signs of an asthma attack.

What are the symptoms of asthma?

Symptoms of asthma may include:
• Wheezing
• Shortness of breath, perhaps only with exercise
• Feeling a tightness in the chest
• Coughing, which may occur only at night

Who is at risk?

Asthma tends to run in families. People who have allergies are also at increased risk of developing asthma. Eighty percent of children and half of adults with asthma also have allergies.

What are the most common triggers for asthma symptoms?

A trigger is something that causes asthma symptoms. The most common are:
• Allergens, such as dust mites, cockroaches, mold and pollen
• Weather
• Exercise
• Airborne irritants, such as chemical fumes, tobacco and wood stove smoke
• Respiratory infections
• Stress and strong emotions, such as laughing and crying
Diagnosing asthma

It’s easy to confuse asthma symptoms with a bad cold and cough. But colds go away. Asthma does not. What’s more, having untreated asthma means you are at risk of a serious — even life-threatening — asthma attack. So, if you think you have asthma, see your doctor. If you’ve already seen the doctor and still have trouble managing symptoms, it may be time to adjust treatment or refine the diagnosis.

Your doctor will ask you questions about symptoms and listen to your lungs. The doctor will ask you about:

• Coughing — if your cough is worse at night or with exercise and if you bring up mucous.

• Shortness of breath — if you tend to get out of breath when you exercise, or if you have breathing problems at certain times of the year.

• Other symptoms, such as chest tightness and wheezing. You will have a breathing test called spirometry. This test measures the amount of air you can move out of your lungs. It also can tell if treatment is effective by comparing the results before and after you take your medication.

5 steps for asthma self-management

You’re in the driver’s seat when it comes to managing your asthma. Follow these five steps to help keep your asthma under control.

Even with asthma, you can expect to lead a normal, active life. The key is self-management. Work in these five steps to asthma self-management and you’ll be well on your way to keeping your asthma under control.

1 Form a partnership with your doctor.

Work with your doctor and the medical staff on an ongoing basis. They are your teachers. During your visits, they:

• Show you how to use a peak flow meter to monitor your asthma and tell you when you should use it
• Make sure you know when and how to use an inhaler correctly
• Review your asthma triggers and suggest ways to avoid them

Remember that the partnership is a two-way street. Be sure to ask questions and stick with the plan.

2 Learn your symptoms.

Most people with asthma underestimate how severe their symptoms are. Don’t guess about your condition. Be aware that the following symptoms and conditions may indicate an asthma attack and will help guide your management plan:

• Coughing
• Wheezing
• Chest tightness
• Shortness of breath

Other symptoms or patterns to watch out for:

• Coughing at night
• Coughing and wheezing after exercise
• Symptoms after exposure to pollen, dust or other airborne allergens
Learn your asthma triggers and how to avoid them.

You don’t have to have asthma very long to know what gets you wheezing and coughing. Your asthma triggers are probably different from someone else’s. So be familiar with your own. Once you know your triggers, talk to your doctor about how to avoid them. By avoiding triggers, you’ll reduce asthma attacks. Common triggers and a few tips to avoid them are:

• **Allergens.** These are airborne particles that cause an allergic reaction (sneezing, watery eyes, itchy throat) in some people and can also trigger asthma symptoms. Common asthma allergens are:
  • **Pollen.** Especially a problem during hay fever season (spring and fall). One way to avoid pollen is to close windows, use an air conditioner and stay indoors from late morning to early afternoon during the height of the pollen season.
  • **Animal dander.** The scales and dried saliva on animal fur and skin. Keep the pet out of the bedroom.
  • **Dust mites.** These are barely visible bugs that thrive in furniture upholstery, carpets, stuffed animals and mattresses. Encase your mattress and wash the pillow cover each week.
  • **Cockroaches.** It’s actually their droppings that trigger asthma. Keep the kitchen clean.
  • **Molds.** Mold is found outdoors around compost piles and dead leaves and in damp basements. Use a dehumidifier if you spend time in a humid environment.
  • **Irritants.** These are substances you breathe in that irritate your lungs. The number one culprit is tobacco smoke. If you smoke, you must quit to control your asthma. Seek advice from your doctor about nicotine replacement products (like the patch) or prescriptions that can help. Find support from others who quit tobacco. Set a quit date and live smoke-free. It’s also important to avoid secondhand smoke. Other irritants are air pollution, weather conditions (cold air) and strong odors.

• **Exercise.** If this is your only trigger, then you may have exercise-induced asthma. Luckily, most people with asthma can exercise. Talk to your doctor about using your inhaler or other medication before you exercise.

• **Respiratory infections.** A cold, the flu or sinus infection can bring on asthma symptoms. Get vaccinated against the flu and pneumonia.

• **Gastroesophageal reflux disease (GERD).** Frequent heartburn can be linked with asthma.

• **Emotions.** Crying or laughing hard can make some asthmatics wheeze.

• **Sulfites.** These are found in dried fruit, shrimp, beer and red wine. Avoid foods with sulfites if they cause a problem for you.

• **Medications.** Aspirin and NSAIDS have been reported to cause severe airway reactions in some people with asthma.

Know your medications and how to take them.

• **The medicines.** There are two types of medications for asthma: controller medicine and quick-relief medicine. Controller medicine prevents asthma attacks and is taken every day, even if you don’t have symptoms. Quick-relief medicine is taken when you have symptoms, to stop an asthma attack from getting worse.

• **Delivery device and proper technique.** There are two devices commonly used to deliver your asthma controller medication: metered-dose inhaler and dry powder inhaler. You work with your doctor to decide which is best for you and learn to use them correctly. Getting this right is the key to getting the medication into your airways where it’s needed.
Monitor your asthma and respond to warning signs.

Asthma symptoms can change from day to day. On some days, you feel great and may even forget you have asthma. On other days, wheezing and coughing may hold you back. Because asthma is dynamic, it’s important to monitor your condition. You keep track of asthma using two tools: a symptom diary and peak flow monitoring. With these tools, you can then respond to changes according to your asthma action plan.

• Keep a symptom diary. This record of symptoms will help your doctor adjust treatments over time.

• Use a peak flow meter. If you have asthma attacks at least twice a week or two nights in a month, you should learn how to use a peak flow meter. This is a handheld device that measures how well you can move air out of your lungs.

The peak flow result tells you if your asthma is under control, warns you when you’re getting worse and can help tell you if your medicine is working during an attack. Use your peak flow regularly to reduce visits to the doctor and to the emergency room.

Follow your asthma action plan. This is a written set of step-by-step instructions to treat your asthma every day, based on symptoms and peak flow readings. Your action plan tells you what to do on good days and also guides you if your symptoms get worse. By following your action plan, you can expect fewer emergency room visits and hospital admissions.

What are the two types of asthma medications?

Asthma medications can be divided into two basic categories:

• Controller medication. These are taken every day for people with persistent asthma. This means asthma symptoms that last more than two days a week or two nights a month.

• Rescue medication. These work quickly and are taken to stop an asthma attack when symptoms appear.

What are the controller medications?

Once asthma has been diagnosed, many people start on controller medicines. These are also called long-term preventive or maintenance medications. They are taken daily on an ongoing basis. They calm the airways and control symptoms by reducing inflammation, opening the airways and improving breathing ability.

Types of long-term control medications include:

• Inhaled corticosteroids. These are the most potent and effective long-term control medicines for asthma. They are a type of steroid medication that blocks the chemicals in your body that cause inflammation. Inhaled corticosteroids are considered safe for long-term use because they are targeted directly at the lungs. Absorption by the body is limited. Examples include fluticasone (Flovent) and budesonide (Aerobid).

• Cromolyn sodium and nedocromil sodium. These medicines reduce inflammation and also help to prevent asthma attacks. They are less effective than inhaled steroids. These drugs are typically used as daily controller medications, but they can also be used before exercise or exposure to an allergic asthma trigger. Examples include nedocromil (Tilade) or sodium cromoglycate (Intal).

Treatments for asthma: Controller meds and rescue meds

It’s common to be on both a controller medicine and a rescue medicine for asthma. Learn the definition of these two main types of asthma medicines and how they work.
• **Long-acting beta-agonists (LABAs).** These medications relax the bronchial tubes and prevent them from tightening up and causing symptoms. They are not used alone to treat asthma. Instead, they are used in combination with another controller medication, such as an inhaled corticosteroid, as daily medicine for moderate or severe persistent asthma when a controller medication alone is not enough. In combination, these medicines may help prevent symptoms for those with nighttime symptoms and/or exercise-induced asthma. They work for up to 12 hours. They are not for use as quick-relief medication. Long-acting beta-agonists are sometimes linked with severe asthma episodes, so you should discuss with your doctor the risks and benefits of using them. Your doctor may decide to stop the LABA, if possible, once control is achieved. Examples include formoterol (Foradil) and salmeterol (Serevent), which contain only the LABA. Advair and Symbicort are medications that contain both a LABA and a steroid controller medication.

• **Methylxanthines.** Theophylline is the main drug in this class. It is a pill that acts as a bronchodilator. It’s rarely used in asthma treatment today and is noted for significant side effects. These include nervousness, hyperactivity, upset stomach and headaches. Tell your doctor if you are taking any other medicine with theophylline, because there may be a drug interaction.

• **Leukotriene modifiers.** Antileukotrienes, also known as leukotriene inhibitors or modifiers, block leukotrienes, which contribute to inflammation of the airways. These drugs are used for mild persistent asthma if other medications can’t be taken or are not effective. They can also be add-on therapy with moderate or severe persistent asthma. Side effects may include headache and nausea. Examples include montelukast (Singulair) or zafirlukast (Accolate).

• **Immunomodulators.** The main drug in this class is omalizumab (Xolair). It is taken by injection and works by blocking the antibody IgE, which is what leads to allergic reactions. This drug can be used in moderate to severe persistent allergic asthma when inhaled corticosteroids do not control symptoms.

• **Combination therapy.** Sometimes a long-acting beta-agonist is added to a low-to-medium dose of inhaled corticosteroids to control symptoms. Advair and Symbicort are medications that contain both a LABA and a steroid controller medication. Adding a leukotriene modifier or theophylline to inhaled corticosteroids may also improve asthma control. The evidence for this is not as strong, though.

**What are the rescue medications?**

These are also called quick-relief or rescue medicine. This type of medication works quickly to relieve flare-ups of asthma symptoms. They can “rescue” you and keep symptoms from getting worse. Most of these drugs come in a canister and are inhaled. Relievers work by quickly opening airways and increasing airflow. Quick-relief medicine is not meant to be used daily. Relievers are used at the moment you are having a flare-up of symptoms. Some are used before exercise in those who have exercise-induced asthma. No matter how light or severe your asthma is, your doctor will make sure that you have a reliever medication available.

**NOTE:** If you are using your rescue inhaler more than twice a week, then your asthma may not be in good control. You may also need a long-term controller medicine if you don’t already have one. Talk to your doctor about adjusting your medications.

• **Short-acting beta-agonists.** These are the most effective bronchodilators. When bronchial muscles tighten, the airway is narrowed and asthma symptoms occur. These drugs work rapidly (within three to five minutes) to open the airways and improve breathing. Possible side effects are shakiness, jitteriness or rapid heartbeat. These should wear off after several weeks as the body adjusts to the medicine. Examples include albuterol HFA (Proventil or Ventolin) and pirbuterol CFC (Maxair).

• **Anticholinergics.** This type of medicine relaxes muscles around the airways to reverse airway narrowing and stop spasms in the bronchial muscles. The only approved drug in this class is ipratropium bromide (Atrovent HFA). It is typically used along with a short-acting beta-agonist for people who have severe asthma episodes or as an alternative for those who can’t tolerate short-acting beta-agonists.
Asthma

- **Oral corticosteroids.** These are medications (usually prednisone) that may be used in moderate or severe asthma attacks. They are only used for a few days and then the dose is sometimes lowered slowly. If your doctor has you on prednisone for your asthma more than three times in a year, it probably means you need to change your asthma management.

“People spend most of their time inside, and it’s vital that we understand how the indoor environment may contribute to the disease,” Richard Johnston, chairman of the pediatrics department at the University of Colorado School of Medicine and leader of the committee, said in a statement.

“Fortunately, there are actions people can take to limit their exposure and ease symptoms,” he said.

**Avoiding allergens inside the home**

The American Academy of Pediatrics (AAP) offers tips for parents on identifying and avoiding allergens in its Guide to Your Child’s Allergies and Asthma.

Asthma, a chronic lung condition that makes breathing difficult and can be life-threatening, can have the same types of triggers as allergies. In fact, according to the AAP’s guide, about 80 percent of children with asthma also have allergies and, for them, allergens are often the most common asthma triggers.

According to the AAP, energy-efficient homes can be traps for irritants and allergens that make life uncomfortable for children with asthma.

“Limiting outside air may be an advantage for a child allergic to pollens, but the reduced air circulation can be harmful for a child who is sensitive to fumes from cooking or from a gas or oil furnace, perfumes and air fresheners, aerosol sprays, dust mites, pet dander and the other 101 allergens found throughout the home,” the AAP guide explains.

The AAP guide offers these suggestions for cutting down on indoor pollution to help your child with asthma:

- **Don’t allow anyone to smoke in your home or car.** Twenty-one percent of all youth in middle school and 26 percent of all teens in high school are exposed to secondhand smoke at home or in another building every day, according to U.S. Department of Health and Human Services. Sixty-three percent of all youths are exposed to secondhand smoke at home or in another building at least once a week. Overall, children whose parents smoke have more frequent severe asthma attacks and need higher doses of asthma medications. An American Lung Association study found that children’s wheezing bouts could be reduced by 20 percent if parents do not smoke in the family home. If someone in your family still smokes, urge that person to get help to quit.

**Is your house an asthma trigger?**

Learn how to control the environment to prevent asthmatic attacks.

Does a furry pet live in your home? Do you have wall-to-wall carpeting? What’s in our environment — including inside our homes — may have a lot to do with a growing asthma epidemic in America, researchers say.

Cockroaches, dust mites, animal dander, mold and secondhand smoke have been blamed for making asthma worse, particularly in children. Now researchers are calling on the federal government to declare a “war on asthma” by zeroing in on environmental triggers in both indoor and outdoor air that contribute to asthma’s development and severity.

The Pew Environmental Health Commission at the Johns Hopkins School of Public Health concluded that the number of people with asthma will more than double in the next 20 years, striking 29 million Americans, or one in five families.

**Child asthma rates soar**

Asthma rates have been going up dramatically throughout the years, according to Johns Hopkins researchers, who found, between 1980 and 1994, asthma rates increased 75 percent — and by 160 percent for those younger than 4. (This is the most recent information on asthma increases.) Asthma is the number one cause of school absenteeism.

A report by the Institute of Medicine found evidence from dozens of studies that various substances in indoor air are significant factors in the increase in asthma cases.
Asthma

Air control. Opening windows to keep down levels of dust, mites and molds may mean opening the doors to pollen-laded air, which could be a major asthma trigger for your child. Asthma and allergy experts recommend the use of central air-conditioning as a compromise. An air conditioner is also a form of air filter, which can be useful during the pollen season.

Dust busters. Frequent damp dusting, wet-mopping of hard floors and vacuuming is a start to keep dust and the little critters in it out of your home. But keeping out dust requires an aggressive approach.

• Forced-air heating and ventilation ducts can be sources of dust and allergens. Baseboard heating systems or steam radiators, which don’t blow warm air and dust through vents, are the best bets. However, if that is not possible, fit ducts with air filters and clean and change the filters regularly. Also, consider running a high-efficiency particulate air (HEPA) cleaner in a room with the doors and windows shut.

• Use only special allergy bags available from vacuum cleaner dealers and allergy product retailers. The bags are made to fit most types of vacuum cleaners. An alternative is to invest in a vacuum cleaner with a HEPA filter.

• Encase bedroom mattresses and pillows in special dustproof covers. Wash the sheets and blankets on your bed each week in hot water (hotter than 130 degrees F to kill the mites).

Molds. Sponge moldy areas with a fungicide cleaner or a mixture of one part chlorine bleach and 10 parts water. Throw away rugs and fabrics that have water damage or smell musty. Get rid of carpets and upholstered furniture in the basement and bathrooms where high humidity generally favors mold growth.

Cockroaches. Aerosol insecticides should not be used in a home where a child with asthma lives. Instead, use sticky traps, commonly called roach motels, and sprinkle trails of boric acid powder places where you can reach, around water pipes and in other hard-to-get places where roaches nest. Boric acid is not toxic to humans, but watch that the powder isn’t in places where it can irritate your child’s airways.

Disposable diapers. Parents of infants and toddlers also may want to consider using cloth diapers instead of disposables to reduce the amount of potential allergens. While the evidence that disposable diapers could be culprits in childhood asthma is still inconclusive, a study published in Archives of Environmental Health found that mice exposed to the chemicals emitted by the plastic coatings in disposable diapers developed eye and lung irritations, as well as breathing difficulties.

“Today the focus is on preventing symptoms instead of just treating them when they occur,” says Gil D’Alonzo, M.D., director of the Airways Disease Center at Temple University Hospital. “With the proper approach, people can drastically reduce the impact that asthma has on their health and activities.”

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