



## Frequently Asked Questions – Asthma

### **What is asthma?**

Asthma is a chronic inflammatory condition of the airways. This inflammation causes the airways to narrow and fill with inflammatory mucous, which leads to shortness of breath, chest tightness, and often a chronic cough.

### **What causes asthma?**

Asthma is often an inherited condition. It can also be a result of common respiratory infections that occur in the lung airways.

### **Can asthma be cured?**

No. Because asthma is a chronic disease, most people will have it for life. Patients frequently ask if getting into “better shape” will make asthma go away; unfortunately, it will not.

### **What are the signs and symptoms?**

Common symptoms of asthma include wheezing or whistling sounds when exhaling, chest tightness, cough, and difficulty breathing. Uncontrolled asthma can often produce bothersome nighttime symptoms that can interrupt sleep.

### **What can trigger asthma?**

Asthma can be “triggered” by a variety of causes, some of which include:

- Respiratory infection
- Cigarette smoke
- Allergens
- Emotional stress
- Odors/Perfumes/Aerosols
- Air pollution
- Pet dander
- Exercise
- Cold air

### **How do asthma medications help?**

Medications for asthma are meant to help control the inflammation in the airways. There are two broad categories that asthma medication can be grouped into: controller and rescue medications.

**Controller Medications** are anti-inflammatory drugs. They work to reduce the inflammation in the airway lining. These medications take time to work and must be taken every day in order to be effective. There are two families of controller medications:

- Inhaled steroids (Alvesco, Asmanex, QVAR, Flovent, Pulmicort, Advair, and Symbicort). These are medications that heal inflammation in the airway. They have been proven to be the most effective way to control chronic asthma.
- Leukotriene Blockers: These medications (Singulair, Accolate, Zflo) treat a specific portion of inflammation and are frequently used in combination with inhaled steroids. If asthma is mild, they are sometimes used alone.

**Rescue Medications** are bronchodilators and are used to open the airways by relaxing the muscles surrounding the bronchial tubes.

- Beta-agonists (Albuterol and Levalbuterol): These should only be used on an “as needed” basis for quick relief of asthma symptoms. These are considered “rescue” inhalers. A well-controlled asthmatic should not be using rescue inhalers more than two times per week. If you are, contact your allergy doctor to discuss ways to improve asthma control.
- Anticholinergics (Ipratropium Bromide): These are also used to open the airways (less commonly) and may be taken in conjunction with beta-agonist inhalers.
- Oral Steroids (Prednisone, Prednisolone, and Medrol). These are strong anti-inflammatory medications that are used in short courses (3 – 7 days) when inflammation in the airways is severe and out of control. The aim of these medications is to get rid of the inflammation quickly.

### **Can I prevent asthma symptoms from becoming more severe?**

The first step in controlling your asthma is to take your controller medication every day, as instructed by your doctor. Avoiding asthma triggers and recognizing early warning signs will also help in minimizing asthma symptoms before they start, as well as monitoring your peak flow and following your Asthma Management Plan.

### **When should I call the doctor's office?**

Despite your best efforts to treat your asthma symptoms early, episodes can become severe enough to require medical attention. Call your doctor's office or seek medical help if:

- Your symptoms continue to worsen despite the treatment steps that you have taken,
- The medicines are not helping or lasting as long as they should,
- If you have any doubt about the severity of the attack.