

Asthma in adults

Asthma is a relatively common condition - around one in ten people suffer an attack at some time in their lives. Children are particularly vulnerable, and symptoms tend to get worse at night.

What is asthma?

The symptoms of asthma are caused when airways (the tubes which carry air to and from your lungs) narrow and become inflamed.

This may happen if there's too much mucus being produced in your airways, or swelling or spasm in the lining of your airways. You feel breathless, wheezy, and may develop a dry cough. The symptoms can be severe and distressing, and you might even need to be admitted to hospital.

What can bring on asthma

The symptoms of asthma can be set off by a variety of different triggers. These include:

- exposure to allergens
- physical exertion
- breathing in cold air
- an infection
- a reaction to certain medicines

With many people with asthma, especially children, an allergy to house dust mite and animal hair or fur is common. If you have allergic asthma, you or other family members may well also suffer from eczema or hay fever. See the factsheets on 'Eczema' and 'Hay fever' for more about these conditions.

Other possible allergens include:

- chemicals found in the workplace (it might be helpful to note if your symptoms come on only when you're at work)
- other environmental pollutants, such as cigarette smoke

All these triggers can irritate the airways in your lungs, making you more prone to an attack. But why your symptoms come on at particular times, and why some people are affected and not others, is not yet known.

Diagnosis

Your doctor will probably use a device called a peak flow meter to help work out whether you have asthma, and to monitor progress of your treatment. With a peak flow meter, you blow into a tube as hard as you can and as quickly as possible.

This gives your doctor a measure of how severe your breathing is affected. If measured regularly, over time, these readings can also help reveal how well or badly your asthma is being controlled.

Your doctor may also suggest some tests to see how your lungs are working to help with a diagnosis.

It's worth remembering, though, that asthma isn't always easy to diagnose. After all, anything that causes congestion of your lungs or airways can lead to problems that look like the symptoms of asthma.

For example, a child may show all the classic symptoms of asthma, but in fact he or she may have inhaled something which is blocking his or her airways (a coin or a button, for example).

In some cases, the symptoms of asthma in an adult may be a sign of heart disease, especially if you get wheezy when you haven't ever had an asthma attack in the past. Some forms of heart disease can cause congestion of the lungs, and have symptoms like asthma.

Treatment

Although it's not easy to eliminate them altogether, it's important to try to avoid anything you suspect might make your asthma worse, or bring on an attack. But there's also a range of treatments which may help keep your symptoms in check. And your peak flow should be measured regularly. Your doctor may do this for you, but you may also be able to do it yourself.

Inhalers

There is a choice of devices to help control asthma - you may find you like one type more than another. The most commonly used one is an inhaler - or 'puffer' - to breathe in a drug which should help with your asthma. But whatever device you use, it's important that your doctor or nurse checks that you're using it effectively.

There are two main types of medication that can be delivered via your inhaler - a 'reliever' and a 'preventer'.

A reliever helps to open up your airways quite quickly - so this type is for when you're having an asthma attack and already feeling the onset of symptoms. Common reliever drugs include salbutamol (Ventolin), terbutaline and ipratropium.

Preventer drugs, which can be used together with relievers, are for suppressing the symptoms on a day-to-day basis. Most preventers are inhaled steroids that act to reduce the inflammation in your airways. You will probably be prescribed a preventer only if you regularly have to use a reliever twice a day or more.

Unlike relievers, preventers aren't meant to have an immediate effect and must be used as prescribed, whether or not you have any symptoms.

Common preventer drugs include beclomethasone, budesonide and fluticasone. In the inhaled form, steroids have much fewer side-effects than steroids in tablet form.

Tablets

If your asthma is quite severe or unpredictable, you may be put on a course of steroids in tablet form. These work in the same way as inhaled preventers, by reducing inflammation.

Your doctor may also give you tablets called 'leukotriene antagonists' - a relatively new treatment that is mostly used together with relievers and preventers. Other useful medicines include theophyllines (tablets) and sodium cromoglycate (inhaler).

Nebulisers

If your asthma is severe, you may be put on a nebuliser. This is a machine that makes a mist of water and medication that you breathe in. The medication is usually relievers, but may sometimes be preventers.

The main advantage of a nebuliser is that it can deliver more of the drug exactly where it's needed than a conventional inhaler. This is particularly critical if you have a very serious attack of asthma and need reliever delivered quickly into your lungs.

They're also sometimes used to treat young children, who may have problems using an inhaler or taking tablets.

Spacers

Spacers offer an alternative for people who find an inhaler awkward to use. They're also good for getting more of the drug into the lungs.

A spacer is a long tube which clips on to the inhaler. At the other end the tube is a mouthpiece or mask which you breathe into.

Managing your asthma

If you suffer from asthma - or you have a child who does - it's worth remembering that it is something you can control yourself to a large degree.

Talk to your doctor and find other information to help you understand what might be causing the asthma, and how to avoid coming into contact with those particular triggers.

Plan ahead - always be prepared, so you're ready to help yourself when you do feel the symptoms coming on. This should help you cut down your risk of more serious attacks, and of needing to go to hospital.

Further information

American Lung Foundation

<http://www.lungusa.org/asthma>

American Academy of Allergy Asthma & Immunology

<http://www.aaaai.org>

Asthma and Allergy Foundation of America

<http://www.aafa.org>

National Asthma Campaign

<http://www.asthma.org.uk>

National Asthma Campaign, Australia

<http://www.nationalasthma.org.au>

Healthwise (Health Information Resource Centre)

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