What is asthma?

Asthma is a common medical condition that affects the small airways of the lungs. During an asthma attack, the lining of the airways swell, there is a build up of mucus (phlegm) and the muscles around the airways tighten. This causes a narrowing of the airways (bronchoconstriction) and makes it difficult to breathe.

What causes asthma?

People with asthma have sensitive airways. The exact cause of asthma is still unknown. Factors that may ‘trigger’ an attack include cigarette smoke, viral infections (colds and flu), allergies and exercise.

Who gets asthma?

More than 600,000 Victorians have asthma including one in four children, one in seven teenagers and one in 10 adults. There is often a family history of asthma. About 600 Australians die of asthma each year.

What are the symptoms of asthma?

An asthma attack can develop suddenly over minutes or slowly over days. Typical symptoms include:

- coughing
- wheezing (a whistle in the chest when breathing)
- difficulty breathing
- tightness in the chest.

Treatment

With the right medication and regular check-ups, asthma can be managed so that you lead a normal, active life. Medications are mostly taken through a metered dose inhaler (MDI) or a ‘puffer’. Spacers or space chambers are used to give puffer medication. They come in different shapes and sizes, depending on a person’s age, size and needs.

There are different medications to treat asthma.

- **Relievers** – rapidly open the narrowed airways. These include Ventolin, Bricanyl and Atrovent. These are only used when needed, such as before or during sport or during an attack.
- **Preventers** – prevent attacks by treating inflamed airways. These need to be taken every day. They include Pulmicort, Flixotide, Tilade or Intal.
- **Symptom controllers** – help to keep the narrowed airways open for longer (up to 12 hours). These do not help during an attack. They include Serevent, Oxis, and Foradil.

Emergency treatment

While in the emergency department, you may have been given reliever medicine to help open your airways. You may feel ‘shaky’ and your chest may feel like it is pounding – these are the normal side effects of large doses of Ventolin.

The reliever medication should have been given through a spacer or nebuliser. A spacer or space chamber is a clear tube that you press the puffer into. A spacer makes sure the drug goes deep into your lungs where it is needed. They are easy to use at home and are portable.

You may also have been given a steroid medication called prednisolone, which reduces the swelling in the airways. This is given as a tablet or syrup and takes four to six hours to work. This medication is normally given for a few days during an acute attack, depending on your needs. Other steroids (such as hydrocortisone or dexamethasone) may have been given intravenously (into a vein) if your condition was serious, as they work much faster.
Emergency Department Patient Information

ASTHMA

Home care

In most cases you can treat your asthma at home.

- **Take your asthma puffers as directed.** Know how to use your puffer or spacer correctly. Carry your puffers with you at all times.
- **Monitor your asthma.** Learn to use a peak flow meter to check your breathing.
- **Stay active and healthy.** Ask your doctor for advice about exercise.
- **Identify trigger factors** and try to avoid them.
- **Follow an Asthma Action Plan.** This plan could save your life by preventing asthma attacks, warning you when your asthma is getting worse and teaching you what to do. Ask your local doctor for an Asthma Action Plan that is right for you.
- **Have regular check-ups** with your local doctor.

Do not:

- stop your medication unless your doctor advises you to
- smoke or expose children to smoky environments.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor’s fee will be bulk-billed.

**If you have difficulty** breathing or your asthma gets worse, follow your own Asthma Action Plan.

**If you do not improve** after taking reliever medication and have difficulty breathing or speaking, are pale and sweaty or turn blue around the lips, **call an ambulance** (or have someone call for you) by dialing **000**.

See your local doctor or health care professional or return to **Cabrini ED within 48 hours of leaving** hospital, especially if not getting any better.

You should see your local doctor when you are well as this is the best time to work out an Asthma Action Plan. Ask your doctor about the ‘Asthma 3+ Visit Plan’.

Want to know more?

- Contact Cabrini ED on **9508 1500**
- Ask your local doctor or health care professional.
- Contact the **Asthma Foundation Victoria**
  Phone 1800 645 130
  www.asthma.org.au
- Contact **Quit** for help to stop smoking
  Call Quitline on 137 848
  www.quit.org.au
- Visit the **Better Health Channel**
  www.betterhealth.vic.gov.au

Notes:

**Acknowledgement:** Cabrini Health would like to thank the Victorian Government Department of Health for the permission to reproduce this material prepared in December 2010 as part of the Emergency Care Improvement and Innovation Clinical Network Emergency Department factsheet series, available at: [www.health.vic.gov.au/edfactsheets](http://www.health.vic.gov.au/edfactsheets)