

Asthma - information prescription

Asthma is a common lung condition that causes occasional breathing difficulties.

It affects people of all ages and often starts in childhood, although it can also appear for the first time in adults.

There's currently no cure for asthma, but there are simple treatments that can help keep the symptoms under control so it doesn't have a significant impact on your life.

Some people, particularly children, may eventually grow out of asthma. But for others it's a lifelong condition.

This page covers:

Symptoms

When to get medical advice

Causes

Treatments

How long does asthma last?

Complications

Symptoms of asthma

The main symptoms of asthma are:

- wheezing (a whistling sound when breathing)
- breathlessness
- a tight chest – which may feel like a band is tightening around it
- coughing

The severity of the symptoms varies from person to person. They usually come and go, but for some people

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they're more persistent.

Asthma symptoms can sometimes get temporarily worse. This is known as an asthma attack.

Read more about the symptoms of asthma.

When to get medical advice

Several conditions can cause similar symptoms, such as a chest infection or chronic obstructive pulmonary disease (COPD), so it's important to get a proper diagnosis and correct treatment.

Your GP will usually be able to diagnose asthma by asking about your or your child's symptoms and carrying out some simple breathing tests.

But these are often difficult to do in infants and young children, so the diagnosis may be made on the basis of symptoms and response to a trial of treatment with an inhaler.

Read more about how asthma is diagnosed.

Causes of asthma

Asthma is caused by inflammation (swelling) of the breathing tubes that carry air in and out of the lungs.

This inflammation makes the breathing tubes highly sensitive, so they temporarily become narrow. This may occur randomly, or after exposure to a trigger. The tubes may also sometimes become clogged with sticky mucus.

Common asthma triggers include:

- allergens, such as house dust mites, animal fur and pollens
- other irritants, such as cigarette smoke, strong smells, gases and cold air
- exercise
- chest infections

The reason why some people develop asthma isn't fully understood, although it's known that you're more likely to

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develop it if you have a close relative with the condition.

Read more about the causes of asthma.

Treatments for asthma

While there's currently no cure for asthma, there are a number of treatments that can help control the condition.

Most asthma treatments are taken using an inhaler, a small device that delivers a spray or powder medicine to your breathing tubes as you breathe in.

The main treatments are:

- identifying and avoiding asthma triggers if possible
- reliever inhalers – inhalers used when needed to quickly relieve asthma symptoms for a short time
- preventer inhalers – inhalers used regularly every day to reduce the inflammation in the breathing tubes, which prevents asthma symptoms occurring

You'll usually draw up a personal action plan with your doctor or asthma nurse. This will include information about your medicines, how to monitor your condition and what to do if you have an asthma attack.

Read more about how asthma is treated and living with asthma.

How long does asthma last?

Asthma is a long-term condition for many people – particularly if it first develops in adulthood.

In children, it sometimes disappears or improves during the teenage years, although it can return later in life.

The symptoms can usually be controlled with treatment and most people will have normal and active lives, although some people with more severe asthma may have persistent problems.

Complications of asthma

Although asthma can normally be kept under control, it's still a serious condition that can cause a number of complications.

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This is why it's so important to follow your treatment plan and not ignore your symptoms if they're getting worse.

Badly controlled asthma can cause issues such as:

- persistent tiredness
- underperformance or absence from work or school
- psychological problems – including stress, anxiety and depression
- disruption of your work and leisure because of unexpected visits to your GP or hospital
- lung infections (pneumonia)
- in children, delays in growth or puberty

There's also a risk of life-threatening complications, such as severe asthma attacks.

Most children and adults with asthma find they have times when their breathing becomes more difficult.

Some people with more severe asthma may have breathing problems most of the time.

Main symptoms

The most common symptoms of asthma are:

- wheezing (a whistling sound when breathing)
- breathlessness
- a tight chest – which may feel like a band is tightening around it
- coughing

These symptoms can have a number of causes, but they're more likely to be asthma if they:

- happen often and keep coming back
- are worse at night and early in the morning
- seem to occur in response to an asthma trigger – for example, exercise or exposure to an allergen (such as pollen or animal fur)

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Asthma attacks

Asthma symptoms can sometimes get worse for a short time – known as an asthma attack. This can happen suddenly, or gradually over a few days.

Signs of a severe asthma attack include:

- wheezing, coughing and chest tightness becoming severe and constant
- being too breathless to eat, speak or sleep
- breathing faster
- a rapid heartbeat
- drowsiness, confusion, exhaustion or dizziness
- blue lips or fingers
- fainting

If you've been diagnosed with asthma, your reliever inhaler (usually blue) may not help and your peak flow reading may be much lower than normal.

Read about what to do during an asthma attack.

The exact cause of asthma is unknown.

People with asthma have inflamed (swollen) and "sensitive" airways that become narrow and clogged with sticky mucus in response to certain triggers.

Factors such as a genes, air pollution, chlorine in swimming pools and modern hygiene standards have been suggested as possible causes, but there's not currently enough evidence to be certain whether any of these do cause asthma.

Who's at risk?

While the cause of asthma is unknown, there are a number of things that can increase your chances of developing it. These include:

- a family history of asthma or related allergic conditions (known as atopic conditions) such as eczema, food allergy or hay fever

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- having another atopic condition yourself
- having bronchiolitis (a common childhood lung infection) as a child
- exposure to tobacco smoke as a child
- your mother smoking during pregnancy
- being born prematurely or with a low birth weight

Some people may also be at risk of developing asthma through their job.

Asthma triggers

Asthma symptoms often occur in response to a trigger.

Common triggers include:

- infections – particularly infections of the upper airways, such as colds and flu
- allergens – including pollen, dust mites, animal fur ("dander") or feathers
- airborne irritants – including cigarette smoke, fumes and pollution
- medicines – particularly painkillers called non-steroidal anti-inflammatory drugs (NSAIDs), which include aspirin and ibuprofen, and beta-blockers
- emotions – including stress or laughter
- food additives – including sulphites (often found in pickled products, wine, beer and dried fruit) and tartrazine (a yellow food colouring)
- weather conditions – including sudden changes in temperature, cold air, windy days, thunderstorms and hot, humid days
- indoor conditions – including mould or damp and chemicals in carpets and flooring materials
- exercise
- food allergies – including allergies to nuts and other foods

Once you know your triggers, trying to avoid them may help control your asthma symptoms.

Want to know more?

- Asthma UK: asthma triggers
Go To: [rect](#)

Work-related asthma

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In some cases, asthma is associated with substances you may be exposed to at work. This is known as "occupational asthma".

Some of the most common causes of occupational asthma include:

- isocyanates (chemicals often found in spray paint)
- flour and grain dust
- colophony (a substance often found in solder fumes)
- latex
- animals
- wood dust

You may be at an increased risk of developing occupational asthma if you are regularly exposed to substances such as these through your work.

Paint sprayers, bakers and pastry makers, nurses, chemical workers, animal handlers, welders, food processing workers and timber workers are all examples of people who may have a higher risk of being exposed to these substances.

Want to know more?

- Asthma UK: occupational asthma
Go To: [External website](#)
- Health and Safety Executive: asthma at work
Go To: [External website](#)

There's no single test for asthma, but it can usually be diagnosed from your symptoms and some simple breathing tests.

Your GP will often be able to diagnose asthma. But they may refer you to a specialist if they're not sure what's causing your symptoms.

Seeing your GP

Your GP may ask:

- whether you have typical symptoms of asthma, such as wheezing and breathlessness

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Go To: <http://www.nhs.uk/Conditions/Asthma/Pages/Symptoms.aspx>

Go To: <http://www.nhs.uk/conditions/shortness-of-breath/Pages/Introduction.aspx>

- when the symptoms happen and how often
- whether you've noticed anything that might trigger your symptoms
- if you have any conditions that often occur alongside asthma, such as eczema or hay fever

Go To: [http://www.nhs.uk/conditions/Eczema-\(atopic\)/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Eczema-(atopic)/Pages/Introduction.aspx)

Go To: <http://www.nhs.uk/conditions/Hay-fever/Pages/Introduction.aspx>

The tests below may be used to help confirm the diagnosis, although they aren't always practical – particularly in young children.

If your GP feels tests aren't needed, he or she may just give you or your child an asthma inhaler to use for a short time. If this helps, it's likely you or your child have asthma.

Breathing tests

Two simple breathing tests are sometimes used to help your doctor diagnose asthma.

Spirometry

A test called [spirometry](#) can help show how well your lungs and airways are working.

It involves breathing out as fast as you can through a mouthpiece attached to a machine called a spirometer.

The spirometer takes two measurements – the amount of air you breathe out in the first second and the total amount of air you can hold in your lungs.

The readings are compared with a normal measurement for someone of your age, gender and height to work out if your airways are narrow.

Sometimes the test may be repeated a few minutes after taking a puff from an asthma inhaler to see if your result improves. If your breathing tubes are narrow at the time of the test, a better result after using an inhaler means it's likely you have asthma.



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Peak flow test

A [peak flow test](#) is a simple test to measure how fast you can blow air out of your lungs in one breath.

It involves breathing out as quickly and as hard as you can into a small device called a peak flow meter.

The result is compared to what's normal for someone of your age, height and gender.

You may be given a peak flow meter to take home to record your peak flow over a period of weeks, particularly if asthma is suspected but your peak flow and spirometry are normal when measured, as asthma symptoms and peak flow can vary over time.



To help diagnose [work-related asthma](#), you may be asked to measure your peak flow at work and away from work.

Other tests

Occasionally, you may be referred to a specialist doctor for further tests to confirm or rule out asthma.

Airway responsiveness

An airway responsiveness test is a test that measures how your airways react to an [asthma trigger](#).

During the test, you'll usually be asked to breathe in a medication that will irritate or narrow your airways slightly if you have asthma. You'll then have a spirometry test to check if your breathing is affected.

In some cases, exercise may be used as a trigger instead of medication.

Testing airway inflammation

Sometimes it's useful to check for inflammation in your airways.

This can be done in two ways:

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- a mucus sample – the doctor may take a sample of mucus (phlegm) so it can be tested for signs of inflammation
- nitric oxide concentration – as you breathe out, the level of nitric oxide in your breath is measured using a special machine; a high level of nitric oxide can be a sign of inflammation

Allergy tests

If your doctor thinks your symptoms may be triggered by an allergy, they may recommend [allergy tests](#) to find out what you're allergic to.

Common allergy tests include:

- skin prick testing – a small sample of the substance you may be allergic to (an allergen) is pricked gently under the skin: if you're allergic, a small blister develops within 15 minutes
- a blood test – a sample of your blood is checked for substances that are produced by your body in response to an allergen

Go To: <http://www.nhs.uk/rect>

Tests can also be carried out to see if you are allergic or sensitive to substances known to cause [work-related asthma](#).

Want to know more?

- Asthma UK: diagnosing asthma

Go To: [External website](#)

Reliever inhalers

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Reliever inhalers, which are usually blue, are taken when needed to relieve asthma symptoms quickly.

They normally contain a medicine called a short-acting beta2-agonist, which widens the airways and makes breathing easier. They typically work for no more than 15 minutes or so.

Everyone with asthma should have a reliever inhaler, although you ideally shouldn't need to use it very often. You may not need it at all if you are using a regular preventer inhaler (see below).



Speak to your GP or asthma nurse if you need to use it three or more times a week, as this means a preventer inhaler (see below) may be needed.

Reliever inhalers are generally very safe medicines and have few side effects as long as they're not used too much.

After using the inhaler, some people may experience:

- mild shaking of the hands (tremors)
Go To: [http://www.nhs.uk/Conditions/Tremor-\(essential\)/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Tremor-(essential)/Pages/Introduction.aspx)
- headaches
Go To: <http://www.nhs.uk/Conditions/Headache/Pages/Introduction.aspx>
- muscle cramps
- a fast, pounding or fluttering heartbeat (palpitations)
Go To: <http://www.nhs.uk/conditions/Heart-palpitations/Pages/Introduction.aspx>

These side effects aren't dangerous and should pass within a few minutes.

Want to know more?

- Asthma UK: reliever inhalers
Go To: [External website](#)

Preventer inhalers

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Preventer inhalers, which are usually brown or orange, are used twice or occasionally once a day to stop asthma symptoms occurring.

They contain inhaled [steroid medication](#), which works by reducing the inflammation (swelling) and sensitivity of the airways.

Preventer inhalers are usually recommended if you have asthma symptoms more than twice a week. It's important to use them regularly even if you don't have symptoms, because they keep the inflammation in the breathing tubes under control, and this can get worse again if you stop using your inhaler.

Preventer inhalers don't work straight away, so you'll need to keep using your reliever inhaler to begin with. You may also need to use your reliever inhaler if you do experience any occasional symptoms.

Speak to your GP or asthma nurse if you continue to have frequent symptoms while using a preventer inhaler.

Preventer inhalers are very safe at usual doses, but they can cause side effects at high doses, especially with long-term use.

Possible side effects include:

- a fungal infection of the mouth or throat (oral thrush)
Go To: <http://www.nhs.uk/conditions/oral-thrush---adults/pages/introduction.aspx>
- a hoarse voice
- a sore throat
Go To: <http://www.nhs.uk/conditions/Sore-throat/Pages/Introduction.aspx>

Using a spacer (see How to use your inhaler below) can help prevent these side effects, as can rinsing your mouth or cleaning your teeth after using your inhaler.

Want to know more?

- Asthma UK: preventer inhalers
Go To: [External website](#)

Other treatments



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If your symptoms aren't well controlled with reliever and preventer inhalers, you may need one or more of the treatments below.

Long-acting reliever inhalers

Long-acting reliever inhalers work in the same way as normal reliever inhalers, but their effects can last for up to 12 hours so they can be used less often.

They usually contain a medicine called a long-acting reliever (long-acting bronchodilator/long-acting beta2-agonist).

Long-acting reliever inhalers are always used alongside preventer inhalers, often in a single combined inhaler. This can allow your preventer dose to be lowered, while still keeping your symptoms under control.

Combination inhalers are usually purple, maroon or red.

Long-acting relievers can cause similar side effects to short-acting relievers, such as temporary shaking or cramps.

It's important never to take a long-acting reliever on its own without a preventer. This may temporarily relieve your symptoms, while allowing the inflammation in the breathing tubes to build up, which could result in a sudden severe asthma attack.

Tablets

If you still have symptoms despite using a preventer inhaler and a long-acting reliever inhaler, your doctor may suggest taking tablets to control your symptoms.

The main tablets used for asthma are:

- leukotriene receptor antagonists – taken once a day to stop the airways becoming inflamed (syrup and powder forms are also available)
- theophyllines – taken twice a day to help widen the airways
- steroid tablets – see below

Leukotriene receptor agonists can cause [tummy \(abdominal\) pain](#) and headaches. Side effects of theophylline

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tablets include nausea, vomiting, tremors and palpitations.

Different people require different doses of theophylline for it to work best. Your GP will periodically measure the level of medication in your blood to check it's not too high or too low. If it's too low, the medication may not work, and if it's too high, side effects are more likely.

Steroid tablets

If your asthma is still not under control, an asthma specialist may prescribe regular steroid tablets.

Steroids are powerful medicines that can reduce inflammation in the airways. They can be used in two ways:

- as an immediate, short-term treatment if you have occasional severe asthma attacks
- as a long-term treatment if other medications don't control your symptoms well enough

Long-term or frequent use of steroid tablets can cause side effects, such as:

- osteoporosis (fragile bones)
Go To: <http://www.nhs.uk/conditions/osteoporosis/pages/introduction.aspx>
- high blood pressure
Go To: [http://www.nhs.uk/conditions/blood-pressure-\(high\)/pages/introduction.aspx](http://www.nhs.uk/conditions/blood-pressure-(high)/pages/introduction.aspx)
- diabetes
Go To: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>
- increased appetite, leading to weight gain
- cataracts and glaucoma
Go To: <http://www.nhs.uk/conditions/cataracts-age-related/pages/introduction.aspx>
Go To: <http://www.nhs.uk/conditions/Glaucoma/Pages/Introduction.aspx>
- thinning of the skin
- easy bruising
- muscle weakness, especially around the thighs and shoulders
- mood changes

With the exception of increased appetite, which is a very common side effect, most of these unwanted effects are uncommon.

You'll be monitored regularly while taking steroid tablets to check for signs of any problems.

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Omalizumab (Xolair)

Omalizumab (brand name Xolair), is a new type of medication that can sometimes help prevent frequent, severe asthma attacks that are triggered by allergies. It's less effective at relieving persistent symptoms.

The National Institute for Health and Care Excellence (NICE) recommends that omalizumab can be used in people over six years of age with allergy-related asthma who need continuous or frequent treatment with steroid tablets.

It's only available on prescription from an asthma specialist and isn't suitable for everyone with asthma.

It's given as an injection every two to four weeks. If your symptoms aren't under control within 16 weeks, treatment should be stopped. It may be continued indefinitely if it does help.

Side effects of omalizumab can include temporary pain, swelling, redness and [itching](#) where the injection is given.

Want to know more?

- Asthma UK: other medicines and treatments
Go To: [External website](#)
- Asthma UK: steroid tablets
Go To: [External website](#)
- NICE: omalizumab for severe persistent allergic asthma
Go To: [External website](#)

Bronchial thermoplasty procedure

Bronchial thermoplasty is a procedure that is very occasionally used as a treatment for severe asthma.

It involves damaging some of the muscles surrounding the airways, which can help stop them becoming narrow.

The procedure is carried out either with sedation (where you're awake but take medication to help you relax) or under [general anaesthetic](#) (where you're asleep).

A bronchoscope (a long, flexible tube) is passed down to your lungs through your mouth or nose. Heat is then used to damage the muscles around the airways.

Three treatment sessions are usually needed, with at least three weeks between each session.

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There's some evidence to suggest this procedure may reduce asthma attacks and improve the quality of life of someone with severe asthma.

But the long-term risks and benefits are not yet fully understood. There's a small risk it could trigger an asthma attack and cause other complications.

Make sure you discuss this procedure fully with your doctor or surgeon if it's offered.

Want to know more?

- Asthma UK: bronchial thermoplasty
Go To: [External website](#)
- NICE: bronchial thermoplasty for severe asthma
Go To: [External website](#)

How to use your inhaler

Not using inhalers correctly and/or forgetting to take asthma medication regularly are the main reasons people with asthma struggle to control their symptoms.

Your doctor or asthma nurse will show you how to use your inhaler properly, or how to help your child use theirs.

Types of inhaler

There are several different inhalers available, which are used in slightly different ways.

The two main types are:

- pressurised canisters – you press the inhaler while breathing in and it releases a spray of medicine into your lungs (these are sometimes used with a device called a spacer – see below)
- dry powder inhalers – non-pressurised devices that release powdered medication when you breathe in quickly and forcefully

Pressurised containers can be used by most people with asthma. Dry powder inhalers may not be suitable for people who find it difficult to inhale sharply and forcefully, such as young children, the frail and elderly, and those with persistent breathing difficulties.

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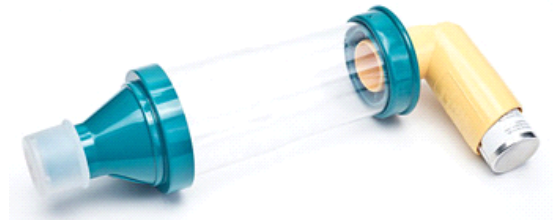
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It's important to ensure that you use your inhaler correctly, as this will make it easier to control your symptoms and will reduce the risk of any side effects.

Spacers

Pressurised canister inhalers can work better if used with a spacer – a hollow plastic tube or container with a mouthpiece at one end and a hole for the inhaler at the other.

When using a spacer, the spray from the inhaler is released into the container, where it's held while you breathe in very slowly until your lungs are full. You then hold your breath for a few seconds so the medicine settles in your lungs.



Benefits of spacers include:

- they can make inhalers more effective because more of the medicine reaches the lungs
- less medicine stays in the mouth or is swallowed, so problems such as oral thrush are less likely to occur
- they're easier to use for children who may otherwise find it difficult to use an inhaler correctly
- a face mask can be attached to the mouthpiece to make it easier for very young children to breathe in the medicine

Spacers are usually recommended for children with asthma, but they should ideally be used by everyone who uses a preventer spray inhaler, especially if they need to take high doses.

Want to know more?

- Asthma UK: using your inhalers
Go To: [External website](#)
- Asthma UK: spacers
Go To: [External website](#)
- Asthma UK: help your child use their inhaler
Go To: [External website](#)

Work-related asthma

If it's possible you have asthma associated with your job, known as occupational asthma, you'll be referred to an

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asthma specialist to confirm the diagnosis.

If your employer has an occupational health service, they should also be informed, along with your health and safety officer.

Your employer has a responsibility to protect you from the causes of occupational asthma. It may sometimes be possible to:

- substitute or remove the substance that's triggering your asthma from your workplace
- redeploy you to another role within the company
- provide you with protective breathing equipment

But you may need to consider changing your job or relocating away from your work. It's best to do this within 12 months of your symptoms developing if possible, to reduce the risk of your asthma becoming a long-term problem.

Some people with occupational asthma may be entitled to Industrial Injuries Disablement Benefit.

Want to know more?

- Asthma UK: occupational asthma
Go To: [External website](#)
- Health and Safety Executive: asthma at work
Go To: [External website](#)
- GOV.UK: Industrial Injuries Disablement Benefit
Go To: [External website](#)

Complementary therapies

A number of complementary therapies have been suggested as possible treatments for asthma, including:

- breathing exercises – including techniques called the Papworth method and the Buteyko method
- traditional Chinese herbal medicine
Go To: <http://www.nhs.uk/Conditions/herbal-medicines/Pages/Introduction.aspx>
- acupuncture
Go To: <http://www.nhs.uk/conditions/acupuncture/Pages/Introduction.aspx>
- ionisers – devices that use an electric current to charge molecules of air
- manual therapies – such as chiropractic

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Go To: <http://www.nhs.uk/conditions/chiropractic/Pages/Introduction.aspx>

- hypnosis
- homoeopathy

Go To: <http://www.nhs.uk/Conditions/Homeopathy/Pages/Introduction.aspx>

- dietary supplements

However, there's little evidence that any of these treatments, other than breathing exercises, are effective.

There is some evidence that breathing exercises can improve symptoms and reduce the need for reliever medicines in some people, although they shouldn't be used instead of your medicine.

Want to know more?

- Asthma UK: complementary therapies

Go To: [External website](#)

Looking after yourself

Take your medication regularly and properly

It's important to take any prescribed medication regularly, as this can help keep your symptoms under control and prevent severe asthma attacks.

It's also important to use any inhalers and spacers you may have been prescribed properly. Make sure your GP or practice nurse shows you how to use your inhalers correctly.

Check with your doctor or asthma nurse if you plan to take any over-the-counter remedies, such as painkillers or nutritional supplements. These can sometimes interfere with your medication.

Some common medicines, such as [aspirin](#) and [ibuprofen](#), may not be suitable if you have asthma. Always check the label or packet and ask a pharmacist, doctor or nurse if you're not sure.

Speak to your doctor or asthma nurse if you have any concerns about the medication you're taking, or if you're experiencing any side effects.

Stop smoking

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If you have asthma and you smoke, [stopping smoking](#) can significantly reduce how severe and frequent your symptoms are.

If you think you need help to stop smoking, you can contact [NHS Smokefree](#) for free advice and support. You may also want to talk to your GP about the [stop smoking medications](#) available.

Read more about [stop smoking support](#) or [find a stop smoking service near you](#).

Exercise regularly

Exercising regularly is as important for people with asthma as everyone else. Aim to do at least 150 minutes of [moderate aerobic activity](#) a week, such as fast walking or cycling.

Although exercise can sometimes trigger your symptoms, this shouldn't happen once you're on appropriate treatment.

If you or your child has symptoms during or after exercise, speak to your doctor or asthma nurse. They may consider updating your personal asthma plan to help you keep your symptoms under control.

You may also be advised to:

- make sure the people you are exercising with know you have asthma
- always have your reliever inhaler with you when you exercise
- use your reliever inhaler immediately before you warm up
- ensure that you always warm up and down thoroughly

If you have symptoms while you're exercising, stop what you're doing, take your reliever inhaler and wait until you feel better before starting again.

Read about [health and fitness](#) for more information on simple ways to exercise.

Eat healthily

Most people with asthma can eat a normal, healthy diet.

Along with regular exercise, this can help you maintain a healthy weight, which may help keep your asthma symptoms under control, as well as reduce your risk of other health problems.

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Some people may have food allergies that trigger their symptoms and will need to avoid these foods, but this is uncommon.

Read more about [good food and a healthy diet](#).

Know your triggers

It's important to identify possible asthma triggers by making a note of where you are and what you're doing when your symptoms get worse.

Read about the [causes of asthma](#) for more about potential triggers.

Some triggers, such as air pollution, illnesses and certain weather conditions, can be hard to avoid. But it may be possible to avoid other triggers, such as dust mites, fungal spores, pet fur and certain medications. See [allergy prevention](#) for more information.

Speak to your doctor or asthma nurse for advice if you think you have identified a trigger for your symptoms.

Get vaccinated

Certain infections can trigger your symptoms if you have asthma.

Everyone with asthma is encouraged to have the annual [flu jab](#) and the one-off [pneumococcal vaccination](#).

You can get these vaccinations at your GP surgery or a local pharmacy that offers a vaccination service.

Getting a good night's sleep

Asthma symptoms are often worse at night. You might wake up some nights coughing or with a tight chest.

If your child has asthma, poor sleep can affect their behaviour and concentration, as well as their ability to learn.

Effectively controlling asthma with the treatment your doctor or nurse recommends should help. But speak to them if you're having trouble getting to sleep.

Want to know more?

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- Asthma UK: exercise and activities
Go To: [External website](#)
- Asthma UK: help your child stay active
Go To: [External website](#)
- Asthma UK: diet and food
Go To: [External website](#)
- Asthma UK: asthma triggers
Go To: [External website](#)

Regular reviews and monitoring

You'll have regular contact with your care team to monitor your condition.

These appointments may involve:

- talking about your symptoms – such as whether they're affecting your normal activities or are getting worse
- a discussion about your medication – including whether you think you might be experiencing any side effects and whether you need to be reminded how to use your inhaler correctly
- breathing tests

It's also a good opportunity to ask any questions you have or raise any other issues you'd like to discuss with your doctor or asthma nurse.

You may be asked to help monitor your condition between appointments. For example, you may be advised to check your peak flow reading if you think your symptoms may be getting worse.

Your personal action plan should say what to do if your symptoms get gradually or suddenly worse. Contact your doctor or asthma nurse if you're not sure what to do.

Cold weather and asthma

Cold weather is a common trigger for asthma symptoms.

Asthma UK advises the following measures to help you keep your symptoms controlled in the cold:

- Carry your reliever inhaler with you at all times and keep taking your regular preventer inhaler as prescribed by your doctor.

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- If you need to use your inhaler more often than usual, speak to your doctor about reviewing your medication.
- Keep warm and dry – wear gloves, a scarf and a hat, and carry an umbrella.
- Wrap a scarf loosely over your nose and mouth – this will help to warm up the air before you breathe it in.
- Try breathing in through your nose instead of your mouth as your nose warms the air as you breathe in.

Want to know more?

- Asthma UK: weather
Go To: [External website](#)

Travelling with asthma

Asthma shouldn't stop you from travelling, but you will need to take extra precautions when going on holidays and long trips.

You'll need to make sure you have enough of your medication with you and keep your reliever inhaler where you can get to it easily.

If you've not seen your doctor or asthma nurse for a while, it's a good idea to see them before you travel to review your personal action plan and make sure it's up-to-date.

Your doctor or asthma nurse can also advise you about travelling with asthma.

Want to know more?

- Travelling with asthma
Go To: <http://www.nhs.uk/Livewell/travelhealth/Pages/travelling-with-asthma.aspx>
- Can I fly if I have asthma?
Go To: <http://www.nhs.uk/chq/Pages/2597.aspx>
- Asthma UK: travel
Go To: [External website](#)

Pregnancy and asthma

Asthma doesn't affect your chances of having children and the vast majority of women with asthma will have a normal pregnancy.

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Generally speaking, the treatment for pregnant women with asthma is the same as normal.

Most asthma medicines – particularly inhalers – are considered safe to take while pregnant or breastfeeding.

But speak to your doctor or asthma nurse for advice if you become pregnant or are planning a pregnancy because:

- your symptoms may get worse during pregnancy (although some women find they improve), so your treatment may need to be reviewed regularly
- poorly controlled asthma in pregnancy can increase the risk of complications such as pre-eclampsia, premature birth and restricted growth of the baby in the womb
Go To: <http://www.nhs.uk/Conditions/pre-eclampsia/Pages/Introduction.aspx>
Go To: <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/premature-early-labour.aspx>
- extra precautions may need to be taken during labour to avoid an asthma attack (although attacks during labour are rare)

Want to know more?

- Asthma in pregnancy
Go To: <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/asthma-pregnant.aspx>
- Asthma UK: asthma and pregnancy
Go To: [External website](#)

Asthma at school

Most children with well-controlled asthma can learn and participate in school activities completely unaffected by their condition.

But it's important to ensure the school has up-to-date written information about your child's asthma medicines, how much they take, and when they need to take them.

You may also need to supply the school with a spare reliever inhaler for your child to use if they experience symptoms during the school day.

Staff at the school should be able to recognise worsening asthma symptoms and know what to do in the event of an attack, particularly staff supervising sport or physical education.

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Your child's school may have an asthma policy in place, which you can ask to see.

Want to know more?

- Asthma UK: asthma at school and nursery
Go To: [External website](#)

Talk to others

Many people with long-term health conditions such as asthma experience feelings of stress, [anxiety](#) and [depression](#).

You may find it helpful to talk about your experience of asthma with others in a similar position. Patient organisations have local groups where you can meet others who have been diagnosed with asthma and have undergone treatment.

If you feel you're struggling to cope, talk to your GP. They will be able to give advice and support. Alternatively, you can [find depression support services in your area](#).

Want to know more?

- HealthUnlocked: asthma community
Go To: [External website](#)
- British Lung Foundation: Breathe Easy support groups
Go To: [External website](#)

Financial issues and support

Paying for your medication

Most adults with asthma will need to pay a prescription charge for all of their medicines.

If you need to take a lot of medication, paying for each item individually could get quite expensive. You may find it cheaper to get a [prescription prepayment certificate](#).

This is effectively a prescription "season ticket" where you pay a one-off charge for all your prescriptions over a three or 12 month period.

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You won't need to pay for your medicines if you don't normally pay prescription charges. For example, all children under 16 are entitled to free prescriptions.

Read more about [prescription costs](#) to find out if you're entitled to help with your prescription charges.

Want to know more?

- Help with prescription costs
Go To: <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Prescriptioncosts.aspx>
- Asthma UK: cost of medication
Go To: [External website](#)

Benefits

Depending on how severely asthma affects you on a daily basis, you may be entitled to some benefits, such as:

- Employment and Support Allowance (ESA) – a benefit paid to people who are not able to work because of ill health or disability
- Personal Independence Payment (PIP) – a benefit that helps with some of the extra costs caused by long-term ill-health or a disability if you're aged 16 to 64
- Attendance Allowance – a benefit for help with the extra costs you may have if you're 65 or over and have a physical or mental disability, and need someone to help look after you

If you're on a low income, you may also be entitled to some [help with healthcare costs](#).

Want to know more?

- Asthma UK: financial support
Go To: [External website](#)
- GOV.UK: benefits
Go To: [External website](#)

Work-related asthma

If you develop asthma because of your work, and this is fully documented by your doctor and your employer, you can make a claim for Industrial Injuries Disablement Benefit from the Benefits Agency.

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This is a weekly amount paid to people with asthma caused by exposure to a specific substance through their work and is known to be associated with asthma (a [list of asthma-causing substances](#) is available from the Health and Safety Executive).

If you want to take legal action against your employer because of occupational asthma, your lawyer must act within three years of diagnosis.

Want to know more?

- Asthma UK: occupational asthma
Go To: [External website](#)
- GOV.UK: Industrial Injuries Disablement Benefit
Go To: [External website](#)
- Money Advice Service: money issues if you're ill or disabled
Go To: [External website](#)

'My asthma nearly killed me'

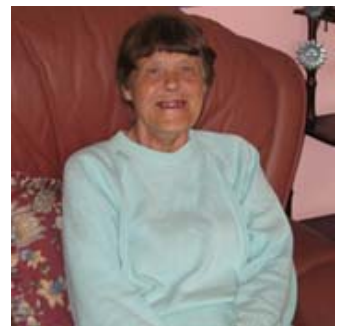
Olwen Fish, from Waterhead, Oldham, has had asthma since 1950. She feels lucky to have survived to see the huge increase in effective medication and now lives life to the full.

"I was only 13 when I first experienced asthma in 1950. It was terrible because not many people had heard of it in those days. All I knew about asthma was that my aunt had died from it three years earlier at the age of 42.

"It came on in the middle of the night. I woke up and I couldn't breathe. I was really frightened. I'd been out in the pouring rain the day before and I had a hole in my shoe. My parents always stressed that we weren't to let our shoes get ruined because it wouldn't be possible to mend them. I was frightened to death because I thought not being able to breathe was my fault.

"I didn't dare mention it and I tried to cover it up, but my mother saw that I was unable to breathe and took me to the doctor. He said it was asthma and he gave me an injection, which helped.

"The doctor also gave me some medicine, but it tasted like poison. I just wasn't able to take it unless I really couldn't breathe at all.



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"When we were leaving school, all my friends wanted to go and work in the cotton mill, but I couldn't because of the dust. I had to work in the sewing factory.

"I was having asthma attacks that lasted three days. It was horrible, not being able to breathe. I was really ashamed and tried to cover it up. I don't know why I felt that way, but it was such an unknown thing in those days.

"Not being able to breathe is awful. If I was walking up a hill, I couldn't talk. And there was no medicine I could take then.

"I often had attacks in the night when I was sleeping in the same bed as my two sisters. I would be wheezing and they would get mad at me. They thought I could stop it. They didn't understand it. Nobody understood it.

"Later, I got married and had four children. When I was pregnant, I never had any asthma. I've been told it was because the body makes its own steroids when you're pregnant.

"When I had a really long attack, my husband had to take time off work and it was sometimes difficult for me to take the children to school. I had to give up work when I was 53, and now it has become chronic asthma. I have it all the time, but I'm very grateful that we have such good medication.

"Asthma runs in my family. My father's sister died of asthma when she was 41. My son started with it when he was two and my daughter developed it when she was 13, like me. My eldest grandson had childhood asthma, but has not got it now, and I have another grandson who was diagnosed with asthma at two and still has it. My sister was diagnosed with asthma at 50, my niece was diagnosed when she was 12, and I have cousins who also have it.

"I began using an inhaler when I was about 40, and in my 50s I began using a nebuliser.

"I first realised my asthma could kill me when I was 62 and I collapsed in the street. I knew I needed help. It was a very hot day, which is always difficult for me, and I couldn't breathe. I couldn't use my inhaler because I couldn't breathe in. They're no use unless you can breathe in. I'd forgotten my mobile, but I managed to get to a phone box to phone my husband. I was holding on to the door handle when I began to slip down to the ground.

"There were some young men in their early 20s nearby drinking outside a pub. I heard one of them say: 'Leave her, she's just drunk.' Luckily, two of them brought me into the pub and laid me on the floor in the games room.

"The landlady, who later told me she had had a few brandies, couldn't find a pulse. She saved my life by giving me mouth-to-mouth resuscitation. Everyone cheered when I came around. Later, when the ambulance took me to the hospital, I had a respiratory arrest and actually died for some time.

"I've taken it very seriously since then. I go for regular check-ups and use all the latest medications. I'm thrilled to

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bits that I have all these things. It's a luxury to me to know that when I get really short of breath, I have all the inhalers and medications I need. I've found going to the Breathe Easy support group meetings very helpful.

"My asthma is now well under control. The Chest Clinic allows me to manage my own steroids, and I'm on maintenance doses of several drugs and use the nebuliser every morning and night. I also have inhalers that I can use when I need them. With all these medications, I really have had a new lease of life."

'I had to learn to live life in a different way'

Mother of three Rosemary Matthews first experienced asthma in her teenage years.

"My first asthma attack happened when I was a teenager. I was outside chatting with my brother and my mother, enjoying the sunshine, when quite suddenly, I began to wheeze.

"I was really frightened, but none of us had any idea what was causing it. I was given a drink of water and, after I went indoors, it went away.

"Some time later, it happened again when I was with a boyfriend. I began wheezing and struggling for breath. He drove me straight to hospital, where they told me it was asthma. I was quite relieved to know what it was. I thought, 'now I can do something about it'.

"I had to learn to live with it, to live life in a different way. There would be things I couldn't do. I learned what my triggers were and began to control my asthma quite well. My triggers are pollen, house dust mites, cold air, aerosol sprays, the fumes from bleach and cigarette smoke.

"I still have asthma today, and I probably have about two attacks a year. I have to be very careful about going out. If the pollen count is high or if it's cool outside, that's enough to set it off. Cigarette smoke is another trigger, so the smoking ban has been a good thing.

"The first thing you need to learn when you're diagnosed with asthma is how to use an inhaler correctly. It isn't that easy. You need to learn your triggers and keep away from those things. If you can't keep away from them, take as many precautions as you can. Wearing a scarf over your face if the outside air is cold is a good example.

"My asthma is under control now. I self-manage it, but I have had to make lifestyle changes in recent years. The things I miss most are going for walks with my husband and gardening. It was my one favourite hobby. I can do very little in the garden now because of the pollen or the cold. You have to be careful of what's in the air.

"In the last three years, I've found I have to stay inside with the windows shut most of the time. In the hot weather, I

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have to use fans to keep cool.

"I've been advised to stay as fit as I can, and I have an indoor exercise regime.

"I feel I am doing quite well. It's more than a year since I've had to go to the Accident and Emergency Department.

"It's very scary, especially when you're put on BiPAP [bilevel positive airway pressure]. It's a non-invasive ventilation system to help you get more air into your lungs. You know then that you're being kept alive only by this machine."

'I walked back to happiness'

For Shamim Arshad, a retired civil servant from Newcastle, walking has been a lifesaver.

"A big asthma attack put me in hospital for two weeks. When I went home, I was put on steroids, which made me overweight and depressed. I got breathless just walking upstairs, and I never went out because I was frightened I might have another asthma attack.

"A friend persuaded me to walk just to the end of the road with her. She'd had treatment for breast cancer and I went thinking I was doing her a favour. I gradually increased my walks and now regularly walk two or three miles around my housing estate or local park. Walking makes me feel fresh and takes stress away.

"My confidence has increased and I've reduced the number of inhalers I need from four to one. On cold or damp days, when doctors have told me I shouldn't walk outside, I do indoor walks around the nearby shopping centre with a friend. And I lead walks around the local area for groups of older people. I want them to enjoy it as much as I do.

"It does give you an incentive to take care of yourself. You know you don't want to be in hospital in the high-dependency unit on BiPAP [bilevel positive airway pressure].

"It makes you think more about your triggers because that's the one way you can help yourself. The other thing I've learned and would like to pass on to others is that you should never panic. It will only make things worse. Try to relax. You will get help."

Additional information

Useful organisations

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Asthma UK

Summit House, 70 Wilson Street, London, EC2A 2DB
Tel : 08457 01 02 03

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

British Lung Foundation

73–75 Goswell Road, London, EC1V 7ER
Tel : 08458 50 50 20

<http://www.lunguk.org/>

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