

Asthma Medications

What medications are used to treat asthma?

There are two main types of medications for asthma:

- **Quick relief medicine** – This medication gives rapid, short term relief of asthma flare-ups. This medication is rapid acting and you will feel the effects within minutes. The effects last 4 to 6 hours. This medication is sometimes referred to as a “rescue medication.”

The quick relief medication works by loosening the muscles around the airways to open them up and to make breathing easier. This medication is usually in the form of a metered dose inhaler. It may also be given by a nebulizer.

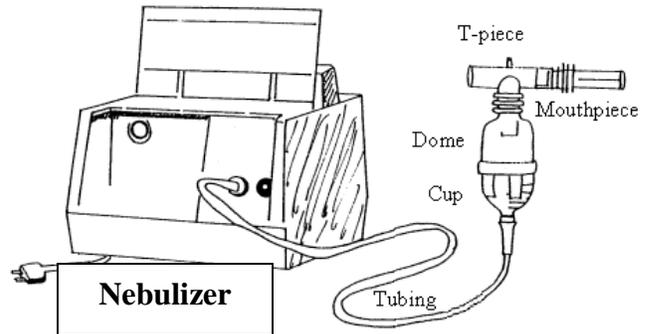
- **Long term controlled medicines** – These medications are taken on a daily basis to control chronic symptoms and are in the form of metered dose inhalers, diskus inhalers, pills, and liquids. Long term medications work over a long period of time to decrease airway swelling and mucus, help heal the airways, and prevent asthma flare-ups.

What is the quick relief medicine?

Albuterol (Proventil, Ventolin) is the quick relief medication for asthma symptoms. You should take your albuterol as soon as you begin to feel asthma symptoms (coughing, wheezing, chest tightness, shortness of breath). Your physician may recommend that you carry your albuterol with you and that you use a spacer with your inhaler.

Depending upon your individual needs, your physician may order nebulizer treatments for your albuterol rather than metered dose inhalers. A nebulizer is an

electric or battery-powered machine that turns liquid albuterol into a fine mist that you then breathe into your lungs. The nebulizer treatments usually take 5 to 10 minutes to deliver the medication.



Metered Dose Inhaler with Spacer

What are some examples of long-term controlled medicines?

There are five different types of long-term controlled medicines for asthma. As with the quick relief meter dose inhalers, your physician may recommend the use of a spacer if you are using long term meter dose inhalers.

- **Corticosteroid Inhalers** – These medications reduce inflammation in your airways and help to decrease the frequency of asthma flare-ups. There is low risk of side effects from this type of steroid because the inhaler delivers the medication directly into your lungs. It is important to rinse your mouth after using these inhalers to prevent mouth and throat irritation.

Examples include fluticasone (Flovent), budesonide (Pulmicort), triamcinolone (Azmacort), flunisolide (Aerobid), beclomethasone (Qvar), and Advair Diskus (combination of fluticasone and salmeterol).

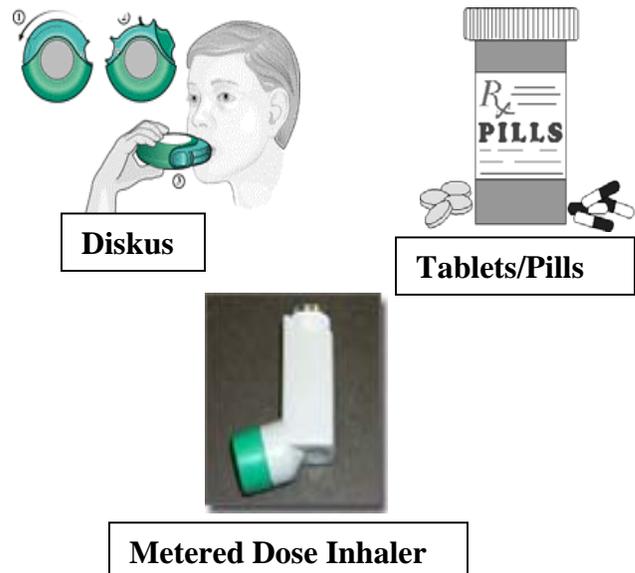
- **Long-acting Bronchodilators** – These medications open up constricted or tightened airways like the quick relief inhalers, but they last up to 12 hours. They are used to control moderate to severe asthma symptoms and to prevent nighttime symptoms. They are commonly used in combination with the corticosteroids. Long-acting bronchodilators cannot be used to relieve acute asthma flare-ups because they may take up to an hour to begin working after inhalation. Examples include formoterol (Foradil) and salmeterol inhaler (Serevent Diskus).
- **Leukotriene Modifiers** – These medications block a substance released by your lung cells called leukotriene. This substance causes inflammation of the lining of your airways, which then causes more mucus and worsening of asthma symptoms. These medications are available in tablet form. Examples include montelukast tablets (Singulair) and zafirlukast tablets (Accolate).
- **Cromolyn (Intal) and nedocromil (Tilade)** – Both of these inhaler medications prevent airways from becoming inflamed when they come in contact with an asthma trigger. Both may cause mouth and throat irritation, so it is important to rinse your mouth after use.
- **Theophylline (Uniphyll, Quibron-T/SR, Theo-24)** – This medication is a bronchodilator tablet that can be helpful for relieving symptoms in certain situations. If you are taking this medication, your physician may

recommend regular blood test monitoring to make sure you are getting the correct dose.

Theophylline is available in several different forms, including extended release tablets or capsules, regular tablets that can be cut if scored, and capsules that can be opened and sprinkled on soft food. The extended release form must be swallowed whole, it cannot be crushed or chewed. Ask your physician or pharmacist how to take the specific kind of theophylline ordered.

If you need to take both your quick relief or bronchodilator and long term inhaler at the same time, it is important to take the quick relief/bronchodilator inhaler first, then your long term inhaler, and then rinse your mouth.

Your physician will determine which medications are right for you. Regardless of what medication you have prescribed, always take your medicine as directed and never adjust your dosing unless advised by your physician.



Sources

Mayoclinic @ www.mayoclinic.com

National Heart, Lung, and Blood Institute @ www.nhlbi.nih.gov
Nemours Foundation @ www.kidshealth.org

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