Living Well with Asthma

If you’ve ever suffered from the breathing problems caused by asthma, this booklet is for you. As you read these pages, you’ll learn what asthma is and why it needs to be treated. You’ll also find out what to do when you have symptoms, and how to avoid things that make asthma worse. Together, these tools will help you control your asthma so you can lead a healthy, active life.

What Is Asthma?

Asthma is a disease that makes the airways in your lungs inflamed (red and swollen). When this happens, your airways become narrow. You may have symptoms such as coughing, chest tightness, and wheezing. But inflammation can also be present even when you feel fine. If the airways become so narrow that you have trouble breathing, it’s called an asthma flare-up (or “asthma attack”). Flare-ups can occur at almost any time—even when you’re asleep.

What You Can Do About It

There’s no cure for asthma. But you can control it. This will help prevent flare-ups and keep your asthma from getting worse. Controlling asthma will take effort on your part. But the results are worth it. Once you’re in control, you’ll be able to:

• Take part in sports and other activities without having asthma symptoms.
• Sleep through the night without symptoms.
• Not miss school or work because of asthma.
• Reduce or stop emergency room visits.

This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.
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Working with Your Healthcare Team

The job of controlling asthma is mostly up to you. But your healthcare team is there to help. Below are people who may be part of your team.

- **Your primary care doctor** guides your overall care and treatment. If needed, he or she can also refer you to asthma specialists.
- **Nurse practitioners** and **physician assistants** help diagnose and treat health problems such as asthma.
- **Respiratory therapists** evaluate and care for patients with breathing disorders.
- **Nurses and health educators** teach you the best ways to control your asthma on a daily basis.
- **Specialists**, such as an allergist or pulmonologist, help you adjust your treatment to get better control over your asthma.

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How Your Lungs Work

The air you breathe goes through the throat and windpipe into your lungs. Inside the lungs are branching airways called **bronchial tubes**. The outer part of these tubes is wrapped with bands of muscle. The inner lining of the tubes makes a sticky substance called **mucus**. The mucus traps and helps rid the lungs of any irritants you breathe in.

Normal Airways

The bronchial tubes branch out and get smaller as they go deeper into the lungs. The smallest bronchial tubes end in tiny balloon-like sacs called **alveoli**. These sacs take oxygen from the air you breathe and pass it into the bloodstream. They also collect carbon dioxide from the bloodstream for you to breathe out.
When You Have Asthma

When you have asthma, your lungs are more sensitive than the lungs of other people. This means your airways react to certain things called triggers and become inflamed. Inflammation makes the airways swollen and narrow. If the airways become so narrow that the air has a hard time getting in and out, it is called an asthma flare-up.

Inflamed Airways

The problems caused by asthma begin with inflammation in the lungs. This is a chronic (ongoing) problem that occurs when triggers irritate the lining of the airways. As the lining swells, there’s less space for air to move through the airways. Sometimes, you won’t notice any symptoms. Or, you may have mild symptoms such as a cough, chest tightness, shortness of breath, or low energy.

Flare-Ups

Flare-ups occur when airways that are already inflamed react to a trigger. This is an acute (sudden, often severe) condition. During flare-ups, the lining of the airways continues to swell and makes extra mucus. This further narrows the airways. The muscles around the airways also tighten (undergo bronchospasm), making it even harder for air to get in and out of the lungs. The symptoms you have may include wheezing, constant coughing, or trouble breathing. Having frequent flare-ups may also cause long-term damage to the airways in the lungs.
History and Physical Exam

You’ll be asked questions about your health and asthma symptoms. These include:

- What are your symptoms? What seems to trigger them?
- Do you have flare-ups? How often?
- When was your last flare-up? What do you think triggered it? What did you do for it?
- What medications do you take? How often do you take them? How do you use them? How well do they work? Do your medications cause any side effects?
- Have you tried any alternative treatments, such as vitamin supplements, herbal remedies, or acupuncture?

After the medical history, your healthcare provider will listen to your breathing and heartbeat. Your eyes, ears, nose, and throat will also be checked.

Lung Function Tests

Lung function tests help measure how well your lungs are working. You will be asked to blow into a spirometer. This device measures the amount and speed of the air you breathe out. It can also help show whether certain medications reduce your symptoms. Lung function tests are also used to find out whether your asthma gets worse with exercise.
Allergy Tests

For many people with asthma, substances called allergens act as triggers. To find out if you have a sensitivity (allergy) to certain allergens, you may have skin tests. These are done by pricking the skin with tiny amounts of common allergens. In some cases, you may have a blood test instead.

Health Problems That Can Affect Asthma

Not all breathing problems are caused by asthma. If your healthcare provider suspects other lung problems, you may have a chest x-ray. Your healthcare provider may also ask you about health problems that can make asthma worse. These include nasal and sinus problems, and acid reflux (heartburn).

Asthma and Pregnancy

During pregnancy, asthma symptoms may get better, worse, or stay the same. Regardless, you need to keep following a treatment program to control asthma. Most asthma medications, such as inhalers, are safe to use during pregnancy. In fact, it’s more harmful to your baby if you skip medications and have a flare-up. Be sure to talk with your healthcare provider about using medications during pregnancy.

What Are Your Asthma Triggers?

To control your asthma, you need to control your triggers. But triggers differ for each person. Use the checkboxes below to see what your triggers are.

Which of these common triggers causes you problems? Check all that apply to you.

- Dust (dust mites)
- Cats
- Dogs
- Other furry animals
- Birds
- Mold
- Pollen
- Cockroaches
- Tobacco smoke
- Smoke from fireplaces
- Household cleaners, such as ammonia or bleach
- Vehicle exhaust
- Smog
- Aerosol sprays
- Other air pollutants
- Strong odors, such as paint fumes, perfume, incense, or cooking odors
- Cold air
- Hot air
- Weather changes
- Illness, such as colds, flu, and sinus infections
- Certain food additives, such as sulfites used in wines, beer, and dried fruit
- Certain medications, such as aspirin and ibuprofen
- Exercise
- Emotions, such as laughing, crying, or feeling stressed
Your Call to Action

You can do a lot to manage your asthma and improve your quality of life. Based on your evaluation, you and your healthcare team will develop a plan designed to control your asthma. But it’s up to you to put this plan into action. This section of the booklet will give you the tools and information you need to follow this action plan. Doing so will help you feel healthier, more energetic, and more in control.

Why You Need to Take Control

Problems caused by asthma won’t go away on their own. You need day-to-day control of the inflammation in your lungs. You also need to control symptoms when you have them. These are lifelong tasks. But the more you stay in control, the better you’ll feel. If you don’t stay in control:

- Asthma symptoms can negatively affect your life. You may miss school, work, or activities that you enjoy.
- Asthma flare-ups can be dangerous, even deadly.
- Uncontrolled asthma may cause permanent damage to your lungs.

Your Action Plan

Your healthcare team will help you design a personal action plan to control your asthma. It includes all the steps you need to care for yourself. Ask your healthcare team to write this information down. This will help remind you how to manage your asthma so you can feel your best. On the following pages, you’ll learn how the parts of your plan all work together.

Peak flow monitoring helps measure how open your airways are.

Taking medications helps you control your asthma. You’ll also learn how the different types of asthma medications work.

Using asthma zones will help you keep track of and respond to asthma symptoms.

Avoiding triggers—the things that inflame your airways—will help prevent symptoms and flare-ups.
Peak Flow Monitoring

Peak flow monitoring is a way to measure how open your airways are. It is done with a device called a peak flow meter. The meter measures how fast you can push air out of your lungs. It can help warn you of a flare-up, even before you have symptoms. Your healthcare team will tell you how often to monitor your breathing. Write down your peak flow number each time you do this test.

How to Use a Peak Flow Meter

1. Move the marker to 0, or to the lowest number on the scale.
2. Stand up. If you can’t stand, sit up straight in a chair. Be sure you’re in the same position each time you do this test.

2. Take as deep a breath as you can.
   • Put the mouthpiece of the meter between your teeth. Close your lips tightly around it. Be sure your tongue does not block the opening.
   • Blow into the mouthpiece once, as hard and as fast as you can. Then take the meter out of your mouth.

3. Check where the marker has moved to on the numbered scale. Write this number down.
   • Move the marker back to 0. Repeat the test 2 more times.
   • Circle the highest of the 3 numbers. This is your peak flow number. Keep track of your number each time you do this test. Bring the numbers to appointments with your healthcare team.

What Do My Numbers Mean?

Peak flow numbers help you keep track of how open your airways are. Your numbers will likely vary each time you do this test. But over time, you’ll learn what’s normal for you. This makes it easier to know when your asthma is—or isn’t—under control. The numbers also help your healthcare team set your asthma zones. The next page will explain how these zones can help you.
Using Asthma Zones

Asthma zones tell you what action to take based on your asthma symptoms and peak flow numbers. Know what to do when you’re in each zone. Be sure to talk with your healthcare team if you have questions. Also ask your healthcare provider to help you write in the peak flow range for each zone.

Your Personal Best Peak Flow

Your personal best peak flow number is the number you get when your lungs are as open as they can be. Ask your doctor how to determine your personal best number. Then, write that number here: ___________.

Green Zone: Under Control

This zone is your goal. You rarely need quick-relief medication except for exercise.

Peak flow: _____ – _____
(80% to 100% of your personal best.)

Symptoms: None. Your asthma doesn’t get in the way of work, activities, or sleep.
Action: Keep taking your daily controller medications as prescribed.

My green zone medications are: ________________________________

Yellow Zone: Caution

This is your warning zone. Your airways are getting narrow. It’s time to act.

Peak flow: _____ – _____
(50% to 80% of your personal best.)

Symptoms: Some coughing, wheezing, chest tightness, or shortness of breath.
Action: Take more medication, such as quick-relief, as directed. Get away from your triggers right away.

My yellow zone medications are: ________________________________

Red Zone: Medical Alert

This zone means you’re having a flare-up. Take action now. Follow your red zone action plan!

Peak flow: Under _____
(Less than 50% of your personal best)

Symptoms: Constant cough, wheezing, or trouble breathing. Waking from sleep because of asthma symptoms.
Action: Take quick-relief and any other medications as prescribed. Call your doctor. Get help if your breathing doesn’t improve.

My red zone medications are: ________________________________

Call 911 (emergency) if you are struggling to breathe, can’t talk or walk because of shortness of breath, or your lips or fingernails are turning blue.
Taking Medications

Medications are one of your most important tools for controlling asthma. Some medications are taken daily to control inflammation in your lungs. Others help relieve symptoms of a flare-up. Always take your medications as prescribed. Know the names of your medications and how and when to use them.

Long-term Controller Medications

Long-term controller (also called “maintenance”) medications help reduce swelling and inflammation of the airways. This makes the airways less sensitive to triggers and less likely to flare up. These medications:

- Are inhaled or swallowed on schedule—usually every day. They should be taken even when you feel fine.
- Help keep asthma under control so you’re less likely to have symptoms.
- Will NOT stop a flare-up once it has begun.

Quick-Relief Medications

Quick-relief (also called “rescue”) medications work by relaxing the muscles that tighten around the airways. This helps ease symptoms such as coughing, wheezing, and shortness of breath. Keep your quick-relief inhaler with you at all times—even if you feel okay. Quick-relief medications:

- Are inhaled when needed.
- Open the airways right after you use them.
- Can stop flare-ups once they’ve started.
- Can help prevent flare-ups triggered by exercise.

Two Questions to Ask Yourself

The questions at right can help you assess your symptoms and medication usage. If you answer “yes” to either question, you may be in danger of having a flare-up. Be sure to talk to your healthcare team. If you’re already closely following your action plan, you may need to adjust your medications. Tell your team if you are often in your yellow zone. And call your doctor if you ever have a flare-up.

Do you use your quick-relief inhaler more than 2 times a week (other than before exercise)?

Do you wake up at night with symptoms more than 2 times a month?
Asthma Medications*

These pages will help you learn more about the medications used to control asthma. Learn the names of your medications and how they work. Use them according to your action plan. And be sure to take only the medications that are prescribed for you. Keep in mind that medications are used to control asthma. They can’t cure it.

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<th>Types of Medications</th>
<th>Long-Term Controllers (Maintenance) For daily use</th>
<th>Quick-Relief (Rescue) For use as needed</th>
<th>Steroid Burst For severe asthma episodes</th>
<th>Swallowed corticosteroids</th>
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<td>Steroidal anti-inflammatories</td>
<td>• Prevent or reduce airway inflammation. • Protect the airways from irritants and allergens.</td>
<td>• Relax muscles that tighten around the airways. • Help stop flare-ups once they’ve started. • Help prevent asthma symptoms caused by exercise.</td>
<td>• Are used for flare-ups or severe asthma episodes. • Are taken in addition to controller and quick-relief medications. • Help reduce swelling and mucus production in airways. • Are usually prescribed for short courses of 3 to 10 days. • Are used in rare cases as long-term therapy to control severe asthma.</td>
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<td>Long-acting bronchodilators</td>
<td>• Relax muscles that tighten around the airways. • Cannot stop a flare-up in progress (not to be used for quick relief). • Work longer, but more slowly, than short-acting bronchodilators. • Help prevent nighttime flare-ups or flare-ups caused by exercise. • Should be used along with a corticosteroid inhaler.</td>
<td>• Relax muscles that tighten around the airways. • Help prevent asthma symptoms caused by exercise. • Block the asthma response to some triggers (leukotriene modifiers). • Are often used with a corticosteroid inhaler.</td>
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<tr>
<td>Other long-term controllers</td>
<td>• Help prevent asthma symptoms caused by exercise.</td>
<td>• Relax muscles that tighten around the airways. • Take longer to work than other short-acting bronchodilators.</td>
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<td>Short-acting bronchodilators</td>
<td>• Relax muscles that tighten around the airways. • Help stop flare-ups once they’ve started. • Help prevent asthma symptoms caused by exercise.</td>
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<tr>
<td>Anticholinergics</td>
<td>• Are a type of bronchodilator that may be added to a short-acting bronchodilator to stop a severe flare-up. • Relax muscles that tighten around the airways. • Take longer to work than other short-acting bronchodilators.</td>
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This table is not a complete list of asthma medications and does not imply endorsement of any type or brand. It also does not include all actions, adverse reactions, precautions, side effects, or interactions for these medications. Only your healthcare provider can prescribe these medications. Talk to your healthcare provider or pharmacist about the possible side effects and drug or food interactions of any medication you use.

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<th>Examples of Medications</th>
<th>Possible Side Effects</th>
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<td>INHALED: beclomethasone dipropionate (QVAR); budesonide (PULMUCORT); flunisolide (AEROSPAN HFA); fluticasone propionate (FLOVENT HFA); fluticasone propionate and salmeterol xinafoate (ADVAIL)</td>
<td>Hoarseness, dry mouth, thrush (yeast infection in the mouth), and headache. After inhaling, rinse mouth with water, gargle, and spit.</td>
</tr>
<tr>
<td>INHALED: formoterol fumarate (FORADIL); salmeterol xinafoate (SEREVENT); budesonide plus formoterol fumarate (SYMBICORT)</td>
<td>INHALED OR SWALLOWED: Headache, dizziness, insomnia, nervousness, nausea, muscle twitches, muscle cramps and spasms, and fast or irregular heartbeat. For swallowed medications, your blood may be monitored. This can help prevent serious side effects. Be sure your healthcare provider knows all other medications you are taking.</td>
</tr>
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<td>SWALLOWED: theophylline (Elixophyllin, Theo-24, Theochron, Theolair)</td>
<td>INHALED: Side effects are rare, but may include dry throat, nausea, and unpleasant taste.</td>
</tr>
<tr>
<td>INHALED: cromolyn sodium</td>
<td>SWALLOWED: Headache, dizziness, and nausea.</td>
</tr>
<tr>
<td>SWALLOWED: montelukast sodium (SINGULAIR); zafirlukast (ACCOLATE); zileuton (ZYFLO)</td>
<td>INJECTED: Anaphylaxis (severe allergic reaction).</td>
</tr>
<tr>
<td>INJECTED: omalizumab (Xolair)</td>
<td>INHALED: Shakiness, nervousness, dizziness, fast or irregular heartbeat. If you need to use these medications more often than prescribed, talk with your healthcare team.</td>
</tr>
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<td>INHALED: albuterol sulfate (VENTOLIN HFA, PROVENTIL HFA); levalbuterol HCl (XOPENEX HFA); metaproterenol sulfate; terbutaline sulfate</td>
<td>Dry mouth, headache, and blurred vision. Avoid contact with eyes. Can worsen glaucoma, and may cause urinary retention in some persons.</td>
</tr>
<tr>
<td>INHALED: ipratropium bromide (ATROVENT HFA)</td>
<td>SWALLOWED: methylprednisolone (MEDROL); prednisolone (PRELONE); prednisolone sodium phosphate (PEDIAFILD, ORAPRED); prednisone (many brand names)</td>
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<td></td>
<td>Short courses generally have few side effects. If these medications are used for a long time, more serious side effects may occur. These include acne, increased appetite, weight gain, mood changes, high blood pressure, fluid retention, bruising, sleep problems, and stomach, eye, or bone problems.</td>
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Using Inhalers

To control asthma, you need to use your medications the right way. Some medications are inhaled using a device called an inhaler. The inhaler helps you take a measured dose of medication into your lungs. These pages discuss common types of inhalers. But not all types work the same way. So talk with your healthcare team. Have them show you how to use and care for the type you’re given.

Using Metered-Dose Inhalers (MDIs) with Spacers

Metered-dose inhalers use a fine spray to dispense medication. You may be asked to use a spacer (holding tube) with your inhaler. The spacer helps make sure all the medication you need goes into your lungs.

1 Remove the caps from the inhaler and spacer. Shake the inhaler well and attach the spacer. If the inhaler is being used for the first time or has not been used for a while, prime it as directed by its maker.

2 Breathe out normally. Put the spacer between your teeth and close your lips tightly around it. Keep your chin up.

3 Spray 1 puff into the spacer by pressing down on the inhaler. Then slowly breathe in as deeply as you can. This should take 3 to 5 seconds. (If you breathe too quickly, you may hear a whistling sound in the spacer.)

4 Take the spacer out of your mouth. Hold your breath for a count of 10. Then slowly breathe out. If a second dose is prescribed, wait at least 30 seconds before taking the next puff.

Using MDIs Without Spacers

Inhalers work best with spacers. But if you don’t have your spacer with you, these tips will help:

• Shake the inhaler and remove the cap. Breathe out through your mouth.
• Put the inhaler mouthpiece in your mouth and close your lips tightly around it. (Or, hold the inhaler 1 to 2 inches from your open mouth if told to do so by your healthcare provider.) Keep your chin up.
• Spray 1 puff by pressing down on the inhaler while breathing in deeply through your mouth for about 5 seconds. Hold your breath for a count of 10. Then breathe out slowly.
Using Dry-Powder Inhalers (DPIs)

Some inhalers use tiny grains of powder to dispense medication. Sometimes these inhalers don’t require spacers. And they often have counters that track how many doses you use. Keep in mind that dry-powder inhalers don’t all work the same way. So be sure you know how to use yours properly.

1. Load the prescribed dose of medication by following the instructions that come with the inhaler.

2. Breathe out normally, holding the inhaler away from your mouth. Hold your chin up.

3. Put the mouthpiece between your lips. Breathe in quickly and deeply through the inhaler—not through your nose. You may not feel or taste the medication as you breathe in. This is normal.

4. Take the mouthpiece out of your mouth. Hold your breath for a count of 10.

5. Breathe out slowly—but do not breathe out through the inhaler. Moisture from your breath can make the powder stick inside the inhaler. Also, be sure to close the inhaler and store it in a dry place.

Using Nebulizers

A nebulizer is another type of inhaler. It works by turning medication into a fine mist. Using a mouthpiece or mask, you breathe in this mist over a period of several minutes. This helps make sure enough medication reaches your lungs. If you need a nebulizer, your healthcare provider can show you how to use it.
Controlling Triggers: Allergens

Controlling your asthma triggers will help reduce symptoms and prevent flare-ups. For many people with asthma, breathing in allergens can lead to inflamed airways. To help stop problems before they start, do your best to avoid allergens that trigger your asthma. The tips below will help. In some cases, you may also need to take allergy medications.

**Dust Mites**

Dust mites are tiny bugs too small to see. But they can be a major trigger for asthma symptoms. Dust mites live in mattresses, bedding, carpets, curtains, and indoor dust. They thrive in warm, moist environments.

- Wash bedding in hot water (130°F) each week. This helps kill the dust mites.
- Cover mattress and pillows with special dust-mite-proof cases.
- If you can, replace wall-to-wall carpets with wood, tile, or linoleum floors—especially in the bedroom.
- Avoid horizontal blinds, which can collect dust. Use washable drapes, pull-down shades, or vertical blinds.
- Change air conditioning and heater filters on a regular basis.

**Animals**

Animals with fur or feathers often produce allergens. These are shed as tiny particles called dander. Dander can float through the air or stick to carpet, clothing, and household furniture.

- If you want a pet, it’s best to choose one that doesn’t have fur or feathers.
- Keep pets with fur or feathers out of your home. If you can’t do this, be sure to keep them out of your bedroom.
- Wash your hands and clothes after handling pets.
Mold
Mold grows in damp places, such as bathrooms, basements, and closets.
• Clean damp areas weekly to prevent mold growth. This includes shower stalls and sinks.
• Run an exhaust fan while bathing. Or, leave a window open in the bathroom.
• Repair water leaks in or around your home.
• Don’t use vaporizers, humidifiers, or evaporative (swamp) coolers. These put water into the air and can encourage mold growth.

Pollen
Pollen from trees, grasses, and weeds is a common allergen. Pollen from flowers is less of a problem.
• Try to learn what types of pollen affect you the most. Pollen levels vary depending on the plant and the season.
• Use air conditioning instead of opening the windows in your home or car.
• Avoid outdoor activities when pollen levels are high. Pollen levels are lowest after a rain.
• Have someone else do yardwork, if possible.

Cockroaches
Cockroaches are a common household pest. They also produce allergens.
• Keep your kitchen clean and dry. A leaky faucet or drain can attract roaches.
• Remove garbage from your home daily.
• Store food in tightly sealed containers.
• Use bait stations or traps to control roaches. Avoid using chemical sprays.

Allergy Medications and Shots
If you have severe allergies, talk with your healthcare provider about treatment options. Medications can often help relieve symptoms. Allergy shots (immunotherapy) may help if you’re allergic to things you can’t avoid. They can also help control your asthma. Be aware, though, that allergy shots can take up to a year to start working.
Controlling Triggers: Air Pollutants

Air pollutants are a common asthma trigger. But there’s more to air pollution than smoke and car exhaust. Many pollutants can be found inside the home or office. These include aerosol sprays, perfume, and strong odors.

Smoke

Smoke from cigarettes, cigars, pipes, and fireplaces can irritate your lungs.

- Don’t smoke. And don’t let people smoke in your home or car.
- When you travel, ask for non-smoking rental cars and hotel rooms.
- Sit in the non-smoking section when eating out.
- Avoid fireplaces and wood stoves. If you can’t, sit away from them. Make sure the smoke is directed outside.
- Don’t burn incense in the home.
- Move away from smoky outdoor cooking grills.

Smog

Car exhaust and other air pollutants combine to create smog. This can be a trigger for flare-ups.

- Read or listen to local air quality reports. These let you know when air quality is poor.
- Stay indoors as much as you can on smoggy days. If possible, use air conditioning instead of opening the windows in your home or car.
Strong Odors
Strong odors from items such as room fresheners, perfume, mothballs, incense, deodorizers, and insect sprays can trigger asthma symptoms.
• Use scent-free products, such as scent-free deodorant and lotion.
• Avoid using bleach and ammonia to clean things. Instead, make a cleaning solution by mixing water with white vinegar or baking soda.
• Use exhaust fans while cooking. This helps reduce odors.
• Store clothes in boxes with lids. Don’t use mothballs or cedar chips.

Other Irritants
Dust, aerosol sprays, and fine powders can irritate your lungs.
• Wear a mask while doing tasks like sanding, dusting, sweeping, and yardwork.
• Use pump bottles instead of aerosol cans when possible. Make sure your work areas are well ventilated.
• Pour liquid cleaners instead of spraying them.

Carry your quick-relief medication with you at all times. If you can’t avoid an area with air pollutants, use quick-relief medication before entering. This can help prevent a flare-up.
Controlling Other Triggers

It takes time to learn all your triggers. So watch for other things that make your asthma worse. The more you know about your triggers, the easier it will be to control them. The tips below will help.

Weather
Weather changes can trigger flare-ups in some people—especially when it’s cold and dry.
- Limit outdoor activity when it’s very cold, hot, humid, or windy. Windy days increase the amount of dust and pollen in the air.
- Protect your lungs by wearing a scarf over your mouth and nose in cold weather.

Illness
Illness can make your lungs extra sensitive. Do your best to stay healthy.
- Wash your hands often with soap and warm water or a hand sanitizer.
- Get a yearly flu shot.
- If you can, avoid people with colds.

Food Additives
Food additives can trigger asthma flare-ups in some people.
- Check food labels for “sulfites,” “metabisulfites,” and “sulfur dioxide.” These are often found in foods such as wine, beer, and dried fruit.
- Avoid foods that contain these additives, if they trigger your asthma.
Medications
Certain medications cause symptoms in some people with asthma. These include aspirin and aspirin-like products such as ibuprofen and naproxen. They also include certain prescribed medicines such as beta-blockers.

- Tell your healthcare provider if certain medications trigger symptoms. Ask for a list of products that contain those medications.
- Check the labels on over-the-counter medicines. Medicines for colds and sinus problems often contain aspirin or aspirin-like ingredients.

Emotions
Laughing, crying, or feeling excited can change your breathing. If you feel asthma symptoms coming on, try to calm down and slow your breathing.

- Relax your neck and shoulders. Then try a breathing exercise. Start by breathing in slowly through your nose for 2 counts. Then pucker your lips and breathe out slowly for 4 counts.
- As you breathe, try to focus on a soothing image in your mind. This will also help calm your breathing.
- Remember to take your daily controller medications. When you’re upset or under stress, it’s easy to forget.

Exercise
For some people, exercise can trigger asthma symptoms. This is called **exercise-induced asthma**.

- Don’t let exercise-induced asthma keep you from being active. Talk to your healthcare provider about ways to control your symptoms.
- Take quick-relief medication a few minutes before exercise, if prescribed.
- Warm up for 5 to 10 minutes before workouts.
- Always carry your quick-relief inhaler with you when you exercise.
- Learn to exercise in ways that help reduce symptoms (see the next pages).
Exercising with Asthma

Controlling your asthma will give you the freedom to take part in any sport or activity. So don’t stay on the sidelines. Your healthcare team can help you create an exercise program. You can also learn ways to make exercising more comfortable. If exercise triggers your asthma, use your quick-relief inhaler or other prescribed medications before workouts.

Make Activity Part of Your Life

Exercising at least a few times a week is great for your health. So try to stay as active as you can. For best results, choose activities you enjoy. This makes you more likely to keep at it. Here are some ideas to get you started:

• Walking and bicycling are great choices. If you can, have someone join you. This makes exercising more fun.
• Swimming is a good choice because the air is usually warm and moist and may be less likely to trigger a flare-up. Be aware, though, that chlorine fumes are a trigger for some people.
• Aerobic activities help keep your heart and lungs healthy. These include things such as jogging, swimming, or even walking fast. Choose at least one aerobic activity.
• Indoor exercises are a good choice for cold or smoggy days. Try exercising at a gym. Or, you can try things like yoga at home. Yoga stretches and strengthens muscles. It can also relax your breathing and help you feel less stressed.

Asthma and Athletes

As long as your asthma is under control, there’s almost no limit to what you can do. So if you’re an athlete, talk with your healthcare team about a treatment plan that suits your needs. Then go for it! It may help to know that many pro athletes and Olympic gold medal winners have asthma. So whether it’s making a basketball layup or running down the track, keep reaching for your goals.
Exercise Tips
The tips below will help reduce asthma symptoms and make your workouts more enjoyable.

- Use your medications as directed. If prescribed, use your quick-relief inhaler a few minutes before you begin exercising.
- Warm up with light exercises, such as walking, for at least 5 to 10 minutes. This can reduce your chances of having a flare-up.
- Drink plenty of water when you exercise. This keeps your body from losing too much fluid.
- Stop and follow your action plan if you notice asthma symptoms.
- Take it easy when you have a cold.
- Exercise indoors when air pollution is bad, or if it’s very cold, hot, or windy outside.
- Cool down after your workout for at least 5 minutes. Move at a slower pace. Then finish by stretching.

Be sure to talk with your healthcare team before you start an exercise program.
The Future Is Up to You

There’s no single way to manage asthma. It may take time and effort to find what works best for you. The more you know about asthma, the easier it will be for you to stay in control. So take an active role in your treatment. Know your triggers. Understand how your medications work and when to use them. The organizations listed below can also help you learn more about asthma.

Resources

American Lung Association
lung.org

Asthma and Allergy Foundation of America
www.aafa.org

National Jewish Health
www.nationaljewish.org

Allergy & Asthma Network—Mothers of Asthmatics
www.aanma.org

American Academy of Allergy, Asthma & Immunology
www.aaaai.org

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