

## Severe Asthma Symptoms & Ways to Control Them

### This factfile covers:

- What do we mean by severe asthma symptoms?
- How do I know if my asthma is well controlled?
- Difficult to control asthma
- Controlling severe asthma symptoms
- Avoiding your triggers
- Medicines and treatments
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### What do we mean by severe asthma symptoms?

If you have severe asthma symptoms you may have:

- peak flow readings which vary widely day and night
- unpredictable, severe asthma attacks that occur without warning
- frequent emergency hospital admissions
- the need for regular or frequent courses of steroid tablets to treat symptoms.

There are around 2.6 million people in the UK with severe asthma symptoms. However, in the majority of cases this is because they are not being prescribed, or correctly taking, the right dose, or type, of asthma medicine. This is known as poorly controlled asthma and can usually be addressed with the right medicine and advice.

### How do I know if my asthma is well controlled?

Most people with asthma can expect:

- minimal or no symptoms during day and night
- minimal or no need for reliever medicine
- no worsening of asthma symptoms
- their asthma not to limit their physical activity
- normal lung function (as defined by a peak flow at 80% or more of predicted or best).

If you notice any of the following, then you should see your doctor or asthma nurse for a review of your treatment to try and bring your asthma back under control:

- waking at night with coughing, wheezing, shortness of breath or a tightness in your chest
- increased coughing, wheezing shortness of breath or a tightness in your chest on waking up in the morning
- needing more and more reliever treatment
- finding that your reliever does not seem to be working well, or last for four hours
- can not keep up with your usual level of activity or exercise.

Sometimes asthma is termed difficult to control because despite sticking to the appropriate medicine and avoiding relevant triggers, the symptoms continue.



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### Difficult to control asthma

Up to half a million people, are living with severe asthma symptoms despite taking high doses of medicine correctly and avoiding their triggers. This type of asthma is known as difficult to control asthma. It is sometimes referred to as 'brittle asthma' and can be unstable, unpredictable, with frequent severe attack. Often no consistent trigger factors can be identified. Difficult to control asthma is sometimes split into two types:

- Type I: Peak flow varies widely day and night despite considerable medical therapy. More women than men are affected. Possible trigger factors include allergens (eg house-dust mite, pollen, cat and dog dander), life trauma or ongoing stressful situations, and symptoms related to the menstrual cycle.
- Type II: Attacks come on very quickly without warning and often require emergency hospital admission. Between attacks people with type II difficult to control asthma can feel well and their asthma seems well controlled. It is equally common in both men and women. Possible trigger factors include inhalation of something that causes an allergic reaction. In some people foods can trigger serious attacks.

### Controlling severe asthma symptoms

Controlling your severe asthma symptoms involves both avoiding things that trigger your asthma and increasing or changing your asthma medicines and treatments. Your doctor or asthma nurse should provide you with a personal asthma action plan, which will help you get your symptoms under control and keep them under control.

The plan should contain the information you need to keep control of your asthma, including:

- information about your asthma medicines
- how to recognise when your asthma gets worse and what you should do about it
- emergency information on what to do if you have an asthma attack.

The plan will allow you to vary the dose and change your medicines within agreed limits to gain better control of your asthma. Make sure you have your asthma reviewed at least once a year, but this should happen sooner if your symptoms are getting worse or if you have severe asthma symptoms. It is important that you do not change your medicines without talking to your doctor or asthma nurse first to agree on a personal asthma action plan.

### Avoiding your triggers

A trigger is anything that irritates the airways and causes the symptoms of asthma. Everyone's asthma is different and you will probably have several triggers. It can be difficult to identify exactly what triggers your asthma. Sometimes the link is obvious, for example when your symptoms start within minutes of coming into contact with a cat or dog. But some people can have a delayed reaction to an asthma trigger.

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### Medicines and treatments

When doctors decide how best to treat your asthma, they use a nationally agreed 'stepwise' approach to help them. Each step shows what treatment is needed to control your asthma. If the treatment on one step is not working, your doctor may recommend moving up to the next step.

#### ■ Step 1

You occasionally use a short-acting reliever (usually a blue inhaler). Short-acting relievers are medicines that you take immediately to relieve asthma symptoms. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. They are essential in treating asthma attacks. You should take a dose of reliever inhaler when you experience asthma symptoms. If you are using your reliever inhaler three times a week or more, you should go back to your doctor and have your symptoms reviewed so that they can be kept under control. Relievers are a safe and effective medicine and have very few side effects. Some relievers can temporarily increase your heartbeat or give you mild muscle shakes. These effects are more common when taking high doses. They generally wear off within a few minutes or a few hours at most.

#### ■ Step 2

In addition to your short-acting reliever, at this stage you will now need to take regular preventer medicine to reduce the inflammation in your airways. Preventers control the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks. They build up over a period of time, usually taking up to two weeks to become effective so they need to be taken every day, usually morning and evening, even when you are feeling well. You will be started on an appropriate level of treatment to get your symptoms under control; once this has been achieved the treatment will be reduced to the lowest possible dose. Preventer inhalers usually contain a steroid medication. There are several kinds of inhaled steroids, but they all work in the same way.

#### ■ Step 3

If your asthma is not fully controlled, before increasing preventer treatment, your doctor should offer you a trial of an 'add-on therapy'. The first 'add-on therapy' to be tried would be a long-acting reliever. This would be in addition to your steroid preventer. (Long-acting relievers go on working for a longer time than short-acting relievers and are usually taken twice a day to have an effect.) Symptoms should then be assessed to see if there has been an improvement. There are other 'add-on' treatments available and if the long-acting reliever medicine has no effect, your doctor should stop this treatment before introducing other medicines. Preventer tablets (leukotriene receptor antagonists) are also available.



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### Medicines and treatments (continued)

#### ■ Step 4

In addition to your short-acting reliever medicine and a long-acting reliever medicine (if it is helping to reduce your symptoms), your steroid inhaler medicine may be increased further. Other 'add-on therapies' may be introduced if your symptoms are difficult to control. If one 'add-on therapy' does not improve your symptoms, it should be stopped before you are started on a different medicine.

#### ■ Step 5

If your symptoms are still difficult to control, even on maximum amounts of medication, you should be referred to a specialist in respiratory care. They will thoroughly review your asthma including trigger avoidance and check for other possible conditions.

You may be started on a course of steroid tablets to get your symptoms under control. They work quickly and powerfully to help to calm down your inflamed airways. Short courses of tablets, usually one to two weeks, will not give any long-term side effects. If you are concerned about side effects talk to your GP about how to minimise these, eg closer monitoring if you have diabetes, taking the tablets with or after food to avoid heartburn.

Some people may need to take high doses of inhaled steroids or longer courses of steroid tablets that may sometimes cause side effects including:

- weight gain
- mood swings
- heartburn and indigestion
- thinning of the skin or bruising easily
- osteoporosis
- altering diabetic control or uncovering a tendency to diabetes
- chickenpox may be more serious
- increased risk of cataract.

Specialist centres may also try other treatments if you are not responding to maximum doses of steroid tablets. These may include omalizumab, cyclosporin, methotrexate and immunoglobulin or subcutaneous reliever medicine. As these treatments are not used as widely as other asthma medicines you will be monitored closely by the specialists treating you. Monitoring may include having to have regular blood tests. To find out more about these treatments ask your specialist or contact the Asthma UK Adviceline



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### Medicines and treatments (continued)

#### Stepping up and stepping down

Once your symptoms are under control, your doctor may consider stepping down your medications because you should be on the lowest dose of medicine to control your asthma. It is important that your doctor or asthma nurse reviews your symptoms after your medicines have been 'stepped down' to see what effect it has had.

### What can happen if your asthma symptoms do not improve

#### Seeing a respiratory specialist

If your asthma continues to cause you problems your GP should refer you to a respiratory specialist where other tests may be performed, such as:

- chest X-ray
- lung function tests, including spirometry
- blood tests
- skin prick tests for allergies
- sometimes a psychological assessment, to try and identify life stresses that may be having an impact on your asthma.

You should have regular appointments with the specialist team until your symptoms are under control.

### Where can I get further information?

The Anaphylaxis Campaign  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)  
01252 542029

MedicAlert  
[www.medicalert.co.uk](http://www.medicalert.co.uk)

Allergy UK  
[www.allergyuk.org](http://www.allergyuk.org)  
01322 619864

Talman Ltd (for SOS Talisman)  
[www.sos-talisman.com](http://www.sos-talisman.com)  
020 8554 5579



### **Asthma UK Adviceline**

Ask an asthma  
nurse specialist

**0800 121 62 44**

**asthma.org.uk/adviceline**

### **Asthma UK website**

Read the latest independent  
advice and news on asthma

**asthma.org.uk**

### **Asthma UK publications**

Request booklets, factfiles  
and other materials with  
independent, specialist  
information on every  
aspect of asthma

**0800 121 62 55**

**info@asthma.org.uk**

### **Asthma UK membership**

Become a member of  
Asthma UK and receive  
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**0800 121 62 55**

**membership@asthma.org.uk**

Asthma UK, Summit House, 70 Wilson Street, London EC2A 2DB

**T** 020 7786 4900 **F** 020 7256 6075 **E** info@asthma.org.uk

Asthma UK Cymru, Eastgate House, 35-43 Newport Road, Cardiff CF24 0AB

**T** 02920 435 400 **F** 02920 487 731 **E** wales@asthma.org.uk

Asthma UK Northern Ireland, The Mount, 2 Woodstock Link, Belfast BT6 8DD

**T** 02890 737290 **F** 02890 737289 **E** ni@asthma.org.uk

Asthma UK Scotland, 4 Queen Street, Edinburgh EH2 1JE

**T** 0131 226 2544 **E** scotland@asthma.org.uk

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