

# ASTHMA & SENIORS



## FEELING SHORT OF BREATH?

Feeling breathless is not a normal part of getting older.

Approximately **1 in 9** Australian adults have asthma, up to **1 in 7** over the age of 65. Asthma can develop for the first time, at any age.

The good news is most people can achieve good control of asthma symptoms and live well with asthma.

## COULD IT BE ASTHMA?

### Do you ever:

- Get breathless, wheezy or hear a whistle sound when you breathe?
- Wake up coughing or wheezing?
- Feel tight in the chest?
- Struggle to keep up with your normal activity? Or have stopped some or all of your usual activities?

**If you answer yes to any of these questions, it is very important to see your doctor.**

Tell your doctor what symptoms you have, how often you have them, if they stop you doing the things you enjoy, and what makes the symptoms go away. Ask your doctor about a lung health check today.



## WHAT IS ASTHMA?

Asthma is a long-term lung condition of the airways (the passage that transports air into our lungs). Currently there is no cure, but asthma can be well managed.

People experiencing asthma have sensitive airways. These airways become inflamed (red and swollen) when they are exposed to triggers. Airways narrow and can cause significant, persistent and troublesome symptoms. Narrowing and inflammation can cause breathing difficulties, and if left untreated can lead to a medical emergency.

**Symptoms include: shortness of breath or breathlessness; wheezing; coughing and chest tightness. You do not have to have all of these symptoms to have asthma.**

### Asthma flare-up or attack

A flare-up, also known as an asthma attack, can come on slowly over hours, days or even weeks, or quickly over minutes.

### Diagnosis

A doctor should always diagnose asthma. Diagnosis usually involves providing your doctor with information about your health and overall circumstances – include recent illnesses, medications, smoking, exercise, weight changes or allergies and recent breathing symptoms or changes in the way you breathe. Your doctor may also ask you to undertake a lung function test.

Asthma affects people of all ages.

# UNDERSTANDING YOUR LEVEL OF ASTHMA SYMPTOM CONTROL

Think about your asthma over the last four weeks and look at the chart below to see if your asthma control is good, partial, or poor.

Good control	Partial control	Poor control
<b>All of:</b>	<b>One or two of:</b>	<b>Three or more of:</b>
Able to do all your usual activities	Less able to do your usual activities	Less able to do your usual activities
No asthma symptoms during night or on waking	Any asthma symptoms during night or on waking	Any asthma symptoms during night or on waking
Daytime symptoms no more than two days per week	Daytime symptoms more than two days per week	Daytime symptoms more than two days per week
Need reliever no more than two days per week*	Need reliever more than two days per week*	Need reliever more than two days per week*

\*Not including reliever taken before exercise.



# WRITTEN ASTHMA ACTION PLAN

If you do not already have a written Asthma Action Plan, ask your doctor for one. If you do have one, ask your doctor to check that it is up to date.



**ASTHMA AUSTRALIA**

## ASTHMA ACTION PLAN

Take me when you visit your doctor

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Patient name: \_\_\_\_\_

Plan date: \_\_\_\_\_ Review date: \_\_\_\_\_

Doctor details: \_\_\_\_\_

**WELL CONTROLLED** is all of these...

- needing reliever medication no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak Flow reading (if used) above

**TAKE preventer**

day  / night  puffs/inhalations

Use my preventer, even when well controlled • Use my spacer with my puffer

**TAKE reliever**

name  puffs/inhalations as needed

puffs/inhalations 15 minutes before exercise

Always carry my reliever medication

**FLARE-UP** is any of these...

- needing reliever medication more than usual OR  days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak Flow reading (if used) between  and

my triggers and symptoms

**TAKE preventer**

name

day  / night  puffs/inhalations for  days then back to well controlled dose

Use my preventer, even when well controlled • Use my spacer with my puffer

**TAKE reliever**

name  puffs/inhalations as needed

**START other medication**

name  dose  for  days

**MAKE an appointment to see my doctor this week**

**SEVERE** is any of these...

- reliever medication not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak Flow reading (if used) between  and

my triggers and symptoms

**TAKE preventer**

name

day  / night  puffs/inhalations for  days then back to well controlled dose

Use my preventer, even when well controlled • Use my spacer with my puffer

**TAKE reliever**

name  puffs/inhalations as needed

**START other medication**

name  dose  for  days

**MAKE an appointment to see my doctor TODAY**

If unable to see my doctor, visit a hospital:

**START other medication**

name  dose  for  days

**EMERGENCY** is any of these...

- reliever medication not working
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak Flow reading (if used) below

**1 CALL AMBULANCE NOW**

Dial Triple Zero (000)

**2 START ASTHMA FIRST AID**

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. v15 Updated 28 November 2022

A written Asthma Action Plan tells you how to:

- Recognise when your asthma is getting worse
- Change your reliever and preventer medication in response to symptoms
- Know when to seek medical help

Your doctor may be able to list your important asthma triggers on your written Asthma Action Plan. For example, exercise and how to manage it.

## TRIGGERS

People with asthma often find that certain things can set off their asthma symptoms – these are known as triggers. When a person’s asthma is well-controlled, triggers are less likely to set off an asthma flare-up.

Some common asthma triggers include:

- **Smoking** - People with asthma should always avoid cigarette smoke. Smoking makes asthma symptoms worse and stops preventer medication from working fully. Being near someone else who is smoking can also worsen asthma symptoms.
- **Colds and flu** - Viruses, like colds and flu, are the most common triggers for people with asthma. Speak to your doctor about vaccinations (e.g. influenza) and how they can be part of your plan to keep well. If you experience asthma symptoms with a cold or flu, follow your written Asthma Action Plan and see your doctor.
- **Exercise and activity** - Do not avoid exercise and activity. People with asthma are encouraged to stay active and healthy. If you find that exercise or activity makes your asthma symptoms worse, check that you are using your preventer medication correctly and taking it every day. If you are still getting asthma symptoms with exercise, see your doctor.
- **Allergies** - Pollens from trees and grasses are a common trigger for people with asthma that can worsen or flare-up asthma and hay fever symptoms.
- **Medications** - Certain medications can trigger asthma in some people. These can include prescription and non-prescription medications and some complementary therapies. Some medications that can trigger asthma include:

Type of medication	
<b>Beta blockers</b>	For most people with asthma, beta blockers (used for high blood pressure and angina, or eye drops for glaucoma) will make their asthma worse.
<b>Non-steroidal anti-inflammatory (NSAIDs)</b>	For some people with asthma aspirin or non-steroidal anti-inflammatory medicine may make their asthma worse.

**Never stop taking medications without discussing with your doctor first. Your medications may not trigger your asthma. For more information you can view our Triggers brochure at [asthma.org.au/resources](https://asthma.org.au/resources)**

**A written Asthma Action Plan can support you to keep your asthma under good control.**

## MEDICATIONS & DEVICES

**There are a range of medicines and devices available for people with asthma to manage and control their symptoms. The most common types of asthma medicines are preventers and relievers.**

Relievers are fast-acting medication that reduces the symptoms of asthma.

Preventer medicines make the airways less sensitive, reduce redness and swelling and help to dry up mucus.

Up to 90% of people do not use their asthma medication devices correctly. Using your asthma medication properly will help you breathe better!

Ask your doctor or pharmacist to:

- Show you how to use your asthma inhalers and devices
- Check that you are able to do it correctly with regular reviews

**See the brochure Medications and Devices for more information at [asthma.org.au/resources](https://asthma.org.au/resources)**

## REGULAR REVIEW

Plan to see your doctor at least twice a year to discuss your asthma. If you are using your reliever puffer more than two days per week, see your doctor as soon as possible.



# LUNG HEALTH

Some people have Chronic Obstructive Pulmonary Disease (COPD), which includes chronic asthma, chronic bronchitis and emphysema. This lung condition can be associated with smoking or exposure to cigarette smoke, occupational or environmental exposures to dust, gas or fumes. If you are concerned about COPD discuss this condition with your doctor.

Approximately 7.5 % of Australians over the age of 40 have COPD (about 1 in 13 people). COPD is not a contagious disease.

COPD and Asthma can overlap, 20% of people with COPD also have asthma. This is called asthma-COPD overlap syndrome or ACOS. It is important to talk to your doctor about managing both of these conditions well, to enable you to continue to enjoy a wide range of activities.\*

To find out more about COPD contact:

**Lung Foundation Australia**  
**1800 654 301**  
[lungfoundation.com.au](http://lungfoundation.com.au)

# VACCINATION RECOMMENDATIONS FOR OLDER ADULTS

Flu and pneumococcal infections can trigger asthma flare-ups. Vaccination can reduce the risk.\*\*

Vaccination type	Recommendation	Age
Annual influenza	For people with severe asthma and COPD	All ages
	All seniors	65+
	Aboriginal and Torres Strait Islander people	All ages
Pneumococcal (protects against common causes of pneumonia)	Aboriginal and Torres Strait Islander people	50+
	All seniors	70+

For the latest immunisation information, visit [health.gov.au/health-topics/immunisation-and-immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu](http://health.gov.au/health-topics/immunisation-and-immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu)

\* National Asthma Council Australia & Lung Foundation Australia. Asthma-COPD overlap. Melbourne: National Asthma Council Australia, 2017.

\*\* AAH National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Website. Available from: <http://www.astmahandbook.org.au>



## MAKE THE CALL 1800 ASTHMA

Call our free information and support service to speak with an Asthma Educator about your asthma.

Call **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au/1800-asthma](http://asthma.org.au/1800-asthma)

This brochure, developed by Asthma Australia, provides basic information about asthma in seniors.

### Other Asthma Australia resources:

- Asthma Basic Facts
- Asthma Triggers
- Asthma Medications and Devices
- Things to Ask and Tell Your Doctor



All Asthma Australia information is consistent with the National Asthma Council's, The Australian Asthma Handbook (2020).

Asthma Australia information does not replace professional medical advice. People should ask their doctor any questions about diagnosis and treatment.

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# ASTHMA FIRST AID

## Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



**DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:**

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a **known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever**

**1**



**SIT THE PERSON UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

**2**



**GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER**

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - Repeat until 4 puffs have been taken



If using **Bricanyl**, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

**3**



**WAIT 4 MINUTES**

- If breathing does not return to normal, give 4 more separate puffs of reliever as above



**Bricanyl:** Give 1 more inhalation

## IF BREATHING DOES NOT RETURN TO NORMAL

**4**



**DIAL TRIPLE ZERO (000)**

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives



**Bricanyl:** Give 1 more inhalation every 4 minutes until emergency assistance arrives