

# What do the updated asthma guidelines mean to me?



**Asthma**  
Australia

## Your guide to the Australian Asthma Handbook Version 2.0

The Australian Asthma Handbook is the national guideline for primary healthcare professionals to diagnose and manage asthma.

If you have asthma, they essentially set the standard of medical care and treatments you receive in hospital, at your GP and at the pharmacy. While these guidelines do not address all the gaps, this update is an important contribution towards achieving a more comprehensive model of care for 2.7 million Australians with asthma.

If you have asthma, you are empowered to use these guidelines to assist with your health care. Below are the key **changes** and points you or your carer need to know:

### For everyone who has asthma



- **Your doctor should confirm with you the correct use of your asthma inhaler.** Please ask your doctor to check your technique, even if you think you know how to use it. This will help ensure you're prescribed the right style of inhaler to suit you, and you are using it correctly to receive a proper dose of medication.



- **All patients with asthma should have a written Asthma Action Plan.** If you do not have an Asthma Action Plan, ask your GP to provide you with one. If your Asthma Action Plan is more than 12 months old, please seek a review from your GP or respiratory specialist.



- **Only a small proportion of adults with asthma should manage their asthma with blue-reliever medication.** Most adults with asthma should be prescribed a regular inhaled corticosteroid. Blue-reliever medication is life-saving during an asthma flare-up, however regular long-term use for asthma management is associated with adverse outcomes and a higher risk of complications. If you do not have a preventer medication, make an appointment with your GP to discuss your asthma control and medications.



- **If you present to hospital with acute asthma, you should receive a discharge plan which is an interim Asthma Action Plan.** After discharge from hospital, you should attend an appointment within 3 days, and a second appointment within 2-4 weeks to review your asthma.



- **If costs are a barrier to taking your asthma medication as prescribed,** ask your doctor for ways to minimise your costs. Your doctor can discuss strategies to lower your out-of-pocket cost.



- **Thunderstorm asthma advice is now blanket for everyone who may be at risk, including those who have allergies.** Advice is to aim for year-round asthma control; speak to your doctor about preventer medications; avoid being outdoors before and during springtime thunderstorms; check pollen counts and avoid thunderstorms only on high pollen days. Pollen count links and apps are available on our website.

## For Children with asthma

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- **Recommendations for children, including the stepped approach to adjusting asthma medication, is different for children aged 1-5 years and 6 years and over.** Please check that your child is receiving care consistent with the new guidelines.
- **If your child has allergic rhinitis (hay fever), ask for allergen management advice.** Discuss allergen immunotherapy as a strategy for asthma prevention and also ask about safe medication for managing allergic rhinitis in your child.
- **See your GP before your child returns to school each year.** Back to school asthma is a known and serious risk and is firmly set out in the updated guidelines.
- **Diagnosis and management of asthma for children under 12 months is not recommended within primary care.** If your infant is wheezing, your doctor should seek advice from or refer you to a paediatrician or paediatric respiratory specialist.

## For Adolescents with asthma

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- **There are now separate recommendations for managing asthma in adolescents** including a focus on confidentiality. As a mid-teenager, from 14-16 years old, doctors will consult you alone, so you can talk in confidence about your asthma without your parent or carer present. If you feel more comfortable talking with your doctor alone, you have every right to request this.

## For Severe Asthma

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- **There is updated evidence and advice for managing severe asthma in adults and adolescents,** including use of tritropium (Spiriva), oral corticosteroids (prednisone), azithromycin, and a class of medicines called monoclonal antibodies therapy. Please check with your specialist.
- **There is additional advice for non-pharmacological strategies and general care to manage severe asthma.** Talk to your specialist about other strategies you can use to manage your severe asthma.

## Changes Asthma Australia is pleased to see

As well as reflecting important clinical advancements over the past five years, we are pleased to note improved medical protocols after discharge from hospital, including resources for an interim Asthma Action Plan and discharge checklist.

There are now improved guidelines and a focus on diagnosing asthma in children and adolescents separately as well as identifying risk factors for life-threatening asthma flare-ups.

We strongly welcome the shift towards a more patient centred approach. Highlights are encouraging GPs to talk with patients about the cost of medicines; recommending that inhaler technique is reviewed for individuals; and managing risk factors such as thunderstorm asthma (allergens) and back to school time asthma with more conscientious, proactive care.

Through our Asthma Helpline phone service, Asthma Australia has identified many of these updated changes as key issues for people with asthma.

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## Where to find the Australian Asthma Handbook version 2.0 & My Asthma Guide

The Australian Asthma Handbook and My Asthma Guide, is developed by the National Asthma Council Australia. **To download the updated versions please visit [www.nationalasthma.org.au](http://www.nationalasthma.org.au)**