There has been an update in the way adolescents (over 12 years) and adults can treat their mild asthma, meaning there are now more options. We want you to know what they are.

We believe how well you treat your mild asthma comes down to:

- What you know about asthma;
- How much asthma impacts your wellbeing and;
- What treatment works best for you.

Asthma Australia has developed this guide so that with the help of your doctor, you can make informed decisions and treat your mild asthma in the way that works best for you.

Disclaimer: Asthma Australia does not make specific treatment recommendations. Treatment decisions need to be discussed with your doctor. We aim simply to give you the information you need to have those discussions.
ASTHMA BASICS

Asthma, whether mild, moderate or severe, is usually associated with inflammation in the airways and airways that are sensitive to triggers – they react excessively in the face of these triggers. These features usually persist, even when you don’t notice symptoms, but may get better with the right anti-inflammatory treatment. Asthma can’t be cured, but mild asthma can be managed with medication, an asthma management plan and a healthy lifestyle.

When you experience asthma symptoms such as difficulty breathing, these things are happening in your airways:

1. The muscle around the airway can squeeze to make the airway tighter and narrower, restricting air flow
2. The inside walls of the airways can become swollen and inflamed, leaving less space inside for air to pass through
3. Mucus can block the inside of the airways stopping air getting in and out of the lungs

Asthma symptoms can sound like a wheeze (whistling sounds from your chest), feel like a tightness in the chest, and cause shortness of breath or persistent dry coughing.

For people with mild asthma, their airways aren’t always affected in these ways, but they can still be at risk of serious asthma flare-ups (attacks). This guide can help people with mild asthma to understand their condition and have a talk to their doctor about how they can reduce their symptoms and manage their asthma.

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KNOW HOW YOUR MEDICATIONS WORK FOR YOU

It’s important to know how asthma affects your airways, because different asthma medications work on the causes of your symptoms in different ways.

Here we talk about the three medical treatment options available in mild asthma:

**RELIEVER MEDICATION**

Relax the muscles in the airways. We call them bronchodilators (bronch = airways, dilator = to open). They’re also known as short-acting beta agonists, or SABAs. You might also call them ‘blue/grey relievers’.

You should always carry a reliever inhaler to treat your breakthrough symptoms. You can read more about relievers [here](#).

**PREVENTER MEDICATION**

Treat the inflammation that causes your asthma. They reduce swelling and dry up mucus, resulting in healthier airways that are not as sensitive to your asthma triggers. Preventers are taken daily or twice daily, can start to work within days and may take up to 4-6 weeks to work at their best. The most common preventer medicines are known as inhaled corticosteroids (ICS) and some are available in combination form with another medicine called a long-acting beta agonist (LABA). The LABA acts like the SABA (above) in relaxing the muscles around the airways but lasts longer (long-acting).¹ So the combination medicine both treats the underlying cause and relaxes the airway muscles. Combination preventers are also known as ICS/LABAs.

There are many kinds of preventers (including tablets) and you can read about them [here](#).

Even when you are prescribed a preventer, you must ensure you always have access to a reliever inhaler for quick relief of breakthrough symptoms.
DUAL PURPOSE RELIEVER MEDICATION

This is an additional treatment option for patients with mild asthma, and the newest addition to the Australian asthma treatment guidelines (the Australian Asthma Handbook, National Asthma Council, Australia). It has the dual effect on asthma, with both reliever and preventer actions. The medicine licensed for use as a dual purpose reliever in Australia currently is budesonide/formoterol in combination.

These medications contain the fast-acting bronchodilator which acts quickly to relax the muscles around the airways and keep them open, and a corticosteroid which aims to treat the inflammation.

The medications approved as dual purpose relievers for mild asthma are:

- **DuoResp Spiromax (200/6)** for ages 18 and over
- **Symbicort Rapihaler (100/3)** for ages 12 and over
- **Symbicort Turbuhaler (200/6)** for ages 12 and over

*The number in the brackets refers to the strength of the medicine in the device. Even though there are different strengths of some of these medicines, these are the strengths licensed for use as-needed in mild asthma in Australia.

It’s important to note that these medicines are not all the same and have unique characteristics distinguishing them from each other, including the device you will use to take the medicine. It is possible that your pharmacist may offer a different brand to the one prescribed. Ensure the medicine you are dispensed is the medicine you discussed using with your doctor and that the device that delivers the medicine is suitable for your needs.

For step-by-step instructions on how to use devices, follow this link.
When using the dual purpose reliever, it is important to note the ‘daily limit’ of inhalations:

For DuoResp Spiromax and Symbicort Turbuhaler 200/6 do not use more than 6 inhalations on a single occasion or more than 12 inhalations in any day. If your symptoms continue to worsen over 2-3 days, despite using additional inhalations according to your Asthma Action Plan, make an appointment with your doctor.7

For Symbicort Rapihaler 100/3 do not use more than 12 inhalations on a single occasion or more than 24 inhalations in any day. If your symptoms continue to worsen over 2-3 days, despite using additional inhalations according to your Asthma Action Plan, make an appointment with your doctor.7
MORE ABOUT MILD ASTHMA TREATMENT OPTIONS

According to the new Australian asthma treatment guidelines, mild asthma can now be treated in one of the following ways:

- **Regular medication, using a low dose ICS preventer** daily or twice daily as prescribed. This treats underlying inflammation and mucus production on an ongoing basis to reduce asthma symptoms. A blue/grey reliever will still need to be carried and used to treat breakthrough symptoms. Regular preventer treatment reduces asthma deaths, protects the lungs when you are sensitive to triggers and prevents the long-term consequences of untreated, chronic inflammation where your lungs can deteriorate.

- **As-needed therapy, using the dual purpose reliever.** This relieves symptoms while at the same time aims to reduce underlying inflammation. As-needed use of dual purpose reliever has been shown to improve symptom control and reduce the risk of severe flare-ups compared to not using any anti-inflammatory as part of asthma management.

- **As-needed therapy, using SABA (blue/grey reliever) alone.** This relieves symptoms quickly but does not address underlying inflammation. This treatment would only be recommended if your doctor was extremely confident that you weren’t at risk of an asthma flare-up and if you didn’t experience symptoms more than twice per month.7

**The dual purpose reliever is new**

This is the first time a combination preventer medication (ICS/LABA) has been approved for use on an ‘as-needed’ basis in Australia, which provides an alternative option to the previously available options. Research has shown the use of the dual purpose reliever has the potential to significantly reduce the risk of severe asthma flare-ups for people with mild asthma.3,4,5

This option won’t be ideal for all people with mild asthma and as with everything, it’s important to discuss your needs and share ideas with your doctor. For example, if you have frequent symptoms and have experienced severe flare-ups, your doctor might recommend regular (daily or twice daily) preventer treatment plus as-needed reliever. On the other hand, if you rarely experience symptoms and don’t have risk factors for a severe flare-up, you might not need to use anti-inflammatory based treatment at all.
HOW OFTEN TO USE YOUR ASTHMA MEDICATION

As always, use your asthma medication as your doctor prescribed it and your pharmacist described when they dispensed it.

Regular preventer medication needs to be taken daily or twice daily and doing so ensures you’ll get the most out of this treatment to improve your asthma control, reduce your risk of flare-up, improve the health of your lungs and improve your quality of life. You still to need to carry your blue/grey reliever with you at all times in case of breakthrough symptoms.

The dual purpose reliever is only used when you have symptoms, whether these are mild or severe. However, if you’re using your dual purpose reliever more than three days a week, it’s important to see your doctor again as you may need to adjust your treatment plan or address other factors in your life which affect your asthma control or change your risk of a flare-up.

If prescribed a blue/grey reliever alone, your doctor and pharmacist will advise you to use this whenever you have symptoms. It’s important to be very cautious about the use of your blue/grey reliever: if you rely on it more than two days a week you should visit your doctor for an asthma review. Excessive use of the blue/grey reliever can be a sign of deteriorating asthma and may place you at risk of harm.

Your doctor or pharmacist can discuss with you how to use your medication and show you how to correctly use the device it comes in. We also have up-to-date instructions on how to use your device here. Your medicine will come with a consumer medicine information (CMI) leaflet inside the packaging which also describes how to use it.

In asthma management, relievers are prescribed for as-needed use and preventers for regular use with the aim of treatment being good asthma control, no flare-ups, healthy lungs and good quality of life.
HOW MUCH YOUR MEDICATION WILL COST AND HOW LONG IT WILL LAST

All medication prescribed for mild asthma is subsidised under the Pharmaceutical Benefits Scheme (PBS) when prescribed by a doctor. The cost of prescriptions vary from one medication to another and it’s best to check in with your local pharmacy on the cost of your prescription. You may find this information on some pharmacy websites.

Most prescribed asthma medication lasts for 12 months or more before becoming expired but again, there is variation between medications. Once open, some inhalers will expire after three months. It will be important to be aware of the date you open the packaging and ensure you dispose of and replace the medicine after three months where applicable.
IN SUMMARY

- Don’t change any of your asthma medications or routines without first discussing with your regular doctor except as written in your Asthma Action Plan.
- Ensure you keep using your preventer regularly (daily or twice daily) if this is what you have been prescribed.
- If using a blue/grey reliever more than two days a week, quickly make an appointment with your doctor to discuss your control.
- If using a dual purpose reliever more than three days a week, it is recommended to discuss your asthma control with your doctor.
- Always ensure you have a 30-day supply of your asthma preventer medications.
- Ensure you have an up-to-date written Asthma Action Plan which includes all of your medications for the management of your asthma, and which you and those that may care for you, know how to use.
- Have your inhaler device technique checked regularly.
- Check the expiry date and keep track of when you started using your medication because some can only be used for three months after opening.
- Do not exceed the daily limits of your reliever medication.
- Maintain exercise, good overall health and wellbeing.
- Keep your influenza and pneumococcal immunisations up to date (if applicable).

Ensure you have a follow up appointment booked with your doctor to review the changes you and your doctor make to your treatment, within one to three months of the change.6

Your preference and life circumstances will play a large role in your asthma treatment, and we encourage you to find an option that works for your body, your budget and your lifestyle so you can get your asthma under control.

WANT TO KNOW MORE?

For more information on the new dual purpose reliever or to speak with an Asthma Educator about your asthma, call 1800 ASTHMA (1800 278 462).
REFERENCES

1. From eMIMs The bronchodilating effect is dose dependent with an onset of effect within 1 to 3 minutes after inhalation. The duration of effect is at least 12 hours after a single dose.

2. https://d8z57tiamduo7.cloudfront.net/resources/Symbicort_Asthma_Action_Plan_Rapihaler_01.06.2020.pdf (NAC website)


