

# ASTHMA & SENIORS

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**ASTHMA  
AUSTRALIA**

# **FEELING SHORT OF BREATH?**

Feeling breathless is not a normal part of getting older.

Approximately one in nine Australian adults have asthma, up to one in seven 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 4 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 ACTION PLAN

Take me when you visit your doctor

**ASTHMA AUSTRALIA**

**PATIENT NAME**

**PLAN DATE**  **REVIEW DATE**

**DOCTOR DETAILS**

**EMERGENCY CONTACT**

**NAME**  **PHONE**

**RELATIONSHIP**

**WELL CONTROLLED** is all of these...
I NEED TO...

- 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**

name  puffs/inhalations  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

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**FLARE-UP** is any of these...
I NEED TO...

- 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**  **day**  **night**

name  puffs/inhalations  puffs/inhalations

for  days then back to Well Controlled dose

**TAKE reliever**

name  puffs/inhalations as needed

**START other medication**

name  dose  for  days

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

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**SEVERE** is any of these...
I NEED TO...

- 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**  **day**  **night**

name  puffs/inhalations  puffs/inhalations

for  days then back to Well Controlled dose

**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

**If unable to see my doctor/hospital:**

**START other medication**

name  dose  for  days

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**EMERGENCY** is any of these...
I NEED TO...

- 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 an anti-inflammatory medicine as your reliever, your doctor will discuss the correct plan for you.

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	
Beta blockers	For most people with asthma, beta blockers (used for high blood pressure and angina, or eye drops for glaucoma) will make their asthma worse.
Non-steroidal anti-inflammatory (NSAIDs)	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](http://health.gov.au/health-topics/immunisation) and [immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu](http://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>

# ASTHMA FIRST AID

1



## SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



## GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

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

OR give 2 separate inhalations of Bricanyl (6 years or older)

OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)

OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** 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 there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more inhalation of Bricanyl

OR give 1 more inhalation of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer

## IF THERE IS STILL NO IMPROVEMENT

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

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes  
– up to a max of 4 more inhalations of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes  
– up to a max of 8 more puffs of Symbicort Rapihaler

## CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

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



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**1800 ASTHMA**

(1800 278 462)

[asthma.org.au](http://asthma.org.au)



# MAKE THE CALL 1800 ASTHMA

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

**1800 ASTHMA**  
(1800 278 462)

    



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

Other Asthma Australia brochures:

- Asthma Basic Facts
- Asthma Medications & Devices
- Things to Ask & Tell your Doctor



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All Asthma Australia information is consistent with the National Asthma Council's, The Australian Asthma Handbook (2019).

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

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