

UPDATED  
TREATMENT  
OPTIONS FOR  
MILD ASTHMA:

# KNOW YOUR OPTIONS



**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. The information in this resource supplements Australian asthma treatment guidelines but does not replace them.

# 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:**

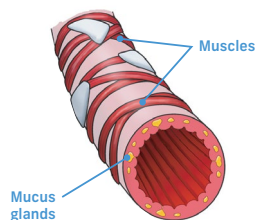
- 1** The muscle around the airway can squeeze to make the airway tighter and narrower, restricting air flow
- 2** The inside walls of the airways can become swollen and inflamed, leaving less space inside for air to pass through
- 3** Mucus can block the inside of the airways stopping air getting in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

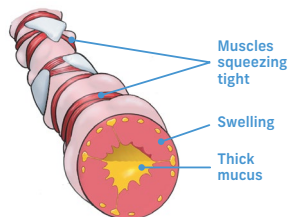
For people with mild asthma, their airways aren't always affected in these ways, but they can still be at risk of serious asthma flare-ups (attacks). This guide can help people with mild asthma to understand their condition and have a talk to their doctor about how they can reduce their symptoms and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



## NORMAL OR WELL MANAGED ASTHMA AIRWAY



## AIRWAYS DURING ASTHMA FLARE-UP



# 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 inhaled corticosteroids (ICS) preventer** daily or twice daily as prescribed. This treats underlying inflammation and mucus production on an ongoing basis to reduce asthma symptoms and prevent asthma flare-ups. A blue/grey reliever will still need to be carried and used to treat breakthrough symptoms. Preventer treatment, if taken regularly, 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 (budesonide/formoterol).** Relieves symptoms and reduces risk of serious flare-ups by treating inflamed airways. As-needed use of a dual purpose reliever has been shown to improve symptom control and reduce the risk of serious flare-ups compared to not using a i.e. a dual purpose reliever as part of asthma management.
- **As-needed therapy, using SABA (short-acting beta agonists, 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.<sup>5</sup>

## About the dual purpose reliever

This is the first time a combination preventer medication inhaled corticosteroids (ICS) / long-acting beta agonist (LABA) has been approved for use on an as-needed only basis in Australia, which provides an alternative option to those previously available for people with mild asthma. Research has shown the use of the dual purpose reliever has the potential to relieve symptoms and reduce risk of (serious) asthma flare-ups (attacks) for people with mild asthma.<sup>1,2,3,4</sup>

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 serious flare-ups, your doctor will assess asthma control, reassess your asthma medications and possibly step up your asthma management in accordance with the asthma guidelines.

On the other hand, if you rarely experience symptoms (less than twice per month) and don't have risk factors for a serious flare-up, you might not need to use a dual purpose reliever treatment at all.

# 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:**

## PREVENTER MEDICATION



Treat the inflammation in your airways 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). 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 or dual purpose reliever for quick relief of breakthrough symptoms.

## 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 or dual purpose reliever inhaler to treat your breakthrough symptoms. You can read more about relievers [here](#).

## 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). The combination of budesonide/formoterol in the dual purpose reliever: the two active ingredients in the single inhaler, when used as needed, relieves symptoms and reduces risk of experiencing serious asthma flare-ups (attacks).

These medications contain the fast onset and rapid 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.

You might recognise these medications can also be prescribed as a daily or twice-daily preventer.

### 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 (budesonide/formoterol as needed): relieves symptoms and reduces risk of serious flare-ups by treating inflamed airways, it is useful to note how it will be prescribed and the recommended 'daily limit' of inhalations.**



### **DuoResp Spiromax and Symbicort Turbuhaler 200/6**

DuoResp Spiromax and Symbicort Turbuhaler can be used to treat asthma symptoms when they happen, as needed and to help stop asthma symptoms from happening, for instance before exercise. Your doctor will tell you how many inhalations to take before exercising or exposure to other triggers to help stop symptoms from happening or before exposure to other triggers.

If you get asthma symptoms, take 1 inhalation of DuoResp Spiromax 200/6 or Symbicort Turbuhaler 200/6 and wait a few minutes. If you do not feel better, take another inhalation.

Do not use more than 6 inhalations on a single occasion or more than 12 inhalations in any day.



### **Symbicort Rapihaler 100/3**

Symbicort Rapihaler 100/3 can be used to treat asthma symptoms when they happen, as needed and to help stop asthma symptoms from happening, for instance before exercise. Your doctor will tell you how many inhalations to take before exercising or exposure to other triggers to help stop symptoms from happening.

If you get asthma symptoms, take 2 inhalations of Symbicort Rapihaler 100/3 and wait a few minutes. If you do not feel better, take another 2 inhalations.

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 written Asthma Action Plan, make an appointment with your doctor.<sup>5</sup>**

# 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 need to carry your blue/grey reliever with you at all times in case of breakthrough symptoms.

The dual purpose reliever is used when you have symptoms, whether these are mild or severe. Discuss with your doctor preventive use of the dual purpose reliever before exercise or before allergen exposure. If you're using your dual purpose reliever most days, 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 and dual purpose 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 inhaled 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, taking into account how often you're likely to use it. You may find this information on some pharmacy websites.

Most medications will have an expiry date, and some inhalers will have a use-by-date after opening. It will be important to be aware of the date you open your medication packaging and ensure you dispose of and replace medicines within appropriate timeframes. Discuss with your pharmacist how long you can keep and use your prescription and over the counter medicines.





# 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 asthma control
- If using a dual purpose reliever most days, it is recommended to discuss your asthma control with your doctor
- Always ensure you have a 30-day supply of your asthma preventer medications and at least one of your reliever or dual purpose reliever inhalers
- 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 opened your medication, because some inhalers can only be used for a certain number of weeks or months after dispensing or opening
- Do not exceed the daily limits of any of your asthma 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.<sup>4</sup>

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

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6. Hardy et al, Lancet 2019; 394: 919-928



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