



**Helping patients achieve hay fever  
and asthma control this spring.**

2.7 million Australians have asthma, 80% of these people have hay fever too. Help them get well with Asthma Australia's free resources and services.

# Asthma and Allergic Rhinitis:

An information sheet for General Practitioners



Asthma and allergic rhinitis are closely linked, both characterized by inflammation and sensitivity throughout the respiratory system. Asthma affects 2.7 million Australians. About 80% of people with asthma also have hay fever and between 15% to 30% of people with hay fever also have asthma.<sup>1</sup>

Managing allergic rhinitis and allergy is part of asthma care and improving asthma control. Better control and management of allergic rhinitis has been shown to improve asthma control in both adults and children.<sup>4,7,8,9</sup>

People with asthma and allergic rhinitis experience:

- Increased number of asthma flare-ups
- Increased number of visits to their GP and asthma-related hospitalisations
- More time off work or school
- Higher annual medical costs<sup>2,3,4</sup>

Allergic rhinitis can also result in:

- Disturbed sleep
- Daytime tiredness
- Recurrent headaches
- Poor concentration
- Increased risk of ear infections in children
- Recurrent sinus infections in adults

Common symptoms of allergic rhinitis are:

- Itchy nose or eyes
- Runny nose
- Sneezing
- Blocked nose
- Throat clearing
- Snoring

If your patient has symptoms of asthma or allergic rhinitis e.g. cough, wheeze or sneeze in the pollen season, they may be susceptible to thunderstorm asthma. If this is the case, undertake an asthma and allergy diagnosis, develop a written Asthma Action Plan and/or an Allergic Rhinitis Treatment Plan and ensure your patient has the right medication.

Treatments for asthma and allergic rhinitis:

- Most patients with asthma should be taking a regular (ICS) containing preventer, to minimise their symptoms and markedly reduce their risk of flare-ups.<sup>5</sup> Use of even a low dose of ICS, if taken regularly, reduces the risk of asthma-related death by 50–85%.<sup>6</sup>

- Intranasal corticosteroids are the most effective treatment for allergic rhinitis and can improve all symptoms, especially nasal congestion.
- Saline sprays/irrigation solutions can also be used to help clear nasal congestion and pressure, wash away dust and other irritants and soothe the lining of the nose.
- Oral antihistamines are effective against symptoms of rhinorrhea, sneezing, nasal itching and eye symptoms, but are less effective for nasal congestion.<sup>7</sup>

General Practitioners have a key role to play in supporting people with asthma and allergic rhinitis.

Recommendations for General Practitioners:

- Check for a diagnosis of allergic rhinitis when diagnosing or reviewing asthma.
- Discuss hay fever symptoms and treatment options with people with asthma.
- Recommend or prescribe intranasal corticosteroids for adults and children with persistent ( $\geq 4$  days per week and  $\geq 4$  weeks)<sup>10</sup> allergic rhinitis or moderate-to-severe intermittent allergic rhinitis - even if the person is already taking regular inhaled corticosteroids for asthma, see the Australian Asthma Guidelines for more information – [www.astmahandbook.org.au/clinical-issues/allergies/allergic-rhinitis](http://www.astmahandbook.org.au/clinical-issues/allergies/allergic-rhinitis)
- Demonstrate and check delivery device technique for asthma medications and/or intranasal sprays.
- Assess level of asthma control – Use the Asthma Control Test™ available at [www.asthma.org.au](http://www.asthma.org.au)
- Provide a written Asthma Action Plan or Allergic Rhinitis Treatment Plan.

Visit the Australian Asthma Guidelines for further information about managing allergic rhinitis in people with asthma: [www.astmahandbook.org.au/clinicalissues/allergies/allergic-rhinitis](http://www.astmahandbook.org.au/clinicalissues/allergies/allergic-rhinitis)

Download Asthma Australia's Asthma App – a patient education tool to help support and educate people with asthma from the iTunes app store or Google Play.

Refer your patients with asthma to Asthma Australia's Patient Education Referral Service visit [www.asthma.org.au/referrals](http://www.asthma.org.au/referrals)

1. Australian Institute of Health and Welfare. Allergic rhinitis ("hay fever") in Australia. Cat. no. ACM 23. Canberra: AIHW; 2011. Available from: <http://www.aihw.gov.au/publication-detail/?id=107374205952>. Bousquet J, Gauhris S, Kocevar V, S., Zhang Q, Yin D, D., Polos, P. G. and Bjermer, L. (2005). Increased risk of asthma attacks and emergency visits among asthma patients with allergic rhinitis: a subgroup analysis of the improving asthma control trial. *Clinical & Experimental Allergy*, 35: 723–727. doi:10.1111/j.1365-2222.2005.02251.x. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2222.2005.02251.x/full> 3. Pawankar R, Bunnag C, Chen Y, et al. Allergic rhinitis and its impact on asthma update (ARIA2008) – western and Asian-Pacific perspective. *Asian Pac J Allergy Immunol*. 2009; 27: 237-243. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/202325794>. Price D, Zhang Q, Kocevar VS, et al. Effect of a concomitant diagnosis of allergic rhinitis on asthma-related health care use by adults. *Clin Exp Allergy*. 2005; 35: 282-7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/157841045>. National Asthma Council Australia. Australian Asthma Handbook, Version 1.2. National Asthma Council Australia, Melbourne, 2016. Website. Available from: <http://www.astmahandbook.org.au> 6. Suissa S, Ernst P, Benayoun S, Baltzan M, Cai B. Low-dose inhaled corticosteroids and the prevention of death from asthma. *N Engl J Med* 2000; 343:332-336. 7. Bousquet J, Khaltaev N, Cruz AA, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008. *Allergy*. 2008; 63: 8-160. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1398-9995.2007.01620.x/full> 8. de Groot EP, Nijkamp A, Duiverman EJ, Brand PL. Allergic rhinitis is associated with poor asthma control in children with asthma. *Thorax*. 2012; 67: 582-7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/222137389> 9. Thomas M, Kocevar VS, Zhang Q, et al. Asthma-related health care resource use among asthmatic children with and without concomitant allergic rhinitis. *Pediatrics*. 2005; 115: 129-34. Available from: <http://pediatrics.aappublications.org/content/115/1/129.long> 10. <https://www.allergy.org.au/hp/papers/allergic-rhinitis-clinical-update>



# ASTHMA IN DISGUISE

## SPRING ASTHMA CHECKLIST

The spring season can often bring additional challenges for people with asthma. Follow our checklist to better manage your asthma and allergies this spring.

### SPRING ASTHMA TIPS

#### Be aware of high pollen days

If you experience hay fever and/or pollen is a trigger for your asthma, it is important to be aware of when high levels of pollen are present in the air. People with asthma and hay fever should monitor relevant apps and websites over spring including AusPollen and AirRater.

On high pollen days, close your windows and doors. If you have an air conditioner, make sure it is turned to 'circulate' so it doesn't bring the outdoor pollens inside.

#### Treat your hay fever symptoms

Managing hay fever is an important part of overall asthma care as hay fever can make asthma worse and more difficult to control. Treatment of hay fever depends on the severity and frequency of your hay fever symptoms.

#### Treatment options include:

- Antihistamines
- Saline sprays/irrigations
- Corticosteroid nasal sprays
- Decongestants

Speak to your doctor or pharmacists about the best treatment for your hay fever.

#### Manage your risk of thunderstorm asthma

##### If you are at an increased risk of thunderstorm asthma:

- Understand the Epidemic Thunderstorm Asthma phenomenon.
- Have a written Asthma Action Plan (where advised by your doctor) and/or have practical knowledge of the four steps of Asthma First Aid.
- Have reliever medication available in grass pollen season and be aware of how to use it (ideally with a spacer).
- Be alert to and act on the development of asthma symptoms as explained in your written Asthma Action Plan if you have one, or if you don't, use Asthma First Aid.

- Be aware of thunderstorm forecasts particularly on HIGH or EXTREME pollen count days. Where possible avoid being outside during thunderstorms during the grass pollen season – especially in the wind gusts that come before the storm. Go inside and close your doors and windows and if you have your air conditioner on, turn it to recirculate.
- Never ignore asthma symptoms like breathlessness, wheezing and tightness in the chest. Start Asthma First Aid immediately and call Triple Zero "000" for help if symptoms do not get any better or if they start to get worse.

#### Low allergen gardens

Gardens can harbor allergens that can trigger asthma, hay fever and allergy symptoms.

##### Some top tips to reduce the impact of gardening on your asthma (alongside good asthma management) include:

- Choosing Australian native plants and brightly coloured, large flowering plants that are pollinated by birds/insects rather than wind, as they don't release pollen into the air.
- Avoiding plants with strong fragrances or odour (e.g. jasmynes), especially planted next to entrances or windows. Exceptions include roses.
- Choosing native or slow-growing, low or no pollen grass that does not require frequent mowing
- Using inorganic mulches such as pebbles or gravel to reduce weeds and mould spores
- Weeding the garden often to avoid them flowering or seeding
- Avoiding compost heaps
- Avoiding gardening on windy days when pollen may be airborne



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# Are your SPRING ALLERGIES disguising something **MORE?**

## BE PREPARED FOR SPRING

Good asthma management year-round is the key to ensuring you are ready for spring.

### Visit your doctor for an asthma review

Visit your doctor every six - 12 months for an asthma review

#### With your doctor:

- assess your current level of asthma control
- make sure you are on the right medicines to manage your asthma (e.g. a preventer)
- check your inhaler technique
- ensure your Asthma Action Plan is up-to-date
- ask about your asthma, your treatment and how to stay healthy during winter

### Get a written Asthma Action Plan

An Asthma Action Plan is something developed with a doctor to help provide clear instructions on what to do when experiencing asthma symptoms or during an asthma flare-up and should include instructions about managing asthma alongside identified triggers.

With your doctor, develop or update your written Asthma Action Plan.

#### Follow a written asthma action plan for:

- a better controlled asthma
- fewer asthma flare-ups
- fewer days off work or school
- reduced reliever medication use
- fewer hospital visits

### Take the Asthma Control Test

If you have experienced any of the following in the last four weeks it indicates your asthma may not be under control.

- Daytime asthma symptoms more than two days per week
- Need for reliever more than two days per week
- Any limitation on activities due to asthma symptoms
- Any asthma symptoms during the night or on waking

Visit [asthma.org.au/asthma-control-test](http://asthma.org.au/asthma-control-test) to get your Asthma Score.

### Preventer - every day, even when well

Preventers work to reduce the inflammation in the airways. Regular use of your preventer makes the airways less sensitive, which reduces the frequency and severity of asthma symptoms (reducing the need for your reliever medication) and the risk of future flare-ups. Daily use of a preventer is key to keeping well.

### Check your device technique

Up to 90% of people are thought to use their inhalers incorrectly, which means the dose of medicine isn't getting into the lungs where it's needed. Ask your doctor or pharmacist to check you are using your inhaler medication device correctly.

### Learn the steps of Asthma First Aid

The Asthma First Aid app is your go-to tool for an asthma emergency. It covers both first aid in the event of an asthma emergency plus the ability to review each of the four first aid steps. Download the Asthma First Aid app from the App Store or Google Play.

### For more information call

**1800 ASTHMA (1800 278 462)**

or visit [asthma.org.au/asthmaindisguise](http://asthma.org.au/asthmaindisguise)

#AsthmaInDisguise

Partners:



AstraZeneca 



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# INTERIM ASTHMA ACTION PLAN

You have been to hospital due to experiencing an asthma attack.  
**Follow this plan to help bring your asthma back under control.**

Make an appointment with your doctor within three (3) days of discharge and a second appointment within 2-4 weeks, for review and development of a new Asthma Action Plan.

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

UR: \_\_\_\_\_

DOB: \_\_\_\_\_

Date Interim Action Plan prepared on: \_\_\_\_\_

## BLUE / GREY RELIEVER



Take  puffs/inhalations of **Ventolin/Bricanyl** when symptoms arise

If your symptoms return within 3 hours, seek urgent medical assistance.

## PREVENTER



Take  puffs/inhalations of **Flixotide\***  mcg  times a day



Take  puffs/inhalations of **Seretide\***  mcg  times a day



Take  puffs/inhalations of **Symbicort\***  mcg  times a day



Take  inhalations of **Breo**  mcg  times a day



Take  inhalations of **Pulmicort**  mcg  times a day



Take  puffs of **Flutiform**  mcg  times a day



Take  tablets of **Montelukast\***  mcg  times a day



Take  puffs of   mcg  times a day

\*Generics are available for these medications. Talk to your doctor or pharmacist for more information.

## SYMBICORT SMART PROTOCOL

 Please complete the below section if your patient is on the SMART protocol.

Take  inhalations of **Symbicort Turbuhaler\***  mcg  times a day

**AND take 1 puff as your reliever when required** 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 three days, despite using additional inhalations, tell your doctor.



Take  puffs of **Symbicort Rapihaler\***  mcg  times a day

**AND take 2 puffs as your reliever when required** Do not use more than 12 puffs on a single occasion or more than 24 puffs in any day. If your symptoms continue to worsen over three days, despite using additional inhalations, tell your doctor.

## PREDNISOLONE TABLETS



Take  mgs or  x  mg tablets once a day for  days

## OTHER INSTRUCTIONS



For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit **asthma.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
- Remember: **Shake, 1 puff, 4 breaths**

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

3



## WAIT 4 MINUTES

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

OR give 1 more dose of Bricanyl or Symbicort inhaler

## 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 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort



Translating and Interpreting Service  
131 450



**ASTHMA AUSTRALIA**

Contact Asthma Australia

**1800 ASTHMA**  
(1800 278 462)

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

### 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's 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.

# HOW TO REFER

your patient to  
The COACH Program®



**ASTHMA  
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1. Download template
2. Complete
3. Send
  - Fax
  - Secure message



An asthma coach  
will call your patient  
within a week of  
receiving the referral.



A summary report  
of the call will be  
sent to the patient,  
referrer and their GP.

## HERE'S WHAT OUR PATIENTS SAY...

"I felt like  
someone was  
truly listening  
to me."

"It helped me feel more  
confident about my  
son's asthma. When he  
was diagnosed, I was  
very overwhelmed"

"I found it helpful  
to have my progress  
monitored, especially  
as I was newly  
diagnosed"

"Would recommend  
to anyone with  
asthma who has  
concerns."

"Previously I knew  
nothing about  
asthma, now I can  
control it and I feel  
more confident."

"I learned so much  
and it was helpful  
to have a friendly  
ear on the line."

This **free** coaching and support service\* is available for patients with asthma and/or their carers.

**REFERRAL TEMPLATES** [asthma.org.au/referrals](http://asthma.org.au/referrals)

**Fax:** 07 3257 1080 **Message:** HealthLink - asthmaus / Medical-Objects - FA40060001U

For more information, contact Asthma Australia  
on **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](http://asthma.org.au)



YouTube



\*Supported by the Australian Government.

# THE COACH PROGRAM<sup>®</sup>

## REFERRAL SERVICE



**ASTHMA  
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The COACH Program<sup>®</sup> is available for patients aged 12 years and older with a confirmed asthma diagnosis.

### REFERRER DETAILS

Health Service Name:		Date:
Name:	Surname:	
Role:		Postcode:
Phone:	Fax:	
Email:	Secure Messaging Details: <input type="radio"/> HealthLink <input type="radio"/> Medical-Objects	

### PATIENT CONSENT AND CONTACT DETAILS

Name:		Surname:	
Date of Birth:	Age:	Gender:	
Who are we contacting:	<input type="radio"/> Patient <input type="radio"/> Parent/Carer <input type="radio"/> Other		
Name:	Surname:		
Contact numbers:			
Email:			
Interpreter required: <input type="radio"/> No <input type="radio"/> Yes	Language:		

Consent has been obtained from this patient/carer to provide their contact details to Asthma Australia for provision of free asthma education and support through The COACH Program<sup>®</sup>.

### NOTES

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**SEND VIA [asthmaaustralia.org.au/referrals](https://asthmaaustralia.org.au/referrals) FAX: 07 3257 1080**

**Secure Message:** >search"asthma" **Medical-Objects:** FA40060001U **HealthLink:** (asthmaus)

For more information, contact Asthma Australia on 1800 ASTHMA (1800 278 462) or visit [asthma.org.au](https://asthma.org.au)