

B r e a t h e   E a s y ®

# MEDICATIONS

Use as Prescribed



**Asthma.ca**  
Asthma Canada



**T**he **Breathe Easy® Series** was developed to provide Canadians with current and accurate information about asthma management. This booklet has been developed and reviewed by experts in the field of asthma care and Certified Asthma/Respiratory Educators. The authors and reviewers encourage you to discuss this information with your doctor, pharmacist, asthma educator, and other healthcare providers.

The information in this booklet is not intended to substitute for expert medical advice or treatment; it is designed to provide reliable information to help you manage your condition. Because each individual is unique, a physician must diagnose conditions and supervise treatments for each individual health problem.

## Acknowledgements

**A**sthma Canada wishes to acknowledge the many individuals and organizations that contributed to this booklet. We especially thank all the partners and volunteers who made this project possible.

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We are proud to have the endorsement of the **Family Physician Airways Group of Canada**.



**FPAGC**

FAMILY PHYSICIAN AIRWAYS GROUP OF CANADA  
Regroupement canadien des médecins de famille en santé respiratoire

**Asthma Canada** will continue to update this booklet in the future. Your feedback is welcome. Please email your comments to [info@asthma.ca](mailto:info@asthma.ca).

# Questions? We have answers

Our vision at Asthma Canada is to empower every child and adult in Canada with asthma to live an active and symptom-free life.

The goal of asthma management is to keep asthma symptoms under control by reducing inflammation in your airways. You can help control your symptoms by avoiding asthma triggers and by using your asthma medications as prescribed.

This booklet is **Step 3** in the **Breathe Easy® Steps**. It will help you understand what your medication does, how to take it properly, and why an Asthma Action Plan is important.

This booklet is designed for adults with asthma and parents/caregivers who have a child with asthma who are searching for answers to the following questions:

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Good asthma management includes education, avoiding triggers, using asthma medications properly, and following a written Asthma Action Plan.

Turn the page for the Breathe Easy® Steps

# Breathe Easy® Steps

We developed the Breathe Easy® Steps to help you learn about optimal asthma control. Use these steps to guide your discussions with your doctor, pharmacist, asthma educator, and other healthcare providers.

## Step 1 Diagnosis

- Talk to your doctor about your breathing difficulty
- Your doctor conducts tests to confirm whether you have asthma
- Find out about asthma, what it is, and how it can be controlled
- This step is discussed in the Diagnosis Booklet

## Step 2 Triggers

- Find out what makes your asthma worse by keeping a diary and getting allergy tests
- Once you know what your allergic and non-allergic triggers are, learn how to avoid them
- This step is discussed in the *Triggers* booklet
- Additional information about allergies and their treatment are discussed in the *Allergies* booklet

## Step 3 Medications

- Your doctor may prescribe asthma controller medication
- Learn what your medication does and how to take it properly
- Learn how a written Asthma Action Plan can help you manage your asthma
- This step is discussed in this booklet





## Step 4 Education

- Learn as much as possible. Ask your healthcare providers any questions you have
- Read informational materials and visit [www.asthma.ca](http://www.asthma.ca) to learn more
- Call the Asthma Canada to speak to a Certified Asthma/Respiratory Educator at 1-866-787-4050, or email [info@asthma.ca](mailto:info@asthma.ca)

## Step 5 Asthma Action Plan

- When your asthma is well controlled, talk to your healthcare providers about your medication needs and any changes in your environment
- Work with your healthcare providers to get a written Asthma Action Plan that you can use for asthma management at home
- Visit [www.asthma.ca](http://www.asthma.ca) for a sample Asthma Action Plan to take to your healthcare provider

## Step 6 Ongoing Management

- Discuss your asthma with your healthcare provider every six months (or every 12 months if your asthma is well-controlled)
- Your healthcare provider will decide how often to perform lung function tests, based on the intensity of your symptoms and how well controlled your asthma is — these can vary over time
- Ask your healthcare provider about getting vaccinated against infections like the flu and pneumonia that can affect your lungs and make asthma symptoms worse
- Tell other healthcare professionals that you have asthma

**Follow the Breathe Easy® Steps to achieve optimal asthma control.**

# What is good asthma control?

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**A**sthma Canada is committed to helping Canadians with asthma gain control of their disease. Your asthma is under control when you:

- Do not have any breathing difficulties most days
- Do not use your puffer (reliever) medication four times or more in a week
- Are able to exercise without coughing, wheezing, or chest tightness
- Can sleep through the night without coughing, wheezing, or chest tightness
- Do not miss work or school because of asthma
- Have a normal or near-normal breathing test (determined by your healthcare provider)

Take the interactive quiz on asthma control at [www.howmuchistoomuch.ca](http://www.howmuchistoomuch.ca). It can help you figure out if your asthma is well controlled.

## Reasons for poor asthma control

If your asthma is poorly controlled, it might be because:

- You are not using your inhalers properly. Show your doctor or pharmacist how you use your inhalers
- You are being exposed to a trigger. Determine what things make your asthma worse, and stay away from them. Read the *Triggers* booklet for information about things that can make your asthma worse. Talk to your healthcare provider about allergy tests
- You are not using your controller medication regularly. Use your controller medication every day, as instructed
- You may have something other than asthma, such as an infection, and you may need another, different medication in addition to your asthma medication



**One indicator of poor asthma control = needing your reliever medication four or more times a week because of breathing problems**

# What are the different types of reliever medications?

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## What is a reliever medication?

**S**hort-acting bronchodilators are called “relievers” or “rescue medications.” They provide fast but temporary relief of bronchospasm (tightening of the airways) by relaxing the muscles that have tightened around the bronchiole tubes, but they do nothing to reduce the inflammation in the airway. Most bronchodilators open the airway and help restore normal breathing within 10 to 15 minutes. The effect lasts for about four hours. If a short-acting bronchodilator is not effective, another reliever strategy may be the combination of a longer lasting but rapid acting medication (LABA) in combination with an inhaled corticosteroid (ICS).

**Every person who has asthma should have a reliever medication on hand and know how and when to use it**

## How should I use my reliever medication?

**U**se your reliever only when you have asthma symptoms. Carry it with you at all times and use it when necessary. Note how often you need to use your reliever. If you need it four or more times a week for relief, your asthma is not well controlled. You may find it useful to keep an asthma diary of your symptoms and what you do to control them — see the *Triggers* booklet for a sample.

Talk to your healthcare provider about how often you use your reliever inhaler. They may prescribe one or more controller medications or may change the dose or type of controller that you are currently using to get the asthma under control.

**Reliever inhalers provide immediate relief of asthma symptoms. Tell your healthcare provider if you need your reliever four or more times per week.**

## How can my doctor and I figure out if my reliever medication is working?

**W**ithin 10 to 15 minutes of taking your reliever medication, you should be able to feel your breathing becoming easier. You can use your asthma diary to track your symptoms and how they change after taking your medication.

If you or your doctor want to get a more specific measure of how your lungs are working, you could try using a small, simple device called a peak flow meter. This is a handheld, tube-like device that you blow into. It measures how well air is moving in and out of your lungs. If you use a peak flow meter regularly, it provides useful information about how your asthma is affecting your lungs and how well your reliever medication is working to get things back to normal after an attack. It's especially helpful for people with moderate to severe asthma. It's also useful for people who have recently been diagnosed with asthma, to help them and their healthcare practitioners figure out the best doses and combinations of controller and reliever medications.

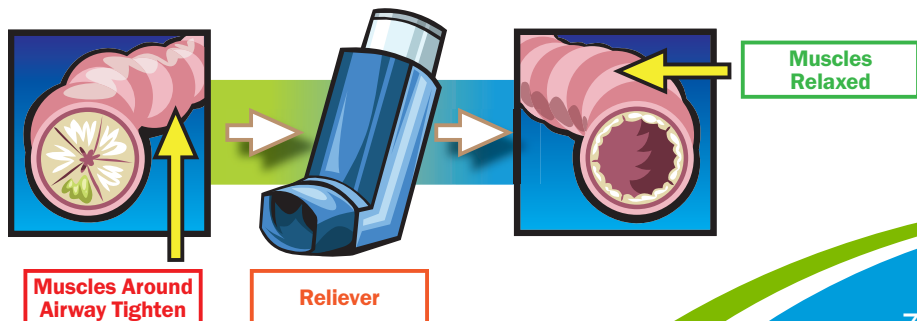


## How should I use my reliever medication if I have Exercise-Induced Asthma (EIA)?

**R**elievers can be used for short-term prevention of Exercise-Induced Asthma (EIA). If this is prescribed for you, take the dose 10 to 15 minutes before exercising.

## What are the possible side effects of reliever medications?

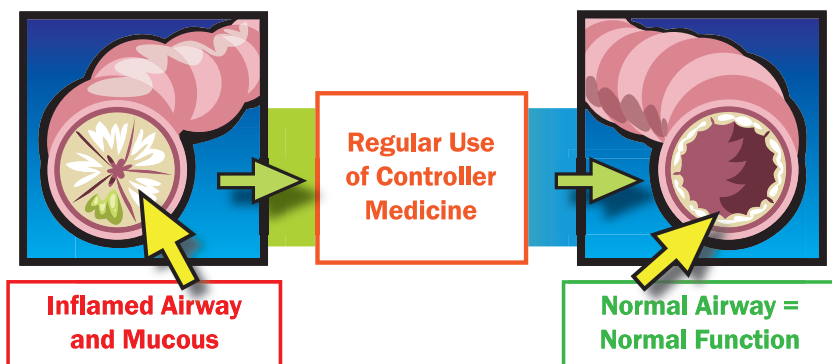
**S**ome of the side effects of short-acting bronchodilators are headache, shaky hands (tremor), nervousness, and fast heartbeat. There have been some reports of hyperactivity related to these medications.



# What are the different types of controller medications?

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**H**aving asthma means having long-term inflammation (swelling) in your Airways. Avoiding your asthma triggers by modifying your environment is an important way to help reduce this swelling (see the Triggers booklet), but it is often not enough to achieve and maintain optimal asthma control. Regular use of controller medications will treat the persistent inflammation of the airways.



## Controllers: Corticosteroids

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### What are corticosteroids and why are they used in asthma?

**C**orticosteroids are a type of medication that are very effective at reducing inflammation in the body. Corticosteroids are the mainstay of what is called “controller” or “preventer” treatment in asthma. For most people with asthma, a controller corticosteroid will be taken as a puffer (or inhaler). This delivers the medication to the lung, right to where it is needed.

Most people with asthma achieve good control with a corticosteroid inhaler. Inability to achieve good control with a corticosteroid inhaler should raise a red flag, and your asthma should be reassessed.

## Who should take an inhaled corticosteroid?

Everyone with asthma, even mild asthma, benefits from regular use of inhaled corticosteroids. When used regularly, inhaled corticosteroids reduce inflammation and mucus in the airways, making the lungs less sensitive to triggers. They are also the best defence against possible long-term lung damage. Your doctor will probably prescribe an inhaled corticosteroid as part of your long-term treatment of asthma. If you have had asthma for some time and it is poorly controlled, your doctor will probably want to add a corticosteroid if you aren't already using one.

## What do I need to know about inhaled corticosteroids?

It can take weeks for an inhaled corticosteroid to reduce the inflammation in your airways, so be patient. The longer you are using it, the less you will need to use your reliever medication, since your asthma will be better controlled. Inhaled corticosteroids are not for the relief of sudden-onset asthma symptoms.

When you are feeling better, do not stop taking the inhaled corticosteroid. Instead, talk to your healthcare provider about adjusting the dose. The inhaled corticosteroid is keeping your asthma under control. If you stop taking it, the inflammation and your symptoms will return.

The common side effects of inhaled corticosteroids are hoarse voice, sore throat, and a mild throat infection called thrush (yeast infection). Sore throat and thrush are commonly caused by poor puffer technique. Show your healthcare provider how you use your puffer. You may need a spacer if you are using a type of puffer known as a metered dose inhaler (MDI). Rinsing out your mouth with water after every dose of inhaled corticosteroids will also help reduce these side effects.

**Inhaled corticosteroids are the best option for treating asthma and should be used on a regular basis**



# Other controllers

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## Leukotriene receptor antagonists (LTRAs)

**L**TRAs work by blocking a chemical reaction that can lead to inflammation in the airways. Although not the preferred first-choice therapy, LTRAs can be used as an add-on therapy to inhaled corticosteroids, often before increasing the dose of corticosteroids. LTRAs can also be used when an inhaled corticosteroid cannot, or will not, be used. LTRAs do not contain steroids; they come in pill formats (including chewable tablets or liquid for children) and have few side effects. LTRAs may also be prescribed to treat allergic rhinitis.

## Add-on medications

**I**f your asthma is not well controlled with one controller medication, another may be added to your current treatment plan. Continue taking your inhaled corticosteroid while taking the add-on medication(s); the medications are meant to work together.

**Using another controller with your inhaled corticosteroid may be required to gain control of your asthma**

## Biologics

**O**ne of the newest developments for treatment of moderate to severe asthma is a group of medications called “biologics.” Each of these treatments is designed to target and block a particular part of your immune system involved in allergic reactions and asthma symptoms. Your doctor might consider using one of these medications if you still have severe asthma symptoms in spite of using your controller medications as directed. Biologics are an add-on option and do not replace your existing controller and reliever medications, although some people may eventually be able to reduce the dose of their inhaled or oral corticosteroid. Biologic treatment is given as an injection at your doctor’s office or special clinics or via intravenous (IV) delivery at infusion centres, usually every two to four weeks, depending on the particular medication.



## Long-acting bronchodilators

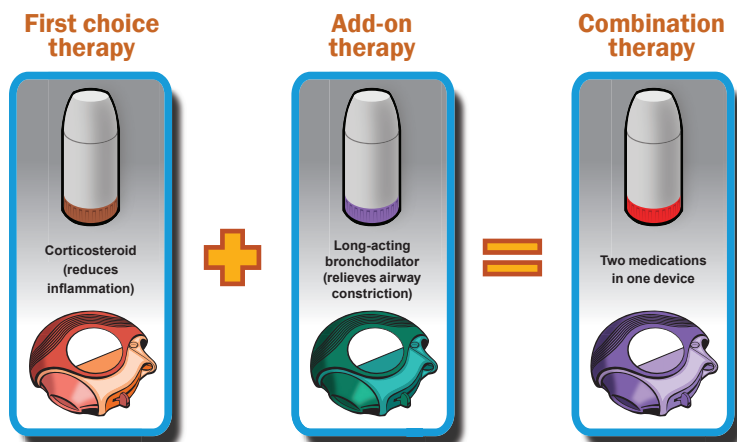
**L**ong-acting bronchodilators do not work on inflammation directly. Instead, they help the airways relax, allowing more air to pass through.

Long-acting inhaled beta2-agonists (LABAs), long-acting anticholinergic bronchodilators, long-acting muscarinic receptor antagonists (LAMAs), and theophylline are four different types of long-acting bronchodilators. They all work in slightly different ways but produce a similar effect — they relax (dilate) the airway for up to 24 hours. All of these long-acting bronchodilators must always be used together with inhaled corticosteroids. You may be given the inhaled corticosteroid and the bronchodilator in two separate inhalers. If this happens, make sure you use both.

## Combination medications

**C**ombination medications combine two medications — a corticosteroid plus a bronchodilator (usually a LABA) — in one inhaler. The bronchodilator opens your airways, making it easier for you to breathe. The inhaled corticosteroid reduces inflammation in your airways.

Some of the side effects of combination medications include hoarseness, throat irritation, and rapid heartbeat.



# Medication: Questions & Answers

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## What is the difference between corticosteroids and anabolic steroids?

**C**orticosteroids and anabolic steroids are two completely different medications. The term “steroid” in both names just means that one piece of their chemical structure is similar. The other parts of the two molecules are different from each other, so their effects on the body are also very different.

Anabolic steroids are variations of the male hormone testosterone. On the other hand, the steroids used in asthma are corticosteroids, which are closely related to hormones that your body naturally produces to fight inflammation in the various tissues of the body. Corticosteroids do not produce the same kinds of side effects as anabolic steroids. With inhaled corticosteroids, you are taking a very small dose of the medication that goes exactly to where it is needed in your lungs, so the risk of it producing side effects elsewhere in your body is very low or none at all.

## Are my asthma medications addictive?

**N**o. Some people worry that the more asthma medication they take or the longer they take it, the more they will need it. This is not the case. Asthma medications are not addictive.

## Should I just put up with my asthma instead of taking medication?

**M**any people do not take their medications because they think they can tolerate their asthma symptoms. Their poorly controlled asthma may lead to:

- Decreased quality of life (exercise, sleep)
- Increased risk of severe, life-threatening asthma attacks
- Permanent damage to the lungs (“airway remodelling”)

## **My healthcare provider wants me to use a corticosteroid inhaler. Why not give me a corticosteroid pill?**

**T**he dose of the corticosteroid inhaler is in micrograms — one millionth of a gram. Corticosteroids in pill form are measured in grams, a much higher dose than in the inhaler. Wherever possible, the lowest amount of medication is used. Corticosteroid pills are used when a larger dose is needed to get the asthma under control. Corticosteroids taken as pills are distributed throughout the body, which may increase the risk of side effects.

## **I only have mild asthma. I don't have any asthma attacks. Do I still have to take daily medications?**

**M**ild asthma can still cause regular symptoms, limit your quality of life, and cause long-term inflammation in your airways that may lead to permanent lung damage (airway remodelling). So people with mild, persistent asthma will most likely be treated with a low dose of daily controller medication. Six out of ten people with asthma have poor asthma control and do not take their symptoms seriously. People with mild asthma can have severe asthma exacerbations. Mild does not always remain mild. If you are having regular asthma symptoms, then your asthma is not well controlled and you are at risk of having a severe asthma attack.

## **Should I take my asthma medication when I'm pregnant?**

**I**t is very important for your baby's health to maintain excellent asthma control throughout the pregnancy. Asthma medications are well tolerated in pregnancy and are safe for you and your baby, but it is a good idea to discuss all your medications with your healthcare provider. Do not smoke, and avoid all places where you are exposed to smoke.

## **I am feeling better. Should I stop taking my medications?**

**W**hen your asthma is under control, talk to your healthcare provider about adjusting and possibly reducing the dose of your medications. Do not stop taking your controller medications. If you do, the airway inflammation may return.

# Medication: Questions & Answers

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## Can alternative or complementary therapies help my asthma?

**T**here is no evidence of any benefit from unconventional therapies for asthma, such as acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, and herbal remedies. If you decide to use unconventional therapies, first speak to your healthcare provider and keep taking your asthma medications.

## Are there medications I should avoid?

**S**ome medications can trigger asthma symptoms. Aspirin® (ASA) and some NSAIDs drugs can trigger attacks in 20% of adults with asthma. Make sure all health professionals that you visit know you have asthma (e.g., dentist, specialist, pharmacist). Before starting a new medication, always ask if it is okay to use for people with asthma.

## Can corticosteroids cause weak bones and growth suppression?

**I**nhaled corticosteroids are the most effective prescribed medication for most patients with asthma. At the doses used to treat asthma, inhaled corticosteroids have not been shown to cause weak bones, growth suppression, weight gain, or cataracts. Although some people will have no side effects at all, the most common side effects with inhaled corticosteroids are minor complaints such as throat irritation and hoarseness. When corticosteroids are taken in higher doses, such as in a pill form, for long periods of time, they can cause weak bones and growth suppression. In most cases, the need for oral corticosteroids can be prevented by taking inhaled corticosteroids and/or adding another controller medication.



## **How do I know that inhaled corticosteroids won't cause health problems in the longer term?**

**W**hen you decide to take any medication, you must weigh the possible risks of taking medication against the benefits. Low amounts of inhaled corticosteroids are generally considered the best option and are the main treatment used by many people for asthma control.

## **Are there controller medications that do not have steroids in them?**

**L**eukotriene receptor antagonists (LTRAs) do not contain steroids. They come in a pill or granule form and have few side effects. Biologics are another type of non-steroid add-on controller medication that can sometimes help reduce your need for corticosteroids. Long-acting bronchodilators (LABAs) do not contain steroids but are always used in combination with inhaled corticosteroids.

Find more information about asthma medication at [www.asthma.ca](http://www.asthma.ca).

# Inhalers: Questions & Answers

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## Why is the inhaler used for the treatment of asthma?

Inhaled asthma medications go directly to the site of inflammation and constriction in the airways instead of travelling through the bloodstream to get there. Inhaled medications are the preferred therapy for asthma. Inhaled medications only work if they get to the airways though, so you need to learn how to use your inhaler properly (see pages 18–26). Visit [www.asthma.ca](http://www.asthma.ca) for more information about inhalers.

## Am I using my inhaler correctly?

Many people do not use their inhalers properly, so the medication doesn't reach their airways. It is very important that you show your healthcare provider how you use your inhaler, to make sure the medication is getting to your lungs, where it's needed.

**Whatever type of inhaler you are using, you should have your technique checked regularly by your healthcare provider**

## What is the difference between a dry powder inhaler and an aerosol inhaler (puffer)?

An aerosol inhaler, or pressurized metered dose inhaler (pMDI), is a canister filled with asthma medication suspended in a propellant (pages 18–19). When the canister is pushed down, a measured dose of the medication is pushed out as you breathe it in. This is the more traditional form of asthma inhaler and is often known as a “puffer.”

Soft mist inhalers deliver a measured dose of medication suspended in a water-based mist instead of a propellant.

Dry powder inhalers usually have a different shape and appearance than traditional puffers. They contain a dry powder medication that is drawn out of the device and into your lungs when you breathe in (pages 20–24).

Each inhaler requires a different technique for administration. One very important difference between the two types is that an aerosol puffer can be used with a spacer (page 17), while a spacer should not be used with a dry powder inhaler. Instructions for specific inhalers are listed on pages 18–26.

Many inhalers need to be primed before first use or after a prolonged period of nonuse. Prime your inhaler by releasing a number of test sprays (according to inhaler instructions) into the air, away from your face.

## What is a spacer?

**T**he most basic spacer is a tube that attaches to a puffer, so that you breathe the medication in from the tube instead of directly from the puffer. This makes it easier to “aim” the medication and breathe it right into the deepest part of your lungs, instead of having the spray end up in your mouth. If sprayed into your mouth, the medication can cause side effects like thrush (yeast infection). You can buy spacers from a pharmacy.

There are several other types of spacers available for people with specific needs. A large-volume spacer is useful for people who need to take their medication dose more slowly, over the space of five or six breaths. For young children, a spacer with a breathing mask attachment is often used. If you need to use one of these types of spacers, please ask your healthcare team how to use and maintain them.

## Should I be using a spacer?

**A**sthma Canada recommends that anyone, of any age, who is using a puffer should consider using a spacer. A pharmacist, respiratory therapist, asthma educator, or doctor can assess how you use your puffer and will recommend the best device for you.

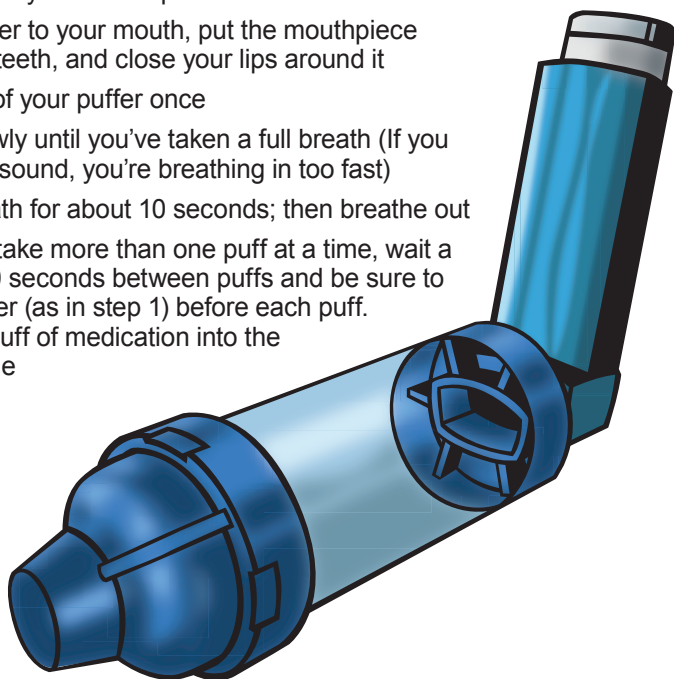
It is recommended that children use a spacer device with their puffer.

Spacers should **not** be used with dry powder inhalers — only with puffer-style devices. Puffers with either a rectangular or a round mouthpiece should be able to fit into a spacer — ask your healthcare provider for a demonstration if you are unsure how to set it up.

## How do I take my medication using a puffer and spacer?

To use your puffer with a spacer:

1. Shake the puffer well before use (three or four shakes)
2. Remove the cap from your puffer, and from your spacer if it has one
3. Put the puffer into the spacer
4. Breathe out, away from the spacer
5. Bring the spacer to your mouth, put the mouthpiece between your teeth, and close your lips around it
6. Press the top of your puffer once
7. Breathe in slowly until you've taken a full breath (If you hear a whistle sound, you're breathing in too fast)
8. Hold your breath for about 10 seconds; then breathe out
9. If you need to take more than one puff at a time, wait a minimum of 30 seconds between puffs and be sure to shake the puffer (as in step 1) before each puff. Only put one puff of medication into the spacer at a time



**If your puffer doesn't have a built-in dose counter, always write down the number of puffs you've taken so that you can anticipate when you need to refill your prescription.**

## How to clean and maintain your devices

There are many types of puffers, and each of them may have slightly different cleaning and storage instructions. Please refer to the instructions that came with your device. Store all puffers at room temperature. If you are using your spacer every day, you should replace it about every 12 months.



## How do I take my medication using a metered dose inhaler (MDI)?

**Y**ou should follow the instructions packaged with your medication. Asthma Canada recommends using a spacer with your puffer if possible, but if you must use it without a spacer, the following is a recommended method:

1. Shake the puffer well before use (three or four shakes)
2. Remove the cap
3. Breathe out, away from your puffer
4. Bring the puffer to your mouth. Place it in your mouth between your teeth and close your mouth around it
5. Start to breathe in slowly. Press the top of your puffer once, and keep breathing in slowly until you've taken a full breath
6. Remove the puffer from your mouth, and hold your breath for about 10 seconds, then breathe out



If you need a second puff, wait 30 seconds, shake your puffer again, and repeat steps 3 to 6.

**If your puffer doesn't have a built-in dose counter, always write down the number of puffs you've taken so that you can anticipate when you need to refill your prescription.**

## How to clean and maintain your devices

**T**here are many types of puffers, and they may have slightly different cleaning and storage instructions. Please refer to the instructions that came with your device. Store all puffers at room temperature and keep the top on when not in use. If you are using your spacer every day, you should replace it about every 12 months.

## How do I take my medication using a DISKUS®?

**T**o use your DISKUS®, do the following for one dose:

1. Open your DISKUS®: Hold it in the palm of your hand, put the thumb of your other hand on the thumb grip, and push the thumb grip until it clicks into place
2. Slide the lever until you hear a click. Your medication is now loaded
3. Breathe out, away from the device
4. Place the mouthpiece gently in your mouth, and close your lips around it
5. Breathe in deeply until you've taken a full breath
6. Remove the DISKUS® from your mouth, and close the device
7. Hold your breath for about 10 seconds, then breathe out slowly



**Do not use a spacer with the DISKUS®, Turbuhaler®, Twisthaler®, or any other dry powder inhaler. The dial in the dose-counter window tells you how many doses are left - always check it after using your DISKUS.**

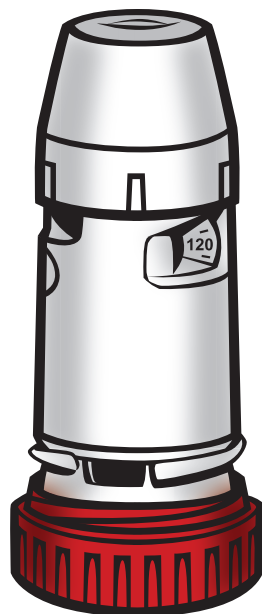
## How to clean and maintain your device

**M**ake sure to keep the device dry, at room temperature, and closed when not in use. Do not wash the device or get it wet. If you want to clean the mouthpiece, wipe it with a clean, dry tissue.

## How do I take my medication using a Turbuhaler®?

**Symbicort®: For first-time use only, hold the inhaler upright, turn the grip as far as it will go in one direction, and then turn it back again as far as it will go in the opposite direction. Repeat this procedure twice.**

1. Unscrew the cap and take it off. Hold the inhaler upright
2. Hold the Turbuhaler® upright and twist the base all the way to the right and then back to the left. You will hear it click
3. Breathe out, away from the device
4. Put the mouthpiece between your teeth, and close your lips around it. Breathe in forcefully and deeply through your mouth
5. Remove the Turbuhaler® from your mouth before breathing out



**Always check the number in the dose-counter window under the mouthpiece to see how many doses are left.**

**For a Turbuhaler® that does not have a dose-counter window, check the window for a red mark, which means your medication is running out. When finished, replace the cap.**

## How to clean and maintain your device

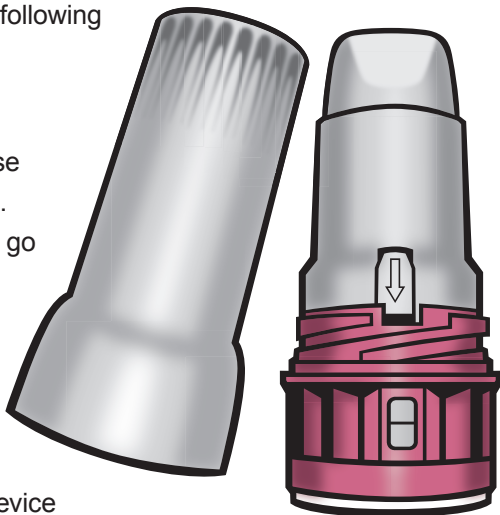
**K**eeep the cap on when you are not using your inhaler. Store it at room temperature in a dry place.

Clean the outside of the mouthpiece once a week with a dry tissue. Never use water or any other fluid when cleaning the mouthpiece.

## How do I take my medication using a Twisthaler®?

**T**o use your Twisthaler®, do the following for one dose:

1. While holding the Twisthaler® upright, hold the coloured base and twist the cap to remove it. You will see the dose counter go down by one
2. Make sure the counter on the coloured base and the pointer on the body are aligned
3. Breathe out, away from the device
4. Put the mouthpiece between your teeth in a horizontal position, and close your lips around it. Take a fast, deep breath
5. Do not block the air intake vents with your hands or lips
6. Remove the inhaler from your mouth and hold your breath for 10 seconds or as long as possible
7. Wipe the mouthpiece with a dry cloth and replace and rotate cap until a click is heard.



**Always check the number in the dose-counter window under the mouthpiece to see how many doses are left.**

## How to clean and maintain your device

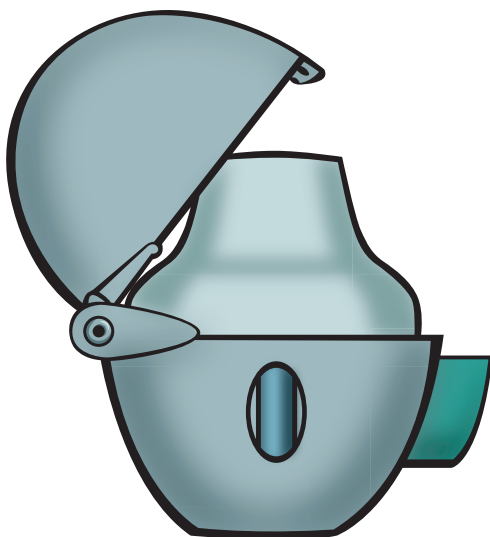
**W**ipe the mouthpiece inside and out once a week with a damp cloth. Any slight discolouration will not affect the performance of the inhaler.

## How do I take my medication using a HandiHaler®?

**Before removing the first medication capsule from the blister pack, separate the two blister strips by tearing along the perforation in the middle. Once each strip has been opened, the shelf life of the remaining capsules in the strip is five days.**

**T**o use your HandiHaler®, do the following for one dose:

1. Hold the inhaler upright and release the dust cap by pressing the green button completely in and then letting go
2. Pull the dust cap open as far as it will go, then lift the mouthpiece to open it
3. Peel back the foil on your medication blister strip to release **one** capsule. If more than one capsule is exposed upon opening, discard the unused exposed capsules
4. Place the capsule in the centre chamber of the HandiHaler®, and close the mouthpiece firmly over it until you hear a click. Leave the dust cap open
5. Hold the inhaler with the mouthpiece upwards and press the green button in completely only once, then release it to prepare the medication
6. Breathe out completely, away from the inhaler. Hold the inhaler by the base, lift it to your mouth, and seal your lips around the mouthpiece



7. Breathe in deeply until your lungs are full, at a rate that is slow and steady but fast enough for you to hear or feel the capsule vibrate. Do not block the air intake vents with your hands or lips
8. Remove the inhaler from your mouth and hold your breath for as long as is comfortable (up to 10 seconds); then resume normal breathing
9. Repeat steps 5, 6, and 7 one more time to ensure complete inhalation of the medication
10. Open the mouthpiece again, as in step 2. Tip out the used capsule and dispose of it safely. Do not touch the used capsule — if the dry powder gets on your hands, be sure to wash your hands thoroughly. Avoid getting dry powder in your eyes. This may cause pain and discomfort. Replace the mouthpiece and dust cover

## How to clean and maintain this device

**C**lean your HandiHaler® once a month as follows:

1. Open the dust cap and mouthpiece, then lift the green piercing button to open the base
2. Rinse the complete inhaler with warm water to remove any powder
3. Dry the inhaler thoroughly by tipping excess water out on a paper towel and air-drying afterwards, leaving the dust cap, mouthpiece, and base open. The inhaler takes 24 hours to air-dry, so if you clean it right after use, it should be ready for your next dose

In-between monthly cleanings, if you want to clean the outside of the mouthpiece you can use a moist (but not wet) tissue.

## How do I take my medication using an Ellipta®?

**T**o use your Ellipta®, do the following for one dose:

1. Slide the cover open until you hear a click. You will see the dose counter go down by one.
2. Hold the inhaler away from your mouth, and breathe out fully. Do not breathe into the mouthpiece
3. Seal your lips around the mouthpiece. Be careful not to block the air vents with your mouth or fingers
4. Take one long, steady, deep breath in and hold as long as you can or at least 3–4 seconds, then breathe out slowly and gently
5. Clean the mouthpiece with a clean, dry, tissue if needed
6. Slide the cover closed



**Do not open the cover until you are ready to take your dose. Opening the cover prepares a dose, and it will be wasted if you cannot take it promptly. Use the medication counter to track the number of doses left. The counter should count down every time you open the cover. If it doesn't count down when the cover is opened, it is not working properly and no dose has been loaded. In this case, contact your healthcare professional for advice.**

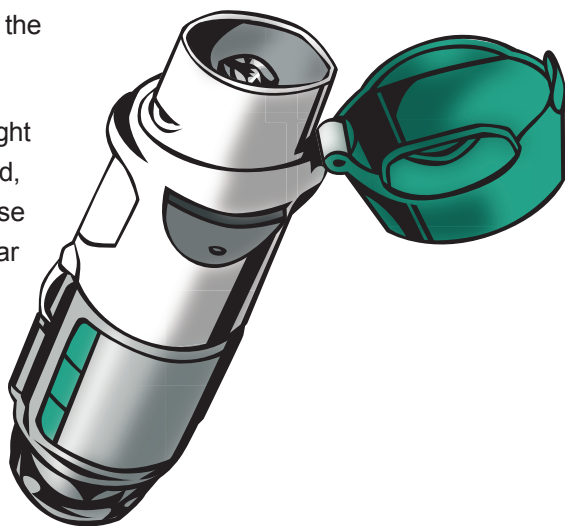
## How to clean and maintain this device

**I**f you want to clean the mouthpiece, you can wipe it gently with a clean dry tissue after use. No other cleaning is required.

## How do I take my medication using a Respimat® Soft Mist™ inhaler?

**T**o use your Respimat®, do the following for one dose:

1. Hold the Respimat® upright with the green cap closed, to avoid accidental release of the dose. Turn the clear base until you hear a click
2. Open the green cap until it snaps open. Hold the inhaler away from your mouth, and breathe out fully. Do not breathe into the mouthpiece
3. Seal your lips around the mouthpiece. Be careful not to block the air vents with your mouth or fingers
4. Point the inhaler to the back of your throat
5. While taking in a long, deep breath through your mouth, press the dose release button and continue to breathe in for as long as you can. Hold your breath for 10 seconds or for as long as comfortable



## How to clean and maintain this device

**W**ipe the mouthpiece inside and out once a week with a damp cloth. Any slight discolouration will not affect the performance of the inhaler.



# Inhalers: questions & answers

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## Where can I find an asthma educator?

A physician referral is usually required to see a Certified Asthma/Respiratory Educator, a healthcare professional specially trained in asthma and education techniques. Please call Asthma Canada's Asthma & Allergy HelpLine at 1-866-787-4050, or email [info@asthma.ca](mailto:info@asthma.ca) to contact a Certified Asthma/Respiratory Educator or to find out where your nearest education centre is.

**Asthma & Allergy  
HelpLine**



1-866-787-4050

[www.asthma.ca](http://www.asthma.ca)

# Your Asthma Action Plan

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**A**n Asthma Action Plan is a strategy that you can use to manage your asthma when it gets out of control. Studies have shown that having a written agreement with your healthcare provider helps you manage your asthma at home, at school, or in the workplace. Take this sample action plan with you to your healthcare provider to start a discussion.

## Notes to myself

- ☐ Ask my pharmacist, doctor, respiratory therapist, or asthma educator to watch how I use my puffer
- ☐ Find out when my puffer is empty
- ☐ Find out when my puffer medication expires
- ☐ Talk to my healthcare practitioners about an Asthma Action Plan
- ☐ Find out where the nearest asthma educator is by going to [www.asthma.ca](http://www.asthma.ca) or calling 1-866-787-4050

Questions to ask my healthcare provider

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



**FPAGC**

FAMILY PHYSICIAN AIRWAYS GROUP OF CANADA  
Regroupement canadien des médecins de famille en santé respiratoire

## Sample Asthma Action Plan

### DESIGNED BY THE FAMILY PHYSICIAN AIRWAYS GROUP OF CANADA

Name \_\_\_\_\_ Date \_\_\_\_\_

Healthcare Provider \_\_\_\_\_

Healthcare Provider's Phone # \_\_\_\_\_

Triggers \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best peak flow \_\_\_\_\_

#### Green = Well-controlled asthma



Needing reliever puffer less than four times a week



Enjoying usual exercise



No cough or wheeze at night



No days off work/school

Controller medicine \_\_\_\_\_

Feel free to use your reliever medicine before exercise

Reliever medicine \_\_\_\_\_

Peak flow range \_\_\_\_\_

(85–100% predicted best)

## Yellow = Loss of adequate control of asthma



Needing reliever four or more times a week



Cough or wheeze at night  
more than one night a week

Take \_\_\_\_ puffs \_\_\_\_ times a day of your  
\_\_\_\_\_ until peak flow  
returns to normal or symptoms are



Unable to do usual activities  
because of asthma

gone for \_\_\_\_ days in a row



Getting a cold

Increase reliever to every \_\_\_\_ hrs

Controller medicine \_\_\_\_\_

Take \_\_\_\_ prednisone for \_\_\_\_ days

Peak flow range \_\_\_\_\_

(60–100% predicted best)

**If you enter the yellow zone, contact your healthcare provider's office.**

**Red = Go to nearest emergency room**



Cannot speak



Shortness of breath at rest



Reliever puffer does not work



You know from past experience that this is a severe attack

Take two puffs of your reliever every 10 minutes while travelling to the hospital or waiting for help.

Do not attempt to drive yourself — seek help!

Peak flow range \_\_\_\_\_

(<60% predicted best)



## Notes:

[illegible]

### Notes:

[illegible]



**You Deserve an Active Life**

# Take Control



To get involved with Asthma Canada or for more information:

**1.866.787.4050**

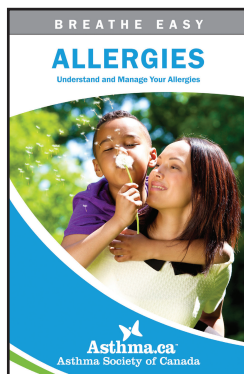
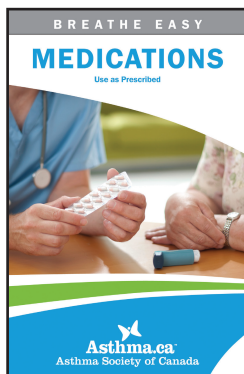
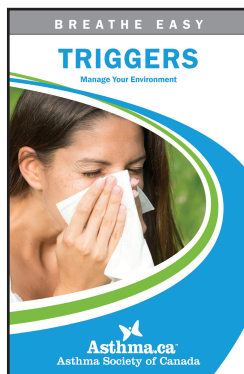
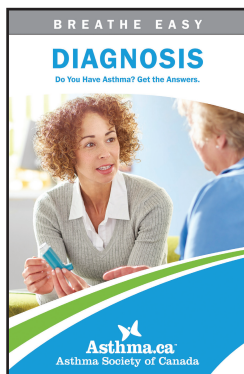
Online: [www.asthma.ca](http://www.asthma.ca) | Email: [info@asthma.ca](mailto:info@asthma.ca)

For more than 40 years, Asthma Canada has proudly served as the national voice for Canadians living with asthma and respiratory allergies; empowering patients with evidence-based information to improve their quality of life.

# Helping People Breathe Easier



**Your Breathe Easy® series:**



For more information about Asthma Canada:

**www.asthma.ca | 1-866-787-4050 | info@asthma.ca**