

# Living Well with Asthma

A Guide for Asthma  
in Older Adults



**Asthma.ca**  
Asthma Canada

The Breathe Easy® Series was developed to provide Canadians with current and accurate information on asthma management. This booklet has been developed and reviewed by experts in the field of asthma care and by Certified Respiratory Educators. Discuss this information with your doctor, pharmacist, asthma educator, and other healthcare providers.

The information in this booklet is not a substitute for your healthcare provider's advice or treatment; it is designed to provide reliable information to help you manage your asthma. Because each individual is unique, a healthcare provider must diagnose and supervise treatments for each individual health problem.

### **Acknowledgements**

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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).

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**Questions? We have answers.**

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

Asthma affects people all over the world and of all ages. In Canada, it is the third-most common chronic disease and affects more than 3.8 million people. But, with proper asthma management, all people living with asthma can live healthy and active lives.

This booklet is designed for older adults to best understand asthma and ask the right questions to get the best care possible.







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## What is asthma?

Asthma is a chronic or long-term disease of the airways, the tubes that carry air into our lungs. It causes inflammation and narrowing of the bronchial tubes that leads to airway narrowing and difficulty breathing. The airways of our lungs are surrounded by muscles and contain mucus glands. These muscles are normally relaxed, but when people with asthma encounter triggers, these muscles become inflamed, react by tightening, and the airways can fill with mucus. This makes breathing very difficult and leads to asthma symptoms or an asthma attack (exacerbation).



**Normal airway**

**Triggered airway**

**Airway during attack**

An estimated 7.6% of Canadians aged 65 years or over have asthma (roughly 463,100 people). This includes people who first get asthma in later life (adult onset), as well as people who have had asthma all their lives. However, official diagnosis can be difficult as many older people don't mention a breathing problem to their doctor because they think it's just due to age, lack of fitness, being overweight, or some other health problem.

Untreated asthma is especially risky in older people. People of any age should tell their doctor if they ever have shortness of breath, a whistling sound when they breathe, or a tight feeling in the chest.

**Asthma can begin  
at any age but with  
proper management  
and education,  
people with asthma  
can lead normal,  
active lives.**



## What is adult-onset asthma?



When a doctor makes a diagnosis of asthma in people older than age 20, it is known as adult-onset asthma. Although many people first develop asthma during childhood, asthma can occur at any age.

People more likely to get adult-onset asthma may:

- have had certain viruses or illnesses, such as a cold or flu
- have allergies, especially to cats
- have reflux (or GERD, gastroesophageal reflux disease), a type of chronic heartburn
- be obese
- be exposed to environmental irritants, such as tobacco smoke, mould, dust or perfume
- have had asthma as a child
- be women who are having hormonal changes, such as those who are experiencing menopause
- be women who take estrogen following menopause for 10 years or longer

## What are the signs and symptoms of asthma?

Asthma can be different for everyone. Asthma symptoms can also vary over time, with few or no symptoms when asthma is well controlled. The most common symptoms include:

- **Regular coughing** often occurs at night or early in the morning, although it can happen at any time of day. Sometimes, persistent coughing can be the only sign of asthma.
- **Wheezing** is breathing with difficulty and with a whistling sound coming from your airways.
- **Shortness of breath** gives you the feeling that you cannot breathe well enough. You may even find it difficult to eat, sleep or speak.
- **Chest tightness** is an unpleasant feeling of heaviness or pressure in the chest.
- **Increased mucous production** leads to high levels of a thick fluid accumulated in your airways.



These symptoms can occur slowly over hours or days, or they can come on as sudden, recurring attacks which persist for some time before disappearing. If left untreated, asthma can cause permanent structural changes in your airways called – **airway remodelling**. This is why it is important to get asthma under control and keep treating it over the long term.

## **Can asthma reappear in adults after disappearing for years?**

Asthma is usually diagnosed in childhood. However; in many people, the symptoms will disappear or are significantly reduced after puberty. After age 20, symptoms may begin to reappear. Researchers have tracked this tendency for reappearing asthma and found that people with childhood asthma tend to experience reappearing symptoms in their 30s and 40s at various levels of severity.

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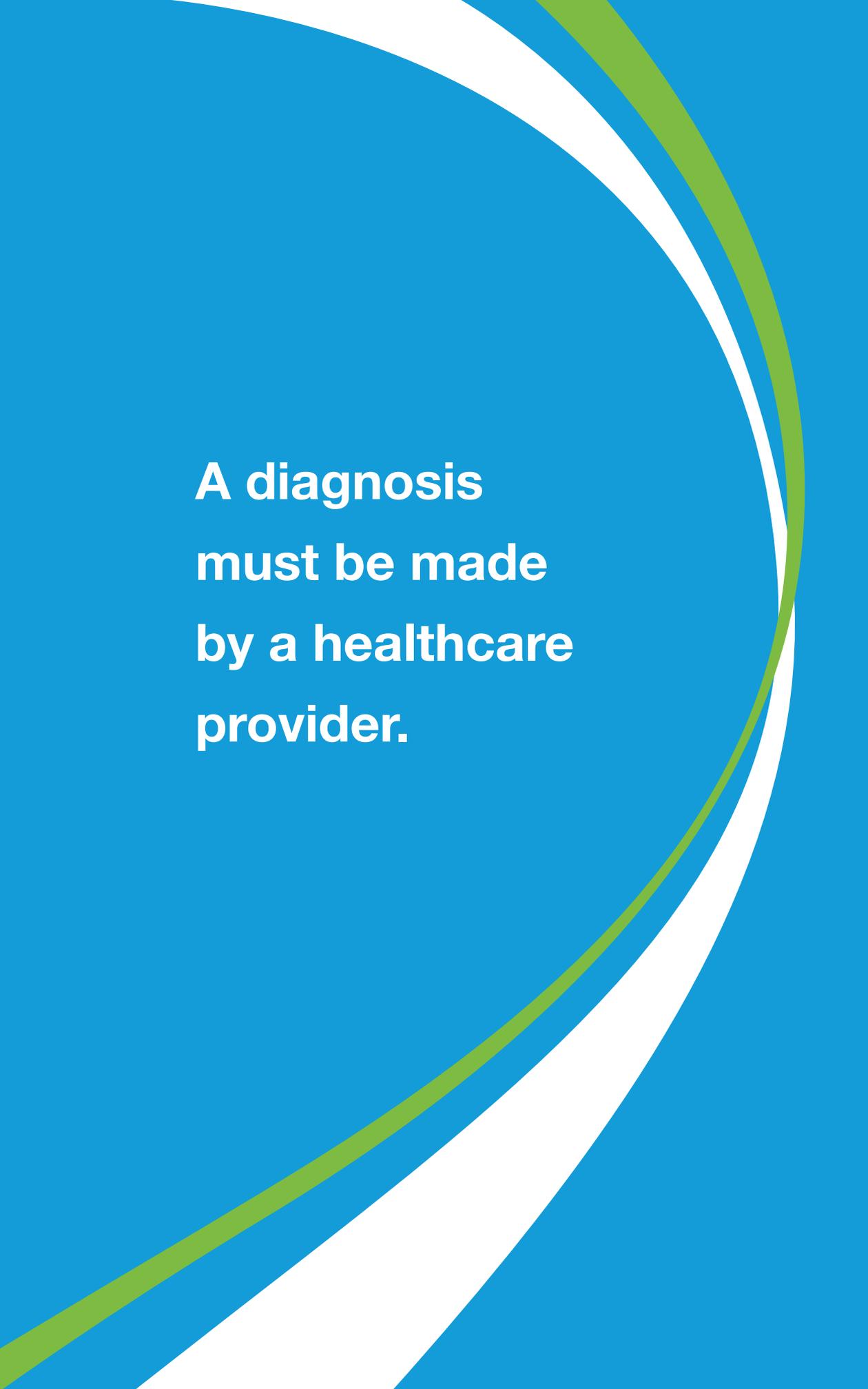
**Regardless of whether your asthma is causing active symptoms, you should continue to avoid your known triggers and keep all medication prescriptions up-to-date and easily accessible in case you need them.**

## How is asthma different in older adults?

A diagnosis of asthma may be missed in an older person because symptoms of other health conditions are similar to those of asthma. Asthma symptoms among older adults are more likely to take the form of coughing with the production of sputum (the fluid coughed out) from the lungs. Your healthcare provider might interpret those symptoms as being due to other illnesses, such as chronic bronchitis or congestive heart failure. In particular, heart disease and emphysema, much more common in older adults, especially smokers, can mimic asthma symptoms.

It is not uncommon for adults in their 60s, 70s or 80s to develop asthma symptoms for the first time. When asthma does occur at a later age, the symptoms are the same as those experienced by younger individuals. The most common causes of an asthma flare up are respiratory, viral infections, exercise, allergens, and air pollution. However, one of the ways in which asthma is recognized in younger people is by difficulty breathing with exercise. When older adults become inactive, the opportunity for asthma to present itself lessens. If you experience asthma symptoms – wheezing, shortness of breath, tightness in the chest, chronic cough – with your regular activities such as housework, shopping, gardening, or walking, be sure to talk with your healthcare provider as soon as possible.

Asthma is a greater risk for older adults because they are more likely to develop respiratory failure as a result of their asthma, even during episodes of mild symptoms. Unlike asthma in younger people, asthma in older adults rarely goes into remission. Instead, it is more likely to remain a potentially serious and chronic disease.



**A diagnosis  
must be made  
by a healthcare  
provider.**

## How is asthma diagnosed?

Typical symptoms and family history may support a diagnosis of asthma; however, asthma symptoms can mimic other illnesses or diseases, especially in older adults. Other conditions such as pneumonia, cystic fibrosis, heart disease, autoimmune disease, and chronic obstructive pulmonary disease (COPD) have to be ruled out before your healthcare provider can be certain that you have asthma. COPD, which includes emphysema and chronic bronchitis, is very common in older adults, especially those who are or have been smokers.

After middle age, most adults experience a decrease in their lung capacity. These changes in lung function may lead some healthcare providers to overlook asthma as a possible diagnosis, and blame symptoms on the natural tendency for lung function to decrease with age. Untreated asthma can contribute to an even greater loss of lung function. If you have any asthma symptoms, don't ignore them. It is important to explain all of your concerns to your healthcare provider, and ask any questions you may have.

To confirm an asthma diagnosis, talk to your healthcare provider about having a pulmonary function test (breathing test) called spirometry.



## **Which healthcare providers will help manage my asthma?**

Asthma symptoms vary with time and under different circumstances. Because of this, your family doctor will create a customized treatment plan that fits your particular needs, lifestyle and triggers, as well as the frequency and intensity of your symptoms.

This plan may include referrals to other healthcare providers such as allergists, respirologists and Certified Respiratory Educators who can help you with specific aspects of asthma treatment and management. If you have concerns about medication you've been prescribed, your local pharmacist is a great source of information and education.

### **How can I plan for my healthcare visit?**

Being able to communicate well with your healthcare provider will help you receive the best possible care. Healthcare providers may have limited time with each person. They can better care for someone who is prepared.

Your healthcare provider may suggest several options, but these things might not work in your day-to-day life. Remember that your healthcare provider will not be aware of your routines or daily challenges unless you tell them. Be straightforward and honest when you talk with your healthcare provider, so that they can help you figure out the steps you should take.

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## **You should discuss your asthma control with your healthcare provider at every visit.**

## **Plan ahead for your healthcare appointment:**

- ✓ Make sure you are able to go through all your questions with your healthcare provider.
- ✓ Prepare what you will say. It is not easy to remember everything, so write it down.
- ✓ If you are nervous, bring someone you trust with you for confidence.
- ✓ Have your medications with you. This is important to review the technique you are using for your inhalers, and to determine any potential interactions.
- ✓ Have a record of your medication use, including the number of times you have used your blue inhaler (reliever) medication over the past weeks and months.
- ✓ Don't be afraid to ask questions.

## **You should mention any asthma attacks or symptoms you have experienced since your last visit. In particular, you should tell them if you:**

- ✓ Have missed work (including volunteer activities) or social or recreational activities (e.g. visiting family members or friends) because of your asthma
- ✓ Are waking up at night with asthma symptoms
- ✓ Needed to use your blue puffer (reliever) medication four or more times a week
- ✓ Have been unable to exercise, or have had attacks/symptoms with exercise
- ✓ Have experienced side effects of medication
- ✓ Cannot access medications

## **Here are some questions you might ask:**

- ✓ Are you sure I have asthma?
- ✓ How can I keep being active?
- ✓ How can I tell when my asthma is getting worse?
- ✓ What should I do if I have an asthma attack?
- ✓ Is there an asthma educator in my community whom I can go to?
- ✓ How often should I have a breathing test?
- ✓ Is my asthma well controlled?
- ✓ If my asthma is not well controlled, why do you think that is, and what can I do about it?

## What is well-controlled asthma?

### Good asthma control

After your healthcare provider has confirmed that you have asthma, you will need to learn how to control it. Good asthma control is important to prevent serious flare-ups. This means that you should:

- Not have any breathing difficulties on most days
- Not use your reliever medication four times or more in a week
- Be able to exercise without coughing, wheezing or chest tightness
- Sleep through the night without coughing, wheezing or chest tightness
- Not miss work (including volunteer activities) or social or recreational activities because of asthma
- Have a normal or near-normal breathing tests



**Good asthma control means you are able to do your daily activities and exercise.**

## Poor asthma control

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

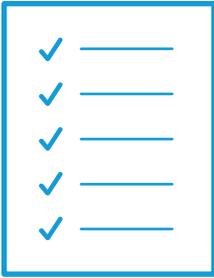
- Not taking your asthma medication as prescribed
- Not using the right asthma medication for you
- Not using your inhaler correctly
- Exposed to a trigger or have a condition that is causing breathing problems
- Incorrectly diagnosed



**Talk to your healthcare provider if your asthma is not well controlled.**

## What is an Asthma Action Plan?

An Asthma Action Plan is a written document that you and your healthcare team design together. It consists of instructions on what to do about any level of symptoms. Studies have shown that having a written plan with your healthcare provider helps you manage your asthma at home.



**See the end of this booklet for an Asthma Action Plan that you can personalize with your healthcare provider.**

## Can asthma be cured?

Currently there is not a cure. Despite advances in understanding the disease, and the availability of more effective medications, asthma is still a major cause of morbidity. There is still much research that needs to be done to fully understand how to prevent, treat and cure asthma. Even though most people with asthma do not die from the disease, they spend part of their daily lives coping with the symptoms. But, with proper management, people can live healthy and active lives.

**It is important  
to know that the  
majority of severe  
asthma episodes  
can be prevented  
by having good  
asthma control.**



## What is an asthma attack?

An asthma attack occurs when the muscles surrounding the airways tighten (bronchoconstriction) and your airways become too narrow for you to breathe effectively. An attack can happen suddenly if you are exposed to one of your triggers or it can build up slowly, over hours, days or even weeks. It is important to learn to recognize the symptoms of worsening asthma and know what to do if you have an asthma attack.

The most common symptoms include:

### **Mild to severe (the early warning signs of an asthma attack)**

- Disrupted sleep due to asthma symptoms
- Daytime symptoms 4 or more times/week
- Cannot exercise normally
- Need reliever more than 4 times/week
- Decreased activity level
- Getting a cold or flu

If you experience any of the above symptoms, inform your healthcare provider. An asthma attack could be on its way.

### **Life-threatening (time to get help as you are experiencing an asthma attack)**

- Excessive cough, wheeze and chest tightness
- Experiencing shortness of breath at rest
- Difficulty speaking
- Lips or nail beds turning blue
- Reliever doesn't work
- Sweating
- Feeling anxiety and fear

If you experience any of the above symptoms, seek medical attention immediately.

## If you have an asthma attack do:

1. Sit up straight. Don't lie down. Try to stay calm.
2. Take your reliever medication as directed. Use your Asthma Action Plan for reference.
3. Call 911 if your symptoms persist or worsen. Do this if you feel worse at any point or if there is no improvement after using your medication.



**1**

**Sit &  
stay calm**



**2**

**Take your  
reliever  
medication**



**3**

**Call 911 if  
your symptoms  
persist or  
worsen**



**4**

**Follow up  
with your  
doctor**

## After an asthma attack

One in six people who receive treatment at the hospital need emergency treatment again within two weeks. Asthma attacks are not normal and are a sign of poor control.

Take the following key steps to prevent having another attack in the future:

- Book an urgent appointment with your healthcare provider (they will check your health state after the attack, prescribe necessary medication and review your Asthma Action Plan).
- Keep taking your asthma medication as prescribed.
- Take time to recover after the attack. Lots of people feel physically and emotionally exhausted after an attack and after seeing healthcare providers. It's reasonable to cut back on your activities during this time.

## What is the relationship between asthma and allergies?

Asthma and allergies are related, but they are not the same thing. An allergy is a hypersensitivity reaction to a substance that is usually harmless. Exposure to an allergen may cause irritation and swelling in specific areas of the body, such as the nose, eyes, lungs, and skin. Allergens can make asthma symptoms worse by increasing the inflammation in the airways, making them more sensitive and causing them to narrow. The best way to find out if you are allergic to something is to have an allergy assessment done by a doctor who is an allergist. Discuss this with your healthcare provider.

Triggers can bring on asthma attacks. A trigger is any thing or condition that causes inflammation in the airways, which then leads to asthma symptoms.

Your personal triggers can be very different from those of another person with asthma. But in every case, it's important to avoid your triggers in order to keep airway inflammation to a minimum and reduce symptoms.

### What are asthma triggers?

- Animals (dander)
- Cockroaches
- Moulds
- Pollens
- Air pollution (indoor and outdoor)
- Smoke (tobacco, cannabis, wildfire)
- Viral infections (e.g. a cold)
- Exercise or physical exertion
- Weather changes (cold air, smog, forest fires)
- Chemical fumes and other strong-smelling substances like perfumes and fragrances
- Certain food additives like sulfites
- Intense emotions

## How can I avoid my triggers?

Find out what your triggers are:

- Have an allergy test done. Write down what you are allergic to and learn how to avoid or reduce your allergen exposure.
- Use an asthma diary to keep track of your asthma symptoms. Review your diary with your healthcare provider to determine your asthma triggers.

Once you have a clear idea of the things that make your asthma worse, try to control these things. Some triggers will be difficult to avoid (e.g. pollen, air pollution, thunderstorms), but many triggers are avoidable. You may start with your own home, because you spend a lot of time there, and its environment can be under your control. If you live in a setting with other people, working with the supervisor, landlord, or homecare workers is important.

To control your home environment:

- Make your home smoke-free.
- Monitor the humidity in your home with a hygrometer, and keep the level below 50%. A damp home is likely to make asthma symptoms worse.
- Remove carpeting where possible. If carpet is kept, vacuum thoroughly and frequently using a vacuum cleaner with a HEPA filter.
- Launder bed linens in very hot water (55 degrees Celsius) weekly.
- Encase your pillow, mattress and box spring in mite-allergen impermeable encasings.
- Clean mouldy areas, especially bathrooms, with cleaners like vinegar or a chlorine-bleach solution. Be sure to use them in a well ventilated area.
- Consider using asthma & allergy friendly™ certified products in your home.



**Canadians spend  
90% of their time  
indoors. Controlling  
allergens in your  
home will help  
keep you well.**

## What is the treatment for asthma?

Asthma symptoms can be treated with a variety of prescription medications that provide quick relief as well as long-term control. Lifestyle changes can also reduce symptoms, especially if asthma is triggered by environmental allergens or smoking. Regular vaccinations for influenza and pneumonia are strongly recommended for older adults and are particularly important if you have asthma.

You should be sure to ask your healthcare provider about any aspect of your asthma treatment that you do not understand. Keeping them informed about how well treatment is working is important. You need to tell them if you are having trouble remembering to take your medications, or if you are having difficulty using devices such as an inhaler, or problems with medication access.

Take your Asthma Action Plan with you when you travel, and be sure to update it regularly when you visit your healthcare provider. You should also take your inhaler to your visit to review technique and/or resolve any questions regarding the device.



## What medications help to manage asthma?

When it comes to understanding all of the new asthma treatments available, it's natural to feel a little overwhelmed. The important thing to remember is that asthma is a variable disease. In other words, the symptoms can be different from person to person, and even the same person's condition may fluctuate.

In order to minimize possible side effects, your doctor will prescribe the lowest dose of medication needed to control your symptoms. It may take some experimenting to find out what dose and what medication works best for you. Over time, your medication needs may change.

It is important that you understand how to take your medications and why you are taking them. These medications are prescribed for you to gain asthma control and to relieve your asthma symptoms. Do not stop taking your medications on your own.

Remember that asthma means having some underlying inflammation in your airways, as well as bronchoconstriction. Because there are two components, you may need different medications to treat each component.

### Two Kinds of Medication

Most people with asthma take two kinds of medication. That's because each asthma medication treats only one aspect of the condition:

- **Controllers**, also called “preventers,” reduce inflammation in the airways. Controllers should be taken every day. You will know that the controller medication is working because you will, over time, have fewer and fewer symptoms. When your asthma is totally controlled and you have no symptoms,

do not stop taking them. If you do, the airway inflammation may return.

- **Relievers** help relieve symptoms quickly. If you are coughing, wheezing, feeling chest tightness or shortness of breath, use a reliever medication to reduce symptoms. Relievers are only a short-term solution to your breathing problem as they treat the bronchoconstriction or tightening of the airway but they do not treat the underlying airway inflammation. Monitor how often you use your reliever as increased use shows you that your asthma is not well controlled. Tell your doctor or refer to your Asthma Action Plan if you start using your reliever medication more.

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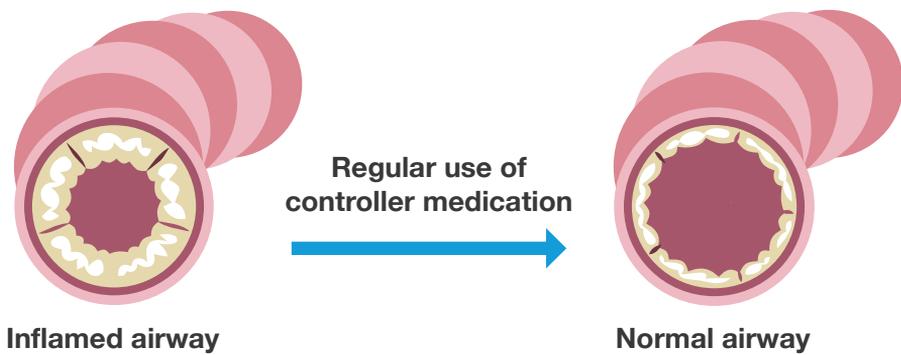
**Asthma medications are delivered by inhaler devices that deliver the medication straight to the airways.**

**It is important that you use your inhaler correctly to ensure that you are getting maximum benefit. Ask your doctor, Certified Respiratory Educator or pharmacist to make sure that you are using your inhaler correctly.**

## What is a controller medication?

Controller medications help to treat the underlying inflammation of the airways in a person with asthma. By controlling the inflammation, asthma symptoms will diminish and attacks can be prevented.

When you start taking controller medications, you may not notice a difference right away. It may take a few weeks before the inflammation in your airways is reduced. Even if you do not feel better right away, do not stop taking your controller medication unless told to by your doctor.



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

Corticosteroids (sometimes just called steroids by healthcare providers) 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 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 and inhaler technique should be reassessed.

Remember, controllers do not immediately relieve wheezing, coughing or chest tightness, and should not be used on their own to treat an asthma attack. Make sure you understand the difference from your reliever medication, which provides quick relief during an asthma episode, and your controller medication, which controls your underlying inflammation so that you're less likely to experience symptoms in the first place.

### **Who should take an inhaled corticosteroid?**

Everyone with asthma, even mild asthma, benefits from regular use of inhaled corticosteroids. Along with reducing inflammation and mucous, 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.

### **Can corticosteroids cause weak bones and growth suppression?**

Inhaled corticosteroids are the most effective prescribed medication for most people with asthma. At the doses used to treat asthma, inhaled corticosteroids have generally not been shown to cause weak bones, growth suppression, weight gain, or cataracts. When corticosteroids are taken in high 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.

## **I only have mild asthma. Do I still have to take daily medications?**

Mild asthma can still cause regular symptoms, exacerbations, 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 are treated with a low dose of daily controller medication. 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, make an appointment with your healthcare provider.

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

When 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 medication unless you discuss with your doctor.



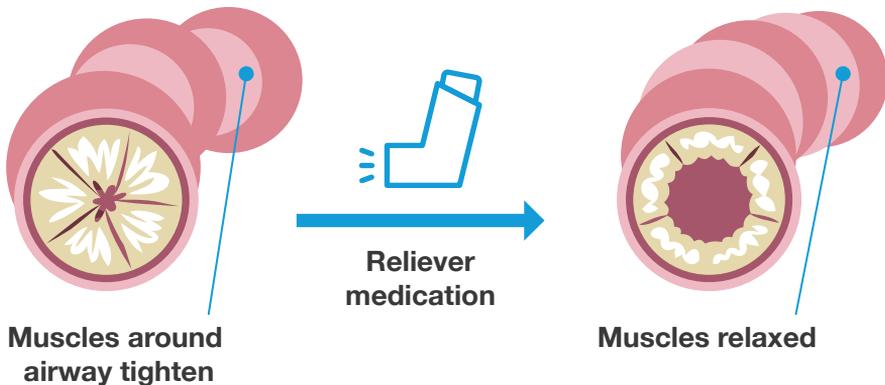
**Inhaled corticosteroids  
are the best option for  
treating asthma and  
should be used on a  
regular basis.**



## What is a reliever medication?

Short-acting bronchodilators are called “relievers” or “rescue” medications. They provide fast but temporary relief of bronchospasm 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.

Relievers are safe but, as with any medication, there are possible side effects of short-acting bronchodilators such as headache, shaky hands (tremor), nervousness, and fast heartbeat. There have been some reports of hyperactivity related to these medications.



**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?

Use your reliever only when you have asthma symptoms. Carry it with you at all times. 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. 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 your 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.**

## **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. Sometimes healthcare providers will give you a handout or show you, but it's important that you ask for feedback by demonstrating your use of the inhaler.

## **What is a spacer?**

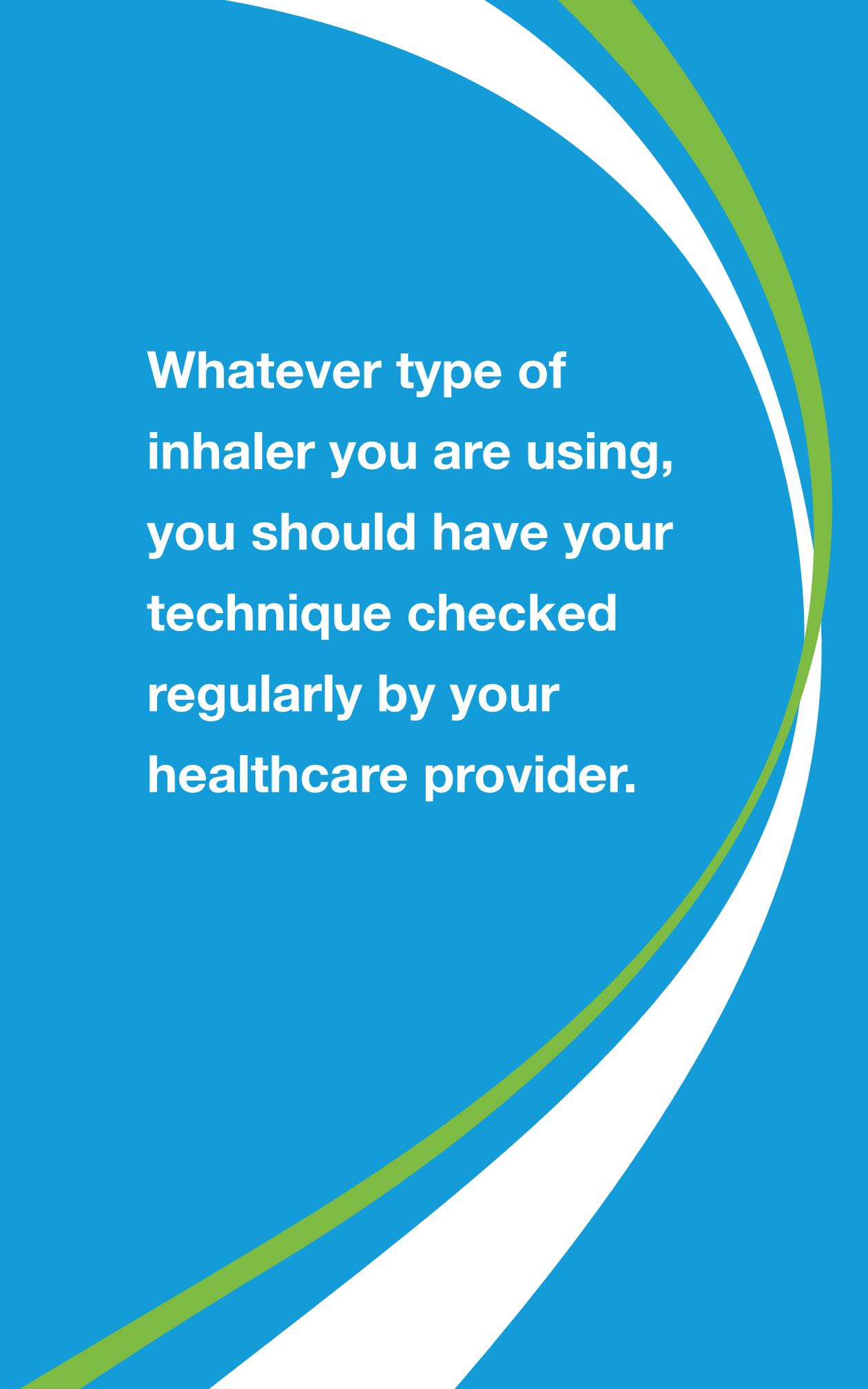
The most basic spacer is a tube that attaches to a puffer, so that you breathe the medication in from the tube instead of directly from the puffer. This makes it easier to “aim” the medication and breathe it right into your lungs, instead of having the spray end up in your mouth. You can order spacers from a pharmacy.

## **Should I be using a spacer?**

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

Spacers should not be used with dry powder inhalers — only with MDI 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.





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

## **Are there other medications that help manage asthma?**

### **Leukotriene receptor antagonists (LTRAs)**

LTRAs work by blocking chemicals called leukotrienes 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) and have few side effects (such as mild headaches). LTRAs may also be prescribed to treat allergic rhinitis.

### **Long-acting bronchodilators**

Long-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.

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

## Combination inhalers

Combination inhaler 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.



## Biologics

One 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 six weeks, depending on the particular medication. Because of side effects, such as suppression of your immune system, and risk of infections, these medications are not used as first line therapy.

## How do I manage asthma when I have other medical conditions?

Older adults often take multiple medications for various health conditions. If you have multiple medical conditions, you need to be aware of how your illnesses and the medications you use may affect one another. Some asthma medications can react with those other treatments, causing side effects. In addition, other medications may actually worsen asthma symptoms. Whenever you start taking any new medicine for asthma or another condition, make sure your doctor and your pharmacist know about all the other medicines you are taking, including any over-the-counter or complementary alternatives (e.g. herbal) medicines you use. Be sure to discuss potential drug interactions with anything you take including vitamins or herbal supplements. Because of the complexity of your medication regimen, it's important that you have clear instructions and proper training in using asthma medications and devices.

Some common medical conditions can also make asthma worse or harder to manage, including gastro-oesophageal reflux (stomach reflux), depression, anxiety, obesity, memory problems, poor physical fitness or obstructive sleep apnea. Some people with asthma have other lung conditions at the same time, including COPD.



**Make sure your  
healthcare provider  
understands all of  
your health conditions  
and knows all  
medicines (including  
over-the-counter)  
that you use.**



## What is the best way to live with asthma?

The key to living well with asthma is developing a strong partnership between yourself, your caregivers, and your healthcare providers. Here are ways you can ensure this happens:

- ✓ **Make an Asthma Action Plan** with your healthcare provider. An Asthma Action Plan helps you understand what to do when specific situations arise. Each time you visit your healthcare provider, talk about your plan, and make any necessary changes.
- ✓ **Get regular medical care.** If you have asthma, you should see your healthcare provider at least once a year, even if your symptoms are under control. When you become sick, or if you have significant changes in your health, you should also talk with your healthcare provider about how your asthma could be affected.
- ✓ **Educate yourself.** Stay informed about the latest developments in asthma and allergy care and treatment. Ask your healthcare provider about new medications or research findings that may relate to your care. (Don't make any changes to your asthma care plan without discussing them with your healthcare provider.)
- ✓ **Take your medicine.** Your asthma medications will make you feel better and sometimes people think that's the time to stop. It's not! Use your medications as prescribed.

**With good management, asthma symptoms can be controlled. Most people who have asthma in later life are able to lead symptom-free lives. Expect success!**

## How do I stay active with asthma?

Having asthma does not mean that you cannot remain active. However, if you have any limitations in your ability to exercise because of your asthma, your asthma is not being controlled properly. The benefits of regular exercise and being active are important for heart, lung, and mental health. There are physical, social, functional, and psychological benefits to being active. The goal is to control your asthma so that you can engage in being active again.

Benefits of regular exercise include:

- Improved efficiency of the heart and lungs
- Increased muscle strength and endurance
- Improved balance and reduced risk of falls that cause injury
- Improved flexibility and posture
- Improved ability to relax and fall asleep
- Better mental health
- Increased socialization through activity

Once you and your doctor have established what your level of physical activity or exercise should be, keep the following in mind:

- Take your reliever medication before starting to exercise, or before an event where you would physical exert yourself, if advised.
- Start your exercise regimen slowly. Take your time before attempting more demanding exercises.
- Always warm up before exercising, and cool down after.
- If you develop symptoms while you are exercising, stop and rest. Take your reliever medication.
- If you usually exercise outdoors and it's cold out, opt for indoor exercise.
- If you usually exercise outdoors and the pollution or pollen counts are high, exercise indoors instead.
- It is advisable to participate in physical activity with others, as this can provide you with encouragement, socialization, and support if you do have an asthma attack.



**Make sure you stay  
up to date with all  
vaccinations and  
immunizations.**

## **Do I need any vaccinations or immunizations?**

Influenza, also known as the seasonal flu, is a highly contagious viral infection of the nose, throat and lungs. These viruses travel through air droplets when an infected individual coughs, sneezes or talks. It can spread when someone inhales the air droplets or touches infected objects.

The most at risk from influenza include older adults and persons with chronic health conditions, like asthma. Older adults with asthma are more likely to develop pneumonia with influenza as well as worsening of asthma symptoms and attacks.

Health Canada recommends that the best way to prevent influenza is by getting a flu shot. Older adults can suffer the most severe consequences of influenza, with 70% of hospitalizations and 90% of deaths due to influenza occurring in adults 65 years and older. A High Dose flu shot is recommended for those 65 years of age and older. For more information on annual flu vaccination, and whether four-strain or High Dose vaccine is available in your province, speak to your doctor, pharmacist or local Public Health authority. It is recommended that older adults obtain their flu vaccine early in the season, in October or November, to prevent illness throughout the flu season.

Pneumococcal disease is caused by bacteria and is a leading cause of serious illness throughout the world. Anyone can get pneumococcal disease but older adults and people with asthma are at a higher risk. Vaccination is the most effective prevention against pneumococcal disease. Pneumococcal vaccination is part of routine immunization schedules in Canada. There are different pneumococcal vaccines available and recommended in Canada. Talk with your healthcare provider about the immunization schedule in your province or territory.

## I'm planning a vacation. What do I need to consider?

There are many things to consider when planning a trip. For example, you should research air quality, humidity, what plants are in bloom, local pollen count, smog, pollution, smoking, and other potential triggers in the country you are planning to visit. Prepare for potential asthma triggers on an airplane, such as strong perfume, animals, or foods by using your controller medication as prescribed and having your rescue medication on hand. Make sure to contact the airline to let them know about any significant allergies that might affect your asthma. Make sure you have enough medications to last the duration of your trip and more if delayed. Keep the medication on your person or in your carry-on luggage in case your checked luggage is lost. It is also very important to research hospitals or other healthcare centres and note their address and contact information beforehand. Bring your Asthma Action Plan with you and make sure you have proper travel and health insurance in case of an asthma attack requiring emergency care. If you are a snowbird, make sure your vaccinations are up to date prior to departure.



## **I'm a caregiver to an older adult living with asthma – how can I help?**

More people are living on their own today, including older adults. Additionally, as people age, spouses and partners often help with caring for each other's medical needs. Adult children also help support their aging parents as do siblings and other family members. Please read this booklet in full to have a good understanding of asthma in older populations. Here are some ways you can help with being a caregiver to someone living with asthma:

- Pick up medication at the pharmacy together and have the pharmacist check inhaler technique
- Discuss devices or processes to help someone take the medication if he/she is not able to do this independently
- Have a copy of the Asthma Action Plan
- Recognize the signs of an asthma attack and know what to do in an emergency situation
- Track how much medication is being used and when refills are required
- Pay attention and track if symptoms seem to be worsening
- Encourage a visit to the healthcare provider if symptoms seem to be worsening
- Schedule regular doctor visits (at least annually)
- Accompany to the appointment, if needed
- Ensure regular vaccinations and immunizations (annually) – and get them yourself
- Look for ways to minimize triggers in the home environment





# My Asthma Action Plan



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

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Name & Phone: \_\_\_\_\_

\_\_\_\_\_

Closest Hospital: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

\_\_\_\_\_

## What is an Asthma Action Plan?

Your Asthma Action Plan is your personalized guide for managing asthma when it gets out of control. Work with your healthcare provider to fill out your plan and take it with you when you visit your doctor for regular review.

Your Action Plan should help you recognize the early warning signs of an asthma exacerbation so you can take the appropriate steps to prevent a full-blown attack. It helps you take control of your asthma, know when to increase or decrease your medications and decide when to seek emergency help.

This Action Plan is a guide only. Always see your doctor if you are unsure of what to do.

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Call Asthma Canada's FREE Asthma & Allergy HelpLine  
to speak to a Certified Respiratory Educator

**1-866-787-4050**

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## Asthma is well controlled

- No night-time asthma symptoms
- Daytime symptoms less than 4 times/week
- Can exercise with no symptoms
- Need reliever less than 4 times/week

Peak flow:

Other:

Medication

Dose

Times per day

Medication	Dose	Times per day

## Asthma is getting worse

- Disrupted sleep due to asthma symptoms
- Daytime symptoms 4 or more times/week
- Cannot exercise normally
- Need reliever more than 4 times/week
- Getting a cold or flu

Peak flow:

Other:

Medication

Dose

Times per day

Medication	Dose	Times per day

## Time to get help

- Difficulty speaking due to asthma
- Experiencing shortness of breath at rest
- Lips or nails turning blue
- Reliever does not work

Peak flow:

Other:

Medication

Dose

Times per day

Medication	Dose	Times per day

**EMERGENCY – DIAL 911**

# Asthma & Allergy HelpLine



**Dealing with asthma and allergies can be difficult, but you don't have to face it alone.**

Do you need support? Our team of expert Certified Respiratory Educators (CREs) can provide you with up-to-date information and advice in English and French.

Call 1-866-787-4050 or email [info@asthma.ca](mailto:info@asthma.ca) to connect with a CRE.

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To find out more about Asthma Canada's work:

Asthma & Allergy HelpLine:  
**1.866.787.4050**

Email us:  
**info@asthma.ca**

Visit our website:  
**www.asthma.ca**

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