

NIPAWIN HOSPITAL

ASTHMA

Asthma results from inflammation in the airway that in turn causes spasm of the bronchial muscles. The inflammation can be triggered by allergies, viral infections and other causes. Once the inflammation of the airway is present, fine dusts, strong smells, smoke, cold air, exercise, etc. will often trigger spasm.

The inflammation is treated by avoidance of allergens and topical anti-inflammatory drugs (eg. Beclovent, Becloforte, Flovent, Pulmicort, Intal, Tilade, etc.). These drugs should be used on a regular basis even when you have no symptoms.

The bronchospasm is treated by avoiding irritants (especially smoke) and by bronchodilators (eg. Salbutamol, Bricanyl, Atrovent, etc.). These drugs are used on an *as needed* basis to relieve symptoms.

When using drugs that are in a pressurized container, it is best to take them through a spacing device (eg. Ventihaler, Aerochamber). These devices improve drug delivery and reduce irritation of the throat. You must know how to properly use the particular device you have.

You should not personally smoke and you should maintain your home and vehicle as smoke-free environments.

If your asthma is worsening:

- increasing need for your bronchodilator,
- decreasing exercise ability,
- waking at night with asthma,

you should **increase** your anti-inflammatory and bronchodilator drugs and **promptly** seek medical advice.

ASA Intolerance: You must carefully avoid all use of:

1. **ASA or Acetylsalicylic Acid** - this is in many preparations for relief of pain, headaches, colds, etc.
2. Non-steroidal Anti-inflammatory Agents - eg. Advil, Ibuprophen, Indocid, Naprosyn, Motrin, Feldene, etc. These drugs are used to treat injuries, arthritis & pain.
3. **Tylenol** (acetaminophen) is usually tolerated, but is a problem for some patients.