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WHAT IS ASTHMA?

Asthma is a disease of the lungs and airways. There is inflammation or swelling of the lining of the bronchial tubes and constriction (tightening) of the muscles around the airways, causing the inside of the airway tubes to be narrower. As a result, you may experience chest tightness, shortness of breath, cough and wheezing. Some people also cough up phlegm (mucus) as well.

WHAT TRIGGERS AN ASTHMA ATTACK?

People with asthma can be sensitive to a number of "triggers". When exposed to something they are sensitive to, the person with asthma may have a worsening of their usual asthma symptoms. Some of these triggers include:

- Respiratory viruses, especially the common cold virus
- Smoke (tobacco, wood)
- Dust (including microscopic house dust mites)
- Pet allergens (cat, dog, bird, and rodent)
- Cockroaches
- Pollens (trees and grasses in spring, weeds and ragweed in fall, cedar in the winter)
- Molds, mildew and fungi (indoor and outdoor)
- Exercise
- Cold air
- Emotions (laughter, crying, stress)
- Strong odors (perfumes, cleaning solutions, scented soaps, hairspray, deodorant, after-shave)
- Foods and medications (rare cause of asthma)

IS ASTHMA CONTAGIOUS?

Asthma is not a contagious disease. However, it does seem to be influenced by genes. In other words, if a member of your family has asthma, you are more likely to have asthma.

CAN ASTHMA BE CURED?

Although some children seem to "outgrow" their asthma, asthma cannot be cured. However, there are medications to control it and minimize symptoms. These fall into two main groups: medications that control the inflammation of the airways, and medications that relieve symptoms.

LONG TERM CONTROL MEDICATIONS

These medications need to be taken every day as ordered by your physician, regardless of whether you do or do not have symptoms. They decrease the inflammation in the airways.

It may take months for you to notice their effect on your symptoms. Before you stop using the controller medication, you should speak with your doctor or nurse. Controller medications should not be used in an acute attack.

The following medications are considered *controller* medications:

Inhaled corticosteroids:

AeroBid (flunisolide)
Azmacort (triamcinolone)
Beclovent (beclomethasone)
Flovent (fluticasone)
Pulmicort (budesonide)
Vanceril (beclomethasone)
Asmanex (mometasone)

Oral corticosteroids:

Prednisone
Methylprednisolone

Inhaled non-steroids medications:

Intal (cromolyn)
Tilade (nedocromil)

Long-acting bronchodilators:

Serevent (salmeterol) inhaler
Foradil (formoterol) inhaler
Proventil repetabs/Ventolin/Volmax (albuterol)
Ventolin/Proventil syrup
TheoDur/Unidur/Theo24/Uniphyll (theophylline)

Leukotriene modifier tablets

Accolate (zafirlukast)
Singulair (montelukast)
Zyflo (zileuton)

QUICK RELIEF (RESCUE) MEDICATIONS

These medications are used to treat acute attacks or relieve symptoms. Your reliever medication should be available at all times. They work quickly, but their effects only last 3-4 hours.

Quick relief medication:

Albuterol (Proventil HFA)
Levalbuterol (Xopenex)
Alupent