



Take a positive step

Your guide to positively
managing asthma



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If you think you have a medical or psychiatric emergency, call 000 or go to the nearest hospital. If you are not sure what sort of care you need, please call your doctor or local hospital.

There are a number of products and services mentioned throughout this brochure for which MBF does not pay a benefit such as some doctor consultations and some complementary therapies. The information in this brochure relates only to the particular MBF Positive Health Program in question and does not represent which products and services may or may not be covered under your level of MBF cover.

The information provided in this brochure is current and correct as at 1 April 2007.

Please note: MBF does not pay benefits for swimming lessons.



The MBF Asthma Management Program

This guide helps you to understand how you can make the best of living with Asthma. It is designed for use by adults with Asthma or the parents of children with Asthma. The guide is based on current practical research and offers a straightforward way to maintain control of Asthma according to accepted best practice.

This guide includes:

- an MBF Asthma Action Plan, developed by the National Asthma Council, for you to complete with your doctor;
- easy-to-read information on Asthma; and
- an Asthma quiz for you to fill out and discuss with your doctor.

The guide is part of the **MBF Asthma Management Program**, one of a number of programs MBF Health offers at no additional cost to help members with MBF hospital cover to better manage their health conditions.

The program gives you tools and resources to actively manage Asthma and help to improve your or your child's health. For example, access to:

- information about current issues and research on Asthma;
- a professional nursing telephone service trained to answer your queries on general health.*

Take this guide with you when you next talk to your regular doctor so you can fill in your Asthma Action Plan together.

*Operated by ETI Australia Pty Ltd, trading as Mondial Assistance.

Note: MBF does not pay any benefits for doctors' and specialists' services provided outside of hospital unless we specify otherwise under your level of cover and we have an agreement with the provider for that treatment.

What is Asthma?

Asthma is one of Australia's most common chronic conditions, affecting 10-12% of adults and 14-16% of children. Asthma is a disease of the airways, of the small tubes in the lungs which carry air in and out of our bodies. People with Asthma have very sensitive airways and when an Asthma attack is triggered, the sensitive airway linings swell, extra mucus is produced and the airway muscles contract. The airways become narrow and this causes Asthma symptoms such as:

- coughing (especially at night or early morning);
- wheezing (a whistling sound in the chest);
- chest tightness; and/or
- shortness of breath.

You may be diagnosed with Asthma even if you do not have all of these symptoms. Asthma can occur for the first time at any age and can change over time.

There is no cure for Asthma yet but it can be managed well. Lack of information and of self-management skills, and too few doctor visits, all increase the risk of worsening symptoms and in some cases a severe Asthma attack or, more tragically, of dying from Asthma.



How is Asthma managed?

The aim of Asthma management is to make you feel as well as possible and to minimise any impact of Asthma on your life. The latest research shows the best things to do are:

- see your regular doctor for check-ups so that you can work together to monitor your Asthma;
- follow the written Asthma Action Plan you and your doctor develop together;
- stick to your medication program even when you feel well;
- avoid known triggers; and
- lead a healthy lifestyle.

Your doctor will want to measure your lung function to see how well your lungs work. The most accurate test for Asthma is done with an instrument called a spirometer that measures how much air you can get out of your lungs. You may also be asked to monitor your Asthma at home with a peak flow meter.

Knowledge, good self-management and regular visits to your doctor are the keys to effective Asthma control. You can talk to your doctor about all aspects of your Asthma including the possible use of complementary medications and therapies and practical problems of everyday living.

Why do I need an MBF Asthma Action Plan?

You don't have to live with your Asthma symptoms out of control. An Asthma Action Plan is a summary of the best way to manage your Asthma under different conditions.

Remember, people who follow a written Asthma Action Plan developed with their doctor are likely to have fewer Asthma attacks and fewer days off school or work because of Asthma.

Your Asthma Action Plan helps you recognise when you or your child's Asthma is getting worse and reminds you what to do when this happens and how to intervene as any deterioration occurs. It also provides you with important information on when and how to get medical help quickly.

Work with your doctor to develop a personalised, written Asthma Action Plan (you will find it at the back of this guide). If you don't already have a regular doctor, choose one you trust and feel comfortable with. Your doctor can work out with you any necessary medications, when and how much to increase your doses, and when to get medical help.

Asthma is a condition that may change over time and you will need to have your Asthma Action Plan reviewed. Visiting your doctor on a regular basis, even when you are well, will ensure that you stay in control of your Asthma, manage it well and can lead as active and healthy a life as possible.

After completing your Asthma Action Plan, make sure you return your completed and signed Asthma Participation Statement to MBF. You will find your Asthma Action Plan at the back of this guide.

Send the statement to:
MBF Asthma Management Program
MBF Australia Limited
Reply Paid
GPO Box 9809
Brisbane QLD 4001

More information

What triggers Asthma?

You may already have a list of what triggers your Asthma or your child's Asthma. Triggers vary from person to person. The most common ones are house dust mites, pollen, animal fur, moulds, tobacco smoke, colds and flu, cold air, wood dust, fumes, and some medicines. Try to avoid contact with anything that you know triggers your Asthma. You can ask your doctor to help you work out if you have any triggers.

Exercise is also a common trigger, but exercise is important for general health and fitness. It is better to manage the symptoms than to stop exercising. Good Asthma management, pre-exercise medication or warm-up exercises may help relieve Asthma triggered by exercise.

Asthma severity

The majority of people with Asthma have mild or moderate disease with only intermittent and/or exercise induced symptoms. People with moderate Asthma generally experience regular symptoms and have lifestyles that may be affected by their illness. Severe Asthma may mean significant daily symptoms, sleep disturbance and sometimes the need for hospitalisation. The impact of Asthma varies with both the severity of the disease and the effectiveness of the control that can be provided by good Asthma treatment.

Diet and Asthma

Food itself is not a common trigger of Asthma, although food allergies can lead to severe Asthma symptoms in some people. In general, unless you and your doctor have determined otherwise, avoiding certain foods is unlikely to help your Asthma.

For women considering having children

There is now good evidence that exclusive breast-feeding for at least four months may reduce the likelihood of Asthma developing in children or delay its development. If breastfeeding is not possible, recent studies have shown that feeding babies with a partially hydrolysed formula for at least four months may reduce the development of Asthma in the first two years. In these studies, the use of formulas was combined with other dietary restrictions and house dust mite reduction measures.

Smoking and Asthma

Smoking and passive smoking are major triggers for Asthma, which means that people with Asthma and those around them should not smoke. Pregnant women should not smoke as it is a risk for the baby and can affect lung development. Smoking:

- results in a worsening of Asthma symptoms;
- makes Asthma control more difficult and Asthma medication less effective; and
- may cause additional lung damage and may increase the risk of permanent damage to airways.

Measuring lung function

Your doctor is likely to ask you to have a lung function test. The most accurate test for Asthma is done with an instrument called a spirometer. Spirometry testing is quick, non-invasive and painless. Spirometry is performed with the person being tested breathing into a tube attached to the spirometer, which calculates the amount of air the lungs can hold and the rate that air can be exhaled. The results of the test are compared with those of healthy people of similar height, age, sex and ethnicity. Doctors can then tell if you have Asthma and how severe it is. You may be asked to use a peak flow meter to check your Asthma at home. This measure is used most often as part of a written Asthma Action Plan (but is often not useful in children under 12).

Complementary therapies

In recent years many people have become interested in using complementary therapies for many conditions including Asthma. If you want to consider this option, make sure you obtain accurate information and make the decision in conjunction with your doctor. The reason for this is that there is less information available about the safety and effectiveness of complementary therapies compared with Asthma medications. You are advised to have an Asthma Action Plan and you should not stop taking any medicines prescribed for your Asthma.

Specialists

Your doctor may refer you for specialist advice. You are also able to ask to see a specialist or seek a second opinion if you feel the need.

Asthma medications

Today there are many effective medications available to treat Asthma but they must be tailored to your individual needs. Make sure you understand how your medications work and tell your doctor if you are experiencing any side effects.

There are three types of Asthma medications – preventers, symptom controllers and relievers. There are also combination medications available that combine a preventer and a symptom controller.

Relievers are useful when quick relief is required from symptoms like coughing, wheezing or shortness of breath. Some people will do better if a symptom controller is also prescribed because these medications control symptoms over a longer period than short-term relievers.

Preventers usually take some days to make you feel better. They work by making your airways less ‘twitchy’ by reducing the swelling inside the airways. Preventers are a long-term medication and need time to be effective so even when you are well they need to be taken every day at the dosage prescribed. Asthma varies from individual to individual in terms of severity. Your doctor will help you determine how long you will need to keep taking your preventer medication.

Most Asthma medications are given by an inhaler (or ‘puffer’) as the medication goes straight to the lungs where it is needed. There is also a preventer medication available in tablet form although in Australia it can only be used for children.

Your doctor will work out with you which medication is best for you and show you how to use the puffers correctly. If you use a nebuliser (a pump which turns your medication into a spray mist), ask your doctor if this is necessary. A spacer device used with a puffer can be just as effective, simpler, cheaper and more convenient.

Remember to tell your pharmacist and doctor about any other medications you take, including over-the-counter and complementary ones. Some medications may make your Asthma worse or react with your Asthma medication. For example some people with Asthma may experience Asthma symptoms after taking aspirin or non-steroidal

anti-inflammatory drugs (NSAIDs) used to treat pain, muscle and joint inflammation, colds or flu. If you are unsure whether it is safe to take a particular drug, ask your doctor or pharmacist before you take it.

Useful tips about medications

- Ask your doctor and/or pharmacist about the role of each of your medications. Ask for written instructions on when and how to use each one as part of your written Asthma Action Plan.
- Know the side effects of your medication so you understand what is and isn't normal. If you have any concerns about your medications, talk to your doctor or pharmacist.
- If you have been prescribed preventer medication, keep taking it even when you feel well. It needs to be taken regularly and long term to work effectively.
- Ask your doctor if your medication can be simplified. One way is to have the same type of puffers for all your medications so you don't have to get used to several kinds. Ask your doctor to give you an Asthma puffer that you feel comfortable with. There are special aids to help you if you have trouble coordinating the 'press and breathe' kind.
- Even the best medication will only work if you take it correctly. Ask your doctor or pharmacist to check your puffer technique regularly.
- Create memory aids for yourself such as taking your Asthma medication when you brush your teeth in the morning and evening.

Extra tips for parents

The tips above apply when children have Asthma, too. Here are some extra tips for parents:

- As a general rule, your child's preventer medication can be taken before and after school so there is less need for supervision by teachers and hassles from other children are avoided.
- As your child gets older, involve them in decisions about their Asthma medication and management.
- Remember, tying Asthma medication to the child's own goals can help. For example, a child who loves sport will take their medication if it helps them to perform better.

Asthma quiz

Here are some important questions about your Asthma. Discuss these questions and your answers with your doctor. This can help you improve your Asthma management and quality of life.

- 1 How often do you have Asthma symptoms such as a cough, wheeze, chest tightness, shortness of breath?

- 2 Do you wake during the night or early in the morning with Asthma symptoms? If so, how often?

- 3 Do you get Asthma symptoms when you exercise?

- 4 Do you know what triggers your Asthma (common Asthma triggers are house dust, pollen, animal fur, fumes, moulds, tobacco smoke, cold air, colds and flu)?

- 5 Has your doctor prescribed preventer medication for you (eg Pulmicort, Intal Forte CFC-Free, Tilade CFC-Free, Flixotide, Qvar, Singulair)? If so, do you take it as prescribed?

- 6 Has your doctor prescribed a combination medication for you like Symbicort or Seretide?

- 7 How well does preventer and/or combination medication help your Asthma?

- 8 Has your doctor prescribed reliever medication for you (eg Ventolin, Bricanyl, Airomir, Epaq, Asmol)? If so, how often do you take it?

9 How well does reliever medication help your Asthma?

10 Has your doctor prescribed a symptom controller (eg Oxis, Foradile, Serevent)?

11 How well does a symptom controller help your Asthma?

12 What do you do if your Asthma gets worse?

13 Have you checked with your doctor that you are using your Asthma inhaler ('puffer'), spacer device or peak flow meter correctly?

14 How recently have you had your lung function measured with a spirometer or peak flow meter?

Where can I get further information?

For more information and support, contact:

- your local doctor
- your local Asthma Foundation on 1800 645 130
- National Asthma Council Australia
at www.nationalasthma.org.au
- mbf.com.au

The MBF Asthma Action Plan - for children and adults

Name Date / / Best peak flow*

*Not recommended for children under 12 years

When well/Asthma under control

Peak flow*above

(Almost no symptoms)

Preventer	<input type="text"/>	Dose	<input type="text"/>
	<input type="text"/>	Dose	<input type="text"/>
Reliever	<input type="text"/>	Dose	<input type="text"/>
Symptom controller <i>(if prescribed)</i>	<input type="text"/>	Dose	<input type="text"/>
Combination medication <i>(if prescribed)</i>	<input type="text"/>	Dose	<input type="text"/>

When not well/Asthma getting worse

Peak flow*between

(Waking from sleep, using more reliever, at the first sign of a cold)

		and	<input type="text"/>
			<input type="text"/>
Preventer	<input type="text"/>	Dose	<input type="text"/>
Reliever	<input type="text"/>	Dose	<input type="text"/>
Symptom controller <i>(if prescribed)</i>	<input type="text"/>	Dose	<input type="text"/>
Combination medication <i>(if prescribed)</i>	<input type="text"/>	Dose	<input type="text"/>

Continue on this increased dosage plan for before returning to the doses you take when well.

If symptoms get worse/Asthma is severe

Peak flow*between

(Difficulty with normal activity, feel that Asthma is out of control)

		and	<input type="text"/>
			<input type="text"/>
Start prednisolone/prednisone and contact doctor.		Dose	<input type="text"/>

Stay on this dose until your peak flow is above on two consecutive mornings.

Reduce prednisolone/prednisone to daily dose of for days, then cease.

Extra steps to take

When your symptoms get better, return to the dose you take when well.

Danger signs

Peak flow*below

(Symptoms get worse very quickly, need reliever more than two hourly)

Continue reliever

**Dial 000
for ambulance**



The MBF Asthma Action Plan - for children and adults

Take the Action Plan with you when you visit your doctor and you can fill it in together.

When well

You should:

- be free of regular night-time wheeze or cough or chest tightness;
- have no regular wheeze or cough or chest tightness on waking or during the day;
- be able to take part in normal physical activity without getting Asthma symptoms; and/or
- need reliever medication less than three times a week (except if it is used before exercise).

When not well

You should:

- have increasing night-time wheeze or cough or chest tightness;
- have symptoms regularly in the morning when you wake up;
- have a need for extra doses of reliever medication; and/or
- have symptoms which interfere with exercise (you may experience one or more of these).

If symptoms get worse, this is an acute attack

You should:

- have one or more of the following: wheeze, cough, chest tightness or shortness of breath;
- use your reliever medication at least once every three hours or more often.

Danger signs

- Your symptoms get worse very quickly.
- Your symptoms don't respond to reliever medication or return within minutes of taking reliever medication.
- Severe shortness of breath, inability to speak comfortably, blueness of lips.

**Immediate action is needed:
call an ambulance on 000**



Take a positive step

Members 131 137

MBF Member Centre locations 132 623

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