



The Language of Asthma™

BY NANCY SANDER

When I founded Allergy & Asthma Network Mothers of Asthmatics (AANMA) more than 21 years ago, my goal was to connect patients and families with reliable information they could use to overcome asthma and allergy symptoms and regain control of their lives.

Back then, most information about asthma was locked in the ivory towers of research institutions. To give other asthma patients and families access to medically accurate and relevant information, I formed a medical advisory

board, established editorial guidance policies and published a small newsletter, *The MA Report*.

Fast forward to the Internet age, which gives patients a wealth of Web sites on asthma, allergies and related conditions. Suddenly asthma patients can access numerous books, pamphlets, videos and even children's games. But this abundance of information has caused a new and different problem: how to sort through it all to find reliable answers in language that is useful for patients.

Over the past two decades, we've seen tremendous progress in asthma patient care. Many new medications have been approved by the U.S. Food and Drug Administration. National and global asthma treatment guidelines have been released, revised and released again. Asthma action plans were developed to make the complexities of managing asthma as streamlined as possible.

As asthma care evolved in the United States, so has a new language, one intended to simplify communication and shorten the time required for patient education.

It became popular to call inhaled bronchodilators "rescue" medications – a colorful but dangerously misleading term. "Rescue" implies that these medications should only be used when patients need emergency care. Yet the medical literature and prescribing information clearly state that inhaled bronchodilators should be used at the first hint of symptoms to prevent "rescue" situations, before exercise to control or prevent symptoms related to strenuous activity, and in life-threatening situations.

To confuse the issue further, bronchodilators were also called "reliever, quick-relief, fast-acting or short-acting" medications instead of brand or generic names.

Inhaled corticosteroids and other medications used daily to treat inflammation, the underlying cause of asthma symptoms, were dubbed "controllers, long-term controllers or daily-control medications."

We saw a new trend in the phone calls and e-mails coming to AANMA. Patients were confused about their prescribed asthma care and thought their "rescue" medication should only be used when they were near death. Some parents worried that pediatricians overmedicated their children because, "He's just wheezing, he's not dying, so I don't see why I should give him a 'rescue' medication every 4-6 hours."

One memorable caller said she waited until her fingernails turned blue before she'd use her "rescue" inhaler and call 911; she averaged two week-long hospitalizations every year.

AANMA conducted focus groups with patients and physicians to find out where the disconnect was taking place. We found that jargon or slang interfered with physicians' intended message. When doctors talked about "rescue" medications, patients heard that they should not use the medication until they or their children were near death. When physicians said that the "puffer"

would open the airways, patients often interpreted this to mean that they could use the inhaler to reinflate their airways in emergency situations. A few patients didn't even understand that they had to inhale the medication.

Slang terms like "rescue inhaler, controller and puffer" have no scientific merit. It is simpler, less time consuming and more accurate to teach the facts: the name of the prescribed medication, proper inhalation technique, correct doses and how to

know if a medication is not working as it should.

A few nights ago, my 6-year-old grandson ruled dinner table conversation as he explained all the intricacies and commerce of Pokémon® cards. He knew which characters were more powerful (water puts out fire, so water cards are worth more in a trade – with a few exceptions). "Bronchodilator" and "corticosteroid" are no more difficult to learn. Children and adults with asthma have the ability and motivation to learn about their condition and treatment options. We simply need the right information.



Questions? Call AANMA's toll-free Helpline (English/Spanish) at 800.878.4403.

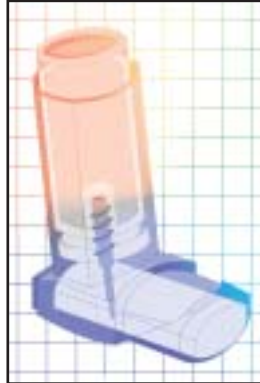
Encyclopedia AANMA

MEDICATIONS

an•ti•in•flam•ma•to•ry: Inhaled anti-inflammatory medications reduce and prevent airway inflammation (swelling), the quiet part of asthma that's always there but not always noticed.

bron•cho•di•la•tor:

Inhaled bronchodilators relax the muscles around your airways and treat the noisy part of asthma: coughing, wheezing, choking and shortness of breath.



short-acting bronchodilators work for 4-6 hours and should be used at the first sign of symptoms, before exercise and as directed by your physician.

long-acting bronchodilators are also called **12-hour bronchodilators** because they should be taken on a regular schedule every 12 hours; they are not used for breathing emergencies or at the first sign of symptoms.

cor•ti•co•ster•oid: Corticosteroids are the most potent and effective anti-inflammatory medication.

com•bi•na•tion: Combination medications contain two medications in one dose, often a long-acting bronchodilator and an anti-inflammatory medication. They should be taken once or twice daily as directed and should not be used for breathing emergencies.

pre•par•ed•ness: Keep all prescribed asthma medications with you at all times. Carrying them in a 1-quart plastic baggie with the prescription label attached will protect them from bad weather, and you'll be ready for travel! Keep prescriptions up-to-date and keep a short-acting bronchodilator with you even if you haven't had asthma symptoms in a while.

DEVICES AND MANAGEMENT TOOLS

asth•ma man•age•ment plan: Every asthma patient should have an individualized, written asthma management plan that lists

- Medication names, dosages and schedule
- Your asthma symptoms and what to do when they occur
- Allergens, irritants, illnesses or activities that set off your asthma symptoms (sometimes called "triggers")
- When to add a medication to your treatment plan or increase dosages of medications (like when you're fighting a cold or have allergy symptoms)
- When to use a nebulizer (if needed)
- When to call the doctor, go to the emergency room or call 911
- How and when to use asthma management tools like a peak flow meter, holding chamber and daily symptom diary

Use this plan daily to keep symptoms under control; it's a living document that you should review with your medical care team at every visit and revise as needed.

dai•ly symp•tom di•a•ry: A written diary of symptoms, peak flow meter readings, medication used and questions for your doctor – all in one place. AANMA's AsthmaTracker® is a simple tool that can help you stay organized. Call 800.878.4403 to order.

hold•ing cham•ber: Holding chambers trap and suspend metered-dose inhaler medications for a few seconds so you can breathe them in slowly.

peak flow me•ter: This device measures your Peak Expiratory Flow Rate (PEFR) – the maximum speed that you can force air out of your lungs. This is one indicator of how well your lungs are working.

well vis•it: Don't wait until you have an asthma emergency to make an appointment to see your doctor. Schedule regular visits to check your progress and set new goals or milestones.

What Doesn't Work

Using shorthand or slang to talk about asthma can be confusing, misleading – even life-threatening. Delete these terms from your Language of Asthma and share this list with your medical care team.

Rescue inhaler/medication:

Dangerously restricting. Don't wait until you need "rescue" or are near death before using your bronchodilator.

As needed:

Too confusing. One person's "need it now" is another's "maybe later." Get specific details on when to use each medication. Exactly which symptoms require which medication and how often? What should you do if specific symptoms don't go away after XX amount of time?

Controller medication:

Too broad. Most asthma medications "control" symptoms in one way or another. One medication alone will not give asthma patients full symptom control.

Mild, moderate or severe asthma:

False sense of severity. All asthma is serious. Mild asthma symptoms can turn severe in a moment – one-third of all asthma deaths are people diagnosed with "mild" asthma.

Outgrowing asthma:

Not-so-great expectations. Your child may have fewer or no asthma symptoms as he gets older, or may have a lifetime of asthma and allergy symptoms. Holding out for something that may not happen gives children and teens a sense of failure when the focus should be on accomplishments.

Puffer:

Street talk. Inhaled asthma medications don't puff up or inflate your lungs.

Reliever, quick reliever, fast acting, short acting:

Alphabet soup. Too many terms used interchangeably leave patients wondering which medication to use when. Some of these terms also imply immediate symptom relief, which gives patients false expectations. Bronchodilator medications may take up to one hour for full effect.

Language of Asthma™ Quiz

Match these terms to their meaning, then check the answers to see how you did!

- | | |
|---------------------------|-------------------------------------------------------------------------|
| 1. Inhaled corticosteroid | a. Lists vital instructions, medications, triggers and management tools |
| 2. Bronchodilator | b. Measures how fast you can push your breath out, in liters per second |
| 3. Holding chamber | c. Reduces and prevents airway swelling |
| 4. Metered-dose inhaler | d. Tracks your progress every day |
| 5. Peak flow meter | e. Traps and suspends aerosol medication while you slowly inhale |
| 6. Asthma management plan | f. Pressurized medication delivery system |
| 7. Daily symptom diary | g. Relaxes the muscles around your airways |

Your Score

7 correct: You're fluent in the Language of Asthma! Now tell your medical care team what you learned.
4-6 correct: You need another language class. Read this article again and retake the quiz.
1-3 correct: Go over this article with your asthma educator to work out the terms, then retake the quiz.

Correct answers: 1-c, 2-g, 3-e, 4-f, 5-b, 6-a, 7-d.