

Patient information from BMJ

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Asthma in adults: what treatments work?

The main aim of asthma treatment is to achieve the maximum control of your symptoms while using as few medicines as possible, and at the lowest possible dose.

You can use our information to talk to your doctor about the best treatments for you.

What treatments are available?

It is important to remember that, however long you've had asthma, the condition should not stop you being active and doing the things you enjoy. The right treatments can help you to do this.

Doctors use what they call a **stepwise** approach to treating asthma. For example, if you're still getting symptoms with your usual medicine, you may need to take a higher dose or an extra drug for a while. This is called **stepping up**.

But it doesn't mean that you'll always need to take more medicine. Once your asthma is under control your doctor may suggest that you **step down** your treatment.

Doctors always try to give you the lowest dose of medicine to treat and prevent your symptoms. The lower the dose, the less likely you are to get side effects.

Your doctor will probably give you a **written action plan** for your asthma. This will give you detailed advice about how to manage your asthma and adjust your medicine if necessary.

Monitoring your asthma at home

It's important to have regular follow-ups with your doctor to make sure your asthma is well controlled.

Your doctor may ask you to test your breathing at home with a device called a **PEFR meter** (PEFR is short for **peak expiratory flow rate**).

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This measures how quickly you can breathe out. When your asthma isn't well controlled, you can't breathe out as much air as you normally would because your airways are narrowed.

You'll need to write down the results every time you use the meter. This helps you and your doctor see how your asthma changes and whether your treatment is working.

Medicines

Most treatments for asthma are taken using **inhalers**. There are several types, depending on how severe your symptoms are and how often you get them. They are:

- **Reliever inhalers.** You use these to relieve your symptoms when they happen. If your symptoms don't happen often, this may be the only treatment you need
- **Preventer inhalers.** If you get symptoms regularly, this type of inhaler can help prevent them happening
- **Combination inhalers.** An inhaler like this that contains both types of medicine may be the best choice if separate preventers and relievers aren't helping as much as they should.

Reliever inhalers usually contain a type of drug called a long-acting beta-2 agonist (**LABA**), and also a low dose of a type of drug called a corticosteroid (usually just called **steroids**). These drugs help to reduce inflammation, which opens up your airways to help you breathe more easily.

You should **carry your inhalers with you at all times**. If you get symptoms only once or twice a week, or when you exercise, this may be all the treatment you need.

These inhalers don't usually cause side effects. But you may get a slight shaking or trembling, especially in your hands.

Stepping up

If your symptoms happen more than twice a week, your doctor may suggest using a **preventer inhaler**, as well as your reliever.

Like many reliever inhalers, preventers contain a low dose of steroids. You use this every day and it helps to prevent inflammation in your airways over the longer term.

Preventer inhalers can help prevent asthma symptoms (including symptoms brought on by exercise), help you sleep better (because asthma symptoms don't wake you up), and reduce how much you need to use a reliever.

You're also less likely to need hospital treatment for asthma if you use a preventer inhaler regularly.

But these inhalers can cause side effects in some people, including:

- A sore throat
- A hoarse or croaky voice, and

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- A fungal infection called candidiasis (thrush) in your mouth or your throat.

But not everybody gets these problems. You can reduce your chance of getting these side effects by gargling with water after using the steroid inhaler.

Steroid preventer inhalers on their own don't help to stop an asthma attack once it has started. They work too slowly. If you get asthma symptoms you should use your reliever inhaler. Steroid inhalers help to prevent asthma symptoms over the long term.

For people with **severe symptoms**, doctors sometimes prescribe steroids as tablets. But they try to avoid this, as steroid tablets can cause unpleasant side effects, including stomach problems, weight gain, and mood changes.

Other treatments for severe symptoms include injections of medicines called monoclonal antibodies. These help to reduce the amount of steroid medicine you need.

How to use an asthma inhaler

There are different types of inhalers. One of the most common types is a **metered-dose inhaler** (or MDI for short). Here's how to use it:

- Take off the cap and shake the inhaler
- Stand up and breathe out
- Put the mouthpiece in your mouth
- Breathe in slowly. As you start to breathe in, push down on the top of the inhaler and keep breathing in slowly
- Close your mouth and hold your breath for 10 seconds
- Breathe out.

Another common type of inhaler is the **dry powder inhaler**. With these inhalers you don't have to coordinate your breath with pushing on the top of the inhaler. This is because the medicine is released when you take a deep, fast breath.

This is easier for some people, although others may find it difficult. As with a metered-dose inhaler, you breathe out before putting the device in your mouth and breathing in.

Your doctor or practice nurse will give you instructions on how to use your inhaler. They may also watch you using it at check-ups to make sure you are using it correctly - especially if your asthma doesn't seem to be well controlled.

If you have problems using your inhaler, tell your doctor or nurse. You may find that a different type is easier to use.

Things you can do for yourself

Learning as much as you can about asthma can help you get better control over your condition. Your doctor should give you detailed information about how to take your asthma treatments.

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You should also discuss signs that your treatment may need to be stepped up (for example, if you are using your quick-relief inhaler more than usual), and when you should seek emergency treatment.

Many doctors put this information in writing as part of an asthma action plan. Your doctor may also recommend taking part in an asthma education programme.

There may be things in your home and outdoors that can **trigger your asthma**. For example, some people find that symptoms happen when they are around:

- Pollen
- Tobacco smoke, or
- Pets.

Staying away from these things may help to keep your asthma under control.

Some adults still die each year from asthma. You can help keep your asthma under control by **taking your medicine regularly**, the way your doctor has prescribed.

If you find your symptoms are becoming more troublesome (for example, if asthma is waking you up at night), you should see your doctor.

If you feel your symptoms are getting out of control very quickly, call your doctor or seek emergency treatment. You may be able to avoid going into hospital by **taking early action** to get control over your symptoms.

If you have had times when your asthma gets suddenly worse, try to remember what made it worse. This may have been a cold, for example. The next time you get the first signs of a cold talk to your doctor about what you should do to prevent your asthma symptoms getting worse.

For more background information on asthma see our leaflet *Asthma in adults: what is it?*

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