

ASTHMA | FREQUENTLY ASKED QUESTIONS (ADULT)

Asthma in General

Q: Is there a cure for asthma? I've heard or read about people who were cured.

A: There is no cure for asthma, though there is a lot of research being carried out now in the areas of indoor and outdoor pollution, allergies, gene therapy, cell biology, and chemistry, just to name a few. The results of these studies will help us understand more about why this disease happens, and how we can control it even better.

The people who have claimed to be cured may be in one of those "quiet times" common in asthma, when there is a lot of time between [asthma attacks](#). They have not really been cured, and their [asthma symptoms](#) could come back at any time, especially if they are not taking their asthma medications as they should.

Learn how to spot [asthma treatments that are too good to be true](#).

Q: Is it safe for people with asthma to get a flu shot?

A: Flu shots are safe and should be given to people with asthma older than 6 months old. The nasal spray flu vaccine should not be used for people with asthma.

[Learn more about flu shots](#).

Q: I'm thinking about getting pregnant- what should I do about my asthma?

A: You should talk to your doctor about any concerns you may have before you become pregnant. Asthma sometimes changes with pregnancy, so you will have to pay special attention to your breathing to make sure you keep your asthma under control.

[Learn more about asthma and pregnancy](#).

Q: I've heard that being overweight can cause asthma. Is that true?

A: There have been some studies that have shown a link between obesity and asthma, but there is not enough proof to say that being overweight definitely causes asthma.

View more information on [obesity and asthma](#).

Q: My doctor has ordered breathing tests for me to see if I have asthma. How are these tests done?

A: Pulmonary function tests (PFTs) are a series of different breathing tests, usually done at a hospital or clinic. Most of these breathing tests are done by blowing into a tube while sitting in a chair or booth.

[Learn more about Pulmonary Function Tests](#).

Q: Do people really die from asthma?

A: It is true that people can die from asthma. You may have heard or read about this in the news recently, but it is rare. Asthma is a very serious disease, but there is absolutely no reason for anyone to die from it. Learning about what triggers your asthma, the early [warning signs](#) to look for, and how to use your medicine the right way will help you keep your asthma under control. Talk to your doctor or [asthma educator](#) if you are still worried about a [severe](#) asthma attack.

Q: Why do I have to take medicines every day?

A: Knowing what happens in your lungs when you have asthma may help you to understand why you need to keep using medicines every day, even when you aren't having trouble with your asthma. The lining of the airways gets inflamed, or swells, when you have

asthma if you come in contact with an asthma trigger – something that makes your asthma worse. The swelling makes the airways smaller which makes it difficult for air to move through the narrowed air passageways.

When inflammation happens, extra [mucus](#) is made in the lining of the airways. This mucus can be very thick and sticky, and may form into plugs that may completely block some of the airways. In addition, smooth muscle bands surround the airways. When the airways swell, these muscle bands often constrict or clamp down, further narrowing or squeezing the airways. Together, airway swelling, excess mucus, and tightened muscle bands cause airway narrowing and make it hard to breathe.

Your [long-term controller medicine](#) is the one that works over an extended period of time to help keep the inflammation (swelling) in your airways down. It also helps stop them from being so twitchy or sensitive. This means they are less likely to react when you have a cold or when you are around one of your [triggers](#).

You need to take your controller every day for it to be effective, usually first thing in the morning and last thing at night. If you do not take your long-term controller medicine every day, it will not work as well to help prevent asthma trouble.

Q: My mouth gets dry from my asthma medicine and from breathing through my mouth from a stuffy nose. Will that cause problems?

A: A dry mouth can cause problems for your mouth and teeth, like more cavities, mouth sores, bad breath and gum disease. It's a good idea to let your dentist know that you have asthma, and to bring your asthma medicines with you to your dentist visits.

[Learn more about asthma and your mouth.](#)

Q: Are some dog breeds, like poodles, better for people with asthma?

A: It is the protein found in the pet's saliva, [dander](#) and urine that triggers asthma symptoms in some people, not the pet's hair or fur. Since all dogs have dander, saliva and urine, no one breed is better than another for people with asthma.

[Learn more about asthma triggers](#) and how to avoid them.

Q: Will moving to a drier climate, like the southwest U.S., help my asthma?

A: Moving to a drier climate may relieve allergies for a few months, but new allergies to local plants may soon start after you arrive in the new area. There is no safe place to move to avoid asthma and allergies.

Q: I've read about some alternative treatments that say they help people with asthma. Do they actually help?

A: If you are thinking about trying an alternative treatment for your asthma, talk to your doctor about it first. Alternative treatments, like herbal teas or chiropractic care, should never be used in place of traditional, scientifically-proven medications, which have been scientifically studied and proven effective. There is currently no scientific evidence that alternative treatments are effective in the treatment of asthma.

Learn more about [asthma and complementary or alternative treatments](#).

Steroids

Q: Will you get big and muscular using an inhaled long-term controller steroid medicine?

A: NO. The [corticosteroids](#) used in your controller medicine are different than the anabolic steroids people use to build large muscles, and work in a different way. The corticosteroids in your [inhaler](#) are a lot like those made naturally in your body. When you [inhale](#) them, they go down your airway to get rid of the inflammation (swelling) that causes asthma symptoms. You only need a small dose of corticosteroids because they are working directly on your lungs, and have fewer side effects than oral steroids.

Q: Will I gain weight by taking [inhaled steroids](#) or steroid tablets?

A: NO. Your inhaler contains such a low dose of steroids that it will not make you put on weight. Sometimes steroid tablets can make you feel hungry, and eating more will make you start to gain weight. The

tablets themselves don't make you gain, so eat your normal amounts while you take them and you should be fine.

Q: What are the side-effects from inhaled steroids or steroid tablets?

A: Your controller inhaler might make you a little hoarse every now and then, because some of the medicine can stay in your mouth and throat if you don't use a [valved-holding chamber](#) or spacer. It's also possible to get thrush in the back of your throat or tongue from this medicine. You can prevent this by making it a practice to rinse out your mouth with water and spit it out each time you take your controller inhaler.

Steroid tablets, also known as oral steroids, give you a higher dose of steroids than your controller inhaler. You need this higher dose if your asthma gets really bad. When you only need to take them for few days, there are no serious side effects. You might get a little stomachache, and if you do, tell your doctor. Very few people need to take steroid tablets daily to control asthma symptoms and they can really be hard on your body, with side effects like weight gain, thinning of the bones and skin and making your blood pressure to go up.

Before you start long-term treatment with steroid tablets, you and your doctor or asthma educator should have a talk about the risks and benefits of this kind of medicine. If you are needing two or more bursts of oral steroids in a 12-month period, you should ask your doctor about other treatment options for your asthma. Use of two or more courses of oral steroids in a 12-month period means your asthma is poorly controlled.

[Learn more about oral steroids.](#)

Q: Will inhaled steroids or steroid tablets stunt my child's growth?

A: At the present time, there are many studies being done on steroids; not only on how they work, but also on the possible side-effects from them. Recent studies have shown that there is no known long-term growth delays associated with inhaled steroids. Long term steroid tablet use shows the most risk for growth problems.

The doctor will carefully track how your child is growing while he or she is on these medications, and may try to step-down (decrease the dosage) this therapy when possible. On the other hand, having your child's asthma out of control itself can lead to growth problems. At the present time, there are many studies being done on steroids; not only on how they work, but also on the possible side-effects from them. Recent studies have shown that there are no known long-term growth delays associated with inhaled steroids. Talk with your child's doctor about any concerns you have about steroids or any other medications.

Q: Can people with asthma use steroid medicines, including inhaled steroids or steroid tablets, while participating in team sports?

A: Yes. The tests that are sometimes given to athletes to find out if they use performance enhancing anabolic steroids do not look for corticosteroids, the kind of steroids used to treat asthma. There is no ban on inhaled corticosteroids by the NCAA (National Collegiate Athletic Association) or the IOC (International Olympic Committee). However, the IOC does require prior notification if the athlete is taking steroids for asthma.

Asthma and Kids

Q: Do children outgrow asthma?

A: Some kids will stop having asthma symptoms as frequently as in the past, and it may seem like they have outgrown it. But it isn't gone, it just isn't active, and could come back at any time. Other kids will have to deal with asthma throughout their lives. The best thing to do is to keep an eye on your child and get all the help you can. Have regular checkups with your doctor or [asthma educator](#) to make sure your child is getting the right medicines.

Q: My baby coughs a lot, even when he isn't sick with a cold. He doesn't wheeze. Could this be asthma?

A: Not all children with asthma will wheeze. It may be asthma even if his only symptom is coughing. Asthma may also make his cough worse during colds, when he is around tobacco smoke or other things he is allergic to, or when he is active. He needs to see the doctor for this as soon as possible, so that a correct diagnosis about his cough can be made. If it is asthma, there are ways available to prevent or control asthma

symptoms. This may include medications and simply keeping the child away from things that cause the [symptoms](#).

Read more about [babies and asthma](#).

Q: My daughter only has trouble with her asthma when she is at school. Why is that?

A: If she only has trouble at school, there is probably a trigger (i.e., something that starts – or triggers – an asthma attack) for her asthma there that is not anywhere else. If the symptoms start early in the day, she may have a trigger on the bus. Go to the school and talk with the teacher, school nurse, bus manager (if needed) and principal about your daughter's breathing problems.

Schools must provide "[reasonable accommodation](#)" for students with asthma. Make sure they have a copy of her most current Asthma Action/Management Plan so that they know what to do for her symptoms. Then work with them to find and remove the trigger – this [checklist](#) may help.

Q: My husband smokes and I was just told that our son has asthma. What should I do?

A: Your son's asthma is a serious problem, and needs to be taken seriously by the whole family. Cigarette smoke is very irritating to the lungs of a child with

asthma, and may even cause permanent damage. Is your husband ready to quit? That's the best way to keep your son healthy. If your husband does not, then you need to ask him to go outside every time he smokes. It's best if he wears a "smoking jacket" (a jacket or shirt worn over regular clothes) while does so, then take it off before coming in the home.

Make sure your home is always a smoke-free place so your son can breathe easily. Also, make sure your husband never smokes in the car. If it's hard for you to talk with your husband about this, ask your doctor or asthma educator to help you.

Find out more about [secondhand smoke and asthma](#).

Sports & Exercise

Q: I love to go running, but how can I get in shape when I have asthma, and need to take so many breaks to catch my breath?

A: Sports and exercise are good for everyone, including people with asthma. The first thing you need to do is talk with your doctor about getting your asthma under better control. Once you have a plan that keeps you breathing easy while you work out, you'll feel more confident that you can get into shape. Remember, there are many successful professional and Olympic athletes that have asthma.

How to Use a Metered Dose Inhaler with a Spacer



<http://bit.do/aacod-metered-dose>

Using an Inhaler with a Spacer Mask



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Steps to Using an Inhaler with a Spacer and Mask



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