

Asthma Medication Index

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1. RELIEVER MEDICATION

In order to understand how Buteyko and conventional asthma medication fit together it is important to understand the function of the two main categories of medication known as relievers and preventers.

Relievers are medicines which are specifically designed to relieve asthma symptoms by relaxing the muscle cells that surround the airways. This allows the airways to open so that air can pass more easily in and out of the lungs.

Nowadays reliever medications come in two types: short-acting and long-acting.

1.1 SHORT-ACTING RELIEVER INHALERS

Short-acting reliever inhalers work very quickly, usually within a couple of minutes, but their effect only lasts for a few hours.

The table below shows a list of the common reliever inhalers available in the UK (the names may differ in other countries).

Short-acting Reliever Inhalers	
Generic Name	Common Trade Names
Salbutamol	Ventolin, Albuterol, Salamol, Airomir, Asmasal
Terbutaline	Bricanyl
Orciprenaline	Alupent
Salbutamol + Ipratropium	Combivent

It's important to realise that although each drug has its own official name (called the *Generic Name*) exactly the same drug can have many other *Trade Names* according to the individual manufacturer.

Short-acting reliever inhalers are specifically used to treat **asthma symptoms**. If you don't have asthma symptoms then you don't need to use the inhalers. Using them frequently just because you think you *might* get symptoms won't make your asthma any better in the long run, and may make it worse.

The only exception to this rule is that sometimes people are taught to use their short term reliever before sport. This is not unreasonable but with Buteyko there are other ways to avoid exercise induced symptoms without having to take medication.

1.2 LONG-ACTING RELIEVER INHALERS

Long-acting reliever inhalers don't work as quickly as short-acting inhalers and so they are not recommended for treating a sudden attack.

Like short-acting relievers they work by reducing muscle spasm in the airways. Their long action means that, when taken twice a day, they keep the airway muscles pretty much relaxed all the time. In a sense it is as if you were taking two puffs of your short-acting reliever every 4 hours every day, seven days a week.

The three widely used long-acting reliever medicines in the UK are listed below:

Long-acting Reliever Inhalers	
Generic Name	Common Trade Names
Salmeterol	Serevent
Formoterol	Oxis, Foradil
Tiotropium	Spiriva

1.3 SOME PROBLEMS WITH LONG-ACTING RELIEVERS

Long-acting relievers tend to be quite popular with asthmatics because their 'round the clock' action often relieves symptoms completely.

However, the fact they are taken regularly every day, even if you are feeling well, means that the link between reliever use and actual asthma symptoms is lost. This means that it becomes difficult to know whether you actually need as much reliever inhaler as you are taking.

Another disadvantage of long-acting relievers is that your short-acting reliever often seems less effective when you need it, because the airway muscles are already mostly relaxed.

Coming off long-acting reliever inhalers is not usually too much of a problem; you can always replace the action of your long-acting inhaler by more frequent use of your short-acting inhaler if you need it. For this reason it is usually the first change in your medication that we recommend you discuss with your doctor when you start doing Buteyko.

1.4 ORAL RELIEVER MEDICATIONS

Oral reliever medications are still available but are generally less popular nowadays compared to inhalers. The main treatments available are shown below.

Oral Reliever Medication	
Generic Name	Common Trade Names
Salbutamol/Albuterol	Ventmax, Volmax
Terbutaline	Bricanyl tablets
Bambuterol	Bambec
Aminophylline	Phyllocontin Continus
Theophylline	Uniphyllin, Theodur, Nuelin, Slophyllin

Some oral medications are used as a treatment for symptoms when required, and some are given as a regular daily dose. We strongly advise that you discuss any changes to these types of medication with your doctor or asthma nurse first.

1.5 NEBULISERS

Nebulisers are portable, electric air pumps that produce a vapour out of a solution containing the active medication. Several of the reliever medications are available as nebuliser solutions. Nebulisers are very effective, partly because of the way the drug is delivered, and partly because the doses of drugs used are quite high.

Nevertheless, the principle remains that they should be used intermittently for the relief of asthma symptoms rather than as a regular daily dose (unless specifically instructed by your doctor).

2. PREVENTER MEDICATION

Preventer medications come in several different types, but the most commonly used are steroid inhalers.

2.1 STEROID INHALERS

The most commonly used steroid inhalers in the UK are listed below.

Steroid Preventer Inhalers	
Generic Name	Common Trade Names
Beclomethasone	Becotide, Becloforte, Qvar, Asmabec
Budesonide	Pulmicort
Fluticasone	Flixotide
Mometasone	Asmanex
Ciclesonide	Alvesco

Steroid medications work by reducing inflammation and swelling in the lining of the airways. This not only opens up the airways, but also helps to prevent the muscle spasm that causes attacks of wheezing. Both of these actions improve overall asthma control.

Remember that steroid inhalers need to be taken regularly every day in order to be effective.

2.2 STEROID TABLETS

In some cases steroids are given as tablets. The most common medication given in this way is **prednisolone**. Steroid tablets are very effective and are the treatment of choice for severe asthma symptoms.

Unfortunately prolonged use of steroid tablets is associated with significant side effects such as weight gain, diabetes and thinning of the bones (osteoporosis). For this reason your doctor will usually only give steroid tablets as a short course or, if longer courses are required, will try to keep the dose to a minimum.

2.3 CHANGING PREVENTER MEDICATION

Coming off steroid inhalers and tablets suddenly can be dangerous; the doses need to be reduced gradually over a number of months.

Remember: Because of the dangers in reducing preventer medication you must consult your doctor or asthma nurse before you make any changes.

Increasing asthma symptoms at any stage would be a strong reason to go back onto a higher dose of steroid – again with your doctor or nurse’s permission.

2.4 OTHER PREVENTER MEDICATIONS

There are several other classes of preventer medication that are not based on steroids.

Non-steroid Preventers	
Generic Name	Common Trade Names
Montelukast	Singulair
Zafirlukast	Accolate
Cromoglycate	Intal, Cromogen
Nedocromil	Tilade
Ketotifen	Zaditen

We strongly recommend you to discuss your treatment with your doctor or nurse before making any changes to these medications.

3. COMBINED RELIEVER AND PREVENTER INHALERS

Sometimes long-acting-reliever medications are combined with a steroid medication into a single inhaler that is designed to be taken regularly twice a day.

Combination Inhalers	
Generic Name	Common Trade Names
Salmeterol + Fluticasone	Seretide
Formoterol + Budesonide	Symbicort

One advantage of taking your reliever and steroid together in a single inhaler is that it is more convenient. There is also a significant bonus for patients in the UK as they only have to pay one prescription charge to get both reliever and steroid medication.

Finally, doctors often approve of the combination because it makes sure that patients take their steroid medication as well as their reliever. The problem is that by following the Buteyko course you may find that you no longer need the reliever component of the combined inhaler. However, you do still need to take the steroid component until this can be withdrawn gradually.

Obviously you cannot stop the reliever component and continue the steroid if they are combined in the same inhaler. Therefore you will need to discuss with your doctor about changing from the combined inhaler to a separate steroid inhaler together with either a separate long-acting or short-acting reliever.

If you opt for a short-acting reliever then it may be advisable to ask for a larger supply as you may need to take more than you usually do over the following few days to make up for discontinuing the long-acting reliever. If this seems confusing then don't worry, just take along a copy of the Information for Health Professionals shown on the website, where we explain the plan to your doctor in medical terms.

In the short term this may cost you slightly more in prescription charges but if you are successful in reducing your need for reliever medication with Buteyko then this will almost certainly save you money in the long run.

4. ASTHMA SELF-MANAGEMENT PLANS

In recent years there has been growing evidence that people with asthma can control their symptoms more effectively if they are given guidance as to how to change the doses of their own medication. This guidance is often issued in the form a personalised, self-management plan.

Even if you have been issued with a self management plan that allows you to change the doses of your preventers, you should not reduce the dose of your preventer below the level stated in your self-management plan without discussing it with your doctor or asthma nurse first. If you are in any doubt then discuss your condition with someone before you make the change.

**REMEMBER: ALWAYS KEEP A RELIEVER INHALER AVAILABLE AND
DO NOT CHANGE YOUR MEDICATION WITHOUT YOUR DOCTOR'S CONSENT**

Even if you are really successful with the Buteyko techniques and manage to come off your medication entirely we would still recommend that you always have a reliever inhaler to hand.

Buteyko is not a cure for asthma and there is always the possibility of symptoms returning in the future as you decrease your formal practice – so it pays to be prepared.