

The purpose of your asthma review is to consider what is causing your asthma symptoms and whether changes to your asthma treatment could reduce your symptoms and reduce the risk of asthma attacks by controlling your asthma better. Frequent 'blue' reliever inhaler use can be a sign that asthma is uncontrolled. The aim of your asthma treatment is for you to be symptom free and experience no asthma attacks.

Your GP practice is taking part in an initiative to help support adults with asthma receive the best possible asthma care. This initiative utilises resources from the SENTINEL Plus quality improvement package which has been funded by AstraZeneca and co-developed with Hull York Medical School and Hull University Teaching Hospitals NHS Trust. Your asthma review is part of this, and this has included an assessment of your asthma treatment and blue inhaler use.

What are my asthma inhalers used for?

Asthma inhalers are often considered in two groups:



Preventer Inhalers

These are very important, they treat the airway inflammation that causes your asthma symptoms and can help to prevent asthma attacks. You should ALWAYS take your preventer medication as prescribed, even when you feel like you have no symptoms.



'Blue reliever' inhalers

These inhalers relax the muscle in the airway and provide short-term relief of asthma symptoms

Inhaler graphics are for illustration purposes only. Not all inhaler types are represented.

Blue reliever inhalers DO NOT treat the inflammation that causes your asthma. Although the blue reliever inhaler can make you feel better, the benefit is short-term.

Your asthma clinician may no longer recommend a repeat prescription for your blue reliever inhaler. If you cannot order repeat prescriptions of your reliever inhaler, you can still request one from your GP surgery after speaking to your asthma clinician when required. This process allows your asthma clinician to closely monitor your reliever requirement so that they can see if your asthma is being managed well.

How do I use my inhaler?

There are lots of different inhaler types and they can often look different and require a different technique to make sure that the medication reaches the airways in your lungs. Your asthma clinician should have shown you how to use your inhaler, however, if you are still not sure, please ask them again.

If you want to check how to use your inhaler, or need a reminder, you can search for your inhaler and view a video on the Asthma UK website.



<https://www.asthma.org.uk/advice/inhaler-videos/>
(this link takes you to third party content)



What do I do if I don't like my new asthma treatment?

It is important to remember that your treatments were changed for a reason, and therefore it may not be appropriate to go back to the treatments you were on before. Your asthma clinician will be able to advise you about other options to improve your asthma control. Using the right medication in the right way could reduce your risk of asthma attacks and improve your symptoms.

How do I know if my asthma is not controlled?

There are lots of reasons why asthma can become uncontrolled. It can happen if you have forgotten to use your preventer inhaler, or because you are not able to use your inhaler effectively, so are not managing to get the medication into your lungs.

It may also be that your preventer medication needs to be adjusted to control the inflammation in your airways. It is important to recognise when your asthma is not controlled and to seek advice from your asthma clinician.

The aim of your asthma treatment is for you to be symptom free and experience no asthma attacks.

Needing to use your reliever inhaler regularly (3 or more times a week) can be a sign that your asthma is not controlled.

Other signs that your asthma is not controlled:

- + You feel more breathless than usual
- + You are waking up at night with asthma symptoms
- + You cough or wheeze more than usual
- + Your chest feels tighter



Why has my blue reliever inhaler been changed?

Your asthma clinician may have replaced your blue inhaler with a MART inhaler. MART stands for Maintenance And Reliever Therapy. MART inhalers contain both a preventer (inhaled steroid) and a reliever (a fast and long-acting bronchodilator). Only certain inhalers can be used for MART so if you are unsure if you have been started on MART, please ask your clinician.

MART can help to improve asthma control and prevent asthma attacks. When using a MART approach you use your MART inhaler regularly every day even when you are feeling well. If you get symptoms, you use extra puffs of your MART inhaler to provide relief.

If you are unsure about how to use your inhaler, you can refer to your Personal Asthma Action Plan or ask your asthma clinician.

If you have been started on MART, your blue reliever inhaler may have been stopped. This is because you now use the same inhaler as your preventer and reliever and no longer need to have a separate blue inhaler.

If you are used to having separate preventer and reliever inhalers, MART can take a little getting used to but most people find it simpler in the long run.

I had a blue reliever on repeat – why might this be stopped?

If you have been started on MART you will now use a single inhaler as both your reliever and your preventer and therefore you do not need a separate blue inhaler. Research has shown that the inhalers that can be used as MART provide as effective relief from symptoms and the fast and long-acting bronchodilator lasts longer than the blue inhaler.

If you have separate preventer and reliever inhalers, your blue reliever inhaler may have been taken off repeat so that your clinician can keep track of how often you need a new blue inhaler.

In this situation, you will still be able to request a new blue inhaler by contacting your GP surgery.

If you are keeping your asthma under control, you should not need a blue inhaler very often. However, if you are needing a blue inhaler regularly, or more often than usual, it could be a sign that your asthma is uncontrolled and needs to be reviewed.

I have been started on a new inhaler and it feels different.

Inhalers often look and work differently, and therefore, may feel different when used compared to your previous inhaler.

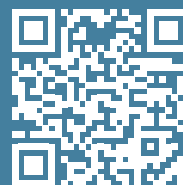
This can be particularly noticeable if you have been started on a dry powder inhaler. You may feel a different sensation in your mouth when using a dry powder inhaler and this may take some time to get used to.

If you do feel like you are having more symptoms, follow your asthma action plan and contact your clinician.

The information in this document has been developed by asthma clinicians to answer some frequently asked questions about asthma and its treatment.

This information is not designed to replace specific advice given to you by your asthma clinician and if you are unsure about any aspect of your asthma or its treatment, you should discuss this with the doctor, nurse or pharmacist who usually looks after your asthma.

**Additional information
about asthma which
you may find helpful
is available here:**



www.myasthmacare.co.uk

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard.

By reporting side effects, you can help provide more information on the safety of your medicine.

This guide is part of the SENTINEL Plus quality improvement package which has been funded by AstraZeneca and co-developed with Hull York Medical School and Hull University Teaching Hospitals NHS Trust and is intended for UK patients.