

Asthma Medicines

There are many medicines that can help your child's asthma. These medicines help open the airways so your child can breathe easier.

Some medicines are taken every day to control asthma. These medicines are called long-term control medicines. Other medicines are only taken when your child needs help breathing. These medicines are called quick-relief medicines. Most children with asthma need both kinds of medicines.

Long-Term Control Medicines

Long-term control medicines need to be taken every day, even when your child doesn't have any asthma problems. That way your child won't get them!

Your child may need more than one medicine to control asthma. Your doctor will tell you when and how your child should take them. Use them exactly as your doctor says. If you do, they will work best and have the fewest side effects.

Here is a list of long-term control medicines. They are grouped by type. You will see the brand names, then the drug names in brackets (like this). Below the names are points about how that type of medicine works to control asthma.

Long-term control medications need to be taken every day, even when your child doesn't have any asthma problems.

Inhaled Steroids

Flovent® (fluticasone)

Pulmicort® (budesonide)

QVAR® (beclomethasone)

Azmacort® (triamcinolone)

Aerobid®, Aerobid-M® (flunisolide)

- These medicines are inhaled.
- They decrease and prevent swelling in the airways.
- They decrease visits to the hospital for asthma symptoms.
- Inhaled steroid medicines can have side effects. However, using an inhaler sends the medicine directly to the lungs so side effects are less of a concern.
- The most common side effect is thrush. This causes white patches in the mouth. To prevent thrush, have your child rinse his or her mouth after taking inhaled steroids to prevent thrush. If your child uses a metered-dose-inhaler use a spacer to prevent thrush. Talk with your child's doctor about side effects.



Leukotriene Modifiers

Accolate® (zafirlukast)

Zyflo® (zileuton)

Singular® (montelukast)

- These medicines come in tablet form.
- They are an alternative to inhaled steroids but are less effective than inhaled steroids.
- Talk with your child's doctor about side effects.

Inhaled Non-Steroids

Intal® (cromolyn sodium)

Tilade® (nedocromil)

- These medicines are inhaled.
- They decrease the swelling in the airways.
- They are less effective than inhaled steroids.

Long-Acting Beta2-Agonists

Serevent® (salmeterol)

Foradil® (formoterol)

- These medicines are inhaled.
- They open the airways by relaxing the tight muscles around the airways. They do not decrease swelling in the airways.
- They last up to 12 hours.
- Serevent® is not a quick-relief medicine.
- They help prevent nighttime asthma and exercise-induced asthma.
- Talk with your child's doctor about side effects.

Inhaled Steroid and Long-acting Beta2-Agonist

Advair® (Flovent® and Serevent®)

- This combined medicine is inhaled.
- Flovent decreases and prevents swelling in the airways.
- Serevent® opens the airways by relaxing the tight muscles around the airways.
- Talk with your child's doctor about side effects.

Note: Never use Serevent® to treat an asthma attack

Theophylline

Uni-phyl®

Theo-24® and others (theophylline)

- These medicines come in tablet, capsule and liquid form.
- They open the airways by relaxing the tight muscles around the airways.
- They help reduce nighttime asthma symptoms.
- Talk with your child's doctor about side effects and special precautions to take when using these medicines.



Quick-Relief Medicines

Your child may need quick-relief medicines to help with breathing when he or she has asthma symptoms or during an asthma attack. Quick-relief medicines are not a substitute for long-term control medicines.



Your doctor will tell you when and how your child should take quick-relief medicines. Quick-relief medicines are very safe if used as instructed by your doctor.

Here is a list of quick-relief medicines. They are grouped by type. You will see the brand names, then the drug names in brackets (like this). Below the names are points about how that type of medicine works to control asthma.

Short-Acting Beta2-Agonists

Proventil®, Proventil HFA®, Ventolin®,
Ventolin HFA® (albuterol)
Xopenex® (levalbuterol)
Maxair® (pirbuterol)
Alupent® (metaproterenol)

- These medicines are inhaled or come in liquid or tablet form.
- They open the airways by relaxing the muscles around the airways.
- They work quickly to stop asthma symptoms.
- They can be used as a pre-treatment before exercise.
- Talk with your child's doctor about side effects.

Note: Do not over-use these medicines. Using more than one inhaler a month is too much. Talk with your child's doctor if your child needs the inhaler this often.

Anticholinergics

Atrovent® (ipratroprium)

- This medicine is inhaled.
- It opens the airways by relaxing the muscles around the airways.

Quick-relief medicines help with breathing when your child has asthma symptoms or during an asthma attack.

- This medicine works more slowly than the medicines in the list above (short-acting beta2-agonists) but it may be used in addition to one of them.
- Talk with your child's doctor about side effects.

Short-acting Beta2-Agonist and Anticholinergic

Combivent® (Albuterol and Atrovent®)

- This combined medicine is inhaled.
- It opens the airways by relaxing the muscles around the airways.
- Talk with your child's doctor about side effects.

Steroids Tablets and Liquids

Deltasone® (prednisone)

Medrol® (methylprednisolone)

Prelone®, PediaPred®, Orapred® (prednisolone)

- These medicines come in pill form or syrup.
- They are the strongest medicine used to help asthma.
- They may be used for a few days after a bad asthma attack or every day for severe asthma.
- Because these are steroid medicines, they may have strong side effects. Your child should take them only under a doctor's direction. Talk with your child's doctor about side effects.

Inhalers

Many medicines for asthma are taken by inhaler. An inhaler is a device you hold up to your mouth. When you press on it, it sends a mist of medicine to the lungs. If your child uses an inhaler, it is important that he or she does it the right way. Have your doctor, nurse or pharmacist show you and your child how to use the inhaler. At home, help your child use it correctly.

A spacer may help your child use an inhaler. A spacer helps send the medicine all the way to the lungs instead of landing in the mouth. Talk to your doctor if you think a spacer would help.

Here is a list of common spacers:

- InspirEase®
- E-Z Spacer®
- AeroChamber®
- AeroChamber® with mask
- OptiChamber®

It's a good idea to write on each inhaler the date your child starts using it. Figure out how long the medicine will last. Then plan ahead so that you get a new inhaler before the old one is used up.

How will you know when the inhaler is empty?
Because you can't see inside the inhaler, you have to keep track of how much medicine your child uses. Here's how to do it:

___ The number of puffs in your child's inhaler (this number should be printed on the inhaler)
÷ ___ Divided by the number of puffs your child takes each day
= ___ Equals the number of days the inhaler will last

Example

200 puffs in your child's inhaler
÷ 8 puffs a day
= 25 your inhaler will last 25 days

It's a good idea to write on each inhaler the date your child starts using it. Figure out how long the medicine will last. Then plan ahead so that you get a new inhaler before the old one is used up.

New Inhalers

Some inhalers use chemicals called CFCs to spray the medicine. CFCs harm the ozone layer. New inhalers are now available that use a different, harmless chemical to spray the medicine. These inhalers use chemicals called HFAs to spray the medicine. Other inhalers will be a different shape and will not spray or squirt. They will deliver a powder form of medicine. Talk to your doctor about how to use the new inhalers.

Here is a list of powder inhalers:

- Turbuhaler— Red square indicates when device has less than 20 doses left
- Diskus— Counter indicates how many doses are left
- Aerolizer®
- Twisthaler®

Nebulizers

Like an inhaler, a nebulizer or “breathing machine” sends medicine directly to the lungs. The machine mixes the medicine with a mist. The mist comes up a tube which you hold to your child’s mouth. Sometimes there may be a small mask at the end of the tube. You put this mask over your child’s mouth and nose. The mask helps make sure the mist doesn’t escape. Masks are often used with younger children.

A nebulizer may be used if your child is young. It also may be used if your child is having trouble using an inhaler with a spacer. If your child uses Pulmicort® in a nebulizer use a jet nebulizer device, not an ultrasonic nebulizer.

Be sure to talk with your doctor about the medicines your child is taking. Make a list of your child’s medicines and write down all of your questions.

It is very important that you and your child learn about:

- Why your child is taking medicine
- When to take the medicine
- How much medicine to take
- If and when to stop a medicine
- What side effects to watch for
- How to use an inhaler or nebulizer

Help your child remember to take his or her medicines! Here are a few helpful hints for remembering:

- Take medicine at the same time, every day. Breakfast time, dinner time and bed time are good times to take medicine.
- Use a checklist. Check off each time your child takes medicine. Keep the checklist where you can see it.
- Use a medicine box that helps you and your child remember to take tablets.
- Give praise for remembering medicine.



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HINTS
for remembering
to take
medicines