

## SENTINEL project patient support guide:Hull and the East Riding

*Asthma affects around 40,000 people in Hull and the East Riding of Yorkshire. Although asthma treatments have improved over time, many people still experience frequent symptoms and suffer asthma attacks each year.*

*We have been inviting people across Hull and the East Riding for an asthma review if they have been needing to use their reliever (“blue”) inhaler frequently. Frequent reliever inhaler use can be a sign that asthma is uncontrolled which can put people at risk of having an asthma attack.*

*If you have been invited for an asthma review, the purpose of the review is to consider what is causing your asthma symptoms and whether changes to your asthma treatment could reduce your symptoms by controlling your asthma better. This will sometimes mean a change in medication or a change in the way that you use your current asthma medication (inhalers). This guide will help to explain why your asthma treatments may have been changed.*

### **Why my ‘reliever’ medication might have been changed?**

During your recent asthma review your treatment may have been changed to either stop the repeat prescribing of your reliever inhaler or to change your reliever inhaler to one which is also used as your preventer (**Maintenance And Reliever Therapy (MART)**). The following information explains why these changes may have been made:

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

Asthma inhalers are often considered in two groups:

- ‘Preventer’ inhalers
- ‘Reliever’ inhalers

Preventer inhalers are very important in treating asthma because they treat the airway inflammation that causes your asthma symptoms. In view of this, you should **ALWAYS** take your preventer medication as prescribed, even when you feel like you have no symptoms.

Blue reliever inhalers **DO NOT** treat the inflammation that drives your asthma but are sometimes used to provide short-term relief from asthma symptoms. Although the reliever inhaler makes you feel better, the benefit is short-term. Considering this, we no longer recommend a repeat prescription for reliever inhalers. Instead, an acute prescription for your reliever inhaler can be requested as required. This process allows us to closely monitor your reliever requirement so that we can see if your asthma is becoming uncontrolled.

If you are needing to use your reliever inhaler regularly (3 or more times per week) then your asthma may be uncontrolled, and you should arrange to speak to your asthma clinician.

Some inhalers can be used as both 'preventers' and as 'relievers' using an approach called Maintenance and Reliever Therapy (MART). Only certain inhalers can be used in this way so please follow the advice of your asthma clinician. MART inhalers contain both an inhaled steroid (to treat the airway inflammation) and a fast and long-acting bronchodilator called formoterol (to relax the muscle in the airway and relieve asthma symptoms).

The MART approach can help to improve asthma control and prevent asthma attacks and is provided in a single inhaler. 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.

### **How do I use my inhaler?**

There are lots of inhalers available and they can often look very different and require a different technique to ensure that the medication reaches the airways in your lungs. Your asthma clinician should have discussed how to use your inhaler but 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.

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

If you have had your asthma treatment changed and you feel that it is not helping you, you should contact your asthma clinician to discuss how you are feeling and agree a treatment

plan. 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 will reduce your risk and improve your symptoms.

## Other Frequently Asked Questions

### **Why was my old reliever medication a problem?**

We want you to have good asthma control. This means having your symptoms under control, day or night. If you are needing to use your reliever inhaler frequently, this suggests you have frequent symptoms that need relief.

If you are using your reliever inhaler 3 times a week or more, this can suggest that your asthma is uncontrolled and that you are at an increased risk of having an asthma attack. Your asthma clinician will be able to work with you to adjust your asthma treatments to try and get better asthma control.

### **How do I get good asthma control?**

There are lots of reasons that asthma can become uncontrolled. Sometime it may be if you have forgotten to use your preventer inhaler or you are not managing to get the medication into your lungs. Other times, it may be that your preventer medication (or the way you use it) needs to be adjusted to control the inflammation. The important thing is to recognise when your asthma is not controlled and to seek advice from your asthma clinician. Needing to use your reliever inhaler regularly (3 or more times a week) can be a sign that your asthma is uncontrolled.

### **I have been started on MART. How do I use my new inhaler?**

A MART approach is when you use the same inhaler as both a preventer and as a reliever. This means that you use it regularly, every day, even when you are feeling well and you use extra puffs of the same inhaler to relieve symptoms as and when you get them.

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

Only certain inhalers can be used with the MART approach so please follow the advice of your asthma clinician and your personal asthma action plan.

### **I had a blue reliever on repeat – why has this been stopped?**

Your blue inhaler could have been taken off repeat prescription for a number of reasons.

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 the same relief from symptoms and can last longer than the blue inhaler.

If you still have separate preventer and reliever inhalers, your blue reliever inhaler may have been taken off repeat prescription so that your clinician can keep track of how often you are needing to request a new blue inhaler. In this situation, you will still be able to request a new blue inhaler by contacting your GP surgery. This is so that your clinician can see if you are needing a blue inhaler more often, potentially suggesting that your asthma is becoming uncontrolled and needs to be reviewed.

### **The device I have is new and I don't know how to use it?**

If you are not sure why you have been given a new device or how to use it, please ask. It is important not to stop taking preventer treatment for your asthma so if you are not sure about your treatment, it is really important to ask for help.

If you would like to watch a video about how to take your inhaler, you can go online to the Asthma UK website for helpful reminder videos.

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

You may have been changed from an pMDI to a 'dry powder' inhaler. When used correctly dry powder inhalers could result in less medicine sticking in your mouth or the back of your throat. You may feel a different sensation in your mouth 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 surgery.

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](http://www.mhra.gov.uk/yellowcard). By reporting side effects you can help provide more information on the safety of your medicine.