

FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form.

Asthma medicines

Good asthma control is:

- **NOT** waking up with asthma symptoms and not having symptoms on more than two days per week.
- **NOT** needing to take reliever medicine on more than two days per week (*not counting before exercise*), and asthma symptoms going away quickly after taking reliever medicine.
- **BEING ABLE** to participate in usual activities without having asthma symptoms.

The most common way for your child to take their asthma medicine is by breathing it directly into their lungs through their mouth. During an asthma flare-up, the best way for your child to take their medicine is with a puffer and spacer device. At other times, for example before exercise and play, or in the daily management of asthma, and depending on your child's age and ability, other devices may be an appropriate alternative. Speak with your child's doctor or asthma health professional to determine the most suitable device. Step by step instructions for using other devices can be found in the Asthma Medicine Inhalation devices factsheet.

Reliever medicine

Ventolin®, Asmol®, Airomir®, Bricanyl®

Inhaled asthma reliever medicine is easily identified by its blue or blue/grey coloured container. Your child should always have immediate access to their reliever medicine, including at school, childcare, and sporting activities, as asthma symptoms can be experienced at any time without warning.

Reliever medicine:

- is used in asthma first aid
- relieves symptoms by relaxing tight muscles to open the airway
- works within minutes and is usually effective for 3-4 hours
- is used when symptoms are present and may also be used before exercise or play.

Possible side effects include a fast heart rate, shaky hands, hyperactivity and excitability. These side effects can vary between children and in most instances subside on their own.

Ventolin®
Metered Dose Inhaler



Asmol®
Metered Dose Inhaler



Airomir®
Metered Dose Inhaler



Airomir®
Autohaler®



Bricanyl®
Turbuhaler®



Always have a spare reliever medicine for immediate use when the current one runs out. Keeping it in its original packaging until it is time to use it will identify it as the full one.

Preventer medicine

Steroid-based (inhaled corticosteroids) e.g. Flixotide®, Pulmicort®, Alvesco®, Qvar® Non-Steroidal e.g. Montelukast® (e.g. Singulair®, Lukair®), Intal® Forte.

When children need to use their reliever medicine frequently for control of asthma symptoms (generally on more than two days per week), despite effective management of triggers and good device technique, a preventer medicine may be prescribed. Unlike reliever medicine, which is taken when symptoms are present or prior to exercise, preventer medicine is taken on a regular daily basis. Preventer medicine helps to make the airways less sensitive to trigger factors, as well as lessening the swelling inside the airways that can occur in an asthma flare-up.

Preventer medicines are either steroid or non-steroid based and the type that your child is prescribed will depend on their current needs. As preventer medicines do not work immediately, it may take anywhere from a few days to two weeks before noticing an improvement in your child's asthma.

It is important that your child does not miss doses and continues to take them as prescribed and only stops taking the medicine on a doctor's advice.

Possible side effects - steroid based (*inhaled corticosteroids*):

- unpleasant taste and cough with non-steroid medicine.
- oral thrush (*sore mouth*) and/or voice change with steroid-based medicine.

To reduce the risk of side effects it is recommended that your child:

- rinse their mouth with water and spit out, or clean teeth after taking the inhaled preventer medication
- when using a metered dose inhaler preventer medicine, use it with a spacer device.

Possible side effects - non-steroid based:

- Montelukast® (Singulair®, Lukair®) - rare but may include headache, sleep disturbances, behavioural issues.
- Intal® Forte - may include sore throat, cough.

Other inhaled medicines

Some children need additional asthma medicine in the form of a long acting reliever medicine in order to achieve good control of their asthma. These medicines are only prescribed in conjunction with a steroid-based preventer medicine and are combined together in the one device, making it a more convenient way to take both medications.

These medicines should only be prescribed by a Paediatrician or Respiratory Specialist for children with severe/persistent asthma.

Asthma medicines that contain a long acting reliever and inhaled steroid based preventer in the one device include Symbicort®, (*available in a red and white turbuhaler® or red and white rapihaler® [puffer]*), Seretide®, (*available in a purple puffer or accuhaler®*), Flutiform®, (*available in a grey and white puffer*), and Breo® (*available in an aqua and grey ellipta® device*). Possible side effects are similar to those that may occur with inhaled steroid based preventers and therefore should be managed the same way to reduce the risk of side effects.

A note about Symbicort®

Because the long acting reliever medicine in Symbicort® works very quickly, some children over the age of 12 years may be prescribed this medicine to be used as a regular medicine to be taken twice daily as well as a reliever medicine to be taken when symptoms occur or during an asthma flare-up. In this case, your child's

Flixotide®
Metered Dose Inhaler



Flixotide®
Accuhaler®



Pulmicort®
Turbuhaler®



Alvesco®
Metered Dose Inhaler



Qvar®
Metered Dose Inhaler



Qvar®
Autohaler®



doctor will give you a Symbicort® Maintenance And Reliever Therapy (SMART®) plan to follow. To use Symbicort® in asthma first aid for children over 12 years refer to asthma first aid in the [Asthma and your child resource pack](#).



Remember:

- Make sure that your child takes their asthma medicines correctly and as prescribed.
- Medicines should only be changed or stopped on a doctor's advice.

For more information on children and Asthma, download the "[Asthma and your child: Resource pack](#)" ([here](#))

Rescue medicine (Oral corticosteroids)

Prednisone (*tablet*), Prednisolone (*tablet or syrup*), Predmix® and Redipred® (*syrup*).

As the name suggests, rescue medicine is sometimes used for short periods (*3-5 days*) during an asthma flare-up when there is little or no response to inhaled reliever medicine. It is taken orally (*tablet or liquid*) and works by decreasing airway inflammation. Rescue medicine may be given to your child in hospital or by your child's local doctor. It may also be included in your child's asthma action plan as part of their asthma flare-up management. If your child needs more than 4 courses a year you need to discuss this with your child's doctor as this is above the recommended amount of oral steroid.

Possible side effects:

Hunger, puffy face, weight gain, mood swings - these are unlikely to occur if the medicine is only used for short periods. However, if these symptoms do occur they will resolve once the medicine has stopped.

Note: Whilst the most common possible side effects have been listed for each asthma medicine group, some children may not experience any and some children may experience others not listed. Always discuss any concerns about your child's asthma medicines, their side effects and the delivery device, with your child's doctor or asthma health professional.