

# KNOW YOUR OPTIONS

Your guide to the Australian Asthma Handbook Version 2.1  
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## WHAT IS THE AUSTRALIAN ASTHMA HANDBOOK?

The Australian Asthma Handbook is the guideline used by Australian healthcare professionals to determine the best asthma treatment and management plans with their patients. The guidelines are developed by a group of experts from across the health care sector, who review the latest research and evidence to provide health professionals with practical guidance for use in the diagnosis and treatment of asthma.

## HOW TO USE THIS DOCUMENT

We have summarised the recent guidelines update to help you have informed conversations with your health care professional around the treatment of your asthma. **This information is in no way meant to suggest that you should change your current treatment.**

Asthma Australia does not provide health advice or make treatment recommendations. Refer to [asthma.org.au](http://asthma.org.au) to learn more about your asthma and what steps you might take to get it under control and live freely with asthma.

## WHAT IS ASTHMA?

Asthma is a chronic condition caused by inflammation (swelling and redness), sensitivity and mucus production in your airways. These features persist, even when symptoms are absent or lung function is normal. The most common symptoms are cough, wheeze, chest tightness and shortness of breath.

Asthma is a long-term and changing condition. It can arrive at any age and can be unstable if not treated correctly.

Asthma Australia strongly recommends that everyone with asthma checks-in with their doctor regularly, at least every 6-12 months, and get a written asthma action plan. An asthma action plan is a simple single page document that you can design with your doctor which outlines how to use your medicines, and what to do when your asthma gets worse or is not improving.

If you are someone who usually gets your asthma medicine from the pharmacy over the counter (such as the blue/grey reliever), we ask you to see your doctor: you might be surprised about what you can learn or how much better you can feel. As asthma is a condition of chronic inflammation, it is highly recommended that people with asthma consider using medicine which treats the inflammation.

It is also important to look at all the things in your life that can affect your asthma symptoms, including smoking, nutrition, exercise and mental wellbeing. Research is increasingly telling us that you can achieve a lot by making positive changes around these issues.



## HERE'S WHAT THE UPDATE SAYS:



### For mild asthma

If you have mild asthma – that is asthma with mild and few symptoms and which can be treated with low-doses of medication – there are more options for you:

- Regular low-dose preventer inhaler plus a blue/grey reliever 'as-needed' for breakthrough symptoms or
- A blue/grey reliever to be used 'as-needed' to treat your symptoms; or
- A dual purpose reliever inhaler to be used 'as-needed' to treat your symptoms

The addition of the dual purpose reliever to be used as needed is the change here and this is due to the effect this has in reducing inflammation and reducing your risk of severe flare-ups.

We recommend you book an appointment with your trusted health professional to discuss these options. One of the most important discussions you can have with your doctor is around the goals of your treatment. These include:

- Reducing the risk of having a severe flare-up
- Achieving and maintaining good asthma control, and
- Maintaining healthy lungs

Use the opportunity to also discuss other treatment concerns like cost, how to use an asthma device, ease of access to prescribed medical treatments and other lifestyle factors.

If you experience mild asthma symptoms and are interested to learn more, head to our website at [asthma.org.au/know-your-options](http://asthma.org.au/know-your-options) and discuss your condition with your doctor.

### Mild asthma and preventer treatment

Your doctor might be more likely to prescribe a preventer inhaler as part of your asthma management plan in line with adjusted recommendations in this update. The change is a result of our increasing awareness of how protective inhaled preventer therapy is against flare-ups, in preventing recurrent symptoms and maintaining healthy lungs. It is also important to reduce the risk associated with over-relying on your blue/grey reliever only.

According to the guidelines, it is recommended that inhaled preventers are prescribed for almost all people with asthma. Only a very small number of people who experience very few symptoms and no risk factors for flare-ups would be considered safe to use blue/grey reliever only.



### For moderate to severe asthma

The Therapeutic Goods Administration (TGA) has approved a new combination inhaler for use by people with asthma who need regular preventer treatment in combination form – medicine which reduces the inflammation and relaxes tight airway muscles in a fixed dose combination. For more information about how preventers work, visit Medicines and Devices on our website at [asthma.org.au/about-asthma/medicines-and-devices](http://asthma.org.au/about-asthma/medicines-and-devices) and talk to your health care professional.

### For children

The guidelines have announced the arrival of a low dose preventer inhaler that can be used once daily by children aged over 5 years. This medicine works by reducing the inflammation (swelling) in the airways, potentially reducing symptoms and reducing the likelihood that children will respond to triggers.

If you or your child have not had an asthma review in the last 6 months, or if they have symptoms and need their blue/grey reliever on more than two days in one week, this is a good time to make an appointment with their doctor.



### For severe asthma

If you have been diagnosed ‘severe asthma’ – persistent symptoms and regular flare-ups despite high doses of regular inhaled combination preventer medicine treatment and treatable factors having been addressed – there is another medicine available to be prescribed by your specialist, for people 12 years and over. This medicine is called Monoclonal Antibody therapy (MAb), which aims to block the pathways that cause the severe inflammation in your airways and can reduce your symptoms, reduce the risk of severe flare-ups and the overall burden caused by your condition. MABs are administered by injection and used alongside your other inhaled preventer medicines. If you have severe asthma or asthma which is difficult to control, you should discuss your treatment options with your doctor.

### Subsidised medicines for adolescents with difficult to treat asthma

Difficult to treat asthma can be very troublesome for adolescents and their families and it is important that they understand the options available to them, to help reduce asthma symptoms. A new medicine to the market may be prescribed for adolescents in addition to a regular inhaled preventer medicine regime if they meet certain criteria. If you are an adolescent or parent of an adolescent with asthma which is difficult to control, speak to your doctor about what other treatment might be available.

All medicines included in the Handbook are licensed for use by the Therapeutic Goods Administration (TGA), however not all are eligible for subsidisation. Check with your doctor about whether your prescription will be subsidised on purchase.



### Lung function testing

Lung function testing (Spirometry) should be a critical part of your asthma management plan and is important in diagnosing asthma as it is to monitor it. Guidelines which help general practice staff complete this important test have been updated so it is a good time to make an appointment with your general practitioner and have your lung function tested.



### Thunderstorm asthma

Thunderstorm asthma describes worsening asthma symptoms, even the first onset of asthma symptoms, in the setting of a particular kind of thunderstorm during high pollen periods. It is most hazardous for people living in the South Eastern states of Australia and was responsible for thousands of hospitalisations in one 24-hour period in Melbourne in 2016.

If you have springtime hay fever and are allergic to rye grass pollen, you may be at risk of thunderstorm asthma during the period between September to end December. It is highly recommended you visit your doctor to discuss your specific condition if this is the case. It may be recommended that you use a preventer medicine during the high-risk thunderstorm asthma season.

The Handbook team has updated their thunderstorm asthma guidelines and now clearly recommend using inhaled corticosteroid (ICS)-based preventer treatment to prevent or reduce the risk of thunderstorm asthma.

Asthma Australia (AA) is the consumer peak body for asthma in Australia whose purpose is **to help people to breathe better so they can live freely**. We hope to achieve this through; the provision of quality, evidence-based information and services; investment in world class research; and advocacy for suitable conditions so people with asthma can breathe better and achieve wellness.

These updates to the treatment guidelines have great potential to result in positive change for people with asthma, by providing health professionals new options to tailor treatment to people’s unique condition and circumstances.

We encourage people with asthma to have informed conversations with their treating doctor and encourage a two-way discussion, where you share your thoughts, needs, concerns and goals with your doctor to arrive at a personalized solution for yourself and your family.



1800 ASTHMA (1800 278 462) | [asthma.org.au](http://asthma.org.au)

