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Asthma Q&A

The more you know about asthma and its treatment, the more you'll be able to control your breathing difficulties. These are some frequently-asked questions.

Questions

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There are many different medicines available for asthma treatment and most involve taking asthma inhalers. Your healthcare professional will go through the possible treatments with you and together you will agree on the ones most suitable for you. Here's a brief description of some of the terms you may hear:

Relievers

A reliever medicine, usually delivered by a blue inhaler, provides rapid, but short-acting relief of chest tightness and wheezing by relaxing the narrowed airways (known as bronchoconstriction) to help ease wheezing and breathlessness.

The most commonly recommended relievers are drugs called short-acting beta-2 agonists. These work within a few minutes to make it easier for you to breathe. There are a number of different reliever inhalers that can be used and your healthcare professional will advise which is most suitable for you.

Asthma Control Test



Find out how well you're preventing your asthma symptoms. It only takes a minute.

[Take the test](#)

Accuhaler



Learn about the benefits of switching to a Seretide Accuhaler.

[Find out more](#)

Carry your reliever with you in case you experience symptoms, but relievers shouldn't be needed very often. If you need them most days or are waking at night in need of yours, then your asthma is not well controlled and you should talk to your healthcare professional.

Preventers

People with asthma have inflammation of the lining of the air tubes. This inflammation causes irritation and narrowing of these tubes, which in turn causes wheezing, tight chest and cough. Preventer medicines are designed to reduce this inflammation, preventing symptoms and asthma attacks.

To achieve this protective effect, preventers must be taken regularly (usually morning and night), even when you're feeling well, as there will nearly always be persisting inflammation in the lungs that will cause problems if left untreated. Most people with asthma will be prescribed preventer medicines as they are a cornerstone of treatment. The most widely prescribed preventer medicines are inhaled steroids that usually come in brown, red, or orange inhalers.

Some preventers come in tablet form, like leukotriene receptor antagonists (LTRAs) and theophylline. Sometimes steroid tablets (e.g. prednisone) are required to treat badly controlled asthma.

Other medicines

If your asthma is not well controlled with your regular preventer, your healthcare professional may suggest using additional, or 'add-on', therapy like a long-acting bronchodilator to better control your asthma. There are also combined therapies which are both preventer and bronchodilator medication. Other types and formats of medicine are available to help your healthcare professional give you the most appropriate treatment specific to your needs.

Side effects

Many people worry about the side effects of asthma medication, particularly if they've taken over a long period of time. There has been a lot of research into the benefits and side effects of asthma medicines, and overall the benefits outweigh the risks for those who need them.

The steroids used in many preventer inhalers do not cause addiction, lose their effectiveness over time or cause weight gain. The majority of people with asthma only require low doses of inhaled steroids, which are unlikely to cause serious side-effects. Sometimes regular inhaled steroids can lead to ulcers or oral thrush, but this can usually be avoided with simple measures like rinsing your mouth after using your inhaler or using a spacer device.

As the dose of a treatment increases, so does the possible risk of side effects, but high doses are only rarely needed, becoming necessary if your asthma is not well controlled. Your healthcare professional will work with you to maintain good control and keep your medication at the lowest possible dose.

The patient information leaflet you receive with your asthma treatment has detailed information about side-effects. If you are concerned about particular side effects or think a treatment is causing a side effect, ask your healthcare professional for advice.

[How can my job affect my asthma?](#)

[What type of asthma devices are available?](#)

[What happens to my asthma as I get older?](#)

[How does asthma change during pregnancy?](#)

[Does alcohol consumption affect asthma?](#)

Glossary

[Here is a brief definition of terms you might come across relating to asthma:](#)

Acute asthma - A sudden worsening of asthma symptoms.

Allergen - Something that comes into contact with the body (either by being inhaled, eaten, or contacting the skin), producing an allergic response.

Allergic rhinitis - Inflammation in the nose causing congestion, sneezing, runny nose and itchy eyes due to an allergic response to allergens in the environment. It can be due to allergens that only occur at certain times of the year, like pollen (hay fever), or allergens that are present year round, like house dust. It's more common in people with asthma and can trigger asthma.

Anaphylaxis (anaphylactic attack) - A sudden, severe allergic response to an allergen that can be life-threatening without urgent treatment.

Asthma Control Test™ (ACT) - A short questionnaire to help patients assess their asthma control.

Bronchoconstriction/bronchospasm - The contraction of the muscles around the airways causing narrowing of the air tubes resulting in wheezing, breathlessness and chest tightness.

Bronchodilator - A medicine that helps open (dilate) the air tubes. Usually given in a blue inhaler.

Chronic - A term used to describe a long-lasting condition or disease.

Chronic obstructive pulmonary disease (COPD) - A disease of the lungs, usually caused by smoking in which the air tubes are permanently narrowed or blocked. It has some symptoms and treatments similar to asthma. However, in asthma, the effects on the air tubes are reversible with the right treatment.

Control - Good asthma control means no symptoms of wheezing, breathlessness, cough or chest tightness. This also includes no restrictions to activities or asthma attacks and an infrequent need to use rescue (usually blue) inhalers.

Dander - Animal hair and flakes of skin which can cause allergic reactions.

Diagnosis - The identification of an illness or health problem by its signs, symptoms and medical tests.

Dry powder inhaler - An inhaler delivering medication to the lungs in powder form rather than as an aerosol.

Exacerbation - An asthma attack.

Exercise-induced asthma - Asthma symptoms brought on by exercise.

Hay fever - A name for allergic rhinitis in response to pollens that usually occurs in the spring. It may be associated with poor asthma control.

Healthcare professional - A person qualified in a health profession, such as a doctor, nurse or pharmacist.

Inflammation - Inflammation occurs when the body's defence mechanisms react to injury, infection or allergens. Inflamed tissues (e.g. the lining of the air tubes in people with asthma) become red and swollen.

Inhaler - A device that delivers asthma medicines to the lungs. Inhalers for relief medication are usually blue and preventers are often brown, red, or orange.

Late-onset asthma - Asthma that begins in adulthood.

Leukotriene receptor antagonists (LTRA) - Medicines used to treat asthma in some people, in the form of a tablet as opposed to an inhaler. LTRA medicines are taken regularly and work by blocking one of the chemicals involved in producing air tube inflammation.

Long-acting beta agonist (LABA) - A bronchodilator that works over a longer period of time (around 12 hours) than the 'short-acting' beta agonists. Usually used regularly as an 'add-on' to treatment with inhaled steroids.

Lung function tests - 'Blowing' measurements made on medical devices that describe how well the lungs are working and whether the air tubes are constricted. A peak flow measurement is an example of a lung function test.

(Pressurised) Metered dose inhaler (MDI) - Inhalers that use pressurised gas to deliver asthma medicine as a fine spray (aerosol) to the lungs.

Occupational asthma - Asthma caused by allergens inhaled in the work environment.

Ozone - A gas present in the atmosphere that, when present in the lower atmosphere, is a pollutant and can trigger asthma. (In the upper atmosphere (the ozone layer) ozone is beneficial and protective against harmful radiation from the sun.)

Peak flow rate - A measure of how fast a person can blow air out of their lungs and is a measure of how narrowed the air tubes are. It is measured by a peak flow meter and regular recording of results can be useful in monitoring asthma.

Personal asthma action plan - A plan of what to do when your asthma changes, containing details of your medication, asthma triggers, how to notice if your asthma is getting worse and what to do if you have an asthma attack. Drawn up with your healthcare professional, it is essential in helping you keep control of your asthma.

Preventer - Medicine taken regularly to control asthma by stopping inflammation in the lungs and asthma symptoms from occurring. Usually given as regularly taken inhalers, preventer medicines are the most important in controlling asthma and allowing you to lead a full life.

Primary care - Care delivered by healthcare professionals in the community as the first point of contact for patients. Primary care includes general practitioners, practice nurses and pharmacists.

Puffer - A common name for an inhaler, usually one that delivers medication in a spray.

Referral - Being sent to see a specialist for advice and treatment.

Reliever - Reliever inhalers (usually blue), also known as rescue inhalers. These act quickly to relax the airways making it easier to breathe and relieving symptoms, but have no effect on the underlying inflammation. People with well-controlled asthma should rarely need a reliever inhaler.

Review - An asthma check-up when the medicines and personal asthma action plan are reviewed. You should have an asthma review once every year and more often if things are not fully controlled.

Rhinitis - Irritation and inflammation of internal areas of the nose (see allergic rhinitis). Short-acting beta agonist (SABA) is the type of medicine used in reliever inhalers and acts as a bronchodilator opening the

air tubes. These medicines start to work within a few minutes but do not affect the underlying inflammation in asthma and should rarely be needed in well-controlled asthma.

Skin prick test - A test for allergies where a small amount of allergen is pricked into the skin to see if a reaction occurs.

Spirometry - Detailed blowing tests carried out to determine how well the lungs are functioning. They give more information on the state of the lungs and air tubes than peak flow meters.

Steroids - A group of chemicals produced by the body and also made synthetically as medication in either an inhaled or tablet form. In asthma, they are used to treat inflammation in the airways which causes symptoms.

Theophylline - A medicine used in some patients that works by relaxing the muscles around the air tubes and is usually given in the form of a tablet. It is important that the dose of theophylline is exactly right for the individual, so blood tests are used to check this.

Triggers - Factors which may irritate the airways and bring on asthma symptoms or asthma attacks.

Uncontrolled asthma - This is when asthma symptoms are not well controlled and if nothing is done could lead to a full blown asthma attack. Use the [Asthma Control Test](#) to help you decide how well your asthma is controlled

How Seretide Can Help

Learn how Seretide works for patients with asthma, relieving symptoms and treating the underlying cause.

Find out more

References:

1. Bateman ED et al. *Am J Respir Crit Care Med*. 2004;170:336-444 | 2. Bateman ED et al. *Allergy*. 2008;63:932-938.

For further product information on Seretide, view the Consumer Medicine Information (CMI) and Data Sheet at www.medicare.govt.nz.

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Seretide® (budesonide propionate/salbutamol sulphate), available as a 50/25, 125/25 or 250/25 micrograms per actuation inhaler, or as a 100/50 or 250/50 micrograms per actuation Accuhaler®, is a Prescription Medicine for the treatment of reversible obstructive pulmonary disease (COPD) including asthma, and for the treatment of chronic obstructive pulmonary disease (COPD). Seretide is a fully funded medicine. Seretide 250/25 microgram inhaler is a private purchase medicine that you will need to pay for. Use strictly as directed. Seretide is not for use at night. Seretide is not for use if you have pulmonary tuberculosis (Tb), a thyroid problem or a heart problem, or you are having treatment for high blood pressure. Side effects may include: Headache, 'shaky' feeling, fast heart rate, irritation in the nose and throat. If symptoms continue or you have side effects, see your doctor, pharmacist or health professional. For more information, see Seretide Consumer Medicine Information at www.medicare.govt.nz. Please visit your doctor's office visit for more apply. Ask your doctor if Seretide is right for you.

Filixol® in addition to the Seretide information above which also applies to Filixol® (budesonide propionate), Filixol® is available in 50, 125 or 250 micrograms per actuation inhaler and 50, 100, or 250 micrograms per actuation Accuhaler. Filixol® is a fully funded medicine.

Serevent® in addition to the Seretide information above which also applies to Serevent® (formoterol), Serevent® is available in 25 micrograms per actuation inhaler and 50 micrograms per actuation Accuhaler. Serevent® is a fully funded medicine.

Ventolin® (salbutamol) is available as an alcohol free and CFC-free inhaler, 100 micrograms per actuation. Ventolin® is a partially funded Prescription Medicine. You will need to pay a part charge for this medicine. It is a short acting bronchodilator used for the relief of asthma symptoms. Use strictly as directed. Do not use Ventolin® if you are sensitive to any of the ingredients in the preparation. Tell your doctor if you feel that the medicine has become less effective as you are using more than usual, have hypertension, high blood pressure, cardiovascular disease, diabetes, are taking any other medicines or herbal remedies including those you buy from a supermarket, pharmacy or health food shop. Side effects may include: Headache, nausea, shaky or tense feeling, fast or irregular heart beat, 'shaky' feeling caused by blood vessels expanding under the skin, mouth or nasal irritation, shortness of breath or wheezing. If symptoms continue or you have side effects, see your doctor, pharmacist or health professional. Additional Consumer Medicine Information for Ventolin® is available at www.medicare.govt.nz. Prices for Ventolin® may vary across pharmacies. Please visit your doctor's office visit for more apply. Ask your doctor if Ventolin® is right for you.

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