

## Factsheet - Asthma - Medications

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### Asthma Medications

**Disclaimer:** This fact sheet is for education purposes only. Please consult with your doctor or other health professional to make sure this information is right for your child.

Medications used in the treatment and management of asthma either relax the tight muscles around the airways and reduce or prevent inflammation of the inside airway lining. These medications relieve asthma symptoms and may prevent asthma attacks.

The most common way for your child to take their asthma medication is by inhaling it directly into their lungs through their mouth, or mouth and nose. **During an asthma attack, the best way for your child to take their medication is with a puffer and spacer.** For other times, e.g. before exercise or play, or in the daily management of asthma control, and depending on your child's age and ability to use them, other devices may be suitable available. Speak with your child's doctor or asthma educator to determine the most suitable device.

Inhaled asthma medications are grouped according to their use, and are easily identified by the type of colours associated with that group.

### RELIEVERS - Blue/Grey Colours eg. Ventolin, Airomir, Asmol, Epaq, Bricanyl

#### USED WHEN SYMPTOMS ARE PRESENT OR DURING AN ASTHMA ATTACK

- Relieve asthma symptoms by relaxing the tight muscles and opening airways.
- Used when symptoms are present and may also be used before exercise or play.
- Work within minutes, and should be effective for up to 4 hrs.
- If needed more often than 3-4 times per week (excluding exercise or play) your child's asthma may not be well controlled and should be reviewed by their doctor.
- Always carry your child's blue reliever medication.

#### POSSIBLE SIDE EFFECTS

- Fast Heart Rate, Shaky Hands, Hyperactivity, Excitability.
- Vary between children and subside without any harmful effects.

### PREVENTERS- Autumn Colours i.e. Yellow/ White/ Brown/ Burgundy/ Orange eg Intal Forte, Tilade, Pulmicort\*, Qvar\*, Flixotide\*, Singulair\*\*

#### USED IN THE DAILY MANAGEMENT OF ASTHMA CONTROL

- Prevents asthma symptoms and reduces the risk of an asthma attack, by decreasing the inflammation (swelling) and making the airways less sensitive to the trigger factors.
- To be effective, they need to be taken every day, even when symptoms are not present.
- May take up to two weeks before they start working.
- Not every child is on preventer medication.
- Often prescribed when symptoms are troublesome.

#### POSSIBLE SIDE EFFECTS

- Oral thrush (sore mouth).
- Voice change.

- Unpleasant taste and cough.  
To reduce the risk of side effects your child should use a puffer through a spacer device and also rinse their mouth with water and spit out after taking their inhaled preventer medication. They could also choose a suitable alternative device.

\* **Pulmicort, Flixotide and Qvar** are inhaled corticosteroids. It is important to discuss with your doctor how to maximise the benefits of these medications whilst reducing the risk of side effects

\*\* **Singular** is a chewable tablet taken orally once a day. Potential side effects may include a headache.

## **SYMPTOM CONTROLLERS - Green/Blue Colours eg. Serevent, Oxis, Foradile.**

### **USED IN THE DAILY MANAGEMENT OF ASTHMA CONTROL**

- Work in a similar way to relievers by relaxing tight muscles.
- Usually take up to 30 minutes to start working, but last for up to 12 hours.
- May be prescribed when asthma is not controlled despite taking inhaled preventer medications (containing corticosteroid).

### **POSSIBLE SIDE EFFECTS**

- Fast heart rate, shaky hands, hyperactivity, excitability, & headaches.  
Vary between children and subside without any harmful effects.

## **COMBINATION MEDICATIONS - Purple / Red & White Colours - eg. Seretide (Serevent + Flixotide), Symbicort (Oxis + Pulimcort)**

- Contain a symptom controller and preventer in the one device, but are more convenient to take.
- May not be suitable for everyone
- Recommended when the use of an inhaled steroid (preventer) alone is not achieving control

### **POSSIBLE SIDE EFFECTS**

- Same as for inhaled steroid preventers and symptom controllers

To reduce the risk of side effects your child should use a puffer through a spacer device and also rinse their mouth with water and spit out after taking their inhaled preventer medication. They could also choose a suitable alternative device.

## **RESCUE MEDICATION - Prednisone (Tablet); Prednisolone (Tablet or Syrup); Predmix, Redipred (Syrup)**

- Called "rescue medications" because they are used in an asthma attack when there is little or no response to inhaled reliever medication.
- May be given to your child in hospital; may be required to be taken for a few days after discharge from hospital; or may be included as part of your child's asthma action plan when their asthma worsens.
- Generally used for short periods only - 3 to 5 days.

### **POSSIBLE SIDE EFFECTS**

- Hunger, Puffy Face, Weight Gain, Mood Swings.

If the above side effects occur they are usually minimal and resolve once medication has stopped.

**Ensure optimal asthma control with the least side effects. Always discuss any concerns about medications and ensure your child is reviewed regularly.**

Source: The Children's Asthma Resource Pack for Parents and Carers, June 2006  
NSW Paediatric Network



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