

BREATHE EASY: TAKING CARE OF YOUR ASTHMA



WHAT IS ASTHMA?

Asthma is a **common lung condition** that affects your breathing. It happens because the tubes that carry air in and out of your lungs (called airways) are **sensitive**.

When something triggers your asthma, your airways:

- Become **narrower**
- Get **swollen and inflamed**
- Produce **sticky mucus**

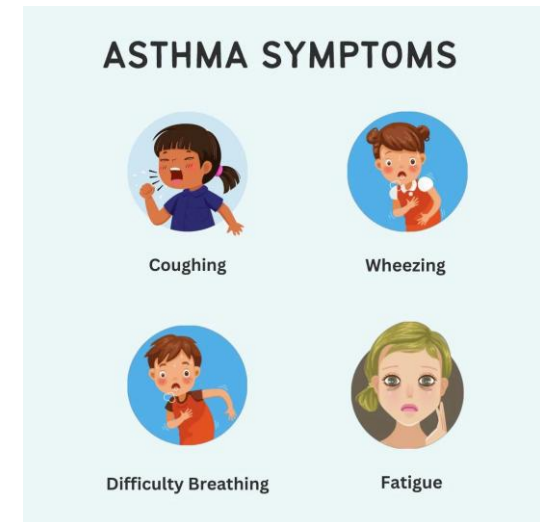
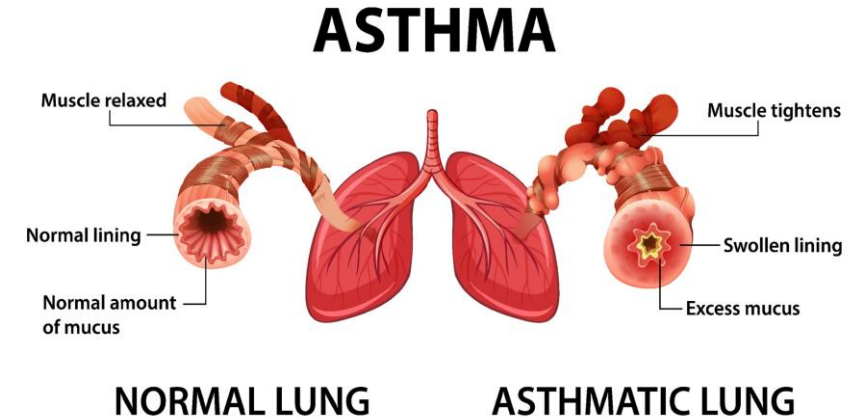
This makes it harder to breathe.

Coughing, especially at night or early morning

Asthma symptoms can come and go. For most people, it can be kept under control with the right treatment.

If asthma is not controlled, it can cause a serious asthma attack, which is an emergency, and it can be life-threatening.

NHS England (2025)



YOUR INHALERS

Inhaler	Colour	What's it for?	Brand name
Reliever	Usually blue	Works quickly to open your airways when you feel breathless, wheezy or tight. Use only when needed.	Ventolin, Salamol, Airomir, Bricanyl (turquoise)
Preventer	Usually brown, orange or red	Used every day to keep your airways healthy and stop symptoms from starting.	Clenil, Qvar, Pulmicort, Flixotide
Combination	Often purple, pink or red/white	Has both a preventer and a small reliever. Used every day if your asthma needs more control.	Seretide (purple), Fostair (red/white), Symbicort (red/white), Relvar (yellow)
Long-Acting Reliever (LABA)	Sometimes green or other colours	Helps keep your airways open for longer. Always used with a preventer.	Serevent (green)



WHY YOU SHOULDN'T NEED YOUR BLUE INHALER OFTEN

What does it mean for your health

-Your blue inhaler is a reliever. It works quickly to open your airways when you feel breathless, wheezy or tight-chested.

-It only treats the symptoms, not the cause of asthma.

-If you're using your blue inhaler more than 3 in a year, or more than twice a week, this suggests your asthma is not under good control.

Poorly controlled asthma increases your risk of:

- Frequent symptoms (breathlessness, coughing, tiredness)
- Asthma attacks, which can be life-threatening.
- Needing emergency treatment or hospital stays.

Nice (2022), Asthma and Lung UK (2025)

Why the preventer inhaler is more important.

-The preventer (usually brown, orange, or red) reduces swelling and sensitivity in your airways.

-When you use it every day as prescribed, your lungs stay healthy, and you should hardly need your blue inhaler.

-Many people can go weeks or months without needing their blue inhaler when their asthma is well controlled.



BLUE INHALERS AND THE PLANET

Blue inhalers spray out medicine using a special gas to help it reach your lungs. However, this gas is a powerful greenhouse gas, which is much stronger than carbon dioxide (CO₂). Even though we don't see it, the gas from inhalers stays in the air and warms the planet much more than CO₂ does. Inhalers make up a small but important part of the NHS's pollution.

The good news is that if you keep your asthma under control by using your preventer inhaler every day, you won't need your blue inhaler as much, which is better for you and the environment. There are also “greener” inhalers you can try that don't use this gas and are kinder to the planet.



Asthma and Lung UK (2025), NICE (2021)

Greener Inhalers

Some inhalers are better for the environment because they don't use harmful propellant gases. These are called dry powder or soft mist inhalers. They work just as well and are much kinder to the planet.



HOW TO STAY IN CONTROL

- **Use your preventer every day** – even when you feel well. This keeps your airways healthy and stops symptoms from starting.
- **Check your technique** – make sure you're using your inhaler properly. Ask your nurse or pharmacist to show you.
- **Keep an asthma action plan** – This is so you know what to do if symptoms get worse.
- **Track how often you use your blue inhaler** – If you need it more than 3 times a week, speak to your GP or nurse.
- **Ask about greener inhalers** – They're better for the planet and may suit you.
- **Go for regular reviews** – Have your asthma checked at least once a year, or sooner if you're having symptoms.

 This is what I need to do to stay on top of my asthma:	 My asthma is getting worse if I notice any of these:	 I'm having an asthma attack if any of these happen:
My personal best peak flow is: My preventer inhaler (insert name/colour): I need to take my preventer inhaler every day even when I feel well I take puff(s) in the morning and puff(s) at night. My reliever inhaler (insert name/colour): I take my reliever inhaler only if I need to I take puff(s) of my reliever inhaler if any of these things happen: • I'm wheezing • My chest feels tight • I'm finding it hard to breathe • I'm coughing. Other medicines I take for my asthma every day: With this daily routine I should expect/aim to have no symptoms. If I haven't had any symptoms or needed my reliever inhaler for at least 12 weeks, ask my GP or asthma nurse to review my medicines in case they can reduce the dose.  People with allergies need to be extra careful as attacks can be more severe.	• My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough) • I am waking up at night • My symptoms are interfering with my usual day-to-day activities (eg at work, exercising) • I am using my reliever inhaler times a week or more • My peak flow drops to below This is what I can do straight away to get on top of my asthma: 1 If I haven't been using my preventer inhaler, start using it regularly again or: Increase my preventer inhaler dose to puffs times a day until my symptoms have gone and my peak flow is back to normal Take my reliever inhaler as needed (up to puffs every four hours) If I don't improve within 48 hours make an urgent appointment to see my GP or asthma nurse. 2 If I have been given prednisolone tablets (steroid tablets) to keep at home: Take mg of prednisolone tablets (which is x 5mg) immediately and again every morning for days or until I am fully better. URGENT! Call my GP or asthma nurse today and let them know I have started taking steroids and make an appointment to be seen within 24 hours.	• My reliever inhaler is not helping or I need it more than every hours • I find it difficult to walk or talk • I find it difficult to breathe • I'm wheezing a lot or I have a very tight chest or I'm coughing a lot • My peak flow is below THIS IS AN EMERGENCY TAKE ACTION NOW 1 Sit up straight – don't lie down. Try to keep calm 2 Take one puff of my reliever inhaler every 30 to 60 seconds up to a maximum of 10 puffs 3 A) If I feel worse at any point while I'm using my inhaler CALL 999 Ambulance taking longer than 15 minutes? Repeat step 2 B) If I don't feel any better after 10 puffs CALL 999 Ambulance taking longer than 15 minutes? Repeat step 2 C) If I feel better: make an urgent same-day appointment with my GP or asthma nurse to get advice If I feel better, and have made my urgent same-day appointment: • Check if I've been given rescue prednisolone tablets • If I have these I should take them as prescribed by my doctor or asthma nurse IMPORTANT! This asthma attack information is not designed for people who use the Symbicort® SMART regime OR Fostair® MART regime. If you use one of these speak to your GP or asthma nurse to get the correct asthma attack information.