

Asthma: reliever medications

Reliever medications work as bronchodilators. That means that they relax the muscle around your airways, making the passages themselves wider. Because their fast action provides relief almost straight away, they are used as the 'first aid' treatment for asthma symptoms.



Short-acting beta₂ agonists

The mainstay medications for the relief of acute asthma symptoms and asthma attacks after they have started are the short-acting beta₂ agonists. These include salbutamol (e.g. Airomir or Ventolin) and terbutaline (e.g. Bricanyl).

Asthma relievers should be carried with you at all times in case of an asthma attack, but used only as needed. However, if you get exercise-induced asthma, your doctor might recommend that you inhale one or 2 measured doses of your reliever before exercise.

If you find that you're using your reliever more than 3-4 times a week, you should consult your doctor, who may recommend introducing a preventer medication.

And if you're finding that your usual dose of reliever medication isn't offering as much relief as it used to, you should see your doctor for advice and a review of your treatment, as this indicates that your asthma may be getting worse.

Theophylline

Short-acting beta₂ agonists are the most common types of bronchodilators doctors prescribe but there are others, including theophylline (e.g. Nuelin tablets or syrup), one of the older asthma medications, which can be used to relieve or help prevent asthma symptoms. The use of theophylline has declined but it is still sometimes used to help people with persistent asthma who need multiple medications to control their condition.

Anticholinergic bronchodilators

Anticholinergic bronchodilators, such as ipratropium (e.g. Atrovent), work by blocking the nerve reflexes that cause the airways to constrict, thereby allowing the airways to remain open. Anticholinergic bronchodilators are sometimes used in combination with beta₂ agonists. However, ipratropium has a slow onset of action and is more commonly used in the treatment of chronic obstructive pulmonary disease (COPD) than in the treatment of asthma.

Long-acting beta₂ agonists

Strictly speaking, long-acting beta₂ agonists (LABAs) are not 'reliever' medications. They are 'symptom controllers'.

Symptom controllers include salmeterol (e.g. Serevent) and eformoterol (e.g. Foradile or Oxis).

Symptom controllers should be used in addition to preventer medication to help control asthma. They can keep the airways open for up to 12 hours after you take them.

Salmeterol does not open the airways immediately, so when you're having asthma symptoms you should still use your reliever medication to help relieve your symptoms right away. However, eformoterol can be used as a reliever medication in adults, because it can open the airways more rapidly. You should talk to your doctor about the most appropriate treatment for your asthma symptoms.

Some asthma products contain a combination of a long-acting beta₂ agonist (symptom controller) and a corticosteroid (preventer) to help keep asthma under control. Combination products include Seretide (a combination of the preventer fluticasone and the symptom controller salmeterol), and Symbicort (a combination of the preventer budesonide and the symptom controller eformoterol).

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