

## TAKE A MOMENT TO ASSESS YOUR ASTHMA CONTROL

This survey can help you determine whether your asthma is under control.

In the past 4 weeks, did you :

	yes	no
1 Have asthma symptoms during the day more than 2 times/week ?		
2 Wake up at night because of your asthma ?		
3 Need to take your rescue medicine more than twice a week ?		
4 Feel limited in your activities because of your asthma ?		

If you answered **YES** to any of the statements, your asthma may not be well managed. Take action now. Tell your doctor about this test and discuss it together.

## TREATMENT

People with asthma should be able to lead a normal life. To achieve this, different medications help manage the disease and prevent symptoms.

⚠️ A short-acting or long-acting bronchodilator should not be the only treatment for asthma and should always be used in combination with an inhaled corticosteroid.

## PREVENTER MEDICINE

Although its effects are not immediately felt, control medicine is usually taken every day to ensure ongoing prevention even when there are no symptoms.

- » Reduces rescue medicine intake ;
- » Decreases the frequency and severity of symptoms ;
- » Makes the bronchial tubes less vulnerable to triggers.

Corticosteroids (ICS)  
Combined treatments (ICS/long-acting bronchodilators)

## RESCUE MEDICINE

- » Provides quick relief ;
- » Must be kept close at hand ;
- » Usually taken during an asthma attack.

Combined treatments (Symbicort)  
Short-acting bronchodilators

## ADJUNCTIVE TREATMENT

Sometimes, adjunctive treatment is required in addition to preventer medicine for a better control of asthma symptoms.

Leukotriene receptor antagonists  
Biologic drugs

## QUEBEC LUNG ASSOCIATION

The Quebec Lung Association was incorporated in 1938 and is the only non-profit organization promoting respiratory health. Its mission is to fight lung disease through education, prevention, rehabilitation, support for the people affected and their families, as well as research on respiratory diseases.

The QLA also addresses environmental factors that pose risks to respiratory health.

Through its work to improve the respiratory health of Quebecers and the living conditions of people suffering from respiratory illnesses, and by encouraging them to take charge of their health, the Quebec Lung Association acts directly on the condition of people of all ages, which has a direct impact on public health.

Contact us by calling  
**1-888-POUMON9 (1-888-768-6669)**  
or by emailing us  
**info@poumonquebec.ca**  
Visit our website  
**poumonquebec.ca/en**



# ASTHMA



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Over 3 million people in Canada have asthma, making it one of the most common respiratory illnesses. It affects an estimated 700,000 people in Quebec, including 300,000 children, and this number is increasing each year. Asthma occurs in people of all ages, but younger people are more affected.

To date, there is no cure for the disease, but it can be managed to lead a full and active life with virtually no symptoms.

However, 65% of Canadians with asthma report that their symptoms prevent them from exercising. This inadequate management of the disease leads to daily difficulties: increased medication use, ER consultations with frequent hospitalizations, absences from work or school, and sadly, several deaths.

Asthma should be treated as a chronic disease and an action plan should be established with your attending physician to prevent the onset of symptoms and to promote their effective management.

## WHAT IS ASTHMA ?

Asthma is a respiratory disease that can be controlled, although it cannot be cured. It is characterized by partial and reversible obstruction as well as inflammation of the bronchi. Because they are hypersensitive, the airways are contracted and blocked by thick secretions, making it difficult to breathe.

## SYMPTOMS

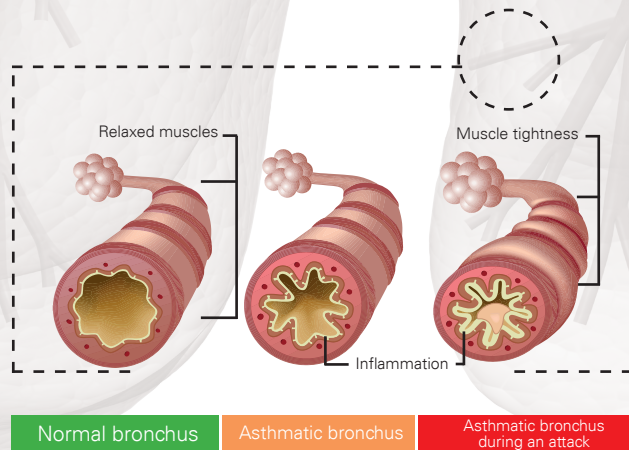
- SHORTNESS OF BREATH;**
- FEELING OF TIGHTNESS IN THE CHEST;**
- WHEEZING;**
- COUGHING;**
- INCREASED MUCUS PRODUCTION.**

The frequency and intensity of asthma symptoms can vary over time. They are usually worse at night or in the early morning.

## RESPONSIBLE MECHANISMS

Inflammation inside the bronchial tubes is the main cause of difficulty in expelling air from the lungs. Added to this:

- » Contraction of the muscle surrounding the bronchial tubes (bronchoconstriction);
- » Increased production of mucus (thick secretions) blocking the bronchial tubes.



## TRIGGERING FACTORS

Several factors can trigger or aggravate asthma symptoms. These factors may be different from person to person.

Although it's not easy, it's important for people with asthma to identify what triggers symptoms and avoid these factors as much as possible.

- » Tobacco smoke;
- » Strong smells;
- » Air pollution;
- » Emotional disturbances;
- » Irritating products at work (occupational asthma);
- » Dust;
- » Abrupt changes in temperature (cold air and humidity);
- » Respiratory infections (colds, flu, sinusitis, etc.);
- » Allergens (dust mites, pets, mold spores, pollens, etc.);
- » Hormonal changes (at the beginning of menstruation or during pregnancy);
- » Physical exercise;
- » Allergic rhinitis;
- » Gastroesophageal reflux;
- » Aspirin intolerance.

## DIAGNOSIS

Asthma diagnosis is based on symptom analysis, clinical assessment, and medical and family history. In order to optimize asthma management, it is important to obtain an accurate diagnosis. This is why asthma should be confirmed by spirometry, a test that measures the maximum amount of air you can exhale and the speed at which you can exhale.

Although spirometry is the reference test for the diagnosis of asthma, sometimes the result is inconclusive and other tests are needed to confirm the diagnosis.

## ASTHMA CONTROL

To optimize asthma control, it is necessary to:

- » Know and understand your symptoms;
- » Control your environment and avoid triggering factors;
- » Understand how your medicine works and take it as prescribed;
- » Ensure that the proper technique for inhaling medication is used;
- » Regularly reassess asthma control using the questionnaire (at the back).

**UNTREATED ASTHMA CAN CAUSE PERMANENT CHANGES IN THE AIRWAYS CALLED AIRWAY REMODELING, WHICH IS RESPONSIBLE FOR REDUCING THE RESPONSE TO TREATMENT.**