

Asthma Care

All Health Coaches in the Asthma Care Management program are registered or certified respiratory therapists. Your coach will listen to your story of living with asthma. This will help your coach learn which things you are doing well and the areas where more work is needed.

Of course, your coach is there to answer any questions you have about your asthma, such as:

- What sets off my “asthma attacks?”
- When do I need to take my asthma medicines?
- How can I stop an “attack” before it starts?
- Should I go to the hospital if I think I’m having trouble breathing?
- What can I do to lower my chance of an “attack?”

Joining the Program

You can join the Asthma Care Management program if you are a member of Superior HealthPlan and have been told by a doctor that you have asthma.

Your children enrolled with Superior HealthPlan may be able to join an asthma program just for kids. You must be the child’s parent or legal guardian in order to agree to their participation, and the child must be age 17 or younger have asthma.

About Asthma

Asthma is a disease that affects the breathing tubes in your lungs. It causes wheezing, shortness of breath, chest tightness, swelling of the breathing tubes, and night time or early morning coughing.

Asthma makes it difficult for more than 23 million people to breathe. It disrupts daily lives and increases absent days from school and work. Severe asthma may require hospitalization, and may some times cause death. It is therefore, important that you take control of your health by being hands-on in managing your asthma disease.

For those experiencing asthma, it is always scary. But knowing how to manage the disease gives you better control over your health and improves your lifestyle.

Asthma Statistics:

Asthma affects:
16.4 million adults ¹
7 million children ²

Doctor office visits:
13.3 million ³

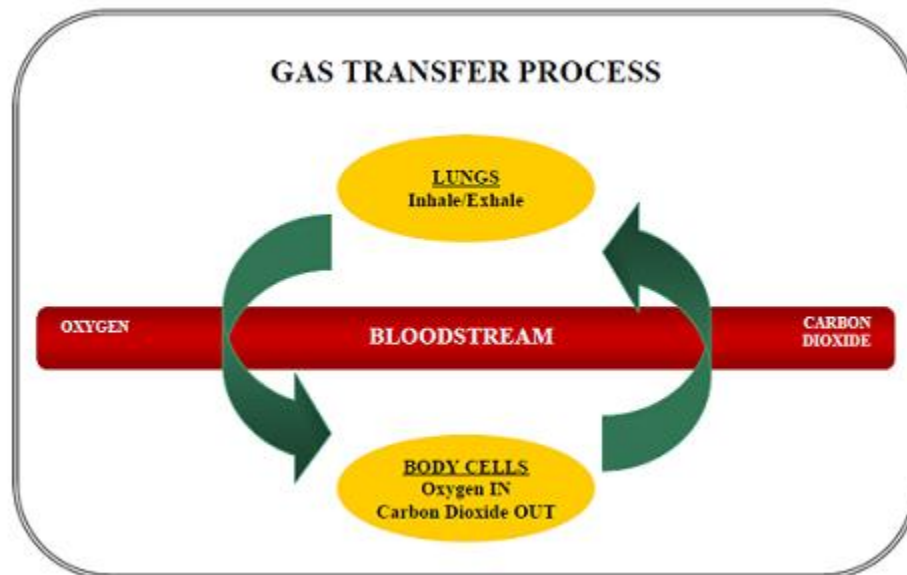
Hospitalizations:
444,000 †

Deaths:
3,613 ‡

Normal vs. Asthma Lung

The Normal Lung

The respiratory system includes your nose, throat, windpipe, and lungs (which contain breathing tubes); this breathing system is important for the exchange of new and used air. The cells in your body need oxygen to live. When you inhale, oxygen is taken in and brought to your cells by using the bloodstream. These cells then release a waste gas called carbon dioxide into the bloodstream. The waste gas is then released from your body when you exhale. This important process is called "gas exchange."

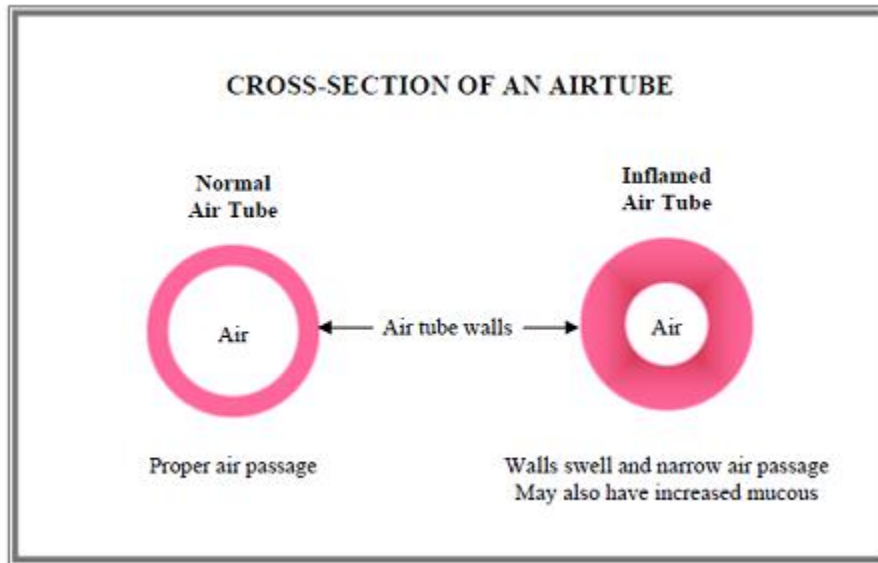


Other functions of the respiratory system include:

- Regulates the air temperature, bringing it from room temperature to body temperature
- Moisturizing the inhaled air
- Sense of smell
- Protects the system from dangerous agents by:
 - Sneezing
 - Coughing
 - Filtering
 - Trapping (nose hair) toxic agents

The Asthma Lung

Asthma is a disease of the breathing tubes within the lungs. It is caused by the tightening of the muscle around the breathing tubes, inflammation, or increased mucus. When the breathing tubes become inflamed, its walls become swollen making the air path smaller; causing less air to be delivered to the lungs.



The symptoms of asthma are:

- Coughing (especially night time coughing)
- Wheezing, whistle-like sound in the airway while breathing
- Shortness of breath
- Rapid breathing
- Chest tightness

Asthma Types & Triggers

There are two types of asthma: allergic asthma and non-allergic asthma.

Allergic asthma is caused by a response to allergens such as dust mites, pet dander, pollen, or mold. The body's immune system overreacts when it comes into contact with these substances. This is the more common form of asthma.

Non-allergic asthma is caused by things such as stress, exercise, cold air, dry air, smoke, or colds. The body's immune system is not involved in this type of asthma.

Triggers are things that can cause an asthma attack. Some of the more common triggers are:

- **Irritants** in the air, such as cigarette smoke or other air pollution
- **Allergens**, such as pollen, dust mites, or pet dander
- **Exercise**
- **Medication**, some medications are more likely to cause asthma attacks:
 - Aspirin
 - Aspirin-like pain killer:
 - Ibuprofen (Motrin, Advil)
 - Naproxen (Aleve, Naprosyn)
 - If you do not have aspirin and aspirin like sensitivity, you do not need to avoid these medications; however, it is important that you take it with care.
 - If you have a known reaction to aspirin or aspirin like medication, notify your doctor; this group of medication must be avoided. Tylenol may be a safer choice.
- **Other** things like dry, cold air or infection

- There are instances where the trigger is **not known**

Avoiding things that may trigger an asthma attack may help control your asthma symptoms.

Asthma Management

Asthma can not be cured but symptoms of asthma can be managed by making a few life changes and taking your medication as directed by your doctor.

It is important to have goals and plans that you can manage. The goal is to manage your asthma for long-term control, and to treat your asthma attack when it occurs.

Daily Asthma Treatment Plan — This written plan manages your asthma so that a future attack may be avoided.

- Make changes to your way of life to **avoid things that may cause an asthma attack.**
- **Track your symptoms** to know whether your treatment is working or to help identify triggers.
- **Take your “controller” medication every day as directed even when you feel fine.** Controller medications are used to help “prevent” you from having asthma attacks. It is most often an inhaled corticosteroid.

It is important that you know how to use your inhalers properly. Your doctor, nurse, pharmacist, or asthma coach can go over this with you.

Asthma Action Plan — This written plan tells you what to do if you have an attack.

- Remove yourself from triggers that may have caused the attack.
- **Use a “rescue” medication** during an attack to quickly relieve your symptoms.
- **If you are using your “rescue” medication more than before, it is important to tell your doctor.** Your doctor may want to change your medication, to control your asthma better. Keep track of how often you use and fill your medication at the pharmacy.

You can print the national [CDC’s Asthma Action Plan](#) and develop yours with your doctor. This version includes both your long-term AND urgent treatment plans.

Asthma Medications

Bronchodilators are used to open your breathing tubes by relaxing its muscle walls; making it easier for you to breathe. **Quick relievers or “rescue” inhalers work fast and are to be used when you experience shortness of breath.** Some other bronchodilators, such as long-acting bronchodilators, may stay in your body longer; these are used daily to help “prevent” you from having an attack.

“Broncho”, comes from bronchioles, represents the breathing tubes; and “dilator” is an agent that open or expand.

Listed below are medications on the state’s [Preferred Drug List \(PDL\)](#).

| Short Acting BRONCHODILATORS "RESCUE" | |
|------------------------------------------|------------------------------|
| GENERIC Name | BRAND Name |
| Albuterol | PROVENTIL HFA, VENTOLIN HFA* |
| Levalbuterol | XOPENEX |
| Pirbuterol* | MAXAIR* |

| Long Acting BRONCHODILATORS "Prevent" Flare-Ups Require daily use | |
|-------------------------------------------------------------------------|------------|
| GENERIC Name | BRAND Name |
| Salmeterol* | SEREVENT* |
| Formoterol* | FORADIL* |

*For our STAR, STAR-Plus, CHIP and Foster Care members: Your doctor will have to ask for approval before you can get the medication. This may take a few working days.

Corticosteroids are used to reduce the swelling and mucus in your breathing tubes. Steroid inhalers are used to help "prevent" an asthma attack. **These medications should be taken daily in order work properly.**

| COMBINATION Inhaler — Corticosteroid / Bronchodilator Require long term daily use | |
|--------------------------------------------------------------------------------------|------------|
| GENERIC Name | BRAND Name |
| Fluticasone/Salmeterol | ADVAIR |
| Budesonide/Formoterol | SYMBICORT |

| SINGLE Agent Steroid Inhaler Require long term daily use | |
|-------------------------------------------------------------|---------------------|
| GENERIC Name | BRAND Name |
| Mometasone | AZMANEX |
| Fluticasone | FLOVENT |
| Beclomethasone | QVAR |
| Flunisolide* | AEROBID-M, AEROBID* |
| Ciclesonide* | ALVESCO* |
| Budesonide* | PULMICORT* |

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Other Medications

| LEUKOTRIENE MODIFIERS Require long term daily use | |
|------------------------------------------------------|------------|
| GENERIC Name | BRAND Name |
| Montelukast | SINGULAIR |
| Zafirlukast* | ACCOLATE* |
| Zileuton* | ZYFLO CR* |

*For our STAR, STAR-Plus, CHIP and Foster Care members: Your doctor will have to ask for approval before you can get the medication. This may take a few working days.

These medications are available in different ways:

- Inhalers – provide aerosolized medication directly to the lungs
- Nebulized Liquids – provide medication as a mist with the help of a breathing machine
- Tablets or Syrup – provide medication to be taken by mouth

It is very important that you use your inhaler correctly. Your doctor, nurse, pharmacist or breathing coach can teach you the proper technique of inhaler use.

Because asthma may change with time, you should work closely with your doctor to track your signs and symptoms. Your doctor may change treatment to better control your asthma.

¹ – Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2008, Vital and Health Statistics, Series 10, Number 244, Dec 2009.

² – Summary Health Statistics for U.S. Children: National Health Interview Survey, 2008, Vital and Health Statistics, Series 10, Number 242, Dec 2009.

³ – Schappert, Susan et al, Ambulatory Medical Care Utilization Estimates for 2006; NHR: No 8, August 6, 2008.

† – DeFrances, Carol J. Ph.D, et al 2006 National Hospital Discharge Survey; NHR: No 5, July 30, 2008

‡ – Heron, Ph.D., Melonie, Deaths: Final Data for 2006; NVSR: Vol 57, No 14, April 17, 2009