

# ASTHMA MEDICATIONS

Asthma medications can be classified into 2 groups:

**Prevention Meds:** Taken daily to prevent wheezing

**Rescue Meds:** Immediate relief during an acute episode of wheezing

## **INHALED BRONCHODILATORS (BETA-AGONISTS): e.g. ALBUTEROL**

Proair, Proventil, Ventolin, Maxair, Xopenex

FORMS: nebulizer machine, metered dose inhaler, dry powder inhaler.

USE: Relaxes the breathing muscles to open the airways and stop wheezing quickly, often within seconds. The effect lasts 2 - 6 hours. They are **Rescue** medicines. These medications should not be used more than a few days at a time unless instructed otherwise.

<http://www.aaaai.org/conditions-and-treatments/Treatments/Drug-Guide/Asthma-Medications/saba.aspx>

## **INHALED LONG-ACTING BRONCHODILATOR (BETA-AGONISTS): e.g. SALMETEROL, FORMETEROL.**

Serevent, Foradil

USE: Relaxes breathing muscles but takes longer to work than Albuterol and lasts longer, up to 12 hours. These are used for **Prevention**, NOT rescue. Not used often in children.

<http://www.webmd.com/asthma/long-acting-beta2-agonists-for-long-term-control-of-asthma>

## **CORTICOSTEROID ANTI-INFLAMMATORY AGENTS**

Prednisone, Prednisolone, triamcinolone, beclomethasone, fluticasone and others.

FORMS: **Oral tablets or liquid** (Prednisone, Prelone, Pediapred, Orapred);

**Inhalers:** Beclomethasone (QVAR), Budesonide (Pulmicort), Circlosonide (Alvesco), Flunisolide (Aerospan, Aerobid), Fluticasone (Flovent), Mometasone (Asmanex);

**Nasal sprays:** Beconase, Nasocort, Nasonex, Flonase, Rhinocort, Veramyst.

USE: PREVENTION Medication. Decreases swelling of the respiratory tract lining and decreases mucous production. The oral form is used for 3-5 days ("a steroid burst") after an asthma attack. The inhaled form is used long term to **prevent** wheezing. The nasal spray is used for allergies. The oral forms can cause side effects with long term use and therefore are used for only a few days. The inhaled forms can be used for months to years with minimal or no problems because the dose is so much lower and it is delivered right to the tissue.

<http://www.webmd.com/asthma/inhaled-corticosteroids-for-long-term-control-of-asthma>

## **COMBINATION INHALERS: Combo of long-acting bronchodilator + inhaled corticosteroid**

Advair, Dulera, Symbicort

USE: PREVENTION only. Not used as RESCUE medication.

## **LEUKOTRIENE RECEPTOR ANTAGONISTS:**

Accolate (zafirlukast), Singulair (montelukast sodium)

USE: **Prevention** only. These block to release of chemicals in the body that can cause an asthma attack or allergies.

[http://www.nationalasthma.org.au/uploads/content/241-2010\\_ltra\\_info\\_paper.pdf](http://www.nationalasthma.org.au/uploads/content/241-2010_ltra_info_paper.pdf)

## **Less Frequently Used Medications:**

### **INHALED NON-STEROIDAL ANTI-INFLAMMATORY AGENTS**

Cromolyn sodium, Nedocromil Sodium

FORMS: Intal (nebulizer and inhaler), Nasalcrom (nasal inhaler), Tilade (inhaler)

USE: **Prevents** the asthma attack or allergic reaction from occurring by preventing the release of certain chemicals in the body. Slow acting and therefore used ONLY for prevention. Must be used several times a day to work.

Rarely used due to better choices.

**THEOPHYLLINE** (Theodur, Aminophylline, and others)

FORMS: IV, pills and “sprinkles”

USE: Prevention only. Many side effects. Rarely used any more.

For more information on asthma meds:

<http://www.webmd.com/asthma/guide/asthma-medications>