

HOW TO CONTROL THINGS THAT MAKE YOUR ASTHMA WORSE

You can help prevent asthma attacks by staying away from things that make your asthma worse. This guide suggests many ways to help you do this.

You need to find out what makes your asthma worse. Some things that make asthma worse for some people are not a problem for others. You do not need to do all of the things listed in this guide.

Look at the things listed in dark print below. Put a check next to the ones that you know make your asthma worse. Ask your doctor to help you find out what else makes your asthma worse. Then, decide with your doctor what steps you will take. Start with the things in your bedroom that bother your asthma. Try something simple first.

Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or around you.
- Be sure no one smokes at a child's day care center.

Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are like tiny "bugs" you cannot see that live in cloth or carpet.

Things that will help the most:

- Encase your mattress in a special dust-proof cover.*
- Encase your pillow in a special dust-proof cover* or wash the pillow each week in hot water. Water must be hotter than 130°F to kill the mites.
- Wash the sheets and blankets on your bed each week in hot water.

Other things that can help:

- Reduce indoor humidity to less than 50 percent. Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions or furniture.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water.

Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.

If you can't keep the pet outdoors, then:

- Keep the pet out of your bedroom and keep the bedroom door closed.
- Cover the air vents in your bedroom with heavy material to filter the air.*
- Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet out of the rooms where these are.

Cockroach

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

- Keep all food out of your bedroom.
- Keep food and garbage in closed containers (never leave food out).
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or micro filter vacuum cleaner bag,* or a vacuum cleaner with a HEPA filter.*

Indoor Mold

- Fix leaky faucets, pipes, or other sources of water.
- Clean moldy surfaces with a cleaner that has bleach in it.

Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed during the midday and afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Exercise, Sports, Work, or Play

- You should be able to be active without symptoms. See your doctor if you have asthma symptoms when you are active—like when you exercise, do sports, play, or work hard.
- Ask your doctor about taking medicine before you exercise to prevent symptoms.
- Warm up for about 6 to 10 minutes before you exercise.
- Try not to work or play hard outside when the air pollution or pollen levels (if you are allergic to the pollen) are high.

Other Things That Can Make Asthma Worse

- Flu:** Get a flu shot.
- Sulfites in foods:** Do not drink beer or wine or eat shrimp, dried fruit, or processed potatoes if they cause asthma symptoms.
- Cold air:** Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines:** Tell your doctor about all the medicines you may take. Include cold medicines, aspirin, and even eye drops.

*To find out where to get products mentioned in this guide, call:

Asthma and Allergy Foundation of America
(800-727-8462)

Allergy and Asthma Network/Mothers of

Asthmatics, Inc. (800-878-4403)

American Academy of Allergy, Asthma, and Immunology
(800-822-2762)

National Jewish Medical and Research Center

PATIENT SELF-ASSESSMENT FORM FOR ENVIRONMENTAL AND OTHER FACTORS THAT CAN MAKE ASTHMA WORSE

Patient Name: _____

Date: _____

Do you cough, wheeze, have chest tightness, or feel short of breath year-round? (If no, go to next question)..... No ___ Yes ___

If yes:

- Are there **pets** or animals in your home, school, or day care? No ___ Yes ___
- Is there moisture or **dampness** in any room of your home? No ___ Yes ___
- Have you seen **mold** or smelled musty odors any place in your home? No ___ Yes ___
- Have you seen **cockroaches** in your home? No ___ Yes ___
- Do you use a **humidifier** or swamp cooler in your home? No ___ Yes ___

Does your coughing, wheezing, chest tightness, or shortness of breath get worse at certain times of the year? (If no, go to next question) No ___ Yes ___

If yes:

Do your symptoms get worse in the:

- Early spring? (Trees) No ___ Yes ___
- Late spring? (Grasses) No ___ Yes ___
- Late summer to autumn? (Weeds) No ___ Yes ___
- Summer and fall? (*Alternaria, Cladosporium*) No ___ Yes ___

Do you **smoke**? No ___ Yes ___

Does anyone smoke at home, work, or day care? No ___ Yes ___

Is a **wood-burning stove or fireplace** used in your home? No ___ Yes ___

Are **kerosene, oil, or gas stoves or heaters** used without vents in your home?..... No ___ Yes ___

Are you exposed to **fumes or odors** from cleaning agents, sprays, or other chemicals? No ___ Yes ___

Do you cough or wheeze during the week, but not on weekends when away from **work or school**? No ___ Yes ___

Do your eyes and nose get irritated soon after you get to work or school?..... No ___

Do your coworkers or classmates have symptoms like yours?..... No ___ Yes ___

Are isocyanates, plant or animal products, smoke, gases, or fumes used where you work? No ___ Yes ___

Is it cold, hot, dusty, or humid where you work? No ___ Yes ___

Do you have a **stuffy nose** or postnasal drip, either at certain times of the year or year-round? No Yes

Do you sneeze often or have itchy, watery eyes? No Yes

Do you have **heartburn**? No Yes

Does food sometimes come up into your throat? No Yes

Have you had coughing, wheezing, or shortness of breath at night in the past 4 weeks? No Yes

Does your infant vomit then cough or have wheezy cough at night? No Yes

Are these symptoms worse after feeding? No Yes

Have you had wheezing, coughing, or shortness of breath **after eating** shrimp, dried fruit, or canned or processed potatoes? No Yes

After drinking beer or wine? No Yes

Are you taking any prescription medicines or over-the-counter **medicines**? No Yes

If yes, which ones? _____

Do you use eye drops? No Yes

Do you use any medicines that contain beta-blockers (e.g., blood pressure medicine)? No Yes

Do you ever take aspirin or other nonsteroidal anti-inflammatory drugs (like ibuprofen)? No Yes

Have you ever had coughing, wheezing, chest tightness, or shortness of breath after taking any medication? No Yes

Do you cough, wheeze, have chest tightness, or feel short of breath during or after **exercising**? No Yes

PATIENT SELF-ASSESSMENT FORM FOR FOLLOWUP VISITS

Patient Name: _____

Date: _____

Please answer the questions below in the space provided on the right.

Since your last visit:

1. Has your asthma been any worse? No ____ Yes ____
2. Have there been any changes in your home, work, or school environment (such as a new pet, someone smoking)? No ____ Yes ____
3. Have you had any times when your symptoms were a lot worse than usual? No ____ Yes ____
4. Has your asthma caused you to miss work or school or reduce or change your activities? No ____ Yes ____
5. Have you missed any regular doses of your medicines for any reason? No ____ Yes ____
6. Have your medications caused you any problems? (shakiness, nervousness, bad taste, sore throat, cough, upset stomach) No ____ Yes ____
7. Have you had any emergency room visits or hospital stays for asthma? No ____ Yes ____
8. Has the cost of your asthma treatment kept you from getting the medicine or care you need for your asthma? No ____ Yes ____

In the past 2 weeks,

9. Have you had a cough, wheezing, shortness of breath, or chest tightness during:
 - the day No ____ Yes ____
 - night No ____ Yes ____
 - exercise or play? No ____ Yes ____
10. (If you use a peak flow meter) Did your peak flow go below 80 percent of your personal best? No ____ Yes ____
11. How many days have you used your inhaled quick-relief medicine? Number of days _____
12. Have you been satisfied with the way your asthma has been? No ____ Yes ____

13. What are some concerns or questions you would like us to address at this visit?

For staff use.

- Peak Flow Technique
- MDI Technique
- Reviewed Action Plan: Daily meds Emergency meds