Asthma is a kind of allergic disease. Exposure to asthma-inducing agents results in coughing, shortness of breath, wheezing or even difficulties in breathing.

### Classification of the Drugs

1. **Beta2-adrenoceptor agonists**
   - They can be divided in two categories, short-acting and long-acting. Beta2-adrenoceptor agonists relieve asthma by relaxing the bronchial smooth muscle to produce dilatation of the bronchi. They are available in form of pills, liquids, inhalants and sprays.

   Short-acting beta2-adrenoceptor agonists are usually used as required to provide an almost immediately dilating effect in acute asthma patients. Examples of this type of drug are salbutamol and terbutaline.

   Long-acting beta2-adrenoceptor agonists exert a prolonged effect on reversing airway obstruction. These medicines should be used for the shortest duration of time required to achieve control of asthma symptoms and discontinue, if possible, once asthma control is achieved. They should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications. They are used in combination with corticosteroids to prevent inflammation of the bronchi in chronic asthma patients. Examples are formoterol and salmeterol.

2. **Corticosteroids**
   - Corticosteroids exert anti-inflammatory effect and are used to reduce bronchial hyper-responsiveness. Oral steroids are used in acute asthma attack when required. An example is prednisolone. Inhaled steroids are used in prevention of chronic asthma. These drugs must be used regularly to maximize the efficacy. An example is beclomethasone.

3. **Antimuscarinic bronchodilators**
   - Examples are ipratropium and tiotropium which can provide short-term relief in chronic asthma, but short-acting beta2-adrenoceptor agonists act more quickly and are preferred.

4. **Theophylline**
   - Theophylline is a bronchodilator used in asthma. It may have an additive effect when used in conjunction with beta2-adrenoceptor agonists.

Asthma medications should be used according to medical instructions. Refrain from self-medication to avoid undesirable side effects.

### Advice on Medication

1. Take the drugs before bed to avoid asthma attack during sleep.

2. Learn the proper way to use the inhalants. Consult a pharmacist or dispenser when necessary.

3. Rinse your mouth with warm water after inhalation to reduce mouth and throat dryness.
Life Adaptations

Asthma cannot be treated by medication alone. We should pay attention to household hygiene as well to minimize dust accumulation and exposure to asthma-inducing agents.

Patients and their family should not smoke but a restricted diet is not necessary. Seek your doctor’s advice for details. Relapses could be reduced by staying happy and doing more exercise to enhance immunity. Many children grow out of the disease gradually or even completely.

Storage of the Drugs

The drugs should be stored in a dry and cool place. Generally, they do not need to be refrigerated unless otherwise stated in the drug labels. Also, they should be stored properly to avoid accidents of mistaken consumption by children.

This information leaflet is for reference only.

Medicines should be used as directed by the doctor.

For enquiry, please consult your doctor or dispensing staff.

Do not share your medicine with others.