

Patient information

Inhalers



Why do I have an inhaler?

You will have been given an inhaler if you have an underlying lung condition such as COPD, asthma, emphysema, bronchiectasis or chronic bronchitis.

Other reasons for having an inhaler include experiencing problems with shortness of breath on exertion, a wheezy chest, tightness in your chest when you breathe or a persistent irritable cough.

Inhalers are used to get specialist medication directly to your lungs either for quick relief of your symptoms or for longer term management of your breathing issues.



What do my inhalers do?

There are two main types of inhalers used to treat breathing problems **Relievers** and **Preventers**.

Relievers: These inhalers are often prescribed if you only get breathless when you are active.

However, they will also help to manage your symptoms in a sudden (acute) onset of breathlessness, wheeze, chest tightness or coughing for more immediate relief. The bronchodilator medication in these inhalers helps to relax the small muscles in the airways. It acts quickly (usually within 20 minutes), but the effects only last for approximately three to five hours.

Preventers: These inhalers help to manage your breathing problems on a long-term basis and should help to reduce your daily symptoms. They **must** be taken every day as prescribed. The effects of a preventer inhaler build up over a period of time and it may take up to three weeks before you notice a real difference in your breathing.

Within this category there are three main types of inhalers: **steroid, long-term bronchodilators** and **combination**:

- **Steroid inhalers:** These inhalers are usually given to people with very regular flare-ups of their COPD and asthma. These inhalers contain a low dose of medicine called a corticosteroid which helps to reduce the swelling and inflammation in the airways. They can be prescribed individually or combined with other inhaled medication. The effects of a steroid inhaler can last for 12 - 24 hours. These inhalers **will not help** in a sudden (acute) attack of breathlessness.
- **Long-term bronchodilators:** These inhalers are given to people who are breathless on a daily basis. They contain a medication called a bronchodilator which acts on the small muscles in the airways helping them to relax and therefore helping you to breathe more easily. Their effects can last for up to 12 - 24 hours. These inhaler **will not help** in a sudden (acute) attack of breathlessness.
- **Combination inhalers:** These inhalers are becoming more popular and are a single inhaler which contains more than one medication. These can be given as either:
 - ◇ a steroid combined with a long-term bronchodilator**or**
 - ◇ two long-term bronchodilators combined together**or**

- ◇ a steroid combined with two long-term bronchodilators

Their effects can last for 12 - 24 hours. These inhalers **will not help** in a sudden (acute) attack of breathlessness.

Your GP, Respiratory Nurse or Consultant will prescribe what they feel is most appropriate for treating your condition.

When should I take my inhalers?

Reliever inhalers are taken 'as and when' you feel your breathing is more difficult for a more instantaneous relief of your symptoms. They can also be taken before an activity which you know will make you breathless.

Preventer inhalers (steroid, long-term bronchodilators and combination inhalers) are usually prescribed to be taken every day (once or twice per day). It is important that you adhere to this regime to build up the benefits of the medication.

If your preventer inhalers are changed by your GP or Respiratory Nurse, you may find initially that your daily symptoms appear to be worse. However, persevere if you can, as the new medication can take up to three weeks to take effect and for you to feel the benefit.

How do I take my inhalers?

Inhalers come in many forms. Some are liquid based whilst others are powder based. Some come in capsule form and others in a small canister. They can also be administered in many different ways in order to make them more effective and to make the process as easy as possible for the user in order to gain the maximum effect.

When you are first prescribed an inhaler you should be taught the specific technique on how to use it. If you struggle with this at a later date (or cannot remember how to use it) then please be sure to contact your GP, Practice Nurse, COPD Nurse Specialist or Physiotherapist who can advise you on the technique again and adjust where necessary.

Alternatively, the **RightBreathe App** is an approved App that can be downloaded to your mobile phone, tablet or computer. It gives you excellent information on your medications and demonstrates the correct inhaler techniques for each inhaler currently prescribed in the UK.

Side effects of inhalers

Unfortunately, like many medications, some inhalers may cause some unwanted side effects:

Reliever inhalers:

- mild shaking of hands
- headaches
- muscle cramps
- a fast, pounding or fluttering heartbeat (palpitations)

Steroid inhalers:

- thrush in your mouth
- a hoarse voice or sore throat

Always **rinse your mouth with water** after taking your **steroid** inhaler as this will help to reduce these side effects.

If any of the above side effects (or others) are troubling you then please be sure to let your prescriber know.

Is my inhaler working properly?

Once you have been given an inhaler you should be monitored regularly to see whether it has improved your symptoms. If you feel that your symptoms have not improved, or that they have deteriorated over time, then it may be because:

- you have a chest infection
- your body has built up a resistance to the effects of the medication
- your new medication is not working as well as it should.
- the delivery device is not working properly

Please speak to your GP or Respiratory Nurse if you are experiencing difficulties with your medications, or you have any concerns.

Maintenance

Cleaning your inhaler regularly is not difficult, but it is essential to maintain it in good working order and to limit the spread of infection. Make sure that you check the mouthpiece for any debris and then use a new, damp, clean paper towel / toothbrush to remove any excess powder / medication from the mouthpiece. Allow the inhaler to air dry. **Do not** put your inhaler in the dishwasher to clean it.

Finally!

Please make sure that your inhalers are on a repeat prescription, as it is important that you do not run out!

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

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