

## The Asthma–Allergy Connection

### WHAT'S THE LINK?

If you have asthma, your airways are swollen and sensitive. Asthma triggers cause the airways to tighten further and make breathing more difficult. There is no cure for asthma, but medication—and avoiding asthma triggers—can help you manage the disease.

Not everyone who has allergies has asthma, but many people with asthma also have allergies. Allergies can trigger your airways to narrow. It's important to know your allergy triggers, or allergens, so you can avoid them.

Common allergens that make asthma worse:

- > Cockroaches
- > Animal dander
- > Dust mites
- > Indoor mold
- > Pollen
- > Outdoor mold

Other asthma triggers may include:

- > Cold air
- > Exercise
- > Some illnesses and medications
- > Tobacco smoke, air pollution, and strong odor

### Testing for asthma:

*Spirometry:* This test measures air flow in your lungs—how much air you can breathe in and how fast you can blow it out.

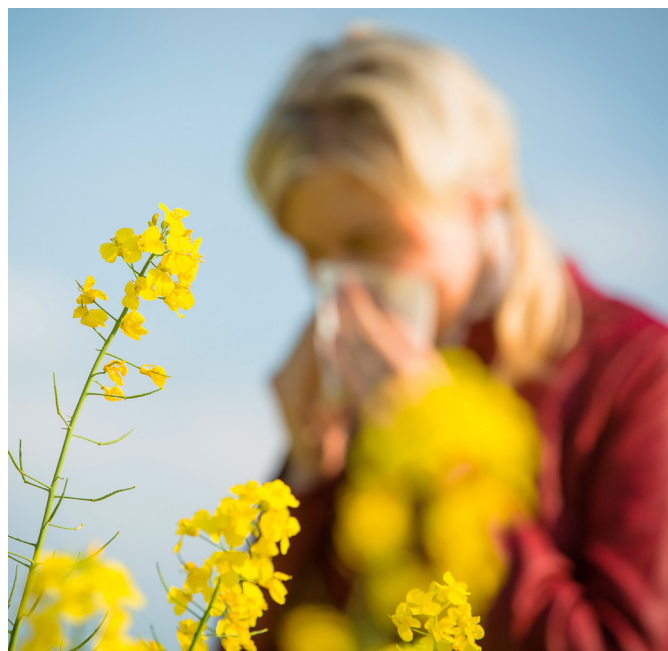
*Physical exam:* Your doctor will probably ask questions about your symptoms and check your breathing.

Your doctor may also recommend:

- > Allergy testing to see what allergens might affect you
- > A test to check how sensitive your airways are
- > Tests to see if other medical problems, such as sleep apnea, are causing your asthma symptoms

### Testing for allergies—most common and reliable method:

- > Skin testing: Small amounts of specific allergens are placed in the skin to determine if there are any reactions



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Breathe easier. If you need help finding a specialist who can help identify and manage your asthma and allergy triggers, call the SelectHealth Member Advocates® team at **800-515-2220**, TTY users, please call 711. Member Advocates<sup>SM</sup> can help you find a doctor and even schedule an appointment for you.

*References: American Academy of Allergy, Asthma & Immunology; National Heart, Lung, and Blood Institute*

# Take Your Medication Correctly

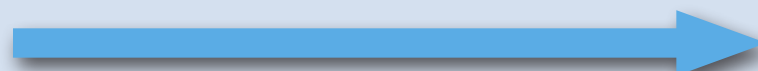


To get the most out of your asthma medication, you need to:

- > Understand the different types of asthma medication and when to take them.
- > Use your medication delivery device—your inhaler or nebulizer—correctly.
- > Establish good habits for staying on schedule with your medication. This section gives some basic information to help you do these things.

## TYPES OF ASTHMA MEDICATIONS:

There are two basic types of asthma medications—quick-relief and controller medications.

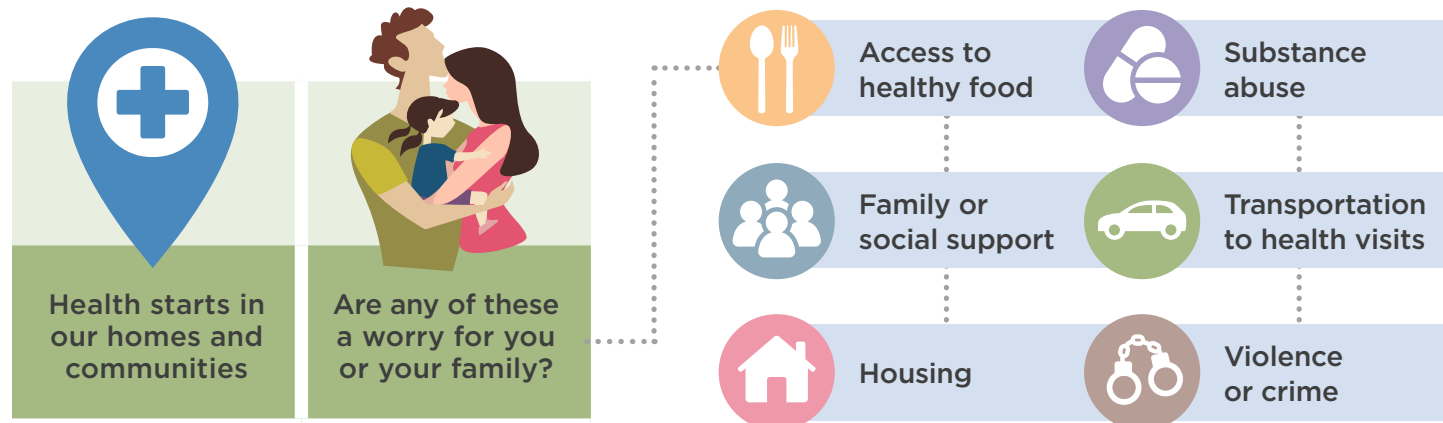


Reference: Intermountain Healthcare. "Breathing Easier with Asthma." 2016. PDF file. [intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=51061643](http://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=51061643).

Global Initiative for Asthma (GINA). Global strategy for asthma management and prevention (2020 update). GINA, 2020. Available at: [ginasthma.org/wp-content/uploads/2020/04/GINA-2020-full-report\\_-final\\_-wms.pdf](http://ginasthma.org/wp-content/uploads/2020/04/GINA-2020-full-report_-final_-wms.pdf)

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## FOR QUICK RELIEF

Quick-relief medication is also called "rescue medication."

### WHEN YOU SHOULD USE THEM:

Use when you first notice asthma symptoms. Quick-relief medication can stop an asthma flare-up from getting worse.

Use before you encounter one of your asthma triggers. For example, if exercise is a trigger for you, your doctor may recommend taking quick-relief medication before you play or work out.

Quick-relief medications should not be used by themselves and should be taken in combination with a controller medication.

### WHAT THEY DO AND DO NOT DO:

Quick-relief medication can relieve severe asthma symptoms or symptoms that come on fast (sudden onset symptoms).

They work immediately—usually within five to ten minutes—to help open airways during an asthma flare-up.

Quick-relief medications DO NOT prevent future symptoms.

### WHAT TO WATCH OUT FOR:

Do you use quick-relief medication more than two times a week to stop asthma flare-ups? This may be a sign that your treatment plan isn't working. Talk to your doctor.

### EXAMPLES OF QUICK-RELIEF MEDICATIONS:

#### Short-acting beta2-agonists (inhaled):

- > albuterol\* (Proair HFA, Proventil HFA, Ventolin HFA)
- > levalbuterol\* (Xopenex)

\*Available as a generic medication



## FOR DAILY CONTROL

Controller medications can PREVENT symptoms. Controller medications are also called "maintenance medications."

### WHEN YOU SHOULD USE THEM:

Use every day. Controller medications are usually prescribed for people with persistent asthma. For these medications to work, you must take them every day on a regular basis, even when you're symptom-free and feeling well.

### WHAT THEY DO AND DO NOT DO:

Taken regularly, controller medications help prevent asthma flare-ups. Controller medications CANNOT stop a sudden or severe asthma flare-up. For flare-ups, use your quick-relief or oral steroid medication as directed in your Asthma Action Plan.

### WHAT TO WATCH OUT FOR:

Still having symptoms while taking your controller medications? Talk to your doctor. Your goal is to stay symptom-free most of the time.

### EXAMPLES OF CONTROLLER MEDICATIONS:

#### Corticosteroids (inhaled):

- > beclomethasone (Qvar)
- > budesonide (Pulmicort)
- > fluticasone (Arnuity and Flovent)
- > mometasone (Asmanex)

#### Leukotriene modifiers (pills taken by mouth):

- > montelukast\* (Singulair)

#### Combination medications, inhaled corticosteroid + long-acting beta2-agonist (ICS/LABA):

- > budesonide/formoterol\* (Symbicort)
- > fluticasone/salmeterol\* (Advair, Diskus, Airduo, Wixela Inhub)
- > mometasone/formoterol (Dulera)

#### Long-acting muscarinic antagonist (LAMA)(inhaled):

- > tiotropium bromide (Spiriva Respimat)

#### Inhaled corticosteroid + long-acting beta2-agonist + muscarinic antagonist (ICS/LABA/LAMA):

- > fluticasone/umeclidinium/vilanterol (Trelegy)

# Take the Asthma Control Test™ (ACT) for people 12 years and older. Know your score. Share your results with your doctor.

- Step 1** Write the number of each answer in the score box provided.
- Step 2** Add up each score box for your total.
- Step 3** Take the test to the doctor to talk about your score.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or home?

All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5
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SCORE

2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	1	Once a day	2	3-6 times a week	3	Once or twice a week	4	Not at all	5
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3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5
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4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day	1	1 or 2 times per day	2	2 or 3 times a week	3	Once a week or less	4	Not at all	5
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5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5
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TOTAL



The American Lung Association supports the Asthma Control Test™ and does not endorse products.

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19 or less

If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.



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Asth Asses 50017

# Childhood Asthma Control Test for children 4 to 11 years old. Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test

- Step 1** Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- Step 2** Write the number of each answer in the score box provided.
- Step 3** Add up each score box for the total.
- Step 4** Take the test to the doctor to talk about your child's total score.

19 or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to the doctor to talk about the results.

Have your child complete these questions.

1. How is your asthma today?

0 Very bad	1 Bad	2 Good	3 Very good
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SCORE

2. How much of a problem is your asthma when you run, exercise or play sports?

0 It's a big problem, I can't do what I want to do.	1 It's a problem and I don't like it.	2 It's a little problem but it's okay.	3 It's not a problem.
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3. Do you cough because of your asthma?

0 Yes, all the time.	1 Yes, most of the time.	2 Yes, some of the time.	3 No, none of the time.
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4. Do you wake up during the night because of your asthma?

0 Yes, all the time.	1 Yes, most of the time.	2 Yes, some of the time.	3 No, none of the time.
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Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
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6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
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7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
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TOTAL



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# Foods Can Affect Asthma

For some people, there may be an indirect connection between food and asthma. Food is not a common asthma trigger. But your asthma can be affected by eating. Asthma can also affect how you react if you have food allergies.

## SULFITES

For some people, they may notice certain foods bother their asthma. Sulfites, a type of preservative used in foods, can trigger asthma if you eat high amounts. Foods with a high amount of sulfites may include:

- > Dried fruits and vegetables
- > Bottled lime and lemon juice
- > Packaged potatoes
- > Shrimp
- > Wine and beer
- > Pickled foods

## FOOD ALLERGIES AND FOOD-INDUCED ANAPHYLAXIS

If you have a food allergy, having asthma can make allergic reactions worse. If your healthcare provider has said you have a food allergy, then staying away from the food is the only way to prevent problems. Visit [kidswithfoodallergies.org](http://kidswithfoodallergies.org) for more information that applies to children as well as adults.

Mild and severe symptoms can lead to a serious allergic reaction called anaphylaxis. This reaction usually involves more than one part of the body and can worsen quickly. Anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potentially life-threatening complications.

A severe food allergy reaction can cause trouble breathing. It may be hard to know if you are having a food allergy reaction or an asthma attack. Here are some ways to know the difference:

- > If you are only coughing, wheezing or having trouble breathing, and do not have any symptoms from other body systems, it's probably asthma. Follow your Asthma Action Plan.
- > If you had asthma symptoms before eating food, it's probably asthma. Follow your Asthma Action Plan.
- > Food allergy symptoms usually come on quickly,

after you eat the food you are allergic to.

- > Severe allergic reactions involve two or more body systems. An allergic reaction may involve breathing difficulties, hives, swelling, itchy mouth and throat, nausea, or vomiting. Follow your Anaphylaxis Action Plan.

If you have a food allergy, remember:

- > Always carry two prescribed epinephrine auto-injectors.
- > Ask your healthcare provider to help you create an Anaphylaxis Action Plan, which will tell you what to do if you have a severe reaction. You can find a sample plan by visiting [kidswithfoodallergies.org](http://kidswithfoodallergies.org).
- > Train trusted friends, family, and co-workers on how to use an epinephrine auto-injector in an emergency and have them practice regularly.
- > If you are having trouble breathing and aren't sure if you are having an allergic reaction or an asthma attack, treat it like a food allergy reaction and use your epinephrine auto-injector.

Reference: "Foods Can Affect Asthma." Asthma and Allergy Foundation of America, Aug. 2018, [www.aafa.org/food-as-an-asthma-trigger.aspx](http://www.aafa.org/food-as-an-asthma-trigger.aspx).

If you'd like to access the asthma control test digitally, scan the QR code below.



# 6 STEPS for Safe and Effective Disinfectant Use

**1 CHECK THAT YOUR PRODUCT IS APPROVED BY THE ENVIRONMENTAL PROTECTION AGENCY (EPA)** Find the EPA registration number on the product. Then, check to see if it is on the EPA's list of approved disinfectants by visiting [epa.gov/listn](http://epa.gov/listn).



**2 READ THE DIRECTIONS** Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

**3 PRE-CLEAN THE SURFACE** Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.



**4 FOLLOW THE CONTACT TIME** You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

**5 WEAR GLOVES AND WASH YOUR HANDS** For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19 (novel coronavirus). Wash your hands after removing the gloves.



**6 LOCK IT UP** Keep lids tightly closed and store out of reach of children.



Reference: "6 Steps for Safe & Effective Disinfectant Use." United States Environmental Protection Agency, 2020, [www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf](http://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf).



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