



**Asthma.ca**<sup>TM</sup>

Asthma Society of Canada<sup>®</sup>  
**ASTHMA·ALLERGY·COPD**<sup>TM</sup>

2007  
SPECIAL INFORMATION  
SUPPLEMENT

# Asthma Patient BILL OF RIGHTS

As a patient with asthma, you have the right to:

- 1 Strive for complete control of your asthma.\***  
Complete control of asthma means exactly what it sounds like — a life free of symptoms and limitations. You should be aiming for:
  - ✦ Zero symptoms
  - ✦ Zero nighttime awakenings
  - ✦ Zero time lost from school, work and play
  - ✦ Zero exercise limitations
  - ✦ Zero emergency room visits
  - ✦ Zero time spent in hospital because of asthma
  - ✦ Zero side effects from asthma medications
- 2 Discuss your personal targets in asthma management** with your doctor or health-care advisor.
- 3 Access accurate and up-to-date information/advice about asthma** and its management, and participate in decisions about your care.
- 4 Access appropriate medications** as needed.
- 5 Access asthma and health-care services in a timely manner**, including physician appointments and treatments in hospitals anywhere in Canada.
- 6 Access regular asthma assessments** with scheduled follow-up visits without waiting for an emergency.
- 7 Access spirometry/lung-function testing** in the primary health-care setting.
- 8 Access referral to an allergist** for assessment and testing when required.
- 9 Access asthma education programs** anywhere in Canada.
- 10 Live and work in smoke-free environments** with no exposure to second-hand smoke.

\*According to the guidelines of the Global Initiative for Asthma (GINA): [www.ginasthma.org](http://www.ginasthma.org)

## AIM FOR ZERO



**FACT**  
More than three million Canadians have asthma — one of the highest national rates in the world.

The Asthma Society of Canada is a nationally registered, voluntary health organization providing respiratory support services to patients and health professionals. In 2005 the Asthma Society of Canada began developing the Asthma Patient Bill of Rights, working with asthma patients and drawing on the expertise and resources of specialists from across Canada and around the world. The Bill is intended to act as a catalyst and backdrop for the fundamental rights of asthma sufferers in Canada.

# Top 10 Asthma Myths

## FACT

On average, asthma rates worldwide have been rising by 50% over the past few decades.

FACT  
One in five Canadian children (630,000) has been diagnosed with asthma.



1

### “Asthma is all in your head.”

**FALSE.** Asthma is not imagined or faked. It occurs because you have airway inflammation and constriction of the bronchi and bronchioles in your lungs. Triggers such as stress, crying, yelling or laughing can all provoke an asthma attack.

2

### “Asthma can be cured.”

**FALSE.** There is no cure for asthma, but there are safe, effective ways to control it so you can live a normal, active life, free of symptoms.

3

### “Everyone who has asthma is the same.”

**FALSE.** Asthma varies from one person to another both in its severity and the degree of treatment it requires.

4

### “I only have asthma when I have trouble breathing.”

**FALSE.** Asthma is a chronic disease with an underlying inflammation of the airways that causes asthma symptoms. Your asthma has not gone away just because you don't have symptoms. Daily control with anti-inflammatory medication is needed. Left untreated, asthma can be a serious and life-threatening disease.

5

### “I only need to take my medication when I have trouble breathing.”

**FALSE.** The chronic inflammation of the airways needs daily treatment with your controller medication. Take your controller medication regularly as prescribed. The benefits of regular use far outweigh any risks.

6

### “I can stop taking my controller medication as soon as I feel better.”

**FALSE.** Your anti-inflammatory medication is doing its job, which is why you are feeling better. If you stop taking it, the airway inflammation that leads to attacks may return. Always consult with your doctor before you stop taking your medication.

7

### “My child will outgrow her asthma.”

**FALSE.** Asthma is a lifelong condition that will always require attention. Your child's asthma may get less severe as she gets older but it can return at any time.

8

### “Steroids are dangerous, so I don't want my child taking them.”

**FALSE.** Steroid controller medications are inhaled, not swallowed, which means they act locally where they are needed and are not absorbed throughout the body. Furthermore, they are corticosteroids, not the anabolic steroids used by bodybuilders. Studies have shown that, when correctly used, inhaled corticosteroids are safe to take over time.

9

### “Steroids will stunt my child's growth.”

**FALSE.** Studies have indicated the use of inhaled corticosteroids does not alter normal growth in children. Untreated asthma, however, can result in permanent lung damage and have an adverse effect on normal growth patterns. You should work with your doctor or asthma educator to find the right medications for your child's asthma.

10

### “If I have asthma, I have to avoid sports and physical activity.”

**FALSE.** Having asthma does not mean that you or your child should limit physical activity. Many professional athletes have asthma but are able to compete because they have learned to control it. If you have any limitations in your physical activity, your asthma may not be well controlled. Consult with your doctor to assess your asthma control level and determine a proper exercise regimen for you.

# Asthma Control Is in Your Hands

AS A PATIENT WITH ASTHMA, YOU HAVE A RESPONSIBILITY TO:

**Maintain an active role** in managing your asthma with the support of your health-care team. For the most part, control of your asthma rests with you. You are the one managing it on a day-to-day basis.

## Stay informed about asthma and know your numbers

- ✎ Your lung-function measurements
- ✎ How much rescue medication you use
- ✎ How many triggers or allergies you have

## Take control

**Take your medication.** It may sound simple, but many people don't take their medications properly. When used as prescribed, asthma medications are safe and effective, so use them. If you're not sure about usage, get help from your doctor, nurse, pharmacist or asthma educator.

**Make and keep regular asthma appointments.** Asthma is a chronic disease. One visit to a clinic or doctor's office or emergency room (ER) is not going to fix it. How often you see your doctor



depends on the severity of your asthma and your level of control. Make sure that each time you leave the office or clinic, your next appointment is booked.

**Make ER visits unnecessary.** With complete asthma control, no one with asthma should ever have to go to an ER. That doesn't mean you shouldn't go if you feel you need to, but an ER visit is a sign of treatment failure. You and your primary-care doctor, perhaps with the help of a specialist, need to determine what went wrong. If you go to an ER because of your asthma, make a doctor's appointment as soon as you get home.

**Follow a healthy lifestyle** that includes adequate sleep, balanced nutrition and regular physical activity.

## One patient's story

My asthma has been monitored closely. This has given me a better understanding of my condition, which I may not otherwise have had. It saddens me to think that not everyone everywhere in Canada has the same opportunities that I have had. Having an Asthma Patient Bill of Rights may be just the solution to the problem.

When I first saw a rough copy of the Bill of Rights, I was confused. How could someone like me have zero symptoms? I didn't understand how I could ever be symptom-free when sometimes I feel my asthma works as a warning device that something in my environment is bad for me. I try hard to avoid really bad triggers such as second-hand smoke. As for uncontrollable triggers such as pollen and other outdoor airborne irritants, I will continue to use the tools I have to control my exposure — and hope for a cure for allergies in my lifetime.

I do my best to keep my asthma in check, but I am not perfect. I do work to make sure that my health-care team is informed of what is going on with my asthma as well as being involved in my asthma management and care. I follow an action plan that tells me what to do in an emergency. It is crucial to know when and how to use your medications and adjust them according to need.

If we can get the Asthma Patient Bill of Rights out to the caregivers and the patients in this country, we have a chance of giving all asthma sufferers a new lease on life and a much better understanding of what they are going through.

Debbie  
Toronto, Ontario

**FACT**  
The costs of asthma to the Canadian economy are well over \$600 million annually.

**FACT**  
Each year, more than 500 adults and 20 children in Canada die from asthma.

**FACT**  
Asthma is the #1 reason Canadian children visit emergency rooms.

## KNOW YOUR NUMBERS

### HOW IS YOUR LUNG FUNCTION?

Peak flow measurements and spirometry are simple breathing or lung-function tests. Most children can do them by the age of six. Lung-function testing is a useful tool with which you and your health-care provider can assess the severity of your asthma. The results help determine the degree to which your asthma is controlled and the type and amount of medication you need.

### HOW MUCH RESCUE MEDICATION DO YOU USE?

Many people underestimate how often they have asthma symptoms. The amount of rescue medication you use is a good way to gauge your degree of asthma control. If you are using your reliever medication regularly, your asthma may not be controlled. You definitely should not need your reliever medication more than two times a week. If you are using it more often, consult with your doctor.

### HOW MANY TRIGGERS OR ALLERGIES DO YOU HAVE?

Many people with asthma have allergic and non-allergic triggers that make their asthma worse. Improve your asthma control by avoiding or reducing exposure to the allergens, triggers and irritants that provoke your symptoms. Ask your doctor if you need to be tested for allergies and talk about medications that may help deal with your allergies and ease your asthma.

## Self-monitoring



To better monitor and manage your asthma, you may be asked by your health-care provider to use a peak flow monitor, a small handheld device with a mouthpiece, a sliding indicator and a numbered scale.

The monitor estimates peak expiratory flow (PEF) rate, which is a measure of the maximum speed at which you can exhale air from your lungs after inhaling a big breath. The measurement indicates how well air is moving through your airways. If asthma is present — with airway inflammation and/or constriction of the bronchi — PEF levels will be lower.

Once or twice a day, you take three PEF measurements in succession. The highest measurement is recorded in a diary to help you identify changes in your peak flow that may occur during the course of the day or over time. A decrease in PEF rate over time could mean that your asthma is worsening. An increase in measured values can indicate a positive response to your controller medication.

Normal values for PEF measurements are dependent on age, sex and height. Each

person has a different lung capacity, so each person will have his or her “personal best” PEF measurement.

### Digital peak flow monitoring

The first digital Asthma Monitor is now available in Canada. In addition to indicating your PEF rate, this monitor also measures your forced expiratory volume in one second (FEV1). This is the volume of air expelled within the first second after inhaling a big breath and is another measure of how well air is moving through your airways.

With the digital Asthma Monitor, both adults and children can monitor their asthma on a regular basis and download the results using special computer software. You can send these results to your health-care provider via e-mail or print them out and bring them with you to your next appointment.

It is important to perform measurements with the Asthma Monitor under the guidance of your health-care provider before doing them on your own to ensure that you are doing them correctly.

**FACT**  
Canadian physicians significantly underestimate the extent to which patients' asthma is controlled.

## ALLERGIES AND ASTHMA

Allergies play a central role in asthma, and the prevalence of allergic disease has increased alarmingly over the past 25 years. Some allergies can be fatal, especially in the case of food or insect-sting allergies, which may lead to a severe reaction known as anaphylaxis. Allergies should be diagnosed with proper testing. You should learn to minimize exposure to those substances you know cause problems. Take steps to control your environment. For information on how to control your environment, please visit [www.4seasonsofasthma.ca](http://www.4seasonsofasthma.ca).

## Good Communication = Good Control

Communication is the key to achieving good asthma control. People with asthma face many difficulties in managing their condition and symptoms. One of the most common hurdles is a lack of good communication between patients and physicians regarding symptoms and treatment side effects. A recent survey showed that 83% of Canadians with asthma said they had not had a conversation with their doctor about creating an asthma action plan to manage their condition.

Also, while many people with asthma have questions about the medications they are taking, only a third of those surveyed said they had discussed the risks and benefits of these drugs with a health-care provider.

To better manage asthma symptoms, patients and health-care providers need to adopt a team approach to treatment. Doctors, nurses, asthma educators and pharmacists need to become “partners in care” with patients. This means providing patients with up-to-date information and advice about asthma, so they can make informed choices and meet their individual treatment goals. People with asthma need to take an active role in the management of their asthma and enlist the support of the health-care providers treating them.

Ongoing communication with your doctor is important to ensure you achieve good control of your asthma. You should regularly discuss your symptoms and level of control with your health-care team. Never stop taking medications on your own. Your doctor or other health-care provider can also make sure you are using your inhalers correctly.

By working closely with your doctor and other members of your health-care team, you can determine the best treatment plan and identify the lowest effective dose of medication and the frequency of dosing required to maintain control.

The Asthma Society of Canada urges health-care providers to build relationships with asthma patients based on mutual respect.



**FACT**  
More than  
**60% of**  
Canadians  
with asthma  
do not have  
it under good  
control.

**FACT**  
More than  
half of people  
with asthma  
tolerate their  
symptoms  
because  
they do not  
realize their  
condition  
can be better  
controlled.

**FACT**  
Canadians with asthma are less likely to follow treatment programs than asthma patients in other countries.

**FACT**  
On average, Canadians with asthma miss 34 workdays per year.



## Asthma Self-Management

### Managing Your Asthma

Asthma is a chronic condition that needs sustained treatment for good control. Even if you feel your asthma is better, continue to take your medications as prescribed. Most people with asthma can live full, active lives without limitations. Asthma symptoms vary from person to person and time to time. Adjustments in your medications may be necessary to maintain good control.

### Asthma Action Plan

An individual Asthma Action Plan allows you and your doctor to create a personalized management program that can identify when your asthma may be flaring up and how to manage it when it gets out of control. Studies have shown that having a written agreement with your doctor helps you manage your asthma at home. The plan is based on the frequency and severity of your symptoms and/or the results of peak flow monitoring. It tells you how to adjust your medications according to how well controlled your asthma is. For a copy of the Asthma Action Plan, please visit [www.asthma.ca](http://www.asthma.ca).

### Uncontrolled Asthma

Uncontrolled asthma can lead to permanent changes in the airways known as airway remodelling. This alters the structure of the airways and causes blockages that treatment cannot completely reverse. Remodelling is an ongoing reaction to the process of inflammation that occurs as the body attempts to repair the damaged lungs. With proper treatment to prevent and reduce the number of asthma flare-ups and treat the airway inflammation, airway remodelling may be somewhat reversible and preventable.

### Asthma Medications

**There are two types of asthma medications.**

**CONTROLLERS** are asthma medications that treat the underlying inflammation in the airways. Controller medications are taken every day since the effect of this medication increases over time and improves asthma control in the long term. Even if you are not having asthma symptoms, do not forget to take your controller medication. If you stop taking this medication, the inflammation may return. Review your controller dose at each visit to your doctor. Controller medications are delivered by inhaler devices that send anti-inflammatory medication directly to the airways. They can also be taken orally.

**RELIEVERS** are bronchodilators that quickly alleviate asthma symptoms such as coughing, wheezing, chest tightness or shortness of breath. Relievers are only a short-term solution to your breathing problems as they treat the tightening of the airways but not the underlying inflammation. If you start using your reliever medication more frequently, your asthma is worsening. Consult your doctor or refer to your Asthma Action Plan.

### Medication Side Effects

Many asthma patients refuse to use corticosteroid controller medication for fear of side effects. By failing to take this medication as prescribed, they are more likely to experience increased symptoms, decreased physical activity and increased use of reliever medication. Short-term side effects in the mouth or throat include oral thrush, pharyngitis and hoarseness. Report these side effects to your doctor, who will usually recommend rinsing your mouth after inhaling the medication rather than switching to another therapy. For more information on asthma medications, please visit [www.asthmameds.ca](http://www.asthmameds.ca).