

Asthma

& Older Adults



A guide to living with
asthma for people aged
65 years and over

FOR PATIENTS & CARERS

what is **Asthma?**



Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs.

When exposed to certain asthma triggers (such as cold air, exercise, pollen, and viruses) the sensitive airways react. They can become red and swollen (inflamed) which causes the airway muscles to tighten and produce excess mucus (phlegm). This makes the airways narrow and difficult for a person to breathe.

Common asthma symptoms include:

- shortness of breath
- wheezing
- coughing
- a feeling of tightness in the chest.

Asthma is a manageable health condition. Although at the moment there is no cure, with good asthma management and education, people with asthma can lead normal, active lives.



Key messages

Older adults can have asthma too. Some people develop asthma for the first time in later adulthood.

It is important to mention breathing problems to your doctor, because undiagnosed asthma is risky, or the problem could be something else.

Quit smoking and avoid other people's tobacco smoke.

Follow your written asthma action plan. If you don't have one, ask your doctor.

Tell your doctor and pharmacist about all the medicines you are taking for other medical conditions.

Ask your doctor, nurse or pharmacist to show you exactly how to use your asthma inhaler correctly.

Tell your doctor if you:

- have any trouble using an inhaler or are unsure
- have any concerns about a medicine
- think that your asthma medicines are causing side-effects.

Asthma in later adulthood

Asthma is just as common in people aged 65 years or older as it is in all adults.

An estimated 7-15% of Australians aged 65 years or over have asthma – up to one in seven people. This includes people who first get asthma in later life, as well as people who have had asthma all their lives.

About half of all people with asthma aged 75 years or more have not been diagnosed by a doctor. Many older people don't mention a breathing problem to their doctor because they think it's just due to age, lack of fitness, being overweight, or some other health problem.

Untreated asthma is especially risky in older people. People of any age should tell their doctor if they ever have shortness of breath, a whistling sound when they breathe, or a tight feeling in the chest.

Ageing and lung function

Lung function is measured by how well a person can fill their lungs with air, and how hard and fast they can breathe out. Lungs develop throughout childhood and early adulthood, reaching peak performance by about age 20-25 years.

Lung function is gradually lost throughout adulthood. Typically, men lose lung function faster than women. As a person ages, the lungs and muscles have to work harder to breathe. Muscles used for breathing can become weaker. For most people, this is not a problem – they may just get breathless more easily when they exercise.

Untreated asthma can make a person's lung function worsen faster. Over many years, this becomes a health problem.

Looking after your lungs is important, because unhealthy lungs can spoil your quality of life, by making it harder to take part in everyday activities.

Symptoms of asthma

For most people with asthma, the main symptoms are:

- breathlessness or difficulty breathing from time to time
- wheezing – a high-pitched or whistling sound when you breathe out
- a feeling of tightness in the chest from time to time.

Not everyone with asthma will have all these symptoms, and some people also have other problems. Other conditions, apart from asthma, can also cause these symptoms.

Older people should not ignore problems with breathing, or assume that symptoms are just due to getting older. Tell your doctor about any breathing problems, because it is important to have a thorough health check for asthma and other medical conditions.

Tell your doctor when the symptoms occur (e.g. when you first wake up, when you are physically active, or when you are in certain situations), because these clues can help with diagnosis and finding the cause.

Tell your doctor if you have ever been a smoker, even if you quit years ago.

Asthma tests and check-ups

If you have symptoms that could be due to asthma, your doctor may:

- ask for detailed information about your symptoms and when they occur
- give you a full physical examination, which includes listening to your chest with a stethoscope
- use a spirometer to test your lungs before and after breathing in asthma medicine from an inhaler ('puffer') – or arrange for you to have this test in a lung testing facility.
- prescribe asthma medicines on a trial basis for a few weeks, then recheck
- arrange for you to have other tests.

For people who already have a diagnosis of asthma, doctors normally arrange check-ups from time to time, usually twice a year.

An asthma check-up usually involves:

- asking about your current medicines, recent symptoms, whether you cough up or spit much mucus (phlegm), and whether you have had any recent chest infections
- asking about your social life and state of mind
- checking whether you are taking your inhaled medicines correctly
- testing your lungs on a spirometer machine
- fine-tuning your medicines.

Tell your doctor or pharmacist if you:

- are worried about side-effects
- are finding your medicines too expensive
- are not sure exactly how to use your inhaler properly.

Spirometers are used to measure how well your lungs are working, compared with what is normal for a person of your age, sex and height.



Doing spirometry (breathing test)

The spirometry test involves blowing air through a mouthpiece into a machine (spirometer). The machine measures the amount of air you can breathe in and out of your lungs, and how hard and fast you can breathe out.

If your doctor uses a spirometer to test your breathing, you will usually be asked to follow these steps:

1. Sit upright in a chair with your legs uncrossed and your feet flat on the ground
2. Breathe in completely and rapidly
3. Put the mouthpiece in your mouth and close your lips firmly around it so no air escapes
4. Breathe out as fast and as hard as you can, until your lungs are completely empty, or until you cannot blow out any more air.

Adults of any age can do the spirometry test. Your doctor or a trained operator will explain everything you need to do.

It is a good idea to go to the toilet before the test. You will need to blow out air from your lungs very forcefully, which will be easier if you don't have to think about your bladder.

Taking care of yourself if you have asthma

Asthma is a long-term medical condition. It is still there even when the person is not experiencing symptoms or having an asthma 'attack'. This means you need to keep managing your asthma all the time, not just when you are troubled by symptoms.

Managing your asthma means avoiding tobacco smoke, avoiding other things that worsen your symptoms, having your asthma checked by a doctor from time to time, taking any prescribed asthma medicines exactly as instructed, and following your written asthma action plan.

Smoking harms your lungs at any age

Don't smoke (and avoid other people's tobacco smoke) because smoke can:

- trigger asthma 'attacks'
- make your asthma harder to control (even if you don't feel it)
- cause permanent damage to your lungs.

If you smoke, try to quit. It is never too late – quitting can improve your health at any age.

Older people can successfully quit smoking, and may even be better at staying smoke-free than younger adults.

Ask your doctor or pharmacist for help, and call the national Quitline 13 78 48 (13 QUIT) or get information from the Quit website (quitnow.gov.au).

Know how to take your asthma medicines correctly

Anyone who takes asthma medicines using an inhaler or 'puffer' needs careful training to use them properly. Using inhalers the wrong way can make asthma medicines less effective.

Some older people are unable to breathe in strongly enough to get enough medicine into their lungs. Some have trouble connecting their puffer to a spacer, and some have trouble using their hands due to arthritis.

Different types of inhalers suit different people. You should work with your doctor to find the type of inhaler that is easiest for you to use, and ask your doctor or pharmacist to watch you take it, to make sure you are using it correctly.

Gadgets to help grip the inhaler (such as *Haleraids*) are available for people with weak hands or osteoarthritis.

Inhalers or “puffers” are recommended for most people instead of nebulisers, however, some older people use nebulisers. Nebulisers are machines that convert liquid medicine into a mist, which is breathed through a mask.

When using a nebuliser, the mask must be tight-fitting. Loose masks allow some of the medicine to escape into the air, and this can cause eye problems such as enlarged pupils, blurry vision, or glaucoma. Nebuliser masks can also pass on infections, so they need to be cleaned carefully.

Tell your doctor if you have any trouble using an inhaler, have any concerns about a medicine, or think that your asthma medicines are causing side-effects.

Follow your written asthma action plan

You should never ignore or ‘put up with’ asthma symptoms, because asthma ‘attacks’ are very risky – especially for people over 65 years.

A written asthma action plan tells you which medicines to take, what to do when you have symptoms (or your asthma worsens over a few days), and what to do in an emergency.

If you don’t have a personal written asthma action plan, ask your doctor to write one for you. Several different types of written asthma action plans are available depending on your needs or preferences

People who have more than one medical condition may need a written action plan that includes instructions for all their medicines and healthcare needs.



Managing asthma when you have other medical conditions

Most older people will have one or more health conditions, and many are taking one or more medicines regularly.

Whenever you start taking any new medicine for asthma or another condition, make sure your doctor and your pharmacist know about **all** the other medicines you are taking, including any over-the-counter or complementary medicines you use.

Some medicines can cause asthma symptoms.

Common examples are:

- blood pressure-lowering medicines that end with the letters L-O-L, such as atenolol, bisoprolol, carvedilol, labetalol, metoprolol, and pindolol
- eye drops for glaucoma, such as betaxolol, carbachol, timolol, and pilocarpine.

Tell your pharmacist if you have asthma and you are taking any of these medicines.

Health conditions can affect your asthma

Some common medical conditions can make asthma worse or harder to manage. Tell your doctor if you have any of these health problems:

- gastro-oesophageal reflux (stomach reflux)
- breathing problems during sleep (such as snoring or obstructive sleep apnoea)
- depression
- anxiety
- overweight
- memory problems
- poor physical fitness.

Some people with asthma have other lung conditions at the same time. One lung condition that is fairly common among older people is chronic obstructive pulmonary disease (usually called COPD). Pulmonary rehabilitation is recommended for people who have COPD as well as asthma.

Further information

- Talk to your doctor or pharmacist.
- Visit the National Asthma Council Australia website at: nationalasthma.org.au.
- Contact your local Asthma Foundation **1800 ASTHMA (1800 278 462)** or asthmaaustralia.org.au.

Although all care has been taken, this brochure is only a general guide; it is not a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including negligence) for any loss, damage or personal injury resulting from reliance on the information contained.

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