

## Asthma and the use of the Blue 'Reliever' inhaler

Salbutamol or terbutaline inhalers are called "["reliever" inhalers](#)" because they give you quick relief from breathing problems when you need it. They should only be used when you have asthma symptoms such as tight chest or wheeze. In most cases, you will be given another [inhaler to "prevent" your symptoms](#) (a respiratory anti-inflammatory steroid) and you should use this regularly every day<sup>1</sup>. **The use of a preventer is very important.**

Asthma is considered *uncontrolled* if the reliever inhaler is needed more than 2 puffs TWICE A WEEK<sup>2</sup>. You should not be using more than 3 reliever inhalers a year in controlled asthma as this equates to on average, 11 puffs a week.

### Overuse of (blue) reliever inhaler causes<sup>3</sup>:

- The airways become twitchier and more irritable, so react more readily when exposed to asthma triggers.
- The airways become more inflamed which is the exact opposite to what should happen in good asthma control and will cause more asthma symptoms.
- The repeated use of a reliever will reduce the effectiveness action of the inhaler, so it won't work well when you need it in an emergency
- Increased side-effects such as raised heart rate, palpitations and/tremors are common when overusing the reliever inhaler

### In turn the above leads to<sup>3</sup>:

- Worsening asthma with longer lasting and more severe exacerbations
- Increased hospital admissions.
- Using more reliever to control the symptoms described above leads to a vicious circle, the more you use the worse your asthma becomes.

All this can happen within 2 weeks of overusing the (blue) reliever Inhaler.

### What can I do to help?

Use a preventer inhaler every day to reduce the inflammation and sensitivity of your airways, which stops your symptoms occurring. It's important to use it even when you do not have symptoms<sup>1</sup>.

### Other top tips:

You should use a spacer device when possible if using a pressurised aerosol inhaler as this will increase the benefit of each puff.

You should also have a [personal action plan](#) to initiate should your asthma worsen<sup>2</sup>.

Inhaler technique is also very important so if you not sure how to use one correctly there are ways you can improve this, refer to the information you receive in the box your inhaler comes in, ask your community pharmacist or visit [asthma UK website who have inhaler videos](#).

**If your asthma is uncontrolled and you are regularly using reliever three times a week or more, it is very important to make an appointment for review so that we can help you. Patients receiving 6 inhalers a year will be contacted by their surgery to attend a review. It is important that you attend this review if applicable.**

Please have the following items ready for your appointment:

- your inhaler(s) (and spacer, if you use one)
- any other asthma medicines that you take
- your personalised asthma action plan, if you have one

**Please contact your surgery should you have any questions.**

Author D.Long.. Contributors, Dr S. Holmes, Dr R.Stone, A Nearn, S.Moore.

1. NHS, Asthma, <https://www.nhs.uk/conditions/asthma/treatment/#inhalers>, accessed Sept 2021

2. BTS/SIGN Asthma Guidance 2019

3. Nwaru BI, et al. Overuse of short-acting  $\beta$ 2-agonists in asthma is associated with increased risk of exacerbation and mortality: a nationwide cohort study of the global SABINA programme. Eur Respir J. 2020 Apr 16;55(4):1901872. doi: 10.1183/13993003.01872-2019. PMID: 31949111; PMCID: PMC7160635.