Asthma and Anaphylaxis

What is asthma?
Asthma is a chronic inflammatory disease of the airways. People with asthma experience a narrowing of the airways due to inflammation in the lungs, which blocks the flow of air into and out of the lungs.

Asthma is most easily recognised by the following symptoms:
- Wheezing (noise when breathing out).
- Persistent cough, especially at night.
- Difficulty breathing and shortness of breath.
- Tightness and heaviness in the chest.
- Wheezing or coughing with exercise (exercise induced asthma).

Symptoms such as wheezing, difficulty breathing and persistent cough can also present with anaphylaxis and sometimes you may be unsure if it is asthma or anaphylaxis.

Asthma and anaphylaxis
- Asthma, food allergy and high risk of anaphylaxis (severe allergic reaction) frequently occur together.
- Asthma increases the risk of anaphylaxis and therefore it is important to manage your asthma well as part of anaphylaxis risk management. If you are using your reliever medication frequently you should make an appointment with your GP to improve your asthma management.
- If you have sudden onset of breathing difficulty soon after an insect sting or ingestion of food or medication you may be experiencing anaphylaxis, not just asthma.
- It is important to note that the progression and severity of allergic reactions can be unpredictable. Most food related allergic reactions start within 20 minutes or up to 2 hours after ingestion. Mild to moderate symptoms of allergy may or may not present before symptoms of anaphylaxis.

What to do when you are unsure if it is anaphylaxis or asthma
- ALWAYS give adrenaline (epinephrine) autoinjector FIRST, then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.
- The person should lay flat. They should not stand or walk. If breathing is difficult, allow them to sit. If unconscious they should be placed in the recovery position (on their side). They must not walk to or from the ambulance.
- Seek urgent medical attention - phone ambulance - 000 (Australia), 111 (New Zealand).
- Follow the ASCIA Action Plan for Anaphylaxis.
- Continue asthma first aid.

If in doubt, use the adrenaline autoinjector.

Using adrenaline for asthma alone (no anaphylaxis) if asthma reliever unavailable
- The appropriate treatment of asthma alone (no anaphylaxis) is multiple doses of an asthma reliever medication.
- While an injection of adrenaline is unlikely to cause any harm, and may provide some temporary relief from asthma, it is not as effective as asthma reliever medication and has a very short action duration.
- Therefore, using adrenaline for asthma without anaphylaxis is not the most effective treatment.
- Asthma reliever medications can be purchased over the counter without prescription from pharmacies.

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Further information
• ASCIA website for patient information: www.allergy.org.au
• National Asthma Council (NAC) website for Asthma Action Plans: www.nationalasthma.org.au/asthma-tools/asthma-action-plans/asthma-action-plan-library
• Patient support organisations:
  - Allergy & Anaphylaxis Australia: www.allergyfacts.org.au
  - Allergy New Zealand: www.allergy.org.nz

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