



Children's  
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UAB MEDICINE

# Asthma Medicines

## What medicines are used to treat asthma?

**Asthma can be well-controlled with the right medicines.** Asthma medicines are safe and work well for children. Asthma medicines are not addictive and your child will not become dependent on them.

Most asthma medicines are inhaled into the lungs. Inhaled medicines require correct breathing techniques for the medicines to reach the lungs and work. It is helpful to bring asthma medicines and spacers to doctor visits to make sure your child is on the right medicines and able to use them correctly.

There are two main types of asthma medicines:

1. **Quick-Relief Medicine\***: sometimes called rescue or emergency medicine. Everyone with asthma needs quick-relief medicine available at all times.
2. **Controller Medicine\***: sometimes called preventive medicine. Anyone with persistent asthma needs controller medicine daily.

**Quick-Relief Medicine** opens the airways within minutes to stop asthma symptoms. It relaxes the muscles in the airways when they become tight and narrow, but it wears off in a few hours. As the medicine wears off, the symptoms may come back. This is because quick-relief medicine does not treat the airway swelling that is causing the airway muscles to become tight and narrow. Quick-relief medicine is used during flare-ups (ex: respiratory illness) or when exposed to triggers that cause asthma symptoms. During an asthma flare-up, these medicines can be used every 4 hours.

Some children also need quick-relief medicine to “pre-treat”\* before exercise or active play. This should allow exercise or play without any asthma symptoms.

See page 9 for pictures of quick-relief medicines.



**Controller Medicine(s)** are anti-inflammatory medicine(s) taken daily that decrease airway swelling to prevent asthma symptoms and reduce the frequency of flare-ups. **All patients with persistent asthma need a controller medicine(s).** Continue controller medicine(s) even on days when there are no symptoms of asthma. Stopping controller medicine(s) often causes the airway swelling and narrowing to return and symptoms to increase.

The most effective controller medicine(s) are **inhaled steroids**. Controller medicine(s) are used long-term and are taken **every day** to decrease the swelling in the airways so that asthma is in good control.

Continue daily use of controller medicine(s) even during flare-ups and add quick-relief medicine. Controller medicine(s) are usually dispensed with enough medicine to last 1 month, so they should be refilled every 30 days.

Controller medicine(s) come in different styles of inhalers\* and different strengths. See page 9 for pictures of controller medicines. It is recommended to rinse the mouth and spit after using controller medicine(s). If using a spacer with face mask you should wipe your child's face.

- **Quick-Relief Medicine** should be used only when needed to stop asthma symptoms or to "pre-treat" prior to exercise/play. All children with asthma need quick-relief medicine with them at all times.
- **Controller Medicine(s)** are taken every day to prevent asthma symptoms and reduce flare-ups. All children with persistent asthma need these medicine(s) every day. For some children, controller medicines containing formoterol may also be a quick-relief medicine.

What type of asthma medicines does my child need?

**Intermittent Asthma:**  
needs Quick-Relief Medicine

**Persistent Asthma:**  
needs Controller Medicine(s) plus  
Quick-Relief Medicine

