

# ASK the Pharmacist



Q:

I have been on asthma medications for years. My breathing doesn't seem to bother me. Is there a chance I can ever get off these inhalers?

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A:

Many of us are familiar with the concept of children outgrowing their asthma in their early adolescent years. Some pencil the remission rate at close to 50% due to the diameter of their airways getting larger as a simple factor of growth. What is less well known is even some adults may find their asthma goes into remission which brings into question the ongoing need for continuous preventative inhaler use. While it is hard to get a consistent number as to how common this phenomenon is, different studies have penciled the number as being somewhere between 1 and 5% of those properly diagnosed. The most common reasons for asthma to go into hibernation are not hard to fathom; the quitting of smoking and the loss of excessive weight can do a world of good for your respiratory system. You might have noticed I used the words “properly diagnosed” as there are estimates that as many as 30% who have been told they have asthma actually do not. That number seems too high to me (this came from a study in the States where costs/ lack of insurance.. may limit the use of spirometry which is required to get an accurate diagnosis) but there is little doubt that this occurs and one could predict that just about all of those people could get off of their inhalers as well thereby saving themselves (or the government/ employer insurance programs) from the costs of the inhalers which are quite expensive and the potential for side effects (which are not common). The key, regardless of accuracy of diagnosis, is to identify those who might be able to get away with this reduction without compromising their long-term health. Those who would be considered poor candidates for this would include those who have had 1 or more severe episodes in the last year (examples of this include a visit to the ER for treatment related to their breathing, use of a prescription of prednisone or other steroid to calm a flare-up, failure to find benefit from repeated doses of their rescue inhaler (i.e. salbutamol/ Ventolin/ blue inhaler), those who are pregnant, travelling or fighting off an infection and those who have recurrent symptoms requiring the use of their salbutamol inhaler intermittently. But if an adult patient who looks like his breathing has been very well controlled for at least 3 months and doesn't meet any of the criteria listed above, they should be at least considered for what we term step-down therapy. This basically means that the regular asthma inhalers are slowly reduced over a period of months until such point as the patient is off all regular inhalers or their symptoms start to return (remember, for some patients, the reason for their improved breathing situation are these inhalers and not that their asthma has gone into remission). If the asthma does start to flare-up during this tapering (defined by episodes of wheezing, shortness of breath.. or the need for their rescue inhaler more than twice a week) then the dose of the regular inhalers should be brought back up the lowest dose that was achieving good results. For the step-down treatment plan, in general, the first inhalers reduced are the last ones that were added to the treatment plan. Usually if a patient is on a combination steroid/ bronchodilator the dose is at first reduced and then eventually (hopefully) the bronchodilator portion is eliminated and the inhaled steroid is then slowly reduced on its own. The inhaled steroid should be reduced by 25-50% no quicker than every few weeks and anybody attempting this should make sure that both during and after elimination they should have a supply of their rescue medication and a preventative one handy just in case asthma symptoms recur. This is important as an asthmatic flare-up can significantly affect your health and lead to hospitalization and possibly even mortality if not properly and promptly treated. It should go without saying that this should never be attempted without the blessing of your family doctor and it would be a good idea to notify other health professionals that you deal with so that they can help you with and monitor your status as you proceed through this process. It is also important to formulate an action plan with a health professional in advance in case your asthma returns during or sometime after discontinuing your regular medications. With careful, guided planning, some adults will in fact be able to get off these inhalers (or at least reduce our doses) and save money and time without adversely affecting their health. That would be awesome and be a nice break from the usual escalation in the numbers of drugs we consume as our body's age. For more information about this or any other health related issues, contact the pharmacists at Gordon Pharmasave, Your Health and Wellness Destination.