

View this article online at: patient.info/news-and-features/common-asthma-inhaler-mistakes-to-avoid

Common asthma inhaler mistakes to avoid

Asthma UK estimates that more than a million people in the UK are using their inhalers incorrectly, inadvertently putting themselves at risk. We look at the most common mistakes.

Asthma is caused by inflammation of the tubes that carry air in and out of the lungs; these tubes become sensitive and narrow temporarily. This can cause wheezing, breathlessness, a tight chest and coughing, symptoms which become more severe during an asthma attack.

The best way to treat asthma is with an [inhaler](#), a device that allows medication to be delivered directly into the lungs. There are two main types: a reliever, which is used when symptoms need to be eased quickly; and a preventer, which is used every day to stop symptoms occurring.

There are 5.4 million people in the UK currently receiving treatment for asthma, including 1.1 million children. [Research](#) suggests that almost half of people with asthma do not use their inhalers correctly. And an Asthma UK report found that nearly one in five have not had their inhaler technique checked by a GP or asthma nurse in the last year.

"Inhalers are the bread-and-butter treatment for most people with asthma, so it's really worrying that many people are not taking them properly, or getting their technique checked by their GP or asthma nurse," says Dr Andy Whittamore, clinical lead at [Asthma UK](#) and a practising GP.

Pharmacists can also provide expert advice on inhaler technique, side effects and the medicines prescribed.

"Inhalers can be quite tricky to use. A good inhaler technique is essential to get the correct dose and have better control of your asthma," states Rajan Mistry, a pharmacist at [Medicspot](#). "If you're having any trouble with your inhaler, speak with a pharmacist who will be able to support you in using your inhalers and make sure you've got the right technique."

With numerous types of inhaler all used in different ways, it can be difficult for patients and healthcare professionals to know the correct way to use them, Whittamore explains, adding that it's easy for patients to get into bad habits or simply forget the best technique following their appointment, especially if they have a new type of inhaler.

"Even a small tweak to how someone uses their inhaler can make a huge difference and could prevent them having a life-threatening asthma attack," he concludes.

The biggest misconceptions

"It is absolutely essential that inhalers are taken correctly to get the most benefit from them," explains Ann McMurray, chair of [National Paediatric Respiratory and Allergy Nurses Group](#) (NPRANG). "Unfortunately, there are many examples of poor inhaler technique, including not being taught to use the inhaler and spacer when it is first prescribed – it is important for parents to ask for instruction or be provided with a leaflet with simple steps."

Some common mistakes include:

Not shaking first

The inhaler must be shaken to mix the medication inside the gas canister. If this is not done, then the full dose of medication may not be given.

Poor breathing technique

It's also important to get the breathing correct when taking the medication; errors include breathing in too forcefully or not forcefully enough, or not breathing in deeply enough.

A common mistake is to not co-ordinate your breathing before releasing the medication. You need to breathe out as fully as you can before taking your medicine to allow more of it to reach the lungs.

Most people with asthma will be prescribed with a spray inhaler known as a pressurised metered dose inhaler (PMDI). With these, you need to press down to release the dose as you're breathing in a slow deep breath, which can be easier said than done. Too early or too late and the medicine is likely to remain in your mouth instead of moving towards the lungs. Many types of inhaler, including pMDIs (without a spacer), also require you to hold your breath once you've released the medication; this keeps the airways open to allow more medicine to reach the lungs.

Not using a spacer

"A popular misconception is that pMDIs can be taken by spraying directly into your mouth. This will result in the medication lodging in the back of the throat or being swallowed," reveals McMurray.

The use of a spacer – a hollow chamber that attaches to the inhaler – with a pMDI will prevent this from happening, allowing more of the medicine to reach the lower area of the lungs where it is needed.

Forgetting your inhaler

It's important to take your inhaler as prescribed, which likely means taking it at the same time, every day.

How to do it right

McMurray has this advice for using PMDI inhalers with spacers in adults and in children aged over 3 years:

- Shake the inhaler well and attach on to the end of the spacer.
- Seal your lips around the mouthpiece.
- Squirt one puff of the inhaler into the spacer.
- Take a slow deep suck in (as if sucking on a straw) and then 'blow' out. Repeat five times without taking your lips from around the mouthpiece (with most spacers you should hear the valve clicking).
- Repeat all steps if further puffs are needed.

For children under 3 years old, a mask can be attached to the mouthpiece of the spacer and similar steps followed.

McMurray also advises taking your time and breathing slowly: "It is better to take four or five slow deep breaths using the spacer rather than 10 fast ones. Slow deep breaths are better to ensure the medicine reaches the lower part of the lungs."

There are many other types of inhaler, and it is important that the correct technique is applied when using each one. If you've been prescribed more than one type of inhaler, it can be easy to confuse which technique is required for each one. Other types of inhaler include breath-actuated inhalers which drive the medication into your lungs during inhalation rather than relying on a propellant like many other types, and dry powder inhalers which require the individual to breathe in quickly and deeply until their lungs feel full.

Get your technique reviewed

Like Whittamore, McMurray stresses the need for inhaler technique to be assessed at an annual asthma review or at any emergency appointment – this is an essential part of basic asthma care that everyone with the condition should receive. For those patients recently diagnosed or prescribed new asthma medication, a pharmacist can also work with them for the first few weeks to talk through any issues, offer advice on the medication prescribed as well as reviewing inhaler technique and use of spacers – all without the need for an appointment.

Asthma can be kept under control if managed correctly, but learning proper inhaler technique is vital for avoiding a potentially life-threatening asthma attack.

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Last updated by: Kerry Taylor-Smith 28/05/2019	
Peer reviewed by: Dr Sarah Jarvis MBE, FRCGP 28/05/2019	

View this article online at: patient.info/news-and-features/common-asthma-inhaler-mistakes-to-avoid

Discuss Common asthma inhaler mistakes to avoid and find more trusted resources at [Patient](https://patient.info).



To find out more visit www.patientaccess.com
or download the app



Follow us

