

Lifestyles



for adults with **Asthma**

A newsletter for Blue Care Network, BCN Service Company and Blue Cross Complete members



INSIDE:
Your asthma
action plan

Control vs. rescue medicine: What's the difference?

Medicine plays an invaluable role in treating asthma. But if you're like many people, you may need two types of medication to feel your best. When you've got two different medicines, it's important to know when to use each one.

Long-term control medicines

Many people with asthma take medication every day to keep the disease under control. However, it doesn't offer quick relief once an asthma attack has begun.

If you take a control medicine, be sure to use it regularly, even when you're feeling fine. The most widely used control medications are inhaled corticosteroids. They're taken with an inhaler. Most people who use an inhaled corticosteroid daily find that it greatly reduces how often their symptoms occur and how bad the symptoms get.

There are also other control medicines, which are sometimes used along with or instead of inhaled corticosteroids. They may be taken with an inhaler, in a pill or with a device called a nebulizer. If you're on one of these, it's still important to use it as directed.

Quick-relief rescue medicines

Most people with asthma also have a rescue inhaler. This type of medicine acts quickly to relax tight muscles around the airways, making it easier to breathe. Rescue medication can provide fast relief during an asthma flare-up.

The most commonly used rescue medications are inhaled short-acting beta2-agonists. If you have a rescue inhaler, be sure you keep it with you all the time. That way, you can use it at the first sign of symptoms, such as coughing, wheezing, chest tightness or trouble breathing.

Health checks

Every year, ask your doctor about these wellness checks. You may need some of them more than once a year.

- ✓ Update your action plan
- ✓ Review your quick-relief and long-term control medicines
- ✓ Take a pulmonary function test
- ✓ Get a flu shot
- ✓ Check with your doctor to see if your pneumonia shot is up to date



Know your asthma rescue plan

Boys Scouts and asthma patients have something in common: "Be prepared." And it's a great motto for both.

Work with your doctor to create a written Asthma Action Plan that spells out what to do when symptoms act up. Below are some key things your plan should include. If you have questions about any of them, ask your doctor.

Know what to watch for

Be ready to recognize an asthma flare-up. Your Asthma Action Plan should tell:

- What to watch for, so you know when it's time to take action. Common warning signs include:
 - Wheezing, coughing, chest tightness or trouble breathing
 - Symptoms occurring during exercise or other daily activities
 - Symptoms waking you up at night
 - Peak flow reading below 80 percent of your personal best

Know how to respond

Have a plan for what to do if your symptoms flare up. Generally, you'll use a quick-relief ("rescue") inhaler at the first sign of trouble. Your Asthma Action Plan should tell:

- How much quick-relief medicine to use
- How often to repeat it until symptoms go away
- When to contact your doctor even if you're only having mild problems. For example, call your doctor if:

- Mild symptoms last more than 24 hours

Know when it's an emergency

Some symptoms may signal a more severe flare-up. Be prepared to act quickly in an emergency. Your Asthma Action Plan should tell:

- When to call your doctor right away. For example, call immediately if:
 - Symptoms prevent you from doing your usual daily activities
 - Peak flow reading is below 50 percent of your personal best
- Quick-relief medication doesn't ease your symptoms
- When to dial 911 or go straight to the emergency room. For example, seek emergency help if you develop:
 - Difficulty walking or talking due to severe shortness of breath
 - Blue lips or fingernails
- How much medicine to take and how often until medical help arrives
- Phone numbers for your doctor, emergency medical services and close family and friends

Don't waste precious minutes in an asthma emergency trying to figure out what to do. With an Asthma Action Plan, you can feel confident that you're ready for anything. If you don't have one, we've included one in this issue for you to fill out with your doctor.

Real readers, real advice

Who knows more about living with asthma than those facing the same daily issues as you? We'd love to share your feedback to help support and inspire other members living with asthma. Just email us at bcnccm@bcbsm.com with any tips you'd like to share with other readers.





My asthma action plan

The colors of the traffic light will help you use your asthma medicines. Take this form to your doctor to fill out. Then make a copy for yourself and a copy to keep at your workplace or with a caretaker.

Name _____ Date _____
Doctor _____ Doctor's phone _____
Hospital/emergency room phone _____
Emergency contact _____ Phone _____

GREEN ZONE means GO.

You have **ALL** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work or play
- Peak flow above:

Use these medicines every day.

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

For asthma with exercise, take:

YELLOW ZONE means CAUTION.

You have **ANY** of these symptoms:

- First sign of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Peak flow from: to

Continue with GREEN ZONE medicine and ADD:

Medicine	How much to take	When to take it
First >	_____	_____
Next >	_____	_____

If a quick-relief or **YELLOW ZONE** medicine is needed more than two to three times a week, **call your doctor.**

RED ZONE means DANGER!

Your asthma is getting worse fast:

- Medicine is not helping within 15 to 20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips and/or fingernails are blue
- Trouble walking and talking
- Peak flow below:

Take these medicines and call your doctor.

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

Get help from a doctor now. Your doctor will want to see you right away. **It is important.** If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your primary care physician within two days of an ER visit or hospitalization.

My asthma action plan *continued*



Asthma trigger checklist

Check all items that trigger your asthma and could make your symptoms worse. Talk with your doctor about how to best manage these triggers.

- Chalk
- Cigarette smoke and secondhand smoke
- Colds or flu
- Dust mites
- Exercise
- Mold
- Pests — cockroaches
- Pets — animal dander
- Pollen
- Poor air quality
- Strong odors, perfumes
- Sudden temperature change
- Wood smoke
- Foods: _____
- Other: _____

Recognizing your triggers

When you have asthma, it's important to know what can trigger symptoms. Then you can find ways to control your environment to minimize or eliminate triggers. Common triggers include:



Allergens: Substances such as pollens, molds and animal dander can trigger asthma.



Irritants: Inflamed airways are sensitive to environmental irritants, including:

- Air pollutants, such as tobacco smoke, wood smoke and chemicals in the air
- Strong smells or sprays, such as perfumes, household cleaners or cooking fumes
- Changing weather, such as changes in temperature and humidity



Infections: Colds, flu and pneumonia can trigger or aggravate asthma.



Exercise: Physical exercise can trigger attacks in certain circumstances.



Medicines: Certain medicines, including aspirin, ibuprofen and beta-blockers, can cause or trigger asthma attacks in some people.



Food: Some foods or food additives can trigger symptoms. Foods to be careful with include dried fruit, processed potatoes, peanuts and shrimp.

If you don't know your triggers, try to limit your exposure to one possible trigger at a time. Watch to see if you get better. This may show you if the trigger is a problem for you.



Breathing for two: Managing asthma during pregnancy

If you're an expectant mother, you might be wondering how asthma might affect you and your baby. Good news: well-managed asthma symptoms may not worsen during pregnancy. But if your asthma is not controlled during pregnancy, it can be bad for your health and the health of your baby.

Poor asthma control in a pregnant woman reduces the amount of oxygen that reaches her baby in the womb. Potential pregnancy complications associated with uncontrolled asthma include premature birth and low birth weight. For the mother, pre-eclampsia may occur. High blood pressure, swelling that doesn't go away, severe headaches, blurred vision and dizziness are some symptoms of this condition. If left untreated, this condition could threaten both mother and child.

Fortunately, according to a recent study in the *Journal of Allergy and Clinical Immunology*, the most common asthma medicines don't hamper a baby's growth or development. Indeed, recently issued government guidelines stress that untreated asthma poses a graver risk to mother and child than the medicines that can safely treat it.

Will your asthma get worse?

Even if your asthma is well-controlled, you have an equal chance of symptoms worsening, improving

or not changing at all. Changes in symptoms usually surface during weeks 29 to 36 of your pregnancy. Within three months after childbirth, symptoms commonly return to pre-pregnancy patterns — even if symptoms improved during pregnancy.

Management of symptoms is key

With appropriate asthma management, you can have a healthy pregnancy and a healthy baby.

It's a good idea to have your doctor check your asthma every month during pregnancy. Like anyone with asthma, you can reduce the risk of suffering an asthma attack by avoiding asthma triggers, which may include allergens such as animal dander and molds, as well as irritants such as cigarette smoke.

Care For Your Health

Taking care of your health is one important way you can help keep your asthma in check. Our personalized *Care For Your Health* program offers ways that you can manage any chronic condition like asthma. To access this program:

- Visit your plan's website.
- Log in as a member.
- Click on the *Health and Wellness* tab.
- Click *BlueHealthConnection*[®].
- Click *My Digital Health Coaching* and then click *Care For Your Health*.



**Blue Care
Network**
of Michigan

Mail Code C103
P.O. Box 5043
Southfield, MI 48086-5043

If you have questions about this program, have received this information in error, would prefer not to receive further information or want to inquire about resources for members with special needs, please call:

1-800-392-4247

1-800-257-9980 (TTY)

8:30 a.m. to 5 p.m., Mon – Fri



**BCN
Service
Company**



Blue Care Network, BCN Service Company and Blue Cross Complete of Michigan are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association. Blue Care Network of Michigan provides health management programs on behalf of BCN Service Company and Blue Cross Complete members.



Prsrt Std
U.S. Postage
PAID
Blue Cross
Blue Shield
of Michigan

> Healthy Living & Good Eating

Peach-Apple Crisp

Servings: 8

- 20 ounce canned and sliced peaches in a light-syrup, drained
- 2 medium-sized, tart apples, peeled and sliced
- ½ teaspoon vanilla
- ¼ teaspoon ground cinnamon
- ¾ cup plus 3 tablespoons flour
- ¼ cup brown sugar, packed
- 3 tablespoons margarine, chilled



Preheat oven to 350 degrees. Lightly grease a casserole dish that is 9 inches x 9 inches x 2 inches.

Mix peaches, apples, cinnamon and vanilla in a bowl. Toss well and spread out evenly in the greased casserole dish. Mix flour and sugar in a small bowl. Slice in margarine pieces and mix until mixture looks like coarse meal.

Sprinkle the flour mixture evenly over the fruit. Bake about 40 minutes.

Nutritional information per ½-cup serving: 175 calories; 5 g fat; 0 mg cholesterol; 57 mg sodium.