Checklist for avoiding Thunderstorm Asthma

If you have asthma or allergic rhinitis caused by rye grass pollen, you could be at risk of sudden severe asthma caused by a thunderstorm. This can occur even if you have not had asthma before. People with poorly controlled asthma have more severe thunderstorm asthma. If you have asthma or allergic rhinitis, see your doctor to discuss how to protect yourself during the thunderstorm season (September to December).

- √ Carry an asthma reliever puffer with you at all times if you have allergic asthma or allergic rhinitis caused by rye grass pollen even if you have not had asthma before.
- √ Use your recommended corticosteroid nasal spray daily to control your allergic rhinitis symptoms if you are allergic to rye grass pollen.
- √ If your doctor has prescribed an asthma preventer, use it as advised.
- √ Monitor the pollen levels in your area and be aware of any forecast storms*.
- √ Make sure you have an up-to-date ASCIA Allergic Rhinitis Treatment Plan and an Asthma Action Plan.
- √ Avoid being outdoors before, during and just after thunderstorms. Get inside a building or car with the windows shut and the air conditioner switched to recirculate/recycled. Wait until the storm has passed before opening doors/windows or going outside.

***Scan the QR code on the back of this brochure for further information.**

For more information on allergic asthma

Allergy & Anaphylaxis Australia

Call: 1300 728 000

Visit: www.allergyfacts.org.au

You can also visit the peak medical organisation, the Australasian Society of Clinical Immunology and Allergy (ASCIA)

www.allergy.org.au

Always follow the treatment plan prescribed by your doctor. Contact your doctor if you have any questions or concerns. The information contained in this brochure is not medical advice.

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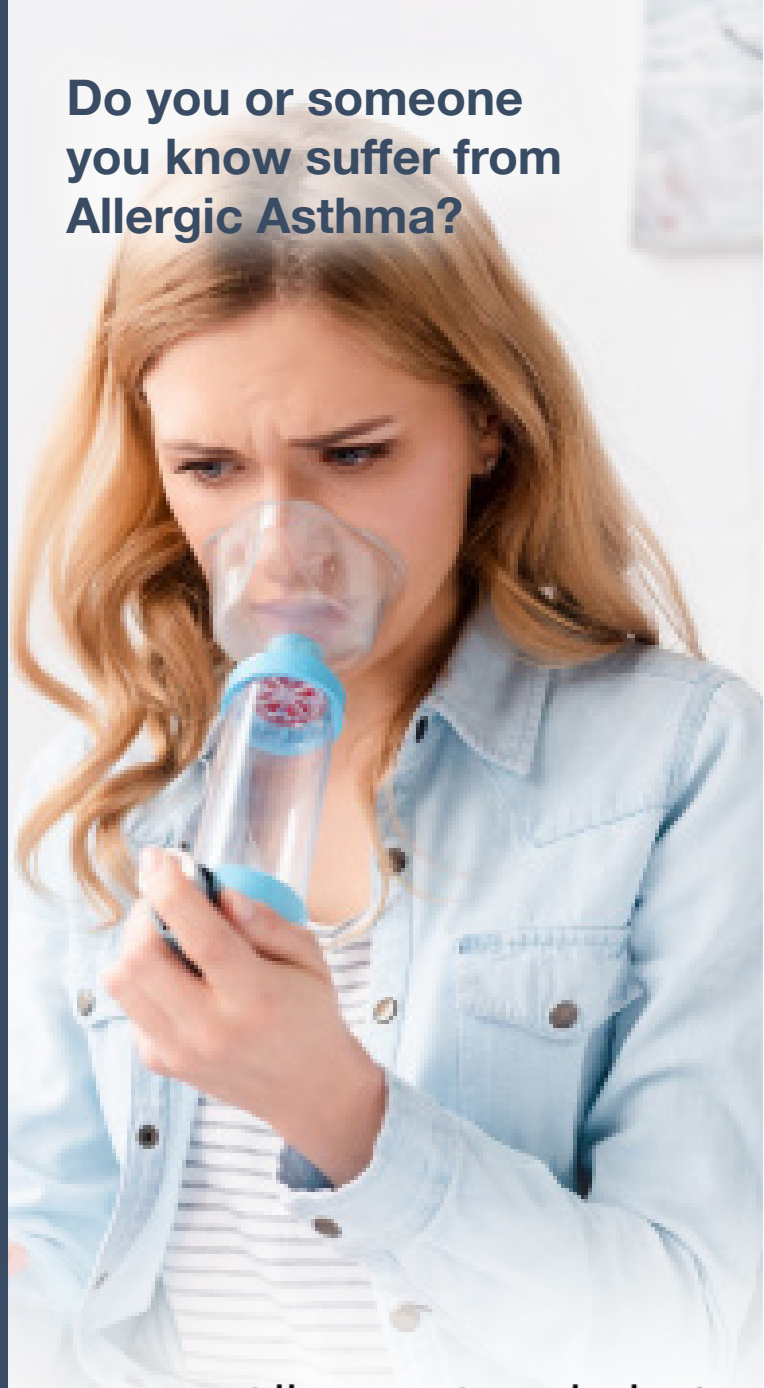
Do you or someone you know suffer from Allergic Asthma?



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Allergic Asthma

What is asthma?

Asthma causes a narrowing of the airways in the lungs, which reduces the normal flow of air into and out of the lungs. There is no cure for asthma, but it can usually be well controlled.

The most common symptoms of asthma are:

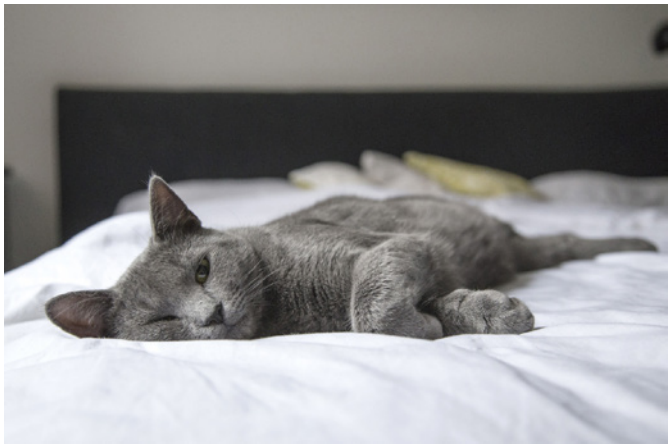
- wheezing – a high-pitched sound coming from the chest while breathing out
- a feeling of not being able to get enough air or being short of breath
- a feeling of tightness in the chest
- coughing

You do not have to have all these symptoms to have asthma.

People with asthma have airways that are more sensitive to some things that may not affect other people without asthma. The things that set off your asthma or start symptoms are called triggers.

Non allergic triggers include colds, flu and other viruses, smoke, exercise, cold air, changes in temperature and emotion (such as being very excited/upset).

Allergic triggers (allergens) include dust mites, pollen, animal dander (skin cells and fur), moulds and sulfites in food/drink.



Allergic rhinitis (hay fever) and asthma

Allergic rhinitis causes an itchy, runny or blocked nose, itchy or watery eyes and sneezing. About 75% of people with asthma also have allergic rhinitis, and about 25% of people with allergic rhinitis also have asthma. Allergens like pollen, house dust mite, moulds and animal dander can trigger both asthma and allergic rhinitis. Many people with allergic rhinitis due to grass pollen allergy get allergic asthma in spring and summer when they also have allergic rhinitis.

How do you find out if allergy is playing a role in your asthma?

Based on your medical history, your GP or clinical immunology/allergy specialist will perform blood or skin prick tests to look for common allergens that cause allergic rhinitis and asthma. You should try to reduce exposure to any allergen that is identified as a trigger. This may improve both your asthma and allergic rhinitis symptoms*.

Treatment of allergic asthma

Ensure your doctor has completed an Asthma Action Plan for you*.

- **Reliever medications** are fast-acting inhalers (puffers) that reduce asthma symptoms quickly.
- **Preventer medications** contain inhaled corticosteroids (ICS). They must be taken daily, even if there are no asthma symptoms. Generally, people who require reliever medication more than twice per week require preventer medications. Some preventers are combined with other medications.
- **Oral corticosteroids** are sometimes prescribed for a short time to help control asthma when it flares up.
- **Biologics/Injectable medications** are used for patients who have uncontrolled asthma even though they are on preventer medication.
- **Make sure you are taking your allergic rhinitis treatment/s, as advised by your doctor.**

There are videos and infographics available to show you how to use nasal sprays and asthma inhalers the right way. This is important for them to work properly*.

Good management of allergic rhinitis can help control allergic asthma symptoms. Make sure your doctor completes an ASCIA Allergic Rhinitis Treatment Plan for you*.

Further information on allergic rhinitis management is available*.

Thunderstorm Asthma

Thunderstorm asthma is triggered by a combination of high rye grass pollen levels and a certain type of thunderstorm, causing pollen grains from rye grasses to be swept up in the wind and carried long distances. Pollen can burst open and release tiny particles that are concentrated in the wind just before the thunderstorm. These small particles get deep into the airways and can trigger serious asthma symptoms.

Thunderstorm asthma typically occurs in October and November in areas where rye grass pollen is present in large numbers, such as the south-eastern part of Australia.

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