

Ray S. Davis, M.D.
Jeffrey M. Wright, M.D.

Susan S. Berdy, M.D.
Lisa V. Suffian, M.D.

INHALED STEROIDS

You are starting on a new inhaler called Advair, Symbicort, Pulmicort, Flovent or Asmanex. The key features of your inhaler are:

1. It is strictly a **PREVENTATIVE** inhaler. It blocks swelling (inflammation) of the bronchial tubes to help **PREVENT** coughing, wheezing, chest tightness & shortness of breath.
2. It **DOES NOT** quickly open up the airways like a bronchodilator (example: Albuterol).
3. It should be used exactly as prescribed by your doctor **EVERY DAY**.
4. Although improvement in symptoms can occur within several days, it may take several weeks for maximum improvement.
5. Although it is a **STEROID**, it is “topically active” on the bronchial tissue with minimal body-wide absorption. The most common side effects seen with steroid inhalers are oral thrush (a yeast infection of white patches in the mouth), sore throat, hoarse voice or cough just after inhaling.
6. Side effects seen with **PROLONGED** use of **ORAL** steroids (such as Prednisone or Orapred for many weeks) include delay in growth, softening of the bones (osteoporosis) and fractures, weight gain, cataracts, tendency toward diabetes, suppression of the body’s normal response to surgery or trauma (like a car accident), and increased risk of complications to someone who develops chicken pox. These side effects **RARELY** ever occur with **INHALED STEROIDS** except at high doses. Always notify your doctor if you feel that any side effects may be occurring.
7. For Flovent, Symbicort or Advair HFA which are “press and breathe” devices, a spacer, such as an Aerochamber, helps allow two to three times as much medication to enter your bronchial tubes. This results in a **LOWER** total daily dose of medication required to control your asthma. Therefore, less medicine stays in your mouth or drains into your stomach lessening the chances for side effects. Pulmicort Flexhaler and Advair Diskus don’t require an Aerochamber since they are not pressurized sprays, but are breath activated inhalers.
8. Always try to rinse your mouth out after using inhaled steroids to minimize deposition into or absorption from your mouth.
9. It is important for patients on daily steroids, either oral or inhaled, to have adequate calcium in their diet. This may require counseling with a dietitian or your primary care physician to see whether a calcium supplement (i.e. Tums or a prescription) would be needed, especially if you don’t ingest dairy products regularly.