



Joint Action
on REspiratory
Diseases

Asthma – Self-management guide for patients

Finnish Lung Health Association is responsible for preparing the material.



Funded by
the European Union

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Abbreviations

ACT	Asthma Control Test
DPI	Dry Powder Inhaler
HSI	Heaviness of Smoking index
PEF	Peak Expiratory Flow

Introduction

Self-management is a crucial part of asthma treatment, and you play a key role in it. Self-management includes using your medication as prescribed, avoiding or quitting tobacco and nicotine products, maintaining a healthy weight, and staying physically active. With the help of health care professionals, you can find the most suitable ways to manage your asthma. Sometimes finding the right solutions for you takes time, so be patient and do your best. This booklet provides general advice for self-management but remember that your physician and other health care professionals will give you individualized guidance and create a treatment plan that is best for you.

1 Asthma

Asthma is a long-term and chronic condition that affects the airways in the lungs. Airways are tubes that carry air in and out of your lungs. In asthma, the airways are inflamed, which usually causes increased mucus secretion and the tendency of the airways to contract. That makes breathing harder. Asthma can develop at any age. Most typical symptoms of asthma are **prolonged cough, shortness of breath, mucus secretion, a feeling of pressure in the chest and wheezing during exhalation.**

Asthma symptoms may vary over time. There might be days or longer periods when you have no symptoms, followed by more symptomatic periods, even severe shortness of breath. Asthma symptoms can be triggered by respiratory infections, air pollutants, tobacco smoke and allergens like pollens, house dust mite and pets **if you are allergic to them.** Exercise can also induce shortness of breath if your asthma is inadequately treated. However, **it is important to remember that exercise does not cause asthma itself.**

Asthma exacerbation is a condition where asthma symptoms acutely or relatively rapidly worsen. It does not resolve rapidly (though asthma medication temporarily relieves the symptoms) but usually continues for days to weeks with varying severity of symptoms. When very severe, asthma exacerbation can be life-threatening.



1.1 Treatment of asthma

Goal of the treatment

The goal of asthma treatment is to **prevent asthma symptoms, exacerbations and permanent structural damage to the bronchi**. When this aim is achieved, asthma is **well controlled**. It means that you are either asymptomatic or experience shortness of breath twice a week at most (and it is mild and rapidly resolving), have never breathing difficulties at night and you do not have exacerbations. To achieve good asthma control, you should correctly use proper medical treatment but also master non-medical treatments.

Asthma medication

Controller medication aims to prevent asthma symptoms and exacerbations by treating inflammation in the bronchi. Inflammation is the main reason for the tendency of bronchi to contract (meaning they get narrowed) in asthma. Untreated inflammation is also the most important reason for asthma exacerbations. Continuous daily use of controller medication is therefore usually essential to achieve treatment goals.

An inhaled corticosteroids or combination medication containing both inhaled corticosteroid and a long-acting bronchodilator can be used as a controller. It is good to remember that inhaled corticosteroids do not instantly relieve your symptoms. Their effect can usually be noticed after 1-2 weeks of daily use, with full effect reached after several months of regular use. Bronchodilators relax the smooth muscle around the bronchi which relieves shortness of breath rapidly. This effect starts within minutes to half an hour, depending on the drug. Their effect also vanishes much more rapidly than the effect of inhaled corticosteroids, after which the symptoms can re-occur. Bronchodilators do not treat asthma inflammation or prevent exacerbation when used alone.

Short and fast-acting bronchodilators are used as needed to relieve symptoms if they occur. Therefore, they are called relievers. Combination medication containing inhaled corticosteroids and a fast-acting bronchodilator can also be used as relievers. If asthma is well controlled, the need for reliever medication should be rare. A frequent need for reliever medication is usually a sign that the controller medication is not optimal.

Controller = "maintenance medication" to suppress inflammation, prevent symptoms and exacerbations.

Reliever = rescue = "quick-relief medication" to treat symptoms as they occur.



Severe asthma

In most cases, a good asthma control is achieved using common controller medication. However, a small proportion of asthma patients have severe asthma and require more specialized treatments, the most important of which are so called biological medicines (biologics). Biologics are an option if your asthma is not well controlled with any other medication. These are injectable “add-on” treatments that patients take in addition to their inhalers. Before starting a biologic treatment, a specialist must carry out a systematic assessment, and further tests may be needed to determine the subtype of your asthma.

Allergic asthma

If you have allergic asthma, you need to be prepared for pollen in early spring or late winter. People with birch allergy, in particular, should check their allergy medication prescriptions in February or even earlier. Pollen from hazel trees can trigger symptoms in people with birch allergies also. Oral antihistamines, nasal sprays containing corticosteroids and eye drops are used to treat pollen allergies. The treatment of pollen allergy depends on the symptoms: antihistamines help with sneezing, nasal sprays with congestion, and eye drops with eye symptoms such as watering and burning. Many pollen allergy medicines are available without a prescription. You can always ask professionals at the pharmacy for advice. Good treatment of pollen allergy helps keep asthma under control.



Trigger management

Asthma triggers vary from person to person. Some people react to only a few while others react to many kinds of triggers. If you do not get symptoms, you do not need to avoid any allergens or other triggers. The only exception is smoking and exposure to tobacco smoke, which should be avoided by all asthma patients. In some countries or cities, the air quality is poor and there is a lot of street dust, especially in spring. If you get symptoms from street dust or poor air quality, you can pay extra attention to nasal care. For example, you can try using a nasal rinse pot. By using a nasal rinse pot, your nasal mucosa stays cleaner from street dust and pollen. If cold air causes symptoms, a scarf to protect the airways may be helpful.

Most people with asthma can use anti-inflammatory painkillers without any problems, but a small proportion of patients are hypersensitive to them causing, for example, shortness of breath. If you think that a certain substance or allergen triggers or worsens your asthma symptoms, it is worthy to discuss this with your doctor.



2 Self-management

The key elements of self-management in treating asthma are to adhere to the prescribed **medication plan**, to **correctly use inhalers**, to **avoid or quit using tobacco and nicotine products**, to maintain healthy weight or reduce body weight if needed, and stay physically active. The management of exacerbations, monitoring of symptoms and regular follow-up visits are also important parts of self-management.

Obviously, you play a central role in the self-management of asthma. With the advice and guidance of health care professionals, you can implement self-management in your daily life. After self-management education, some people with asthma are competent to modify their treatment independently, while some still need to ask for some advice from health care professionals if their condition changes. It is important that you clearly know which medications you are supposed to use and when, how to act when getting asthma exacerbation (i.e. during a respiratory infection), how you can exercise, and take care of yourself.

Remember that the goal of asthma management is to allow a normal daily life for you. With effective self-management supported by health care professionals you may be for instance able to return to your physically challenging hobbies that you may have had to give up due to untreated asthma. If you smoke or have excess weight, now is the time to make lifestyle changes in these areas as well. Quitting smoking and maintaining healthy weight promote your health and help you to control asthma.



How to measure asthma control

How do you know if your asthma is well controlled? You can use this table to find out! Think about your condition over the past four weeks. The goal of asthma treatment is always a good symptom control. If it is not met, changes in your controller medication might be needed. Discuss this with your doctor.

	Good symptom control	Moderate symptom control	Poor symptom control
Daytime asthma symptoms	≤ 2 times per week, preferably none	The goal of good control is not met in one area.	The goal of good control is not met in three or more areas.
Night-time asthma symptoms	None		
Need for reliever medication	≤ 2 times per week, preferably none		
Limitations in daily activities	None		

Source: Asthma. Current Care Guidelines. Working group set up by the Finnish Medical Society Duodecim, The Finnish Respiratory Society, Finnish Paediatric Society, Finnish Pediatric Allergy Society and Finnish Clinical Physiology Society. Helsinki: The Finnish Medical Society Duodecim, 2022 (referred February 17, 2026). Available online at: www.kaypahoito.fi

The Asthma Control Test (ACT) is also a good tool for measuring asthma control. You can find the ACT on the internet (<http://www.asthmacontroltest.com>). There are different tests for adults and for children under 12 years old.

1. During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?				
(5 points) None of the time	(4 points) A little of the time	(3 points) Some of the time	(2 points) Most of the time	(1 point) All the time
2. During the past 4 weeks, how often have you had shortness of breath?				
(5 points) Not at all	(4 points) Once or twice a week	(3 points) to 6 times a week	(2 points) Once a day	(1 points) More than once a day
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?				
(5 points) Not at all	(4 points) Once or twice a week	(3 points) Once a week	(2 points) Two or three nights a week	(1 points) Four or more nights a week
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?				
(5 points) Not at all	(4 points) Once a week or less	(3 points) Two or three times a week	(2 points) One or two times per day	(1 points) Three or more times per day
5. How would you rate your asthma control during the past 4 weeks?				
(5 points) Completely controlled	(4 points) Well controlled	(3 points) Somewhat controlled	(2 points) Poorly controlled	(1 points) Not controlled at all
How many points did you get? _____ points				
<p>What do the points tell you about your asthma control?</p> <p>20-25 points: You have good asthma symptom control</p> <p>16-19 points: Your asthma is not as well controlled as it could be. Discuss this with your doctor.</p> <p>15 or less points: Your asthma may be very poorly controlled. Regardless of your score, discuss your results with your doctor.</p>				
Source: A survey for assessing asthma control by Nathan et al. in American Academy of Allergy, Asthma and Immunology. doi:10.1016/j.jaci.2003.09.008				



2.1 Inhaler use

Studies show that proper inhaler use is associated with better symptom control, fewer medication side effects, and a reduced number of exacerbations. It is crucial that you can use your inhaler correctly. It is important to know whether your inhaler is in **aerosol** or **powder** form as it affects how you should take the medicine. **The instructions given here are general in nature.** Ask health care or pharmacy professionals for more detailed instructions of the use considering your specific inhaler and tell them if you have any doubts about your technique.

Dry powder inhaler (DPI)

- 1 Check the dose counter. If it is empty, it indicates zero or it is red and you must buy new one.
- 2 Take the cap of the inhaler
- 3 Shake the inhaler to mix the medicine if it's necessary.
- 4 Load a dose.
- 5 Cough gently if you have mucus in your airways.
- 6 Breathe out lightly but do not breathe into the device, as the powder inside your inhaler might become wet.
- 7 Put the mouthpiece between your teeth and close your lips tightly around it.
- 8 Breathe in strongly and deeply through your mouth.
- 9 Remove the inhaler from your mouth.
- 10 Hold your breath for five to ten seconds.
- 11 Breathe out slowly through your nose. If you must take another dose, **start from step 3**.
- 12 Put the cap back on your inhaler.

non-DPIs “Sprays” (Metered-Dose inhalers, Soft Mist Inhalers)

Using a holding chamber may make the inhalation technique easier, help the medicine reach your lungs, and reduce the side effects of the medicine. Discuss with your doctor / nurse which is the best way for you to take your medicine.

When using holding chamber

- 1 Check the dose counter. If it is empty, it indicates zero or it is red. You must buy new one.
- 2 Shake the inhaler to mix the medicine.
- 3 Take the cap of the inhaler.
- 4 Cough gently if you have mucus in your airways.
- 5 Attach the inhaler into backpiece of the holding chamber.
- 6 Put the mouthpiece tightly to your mouth and close lips around it to ensure an effective seal.
- 7 Exhale and then press the dose **once** at the beginning of a slow inhalation. Breathe in and out through the chamber for five breaths keeping lips sealed around chamber mouthpiece. **If you must take another dose, start from step 6.**
- 8 Remember to wash the holding chamber weekly according to the instructions if you use them regularly. The chamber should be replaced annually.

If you are not using holding chamber

1

Check the dose counter. If it is empty, the counter will be red or display zero doses.

2

Shake the inhaler to mix the medicine.

3

Take the cap of the inhaler.

4

Cough gently if you have mucus in your airways.

5

Breath out lightly but do not breathe into device.

6

Tilt your head straight. You can gently lift your chin up.

7

Put the mouthpiece of your inhaler into your mouth above your tongue.

8

Close your lips tight around the mouthpiece.

9

Breathe slowly and deeply in through your mouth, and at the same time press the trigger of your inhaler. Continue to inhale for three to five seconds to ensure the medicine reaches your lungs.

10

Remove the inhaler and hold your breath up to five to ten seconds.

11

Breathe out slowly through your nose. **If you must take another dose, start from step 5.**

Oral Care

Individuals with asthma have a higher risk of tooth decay due to corticosteroid medication. Therefore, it is important to rinse your mouth with water after using inhaled corticosteroid. Rinsing is not necessary after using medications that do not contain corticosteroids. If you take inhaled corticosteroid medication in the morning and evening and usually brush your teeth at the same time, brush your teeth before taking the medication. Brush your teeth with fluoride toothpaste.

1. Take your medication.
2. Rinse your mouth with water and gargle.
3. Spit out the water.
4. If desired, take a xylitol product.



2.2 Exacerbations

All individuals with asthma should receive personalized written instructions on how to manage their exacerbations. Written instructions should include clear guidelines on when and how much reliever medication to use and in which situations oral corticosteroids are necessary. Ask your doctor or nurse to give you the instructions. Some people with asthma experience exacerbations frequently and do not notice worsening of asthma symptoms before they get severe. It is important to monitor your PEF (Peak Expiratory Flow) values regularly. This helps you recognize your usual PEF levels and to distinguish the beginning of an exacerbation and to assess their severity. Mild exacerbations can be managed at home by using reliever medication more than usual (according to the doctor's instructions). If your symptoms worsen or prolonged, are severe (you have e.g. continuous severe shortness of breath or difficulties to sleep) or you otherwise feel that home treatment is insufficient, seek medical attention. Remember that urgent visit to the nearest emergency room may be needed. If this is the case, do not prolong it.



2.3 Smoking and nicotine cessation

Quitting tobacco and nicotine products are one of the most crucial aspects of self-management for asthma. Quitting improves the prognosis of the disease. Here are a few health-related changes that occur when you quit using tobacco and nicotine products.

- Carbon monoxide disappears from your body in one day, and nicotine in two days.
- Your sense of smell and taste improves within a few days.
- Cough and mucus start to disappear within 1–2 months.
- Your lung function improves significantly in 2–3 months.

Quitting the use of tobacco and nicotine products is not easy, but it is possible. Use the questions below to reflect on your own tobacco and nicotine dependence. Remember to seek support from **health care professionals** to help you quit. Sometimes people who are in a same situation can also help. You can try to find peer groups from social media, different non-governmental organizations or ask for help from a friend.

Learn from earlier attempts!

Have you tried to quit before? If so, you can reflect on what you learned from those attempts. Did you know that many people must try several times before they succeed? Turn your previous quitting attempts into a resource. Planning helps – prepare and succeed!

You can reflect on your addiction with the following questions. Take enough time to address each issue. You can think about things calmly over two or three weeks or tackle one issue weekly. The most important thing is to move determinedly towards your goal – a smoke-free and nicotine-free life.

1. **Is your addiction physical, psychological, social, or a mix of all these?** You can measure physical addiction with, for example, with the Heaviness of smoking -index (HSI). It is also suitable for measuring dependence on other nicotine products. Psychological dependence is seen in the use of tobacco or nicotine products in certain situations or emotional states. Situations can include driving, being with certain people, or experiencing strong positive or negative emotions. Social dependence is a form of psychological dependence where the use of tobacco or nicotine products is strongly linked to social situations. In these situations, the use of products creates a sense of belonging and community among users.

HSI

Assess your dependence on nicotine

Use the calculator below to assess how dependent you are on smoking.

1. How soon after waking up do you smoke your first cigarette?

- a) Less than 6 minutes (3 points)
- b) Within 6–30 minutes (2 points)
- c) Within 31–60 minutes (1 point)
- d) After 60 minutes (0 points)

2. How much on average per day do you smoke?

- a) Less than 10 (0 points)
- b) 11–20 (1 point)
- c) 21–30 (2 points)
- d) more than 30 (3 points)

Add up your scores for the two questions. Interpretation of results:

- 0–1 points = low dependence
- 2 points = moderate dependence
- 3 points = strong dependence
- 4–6 points = very strong dependence

Source:

Heatherton TF, Kozlowski LT, Frecker RC, Rickert W, Robinson J. Measuring the heaviness of smoking: Using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *Addiction* 1989;84:791-800.



The higher your score, the greater your physical nicotine dependence, and the more likely you are to benefit from using nicotine replacement products or prescription medications to support cessation

2. Are you worried about withdrawal symptoms? The most common withdrawal symptoms, such as sleep difficulties, irritability, and anxiety, last from a few days to two weeks. Did you know that you can also suffer from withdrawal symptoms while using? Strong nicotine dependence can wake you up at night with withdrawal symptoms. Once you get rid of nicotine for good, sleep difficulties will also ease. Nicotine replacement therapy and smoking withdrawal medications reduce these symptoms and help to quit, especially, if you are highly or moderately dependent on nicotine. Ask advice and/or prescription for them from your doctor or nurse. If you use nicotine replacement therapy, make sure you use the products correctly.

Physical withdrawal symptoms start 2–12 hours after you quit. They peak within 1–3 days and usually disappear in 3–4 weeks.



3. **Think about how your previous life situation has influenced your thoughts on tobacco and nicotine products.** What could help you succeed now?
4. **In preparing to quit, it is important to identify and prepare for risk situations. Consider the following:**
 - a. In what situations is the risk of relapse the greatest?
 - b. How could you reduce the risk of relapse?
5. **Now it's time to decide on a quit date.** Write down in your calendar when you plan to use tobacco or nicotine products for the last time. Choose a realistic date. Not too far in the future, but not tomorrow either, so you have enough time to prepare.
6. **Relapse can be part of the change process.** Don't get discouraged if you relapse. Continue your nicotine-free journey as soon as possible and focus on the future.
7. **Here are a few tips to overcome tobacco and nicotine cravings. The worst nicotine craving usually lasts only a few minutes:**
 - a. Try to think beyond the nicotine craving. Think about the feeling when you have successfully overcome the craving!
 - b. Prepare in advance for nicotine cravings. Have something small and healthy to eat at home, in your pocket, or in your bag. The worst craving can subside with strong-tasting lozenges or gum.
 - c. Do something that activates your body: take a break for exercise, solve a puzzle, colour a picture in a colouring book, or take a 10-minute walk outside.



2.4 Physical activity

Physical activity is very important for both your general health and the management of asthma. Through regular physical activity and exercise training your physical capacity increases as it does in people without asthma. Your body steadily gets used to more challenging physical stress and the threshold level for breathlessness gets higher. You can notice that breathing gets easier even in strenuous exercise and it is easier and faster to catch your breath afterwards. Physical activity is also an effective means of clearing mucus from your airways. Furthermore, you are less prone to asthma symptoms if you are fit.

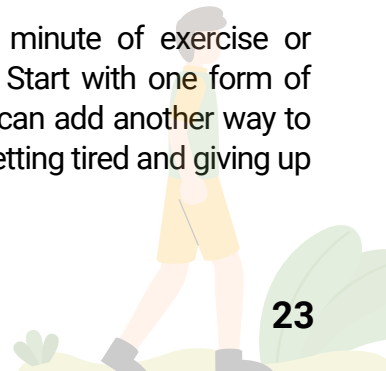
Weekly physical activity recommendations for adults explain how much activity you need for good health. If you have not been physically active lately, you can start slowly and add new habits to your routine one step at a time. Remember, every step and every movement counts!

What?	How much?
Restorative sleep	Sufficiently
Breaks to sedentary behaviour	Whenever possible
Light physical activity	As often as possible
Moderate physical activity OR Vigorous physical activity	At least 2 h 30 min per week OR At least 1h 15 min per week
Muscle strengthening and balance activities	At least 2 times per week

Tips for Increasing Physical Activity

Here are some tips to make increasing physical activity feel easier:

- **Daily outdoor activity:** Decide to go outside every day for at least for a moment. Take a walk around the block or do some yard work. When going outside feels particularly challenging, remember that minute by minute adds up and can improve your exercise tolerance. It is important to start at a slow pace. Over time, you can increase the distance and pace, and you may find that you enjoy being outside or walking for longer periods.
- **Starting a new physically challenging hobby:** Starting a new hobby can be challenging, especially if you haven't been very active before. Think about is there a particular type of exercise you enjoyed doing when you were younger. Could you start doing it again? Or would you prefer trying something new?
- **Solo or group exercise:** Do you prefer exercising alone or in a group? Some people find solo exercise more suitable, while others enjoy group activities. Do you have a friend who could join you? Remember, the most important thing is to find the type of exercise you enjoy the most.
- **Making walks more enjoyable:** Does walking feel boring? You can call a friend, listen to music or an audiobook through headphones while walking. This way, the walk happens almost effortlessly. Sometimes inviting a friend to join you for a walk can be a pleasant option.
- **Every minute counts:** Remember that every minute of exercise or physical activity is beneficial for your health. Start with one form of exercise, and once it becomes a routine, you can add another way to be active. Don't overdo it all at once to avoid getting tired and giving up on exercise altogether.





Together with effective medication, physical activity can decrease exacerbations of asthma. However, physical activity cannot cure asthma itself. This emphasizes the importance of adhering to your prescribed medication.

It is possible that some people with asthma start to avoid physical activity due to discomfort or even fear because of experiencing shortness of breath or excess mucus in the airways. By avoiding physical activity, physical capacity decreases, which then provokes more symptoms and even more feelings of discomfort. This may lead to vicious cycle. It is very important to know that if physical activity triggers shortness of breath or other asthma related symptoms, it is a sign that the medication is not adequate. With adequate medication it is possible to return to regular, even strenuous exercise.

The goal is to be able to live as functional and normal life as possible, without asthma controlling your life. Staying physically active can help you keep doing the things you love!

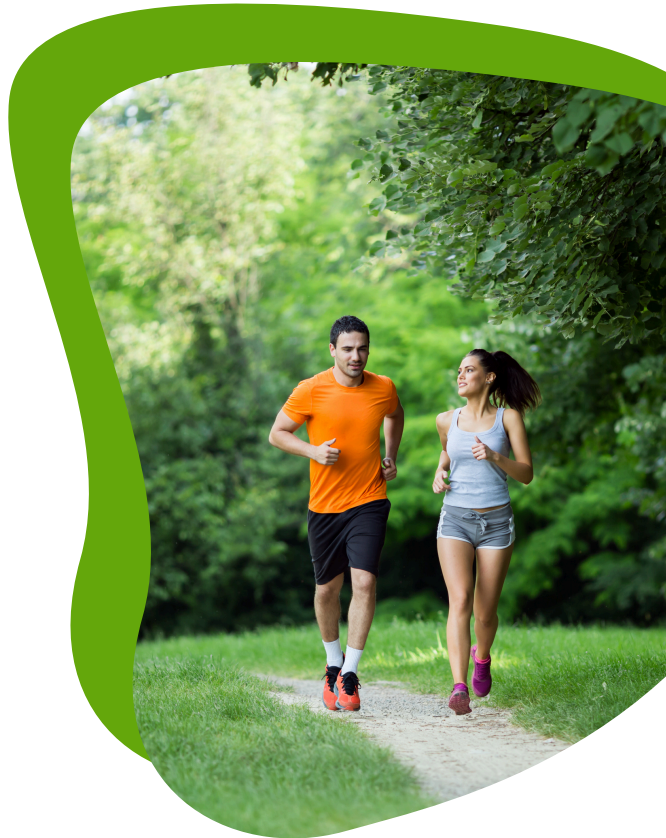
It is understandable that fear of shortness of breath can make starting difficult.

Here are a few things you must take account when you start or to increase your levels of physical activity:

1. **Recognize the difference between normal breathlessness and shortness of breath.** Breathlessness is normal, and desirable when exercising. You may get out of breath more easily with faster movements or, for example, going up a steep hill if you haven't exercised for a long time. Breathlessness can be distinguished from shortness of breath in that breathlessness stops quickly usually within a couple of minutes, as you stop and rest. Shortness of breath, on the other hand, does not relieve quickly; it may get even worse a few minutes after you stop.
2. **Warm up properly before more intense exercise.** Whether you are going to run, swim, dance, or play ball games, it is important to warm up first. Start with lighter exertion to get used to the effort and warm up your body before more intense exercise. Warming up can be, for example, gentle walk or jogging and mobility exercises. Gradually increase the intensity of the exercise. Even a short warm up session can reduce possible asthma symptoms.
3. **Keep the reliever medication with you, for example in your pocket.** Knowing that help for shortness of breath is nearby can give you the confidence to exercise.

Different weather and climate conditions can make shortness of breath occur more easily. You don't have to stop exercising outdoors, but you might need to decrease the intensity of your physical activity. For example, in the spring pollen might affect more asthma symptoms if you are allergy for pollen. If pollen season is very bad it might be better change your physical activities to the indoors or exercise after rain.

Cold and freezing temperatures can irritate your lungs even if your asthma is well controlled. You can try placing a scarf over your mouth and nose and breathe through it. For example, tube scarves work well for exercising. If you don't like using scarves, remember to breathe through your nose, as it warms the air before it reaches your airways and may reduce irritation.



2.5 Weight management

Poor asthma symptom control and exacerbations are more common in individuals with obesity than in individuals with healthy weight. Therefore, it is important to pay attention to healthy eating habits supporting weight management. This is essential for both, asthma control and overall health.

To support healthy weight and potential weight loss, you can focus on the following aspects in your diet:



Maintain a regular meal rhythm: Eat every 3-4 hours, planning your meals so that hunger does not catch you by surprise. Do not eat too big meals at a time. A good meal rhythm consists for example, of breakfast, lunch, dinner, and an evening snack. If necessary, have a healthy snack between breakfast and lunch or between lunch and dinner. Avoid snacking constantly between meals.



Eat enough vegetables, berries, and fruits: Aim to eat about 500 grams of vegetables or fruits throughout the day. You can distribute this amount across each meal.



Consume enough fibre: Fiber keeps you feeling full for much longer and is good for your digestion. Women need at least 25 grams a day, and men should aim for 35 grams. You can get fibre from fruits, berries, vegetables, and whole grain products like bread, rice or pasta.



Pay attention to protein sources: For adults, a good amount of protein is about 1.5 grams per kilogram of body weight. Your exact needs can vary depending on your gender, age, and weight. Favor chicken, fish, and plant-based proteins, and consume red or processed meat in moderation.



Pay attention to the quality of fats: Avoid animal-based, saturated fats and prefer soft vegetable fats.

If you have severe obesity and feel that you cannot lose weight on your own, you can ask a doctor or nurse for help. Health care professionals can provide information about weight-loss groups, medications, or surgery. They can also make a referral to a nutritionist for you.

2.6 Vaccinations

For people with asthma, it is very important to receive the recommended vaccinations according to relevant local guidelines. These vaccinations are important for people with asthma to help prevent exacerbations and serious illnesses:

- The influenza vaccine is recommended **every year**.
- The COVID19 vaccine is recommended **every year**.
- One dose of the pneumococcal vaccine* is recommended for elderly.
- The RSV vaccine** is recommended for elderly
- The Tdap/dTPa* vaccine is recommended for individuals who were not vaccinated during adolescence

*The pneumococcal vaccine provides protection against severe infections caused by the *Streptococcus Pneumoniae* bacteria, such as pneumonia, meningitis, and sepsis.

**The RSV vaccine provides protection against severe diseases caused by the respiratory syncytial virus, such as pneumonia and severe lower respiratory tract infections

*** Tdap/dTPa vaccine protects against tetanus, diphtheria, and pertussis (whooping cough)

Follow local vaccination campaigns and ask health care professionals about vaccinations so they can advise you further.





2.6 Asthma follow-up visits

Asthma patients are advised to have an annual follow-up visit with a health care professional. Depending on local practices, you may visit either a doctor or a nurse. However, you should meet a doctor for your asthma control at least every 3-5 years. If your asthma is not well-controlled, you can discuss with your doctor whether you need more frequent follow-up visits.

During the follow-up visits, a health care professional will assess your asthma control. Your possible asthma symptoms will be evaluated by using tools like ACT as well as the number of exacerbations and oral corticosteroid courses, and possible emergency visits. The doctor may have instructed you to perform PEF monitoring before the visit. It is also recommended to check lung function by performing spirometry every 3-5 years. Based on this assessment, the doctor may change your medication if needed. The following list of matters is also being covered during the follow-up visit:

- Inhalation technique
- Medication usage amounts
- Whether special reimbursement for asthma medication is valid
- Check if the self-care instructions are still up to date
- The status of tobacco and nicotine product use

Remember to prepare carefully for the visit so you can bring up necessary issues. You can write down how often you use your controller and quick-relief medication, whether you have had exacerbations, if you have needed oral corticosteroid courses and if you have any questions in mind.

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