



## Which Asthma Medication(s) Should You Take to Best Manage Your Mild Asthma?

### A Patient Decision Aid

- This tool provides information about your treatment options and their effects and helps you to consider what is most important to you.
- It will show you how the three most common treatments for mild asthma compare with one another, including how well they work, how much they cost, and what kinds of side-effects they may have.
- After using this tool, you will feel more prepared to discuss your treatment wishes with your healthcare provider.

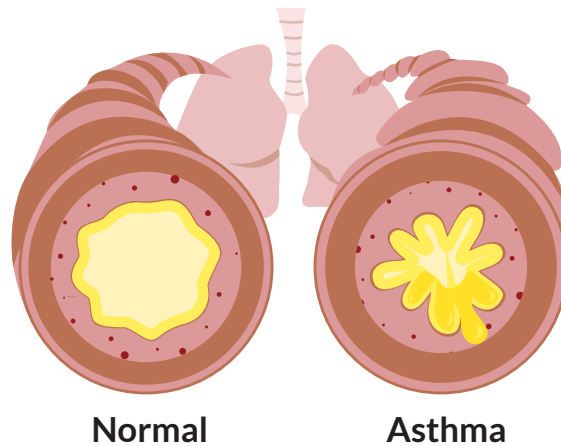
This tool is endorsed by:



Step  
1

## What Is Asthma?

It is a disease that affects the way you breathe, by causing spasm, swelling, and narrowing of your breathing tubes (“airways”).



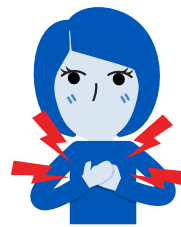
Asthma symptoms include:



Shortness of  
breath



Dry cough



Chest pain or  
tightness



Wheezing

Sometimes symptoms suddenly get worse, requiring you to take prednisone (a steroid pill) and/or go to the emergency department and possibly stay in hospital. This is called a “**severe asthma flare-up.**”

Symptoms and flare-ups can be reduced with appropriate medications.  
Turn to see the three medication options.

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## What Are Your Three Mild Asthma Medication Options?

Inhalers deliver medicine into your lungs to help with your asthma.

Depending on the medicine found in the inhaler, inhalers can be taken “as-needed” (that is, whenever you have symptoms) or “daily.”

“Controllers inhalers” reduce the swelling and narrowing of your airways and make them less sensitive. “Relievers inhalers” temporarily open up your airways.

To best manage your mild asthma, you can consider taking:

### 1 As-Needed Reliever Inhaler Only

In Canada, several reliever inhalers are available.

Examples include:



This inhaler is a **reliever**.

- You take it whenever you have symptoms.
- You will notice its effect right away (after 1 or 3 minutes).
- This inhaler temporarily opens up your airways (for up to 4 hours).

This inhaler is **not** a controller. This means that this inhaler does **not** treat the swelling of your airways. This inhaler does **not** prevent asthma flare-ups.

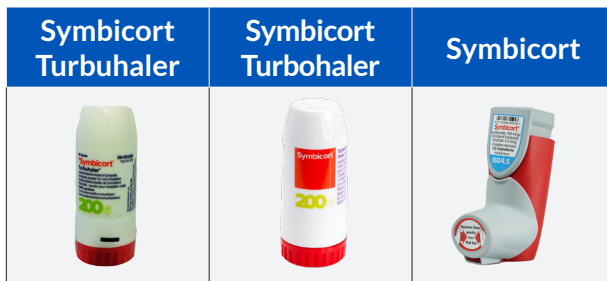
Step  
2

## What Are Your Three Mild Asthma Medication Options?

### 2 As-Needed Symbicort® Only: Controller and Reliever in a Single Inhaler

In Canada, only one combination inhaler can be used to manage mild asthma. This combination inhaler is called “Symbicort”:

Examples include:



This inhaler is both a **controller** and a **reliever**.

- You take it whenever you have symptoms.
- You will notice its effect right away (after 1 or 3 minutes).

It contains two medications.

The first medication (budesonide):

- Reduces the swelling and narrowing of your airways
- Makes your airways less sensitive.

The second medication (formoterol):

- Temporarily opens up your airways (for up to 12 hours).

Together, these two medications prevent asthma flare-ups.

Step  
2

## What Are Your Three Mild Asthma Medication Options?

### 3 Daily Controller Plus As-Needed Reliever (2 Separate Inhalers)

#### *Steroid Inhaler*

In Canada, several steroid (corticosteroid) inhalers are available.

Examples include:

Aermony RespiClick	Qvar	Flovent	Alvesco	Pulmicort Turbuhaler	Asmanex Twisthaler	Arnuity Ellipta
						

A steroid inhaler is a **controller**.

- You take it regularly, every day.
- You may not notice its effect right away, because its effect is gradual.
- This inhaler reduces the swelling and narrowing of your airways.
- It makes your airways less sensitive.
- It prevents asthma flare-ups.

+

#### *Reliever Inhaler*

Along with a steroid inhaler, you may also take a reliever inhaler, for immediate relief of your symptoms.

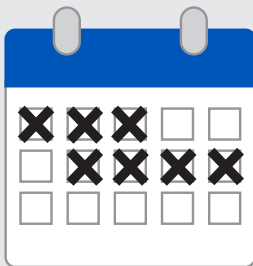
**Asthma guidelines recommend Options 2 or 3 (a controller and a reliever medication) over Option 1 (a reliever medication only). We will compare all three options to demonstrate why Options 2 or 3 are preferred.**

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## How Do the Three Asthma Medication Options Compare?

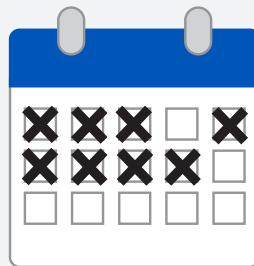
### A. How Often You Have to Take Your Asthma Medications

#### 1. As-Needed Reliever Only



People end up taking their reliever inhaler **on about half of the days.**

#### 2. Symbicort: As-Needed Controller and Reliever (Single Inhaler)



People end up taking their Symbicort inhaler (for relief) **on about half of the days.**

#### 3. Daily Controller Plus As-Needed Reliever (2 Inhalers)



People end up taking their reliever inhaler **on about a quarter of the days.**

This is in addition to their inhaled steroid, which is prescribed as a daily medication.

Reference: Beasley 2019  
High quality evidence

Step  
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## How Do the Three Asthma Medication Options Compare?

### B. How Much Inhaled Steroid Enters Your Body

Over a year:

1. As-Needed Reliever  
Only



≈0 steroid inhalers  
(0 doses)

2. Symbicort:  
As-Needed Controller  
and Reliever  
(Single Inhaler)



≈1 steroid inhaler  
(200 doses)

3. Daily Controller Plus  
As-Needed Reliever  
(2 Inhalers)



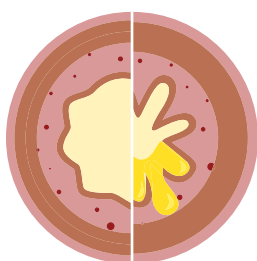
≈2.7 steroid inhalers  
(540 doses)

Reference: O'Byrne 2018, Beasley 2019, and Hardy 2019  
High quality evidence

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## How Do the Three Asthma Medication Options Compare?

### C. How Much the Swelling in Your Airways Will Decrease

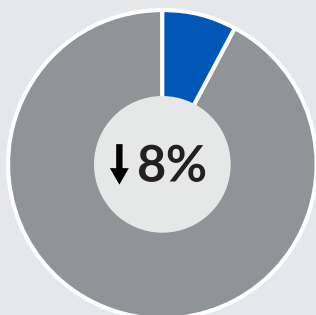


Reducing the swelling in your airways means that your airways are less thick and the air can flow better.

It also means that you have less asthma symptoms and you are at a lower risk of asthma flare-ups.

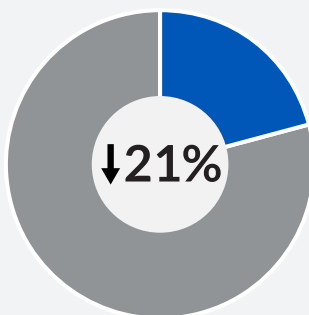
#### After one year on:

##### 1. As-Needed Reliever Only



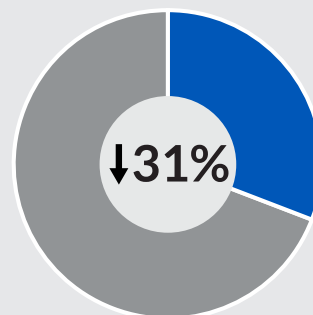
Swelling is decreased by 8%.

##### 2. Symbicort: As-Needed Controller and Reliever (Single Inhaler)



Swelling is decreased by 21%.

##### 3. Daily Controller Plus As-Needed Reliever (2 Inhalers)



Swelling is decreased by 31%.

These percentages are based on the average reduction in the concentration of a substance called “nitric oxide” in the air that you breathe out.

Reference: Beasley 2019  
High quality evidence

Step  
3

## How Do the Three Asthma Medication Options Compare?

### How Much of the Time Your Asthma Symptoms Are Under Good Control

1. As-Needed Reliever Only



2. Symbicort: As-Needed Controller and Reliever (Single Inhaler)



3. Daily Controller Plus As-Needed Reliever (2 Inhalers)



Your asthma is under good control when:

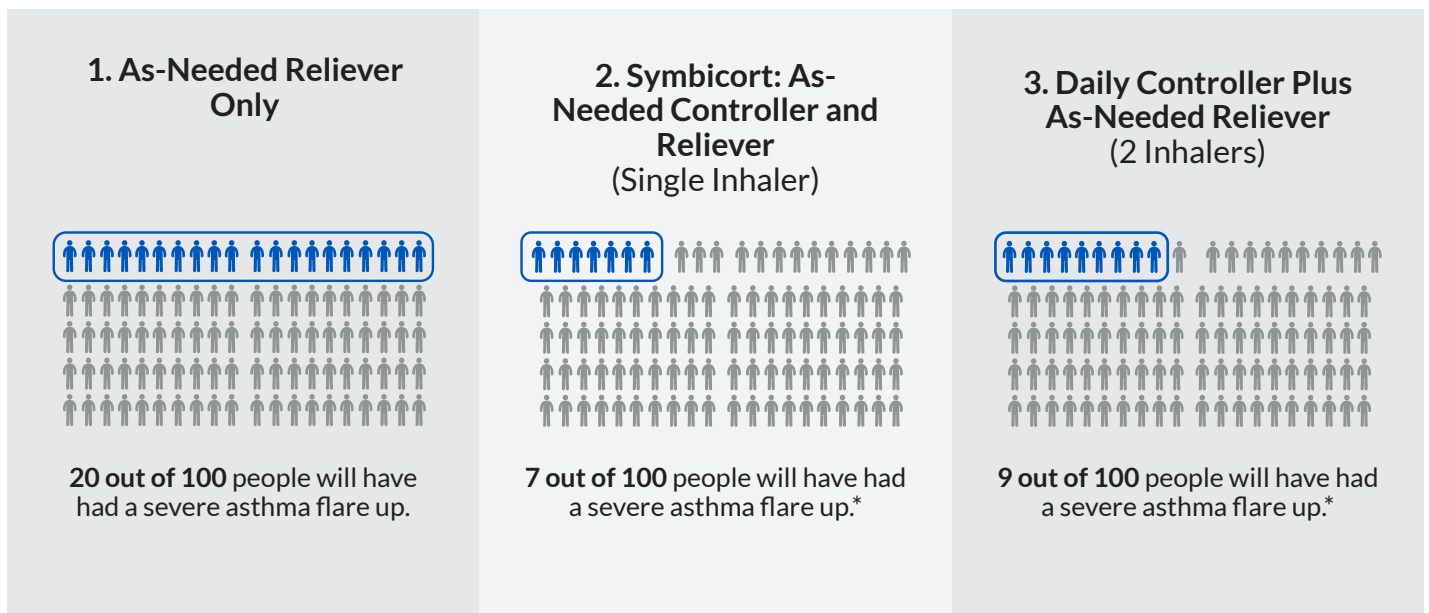
- you do **not** wake up at night due to asthma and
- you **rarely** have asthma symptoms in the day and
- you **rarely** need a rescue inhaler in the day and
- you do **not** have asthma flare-ups requiring extra steroid medications.

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## How Do the Three Asthma Medication Options Compare?

### E. How Many Patients Like You Will Have a Severe Asthma Flare-Up

Over a Year:



\*Although the numbers are different, studies show that the risk of having a severe asthma flare-up was not statistically different between as-needed Symbicort and daily inhaled steroid users.

If you develop a severe asthma flare-up, your treatment will require:

- prednisone (a steroid pill) for at least 3 days and/or
- an emergency department visit leading to oral or intravenous steroid and/or
- a stay in hospital.

Reference: O'Byrne 2018  
High quality evidence

Step  
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## How Do the Three Asthma Medication Options Compare?

### F. How Much These Medications Could Cost You



In Ontario, Canada if you do not have government or private insurance coverage, this is what you can expect to pay for each of these asthma medications.

Over a year, based on typical medication use:

#### 1. As-Needed Reliever Only

\$40

Each time you buy one inhaler, it will cost ~\$20.

#### 2. Symbicort: As-Needed Controller and Reliever (Single Inhaler)

\$215

Each time you buy one inhaler, it will cost ~\$125.

#### 3. Daily Controller Plus As-Needed Reliever (2 Inhalers)

\$280

Each time you buy one inhaler, it will cost ~\$95 (steroid) and ~\$20 (reliever).

Based on the retail price (which includes typical dispensing fees) of one Ventolin HFA inhaler (200 mcg per dose, 200 doses per inhaler), one Symbicort Turbuhaler (200 mcg per dose, 120 doses per inhaler), and one Pulmicort Turbuhaler (200 mcg per dose, 200 doses per inhaler), and trial data on medication use over one year.

Reference: O'Byrne 2018, Beasley 2019, and Hardy 2019  
High quality evidence

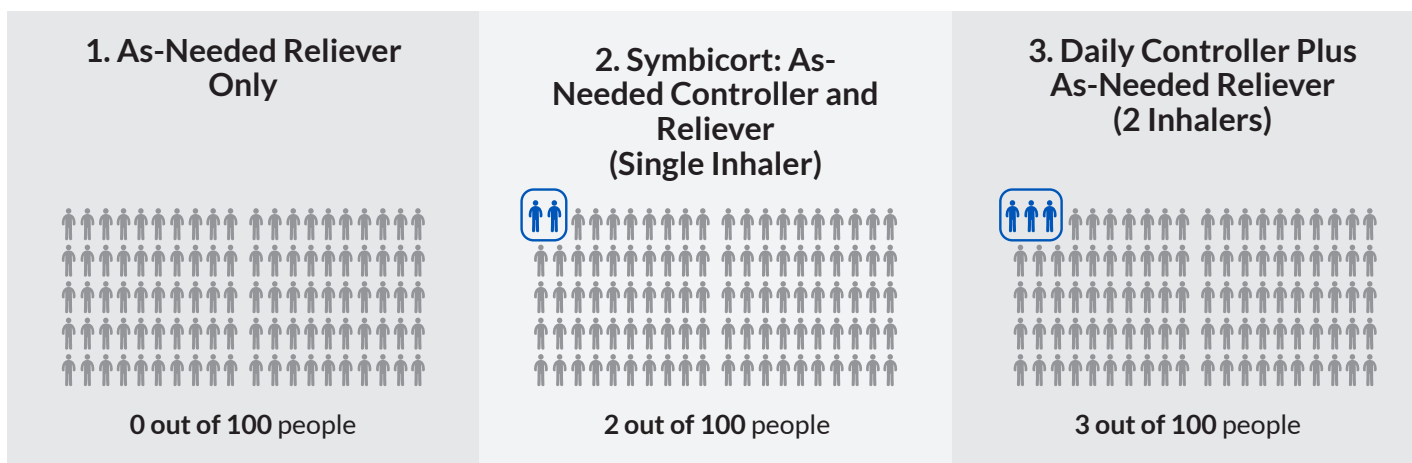
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3

## How Do the Three Asthma Medication Options Compare?

### G. Possible Side-Effects of Your Asthma Medications

Side-Effects Occurring in 2 out of 100 people, or more:

#### Hoarse Voice



Reference: Hardy 2019  
High quality evidence

Side-Effects Occurring in less than 2 out of 100 people:

- Thrush**  
 Thrush is white patches in the mouth caused by a fungus sometimes. Thrush occurs in people using inhaled steroids, but can be prevented by rinsing the mouth out with water after taking the inhaler.

Reference: Roland 2004

- Effect on growth**  
 Children who use an inhaled steroid regularly for more than 12 months end up being about 1.2 centimeters (1/2 inch) shorter than children who do not, by the age of 18.

Reference: Kelly 2012

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## Inhaled Steroids: Busting Myths

Inhaled steroids are the ingredient contained in Symbicort and steroid inhalers.



Do inhaled steroids cause weight gain? No.



Do inhaled steroids lose their effect over time? No.



Do inhaled steroids cause osteoporosis? No (not in people with mild asthma like you).



Are inhaled steroids addictive? No.



Can inhaled steroids cure asthma? No.

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## Which Asthma Medication Option Do You Prefer?

At this stage, which asthma medication option would you prefer, if you were given the choice today (select the option that applies):

- 1 Taking **only** a reliever inhaler, whenever you have symptoms

By choosing this option, you will not be using a controller to manage your asthma. As a result, you will not be treating the chronic swelling and narrowing of your airways. This carries health risks including more symptoms and flare-ups.

- 2 Taking Symbicort, a controller and reliever in a single inhaler, whenever you have symptoms

- 3 Taking a controller inhaler regularly every day, plus a reliever in a separate inhaler whenever you have symptoms

- ? You are unsure about which asthma medication option you prefer   
Please explain why you are unsure:

## You are all done!

**Please discuss your preference with your provider to ensure that you receive the asthma treatment that is best suited to you.**

Authors: Dr. Myriam Gagne and Dr. Samir Gupta © 2021. Planned update of the tool in 2025.

This tool follows the International Patient Decision Aid Standards, 2013. The content is not intended to be a substitute for professional medical advice.

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M.G. reports no conflicts of interest. S.G. holds equity in EAPOC Inc., which owns the intellectual property for the Electronic Asthma Management System, into which this decision aid is integrated.

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Definitions are provided, quality of evidence is further detailed, and a one-pager decision aid is available at: [www.asthmadecisionaid.com](http://www.asthmadecisionaid.com).