



# SURF LIFE SAVING AUSTRALIA

## POLICY STATEMENT

### ASTHMA

POLICY  
NUMBER  
**3.9**  
JULY  
2006

#### INTRODUCTION

Asthma is a common condition in Australia, affecting 12.8% of the population<sup>1</sup>. It is more common in school aged children than adults<sup>2</sup>. Currently there is no cure for asthma but in the majority of cases it can be well controlled so that the person with asthma has no limitations in their life. There are many examples of state, Australian, world and Olympic champions who have competed with well controlled asthma.

There is considerable evidence that exercise is very helpful in the overall management of people with asthma<sup>3</sup>. A history of asthma by itself should be no deterrent to participation in any aquatic activity including teaching, being taught, examining, competing, or practical lifeguarding providing the lifeguard or student concerned is following the advice of a medical practitioner who is fully conversant with the implications of these activities

When poorly controlled asthma can severely restrict a persons ability to participate in sport and can be life threatening. Three elements which have been shown to improve asthma control are;

Regular medical review (twice yearly)

Self management education (clear understanding of trigger management, medication and device use)

A written asthma action plan (detailing how to manage or avoid asthma attacks)<sup>4</sup>

Asthma has potential to be a variable condition and SLSA recognises that a lifeguard with asthma may be fully fit at some times but not fit for various lifeguarding activities during asthma exacerbations. The responsibility for the individual's management at all times rests with the person and the medical adviser concerned.

#### ASTHMA

Asthma is a chronic condition in which there is an underlying inflammation or irritation in the air passages. This irritation can lead to the narrowing of the air passages when exposed to certain triggers. Common triggers are infection, smoke or other chemical irritants, exposure to allergens, or sudden airway drying. Airway drying can be caused by rapid changes in weather, immersion in cold water, and changes in respiratory rate (exercise, strong emotions)<sup>5</sup>

A person with well controlled asthma will have normal lung function and no symptoms of an asthma attack.

An asthma attack (exacerbation) may be recognised by rapid breathing, shortness of breath, cough, an expiratory wheeze and the person complaining of a tight chest (or stomach pains in children).

Severe or life threatening asthma attacks are normally preceded by days to weeks of increasing symptoms.

Note: Patients with severe asthma may have no audible wheeze. However, they will have an obvious severe breathing problem. Patients will be pale, sweating, and may have slight blueness of lips, earlobes and fingertips. In very severe cases, the person may become unconscious.

In severe asthma, the small air tubes in the chest are grossly narrowed from: -

- i. Constriction (tightening) of the muscles surrounding the small airtubes
- ii. Blockage or narrowing of the small air tubes with thick sticky mucus. This mucus is often discoloured due to the inflammation inside the air tubes.

The combined effect of these two factors prevents the easy escape of air (expiration) from the lungs and the chest becomes over-inflated. This is also the reason that people who have stopped breathing from severe asthma are very difficult to resuscitate, as it is also very difficult for the rescuer to blow air into the over-inflated lung, and for that air to escape.

\* If this should occur the rescuer will perform EAR to the best of their ability, using mouth to mask with oxygen, or a bag and mask with 100% oxygen, whilst calling for urgent medical aid.

One of the aims of asthma management is to reduce the risk of such a severe asthma attack occurring. It is essential that asthma be treated with preventative treatment (inhalers or other medications).

Simply treating asthma with reliever inhalers on a regular basis does not provide protection from an asthma attack and does not improve the general fitness and health of an individual. Reliever inhalers should not be used without assessment by a Doctor.

## **COMMON ASTHMA MEDICATIONS**

### **“Reliever” Inhalers**

These open the airways to improve breathing and are the best for emergency treatment (see below). They can be bought over the counter which, although being of benefit for the acute asthma attack, can lead to misuse of these blue / grey inhalers

Note: In competition these can only be used by people with asthma. The diagnosis must be confirmed by their Doctor, and approved by the National Medical Officer on receipt of a signed letter by that treating Doctor.

Reliever inhalers are not performance enhancing and will not increase endurance unless the person has asthma. They will not improve recovery rates unless the person has asthma.

### **“Preventer” Inhalers**

These medications are the cornerstone of treatment of chronic (long-term) asthma and are commonly based on cortisone. They are the most important inhaler to prevent breathing problems, particularly in the person with persistent asthma.. These inhalers are started generally when more than 3 doses a week of relievers are needed<sup>2</sup>. As the main effect of asthma is long-term irritation of the small air tubes an inhaler that prevents this is the best management. Preventer inhalers (coloured orange, yellow or brown) are available only with a script. They are of no benefit during an asthma attack.

It is important to note that it may take up to 2 weeks before the best effect is gained from these inhalers.

Side effects are minimal from these inhalers and they are NOT anabolic steroids or have performance enhancing properties.

### **“Symptom Controller” Inhalers**

Symptoms controllers are medications that have very similar action to relievers (open the airway) but have a prolonged action. While the reliever medications normally provide relief from symptoms for up to four hours, symptom controllers have a twelve hour action.

Symptom controllers can take up to two hours to have their best effect and should not be used in the acute asthma attack. They should always be used in conjunction with preventer inhalers.

The symptom controller inhalers are normally coloured green and only available with a script.

### **“Combination” Inhalers**

These inhalers combine both a preventer and a symptom controller in one inhaler. These inhalers are coloured purple or white with red markings. Like preventer medications they are used twice daily (morning and night) to give good control of asthma. They are of no benefit during an asthma attack.

### **Other Medications**

Include cortisone taken orally (prednisone) and other less common medications. These can only be prescribed for competitors under strict medical guidelines, which include their treatment plan from a certified Respiratory Physician, and permission MUST be requested each time this medication is used (i.e. there is no “blanket” permission for a season). Other tablets are available (such as Singular or Nuelin) which also require notification and permission.

## **CONTENTS OF AN ASTHMA FIRST KIT**

1. A spacer device (large or small)
2. Reliever inhaler that fits the spacer
3. Asthma First Aid Procedure sheet.<sup>2</sup>
4. Written advice on good asthma control to give to patient<sup>6</sup>.

## **ASTHMA MEDICATIONS AND COMPETITION**

SLSA condemns the use of performance enhancing substances in sport as both dangerous to the health of the participant, and contrary to the ethics of the sport.<sup>7</sup> The SLSA Anti Doping Policy<sup>8</sup> applies to all competitors and testing may be carried out at any SLSA sanctioned event.

In relation to the Doping Policy mentioned above, medications used to treat asthma may contain drugs that are either prohibited or subject to certain restrictions. It is not the intent of SLSA’s Doping Policy to penalise lifesavers who have asthma. However, it is wholly on the lifesaver and his medical attendants to provide indisputable evidence of this fact.

Most asthmatic conditions can be treated by medications that are permitted or approved; however notification to the SLSA Medical Officer is still required.

**WARNING:** Do not alter your asthma treatment without first consulting your doctor or the National Medical Officer.

## ASTHMA CHECKLIST

To ensure you are taking a permitted medication and have notified the relevant authority, follow the checklist below.

### MAKE SURE THAT

1. A doctor has diagnosed your asthma
2. The asthma medications<sup>9</sup> you are taking has been prescribed by your doctor
3. The medications, which have been prescribed by your doctor, are permitted (see below)
4. You have sent notification, in writing and from your doctor, to include the name, strength and dose of medications used.

5. You have notified:

The National Medical Officer,

Surf Life Saving Australia

Level 1, 1 Notts Avenue,

Bondi Beach

NSW 2026

Phone (02) 9130 7370 Fax (02) 9130 8312

## APPROVED AEROSOL SPRAYS (inhalers) - 1ST SEPTEMBER 200(4) to check

These MUST be approved PRIOR to competition

Medical name	Company spray name
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### RELIEVERS

Salbutamol	Asmol, Airomir, Respolin*, Respax, Respolin, Ventolin
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Terbutaline	Bricanyl
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Ipratropium bromide	Atrovent, DBL Ipratropium, Ipratrin
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### SYMPTOM CONTROLLERS

Eformoterol fumarate

Dihydrate	Foradile, Oxis
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Salmeterol	Optrol*, Serevent
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### PREVENTERS

Budesonide	Pulmicort
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Beclomethasone	Qvar
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Fluticasone propionate	Flixotide
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Sodium cromoglycate	Cromese, Intal
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Nedocromil sodium	Tilade
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### COMBINATION INHALERS

Salmeterol and Fluticasone

propionate	Seretide
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Eformoterol fumarate

Dihydrate and Budesonide Symbicort

## CURRENTLY BANNED AEROSOL SPRAYS (inhalers)

Medical Name	Company spray name
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Orciprenaline	Alupent
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If you have any questions about the use of asthma medications, Contact

ASDA Drugs in Sport Hotline 1800 020506 (Mon to Fri 0900 to 2100) or

Surf Life Saving Australia (02) 9130 7370

REMEMBER –

Medications may change each year

You MUST renew your approval EVERY YEAR

## **REFERENCES / FURTHER READING**

1. Australian Centre for Asthma Monitoring, 2003
2. National Asthma Council, 2002 Asthma Management Handbook
3. Oxford Textbook of Medicine 3rd edition. Oxford. 1990.
4. Self Management Education Evidence Based Review. P Gibson, 2000
5. Asthma Educators Association (NSW) 2002
6. Central Coast Health guidelines 2004
7. Drugs in Sport Handbook. Australian Sports Drug Agency - PO Box 345, Curtin ACT 2605
- 8 Anti-Doping Policy. Surf Life Saving Australia, Sydney 2004.
- 9 MIMS Annual (all medications available) – [www.mims.com.au](http://www.mims.com.au)

Reviewed as a draft by Ken Langbridge, Adult Asthma Educator, Central Coast Health on behalf of the Copacabana SLSC as part of the Copacabana SLSC asthma community activity. December 2004