

Medications and You

Knowing which medication NOT TO TAKE is often as important as knowing which TO TAKE when you have chronic lung disease.

There are many different medications on the market today that help you breathe easier. Your doctor may already prescribe some of these for you. If so, the list of medications included may help you understand why you are taking them, how they work, and possible side effects.

You should always tell your doctor if you are taking other medications, especially those listed below that should be used in the direction of your doctor. This is particularly true of narcotics, sleeping pills and tranquilizers.

Over the counter cold and sinus medications:

before you take the over the counter medications, you should discuss potential problems with your pharmacist or physician. Read the labels carefully. For example, products containing cough suppressants can be counter-productive to a respiratory patient since they prevent coughing which clears the lungs!

Asthma: Individuals with Asthma might find that aspirin causes shortness of breath and wheezing. If this occurs, discuss a substitute with your doctor.

Flu and Pneumonia vaccines_ Anyone with COPD is considered high risk. This includes those caring for patients with COPD.

Flu vaccine: given yearly

Pneumonia Vaccine: given every 5-6 years, depending on your age and symptoms.

General medication guidelines:

- Take medications as prescribed.
- Take those labeled "PRN" only when needed.
- Missed doses-never double dose.
- Storage: original container, away from heat, light, moisture and children.
- Don't use over the counter medications without consulting your pharmacist or physician.
- Keep a written record of your medications, including vitamins, herbal and over the counter.
- Don't take medication prescribed for someone else!
- Notify your physician if medications aren't working or you develop questionable side effects.

**If taking a variety of inhaled medications, always take quick acting one before the slow acting one. Albuterol remains the "rescue" drug with onset of action 1-5*

minutes after inhalation. A good rule of thumb is to take the bronchodilators first and steroids last. REMEMBER to rinse your mouth after all inhalers, especially steroids.

Pulmonary Medications

1. Theophylline- Theodor, Slo-bid, Theo-24

How they work-Bronchodilator that opens narrowed airways to allow better airflow.

How to take-by mouth in a pill, capsule or liquid form.

Possible side effects- upset stomach, nausea, vomiting. Nervousness, restlessness, hyperactivity.

Take with food if upset stomach is a problem. Blood levels are required periodically.

2. Inhaled bronchodilators(beta Agonists)-Albuterol, Proventil, Ventolin, Foradil, Serevent, Xopenex.

How they work- Bronchodilators that open narrowed airways to allow better airflow. Specific time to bronchodilatation depends on the specific drug chosen.

How to take them- inhaled directly into the airways by use of nebulizer, metered dose inhaler, or diskus.

Possible side effects- Increased heart rate, nervousness, restlessness, dryness of mouth or throat.

* Aerochamber (or proper delivery device) is used to enhance medication deposition in the airways and to decrease side effects.*

3. Inhaled bronchodilators (Anticholinergic)-Atrovent, Spiriva

How they work-Dilates the airway by prevention of airway contraction and maintenance of open airways.

How to take them- Atrovent is inhaled directly into the airways by a metered dose inhaler (use an aerochamber with inhaler) or nebulizer. Spiriva is used with handihaler device.

Possible side effects- cough, hoarseness, sore mouth or throat

4. Oral steroids-Prednisone

How they work-steroids help to reduce inflammation of airways.

How to take them- may be taken in a pill or liquid form.

DON'T STOP TAKING ABRUPTLY!

Possible side effects-cough, hoarseness, sore mouth or throat, stomach upset.

5. Inhaled steroids-Azmacort, Aerobid, Flovent, Pulmicort

How they work-steroids help to reduce inflammation in airways. They work slowly; preventative or maintenance drug.

How to take them-inhaled directly into the airways via metered dose inhaler with aerochamber or appropriate delivery device.

Possible side effects-cough, hoarseness, sore mouth or throat, lessened or prevented with proper delivery device.

6. Other inflammatory medication-Intal (Cromolyn), Tilade

How they work-Used to prevent asthmatic attacks.

How to take them-Inhaled directly into the airways via metered dose inhaler. (Intal Spinhaler, roto caps) May also be nebulized.

Possible side effects-dry throat, bad taste, cough, nausea, nasal congestion, dizziness.

7. Combination medications-combined medications from different drug classes.

Combivent-Atrovent and Albuterol

Duoneb-Atrovent and Albuterol

Advair-Serevent and Flovent

8. Leukotriene Modifiers-Accolate, Singulair, Zflo

How they work-A new class of Asthma medications that work by preventing swelling in the airways. It also prevents constriction in the airways.

How to take them-They can be taken in pill or liquid form. Accolate should be taken on an empty stomach.

Possible side effects-headache, dizziness, nausea.

9. Diuretics-Lasix (Furosemide), Bumex, Lozol, HCTZ

How they work-rid the body of excess fluid by increasing the flow of urine.

This prevents excess fluid backing up into the lungs and making breathing difficult.

How to take them-by mouth in pill form. May be given IV in the hospital.

Possible side effects-frequent urination, excessive thirst, muscle weakness or cramps. CONSULT YOUR DOCTOR FIRST IF YOU HAVE SIDE EFFECTS-DON'T JUST STOP IT.

10. Potassium supplements-Kdur, Slo-K, KCL

How they work-replace potassium lost with diuretics and corticosteroids.

How to take them-Tablet, capsule, liquid, IV

Possible side effects-upset stomach, nausea. With low levels-weakness, muscle cramps. With high levels-confusion, muscle tightness, cold, tingling.