

ASTHMA MEDICATIONS

Information compiled by the Asthma & Allergy Foundation of America, Texas

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Information should not be used as a prescribing guideline

CATEGORY	BRAND	GENERIC	USE	SIDE EFFECTS	COMMENTS
Corticosteroids Adrenocorticoids Glucocorticoids	Inhaled: Flovent Pulmicort Turbuhaler Pulmicort Respules Advair Asmanex Twisthaler Vanceril Beclivent Azmacort Aerobid Aerobid -M (menthol) Qvar Tablet or syrup: Prelone Prednisone Medrol	Inhaled: Fluticasone Budesonide Budesonide Fluticasone with salmeterol Mometasone Beclomethasone Beclomethasone Triamcinolone Flunisolide Flunisolide Beclomethasone Tablet or Syrup: Prednisolone Prednisone Methylprednisolone	Anti-Inflammatory to control/prevent symptoms	Inhaled: >1 mg daily - skin thinning, easy bruising, adrenal suppression, cataracts. Minor temporary growth delay may occur in children. Tablet or Syrup: Long term use may lead to osteoporosis, hypertension, diabetes, cataracts, adrenal suppression, obesity, skin thinning, muscle weakness. Certain other conditions may be worsened, i.e, herpes, Varicella, tuberculosis, hypertension.	Efficacious. Using spacers, rinsing mouth after use helps prevent candidiasis. <i>Asmanex</i> contains milk proteins. <i>Advair</i> : please note FDA information about LABA <i>Pulmicort</i> = dry powder, may not feel or taste medication <i>Pulmicort Respules</i> used only in standard jet nebulizer, not ultrasonic nebulizer. Tablet or Syrup: Alternate day am dosing produces less anxiety. Short term 3-10 day bursts good for prompt control. Administer till PEF80% or symptoms resolve.
Non-steroidal anti-inflammatories	Intal Tilade	Cromolyn sodium Nedocromil	Anti-Inflammatory	Minimal, cough may result when inhaling.	Can use 4-6 wks for maximum effect.
Long-Acting Beta ₂ -Agonists	Inhaled: Serevent inhaler Serevent discus Foradil Sustained-release tablets: Brethine Bricanyl	Inhaled: Salmeterol Salmeterol Formoterol Sustained-release tablets: Terbutaline Terbutaline	Bronchodilator	Inhaled: have fewer, less significant side effects than tablets Tablets: Beta ₂ -Agonists may cause heart stimulation, anxiety, pyrosis, skeletal muscle tremor, headache, hypokalemia	NOT to use as treatment for exacerbation. Always use in combination with anti-inflammatory. Combining with low-medium dose of inhaled steroid usually produces more effective control than higher doses of inhaled steroid only.

Xanthines/ Methylxanthines	Theodor	Theophylline Aminophylline	Bronchodilator with uncertain anti- inflammatory effect	Nausea, vomiting are common. Serious effects are high dosing include seizures, tachycardia, arrythmias	Monitoring is usually required. Febrile illness may affect absorption and metabolism.
Anti-Leukotrienes/ Leukotriene modifiers	Singular Accolate Zyflo	Montelukast Zafirlukast Zileuton	Leukotriene receptor antagonist 5-lipoxygenase inhibitor	Limited data; no specific adverse effects to date at recommended dosage Elevation of liver enzymes possible. Limited reports of reversible hepatitis and hyperbilinbinemia	New, further study is needed to determine role in asthma therapy.
Short-Acting Beta ₂ -agonists	Proventil Ventolin Proair Maxair Alupent Brethine	Albuterol Albuterol Albuterol Pirbuterol Metaproterenol Terbutaline	Bronchodilator	Inhaled Beta ₂ -agonists have less side effects than tablets or syrups. Tablets or Syrups: May cause heart stimulation, skeletal muscle tremor, headache and irritability.	Drugs of choice for acute bronchospasm. Inhaled route is faster-acting & more effective than tablets or syrup. Increased use, lack of results, using >1 canister a month sign asthma uncontrolled.
Anticholinergics	Atrovent Oxivent	Ipratropium Bromide Oxitropium Bromide	Bronchodilator	Bad taste in the mouth or minimal mouth dryness	Additive effect with beta ₂ -agonists or alternative for patients with intolerance for Beta ₂ -agonists, but has slower onset of action time.
Epinephrine/ adreneline injection			Bronchodilator	Similar but more significant effects than beta ₂ -agonists. May produce convulsions, chills, fever and hallucinations.	Not recommended for asthma exacerbations if beta ₂ -agonists are available.