

Asthma and COPD are often treated with inhaled medications. These medications take two forms. The first type of inhaled therapy is called “rescue” therapy. The medications in this category act as muscle relaxers for the muscles that wrap around airways. When these muscles relax, the airways open up and the patient can breathe easier. These therapies work quickly, but also wear off in a few hours. They should be used for immediate relief of symptoms such as wheezing, shortness of breath and coughing. Rescue medications include albuterol (ProAir, Ventolin, Proventil) and ipratropium (Atrovent). These medications come in inhaler devices or can be used in a nebulizer.

Many patients have frequent symptoms occurring more than a few days per week or daily, which would lead to regular and frequent use of rescue inhalers. Often, “control” therapy is needed in this circumstance. Control inhaled therapies come in three forms – long acting beta agonist or LABA, long acting muscarinic antagonist or LAMA, and inhaled corticosteroid or ICS. The first two (LABA and LAMA) are long acting forms of the muscle relaxer type of medications found in rescue inhalers. The third (ICS) works against inflammation in the airways that occurs in patients with COPD or asthma. For many asthmatic patients especially, the anti-inflammation property is essential to getting symptoms under control. There are a variety of inhaled control medications and some of these medications come in combination with each other, most commonly one inhaler containing both LABA and ICS. These medications come in a variety of different types of inhaler devices as well. Most often control therapies are taken once or twice daily and should be taken every day regardless of how the patient feels in order to prevent symptoms from flaring up. If symptoms do flare up despite use of control-inhaled therapies, rescue inhalers can be used safely in combination with control inhalers.