

Associate Professor Reddel has served on advisory boards for AstraZeneca, GlaxoSmithKline and Novartis, and has provided consulting for Biota, GlaxoSmithKline and Novartis. She has received honoraria from AstraZeneca, Boehringer Ingelheim and GlaxoSmithKline for educational presentations, is chairing a joint data monitoring committee for AstraZeneca, GlaxoSmithKline, Merck and Novartis, and has received research funding from AstraZeneca and GlaxoSmithKline. She contributed to

the development of action plan templates for budesonide/eformoterol maintenance and reliever therapy, and a generic action plan template and an asthma first aid chart for the National Asthma Council.

Note: The April 2012 issue of *Australian Prescriber* featured an article on rational prescribing for ongoing management of asthma in adults, also by Dr Reddel.

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SELF-TEST QUESTIONS

True or false?

- Action plans should advise against the use of spacers during exacerbations of asthma.
- Patients with an exacerbation of asthma should not start oral corticosteroids before being examined by a doctor.

Answers on page 103

Dental note

Asthma action plans

Although asthma frequently presents in childhood, it can occur for the first time at any age. An asthma attack can occur during dental treatment so a plan for managing these attacks is always prudent.

Patients who regularly use inhalers should be advised to bring them to dental appointments so that they can self-medicate if necessary. Ideally patients would have a written asthma action plan to provide information about asthma first aid. Dentists should

ask their patients to bring their written asthma action plan and discuss with them what to do in an asthma emergency. This discussion may further prompt the patient to undertake a written asthma action plan with their doctor.

The basic principle of management of acute asthma is giving repeated doses of an inhaled bronchodilator (the 4 x 4 x 4 rule). More detail is given in Therapeutic Guidelines: oral and dental.¹

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