CASE BASED DISCUSSION

Your asthma reliever inhaler: never leave home without it

Mitesh Patel, Janine Pilcher

CHEST CLINIC

Case based discussion

JP: A 25-year-old gentleman with asthma attended for routine out-patient review. As part of this consultation, his current symptoms and recent inhaler use were discussed, including whether he ever left home without his reliever inhaler. Though his asthma was well controlled, he reported that he always carried his reliever inhaler with him for use as a bottle opener for the treatment of acute beverage thirst attacks.

MP: Asthma patients traditionally use reliever inhalers for symptoms of chest tightness, wheeze and cough, and are generally advised to always keep these inhalers with them at all times. Increasing use of short-acting β-agonists for symptom relief is associated with risk of exacerbation and hospital admission for asthma, and is an important marker of asthma control.

There are, however, alternative uses for inhalers that are not immediately apparent to healthcare professionals. These include use to perform ‘frosties’, whereby the inhaler is placed close to the skin and actuated repeatedly.

One such alternative use is as a bottle opener for the treatment of an acute beverage thirst attack. This ailment is characterised by irresistible, and often unpredictable, episodes of thirst, in the context of a busy social life. Further information from the patient is required and a diagnostic procedure is suggested.

JP: The patient was asked to simulate an acute beverage thirst attack and demonstrate his reliever inhaler technique. In keeping with recommendations, this was performed with full video monitoring. He was presented with glass bottles with non-twistable metal bottle caps.

Four demonstrations were performed using one inhaler and four beverage bottles. A total of 4/4 (100%) attempts were successful, leading to immediate relief of the beverage thirst attack (figure 1 and online Video supplement). Mean time to successful opening (SD) was 3.1 (SD) s and within-patient repeatability was 100%. Mean bottle-top ejection height (SD) was 1.0 (0.7) m, with some collateral loss of fluid in the process.

CONSENT

Written informed consent was obtained from the patient. The images have been anonymised.

Acknowledgements

We would like to thank the patient for his participation. We are grateful to Professor Richard Beasley for his guidance.

Contributors
MP and JP contributed equally to the data collection and manuscript preparation.

Competing interests
None.

Patient consent
Obtained.

Provenance and peer review
Not commissioned; internally peer reviewed.

REFERENCES


Figure 1 Bottle opening during a simulated acute beverage thirst attack.
Your asthma reliever inhaler: never leave home without it

Mitesh Patel and Janine Pilcher

Thorax 2012 67: 1119
doi: 10.1136/thoraxjnl-2012-202746

Updated information and services can be found at:
http://thorax.bmj.com/content/67/12/1119

These include:

Supplementary Material
Supplementary material can be found at:
http://thorax.bmj.com/content/suppl/2012/11/16/thoraxjnl-2012-202746.DC1.html

References
This article cites 7 articles, 2 of which you can access for free at:
http://thorax.bmj.com/content/67/12/1119#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections
Asthma (1695)
Journalology (117)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/