



CASE BASED DISCUSSION

Your asthma reliever inhaler: never leave home without it

Mitesh Patel, Janine Pilcher

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Medical Research Institute of New Zealand, Wellington, New Zealand

Correspondence to

Dr Mitesh Patel,
Medical Research Institute of New Zealand, Private Bag 7902, Wellington 6242, New Zealand;
Mitesh.Patel@mrnz.ac.nz

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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,¹ 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 exacerbation² and hospital admission for asthma,³ and is an important marker of asthma control.⁴

There are, however, alternative uses for inhalers that are not immediately apparent to healthcare professionals. These include use to perform 'frostsies', whereby the inhaler is placed close to the skin and actuated repeatedly.⁵

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,^{6,7} 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) s and within-patient repeatability was 100%. Mean bottle-top ejection height (SD) was 1 (0.7) m, with some collateral loss of fluid in the process.

MP: This is the first reported case of the use of an asthma reliever inhaler to alleviate the symptoms of an acute beverage thirst attack. While traditionally used for the relief of asthma symptoms, an asthma inhaler can be indispensable in the relief of acute thirst in the context of bottle opener absence. This case provides a timely reminder regarding the importance of carrying a reliever inhaler at all times.

CONSENT

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

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Competing interests None.

Patient consent Obtained.

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Figure 1 Bottle opening during a simulated acute beverage thirst attack.