

KEEPING ME HEALTHY

(guide to living with Asthma)

The information in this booklet
is not a substitute for medical care.
Individual experiences may vary.



REAL MEDICINE™

To find a St. John physician:

St. John HealthLine: 1-888-757-5463

Asthma Information Sources

St. John Health

1. St. John Asthmatic/Allergic Parent Resource Group:
1-888-757-5463

Michigan

1. American Lung Association of MI (Oak Park)
1-800-543-5864 Internet: www.alam.org
2. Asthma Initiative of Michigan
Internet: www.getastmahelp.org

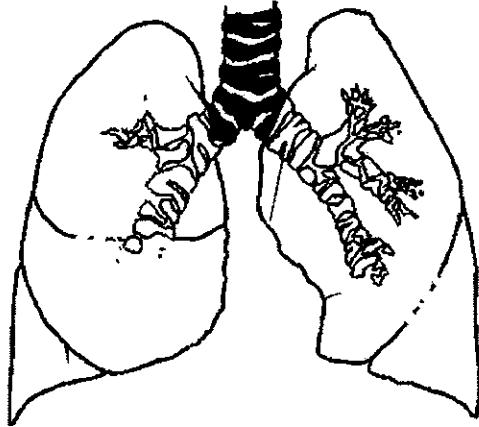
National

1. Asthma and Allergy Foundation of America:
1-800-7ASTHMA Internet: www.aafa.org
2. American Academy of Allergy, Asthma and Immunology:
1-800-822-2762 Internet: www.aaaai.org
3. American Lung Association:
1-800- LUNG USA Internet: www.lungusa.org
4. National Heart Lung and Blood Institute:
1-301-496-554 Internet: www.nhlbi.nih.gov
5. National Jewish Medical and Research Center:
1-800-222-LUNG Internet: www.njc.org
6. Allergy and Asthma Network/Mothers of Asthmatics, Inc:
1-800-878-4403 Internet: www.aanma.org

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WHAT IS ASTHMA?



Asthma is a lung disease that makes breathing difficult. It causes the air passages in the lungs to become irritated and swell, so there is less room for air to get through. Muscles surrounding the airways become tighter, thick mucus is produced which further blocks the air passages.

The exact cause of asthma is not known, but it does seem to run in families.

Typical symptoms of asthma include difficulty in breathing, tightness in the chest, wheezing, and coughing.

There is no cure for asthma but there are a number of ways to control asthma symptoms. Working closely with your doctor, you can develop a plan of treatment which will help you lead a normal and healthy life.

MANAGEMENT PLAN TO CONTROL YOUR ASTHMA

BE SURE TO DISCUSS WITH YOUR DOCTOR

Review how and when to take your medications. Make sure that you know which medicine is to be taken when you are having symptoms, and which medicine is to be taken regularly to avoid problems (See page 4).

Learn what your asthma triggers are and ways to avoid contact with them (See page 12). If you smoke, you need to quit (See page 23).

If your asthma symptoms are triggered by physical activity, work with your doctor to develop an exercise plan (See page 18).

Learn your warning signs of an asthma attack so that you can begin treatment quickly (See page 19).

If you use a peak flow meter to monitor your breathing, make sure that your doctor determines your three “zones” of peak flow readings (See page 21). Have your doctor write down the medications you should take in each zone (See page 22). Ask your doctor to complete an Asthma Control Plan for you to use as a guide to manage your asthma.

MEDICATIONS

Take your medications properly.

- Do not take other people's drugs. They can cause serious harm.
- Know how each drug works and be aware of the possible side effects of each drug you take. If you are not sure, call your doctor or pharmacist.
- Make sure you know which medicine is to be taken when you start to have symptoms ("rescue medications") and which medicine is for regular maintenance.
- Always take your medication as directed.
- If you miss taking a dose, take it as soon as you remember and arrange to take the next dose when it is due. Do not take a double dose to make up for the missed dose.
- If you feel your medication is not helping, call your doctor. Do not quit taking your medicine unless your doctor tells you to stop.
- Do not use over-the-counter-asthma, herbal, cold medicines or food supplements unless your doctor says it is OK.

OTHER IMPORTANT THINGS TO DO

- Stay calm when symptoms arise. If your medicine does not seem to relieve your symptoms, seek the medical care you need immediately.
- Be sure family and friends are aware of your condition and teach them ways they can assist you when help is needed.
- Keep emergency information and phone numbers handy.
- Eat right, exercise and get enough rest.

BRONCHODILATORS

Bronchodilators are available in several forms: pills, liquids, inhalants and injections. There are two types of bronchodilators:

SHORT-ACTING BRONCHODILATORS

("Rescue" medicine)

Short-acting bronchodilators act almost immediately to relax the muscles that tighten around the airways and allow you to breathe more freely. They provide rapid relief when

symptoms occur. **These drugs can treat a sudden attack.** These drugs are also used to prevent exercise induced asthma attacks. They are commonly called “rescue” medications. Keep your rescue inhaler (inhaled medication that you use to treat symptoms of an attack) with you at all times.

Examples of short-acting bronchodilators are:

Albuterol (Ventolin[®], Proventil[®]), Terbutaline (Brethine[®]), Metaproterenol (Alupent[®]), Pirbuterol (Maxair[®]) and Levalbuterol (Xopenex[®]).

Common side effects: tremor, nervousness, cough, headache, and a fast heartbeat.

LONG-ACTING BRONCHODILATORS

(“Maintenance” Medicine)

Long-acting bronchodilators work more slowly, but work for a longer period of time. They are **used regularly**, usually twice daily, to constantly maintain open airways. **Long-acting bronchodilators should never be used to treat sudden symptoms.**

Examples of long-acting bronchodilators are:

Theophylline (Uniphyl and Theo-24) Salmeterol xinafoate (Serevent), Albuterol sulfate tablets, Combivent[®] (a combination of ipratropium and albuterol) and formoterol fumarate (Foradil[™]). A combination dry powder inhaler Advair (Serevent and Flovent) is also available.

Common side effects: nervousness, headache, cough, nausea, fast heartbeat, insomnia, and dizziness.

COMBINATION DRUGS

Some people benefit from the combination of a long or short acting drug along with another drug to control bronchospasm or inflammation. Combivent is a combination of a short acting bronchodilator and ipratropium which controls bronchospasm. Advair is an example of a drug that combines an inhaled corticosteroid and a long acting bronchodilator. See the sections on these separate drugs for side effects.

ANTI-INFLAMMATORY (Maintenance) MEDICINES

Anti-inflammatory medicines are used to prevent inflammation and swelling of the airways. They are used **daily** to make the air passages less irritable, helping to prevent asthma attacks. **They cannot treat a sudden attack.** They are commonly called “maintenance” medications.

NON STEROIDAL ANTI-INFLAMMATORY MEDICINES

Examples: Cromolyn (Intal®), and Nedocromil (Tilade®)

Common side effects: nausea, throat irritation, and cough.

STEROIDAL ANTI-INFLAMMATORY MEDICINES

Corticosteroids are anti-inflammatory medicines that reduce the swelling of air passages and protect them from irritants and allergens. They also increase the effectiveness of bronchodilator medicines. They should be used daily to prevent inflammation. **They cannot treat a sudden attack.** These medications are not related to the steroids that body builders use.

Inhaled Corticosteroids

Inhaled steroids often take several weeks before they are fully effective. They should be taken after a bronchodilator to help deposit the medication deep into the lungs. An inhaled steroid has a low risk of side effects when used at recommended doses.

Examples of inhaled corticosteroids include:

Triamcinolone (Azmacort®), Flunisolide (Aerobid®), Beclomethasone (Qvar®), Fluticasone (Flovent®), and Budesonide (Pulmicort®).

Common side effects of the inhaled corticosteroids include:

Headache, hoarseness, dry mouth, and fungal (yeast) infection in the mouth. To prevent oral fungal infection, always rinse, gargle and spit after each treatment and use a spacer if appropriate.

Corticosteroid Tablets:

Prednisone, a corticosteroid pill, is used to reduce inflammation, swelling and mucous production. Bronchodilators work better with Prednisone. Prednisone starts to work within a few hours, but may take several days to have a full effect. It is often used during and after a severe episode. Always follow your doctor's advice when taking oral steroids and do not stop taking them without consulting your doctor. Tell any medical professional you see that you are taking a steroid, especially before:

- Taking any type of shot
- Starting a new medication
- Having surgery or dental work

Examples of oral corticosteroids include:

Prednisone (Deltasone®), Prednisolone (Prelone®, Pediapred®), and Methylprednisone (Medrol®).

Side effects of oral corticosteroids include: weight gain, mood changes, high blood pressure, and digestive problems.

LEUKOTRIENE (LOO-KO-TRY-EEN) INHIBITORS/ ANTI-LEUKOTRIENES

Leukotriene Inhibitors, also known as Anti-leukotrienes work by directly blocking substances (leukotrienes) that can cause asthma symptoms. Leukotrienes are natural substances in everyone's body, but in people with asthma, these substances can cause the muscles in the airways to tighten and produce mucus. This mucus can block the smaller airways, which can result in coughing, wheezing, and other breathing problems.

These medicines should be used daily to prevent asthma symptoms. **They cannot treat a sudden attack.** These medications are not related to corticosteroids.

Some examples of leukotriene inhibitors/anti-leukotrienes include: Montelukast (Singulair®), Zafirlukast (Accolate®), Zileuton (Zyflo®).

METERED-DOSE INHALER (MDI)

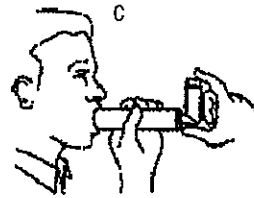
An MDI (commonly called an inhaler or a “puffer”) provides asthma medication under pressure in a canister and is breathed in as a fine aerosol spray.

USE OF AN INHALER WITH A SPACER

If you don’t use an inhaler the right way, much of the medicine may end up on your tongue, on the back of your throat, or in the air. Sometimes the sudden spray of medicine from the inhaler can cause you to cough, which prevents you from inhaling the medicine properly.

Use of a spacer with your inhaler can help prevent these problems. A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow deep breaths. It helps you to breathe in the full dose of medicine.

1. Remove the cap of the inhaler and the spacer.
2. Hold the inhaler upright and shake well.
3. Insert the inhaler into the spacer.
4. Breathe out as completely as possible.
5. Put the spacer mouth piece into your mouth. (fig. C)
6. Release medication by pressing down on the inhaler.
7. Breathe the medication in slowly, and continue to breathe in for 3 to 4 seconds. (Some spacers may “whistle” if you breathe in the medication too quickly.)

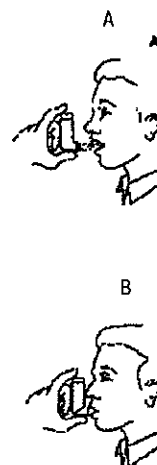


8. If possible, hold your breath for 10 seconds. This gives the medicine time to settle inside your lungs.
9. Repeat puffs as prescribed. Waiting one minute between puffs may permit the second puff to go deeper into the lungs.

USE OF AN INHALER (WITHOUT A SPACER)

It is important to use your inhaler exactly as prescribed. Inhalers and spacers must be used properly for the medication to be effective.

1. Remove the cap of the inhaler.
2. Hold the inhaler upright and shake well.
3. Breathe out as completely as possible.
4. Hold the inhaler 1 to 2 inches from your open mouth. (fig. A) *or* put the end of the inhaler in your mouth past your teeth. Close lips around the mouth piece. (fig. B)
5. Begin to breathe in slowly.
6. Release medication by pressing down on the inhaler.
7. Continue to breathe in slowly for 3 to 4 seconds.
8. If possible, hold your breath for 10 seconds. This gives the medicine time to settle inside your lungs.
9. Remove the inhaler from your mouth and exhale normally.
10. Repeat puffs as prescribed. Waiting one minute between puffs may permit the second puff to go deeper into the lungs.



DRY POWDER INHALER (DPI)

Dry powder inhalers provide asthma medication that is breathed in as dry powder. Dispensers vary by manufacturer. Follow the instructions included with the medication. All dry powder inhalers require the patient to breathe in the medicine with a relatively fast deep breath. This breath should be held for 5 - 10 seconds then exhaled through the mouth. **A spacer is not used with this medication.**

Examples: Budenonide (Pulmicort®), Fluticasone (Flovent Rotahaler®), Salmeterol xinafoate (Serevent Diskus®), Advair (a combination of Serevent and Flovent), formoterol fumarate (Foradil) and Tripropium Bromide (Spiriva).

BREATH ACTUATED INHALER (BAI)

Breath actuated inhalers provide asthma medication that is under pressure in a canister and is breathed in as a fine aerosol spray. The medication is delivered to you by taking in a slow deep breath. It does not require you to push down on the canister to release the medication like an MDI. To best deliver the medication, you should breathe in slowly and deeply. This breath should be held for 5 - 10 seconds and then exhaled through your mouth. **A spacer is not used with this medication.**

Example: Pirbuterol (Maxair Autohaler®)

USE OF A NEBULIZER WITH AN AIR COMPRESSOR

Nebulizers are used by very young children, persons who have problems using inhalers, persons with asthma that is more difficult to control, or during an asthma flareup. This machine allows you to easily breathe in your asthma medication as a mist.

1. Measure the prescribed amount of medication and place it into the nebulizer.
2. Connect the plastic tubing from the air compressor to the nebulizer.
3. Turn on the air compressor.

4. Put your lips over the mouthpiece or place face mask over nose and mouth.
5. Breathe in and out through your mouth. Hold your breath for 1-2 seconds if able.
6. Continue until medication is gone (about 10 to 15 minutes).

VACCINATIONS

The Influenza Vaccine (Flu vaccine) and Pneumococcal Vaccine (Pneumonia vaccine) are important vaccinations that people with asthma should receive. Ask your doctor about both of these vaccines at your next appointment.

Flu Vaccine:

The flu can be a serious disease. It is caused by a virus that spreads from persons who already have the infection to others. The “influenza season” in the U.S. is from November through April each year. The flu vaccine can prevent the flu. **A flu shot is needed every year.** The best time to get the vaccine is from October to mid November. Ask your doctor about whether to get a flu vaccine if you:

1. have ever had a serious allergic reaction to eggs or a previous dose of flu vaccine *or*
2. have had Guillain-Barre Syndrome.

Pneumonia Vaccine:

Like the flu, pneumonia is a disease that can cause sickness and death. Anyone can get pneumonia. People with asthma are at greater risk for the disease. The Pneumonia vaccine protects against 23 types of pneumonia. Most healthy people who get the pneumonia vaccine develop protection against most common types of pneumonia within 2 to 3 weeks of getting the shot. **Usually, one dose of the Pneumonia vaccine is all that is needed every five years.**

ASTHMA ATTACK TRIGGERS

A “trigger” is something that causes an asthma attack. People with asthma may be sensitive to various substances and environmental conditions that are normally harmless to others. Triggers vary from person to person. Knowing what things trigger your attacks, and finding ways to avoid contact with those triggers, will help you control your symptoms.

The following have been found to be common triggers of asthma attacks:

AIRBORNE SUBSTANCES:

pollen, dust, animal dander and mold.

COMMON IRRITANTS:

cigarette smoke (including secondhand smoke), smoke from other sources such as wood-burning stoves, candles, and burning leaves, aerosol sprays, strong odors, perfume and other chemicals.



RESPIRATORY INFECTIONS

or “colds”.

CHANGES IN HUMIDITY OR TEMPERATURE or

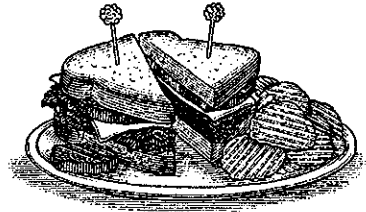
breathing cold air.



ASPIRIN
and certain other medications.



FOODS
that contain certain
preservatives, or those which
may cause an allergic reaction.



EMOTIONAL STRESS
such as excitement, anxiety,
or even prolonged laughing or crying.

EXERCISE



MANAGING ASTHMA TRIGGERS

Preventing asthma attacks becomes easier if you can identify your triggers and try to avoid them as much as possible. While it may be impossible to remove every trigger from your home, there are some things you can do to keep the air cleaner and healthier. Some things you may want to try include:

REDUCE AIRBORNE IRRITANTS

- Keep doors and windows closed in your house and car.
- Use air conditioning in your home, or at least in your bedroom.
- Use filters or clean cheesecloth over heat vents. You should clean or replace these regularly.
- Stay indoors during the afternoon and evening during peak pollen seasons.
- Have someone else mow the grass if possible.

LIMIT DUST

- Reduce clutter and dust-trapping items in your home.
- Replace draperies with washable shades. Replace carpet with wood or vinyl flooring.
- Use synthetic bedding and pillows, or those labeled “nonallergenic.” Place your mattress and box spring in an airtight cover.
- Wash bed covers, clothes and stuffed toys once a week in hot water (130°F).
- When dusting, use a damp cloth to attract particles and keep them from becoming airborne.
- Have someone else do the vacuuming, and stay out of the room while it is being vacuumed. If you must vacuum, use a dust mask and double-wall vacuum cleaner bags with HEPA filters to reduce the amount of dust you breathe in. Change your vacuum cleaner dust bags when they are half full.

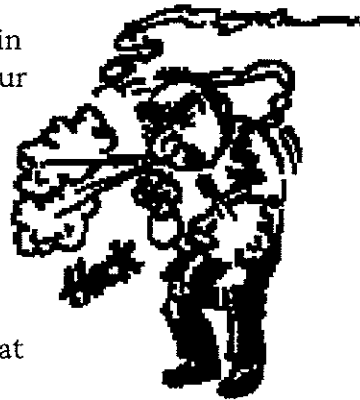
PREVENT MOLD

- Keep bathrooms clean and dry.
- Run a dehumidifier in your basement.
- Dry your freshly laundered clothes promptly.
- Air out damp areas.
- Avoid houseplants. Moist potting soil can be a haven for molds.
- Avoid areas of outdoor mold such as wet leaves, garden debris, stacked wood or areas of standing water.



AVOID SMOKE

- If you smoke, stop! (See tips to stop smoking, page 22)
- Make your home a smoke free environment, or allow smokers in rooms that are furthest from your bedroom.
- Choose non-smoking areas in restaurants, hotels, and other public buildings.
- Do not use wood-burning stoves or kerosene heaters to heat your home.



AVOID WARM-BLOODED ANIMALS, if they trigger symptoms. _

- Avoid ALL dogs, cats, birds, and rodents. The length of their hair does not matter.
- If you have a pet, keep it out of the house, or at least out of your bedroom.

- Have your pet washed weekly in warm water.
- Choose a pet without fur or feathers, such as a fish.
- Try to avoid visiting homes with pets. If you do visit, take your asthma medicine before going. Ask the pet owners to place the pet outdoors or in another room while you are visiting.
- Wash hands and change clothes as soon as you can after coming in contact with pets.
- Do not use products made with feathers or with kapok (silky fibers from the seed pods of the silk-cotton tree.)



LIMIT EXPOSURE TO STRONG ODORS AND SPRAYS

- Avoid perfumes and colognes, talcum powder, hair spray, and similar scented products.
- Do not use cleaning products that have strong scents.
- Reduce cooking odors by using an exhaust fan and opening windows.
- Do not stay in your home when it is being painted or during times of construction - rent an ionizer if needed.
- If using insecticides, have someone else spray, and air out your home for a few hours before entering. If you encounter cockroaches be sure to spray and/or use roach traps to get rid of them, as cockroach droppings are a trigger for many asthmatics.

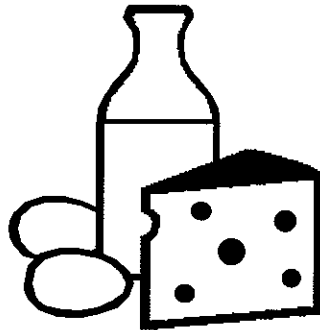
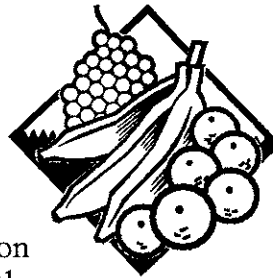


CONTROL EXPOSURE TO COLD AIR

- Wear a scarf over your mouth and nose. Cold weather masks are available in pharmacies and stores.

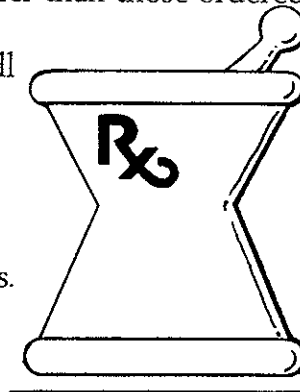
DO NOT EAT FOOD OR TAKE MEDICATIONS THAT CAUSE YOU TO HAVE SYMPTOMS.

- Many processed foods contain sulfite, which may trigger an attack. Examples are dried fruits, fruit juices, vegetables, and wines.
- Foods such as: cheese, dairy products, citrus fruits, tomatoes, seafood, and corn



frequently cause allergic reactions. An allergic reaction may trigger an asthma attack.

- Certain medications such as aspirin and aspirin-like medicines are known to cause asthma attacks. Ask your doctor.
- Do not take any medications other than those ordered by your doctor without asking your doctor first. This includes all over-the-counter and herbal or alternative medicines.
- Be sure to notify your doctor if you experience any unusual reactions to foods or medications.



CONTROL EXERCISE-INDUCED ASTHMA

- Work with your doctor to develop an exercise plan, including warm-up exercises, that will let you participate in physical activities without experiencing asthma symptoms.
- Use your “rescue” inhaler as directed 15 minutes before exercising.
- Keep a diary of your activities, noting when you experience symptoms and how those symptoms are relieved. Review this information with your doctor so you can evaluate the effectiveness of your treatment plan.
- Pace yourself and rest, if necessary, during physical exertion. Do cool-down exercises after physical activity.
- Always check with your doctor before making changes in your exercise regime.
- Keep your “rescue” inhaler with you at all times when exercising.



LEARN TO CONTROL STRESS & ANXIETY

- There are many types of stress reduction techniques that can be practiced to help you relax and keep you in control of your asthma. Obtain information from your doctor, local library, or book store.

EARLY WARNING SIGNS

Some people have warning signs hours or days before an attack. Different people have different warning signs. The following are often reported:

- Decreasing peak flow meter readings
- Tiredness
- A change in breathing
- Frequent coughing
- Increased mucus production or change in mucus color
- Trouble sleeping or waking up frequently
- Sneezing
- Headache
- Dark circles under the eyes
- Moodiness

USE OF A PEAK FLOW METER

A peak flow meter is a device that measures how well air moves out of your lungs. During an asthma attack the airways of the lungs begin to slowly narrow. The peak flow meter reading will help you identify if there is narrowing in the air passages, causing decreased airflow in the lungs, **long before you have symptoms of an attack.**

Using your peak flow readings as a guide to treatment allows you to take your medicines early, and to avoid or reduce the severity of an asthma attack.

By measuring and writing down your peak flow results daily, you and your doctor will have an idea of how your asthma is doing. Medications can be added or stopped according to the peak flow results. **If you do not have a peak flow meter, ask your doctor how to get one.**

You should pay attention to activities or events that occur before your peak flow reading drops. This will help you and your doctor learn more about what triggers your asthma.

HOW TO USE A PEAK FLOW METER

1. Slide the indicator to the bottom of the numbered scale.
2. Stand up, if possible.
3. Take in as deep a breath as possible.
4. Place the peak flow meter in your mouth past your teeth, and close your lips around the mouthpiece.
5. Blow out as hard and fast as you can for one second.
6. Repeat this procedure two more times and write down the highest of the three measurements. A chart has been provided on the back of this booklet for you to copy and use to record your readings.
7. Clean your peak flow meter as instructed after each use.

YOUR "PERSONAL BEST" PEAK FLOW NUMBER is the highest peak flow result you can achieve over a two-week period when your asthma is under good control. Good control is when you feel good and do not have any asthma symptoms.

Your doctor will discuss when to obtain a peak flow reading. They are usually done in the morning right after you wake up and before you go to bed at night.

PEAK FLOW METER THREE ZONE SYSTEM

Peak flow numbers have been put into zones that are set up like a traffic light. Using your personal best peak flow number, your doctor will tell you what numbers put you in which of the three zones. The chart below is a reference to help you and your doctor decide what are the appropriate numbers for you to use. Each zone indicates a severity of symptoms and will guide you to the appropriate treatment for your symptoms (see page 22).

PEAK FLOW METER ZONES			
Your personal best peak flow*	A reading in this column indicates GREEN ZONE	A reading in this column indicates YELLOW ZONE	A reading in this column indicates RED ZONE
100	80-100	50-80	0-50
200	160-200	100-160	0-100
300	240-300	150-240	0-150
400	320-400	200-320	0-200
500	400-500	250-400	0-250
600	480-600	300-480	0-300
700	560-700	350-560	0-350
*Check with your physician to confirm that your personal best peak flow number is what would be expected for your age or health.			

- GREEN ZONE** 80 to 100 percent of your personal best number. Signals good control. No asthma symptoms are present. You should take your medication as usual.
- YELLOW ZONE** 50 to 79 percent of your personal best number. Signals caution. You may need an increase in your medication or the addition of a short-acting bronchodilator. Overall, your asthma may not be under good control. Your doctor may need to change your medication plan.
- RED ZONE** Below 50 percent of your personal best number. **Signals danger.** You should take your short-acting bronchodilator medication right away and contact your doctor or go to your local emergency room immediately.

The above information should be written down on an asthma action plan to guide you in the appropriate medications and actions to take.

Tips to Stop Smoking for Good

Anyone can quit smoking. The decision to quit is greatly influenced by how much someone wants to stop smoking. Some people try several times to quit. If they fail on the first or second try, they shouldn't give up. Chances for success will be greater the next time.

Nicotine is a very addictive drug. Withdrawal symptoms like mood swings or lightheadedness are common. These should decrease a few days after quitting. Your doctor may order a nicotine patch, nicotine gum or special medication to gradually decrease the body's craving for nicotine. Research has shown that almost everyone will benefit from using the nicotine patch over several weeks.

Smoking is also a habit. People trying to quit should be aware of things that may "trigger" a need to smoke, such as being around other smokers, stress, or drinking alcohol. To replace the need to hold a cigarette:

- keep a pen, smooth stone, beads or rubber band handy
- chew on a toothpick or coffee stirrer, or suck on sugarless candy or cinnamon sticks.
- try counseling or quit smoking support groups. These can help people learn to live life as a nonsmoker.

Five Keys for Quitting

1. Get Ready

- ⇒ Set a quit date and stick to it...not even a single puff!
- ⇒ Think about past quit attempts. What worked and what did not?



2. Get support and encouragement

- ⇒ Tell your family, friends, and coworkers you are quitting.
- ⇒ Talk to your doctor or other health care provider.
- ⇒ Get group, individual, or telephone counseling.



3. Learn new skills and behaviors

- ⇒ When you first try to quit, change your routine.
- ⇒ Reduce stress.
- ⇒ Distract yourself from urges to smoke.
- ⇒ Plan something enjoyable to do every day.
- ⇒ Drink a lot of water and other fluids.

4. Get medication and use it correctly.

- ⇒ Talk with your health care provider about which medication will work best for you:
 - Nicotine gum – available over-the-counter.
 - Nicotine inhaler – available by prescription.
 - Nicotine nasal spray – available by prescription.
 - Nicotine patch – available over-the-counter.
 - Nicotine lozenge – available over-the-counter.
 - Bupropion SR (Zyban®) – available by prescription.

5. Be prepared for relapse or difficult situations.

- ⇒ Avoid alcohol.
- ⇒ Be careful around other smokers.
- ⇒ Improve your mood in ways other than smoking.
- ⇒ Eat a healthy diet and stay active.

6. Begin an exercise program (after getting permission from your doctor). Exercise is a powerful stress management activity. Start slow, be patient and remember you are not trying to run a marathon.