



medfacts

AN EDUCATIONAL HEALTH SERIES FROM NATIONAL JEWISH HEALTH™

Long-Acting Beta-Agonist

Long-acting beta-agonist (LABA) are a type of bronchodilator medicine. Bronchodilator medicine opens the airways in the lungs by relaxing smooth muscle around the airways. LABA are also long-term control medicines. This means they are taken every day to maintain control and prevent symptoms of coughing, wheezing, chest tightness or shortness of breath. Common inhaled LABA include:

- Foradil® (formoterol)
- Serevent® (salmeterol)
- Brovana® (arformoterol)
- Perforomist™ (formoterol)

Foradil and Serevent come in dry power devices. Brovana and Performist come in a liquid for the nebulizer. These medicines are often inhaled every 12 hours.

LABA are most often used as a combination medicine, combined with an inhaled steroid. The LABA relaxes the muscles around the airways in the lungs. The inhaled steroids reduces and prevents swelling inside the airways. Common combination long-acting beta-agonist and anti-inflammatory medicine includes:

- Advair® (Flovent® and Serevent®)
- Symbicort® (Pulmicort® and Foradil®)

Advair and Symbicort are long-term control medicines. They are often inhaled every 12 hours. This combination is effective at improving asthma symptoms and lung function in people with moderate to severe persistent asthma.

In a large asthma study, more patients who used a LABA (salmeterol) died from asthma problems compared to patients who did not use the LABA (salmeterol). The findings of an increase in the risk of asthma-related deaths with salmeterol may apply to formoterol also. While the relationship between LABA and deaths due to asthma remains unclear, proper use of this medicine is important to help decrease any risks.

There are a number of important points to remember when taking a LABA.

- If a person is diagnosed with asthma, LABA should always be used with an inhaled steroid. They should never be used alone. The combination medicine is easy way to inhale both medicines at once.
- Although LABA work by relaxing the muscles around the airways in the lungs, they are not quick relief medicine. Therefore LABA should **not** be used for relief of acute symptoms such as coughing, wheezing, chest tightness or shortness of breath. LABA are long-term control medicines. They are taken every day to prevent symptoms.

- In addition to a LABA you will need a quick-relief medicine. A quick-relief medicine will treat symptoms such as coughing, wheezing, chest tightness or shortness of breath. Examples of quick-relief medicine that also relaxes muscles around the airways, but are short-acting include:
 - ProAir®, Proventil HFA®, Ventolin HFA® (albuterol),
 - Xopenex® (levalbuterol) and
 - Maxair® (pirbuterol).
- Do **not**, stop or reduce any medicine, even long-term control medicine unless directed to do so by your health care provider. These medicines are important in managing your lung disease. Ask your health care provider if you have questions or concerns about your medicine.
- It is important to inhale the medicine correctly to get the full benefit from the medicine. Your doctor may have you demonstrate inhaler technique each visit to make sure it's done correctly.
- Ask your doctor about an Action Plan to manage your lung disease. This is a written plan to help you manage your lung disease daily and when symptoms become worse. If you know what to watch for and what steps to take, you will be able to make good decisions about managing your lung disease.

These tips will help you safely maintain control of your lung disease. For further questions talk with your health care provider.

Note: This information is provided to you as an educational service of National Jewish Health™.

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