



QUALITY STANDARDS

Asthma

A guide for adults
with asthma

2025 UPDATE



**Ontario
Health**

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [asthma in adults](#). It outlines the top 6 areas where clinicians can take steps to improve care for adults with asthma. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

DID YOU KNOW?

“Clinicians” are health care professionals who provide care to patients, including doctors, nurses, nurse practitioners, pharmacists, physiotherapists, psychologists, respiratory therapists, and social workers.

“Primary care clinicians” are family physicians or nurse practitioners.

Everybody is different, and some options may not apply in your situation. If you have questions about your care, **it is important to speak with your clinician.**

If you suddenly have trouble breathing, you could be having an asthma attack.

- Take your “rescue” or “reliever” medication right away
- Follow your action plan, if you have one
- Call **9-1-1** or go to the nearest emergency department if you need help right away

What is asthma?

Asthma is a common but serious disease. When you have asthma, swelling in the airways in your lungs makes it hard to breathe. Your chest can feel tight, and you might wheeze, cough up mucus, or have a cough that doesn't go away.

If asthma isn't diagnosed and controlled, symptoms can get worse and lead to emergency department visits, time in the hospital, or in some cases, death. There's no cure, but with the right treatment, you can have a healthy life without symptoms.

WHAT CAUSES ASTHMA?

It's not clear what causes asthma, but it can be related to:

- A family history of asthma
- Having other conditions (like eczema or allergies)
- Breathing chemicals, dust, or fumes at work that irritate your lungs

About 2 million people in Ontario live with asthma.

Do I have asthma?

If you have trouble breathing, are wheezing, are coughing, or feel tightness in your chest, these could be signs of asthma (see box below). Your symptoms may last a long time, or they may come and go.

Asthma symptoms are different for everyone, and putting all the pieces together can take time. But having a diagnosis is important: with one, you'll get the right treatment and help prevent serious health problems.

WATCH FOR SYMPTOMS THAT:

- Come in groups (like shortness of breath, chest tightness, wheezing, or a cough)
- Are worse at night or in the early morning
- Happen twice a week or more
- Don't follow a regular pattern
- Are triggered by colds, allergies, cold air, hot and humid air, exercise, or chemicals such as smoke or fumes that affect your lungs

Write down your symptoms as they show up and change. This can help your primary care clinician to diagnose asthma.

Asthma symptoms and triggers

It can take some trial and error to figure out what causes your asthma symptoms. Allergy tests can help pinpoint triggers like pet dander, but for the most part, there's no test for common asthma triggers. You can identify them by tracking what makes your asthma symptoms worse. Once you understand your triggers, it can help you to avoid them as much as possible.

Different things can make asthma symptoms worse, including:

- An illness, like a cold
- Allergies
- Smoke
- Cold air
- Hot and humid air
- Thunderstorms
- Air pollution
- Perfumes or scents
- Household chemicals
- Contact with fumes or other substances at work

Download an [asthma diary](#) to help track your triggers and symptoms. This can also help you compare how you feel over time. The more your primary care clinician knows about your symptoms and triggers, the easier it will be to prescribe the right medication and dose. They might give you a small device called a **peak flow meter** to help you track how well you're breathing.

Living well with asthma

Managing asthma can feel like a full-time job. Watching for triggers and dealing with your symptoms can be challenging, especially when they affect social or work activities. At times, it might feel like too much: it can affect your mood and even make you avoid activities you usually enjoy.

But asthma doesn't have to affect your day-to-day life if you:

- Use your medication
- Stay active
- Limit or avoid triggers
- Get your yearly flu shot
- Get your pneumonia vaccine
- Get help for you or family members to cut back or quit smoking or vaping (cannabis, nicotine, tobacco, or other substances) to keep your home smoke-free

Others can help you live well with asthma, too. You might want to talk with family, friends, and people at your work or school about how they can support you.

Top 6 areas to improve care for adults with asthma



Quality Statement 1: Diagnosis

What the standard says

Adults clinically suspected of having asthma complete spirometry to demonstrate reversible airflow obstruction and, if negative, fractional exhaled nitric oxide testing or other lung function testing to confirm the diagnosis of asthma as soon as possible.

What this means for you

If your symptoms include shortness of breath, a feeling of tightness in your chest, wheezing, or cough, your primary care clinician should make sure you have a breathing test before they diagnose you with asthma. They may offer you medication while you wait to have this test done. Once your test results are available, your primary care clinician will review the results with you.

HOW CAN I GET A DIAGNOSIS OF ASTHMA?

A test called **spirometry**, which measures how much air you breathe out, is an important part of your diagnosis. It's also called a lung function test or a pulmonary function test.

While you wait for results and a diagnosis, your primary care clinician might give you medication for your symptoms.



Quality Statement 2: Asthma Control and Risk of Exacerbations

What the standard says

Adults with asthma have a structured assessment at least annually to determine their level of asthma control, reasons for poor control, and risk of future exacerbations.

What this means for you

A clinician should see you at least annually to check on your asthma. If you have a severe flare-up or you have a change in your medication, your clinician may need to see you more often. At these appointments, they should explain how you can expect to feel when your asthma is controlled, and they should ask you about:

- Your asthma symptoms and what makes them worse
- Your use of medications
- Anything else that might be affecting how you feel

You can help by keeping track of these details between appointments.

ASTHMA SYMPTOM CONTROL

If you take your **controller (preventer)** puffer as prescribed and still have symptoms that get in the way of your daily activities, then your asthma isn't controlled. Every time you see your primary care clinician, tell them if you have any of these signs that your asthma is not controlled:

- You have symptoms during the day more than 3 times a week
- You have symptoms at night once a week or more
- You need your **rescue (reliever)** puffer more than 3 times a week
- You can't participate in physical activity because of your asthma
- You've missed work because of your asthma
- Your symptoms have gotten worse and you needed new medication or had to go to the hospital

Your primary care clinician might refer you to an asthma or allergy specialist if your asthma is hard to control.



Quality Statement 3: Asthma Medication

What the standard says

Adults with asthma receive appropriate medication and devices based on their current level of asthma control and risk of future exacerbations, including early initiation of inhaled anti-inflammatory therapy.

What this means for you

Most adults with asthma can live symptom free by regularly using their controller puffer and by avoiding triggers as much as possible. Your primary care clinician should talk with you about your goals, beliefs, and concerns about asthma and medications so you can decide together what asthma medication and devices would work best for you. They should:

- Explain when to use your puffers and show you how to use them
- Ask you to show them how you use your puffers to make sure you are confident using them

There are many different types of asthma medication. If you continue to have asthma symptoms while using your current medications, talk with your primary care clinician about trying a different dose or a different asthma medication. When you fill prescriptions, your pharmacist will teach you to use the medication and answer any questions you have. It is important to take your controller medication every day if your primary care clinician has prescribed it this way.

INHALERS (OR “PUFFERS”)

A **controller** or **preventer** puffer prevents symptoms by reducing the swelling in the airways in the lungs. Your primary care clinician might recommend that you use this regularly, even when you don't have symptoms.

A **rescue** or **reliever** puffer relieves symptoms quickly by opening the airways.

SPACERS

A spacer is a long tube that attaches to the puffer to make it easier to breathe in the medication. Depending on the puffers prescribed, you might also need a spacer.



Quality Statement 4: Self-Management Education and Asthma Action Plan

What the standard says

Adults with asthma and their care partners receive self-management education and a written personalized asthma action plan that is reviewed regularly with a clinician.

What this means for you

Your clinician should explain asthma to you, including what you can do to take care of yourself. You, your care partners (if you want them involved), and your clinician should work together to write your personal asthma action plan. This plan describes:

- Your medications and how to take them
- Things you can do each day to stay healthy
- What to do if your symptoms flare up

YOUR ASTHMA ACTION PLAN

You, your care partners, and your primary care clinician will work together to write a personal asthma action plan.

This is a plan that lists your medications and explains how and when to take them. Your primary care clinician will explain how to use the plan and give you a copy.

The asthma action plan should explain what to do:

- To control your asthma
- If your asthma is getting worse
- If you're having an asthma emergency

Using your asthma action plan will help you stay healthy.



Quality Statement 5: Referral to Specialized Asthma Care

What the standard says

Adults who meet criteria for severe asthma or have other appropriate indications are referred to specialized asthma care.

What this means for you

If you take your medication and avoid triggers as much as possible but continue to have asthma symptoms, or if your primary care clinician has other concerns, they should consult with or refer you to specialized asthma care.



Quality Statement 6: Follow-Up After Discharge

What the standard says

Adults who have had an emergency department visit or been hospitalized for an asthma exacerbation have a follow-up assessment within 2 to 7 days after discharge.

What this means for you

If you went to the emergency department or were hospitalized because of an asthma flare-up, your primary care clinician should follow up with you within 2 to 7 days to see how you are doing and make any needed changes to your medications or your asthma action plan. In some cases, the initial follow-up may be done by a respirologist, allergist, or another clinician, or by other members of the care team such as nurses, respiratory therapists, and pharmacists who are certified respiratory educators (CREs) or certified asthma educators (CAEs). At this visit, you can also ask questions to make sure you understand:

- What caused the flare-up
- What care you received
- What you can do to prevent asthma flare-ups

IF YOU HAD TO GO TO THE HOSPITAL...

If you visited the hospital because of an asthma attack, your primary care clinician should see you a few days later to make sure you're feeling better.

Suggestions on what to discuss with your clinicians

Ask your clinicians:

- Do I need a breathing test to find out if I have asthma?
- How long will I wait for testing? How long will the results take?
- Is there any medication for my symptoms while I wait for testing? If I'm already taking asthma medication, will it affect my test results?
- Can I keep up my normal activities and exercise?
- Where can I get asthma education (for example, from a CAE) in my area?
- How do I identify my triggers? How can I avoid my triggers?
- What community services can help me limit or avoid my triggers?
- What should I do if my symptoms get worse and I have an asthma attack?
- What kind of puffers do I need? What are their side effects?
- How often should I take my puffers?
- How much will my medication cost? Are there lower-cost alternatives?
- What will we do if my asthma is not controlled with my current medication? For example, do I need different medication? Or do I need care from an asthma or allergy specialist?
- How often should we update my asthma action plan?
- What can I say to help my family, friends, and coworkers understand my asthma?
- Is there anything else I can do to stay healthy while living with asthma?
- Where can I or family members get support to quit smoking or vaping?
- Managing asthma is overwhelming. Where can I get help or mental health support?

Share with your clinicians:

- When and how often you have shortness of breath, chest tightness, wheezing, or a cough
- How you respond to asthma medications when you are having symptoms
- About the things that trigger your symptoms at home, at work, outside, or in other places
- If symptoms are worse at a certain time of day or during certain activities
- If you've taken asthma medication before
- About any medication you take for other conditions

If you are a care partner

You might have your own questions. It can help to identify yourself as the patient's care partner to their health care team. This will make sure they know and respect your questions and concerns.

- Let them know what your role will be in helping the patient manage their asthma
- Let them know if you need help

Learn more

The [Lung Health Foundation](#) provides helpful information on symptoms of asthma, triggers, diagnosis, and treatment, including self-management resources such as [asthma action plans](#).

[Asthma Canada](#) shares an overview of asthma, what to expect when you have it, and information on diagnosis and treatment.

The [Canadian Lung Association](#) offers more information on asthma symptoms and treatments, and how to manage an asthma attack.

The [Better Breathe](#) app can help you manage your asthma by promoting relaxation and well-being through breathing exercises.

If you're worried about medication costs, these programs could help:

- The [Trillium Drug Program](#): If your drug costs take up more than 4% of your yearly income, you might qualify for drug coverage through this provincial program
- The [Ontario Drug Benefit Program](#): If you are over 65 years old, live in a long-term care facility, or need other supports, you might qualify for coverage for many common and specialized drugs

If you need help managing your asthma:

- [Lung Health Line](#) (Lung Health Foundation): 1-888-344-LUNG (1-888-344-5864)
- [Asthma & Allergy Helpline](#) (Asthma Canada): 1-888-787-4050
- [Asthma Canada Member Alliance](#) provides a safe peer support community that you can access anytime, anywhere
- [ConnexOntario](#): 1-866-531-2600 (if you need help managing mental and emotional well-being)

Ontario Health has developed other quality standards and patient guides on lung health, mental health and addictions, and transitions in care that may be useful, including:

- [Anxiety Disorders](#)
- [Chronic Obstructive Pulmonary Disease \(COPD\)](#)
- [Major Depression](#)
- [Obsessive–Compulsive Disorder \(OCD\)](#)
- [Transitions Between Hospital and Home](#)
- [Transitions From Youth to Adult Health Care Services](#)

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

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