

Beclometasone inhaler for asthma prevention (prophylaxis)

This leaflet is about the use of inhaled beclometasone for asthma. It is taken regularly in order to prevent attacks. (This is sometimes called asthma prophylaxis.)



This leaflet has been written for parents and carers about how to use this medicine in children. Our information sometimes differs from that provided by the manufacturers, because their information is usually aimed at adult patients. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.

Beclometasone inhalers should not be used during an acute asthma attack (sudden onset of wheezing and breathlessness). Use your child's reliever medicine (usually in a blue salbutamol inhaler).


Name of drug

Beclometasone dipropionate (often known as beclometasone for short)

It comes in a variety of different aerosol and dry powder inhalers, which have different brand names.

Why is it important for my child to take this medicine?

Beclometasone is a steroid medicine. It reduces inflammation in the lungs that can act as a trigger for an asthma attack, and so should reduce the number of attacks. Beclometasone is commonly called a 'preventer' medicine and comes in an inhaler. It is important that your child takes it regularly to help prevent asthma attacks.

 Beclometasone will not reduce wheezing or breathlessness during an acute asthma attack – your child should use their 'reliever' inhaler for this (this is often a blue salbutamol inhaler).

What is beclometasone available as?

Beclometasone has to be inhaled into the lungs (breathed in). A special device called an inhaler is used. There are two types of inhaler used for beclometasone.

- **Aerosol inhaler with a 'spacer' device**
- **Dry powder inhaler** – this is sometimes used for older children

Different sizes are available, which give puffs containing 50, 100 or 200 micrograms of beclometasone.

When should I give beclometasone?


Beclometasone is usually given **twice each day**, once in the morning and once in the evening. Ideally, these times are 10–12 hours apart, for example some time between 7 and 8 am, and between 7 and 8 pm.

Give the medicine at about the same time(s) each day so that this becomes part of your child's daily routine, which will help you to remember.

How much should I give?


Your doctor will work out the amount of beclometasone (the dose) that is right for *your* child.

The dose will be shown on the medicine label.

 **It is important that you follow your doctor's instructions about how much to give.**

How should I give beclometasone?

Your doctor or asthma nurse will show you how to use the aerosol inhaler and spacer device.

 Detailed information on how to use the inhalers is given on the last page of this leaflet.

When should the medicine start working?

Beclometasone needs to be given regularly to prevent asthma and wheeze. Your child should start to wheeze less, and to need less reliever medicine, 3–7 days after starting treatment. Continue to give the medicine, as told to by your doctor or nurse, even if your child does not have any wheeze or symptoms of asthma.


If your child's asthma does not seem to be getting any better, and they still need to use their reliever medicine often, contact your doctor or asthma nurse.

What if my child is sick (vomits)?

If your child is sick at any time, you do not need to give them another dose, as the inhaled medicine will still work.

What if I forget to give it?

If you remember up to 4 hours after you should have given a dose, give your child the missed dose. For example, if you usually give a dose at about 7 am, you can give the missed dose at any time up to 11 am. If you remember after that time, **do not** give the missed dose. Wait until the next normal dose.

 Never give a double dose of beclometasone, unless your doctor has told you to.

What if I give too much?


Beclometasone is unlikely to cause harm if your child accidentally has more puffs than your doctor has recommended.

If you are worried that you may have given your child too much budesonide, contact your doctor or local NHS services (111 in parts of England; 0845 4647 in parts of England and Wales; 08454 24 24 in Scotland) for advice.

Have the inhaler or packaging with you if you telephone for advice.

Are there any possible side-effects?

We use medicines to make our children better, but sometimes they have other effects that we don't want (side-effects).

 If your child is taking a high dose of beclometasone, they may develop a yeast infection in the mouth, called oral thrush. If you notice a thick white or cream-coloured covering on your child's tongue, or the mouth is red and

irritated, contact your doctor for advice, as this may need treatment. You can help prevent this by making sure that your child rinses their mouth after using beclometasone, and by using a spacer device.



- If your child's voice is hoarse or their throat is sore after using the inhaler, encourage them to rinse out their mouth after every use.
- Your child may develop a dry mouth with this medicine. Eating citrus fruits (e.g. oranges) or taking sips of water may help.
- Inhaled beclometasone may slow the speed at which your child grows at the start of treatment, but will probably catch up when their asthma is properly controlled. Their final adult height should not be affected, however. Your doctor should monitor the growth of your child while they are receiving treatment with beclometasone.
- All steroid medicines, including beclometasone, but only in high doses, may affect the adrenal glands so that they produce less of a hormone called cortisol when the body is stressed (e.g. during illness or injury). This means that your child may have more difficulty fighting off an infection, or may recover less quickly from injury or after surgery.

There may, sometimes, be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor. You can report any suspected side-effects to a UK safety scheme at <http://yellowcard.mhra.gov.uk>.

Can other medicines be given at the same time as beclometasone?

- You can give your child medicines that contain paracetamol or ibuprofen, unless your doctor has told you not to.
- Beclometasone should not be taken with some common drugs that you get on prescription. It is important to tell your doctor and pharmacist that your child is taking beclometasone.
- Check with your doctor or pharmacist **before** giving any other medicines to your child. This includes herbal or complementary medicines.

Is there anything else I need to know about this medicine?

-  If your child becomes very unwell or requires an operation while on beclometasone, tell the doctors that your child uses a beclometasone inhaler.
-  In a very few cases, children become unwell when they stop or reduce the amount of **any** steroid medicine they are taking, including beclometasone (in high doses). This may include your child becoming very tired or

dizzy, having stomach pains or vomiting. If you are at all worried about this, contact your doctor.

- Your child should rinse their mouth out thoroughly with water or clean their teeth after using the inhaler.
- Clean the spacer at least once a month in warm soapy water and leave it to drip dry. This will prevent medicine residue from building up on the inside of the device. Do not use a cloth to dry the spacer, as this will cause the build up of static, and it may not work properly.

General advice about medicines

- Try to give medicines at about the same times each day, to help you remember.
- If you are not sure a medicine is working, contact your doctor but continue to give the medicine as usual in the meantime. Do not give extra doses, as you may do harm.
- Only give this medicine to *your* child. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.
- Make sure that you always have enough medicine. Order a new prescription at least 2 weeks before you will run out.
- Make sure that the medicine you have at home has not reached the 'best before' or 'use by' date on the packaging. Give old medicines to your pharmacist to dispose of.

Where I should keep this medicine?

- Keep the medicine in a cupboard, away from heat and direct sunlight. It does not need to be kept in the fridge.
- Make sure that children cannot see or reach the medicine.
- Keep the medicine in the container it came in.

Who to contact for more information

Your child's doctor, pharmacist or asthma nurse will be able to give you more information about beclometasone and about other medicines used to treat asthma.

You can also get more information from:

England

111 / 0845 4647 - www.nhsdirect.nhs.uk

Scotland: NHS 24

08454 24 24 24 - www.nhs24.com

Wales/Galw Lechyd Cymru: NHS Direct

0845 4647 - www.nhsdirect.wales.nhs.uk

Northern Ireland: NI Direct

www.nidirect.gov.uk

Asthma UK

Advice line: 0300 222 5800 - www.asthma.org.uk

Information on how to use inhalers is given on the next page.

www.medicinesforchildren.org.uk



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The primary source for the information in this leaflet is the British National Formulary for Children. For details on any other sources used for this leaflet, please contact us through our website, www.medicinesforchildren.org.uk

We take great care to make sure that the information in this leaflet is correct and up-to-date. However, medicines can be used in different ways for different patients. It is important that you ask the advice of your doctor or pharmacist if you are not sure about something. This leaflet is about the use of these medicines in the UK, and may not apply to other countries. The Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading this leaflet.

Beclometasone for asthma prevention - using the inhalers



This page provides instructions on how to use the beclometasone inhalers. An instruction leaflet will also be provided with the inhaler. This will tell you how to put the inhaler together and how to use it.

If you are not sure whether you are using the inhaler properly, or need help, contact your asthma nurse or pharmacist, who will be able to show you or check what you are doing.

Using an aerosol inhaler with a 'spacer' device

- Put the spacer device together, following the instructions that come with it.
- For a young child, attach the mask to the spacer mouth piece. If your child can hold the spacer mouthpiece in their mouth and hold it firmly between their lips, creating a good seal, you may not need to use the mask.
- Take the cap off the inhaler, making sure that the mouth piece is clean.
- While holding the inhaler upright, place your thumb on the bottom of the inhaler and your first finger on the top. Then shake the inhaler several times up and down.
- If the inhaler is new or has not been used for three days or more, one puff should be released into the air.
- Insert the mouth piece of the inhaler into the spacer. It should fit easily and securely.
- Place the mask over your child's mouth and nose, ensuring a good seal with the skin around the mouth. Reassure your child during this step, as they may be distressed.
- Press down once on the aerosol canister with the first finger. This releases one puff into the spacer.
- Hold the mask in place and encourage your child to take five deep and slow breaths in and out. **It is important not to rush this step.**
- If more than one dose/puff is required, wait for one minute then repeat the previous steps.
- Your child should rinse their mouth out thoroughly with water or clean their teeth.

Using a dry-powder inhaler

There are many different types of dry-powder inhalers. These are not used with a spacer.

Follow the instructions that come with your inhaler for how to get it ready. If you are not sure how to do this, ask your pharmacist or nurse to show you.

- Ask your child to breathe out normally, as far as they can. Place the mouthpiece of the inhaler firmly between the lips, ensuring a good seal around the mouthpiece.
- Once they have started to breathe in, press down once on the canister with the first finger. Your child should continue to finish the breath in, so that they inhale the puff of medicine.
- Take the inhaler out of your child's mouth. They should close their mouth and hold their breath for 5–10 seconds, or for as long as they can comfortably manage. They can then breathe normally. **It is important not to rush this step.**
- If your child has to take more than one puff, they should breathe normally for a minute or so before giving the next one.
- Your child should rinse their mouth out thoroughly with water or clean their teeth.

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