

Asthma Issues: Sport, Travel and Pregnancy

Frequently Asked Questions

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Q 1: How does sport and exercise affect asthma?

It is common for people with asthma to have difficulty breathing when playing sport or exercising.

Many people with asthma may have more symptoms when they are exercising due to an increase in the rate and depth of breathing. This can dry the airways and cause them to narrow, making it harder to breathe. This is known as exercise-induced bronchoconstriction (EIB), which was previously known as exercise-induced asthma.

For people who have EIB, it is important to look at control of asthma symptoms are at other times. Reviewing asthma medications with a doctor may help in preventing or managing EIB, especially in people who use their reliever medication more than twice per week.

Q 2: How is exercise-induced bronchoconstriction (EIB) managed?

Even though asthma may be well controlled at other times, EIB can still cause problems for people with asthma. Taking time to plan before doing exercise may help reduce the chance of EIB occurring. Some things to consider include:

- Find an exercise that is less likely to make symptoms worse, such as swimming, where the air being inhaled is warm and moist. Exercises such as cycling and running are known to cause EIB.
- Warm-up for at least 15-20 minutes before exercise, particularly vigorous exercise.
- Wear a mask or balaclava to reduce heat and moisture loss, particularly in winter.
- Use asthma medicines as directed by your doctor.

Q 3: How do elite athletes manage asthma?

Elite athletes who have asthma can control their symptoms with warm-up exercises and careful use of medication. Some asthma medications are approved for use by competitive athletes, although many sporting bodies require a doctor's letter confirming that the athlete has asthma.

Q 4: What medications should be declared in competitive sport?

Some medications such as inhaled corticosteroid puffers (inhalers) and leukotriene antagonists are approved, if they are declared. Oral corticosteroids must be declared and are not allowed within six weeks of competition.

As regulations change, it is important to check which medications are currently banned substances. Athletes competing at state or higher levels of competition should contact their national sporting organisation for up to date information.

Contact the Australian Sports Anti-Doping Authority (ASADA) www.sportintegrity.gov.au/ or Drug Free Sport New Zealand drugfreesport.org.nz for more information.

Q 5: How important is it to control asthma during pregnancy?

As the growing baby during pregnancy takes up more space in the body, it is normal for pregnant women to become short of breath more easily. Asthma during pregnancy does not usually get worse if asthma medications are taken as directed. If asthma symptoms are not well controlled, this can cause very serious problems for both mother and the baby. If symptoms do get worse, it is important that they are treated quickly with the right medications. Most asthma medications are safe to use during pregnancy.

Q 6: What should be considered when travelling by air with asthma?

Pressurised aircraft have an oxygen pressure around 80% of normal which most people with well controlled asthma should tolerate easily. A good measure of this is if a person with asthma can walk 100 metres or climb one flight of stairs without getting puffed. People with asthma who have shortness of breath when they are resting should always seek medical advice before flying.

Q 7: How should people with asthma prepare for travel?

Travellers are often exposed to new infections or high levels of allergens while away from home. Asthma symptoms may worsen as a result, and this may lead to an increase need for medication.

It is important to:

- Take enough medications for expected needs, and more in case increased doses are required.
- Carry medications in hand luggage, for easy access during travel.
- Check if travel insurance will cover pre-existing conditions.

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