

## Corner Clinic: Our Experts Answer Your Health Questions

***This month we talk about asthma, shingles and incontinence***

By UC San Diego Health System Experts |  
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### **I have asthma and have been prescribed an inhaler- what is the proper way to use an inhaler?**

**Taylor Doherty, MD, assistant professor, Department of Medicine**

Inhalers are designed to deliver the appropriate amount of medication (airway-opening drugs and/or anti-inflammatory agents) to the bronchial tubes. This means it is critically important that you inhale and not swallow the medication. In general, there are two types of inhalers: metered-dose inhalers (MDIs) and dry-powdered inhalers (DPIs). MDIs use a propellant to help aerosolize and distribute the medicine. DPIs, in contrast, do not have a propellant, and a spacer is often prescribed for use with MDIs to improve drug delivery to the lungs. The spacer also makes a noise when a person's breath is too fast and a mask is often attached for young children.

Proper technique with MDIs often begins with "priming" before first use or after a long period of disuse. Priming is achieved by spraying a few puffs into the air to ready the device. Once primed, the user exhales and then places the device (with or without spacer) up to the lips or 1-2 inches in front of mouth. Without a spacer, the MDI is activated with a push-down and the patient takes a slow complete breath (3-4 seconds) then holds the breath for 6-10 seconds. DPIs, in contrast, require a rapid, strong inhalation to deliver the medicine to the lungs.

Rinsing your mouth with water after using inhaled corticosteroids (anti-inflammatory compounds) is advised to help prevent fungal infections in the mouth. It is also a good idea to keep track of

how much medicine is left in your device. Many inhalers now come with counters to help patients know when it is time for a refill.



### **Can you treat incontinence with physical therapy?**

**Cindy Furey, physical therapist, Women's Pelvic Medicine Center**

Not all types of incontinence respond to physical therapy but one common kind, stress urinary incontinence (SUI) does, so I will focus on discussing it.

SUI is usually caused when the pressure inside the bladder and abdomen exceeds the sphincter and pelvic floor muscles' ability to contract strongly enough to prevent leakage. This can occur when we laugh, cough, sneeze, bend, lift, run or jump. But, regardless of when it happens, SUI is embarrassing, annoying and preventable.

At its core, SUI is a muscle weakness problem. As such, the best treatment is targeted exercise to strengthen the pelvic floor muscles (PFM), abdominals and hips. This can be done through the familiar PFM contractions known as Kegel exercises. But to be effective, these exercises must be performed correctly and regularly over a sustained period of time. In addition, the muscles must be trained for both endurance and quickness of contractions. For endurance, ideally, you should be able to pull your PFM up and in, holding for 10 seconds and relaxing for 10 seconds, 10 times. Fast-twitch muscle fibers should be trained to contract and relax in quick succession. To do this, contract your PFM rapidly three to five times, rest 10 seconds and repeat the sequence three times.

These exercises should be performed three times a day in a variety of positions. Try starting lying down on your back and progressing to more functional positions, such as sitting and standing.

The hips play an important role in PFM stability and strength and both Pilates and yoga exercises can help strengthen the hips and PFM.

If this targeted exercise does not completely resolve your SUI, physical therapy can address other issues that may be contributing to incontinence, such as faulty toileting mechanics, consumption of bladder irritants, dehydration and bad bladder habits.

### **Who should get a shingles vaccine?**

**Ali Mirza, MD, associate clinical professor, Department of Medicine**

Everyone age 60 or older should get the shingles vaccine, regardless of whether they can remember having had chickenpox as a child because it is estimated that more than 99 percent of adults older than 40 harbor the varicella-zoster virus (VZV), which causes chickenpox and shingles.



Like all herpes viruses, VZV remains in the body for life. After a child recovers from chickenpox, the virus goes dormant in nerves' roots. With age, a person's immunity to VZV declines and the virus can become reactivated and travel back up nerves to the skin, causing painful, sometimes itchy and blistering rashes known as shingles.

Shingles becomes more severe with age. About half of all adults 85 and older have already had or will develop these painful rashes.

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