Fast-acting beta-agonists are most commonly prescribed to treat an asthma episode. They relax the muscles of the airways to make breathing easier. Fast-acting beta-agonists are usually inhaled and can start working in 5 to 15 minutes. They relieve symptoms of asthma. They can be taken before sports or exercise to prevent asthma symptoms.

Common names for fast-acting beta-agonists are:

- Albuterol
- Metaproterenol
- Terbutaline
- Pirbuterol

Long-acting beta-agonists are sometimes used in small doses (no more than two times a day) to keep daily asthma symptoms under control. These do not relieve symptoms of asthma immediately, but they last longer than fast-acting beta-agonists.

Your doctor will tell you when and how to use fast-acting and long-acting beta-agonists. It is important to take your medicines exactly as your doctor recommends.

How They Are Prescribed

Beta-agonists come in many forms. They can be:

- inhaled using a metered dose inhaler,
- inhaled using a nebulizer,
- a powder that is inhaled from a capsule using a device called a dry powder inhaler,
- swallowed as a liquid or tablet, or
- given as shots at the doctor’s office or in the emergency room.
**Side Effects**
Side effects may include rapid heartbeat, tremors, feeling anxious, and nausea. These side effects tend to go away as the body adjusts to the medicine. Serious side effects are rare, but may include chest pain, irregular heartbeat, severe headache, dizziness, nausea, or vomiting. Call your doctor right away if you have any of these symptoms.

**You Should Know**
Fast-acting inhaled beta-agonists are the first choice to use during an asthma episode. They begin to work within 5 minutes and have fewer side effects. The medicine goes right to the lungs with less going to the rest of the body.

Long-acting beta-agonists (liquids or tablets) begin to work within 30 minutes and last from 4 to 12 hours.

Young children often have difficulty coordinating their use of a metered dose inhaler, but some children can use it. A device called a spacer can be attached to the end of the inhaler to help children better use it.

A nebulizer can sometimes be easier to use than an inhaler. It may be preferable for a child under age 5, for a patient who has trouble using an inhaler, or for a patient with severe asthma episodes.

Shots are sometimes used in a doctor’s office or an emergency room for severe episodes. They work very fast but are not long-lasting.

Beta-agonists only relieve symptoms. They relax the muscles in and around the airways. They cannot reduce or prevent the swelling that causes the symptoms. You may need to also take an anti-inflammatory medicine to reduce or prevent the swelling. If you use both a fast-acting inhaled beta-agonist and another inhaled medicine, always take the fast-acting inhaled beta-agonist first.

**Concerns**
If you notice that you are using a beta-agonist more than usual, it may be a sign that the swelling in your airways is getting worse. If you use a beta-agonist to relieve symptoms every day or if you use it more than three or four times in a single day, your asthma may be getting worse. You may need another kind of medicine, and you need to discuss this with your doctor right away.

Always take medicine as your doctor prescribes.