



**South Tyneside and Sunderland
Area Prescribing Committee**

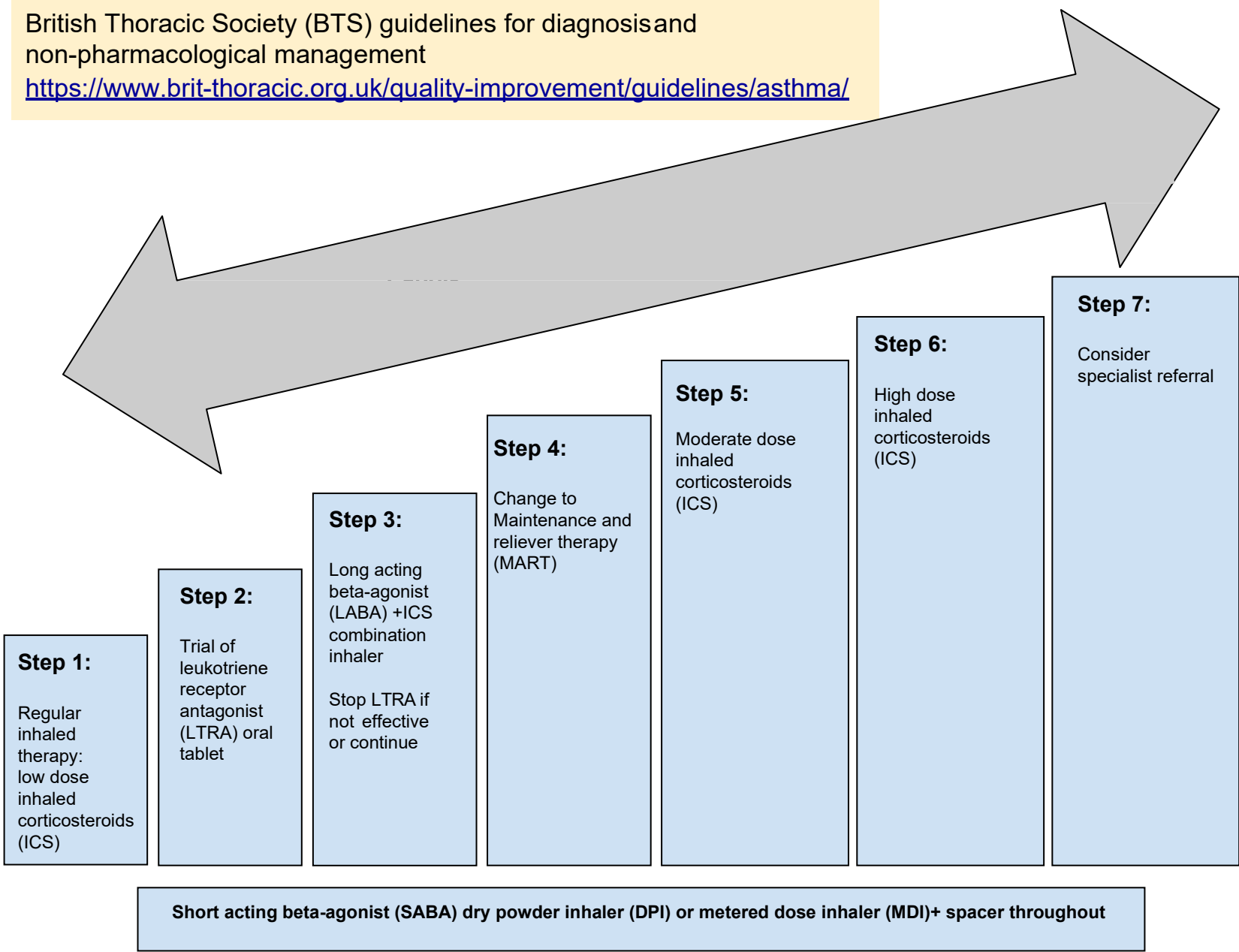
Guideline for the Treatment of Asthma in Adults (RS1)

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Approved by	South Tyneside and Sunderland APC
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This guideline is intended for use in primary care

SOUTH TYNESIDE AND SUNDERLAND ASTHMA GUIDELINES FOR ADULTS AGED 17 YEARS AND OVER (2022)

British Thoracic Society (BTS) guidelines for diagnosis and non-pharmacological management
<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>




























- The best inhaler is one that the patient can use correctly; make any changes as part of shared decision making process
- Dry powder inhalers (DPIs) have a lower carbon footprint and should be used firstline where clinically appropriate
- Always check inhaler technique
- Prescribe a spacer with a metered dose Inhaler (MDI)
- Patients should return old inhalers to any pharmacy for safe disposal
- Smoking cessation support should be offered to all smokers
- Do not prescribe inhalers generically- prescribe by brand
- Nice Patient Decision Aid_ <https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573>

NICE Asthma guidelines
<https://www.nice.org.uk/guidance/ng80/resources/asthma-diagnosis-monitoring-and-chronic-asthma-management-pdf-1837687975621>

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<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>
For more information about low carbon inhaler prescribing <https://greeninhaler.org/>

- ACT5 [Asthma.com](https://www.asthma.com)
- Self-management plan
- www.asthma.org.uk/advice/manage-your-asthma/action
- Check Inhaler technique and concordance
- Smoking cessation support and review triggers
- Step up if using short acting beta-agonist (SABA) >3 times a week
- Review response 4 to 8 weeks after initiation or change to treatment
- Consider decreasing maintenance therapy when a person's asthma has been controlled with their current maintenance therapy for at least 3 months

STEP 1 Regular preventer therapy (low dose inhaled corticosteroids (ICS))	STEP 2: Initial add on therapy: montelukast	STEP 3: Initial Add on therapy: LABA	STEP 4: Change to Maintenance and reliever therapy (MART)	STEP 5: Moderate dose ICS	STEP 6: High dose ICS	STEP 7: Refer to specialist asthma clinic
Beclometasone Easyhaler DPI 200microgram / puff 1 puff BD Low carbon option OR 	Continue step 1 inhaler Check technique 	Fostair NEXThaler DPI 100/6 1 puff BD Low carbon option OR 	Fostair NEXThaler DPI 100/6 1 puff BD Low carbon option +6 extra puffs PRN/day OR 	Fostair NEXThaler DPI 100/6 2 puffs BD Low carbon option + 4 extra puffs PRN/day (max 8/day) OR 	Fostair NEXThaler DPI 200/6 2 puffs BD Low carbon option Not licenced for MART OR 	Consider specialist referral Consider trial of addition of: Tiotropium Respimat (A.k.a Spiriva Respimat) Soft Mist Inhaler 5 micrograms 2 puffs OD 
QVAR Easi-breathe MDI 50microgram / puff 1 puff BD OR 	ADD Montelukast 10mg at night 	Duoresp Spiromax DPI 160/4.5 1 puff BD Low carbon option OR 	Duoresp Spiromax DPI 160/4.5 1 puff BD Low carbon option + 6 extra puffs PRN OR 	Duoresp Spiromax DPI 160/4.5 2 puffs BD Low carbon option + 4 extra puffs PRN Max 12 total puffs for short time only and with review OR 	Duoresp Spiromax DPI 320/9 2 puffs BD Low carbon option Not licenced for MART OR 	Uniphyllin Continus initiation by specialist only– Baseline & annual monitoring required
Clenil Modulite +spacer MDI 200microgram/puff 1 puff BD 	Review Montelukast after 4-8 weeks, consider stopping if ineffective	Symbicort Turbohaler DPI 100/6 1 puff BD Low carbon option OR 	Symbicort Turbohaler DPI 100/6 1 puff BD Low carbon option +6 extra puffs PRN OR 	Symbicort Turbohaler DPI 200/6 1 puff BD Low carbon option +6 extra puffs PRN Can be increased to 2 puffs BD and max total puffs/day 12 for short period, with review. OR 	Symbicort Turbohaler DPI 400/12 1 puffs BD Low carbon option Can be increased to 2 puffs BD, then reduced when able OR 	South Tyneside ARAS 0191 4041062 Sunderland Asthma Specialist Nurses: 0191 5699102 Community Respiratory Team: 0191 5252303
		Fostair + spacer MDI 100/6 1 puff BD OR 	Fostair + spacer MDI 100/6 1 puff BD +6 extra puffs/day 	Fostair + spacer MDI 100/6 2 puffs BD +4 extra puffs/day 	Fostair + spacer MDI 200/6 2 puffs BD Not licenced for MART 	
		Revlar Ellipta 92/22 DPI 1 puff OD Low carbon option OD prep may be useful for people struggling with BD 	Note Revlar Ellipta is not licensed for MART	Revlar Ellipta 184/22 DPI 1 puff OD Low carbon option OD prep may be useful for people struggling with BD 	Revlar Ellipta 184/22 DPI 1 puff OD Low carbon option OD prep may be useful for people struggling with BD 	

When required therapy (PRN)

Salbutamol Easyhaler
DPI
100micrograms/dose
1-2 puffs PRN
Low carbon option



Salamol +spacer
MDI
100micrograms/dose
1-2 Puffs PRN
Higher carbon than DPI, but lower than the Ventolin Evohaler



Consider issuing a DPI SABA for regular use, and an MDI+ spacer SABA for use in severe asthma attacks when respiratory effort ay not be sufficient for a DPI

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Key
DPI- Dry powder Inhaler
MDI- Metered dose inhaler
OD- Once daily
BD- Twice daily
PRN- As required therapy ('Pro Re Nata')