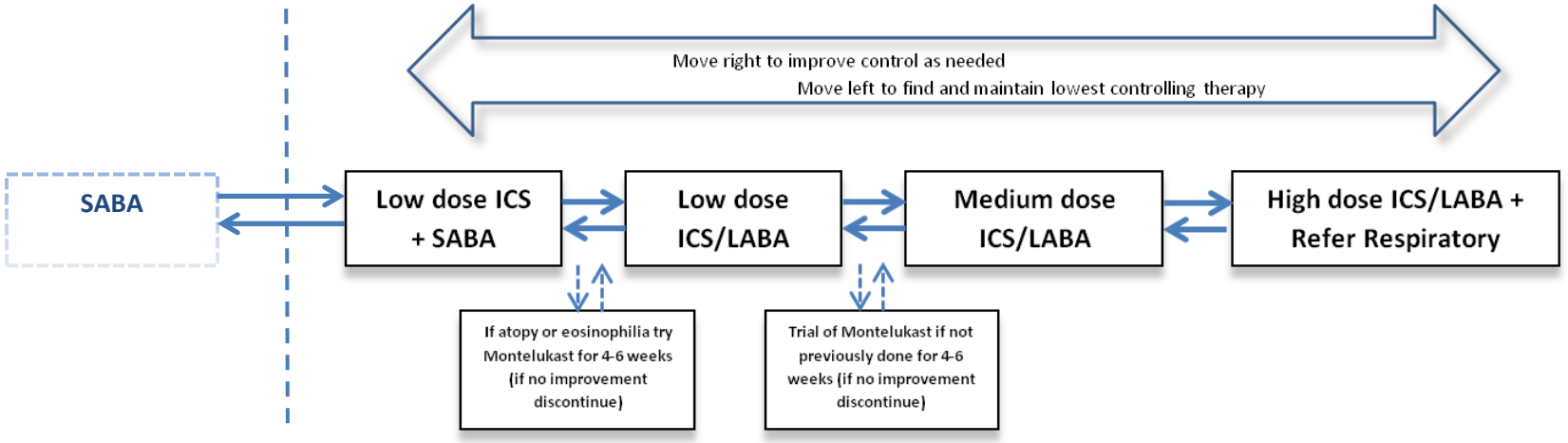
Asthma: Adult inhaler decision tool

North Cumbria Integrated Care NHS Foundation Trust



- SABA = Short Acting Beta Agonist
- ICS = Inhaled Corticosteroid
- LABA = Long Acting Beta agonist

Starting treatment

When asthma is suspected and treatment commenced, always begin with ICS + SABA **NOT/NEVER** with SABA alone.

SABA alone does not treat the underlying inflammation that drives asthma, only the symptoms.

Aim to achieve early control through titration of treatment according to the RCP asthma control questions

RCP 3 control questions

In the last month:

- Have you had difficulty sleeping because of you asthma symptoms (including cough)
- Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness, or breathlessness)?
- Has your asthma interfered with your usual activities (e.g. housework, work/school)?

If the answer to any of these questions is “yes” asthma is not controlled, consider stepping up treatment.

Smoking cessation

Where relevant address importance of smoking cessation at every healthcare interaction.
www.communitypharmacycumbria.org/stop-smoking-services-in-cumbria

Pitfalls of asthma control

Ask about A+E attendances/ hospital admissions in the last 12 months

Document the number of courses of steroids in the last 12 months ≥ 2 – suboptimal control

Clarify prescription renewal:

- No. of prescriptions issued for regular maintenance therapy is less would be expected - suggests compliance Issues
- More than 1 SABA issued a month suggests suboptimal control

Self-management

Everyone with asthma should have an action plan. People who have one are better equipped to manage their symptoms and are less likely to need time off work or be admitted to hospital for their asthma.
www.asthma.org.uk/advice/manage-your-asthma/action-plan

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Asthma: Adult inhaler options

Key points

- Choose a device that the patient can use effectively
- Inhalers must be prescribed using the Trade name (not generically) – you are prescribing a device as well as a drug
- Check concordance and inhaler technique at each visit and before stepping up treatment
- Particle inhalers are poorly used with high error rates even with a spacer. They should only be used if good technique has been demonstrated reproducibly

- Low dose Symbicort and Fostair (Nexthaler and Evohaler) have flexibility for treatment dose to be escalated to MART (see MART guideline)
- Relvar Ellipta is fixed dose use only and can't be used for MART
- Relvar Ellipta is once daily dosing and may be helpful where compliance may be an issue

Patients on high dose inhaled corticosteroids should be provided with an Emergency Steroid Card
https://www.england.nhs.uk/wp-content/uploads/2020/08/NPSA-Emergency-Steroid-Card-FINAL-2.3.pdf

Please note: Powder inhalers have a much smaller carbon footprint than particle inhalers

	Powder			Particle
SABA options	Salbutamol easyhaler 200mcg one puff PRN			Salbutamol easibreathe 100mcg 2puffs PRN or Salbutamol MDI 100mcg 2 puffs PRN via spacer
Low dose ICS (400mcg Beclometasone equivalent)				
	Beclometasone Easyhaler 200mcg one puff BD	Pulmicort Turbohaler 200mcg one puff BD		Clenil Modulite 100mcg 2puffs BD via Aerochamber spacer
Low dose ICS + LABA (400mcg Beclometasone equivalent)				
	Fostair Nexthaler 100/6 one puff BD	Symbicort 200/6 one puff BD		Fostair Evohaler 100/6 one puff BD via Aerochamber spacer
Medium dose ICS + LABA (800-1000mcg Beclometasone equivalent)				
	Fostair Nexthaler 100/6 two puffs BD	Symbicort 200/6 two puffs BD	Relvar Ellipta 92/22 one puff OD	Fostair Evohaler 100/6 two puffs BD via aerochamber spacer
High dose ICS + LABA (1600-2000 mcg Beclometasone equivalent)				
	Fostair Nexthaler 200/6 two puffs BD	Symbicort 400/12 two puffs BD	Relvar Ellipta 184/22 one puff OD	Fostair Evohaler 200/6 two puffs BD via aerochamber spacer

Higher doses (e.g. equivalent to beclomethasone 2000microg) and alternative devices (such as Seretide 500 accuhaler) will be needed for patients with severe asthma who are, or have been, under specialist care. **Primary Care clinicians please consult first with the specialist team before any changes are made to dose regimes.**

Approved by North Cumbria MOC: Feb 2021 Review: Feb 2023