Gateshead adult asthma guide

Implementation date: May 2015

Review date: May 2017

This guideline has been prepared and approved for used within Gateshead in consultation with Gateshead CCG and Secondary Care Trusts.

Approved by:

Committee	Date
Gateshead Medicines Management Committee	13/05/2015
Newcastle Gateshead CCG Optimisation of Medicines, Pathways and Guidelines Committee	04/06/2015

This guideline is not exhaustive and does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Full details of contra-indications and cautions for individual drugs are available in the BNF or in the Summary of Product Characteristics (available in the Electronic Medicines Compendium) www.emc.medicines.org.uk

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Preferred inhaler choices for Gateshead are shown below. For a comprehensive list of inhalers approved for use in Gateshead please refer to the latest Gateshead formulary. To avoid confusion, all inhaled corticosteroid and combination inhalers should be prescribed by brand.

Key (M) = metered dose inhaler (D) = dry powder inhaler **Spacer device compatibility** ^{V} = Volumatic® ^{A} = Aerochamber Plus®
SABA = short acting beta-2 agonist (e.g. salbutamol) LABA = long acting beta-2 agonist (e.g. formoterol)
MART = maintenance and reliever therapy SMART® = Symbicort Maintenance and Reliever Therapy

Step		Inhaler
Step 1: Inhaled SABA as required		**Salbutamol inhaler 100mcg** (M)$^{V/A}$ 1-2 puffs as needed
		Salbutamol Easyhaler® 100mcg (D) 1-2 puffs as needed
		Other formulary choices: Salamol® Easibreathe (M), Ventolin® Accuhaler (D), Airomir® Autohaler (M), Bricanyl® (terbutaline) Turbohaler (D)

Step		Inhaler
Step 2: Add regular inhaled corticosteroid Prescribe beclometasone inhalers by brand name—inhalers have different potencies and are not interchangeable		**Beclometasone Easyhaler® 200mcg** (D) 1 puff BD
		Qvar® inhaler 50mcg (M)^{A} **(beclometasone)** 2 puffs BD, stepping up if necessary to: **Qvar® inhaler 100mcg** (M)^{A} 2 puffs BD ***Qvar® is TWICE as potent as Clenil/ Easyhaler***
		Clenil Modulite® 100mcg (M)^{V} **(beclometasone)** 2 puffs BD, stepping up if necessary to: **Clenil Modulite® 200mcg** (M)^{V} 2 puffs BD

Step		Inhaler
Step 3: Switch to ICS/LABA combination inhaler **Never use a LABA alone**—always in combination with an inhaled corticosteroid Consider SMART®/ MART regimes for combined maintenance and reliever therapy (Fostair®(pMDI only)/ DuoResp Spiromax®/ Symbicort® only) – see overleaf for more information **If no response: consider trial of leukotriene receptor antagonist** (e.g. montelukast 10mg once daily)		**Fostair® inhaler** (M)^{A} **or Fostair® NEXThaler** (D) **100/6mcg (beclometasone/ formoterol)** Maintenance dose: 1 puff BD Reliever dose (MART regime—**pMDI only**): 1 puff as needed; max. 8 puffs daily *NEXThaler is NOT licensed for use in MART regime*
		DuoResp Spiromax® (D) **160/4.5mcg (budesonide/ formoterol)** Maintenance dose: 1 puff BD Reliever dose (MART regime): 1 puff as needed up to max. 6 puffs at a time; max. 12 puffs daily
		Flutiform® (M)^{A} **50/5 inhaler (fluticasone propionate/ formoterol)** 2 puffs BD *Flutiform is NOT licensed for MART/SMART regimes*
		Other formulary choices: Symbicort® (budesonide/formoterol) (D), Seretide® (fluticasone/ salmeterol) (M/D)

Step		Inhaler
Step 4: Increase ICS to maximum 2000mcg BDP per day Patients requiring doses ≥1000mcg BDP equivalent per day should be given a steroid card		**Flutiform®** (M)^{A} **125/5 inhaler (fluticasone propionate/ formoterol)** 2 puffs BD, stepping up if necessary to: **Flutiform®** (M)^{A} **250/10 inhaler** 2 puffs BD
		Fostair® 100/6 inhaler (M)^{A} **or Fostair® NEXThaler** (D) **100/6 (beclometasone/ formoterol)** 2 puffs BD
		DuoResp Spiromax® (D) **320/9 (budesonide/ formoterol)** 1 puff BD stepping up if necessary to max. 2 puffs BD
		Other formulary choices: Symbicort® (budesonide/formoterol) (D), Seretide® (fluticasone/ salmeterol) (M/D)

Step	Action
Step 5: Regular corticosteroid tablets	**Refer to respiratory specialist**

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NHS
Newcastle Gateshead
Clinical Commissioning Group

Assess asthma control

In the last month:

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

ANY YES = TAKE ACTION

Review current treatment regime

Observe inhaler technique (placebo inhalers are available from your practice pharmacist). Animated demonstrations for most inhaler devices can be viewed on the Asthma UK website.

Check adherence and concordance with patient

- Does the patient understand when and why to use their inhalers?
- EMIS can provide information on the overuse of reliever inhalers and underuse of preventers (% use >100% indicates possible over ordering)

Does the patient have any asthma triggers? See Asthma UK for more information.

Any symptoms of rhinitis? If so, treat accordingly.

If all points above are satisfactory, continue to next step.

Stepwise management of asthma

Start at the step most appropriate to initial severity; before initiating a new drug or increasing the dose of an inhaler consider whether diagnosis is correct, check compliance and inhaler technique, and eliminate trigger factors for acute exacerbations.

Step up if not controlled. If **complete control**, consider step down after 3 months.

Consider the patient's age, level of dexterity and lifestyle factors when selecting a suitable inhaler device. Animated demonstrations for most inhaler devices can be viewed on the Asthma UK website. **See overleaf for inhaler choices for each step.**

When to consider stepping up to an inhaled corticosteroid

Step up if any of the following features:

- Using SABA three times a week or more
- Symptomatic three times a week or more
- Waking one night a week
- Also consider in patients who have had an asthma attack requiring oral corticosteroids in the last two years

Inhaled corticosteroid equivalent doses

Consider the BDP (beclometasone dipropionate) equivalence of each inhaler before switching devices.

Inhaled corticosteroid	BDP equivalent dose
Beclometasone	
Beclometasone Easyhaler	400micrograms
Clenil modulite	400micrograms
Qvar	200micrograms
Fostair (beclometasone/ formoterol)	200micrograms
Budesonide	
Symbicort (budesonide/ formoterol)	400micrograms
Duoresp Spiromax (budesonide/ formoterol)	400micrograms
Fluticasone propionate	
Flutiform (fluticasone/ formoterol)	200micrograms
Seretide (fluticasone/ salmeterol)	200micrograms

■ **= TWICE as potent as standard BDP.** BDP in Qvar and Fostair is TWICE as potent as Clenil and Easyhaler. 200mcg of Qvar is approximately equivalent to 400mcg of Clenil.

SMART® and MART® maintenance and reliever regimes

Fostair®, DuoResp Spiromax® and Symbicort® can be used for both maintenance and relief medication instead of a separate SABA for patients who have seen a benefit with a LABA but are still not controlled at step 3.

SMART®/ MART can be considered for patients with:

- Inadequate asthma control and a frequent need for reliever medication
- Asthma exacerbations in the past requiring medical intervention

Patients must have received education on the use of the inhaler as maintenance and reliever therapy and clinicians must be confident patients understand how to use it appropriately.

Patients should be advised to always have their inhaler available for reliever use. Patients requiring frequent use of rescue inhalations should be advised to return to the GP practice for reassessment. Practices should monitor the number of prescriptions requested and any dose-related side effects. Patients using more than one extra relief puff on a regular basis should be reviewed and their maintenance therapy should be reconsidered.

Patients should not require a separate SABA as this could result in over treatment and side effects.

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