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COVID-19

Questions, Answers and Actions

Prescribing for Asthma and COPD guidance

Question: What resources are available to support prescribing for and care of respiratory patients with asthma or COPD during the COVID-19 pandemic?

Answer: There are numerous resources available to aid asthma and COPD prescribing during the COVID-19 pandemic. These are being constantly revised and updated and this document will be regularly reviewed to pull these resources into one source. Whilst best efforts are made to ensure this information is as inclusive as possible it should be recognised that this content is not exhaustive.

Action: The following links may be useful when considering how to manage asthma and COPD patients during the COVID-19 pandemic:

- NICE COVID-19 rapid guideline (NG166): severe asthma: https://www.nice.org.uk/guidance/ng166
- NICE COVID-19 rapid guideline (NG168): community-based care of patients with chronic obstructive pulmonary disease (COPD): https://www.nice.org.uk/guidance/NG168
- British Thoracic Society: https://www.brit-thoracic.org.uk/about-us/covid-19-information-for-the-respiratory-community/
- Primary Care Respiratory Society information for primary, community and integrated care teams: https://www.pcrs-uk.org/coronavirus
- GOLD Covid-19 Guidance: https://goldcopd.org/gold-covid-19-guidance/
- RDTC Asthma and COPD oral steroid or antibiotic rescue pack or antibiotic rescue packs and extra steroid inhalers: https://rdtc.nhs.uk/sites/default/files/rdtc-gmmmg-covid-19-qaa-asthma-and-copd-oral-steroid-or-antibiotic-rescue-packs-and-extra-steroid-inhalers-version-2-0.pdf
- Asthma UK: https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/
- General guidance for patients is available from British Lung Foundation: https://www.blf.org.uk/support-for-you/coronavirus

NICE COVID-19 rapid guideline (NG166): severe asthma

https://www.nice.org.uk/guidance/ng166

NICE makes the following recommendations:

- Prescribe enough asthma medicines to meet the patient's clinical needs for no more than 30 days' treatment. Prescribing larger quantities of asthma medicines puts the supply chain at risk.
- Continue using inhaled corticosteroids because stopping can increase the risk of asthma exacerbation. Tell patients there is no evidence that inhaled corticosteroids increase the risk of getting COVID 19.
- Continue maintenance oral corticosteroids (if currently taken) at their prescribed dose because stopping them can be harmful.
- Tell patients, or their parent or carer, that if they develop symptoms and signs of an asthma exacerbation, they should follow their personalised asthma action plan and start a course of oral corticosteroids if clinically indicated.
- Also gives advice on use of biologics in management of severe asthma. It advises to continue biologics because there is no evidence that biological therapies for asthma suppress immunity. Where possible arrange and train for self-administration plus and home care medicine delivery of biologics.

NICE COVID-19 rapid guideline (NG168): community-based care of patients with chronic obstructive pulmonary disease (COPD)

https://www.nice.org.uk/guidance/NG168

NICE makes the following recommendations:

- Patients should continue taking their regular inhaled and oral medicines in line with their individualised COPD self-management plan to ensure their COPD is as stable as possible. This includes those with COVID‑19, or who are suspected of having it.
- There is no evidence that treatment with inhaled corticosteroids (ICS) for COPD increases the risk associated with COVID‑19. Patients established on ICS should continue to use them, and delay any planned trials of withdrawal of ICS. While there is some evidence that use of ICS in COPD may increase the overall risk of pneumonia do not use this risk alone as a reason to change treatment in those established on ICS and risk destabilising COPD management.
- Patients on long-term oral corticosteroids that they should continue to take them at their prescribed dose, because stopping them can be harmful.
- If patients are having an exacerbation, they should follow their individualised COPD self-management plan and start a course of oral corticosteroids and/or antibiotics if clinically indicated.
- Do not to start a short course of oral corticosteroids and/or antibiotics for symptoms of COVID‑19, for example fever, dry cough or myalgia.
- Do not offer patients with COPD a short course of oral corticosteroids and/or antibiotics to keep at home unless clinically indicated, as per NICE guideline on chronic obstructive pulmonary disease in over 16s.
- Strongly encourage patients with COPD who are still smoking to stop, to reduce the risk of poor outcomes from COVID‑19 and their risk of acute exacerbations.
- Use online pulmonary rehabilitation resources, such as those available in the British Thoracic Society pulmonary rehabilitation resource pack.
- Do not routinely start prophylactic antibiotics to reduce risk from COVID‑19. Patients already prescribed prophylactic antibiotics should continue taking them as prescribed, unless there is a new reason to stop treatment (for example, side effects or allergic reaction
- Patients currently using airway clearance techniques should continue to do so, but advise patients that inducing sputum is a potentially infectious aerosol generating procedure, and they should take appropriate precautions.

British Thoracic Society Guidance: COVID-19: information for the respiratory community

https://www.brit-thoracic.org.uk/about-us/covid-19-information-for-the-respiratory-community/

- Guidance for healthcare professionals for COPD providing advice on continuing use of inhaled/oral corticosteroids, management of exacerbations with rescue antibiotics and short courses of oral corticosteroids, hygiene of inhalers and spacer devices, and transmission risks with nebulisation.
- Advice for healthcare professionals treating adults with asthma including how to advise patients (continue regular asthma medications, ensure sufficient supplies without over-ordering, do not share inhalers), management of asthma exacerbations (use of high dose salbutamol inhalers vs nebulisers, prescribing short courses of oral corticosteroids/antibiotics), and advice for patients with severe asthma including those on biological treatments.
- For people with asthma, the best way of staying healthy and recovering if infected with COVID-19 is to ensure their asthma is as stable as possible. This means taking inhaled steroids and other routine medications regularly, as prescribed and detailed in their personal asthma action plan. The management of asthma exacerbations is unchanged and patients should NOT stop taking their ICS containing inhaler. Patients should be advised to take their medication as guided by their personal asthma action plan and contact their GP surgery to organise a telephone, video or face-to-face consultation. If a course of steroids is clinically indicated (symptoms and signs of bronchospasm/wheeze), it should not be withheld. Antibiotics are only advised if sputum changes colour, thickens or increases in volume.
- Lung cancer and mesothelioma guidance including patient counselling on risks of starting anti-cancer treatments (page 3) and advice on use of systemic anti-cancer therapy (treatments/monitoring to omit, additional treatments to consider and how to minimise hospital attendance) (page 4).

- Advice on the safety of nebuliser use. The advice from Public Health England is that nebulisation is not a viral droplet generating procedure and not considered an aerosol generating procedure for COVID-19.
- Very few people with asthma need to use a nebuliser outside of hospital and in general it should be discouraged because using salbutamol through a spacer can be as effective:
    - 4-6 puffs from a salbutamol pMDI into a spacer with a patient taking 2-3 tidal breaths is the same as a 2.5mg nebule of salbutamol
    - 10-12 puffs is the equivalent of a 5mg nebule of salbutamol.
- Ensuring patients have had their inhaler technique checked recently. Some useful videos on using each of the different types of inhalers are available at: https://www.asthma.org.uk/advice/inhaler-videos/
- As the number of cases of COVID-19 is increasing, it is natural for some patients to feel concerned or anxious. Strong emotions can trigger an asthma attack. Information for patients on coping with stress and anxiety is available here: https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak
- Emphasise to patients the importance of smoking cessation as current smoking has been shown to be associated with greater risk of severe complications from COVID-19.

Global Initiative for Chronic Obstructive Lung Disease (GOLD) COVID-19 Guidance

https://goldcopd.org/gold-covid-19-guidance/

GOLD makes the following recommendations:

- Strongly encourages patients with COPD to follow the advice of the public health teams in their own countries to try to minimise the chance of becoming infected and on when and how to seek help if they show symptoms of the infection.
- GOLD is not aware of any scientific evidence to support that inhaled (or oral) corticosteroids should be avoided in patients with COPD during the COVID-19 epidemic.
- COPD patients should maintain their regular therapy.
- Oxygen therapy should be provided if needed following standard recommendations.
- As new information becomes available, health professionals should follow the recommendations on management from the authorities in their own country.

Asthma UK Guidance

https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/

- Provides health advice for asthmatic patients
- 'Shielding advice' for asthmatic patients and which treatments are included, as agreed with National Clinical Director for Respiratory (NHS England)
- Includes a table of inhalers and doses which equate to "high dose inhaled steroids" (see section Inhaled steroid dosages for adults aged 17 years and over)
- Includes actions for patients to take (including medication) to manage their asthma well to reduce the risk from coronavirus
- Download and use an asthma action plan to help patients recognise and manage asthma symptoms when they come on.
- Patient should start a peak flow diary, if they have a peak flow meter as it can be a good way of tracking asthma and helping to tell the difference between asthma symptoms and COVID-19 symptoms. Consider prescribing a peak flow meter if a patient does not have one or asking them to buy over the counter. It can also help to assess patients over the phone or video.

Supply of Inhalers

BTS has produced information in relation to the supply of inhalers which is available https://www.brit-thoracic.org.uk/document-library/quality-improvement/covid-19/bts-information-respiratory-inhalers/

Advice to all Health Care Professionals involved in prescribing inhalers to help maintain supply is as follows:

- Continue to write monthly repeat prescriptions rather than writing a prescription for several months.
- Encourage patients not to stock pile inhalers at home and to order prescriptions as per their advice from their medical practice.

- Discuss with those patients who have not ordered a repeat prescription for an inhaler for more than 4 months if this is still clinically required. It is important that good control is maintained especially for asthma patients. Patients should be assessed on an individual basis. For example, if the patient is receiving regular short-acting beta-2 agonist inhalers (e.g. salbutamol) and now requesting an inhaled corticosteroid (ICS) then is most likely to be an appropriate issue, compared to those who have had no type of inhaler at all.
- Ensure patients are aware of dose counters on inhalers (where applicable) and to know how to recognise if their inhaler requires replacing.
- Promote optimisation of inhaler technique. Consult Asthma UK for inhaler technique videos https://www.asthma.org.uk/advice/inhaler-videos/ or RightBreathe https://www.rightbreathe.com
- To find up to date and accurate information of inhaler supplies please consult the individual pharmaceutical company websites.
- Avoid switching between different types of inhalers unless essential to ensure continuity of patient treatment. If an alternative inhaler is required try and ensure patients are switched to alternative class of inhaler device (i.e. Aerosol (e.g. MDI, Easibreathe, Autohaler) or Dry powder inhalers).
- The BTS/SIGN Asthma Guideline inhaler dose comparison chart can support if alternative inhalers need to be prescribed. Switching patients may put additional strain onto the alternate inhaler supply chain. https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/
- Consult the SPC (www.medicines.org.uk) for products, particularly to confirm licensing and indication.

Guidance is also available from the Primary Care Pharmacy Association on the use of alternative inhalers during stock shortages:

- Guide for alternative inhalers during stock shortages related to Coronavirus (COVID-19) - NHS North West London Respiratory Prescribing Group 24 Mar 2020
- Alternative inhaled corticosteroids licensed for children under 12 with asthma

(N.B. These are not strict dose equivalences but are a guide to similar clinical effectiveness)

Oral steroid and/or antibiotic 'rescue packs' and higher potency steroid inhalers should only be supplied to patients who require escalation of therapy in line with NICE guidance for COPD or asthma.

If a patient with COPD or asthma suspects they might have COVID-19 they should use the NHS 111 online coronavirus service via: https://111.nhs.uk/covid-19

References:

British Thoracic Society/ SIGN 158 British guideline on the management of asthma revised edition published July 2019. Available via: https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/ [Accessed 09/04/20]

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