



# COVID-19

## Questions, Answers and Actions

### *Asthma and COPD- oral steroid or antibiotic 'rescue packs' and extra steroid inhalers*

**Question:** "Which patients with asthma and COPD should be supplied with oral steroid and/or antibiotic 'rescue packs', higher potency steroid inhalers, and new or additional requests for steroid inhalers during the COVID-19 pandemic response?"

**Answer:** 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 and asthma.

Given the lack of effectiveness and possible harm, routine oral corticosteroids should be avoided in COVID-19 infection unless they are indicated for another reason such as exacerbation of asthma or COPD, septic shock, and should not be administered in COVID-19 infection without a risk and benefit analysis.

Patients should be advised to continue using inhaled corticosteroids because stopping can increase the risk of exacerbation. There is no evidence that inhaled corticosteroids increase the risk of getting COVID-19.

An RDTC question and answer document on the safety of steroids in COVID-19 is in development and will be published on the COVID-19 information and resources web page shortly.

Additionally, oral steroid or antibiotic 'rescue' packs should only be prescribed to patients if they:

- Understand and are confident about when and how to take the medication as part of their asthma or COPD management and are aware of associated risks and benefits. Ideally, these interventions should be detailed in the patient's existing asthma or COPD management plan.
- Know when to seek help and when to ask for replacements once medication has been used.
- **Are aware of the symptoms of exacerbation versus those of COVID-19 infection;** COVID-19 can present with symptoms similar to an asthma or COPD exacerbation such as cough and shortness of breath. However, the presence of a high temperature and/ or changes in taste or smell are more suggestive of COVID-19 infection rather than asthma or COPD exacerbation.

**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>

**Oral steroid 'rescue' packs should not be supplied to the following patient groups:**

1. Patients without a history of COPD or asthma exacerbation/ asthma attack
2. Patients who have not previously received a prescription for 'rescue' steroids
3. Patients who do not have oral steroid 'rescue' detailed in their existing personalised management plans

**NB. This includes patients in the very-high risk group subject to shielding advice where any of the above (1-3) apply.**

**Steroid inhalers should not be supplied in response to requests from patients who do not require escalation of therapy/ are requesting supply on a 'just in-case' basis.** This includes patients who have not requested a steroid inhaler in the previous 12-month period or do not have steroid inhalers included in their asthma or COPD management plans.

There are a number of potential risks associated with advanced prescription of oral steroid 'rescue' packs to the above patient groups:

- **Oral 'rescue' steroids are not indicated in these groups without prior clinical assessment.**
- **Supply of 'rescue' steroids to these patient groups requires significant resource in terms of identifying patients, providing appropriate counselling, and community pharmacy workload.**
- Patients in the above groups are less likely to be aware of the symptoms of exacerbation and may mistake COVID-19 infection for an exacerbation;
  - Potentially delaying appropriate management of COVID-19 infection (including undertaking self-isolation measures).
  - Resulting in unnecessary exposure to steroids. Oral steroids are not currently indicated in the management of COVID-19 infection.

**Following the above guidance will help support the sustainability of the supply chain of these medicines.**

### **Action:**

**For adults**, prescribers should follow British Thoracic Society recommendations: [Advice for Healthcare Professionals Treating People with Asthma \(adults\) in relation to COVID-19](#) and [COPD and COVID-19 for Healthcare Professionals](#).

Additional helpful guidance is also available from Primary Care Respiratory Society: [Pragmatic guidance for the routine and crisis management of patients with asthma and COPD](#) during the UK COVID-19 epidemic.

**For children**, prescribers should follow guidance issued by the Royal College of Paediatrics and Child Health: [COVID-19 - guidance for paediatric services](#) and asthma.org.uk: [Coronavirus \(COVID-19\) Health advice for people with asthma](#).

The links below might also be helpful:

- [NICE guideline \[NG166\] COVID-19 rapid guideline: severe asthma](#)
- [NICE guideline \[NG168\] COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease \(COPD\)](#)
- [Primary Care Respiratory Society information for primary, community and integrated care teams](#).
- [British Thoracic Society COVID-19: information for the respiratory community](#).

### **References**

Asthma.org.uk: Coronavirus (COVID-19) Health advice for people with asthma. Last updated: 27/03/20. Available via: <https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/> [Accessed 27/03/20]

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World Health Organisation Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim guidance 13 March 2020. Available via: <https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf> [Accessed 27/03/20]

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**Prepared by:** Carol Dolderson. Regional Drug and Therapeutics Centre.

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**Regional Drug and Therapeutics Centre**  
16/17 Framlington Place, Newcastle upon Tyne, NE2 4AB  
Tel: 0191 213 7855 Fax: 0191 261 8839  
E-mail: [rdtc.rxsupp@nuth.nhs.uk](mailto:rdtc.rxsupp@nuth.nhs.uk) Website: [www.rdtc.nhs.uk](http://www.rdtc.nhs.uk)



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