

## Greater Manchester Asthma Management Plan

### Inhaler therapy options for adult patients with asthma

#### **Non-pharmacological options for ALL patients, consider at ALL stages**

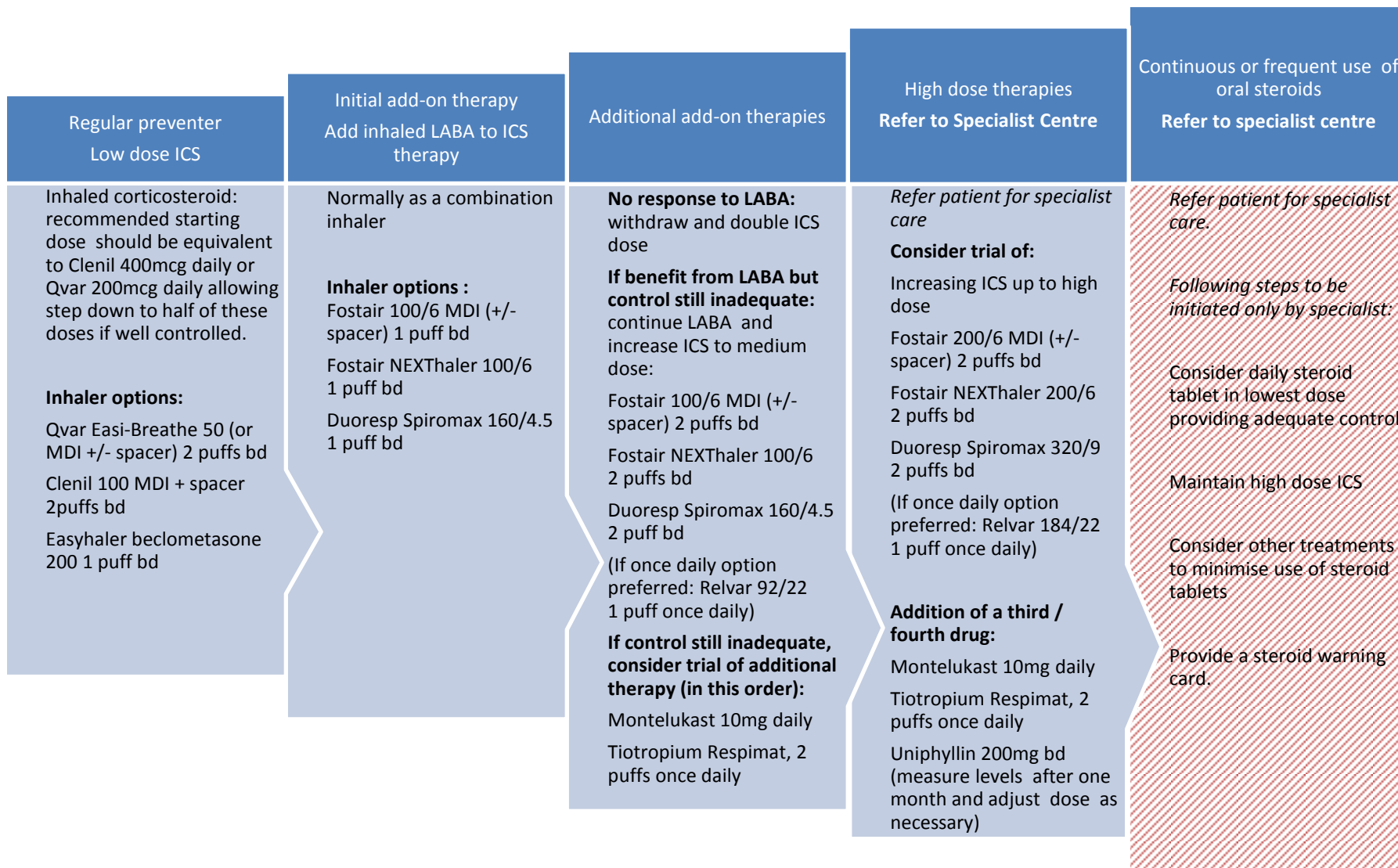
- Make sure diagnosis is correct and consider alternative / additional problems
- Check inhaler technique; technique with pMDIs is often less than ideal and a spacer is recommended
- Check adherence (prescription records), especially picking up sufficient ICS prescriptions
- Check reliever prescriptions (use of more than 6 per year suggests uncontrolled)
- Stop smoking
- Provide a self-management plan
- Annual flu vaccination

#### **Important principles to guide treatment:**

- Assess response to any change in therapy over 6 to 12 weeks
- Prescribe by BRAND and DEVICE
- Spacer device recommended for MDIs: e.g. Aerochamber or Volumatic; check SPCs for device and spacer compatibility
- Consider and manage allergies especially nasal symptoms, e.g. hayfever
- Consider trigger factors including IgE & allergens
- Consider occupational influences and refer if suspected
- Stop treatments after an unsuccessful trial (e.g. Step 4 options)
- Consider how to assess response to treatment. Options include
  - RCP 3 questions
  - Asthma Control Test
  - Exacerbation rate
  - Spirometry (if available)
  - Peak flow
- Step down inhaled corticosteroids as per BTS recommendation e.g. when stable for 6 months reduce corticosteroid dose by 25-50% but not to less than equivalent of beclometasone 200mcg daily.

#### **Criteria for referral to severe asthma service:**

- Unclear diagnosis
- Two or more courses of oral steroids in a 12 month period
- Still exacerbating or symptomatic or uncontrolled after addition of add-on therapies



Inhaled short-acting beta agonist option to be used at all stages and all 1-2 puffs as required:  
Salbutamol MDI; Easyhaler Salbutamol; Salamol EasiBreathe

## Notes

These treatment recommendations are suitable for newly diagnosed asthma patients. For asthma patients already established on treatment, then the recommendations here may also be used in cases where symptoms and / or exacerbations require a change in treatment, or cost reduction is being considered. This list of inhaler therapy options is not intended to be used to change therapy if it is working well nor to completely rule out any device. Certain devices not in the Plan above may be more suitable for persons with problems of dexterity.

British Thoracic Society (BTS) 2016 guideline on the management of asthma does not significantly place Maintenance and Reliever Therapy regimens (*MART* / *SMART*) and therefore they are not included here but may be suitable for some patients.

## List of abbreviations

ICS – inhaled corticosteroids

LABA – long-acting beta-agonist

MDI – metered dose inhaler

p-MDI – pressurised metered dose inhaler

RCP – UK Royal College of Physicians '3 Questions' screening tool