

Greater Manchester Asthma Management Plan 2018

Inhaler therapy options for adult patients (18 and over) with asthma

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

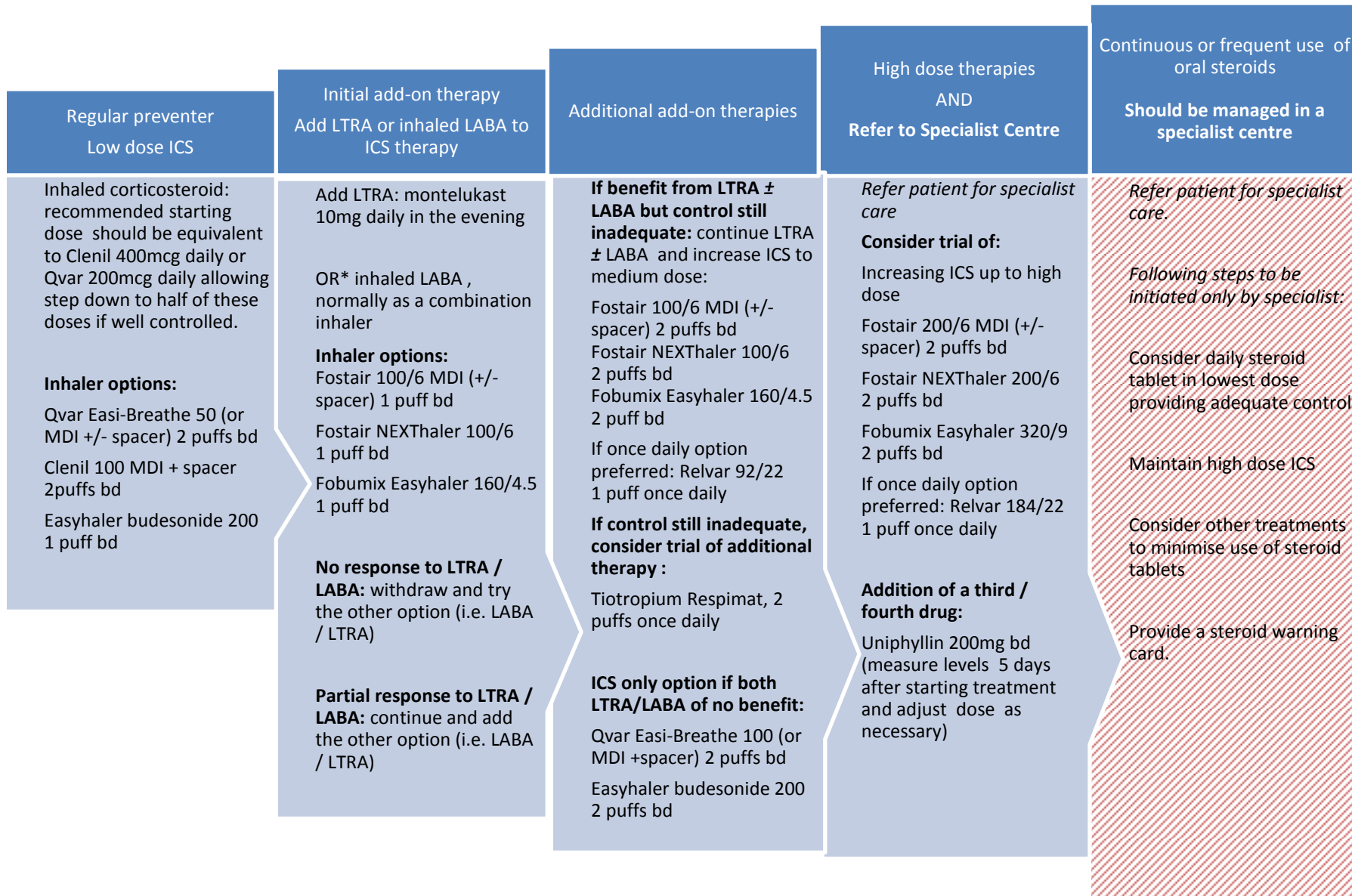
- Make sure diagnosis is correct and consider alternative / additional problems
- Check inhaler technique:
 - technique with pMDIs is often less than ideal and a spacer is **strongly** recommended
 - different DPIs have different priming and administration mechanisms – **CHECK CAREFULLY!**
- Check adherence (prescription records), especially picking up sufficient ICS prescriptions
- Check reliever prescriptions (use of more than 6 per year suggests uncontrolled disease)
- Stop smoking: Be proactive, challenge patients who obviously smoke, offer support to stop. Follow recommendations in NICE [NG92](#).
- Provide a written 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 pMDIs: e.g. A2A, Aerochamber Plus or Volumatic; check SPCs for device and spacer compatibility
- Consider and manage allergies especially nasal symptoms, e.g. hayfever
- Consider trigger factors including allergens and passive smoke exposure
- 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 **3-6** months reduce corticosteroid dose by 25-50% but not to less than equivalent of beclometasone 200mcg daily.

Criteria for referral to specialist care e.g. 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: 1-2 puffs as required:

Salbutamol pMDI (Ventolin); Easyhaler Salbutamol; Salamol EasiBreathe. **Match with ICS device if possible.**

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.

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Promote use of regular ICS preventer in newly diagnosed individuals.

* - Initial add on therapy options:

Consider montelukast where:	Consider ICS / LABA combination inhaler where:
<ul style="list-style-type: none">• Patient willing to take a tablet <i>as well as</i> an inhaler. N.B. must be confident patient will not <i>substitute</i> the tablet for the inhaled corticosteroid.	<ul style="list-style-type: none">• Requires relief from tight / wheezy chest with excessive use of SABA especially where due to poor lung function e.g. FEV1 < 80% predicted.
<ul style="list-style-type: none">• Allergic rhinitis	<ul style="list-style-type: none">• Don't wish to take a tablet
<ul style="list-style-type: none">• Exercise-induced asthma	<ul style="list-style-type: none">• Extra prescription charge presents a financial burden

These choices should be discussed carefully with the patient and agreement reached as to the best initial add-on therapy.

British Thoracic Society (BTS) 2016 guideline on the management of asthma does not recommend Maintenance and Reliever Therapy regimens (*MART / SMART*) although NICE NG80 2017 does. These may be suitable for some patients and some of the inhalers which may be used are:

- Fobumix Easyhaler 80/4.5
- Fobumix Easyhaler 160/4.5
- Fostair 100/6 MDI
- Symbicort Turbohaler 100/6
- Symbicort Turbohaler 200/6

The Rightbreathe website <https://www.rightbreathe.com/> contains a wealth of information regarding inhalers and videos demonstrating correct use.

List of abbreviations

ICS – inhaled corticosteroids

LABA – long-acting beta-agonist

LTRA – leukotriene receptor antagonist

MDI – metered dose inhaler

pMDI – pressurised metered dose inhaler

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