

ASTHMA ADULT PRESCRIBING GUIDELINES AND RECOMMENDED MEDICINES.

Step 1	Step 2	Step 3	Step 4
<p><i>Short Acting Beta Agonist (SABA)</i></p> <p><i>As per BTS (2016) consider Regular Low Dose Beclometasone DP</i></p> <p>It is crucial to consider monitored initiation of Low Dose (BTS 2016)</p>	<p>Initial Add-on therapy</p> <p>(+) LABA to Low Dose ICS.</p> <p>Prescribe a combination inhaler to improve adherence (BTS 2016)</p>	<p>Further add-ons (+) if no response to LABA-stop & consider an increase in ICS If LABA beneficial but poor control increase ICS to medium dose as a combination inhaler</p> <p><i>CCG Formulary 1st Line COMBISAL125/25 MDI (Fluticasone/Salmeterol)</i></p> <p>Two puffs BD is equiv.1000mcg BDP</p> <p>See chart for other options</p>	<p>Persistent poor control</p> <p><i>Specialist referral</i></p>
<p><i>CCG Formulary 1st line SABA: Salbutamol 100mcgMDI LD BDP: Clenil 50mcg MDI</i></p> <p>See chart for other options</p>	<p><i>CCG Formulary 1st line COMBISAL 50/25 MDI (Fluticasone/Salmeterol) 2 puffs BD is equiv. 400mcg BPD</i></p> <p>See chart for other options</p>	<p><i>Further add-ons (+)</i></p> <p>(+) Leukotriene(LTRA) Montelukast</p> <p>(+) Theophylline SloPhyllin SR</p> <p>(+) LAMA (licensed) Spiriva Respimat</p> <p>Some Patients benefit more from the addition of a LABA than increasing ICS dose</p>	<p>Persistent poor control</p>

Patients prescribed more than one SABA inhaler a month should be identified and have their asthma assessed. (NRAD 2014).

Consistency of inhaler device is crucial to supporting improved patient outcomes. Always prescribe by BRAND.

The Royal College of Physicians (RCP) "3 Questions" is useful for assessing asthma control.

Switching inhalers may be suitable for many patients but it is important to discuss this with the patient beforehand and to ensure they know how to use their new device .

FOSTAIR contains Beclometasone 100 mcg extra fine which is equipotent to 250mcg BDP =100mcg Fluticasone Prop.

One puff Fluticasone fuorate 92mcg (Relvar®) daily is equivalent to Fluticasone prop (Combisal® Flutiform® Seretide®) 250mcg BD.

Stepping down should be considered every 12 weeks, ensuring good control before reducing ICS by 25-50% each time. (BTS 2016)

A systematic review of studies comparing the addition of LTRA to ICS with the addition of LABA to ICS showed that the addition of LABA to ICS was more effective at reducing asthma attacks. (BTS 2016)

Please note:

Patients should be seen at GP Practice within 2 working days of hospital discharge following an exacerbation

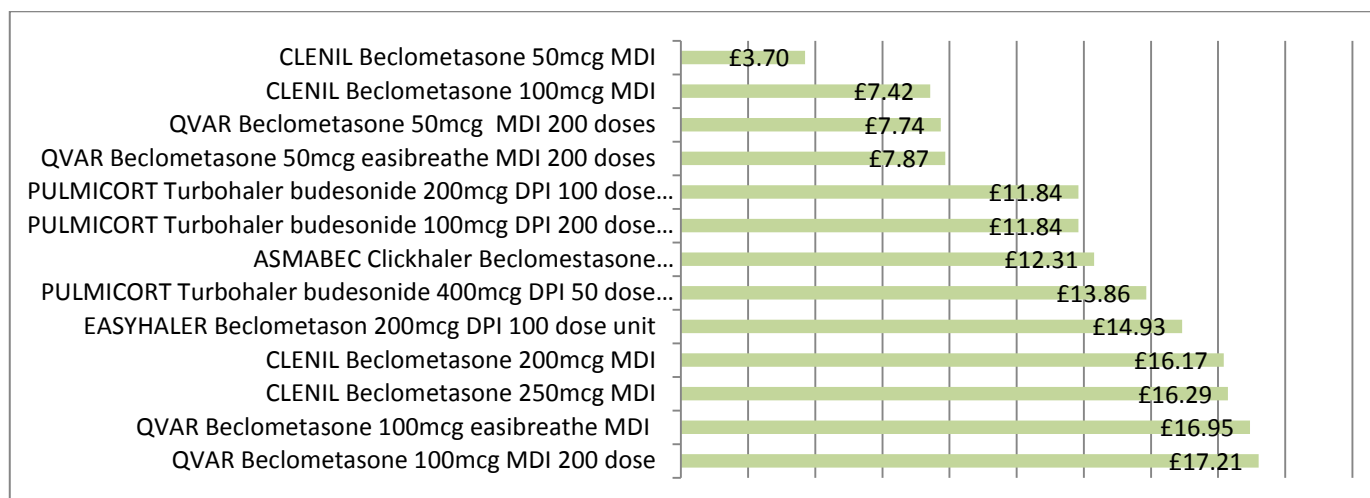
Asthma suspected.
Diagnosis & Assessment
FENO testing.

Evaluation: Re-assess symptoms and when **moving up and down** the treatment algorithm, it is essential to establish **adherence to therapy** and **check inhaler technique**. Where possible the same **device** should be maintained, most patients are likely to begin treatment with a Metered Dose Inhaler (MDI). **Spacers** should be prescribed where deemed appropriate.

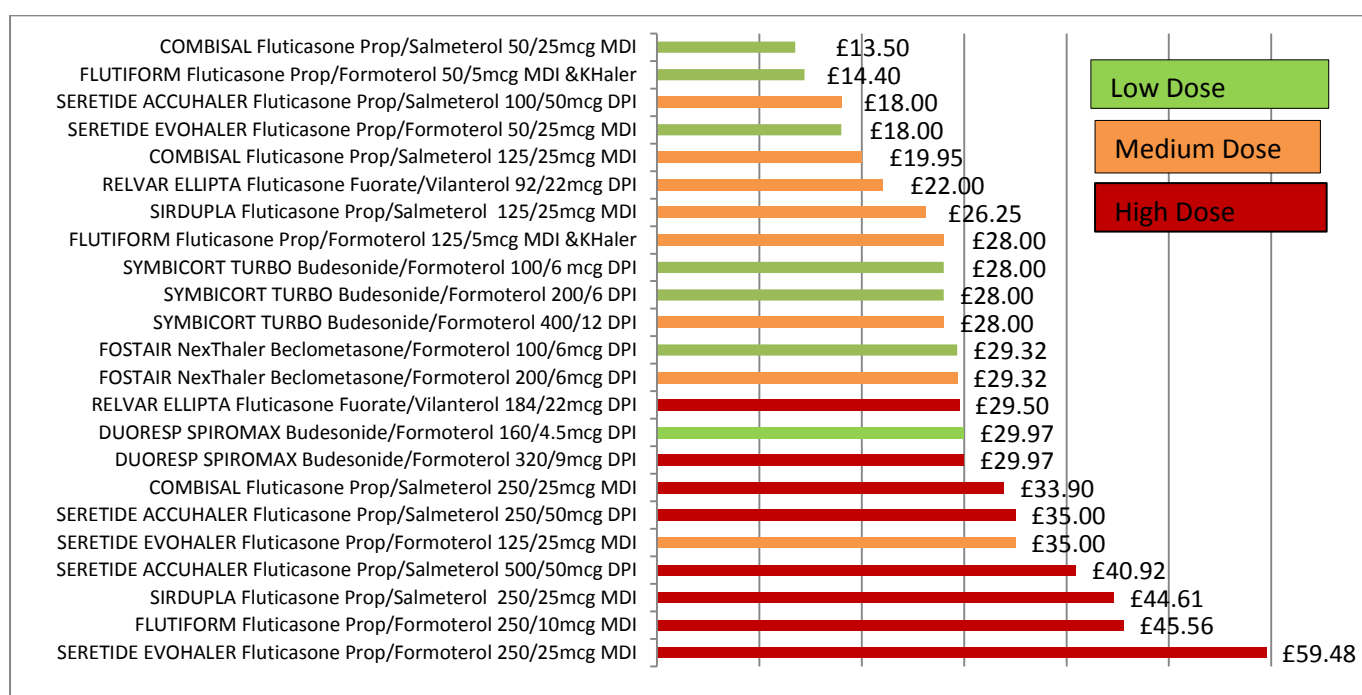
COST OF INHALER PER PACK (MONTH). Prescribers must be satisfied patient can use device.

The NHS is committed to providing best value for taxpayers' money and the most effective fair and sustainable use finite resources" (NHS Constitution 2017)

INHALED CORTICOSTEROIDS



COMBINATION INHALERS : Inhaled Corticosteroid + Long Acting Beta Agonists



Spacers	Adult	Children with mask
Volumatic	£3.88	£6.83
A2A	£4.15	£6.68
SpacePlus	£4.26	£6.98
Able Spacer	£4.39	£7.16
Optichamber	£4.49	£7.49
Aerochamber	£4.90	£8.17

The size of the spacer is important, the larger spacers with a one way valve (Volumatic) is the most clinically effective (BNF 2018)