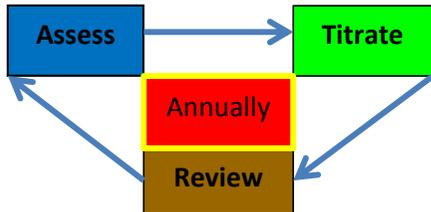


Stepwise Management of Asthma in Adult Patients



Preventer	<p>Step 1 SABA as below. Consider a very low dose ICS.</p>	<p>Step 2 Add low dose ICS. The lowest steroid dose to achieve control is required.</p> <p>Clenil Modulite (Beclometasone 50-200 micrograms MDI) 2P BD</p> <p>Qvar Easi-Breathe (Beclometasone 50-100 micrograms Breath Actuated MDI) 2P BD*</p> <p>Pulmicort Turbohaler (Budesonide 100-400 micrograms DPI) 1-2P BD</p>	<p>Step 3 Low dose ICS+LABA</p> <p>Fostair (Beclometasone 100 micrograms and Formoterol 6 micrograms MDI or DPI) 1P BD / 2P BD</p> <p>Duosp Spiromax 160/4.5 (Budesonide and Formoterol DPI) 1P BD / 2P BD*</p> <p>Relvar Ellipta 92/22 (Fluticasone Fuorate and Vilanterol DPI) 1P OD</p> <p><small>* Note Symbicort Turbohaler 100/6 to be used if lower dose needed to stabilise symptoms</small></p>	<p>Step 4 Medium-high dose ICS+LABA Consider referral for specialist care.</p> <p>Duosp Spiromax 320/9 (Budesonide and Formoterol DPI) 2P BD</p> <p>Relvar Ellipta 184/22 (Fluticasone Fuorate and Vilanterol DPI) 1P OD</p>	<p>Step 5 Refer patient for specialist care. Use daily steroid tablet in lowest dose providing adequate control. Maintain high dose ICS. Consider other treatments to minimise the use of steroid tablets.</p>
	Add-on	<p>Clenil Modulite 50 1P BD or Easyhaler Budesonide 1P OD</p>	<p>Ensure that technique is perfect. If not, consider changing to a different TYPE of device.</p>	<p>Consider adding a leukotriene receptor antagonist. Montelukast 10mg Tablet 1 ON</p>	
Reliever	<p>Inhaled short-acting β2 agonist (SABA) as required.</p> <p>Salbutamol 100 micrograms CFC Free MDI (Ventolin Evohaler, Salamol MDI) 2P PRN</p> <p>Salbutamol 100 micrograms Breath Actuated CFC Free MDI (Salamol Easi-Breathe) 2P</p>		<p>Inhaled short-acting β2 agonist (SABA) as required or SMART or FMART</p>		

Always use the lowest dose at the earliest step suitable to maintain control as defined by the BTS. Use the same device type (i.e. similar inhalation rates) where possible for preventer and reliever.

* Qvar preparations contain fine particles and the dosage should be halved in respect to Clenil.

Stepwise Management of Asthma in Adult Patients

Consider Step 1 through to Step 5 in sequence. Always start at the lowest appropriate step. Once the patient is moved to the next step, schedule a review within 3 months to ascertain control and consider reverting to the previous step as appropriate, providing control as defined below is achieved. The starting dose of inhaled steroid should be tailored to the severity of the condition. The emphasis must be on prescribing the lowest dose of therapy to maintain control. This will reduce side effects, increase patient compliance and lead to a reduced financial impact. Maintain the same type of device e.g. DPI or MDI, throughout therapy where possible.

The aim of asthma management is control of the disease. Complete control is defined as:

- No daytime symptoms
- No night time awakening due to asthma
- No need for rescue medication
- No exacerbations
- No limitations on activity including exercise
- Normal lung function (in practical terms FEV1 and/or PEF >80% predicted or best)
- Minimal side effects from medication

Always check inhaler technique. A recent study conducted in the Isle of Wight suggested that up to 80% of acute hospital admissions were due to poor medicine use, including poor inhaler technique, rather than incorrect prescribing. Where possible, if patients are on more than one inhaler, keep to the same type of device. The inhalation rate differs greatly between devices.

The MHRA states that all CFC free MDIs containing beclometasone should be prescribed by brand where appropriate. For this guideline, the same applies to all steroid inhalers. The British Thoracic Society (BTS) Guidelines suggest no increased clinical efficacy with combination inhalers, but there is evidence of greater compliance and control. Therefore, combination products such as Fostair and Seretide should be prescribed rather than single medicine inhalers, unless there is a specific reason otherwise. All combination inhalers should be prescribed by brand. Always refer to the BTS guidelines, SPC and BNF guidance when making a clinical decision. This document is a guideline and professional judgement should always prevail. This guideline applies to patients aged 18 years and above.

The brand names suggested in the above pathway have been assessed as providing quality patient outcomes whilst optimising medicine prescribing. Other appropriate devices may exist. Company names, brand names, logos and trademarks used in this guidance document remain the property of their respective owners.

* Qvar preparations are fine particle beclometasone. Due to this, the dosage should be half that of Clenil i.e. Clenil 200mcg approximates to Qvar 100mcg.