

Humber and North Yorkshire Adult Asthma Guideline 2023

The enclosed asthma guidelines are intended for use by clinicians working in Humber and North Yorkshire. These guidelines have been developed to inform treatment decisions for:

- People with suspected asthma that are awaiting objective diagnostic testing
- People with newly diagnosed asthma
- People with uncontrolled asthma considered by their clinician to require a change in treatment
- People considered by their clinician to require a change in asthma treatment for another reason through shared decision making

These guidelines **are not** intended to and **should not** be used to support or justify a switch in asthma therapy that is not clinically indicated. All change in treatment should be made through shared decision making between a patient and their clinician.



Humber and North Yorkshire
Health and Care Partnership

Guideline Key

- AIR: anti inflammatory reliever
- ICS: inhaled corticosteroid
- LABA: long-acting beta agonist
- LAMA: long-acting muscarinic antagonist
- LTRA: leukotriene receptor antagonist
- MART: maintenance and reliever therapy
- SABA: short-acting beta-agonist

Step-up and step-down treatment to achieve control with the lowest possible maintenance treatment

Consider the principles of good asthma care when considering step-up of treatment (page 3)

Dose guidance is available on page 2

Arrange diagnostic testing in accordance with Guidelines.

ICS/Formoterol as required for relief of symptoms



Anti-inflammatory Reliever Therapy

ICS/Formoterol as required for relief of symptoms



Reliever ICS/Formoterol (AIR)

Maintenance and Reliever Therapy

Regular ICS/Formoterol and as required for relief of symptoms.



Reliever ICS/Formoterol (MART)

Maintenance and Reliever Therapy PLUS LAMA

Regular ICS/Formoterol and as required for relief of symptoms



Reliever ICS/Formoterol (MART)

Patients requiring high dose ICS should be referred to secondary care asthma services for review to consider suitability for biological therapies

High Dose ICS/LABA/LAMA

Closed Triple: High dose ICS/LABA/LAMA



If no benefit/side effects from LAMA Use high dose ICS/LABA



If controlled on high dose ICS combination therapy, consider controlled step-down of ICS dose using MART

Reliever SABA as required for relief of symptoms

Regular low dose ICS as a therapeutic trial (as per those with confirmed asthma). If safe to do so and no delay expected for diagnostic testing, obtain objective diagnostic tests prior to initiation.

Plus SABA as required for relief of symptoms

Regular low dose ICS



Reliever SABA as required for relief of symptoms

LTRA

Fixed Dose ICS/LABA



Reliever SABA as required for relief of symptoms

LTRA

Closed Triple: ICS/LABA/LAMA



Reliever SABA as required for relief of symptoms

LTRA AND/OR Methylxanthine AND/OR Macrolide

The green leaf symbol identifies the lower carbon footprint regimen and devices. Inhaler choice should be based on an individual patient's needs, choice and ability to use the device. Controlled asthma has a significantly lower environmental impact than uncontrolled asthma.

Preferred Option (Inhaled)

Alternative Option (Inhaled)

Add on therapies (consider as a therapeutic trial and stop if no benefit)

Reliever Therapy



SABA Reliever

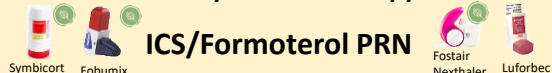
Salbutamol or Terbutaline PRN



Short-acting Beta Agonist use (SABA) in Asthma

SABA over-use (3 or more canisters per year) is associated with increased risk of asthma attacks and asthma deaths. SABA should not be prescribed using repeat prescription unless a robust system is in place to identify and address SABA over-use.

Anti Inflammatory Reliever Therapy and MART




ICS/Formoterol PRN

Suspected Asthma

Confirmed Asthma

Step-up and step-down treatment to achieve control with the lowest possible maintenance treatment

Consider the principles of good asthma care when considering step-up of treatment (page 3)

 The green leaf symbol identifies inhalers with low carbon footprint. Inhaler choice should be based on an individual patient's needs, choice and ability to use the device. Controlled asthma has a significantly lower environmental impact than uncontrolled asthma.

Arrange diagnostic testing in accordance with Guidelines.

ICS/Formoterol as required for relief of symptoms
Symbicort 200/6 Turbohaler
or Fobumix 160/4.5 Easyhaler
or Luforbec 100/6 pMDI

- 1 puff PRN

Regular **low dose ICS** as a therapeutic trial (as per those with confirmed asthma). If safe to do so and no delay expected for diagnostic testing, obtain objective diagnostic tests prior to initiation.
Plus
SABA as required for relief of symptoms

Add on therapies
(consider as a therapeutic trial and **stop if no benefit**)

Anti Inflammatory Reliever Therapy
ICS/Formoterol as required for relief of symptoms.
Symbicort 200/6 Turbohaler
or Fobumix 160/4.5 Easyhaler
or
Fostair 100/6 Nexthaler
or Luforbec 100/6 pMDI

- 1 puff PRN without regular preventer therapy

Reliever
ICS/Formoterol (AIR)

Regular low dose ICS
Budesonide Easyhaler or Pulmicort Turbohaler
- 200 micrograms 1 puff BD
or
Kelhale pMDI
- 100 micrograms 1 puff BD

Reliever
SABA as required for relief of symptoms

LTRA
Montelukast 10mg OD
(consider adding at this stage if isolated exercise induced asthma)

Maintenance and Reliever Therapy (MART)
Regular **ICS/Formoterol** and as required for relief of symptoms.
Fobumix 160/4.5 Easyhaler
or Symbicort 200/6 Turbohaler
- 1-2 puff(s) BD
or
Fostair 100/6 Nexthaler
or Luforbec 100/6 pMDI
- 1 puff BD

Reliever
ICS/Formoterol (MART)

Fixed Dose ICS/LABA
Fobumix 160/4.5 Easyhaler
or Symbicort 200/6 Turbohaler
- 1-2 puffs BD
or
Fostair 100/6 Nexthaler or Luforbec 100/6 pMDI
- 1 puff BD

Reliever
SABA as required for relief of symptoms

LTRA
Montelukast 10mg OD

Maintenance and Reliever Therapy PLUS LAMA
Regular **ICS/Formoterol** and as required for relief of symptoms.
Fobumix 160/4.5 Easyhaler
or Symbicort 200/6 Turbohaler
- 2 puff(s) BD
or
Fostair 100/6 Nexthaler
or Luforbec 100/6 pMDI
- 2 puffs BD
and
Spiriva Respimat
- 2.5 micrograms 2 puffs OD

Reliever
ICS/Formoterol (MART)

Closed Triple: ICS/LABA/LAMA
Trimbow 87/5/9 Nexthaler or pMDI
- 2 puffs BD

Reliever
SABA as required for relief of symptoms

LTRA: Montelukast 10mg nocte
AND/OR
Methylxanthine: Uniphyllin 200mg BD (titrate as per protocol)*
AND/OR
Macrolide: Azithromycin 250mg 3 times weekly*
(* Seek advice and guidance from a respiratory specialist prior to commencing)

Patients requiring high dose ICS should be referred to secondary care asthma services for review and consider suitability for biological therapies

High Dose ICS/LABA/LAMA
Closed Triple: ICS/LABA/LAMA
Trimbow 172/5/9 pMDI
- 2 puffs BD
or
Energizer Breezhaler
- 1 puff OD

If no benefit/side effects from LAMA Use high dose ICS/LABA
Use same drug and device as earlier steps but at high dose ICS formulation or consider:
Relvar 184/22 Ellipta 1 dose OD if once daily preparation preferred

If controlled on high dose ICS combination therapy, consider controlled step-down of treatment

Reliever
SABA as required for relief of symptoms

Reliever Therapy

Anti Inflammatory Reliever Therapy / MART

Symbicort 200/6 / Fobumix 160/4.5, 1 puff PRN up to max 12 daily doses/24 hrs
Fostair Nexthaler / Luforbec pMDI 100/6, 1 puff PRN up to max 8 daily doses/24 hrs

SABA Reliever

Salamol 100 micrograms pMDI 1-2 puffs PRN up to QDS
Salbutamol 100 micrograms Easyhaler 1-2 puffs PRN up to QDS
Terbutaline 500 microgram Turbohaler 1 puff PRN up to QDS

Short-acting Beta Agonist use (SABA) in Asthma

SABA over-use (3 or more canisters per year) is associated with increased risk of asthma attacks and asthma deaths. SABA should not be prescribed using repeat prescription unless a robust system is in place to identify and address SABA over-use.

ICS/Formoterol is the preferred reliever in asthma

ICS/Formoterol is the preferred reliever in asthma. ICS/formoterol is effective as required to relieve symptoms without regular preventer therapy in mild asthma (anti-inflammatory reliever therapy: AIR*) or alongside regular maintenance doses of the same inhaler (maintenance and reliever therapy: MART) in moderate to severe asthma.

ICS/Formoterol Reliever

- Formoterol is a fast- and long-acting bronchodilator, providing rapid relief of bronchoconstriction
- Using ICS/formoterol as a reliever ensures that symptomatic asthma patients receive an inhaled corticosteroid, even when adherence to preventer therapies is sub-optimal.
- AIR is as effective at preventing asthma attacks as taking regular ICS with SABA reliever in mild asthma and is safer than using SABA alone
- Do not routinely co-prescribe a SABA alongside a MART regimen.
- Provide a dedicated Asthma Action Plan when prescribing AIR and MART

Instructions during an asthma attack:

In an asthma emergency I should:

- Sit up and stay calm
- Loosen tight clothing
- Take 1* puff of my AIR/MART inhaler
- If needed, take 1* additional puff of my AIR/MART inhaler every few minutes (up to a maximum of 6* puffs)
- If I don't feel better, or feel worse at any point, call 999 for an ambulance.

*If using Symbicort pMDI 100/3, 2 puffs equate to 1 puff of the Turbohaler. Therefore use 2 puffs as needed, up to a maximum of 12 puffs.

- Symbicort 200/6 is the only ICS/Formoterol inhaler currently licenced for use as needed in response to symptoms without additional regular preventer inhalations.

Principles of Good Asthma Care

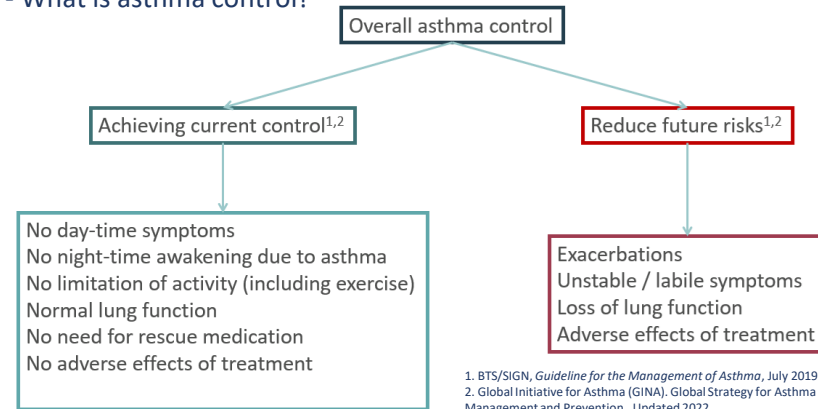
Check that all principles are being followed when considering stepping up asthma treatment

1. Inhaler technique should be taught and reviewed during every asthma consultation. Inhaler technique videos are available at: [How to use your inhaler | Asthma UK](#)
2. Adherence with preventer therapy should be assessed and addressed during every asthma consultation and whenever a new reliever inhaler is requested.
3. SABA inhalers should not be prescribed using a repeat prescription without a robust system in place to ensure SABA over-use (use of ≥3 SABA canisters per year) is identified and addressed.
4. All patients with asthma that are prescribed a SABA should also be prescribed and taking an ICS.
5. All patients should be given a personalised asthma action plan which should be updated following any treatment change.
6. Patients using MART should not routinely be co-prescribed a SABA inhaler (see above).
7. Appropriate life-style and self-management advice should be discussed during each asthma consultation (e.g. trigger avoidance smoking cessation, physical activity, weight management etc.)

HNY Adult Asthma Guidelines FINAL Approved by IPMOC 20.09.23

The aim of asthma management is to achieve asthma control.

- What is asthma control?



Excessive reliever use† indicates the need for asthma review. Always provide a personalised asthma action plan with guidance to patients about when to seek review by an asthma clinician.

† Persistently using 7 or more ICS/Formoterol per week (preferred pathway) **QR** 3 or more SABA uses per week (alternative pathway)

Who/when to refer for a specialist opinion

- Diagnostic uncertainty based on clinical judgement +/- primary care investigations
- Unexpected / inconsistent clinical findings (e.g. stridor, monophonic wheeze, clubbing, cyanosis).
- Suspected occupational asthma
- Prominent systemic features (myalgia, fever, weight loss)
- Concerns about adherence with treatment despite education
- Patients requiring high dose ICS for control, or remaining uncontrolled despite high dose ICS.
- Frequent exacerbations (requiring 2 or more oral corticosteroid courses per year despite optimal inhaled therapy).
- Difficult asthma (e.g. suspected inducible laryngeal obstruction, refractory reflux etc.)

Where can I find more asthma resources?

Implementation Resources

Add QR Code

A+L UK

Add QR Code

Could this page have additional links to Asthma lung UK for inhaler technique videos etc?

SENTINEL Plus Quality Improvement Framework



Greener Practice Toolkit

