

# Community Pharmacy Newsletter - Aug 10



## Note from the Editor

Welcome to the latest edition of the Tayside Community Pharmacy Newsletter.

Included in this issue is:-

- brief summary of CMS (Chronic Medication Service)
- asthma quiz with answers
- Tayside prescribing initiatives update
- palliative care information and reports
- update on premises development programme
- events diary and other training opportunities
- technicians/dispenser training and registration
- triple whammy information - A dangerous combination

It's your newsletter so be sure to feed back comments as well as any contributions or suggestions for future editions. Please feel free to contact me by phone or email. Next issue will be December 2010.

### Contact Details

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**Diane Robertson, Principal Pharmacist  
Community Pharmacy Development**

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## Needles and Pins

Just a quick update on Injecting Equipment Provision (IEP). As those of you who provide this service will already be aware there has been a change to the Lord Advocates Guidance regarding the amount of equipment which can be provided, in that there is now no upper limit. The Scottish Government have also issued "Guidelines for Services Providing Injecting Equipment". These guidelines can be accessed via [www.scotland.gov.uk](http://www.scotland.gov.uk). As part of this guidance boards have been asked to undertake a service provider survey. This will be sent to IEP outlets over the next few weeks, and I would ask that you take the time to complete this, in order that we can determine the training and service development needs across Tayside.

Information from outlets have shown that our returns rates on used equipment is poor and we would like to seek your views on how we can work together with contractors and service users to improve this situation. Please feel free to contact Karen Melville on 01382 424529 or Angie Guild on 01382 204248, to discuss any ideas or suggestions regarding this.

**Karen Melville  
Principal Pharmacist, TSMS, NHS Tayside**

## Asthma Quiz

1. List the four main symptoms of asthma.
2. Which class of antibody is strongly implicated in asthma?
3. Asthma can be thought of as having two major pathological abnormalities. What are they?
4. Which cell is the key player in the late phase asthma response:
  - a) Mast cell
  - b) Neutrophil
  - c) Macrophage
  - d) Eosinophil
5. State four key features that would point strongly towards an asthma diagnosis
6. In terms of lung function, name two features highly suggestive of asthma
7. How many treatment steps are there in the British Asthma Management guidelines?
8. Which class of drugs are seen as the 'gold standard' for managing asthma?
9. List three indicators for using these drugs.
10. If a patient doesn't respond well to a trial of gold standard treatment, what might be the reasons?
11. What is the 'preferred option' for add on treatment in patients with suboptimal control who are already taking the 'gold standard' treatment?
12. What is the rationale for add on treatments?
13. Name the two long acting B2 agonists currently available.
14. A patient is taking budesonide 200 mcgs BD, but while adherent and well controlled, they don't like the turbobaler; they would like an accuhaler - so you switch them to this device. What dose of Fluticasone should they be prescribed?
15. A patient is prescribed a pressurised metered dose inhaler. What are two common problems patients experience when trying to use this device?
16. Name another allergic disease which commonly occurs alongside asthma
17. A female asthma patient becomes pregnant. State how her asthma management will change.
18. A parent is concerned regarding their child developing side effects from inhaled corticosteroids. What might you say?
19. Which form of treatment should all patients who have had an asthma exacerbation receive?

How did you do?  
Answers on page 7

Reproduced with the kind permission of Dave Burns, Respiratory Education UK.

**Mike Carson  
Practice Pharmacist, Mill Practice,  
NHS Tayside**

## Tayside Prescribing Initiatives 2010/11

### BACKGROUND

Cost-effective prescribing is a key driver for the newly formed Prescribing Leadership Group. This includes increasing the use of first-line NHS Tayside formulary choices and taking advantage of any potential cost-minimisation opportunities i.e. maintaining clinical effectiveness at lower cost.

The [Pharmacy and Medicines Commissioning Plan](#), recently endorsed by Tayside NHS Board, identifies £1.85m of prescribing efficiency savings within 2010/11. The majority are based on a basket of cost-minimisation initiatives which support local [Tayside area formulary choices](#).

### PRESCRIBING INITIATIVES

The selection of initiatives for 2010/11 has been informed by recent productivity and efficiency work from the West of Scotland. Some are relatively uncontroversial formulation changes (List A) whereas others are more challenging therapeutic or complex formulation changes which require clinical review and judgment (List B). The proportion of prescribing that could appropriately be transferred to the more cost-effective option varies across initiatives and this is reflected in estimates of potential savings. Clinical engagement for this work has been secured through the support of the Prescribing Leadership Group and the Medical Directors Group.

Prescribers are requested to support these cost-minimisation initiatives by **reviewing existing patients** on the medicines detailed below and, **where clinically appropriate**, changing to the formulary choice. Practices, wards and out-patient clinics are also requested to prescribe/recommend the formulary choice for **new patients** where possible. This should help to achieve sustained change.

### SUPPORT AVAILABLE

Many practices are already taking forward the implementation of these initiatives with the support of their practice pharmacists. In secondary care, clinical pharmacists are working with relevant specialists to develop exclusion criteria for list B initiatives to clearly define situations where it would be inappropriate to move patients from the existing treatment option.

Approximately £1m cost-minimisation savings are achievable across Tayside if simple formulation changes are adopted for the majority of patients and therapeutic or complex formulation changes are taken forward in just a proportion of patients.

Community pharmacists are in the ideal position to help support prescribers and reassure patients about any medication changes as patients often seek advice and views from their community pharmacists regarding any changes in medication. Community pharmacies may wish to monitor their stock levels of the lines highlighted.

### List A

PRESCRIBING INITIATIVE	Tayside target (% change)
<b>A1</b> Co-codamol (30/500,8/500), paracetamol capsules to <b>tablets</b>	<b>80%</b>
<b>A2</b> Ferrous sulphate 200mg tabs to <b>ferrous fumarate 210mg tabs</b>	<b>80%</b>
<b>A3</b> Fluoxetine 60mg capsules to <b>fluoxetine 3x20mg capsules</b>	<b>80%</b>
<b>A4</b> Movicol sachets to <b>Laxido sachets</b>	<b>80%</b>
<b>A5</b> Omeprazole 40mg caps/tabs to <b>omeprazole 2x20mg capsules</b>	<b>80%</b>
<b>A6</b> Prednisolone 5mg ec tablets to <b>prednisolone 5mg plain tablets</b>	<b>50%</b>
<b>A7</b> Topical NSAIDs to <b>piroxicam gel</b>	<b>80%</b>
<b>A8</b> Tamsulosin MR 400mcg to <b>Tamsulosin MR 400mcg caps</b>	<b>80%</b>

### List B

PRESCRIBING INITIATIVE	Tayside target (% change)
<b>B1</b> Atorvastatin 20mg to <b>simvastatin 40mg</b>	<b>13%</b>
<b>B2</b> Felodipine 5mg/10mg to <b>amlodipine 5mg/10mg</b>	<b>25%</b>
<b>B3</b> Tramadol MR to <b>standard tramadol capsules</b>	<b>30%</b>
<b>B4</b> Goserilin/leuprorelin to <b>triptorelin</b>	<b>50%</b>
<b>B5</b> Venlafaxine MR to standard <b>venlafaxine tablets</b>	<b>30%</b>
<b>B6</b> Alfuzosin MR 10mg to <b>tamsulosin MR 400mcg caps</b>	<b>50%</b>
<b>B7</b> Seretide 250 evohaler to <b>Seretide 500 accuhaler</b>	<b>20%</b>

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### PCR Usernames and Passwords!!!!!!!!!!!!

NHS Tayside has so far received 173 requests from pharmacists for usernames and passwords to access the new community pharmacy Pharmaceutical Care

## CMS (Chronic Medication Service)

CMS is the fourth and final core element of the Community Pharmacy Contract. Have you completed the NES resource pack for CMS? Here are a few facts about this new service.

### What is CMS?

CMS offers eligible patients an enhanced service from their community pharmacist.

This may involve a prescription being issued by a GP for a period of 24 or 48 weeks, or it may involve the pharmacist developing a pharmaceutical care plan for the patient and delivering and documenting this pharmaceutical care, or it may involve both these activities.

### Where is CMS available?

CMS is available in every community pharmacy across Scotland and is for people with long term conditions who require medications on a regular basis.

The pharmacist will work closely with the GP and patient to ensure medication is appropriate and is being taken as intended to get maximum benefit and minimise side effects. The overall aim being to improve patients' understanding of their medicines, improve concordance and give them more control over their condition.

Community pharmacy contractors can each register up to 50 patients for CMS up until the 31<sup>st</sup> December 2010. This phased implementation is to allow the dispensary team time to familiarise themselves with the new processes, IT, new work flows and staff roles and will ensure that systems have been implemented correctly.

### Who is eligible for CMS?

To be eligible patients must –

- Be registered as a patient with a GP in Scotland
- Have a long-term condition
- Receive regular prescriptions
- Not be resident in a care home.

Currently however patients can only get the serial prescription element of the service if they are exempt from prescription charges due to age or medical exemption.

### How does CMS work?

There are three stages to CMS

1. Stage one involves the registration of an eligible patient.
2. Stage two introduces a generic framework for pharmaceutical care planning, based on a systematic approach.
3. Serial prescription if appropriate.

Stage three establishes the shared care element whereby the GP can produce a serial prescription for 24 or 48 weeks if the GP considers them suitable. A patient can only be registered at one pharmacy at any given time. A pharmacist either as, or on behalf of the CMS provider must conduct a priority profile within three months of patient registration. Patients with a high priority profile will be prioritised for a care plan.

### What is in a Pharmaceutical Care Plan?

The care plan must, where appropriate, contain:

- Details of pharmaceutical care issues for the patient, desired outcomes and actions to be undertaken to achieve the desired outcomes
- Details of the response to the actions and follow up
- The dates associated with the establishment and subsequent reviews of the care plan and by whom.

### What are the benefits of CMS?

Patient benefits

- Easier patient journey
- Improves clinical outcomes and concordance
- Promotion of self-care

Clinician benefits

- Patient safety
- Reduces waste through unwanted or incorrectly taken medication
- Better utilisation of the workforce
- Encourages multidisciplinary team working and enhances professional partnerships

### Useful Links and Information:

[Directions and Implementation Plan](#)

[Service Specification](#)

[CMS Factsheet](#)

[Patient Information Leaflet](#)

[Community Pharmacy Quick Reference Guide](#)

[GP Resource](#)

[PCR User Guide](#)

[Implementation Payments PCA\(2010\)\(P\)19](#)

### Community Pharmacy Scotland websites-

[www.communitypharmacy.scot.nhs.uk](http://www.communitypharmacy.scot.nhs.uk)

[www.communitypharmacyscotland.org.uk](http://www.communitypharmacyscotland.org.uk)

**Diane Robertson, Principal Pharmacist  
Community Pharmacy Development**

## Tayside Community Pharmacy Premises Development Programme

Funding was made available to Pharmacy contractors across Tayside during 2009-10 and 2010-11, to install or upgrade their consultation room and to improve compliance with DDA within their premises, via the Primary and Community Care Premises Modernisation Programme for 2009-10 & 2010-11.

In July 2009 Health Protection Scotland gave further guidance in relation to Infection Prevention and Control – in Community and Primary Care Settings, accessible at <http://www.documents.hps.scot.nhs.uk/hai/infection-control/publications/chp-g-2009-07-31.pdf>

This guidance provides practitioners with infection prevention and control measures that should be applied at all times and can be used to assist practitioners to quality assure their infection control practices and policies, ultimately improving patient, staff and public safety.

Applications were provided to contractors early in 2009 to apply for funding where deficiencies in their premises were identified and again in September 2009 in light of this new infection prevention and control guidance.

Tables 1 and 2 highlight the improvements made to pharmacy premises in Tayside during 2009/10 and those which are in progress or have recently been completed during the 2010/11 period.

Table 1 – Work to be progresses during 2010/11

<b>Pharmacy</b>	<b>Project</b>	<b>Status</b>
MacFarlane Pharmacy, Arbroath Rd, Dundee	Provision of Consultation room	Near completion
MacFarlane Pharmacy, Clepington Rd, Dundee	Provision of Consultation room	Near completion
St Mary's Pharmacy, St Giles Tce, Dundee	Provision of Consultation room	Near completion
Right Medicine Pharmacy, High St, Crieff	Provision of larger consultation room	Grant awarded Still to be progressed
Comrie Pharmacy, Drummond St, Comrie	Provision of consultation room	Quote to be submitted and grant to be approved
MacFarlane Pharmacy, Gray St, Broughty Ferry	Provision of consultation room	Quote to be submitted and grant to be approved
Wallacetown Health Centre, Lyon St, Dundee	Provision of consultation room	Grant awarded Still to be progressed

Table 2 – Work completed

<b>Pharmacy</b>	<b>Project</b>	<b>Status</b>
Browns Pharmacy, High St, Perth	DDA Automatic Doors	Completed 2009/10
Browns Pharmacy, North Methven St, Perth	DDA Automatic Doors	Completed 2009/10
Jones Pharmacy, Blackness Rd, Dundee	Provision of Consultation room	Completed 2009/10
Lloyds, High St Auchterarder	DDA Automatic Doors	Completed 2009/10
Lloyds, Castle St, Forfar	DDA Automatic Doors	Completed 2009/10
Lloyds, High St, Montrose	DDA Automatic Doors	Completed 2009/10
Strathearn Pharmacy, King St, Crieff	Provision of Consultation room	Completed 2009/10
Davidsons Chemist, The cross, Coupar Angus	Provision of Consultation room	Completed 2009/10
Davidsons Chemist various sites- Wellmeadow, Blairgowrie Airlie St, Alyth Atholl Rd, Pitlochry Bridge St, Dunkeld Angus Rd, Scone Main St, Bridgend James Sq, Crieff High St, Brechin Main St, Bridge of Earn New Rd, Milnathort South St, Perth Percy St, Stanley High St, Forfar Bank St, Aberfeldy Panmurefield, Dundee Keptie St, Arbroath Coupar Angus Rd, Muirhead Gardyne St, Friockheim	Infection prevention and control upgrades to consultation rooms	Completed 2009/10
Letham Pharmacy, Blair Road, Letham	Provision of Consultation room	Completed 2009/10
Lloyds, Glover St Perth	Provision of Consultation room	Completed 2010/11

A limited amount of funding is still available. If you wish an application pack, please contact Carol Adamson ( [carol.adamson@nhs.net](mailto:carol.adamson@nhs.net)) or tel 01382 596992 before 31<sup>st</sup> August 2010.

**Diane Robertson, Principal Pharmacist  
Community Pharmacy Development**

## Events Diary

Date	Event	Venue	Time
31 <sup>st</sup> Aug 2010	Alcohol Brief Intervention	Seminar Room Kings Cross	1.30-5.30pm
27 <sup>th</sup> Sept 2010	NES - Oxygen Therapy	Lecture Th 1 Ninewells	7-9.30pm
18 <sup>th</sup> Oct 2010	NES - Dementia	Lecture Th 1 Ninewells	7-9.30pm
15 <sup>th</sup> Nov 2010	NES - Polypharmacy	Lecture Th 1 Ninewells	7-9.30pm
1 <sup>st</sup> Nov 2010	NES – Pharmacist Toolkit	Lecture Th 1 Ninewells	7-9.30pm
6 <sup>th</sup> Dec 2010	NES – CMS Care Planning	Lecture Th 1 Ninewells	7-9.30pm
7 <sup>th</sup> Dec 2010	NES – CMS Care Planning	Steele Room PRI	7-9.sopm
17 <sup>th</sup> Jan 2010	NES – Blood Borne Viruses	Lecture Th 1 Ninewells	7-9.30pm

A light, cold buffet, tea/coffee/juice will be available from 6.30pm – 7pm for the NES events. The event itself will start at 7pm sharp.

**Email Vicky Sloan on [v.sloan@nhs.net](mailto:v.sloan@nhs.net) to attend the ABI training and receive e-learning passwords**

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## Unscheduled Care Update Version 9

In May Community Pharmacists received the Unscheduled Care Pharmacy Guide, Version 9.

All Tayside pharmacists, managers, relief managers and locums should have read the 'Patient Group Direction for the Urgent Provision of Current Repeat Prescribed Medicines and Appliances listed in the BNF and BNFC, to NHS Patients by Pharmacists' and signed the authorisation form for any supply on CPUS to be legal. One copy of the authorisation form for each pharmacist and pharmacy premise should be completed and returned to the **Health Board by fax to Doreen Melville, on 01382 527875 or by post to Doreen Melville, Office Manager, Primary Care Division, NHS Tayside, Ashludie Hospital, Monifieth, DD5 4HQ.**

**The deadline for this was the 30<sup>th</sup> June 2010. Some of you still need to action this!!**

The Unscheduled Care Pharmacy Guide is updated and new versions are sent out on a six monthly basis. Superintendent Pharmacists should ensure that all pharmacists working in their pharmacies have read and signed the current version on an ongoing basis.

**Diane Robertson  
Community Pharmacy Development**

## Funding for training

The Scottish Government has extended the period to claim for funding towards pharmacy technician and support staff training. Claims together with the required documentation must be received by NES no later than 07 October 2010. Each contractor can claim a single payment of £800 if they have commenced a permanent member of staff on any of the following training programmes:

- Accredited Dispensing Assistants Course (underpinning knowledge for NVQ Level 2 Pharmacy Services)
- NVQ Level 2 Pharmacy Services
- NVQ Level 3 Pharmacy Services
- Accuracy Checking Technician

For further information and the claim form please refer to NHS Circular: PCA(P)(2010)15 or contact Monica Hunter.

## Pharmacy Technician Registration

The countdown to mandatory pharmacy registration has begun. From 01 July 2011 anyone practising as a pharmacy technician will have to be on the register, by law. One of the most common questions asked is "what will happen if I don't register?" Pharmacy technicians need to be aware that they may not be able to register after 30 June 2011 unless they complete additional training.

Also, those who are considering stepping down to a dispensing assistant role rather than registering as a pharmacy technician should think carefully about their future career progression. This could affect their role within the pharmacy and their salary. Anyone who wants to discuss pharmacy technician registration should contact Monica.

**Monica Hunter  
Lead Pharmacy Technician for Education, Training & Development  
Tel: 01738 473586 Email: [monicahunter@nhs.net](mailto:monicahunter@nhs.net)**

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## P.O.S.T.

This half day courses is for professionals who work with children and are interested in gaining practical skills and up to date knowledge on childhood obesity. There is no cost for attending these courses. Level 1 will be particularly relevant for community pharmacists. It includes -

- what is obesity and how do we recognise it in childhood
- simple positive family lifestyle advice
- role of POST and referral pathways

If you are interested in attending this course or to find out more please contact [post.tayside@nhs.net](mailto:post.tayside@nhs.net)

## Tayside Community Pharmacy Palliative Care Network (TCPPCN) – Key Points

### What is the TCPPCN?

The Network was established in 2002 and was developed in response to concerns expressed in accessing palliative care medicines for patients being cared for at home. Fifteen community pharmacies throughout Tayside form the Network.

### Which community pharmacies are in the Network?

- Lothian, Borders and Angus Co-op, 112 High St, Arbroath
- Alliance Pharmacy, 8 – 10 St David's Street, Brechin
- R S McPherson, 120 Gray Street, Broughty Ferry, Dundee
- Alliance Pharmacy, 94 Albert Street, Dundee
- Colin Lowe Pharmacy, 205 Perth Road, Dundee
- Alex S Troup, 9 High Street, Monifieth
- Steeple Pharmacy, 152 High Street, Montrose
- Asda Pharmacy, Dunkeld Road, Perth
- Alliance Pharmacy, 323 Strathmartine Road, Dundee
- Davidsons (Blairgowrie, Pitlochry, Scone, Forfar and Milnathort branches)

### What can they offer?

Network pharmacies are available as a **resource within their locality**. They may be contacted to assist with the supply of palliative care medicines and can provide information regarding these medicines to patients, carers and healthcare professionals.

### When should you contact them?

**Network members are there as a backup for you for supply and advice. They are not intended as the only source of supply.** Please contact your nearest Network member for assistance if you are unable to meet the needs of your patient within the required timescale (i.e. in cases where it is urgently required and the patient cannot wait until you can source the medicines). These cases are now decreasing as anticipatory care is now well established, however it is recognised that there will still be instances where anticipatory care has not been put in place and urgent supply is required.

In most cases the medicines will be for anticipatory care in which case the community pharmacy should be able to source the medicines relatively quickly themselves and supply the patient as they normally would do for any other prescribed medicine.

### TCPPCN Shared Learning Sessions

Earlier this year TCPPCN members were offered the opportunity to spend a day visiting their local specialist palliative care service. These visits were intended as an opportunity to increase knowledge of the support services available and to begin to integrate Network pharmacies with the members of the local specialist palliative care teams. Two Network members share their experience in this newsletter.

**Shirley Kelly**  
**Macmillan Lead Pharmacist (Palliative Care)**  
**NHS Tayside.**

## Cornhill Macmillan Centre

In March 2010 I was fortunate enough to spend a day at the Cornhill Macmillan Centre. The building, with spectacular views over Perth, houses a purpose built in-patient unit. Day care services for patients with palliative illnesses are provided on the first floor. I was able to study each in-patient's kardex and discuss the therapy and symptom control with the palliative care pharmacists. To answer any queries and extend my learning, I had access to on-line palliative care resources. I met Nancy Rattray, the Macmillan nurse for the Crieff area who talked me through what her job entails, who she liaises with locally and how she maintains links with the patient and their family before, during and after end of life care. The multi-disciplinary team meeting gave me an insight into the number of healthcare professionals who form the support network for patients with palliative care needs. I was surprised by the closeness of the relationships they had formed with patients and their families and how hard they worked to make the patient's home environment as comfortable as possible. To round off the day, I visited day care services, where patients with cancer and other palliative illnesses (such as MS) can meet up and participate in group activities such as board games and cookery, or book individual sessions with a complementary therapist.

What I will take away with me from my day is that the Cornhill Macmillan Centre is not only open for end of life care- the aim is for symptom control and a high percentage of in-patients are able to return to their own home after a short stay.

Once again I would like to thank Shirley Kelly and Robert Morton for their time and expertise that day.

**Christopher Cameron**  
**Davidsons Chemists, Crieff**

## Roxburgh House

On the 1st of March this year I was privileged to be able to spend the day shadowing Shirley Kelly the palliative care pharmacist at Roxburgh house as part of my personal development within the palliative care network.

This insight into Shirley's role was invaluable in helping me to understand the specialist skills necessary to work in such an emotional environment. I was able to attend the multidisciplinary team meeting where the individualised care plans for their patients were discussed. This was a remarkable experience of true patient centred care borne from exemplary teamwork.

Shirley gave me great insight into the palliative care network and all the partners involved in her patient's care; introducing me to some of the key people involved and widening my contact list considerably.

This will benefit my patients as I will be more confident in referring them to the specialist services available. I really felt that after my time with her that I had a clearer understanding of where my skills fitted into the wider network and was encouraged that I could make a difference to the care of palliative patients and their families.

**Audrey McAnaw**  
**McPherson Chemist, Broughty Ferry**

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## Triple Whammy ‘A Dangerous Combination’

The practice pharmacists have recently reviewed all patients prescribed a combination of a NSAID, a diuretic and a renin angiotensin drug (ACE-I or ARB). This "triple whammy", is implicated in a significant number of reports of drug-induced renal failure. Episodes of renal failure appear to be precipitated by mild stress (e.g. diarrhoea, dehydration) in a patient taking the triple combination or by the addition of a third drug (usually an NSAID) to the stable use of the other two.

Where possible, patients have been asked to discontinue their NSAID. In some circumstances patients have been made aware of the potential problems and opted to continue on the combination.

Please consider the potential for this interaction when handling requests for OTC non-steroidals.

**Kirsty Duncan**  
**Practice Pharmacist, Westgate Health Centre**  
**NHS Tayside**

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## Lost and Found

Over the last few months Tayside Substance Misuse Services (TSMS) have noticed a marked increase in calls to the prescribing office, from community pharmacies, reporting lost prescriptions. The majority of these calls have been logged on the day the prescription is due to be dispensed and causes inconvenience for everyone, not least the patient. In the majority of cases the outcome has been that, the prescriptions have been received by the community pharmacy, and misplaced on the premises. TSMS endeavour to issue prescriptions to community pharmacies in advance of the due date, and in most cases the prescriptions are received by the pharmacy at least seven days before the start date. We also enclose a letter detailing the prescriptions which we send to you and ask that you return this to us by fax. Many pharmacies return these to us, but a number do not, which makes audit difficult. We would encourage pharmacies to respond to

these letters, and also to ensure that they check that the next prescription has been received prior to the commencement date. Should you require any further advice or information regarding this or any other substance misuse issue please do not hesitate to contact the service on 01382 424529.

**Karen Melville**  
**Principal Pharmacist, TSMS, NHS Tayside**

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## Asthma Quiz Answers

1. Breathlessness, chest tightness, cough and wheeze
2. IgE
3. Inflammation and smooth muscle dysfunction
4. Eosinophils
5. Family history of allergic disease; personal history of allergy (such as dermatitis or hay fever); symptoms in response to obvious triggers; marked variability in symptoms
6. Marked reversibility; significant fluctuations in function either within or across days
7. Five
8. Inhaled corticosteroids
9. Symptoms three times a week or more; using B2 agonist three times a week or more; nocturnal awakenings at least once a week; an exacerbation in the last two years
10. Non adherence; poor inhaler technique; concomitant allergic rhinitis; smoking
11. Addition of a long acting B2 agonist
12. Maintenance of good control across a range of measures with relatively lower doses of inhaled corticosteroids and so lower risk of side effects
13. Salmeterol and Formoterol
14. 100 mcgs BD
15. Poor coordination between activation and inspiration; and excessive inspiratory effort
16. Allergic rhinitis
17. It shouldn't generally - the aims and treatment are the same for pregnant and non pregnant individuals
18. The dose of steroid is usually very low; treatment may be able to be stepped down or even discontinued at some future point; poorly controlled asthma will interfere with the child's physical and social development (so poor sleep leading to poor concentration in school, and persistent symptoms limiting physical activity)
19. A course of oral prednisolone (40-50 mg) for at least five days

Did you take longer than 10 minutes? If so, have you considered updating your knowledge?

**Mike Carson**  
**Practice Pharmacist, Mill Practice**  
**NHS Tayside**