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Asthma - Management and Prescribing - Adults

Confirm Asthma Diagnosis

Symptoms and signs of asthma (high or intermediate probability on BTS/SIGN guidance), including:

- Recurrent episodes of symptoms
- Symptom variability (diurnal variation)
- Absence of symptoms of alternative diagnosis
- Recorded observation of wheeze
- Personal history of atopy
- Historical record of variable PEFR or FEV1

Positive objective and subjective improvement after 6 weeks treatment with an **inhaled corticosteroid**.

Assess for Treatable Traits

Assess the patient for the following treatable traits:

- Smoking cessation
- Gastro-oesophageal reflux disease (GORD)
- Rhino-sinusitis
- Anxiety
- Obesity

Inhaled Therapies

See page 2 for prescribing inhaled therapies

Monitor and Review

Monitor and review response to management:

- Review after 3 months with any treatment changes
- Use objective measures of asthma control to step up **AND** step down inhaler therapies – see page 3
- Offer annual review appointments to all patients with asthma – consider asynchronous consultation review using eConsult
- Check adherence and inhaler technique at every opportunity

Referral to Secondary Care

Consider referral to secondary care for the following reasons:

- Diagnostic uncertainty
- Poor or no response to specialist therapies
- Frequent acute exacerbations – see Severe Asthma Pathway, consider if 2 or more exacerbations in the past 12 months
- Occupational Asthma

Realistic Medicine – Shared decision making | **B**enefits of treatment | **R**isks of treatment | **A**lternative treatments | **N**o treatment

Version – 3	**Title –** Asthma - Management and Prescribing - Adults	**Department –** Respiratory	**FINAL**
Creator – Respiratory MCN	**Lead –** Respiratory MCN	**Last Review –** 12 June 2023	**Next Review –** 12 June 2025

Special prescribing notes (costs above are for 30 days supply):

- Prescribe by brand to ensure correct device
- Shelf-life of devices:
  - Ellipta device (Relvar) after opening the tray the in-use shelf-life is 6 weeks
  - Trimbow 87/5/9 in-use shelf-life is 4 months
  - Trimbow 172/5/9 in-use shelf-life is 3 months
  - Fostair NEXThaler after first opening the pouch, the medicinal product should be used within 6 months
  - Luforbec in-use shelf-life is 3 months

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Asthma - Management and Prescribing - Adults

Stop, Think and Review

STOP, THINK and REVIEW before stepping up or stepping down treatment:

- Assess symptoms
- Check Asthma Control Test (ACT)
- Measure lung function (PEFR)
- Check inhaler technique and adherence
- Update self-management advice and provide Personalised Asthma Action Plan

Spacer for pMDI Inhalers

It is recommended that an anti-static spacer is considered for all patients being prescribed a pMDI inhaler. This can be used for both regular preventer inhalers and reliever inhalers. Spacers can also facilitate multi-dosing in acute exacerbation of airways disease.

The preferred spacer choice is **AeroChamber Flo Vu**

This can be used with or without masks and can help increase lung deposition of inhaler medications.

Low Dose ICS (Inhaled Corticosteroid)

Dry Powder Inhaler Choice	Metered Dose Inhaler Choice
Pulmicort Turbohaler 200 micrograms One puff twice daily £8.55 	Clenil Modulite pMDI 200 micrograms One puff twice daily £4.85 

SABA Salbutamol or Terbutaline as required to relieve wheeze or breathlessness (unless using MART). Consider moving up if using ≥ 3 doses per week. Try to maintain pMDI or DPI consistency.

STOP, THINK and REVIEW

Change to Low Dose ICS plus LABA (Inhaled Corticosteroid plus Long-Acting Beta-2 Agonist) – Fixed-Dose or MART

Dry Powder Inhaler Choices	Metered Dose Inhaler Choice
Symbicort Turbohaler 200/6 micrograms One puff twice daily £14.00  Fostair NEXThaler 100/6 micrograms One puff twice daily £14.66 	Luforbec pMDI 100/6 micrograms One puff twice daily £10.26 

SABA Salbutamol or Terbutaline as required to relieve wheeze or breathlessness (unless using MART). Consider moving up if using ≥ 3 doses per week. Try to maintain pMDI or DPI consistency.

STOP, THINK and REVIEW

Either Change to Medium Dose ICS plus LABA (Inhaled Corticosteroid plus Long-Acting Beta-2 Agonist)

Dry Powder Inhaler Choices	Metered Dose Inhaler Choice
Relvar Ellipta 92/22 micrograms One puff once daily £22.00  Fostair NEXThaler 100/6 micrograms Two puffs twice daily £29.32 	Luforbec pMDI 100/6 micrograms Two puffs twice daily £20.52 

SABA Salbutamol or Terbutaline as required to relieve wheeze or breathlessness (unless using MART). Consider moving up if using ≥ 3 doses per week. Try to maintain pMDI or DPI consistency.

STOP, THINK and REVIEW

Or Add Single Agent LTRA (Leukotriene Receptor Antagonist)

Add single agent LTRA for minimum 3 month trial:

Montelukast tablets
10mg
Once daily in the evening
£1.61

STOP, THINK and REVIEW

Specialist Therapies

Before starting specialist therapies or referring to specialist service, please consider the following:

- Confirm uncontrolled asthma using objective measures:
  - Asthma Control Test (ACT) <20
  - SABA prescribing history
  - Exacerbations of asthma
  - Oral corticosteroid use
- Check adherence and optimise inhaler technique.
- Ensure 3 month trial of leukotriene receptor therapy.
- Assess for other modifiable factors and treatable traits
  - Gastro-oesophageal reflux
  - Smoking cessation
  - Anxiety
  - Abnormal pattern breathing
  - Rhinosinusitis

Specialist therapies can be initiated in primary care but a referral to specialist services is recommended if poor or no response to these.

Severe asthma affects around 5% of patients with asthma and specialist assessment and treatments may be indicated if patient has uncontrolled asthma despite maximum inhaled therapy.

STOP, THINK and REVIEW

Change to ICS plus LABA plus LAMA (Inhaled Corticosteroid plus Long-Acting Beta-2 Agonist plus Long-Acting Muscarinic Antagonist)

Metered Dose Inhaler Only	
Trimbow pMDI 87/5/9 micrograms Two puffs twice daily £44.50 	Trimbow pMDI should be delivered via spacer device. Consider giving as a 3 month trial. Stop if no improvement in objective measure of asthma control and consider moving to next step – also consider whether specialist input is required.

SABA Salbutamol or Terbutaline as required to relieve wheeze or breathlessness (unless using MART). Consider moving up if using ≥ 3 doses per week. Try to maintain pMDI or DPI consistency.

STOP, THINK and REVIEW

Change to High Dose ICS plus LABA plus LAMA (Inhaled Corticosteroid plus Long-Acting Beta-2 Agonist plus Long-Acting Muscarinic Antagonist)

Metered Dose Inhaler Only	
Trimbow pMDI 172/5/9 microgram Two puffs twice daily £44.50 	Trimbow pMDI should be delivered via spacer device. Consider giving as a 3 month trial. Stop if no improvement in objective measure of asthma control and consider moving to next step – also consider whether specialist input is required.

SABA Salbutamol or Terbutaline as required to relieve wheeze or breathlessness (unless using MART). Consider moving up if using ≥ 3 doses per week. Try to maintain pMDI or DPI consistency.

Realistic Medicine – Shared decision making | **B**enefits of treatment | **R**isks of treatment | **A**lternative treatments | **N**o treatment

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Asthma - Management and Prescribing - Adults

Asthma Prescribing Guidance Explained

It is important that medications are chosen on an individual patient basis and that the most appropriate inhaler device is chosen for each patient based on their competency in using inhaler devices. A range of inhalers are recommended to offer clinicians and patients flexibility in choosing or changing treatments.

Objective Measures of Asthma Control

At all stages of treatment an objective assessment of asthma control should be undertaken to determine if inhaled therapies should be adjusted – consider using Asthma Control Test (ACT)

Markers of **good** control:
- ACT > 20
- < 3 SABA used in 12 months
- no exacerbations of asthma in previous 12 months

Markers of **poor** control:
- ACT < 20
- ≥ 3 SABA used in 12 months
- ≥ 1 acute exacerbation(s) of asthma in previous 12 months (including GMED, Emergency Department or admission)

Markers of **high risk or severe** asthma:
- >12 SABA used in 12 months
- Patients on maximal inhaled therapy with
  - ACT < 20
  - ≥ 3 SABA used in 12 months
  - ≥ 2 exacerbations requiring oral steroids

Objective measures of asthma control should allow clinicians to safely step down asthma medications. To support clinicians in managing step down safely and effectively the following points should be considered and discussed with patients.

- Asthma is a variable disease from day to day and month to month and therefore the treatments required can vary too.
- Whenever a patients treatment is stepped up consider phrasing this as a "temporary measure" until good asthma control is achieved and inform patients that you will aim to step treatment down again when it is safe to do so
- Step down should only be undertaken when there is objective evidence of good asthma control
- Loss of asthma control after step down is not an indication that step down was an error or a failure. Approximately 1 out of every 6 patients with well controlled asthma can lose control of their asthma over a 6 month period whether they have treatment changes made or not.

Greener Respiratory Care

NHS Scotland has committed to achieving net zero by 2045 and greener respiratory care is key to achieving this.

A Greener Respiratory Care Toolkit has been developed to support HCPs to deliver Greener Respiratory Care.