

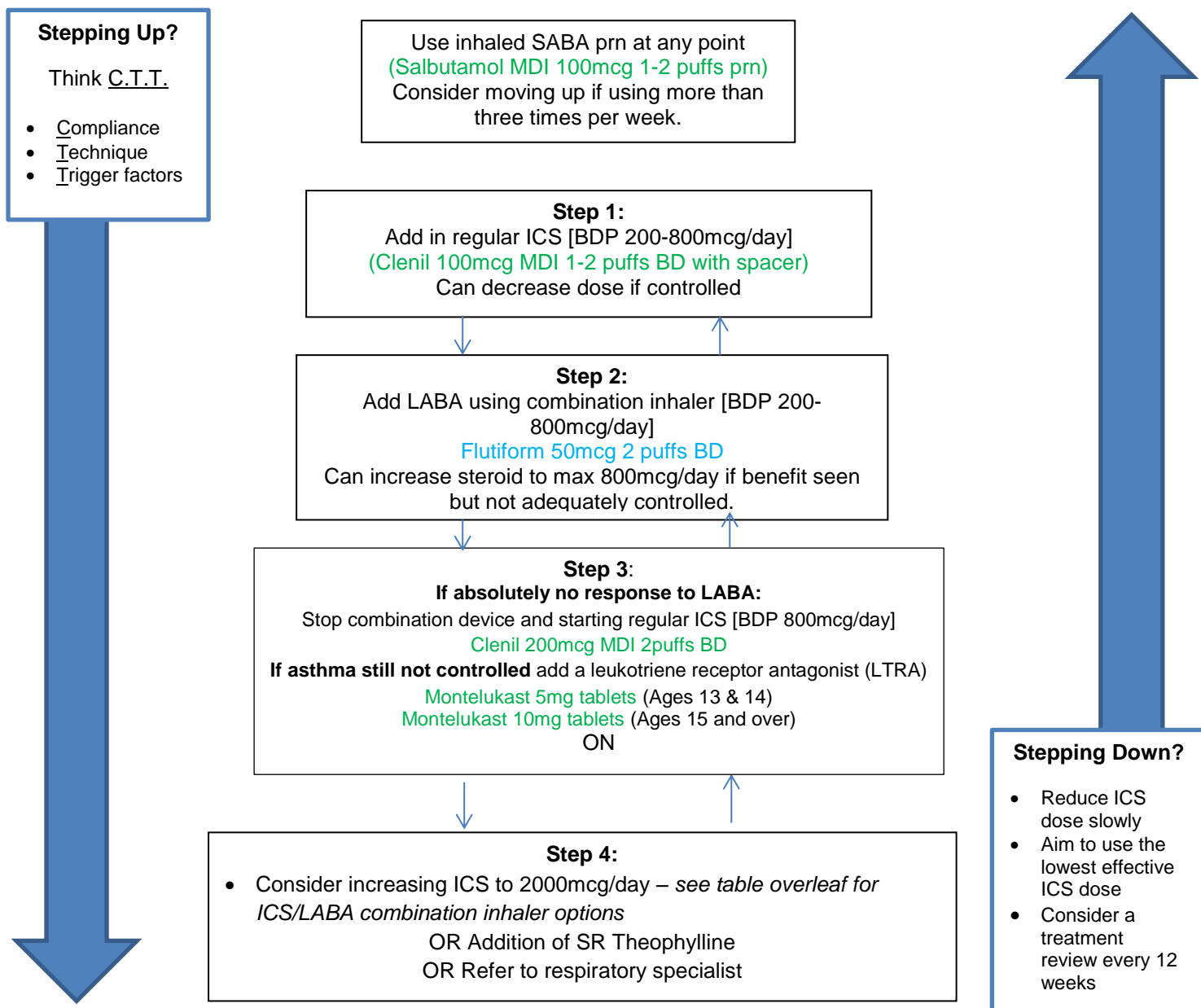
Child (13-18 years)

Asthma Quick Reference Guide

1st choice inhaler for each step is listed below. See over the page for alternative inhalers

Key Points:

- Start treatment at the step most appropriate to initial severity of their asthma.
- Patients should receive training for each device prescribed, and be able to demonstrate satisfactory technique.¹
- Advise patients to monitor symptoms and return to clinic if no improvement or if symptoms worsen.
- Offer annual influenza vaccination to all patients with asthma that require continuous or repeated use of **inhaled or systemic** steroids or with previous exacerbations requiring hospital admission.
- Check concordance and reconsider diagnosis if response to treatment is unexpectedly poor.¹
- Ensure patient has a self-management plan.
- Ensure patients are aware that taking up smoking can worsen their condition. Signpost to smoking cessation support where applicable e.g [OneLife Suffolk](#). Check smoking status of parents and educate around the effects of passive smoking.
- Perform yearly asthma review.
- Consider a spacer device for patients prescribed a metered dose inhaler (MDI) who are:
 - Having difficulty co-ordinating actuation and inhalation.
 - Receiving high doses of inhaled corticosteroid (ICS) (>800 mcg of beclometasone or equivalent daily).³
- Anyone prescribed more than one SABA a month should be assessed urgently and measures taken to improve asthma control if poor



| | Step 1 [BDP 200-400mcg] | Step 2 – initial [BDP 200-400mcg] | Step 3 | | Step 4 | Step 5 |
|--|---|---|--|--|--|---------------------|
| | | | LABA benefit but inadequate response [BDP up to 800mcg] | LABA no benefit [BDP up to 800mcg] | Tailor therapy to patient/preferred device [BDP up to 2000mcg] PLUS addition of a fourth drug | |
| 1 st Choice | Clenil 100mcg (MDI) +spacer 2 puffs BD | Flutiform 50/5mcg* (MDI) + spacer 2 puffs BD | Flutiform 125/5mcg* (MDI)+ spacer 2 puffs BD | Clenil 200 (MDI) +spacer 2puffs BD OR / AND Montelukast 5mg tablets ON (Ages 13&14) Montelukast 10mg tablets ON (Ages 15 and over) | Listed in order of cost: Clenil 250mcg (MDI) + spacer 1-2 puffs BD (£211.77) QVAR 100 inhaler + spacer 2 puffs BD (£223.73) Flutiform 125/5* +spacer 2 puffs BD (£364) OR Refer to specialist | Refer to specialist |
| 2 nd choice | QVAR 50mcg (MDI) + spacer 1 puffs BD | | | QVAR 100mcg (MDI) + spacer 1 puff BD | | |
| Use SABA as required (Salbutamol MDI 100mcg+spacer 1-2 puffs prn) Consider stepping up if needing 3 doses or more per week | | | | | | |

* Inhaler features a dose counter

Colour coded costs

Cost brackets for one year of regular treatment at specified dose.

| <£150 | £150 - £299 | £300 - £399 | £400 - £499 |
|-------------|-------------|-------------|-------------|
| £500 - £599 | £600 - £699 | £700 - £799 | £800 + |

Key

| | |
|--------------|---|
| MDI | - Metered dose inhaler |
| DPI | - Dry powder inhaler |
| BAA | - Breathe actuated aerosol |
| ICS | - Inhaled corticosteroid |
| SABA | - Short acting β_2 agonist |
| LABA | - Long acting β_2 agonist |
| LTRA | - Leukotriene receptor antagonist |
| [BDP xxxmcg] | - Equivalent dose of beclometasone dipropionate |

Complete control of asthma: The 6 measures¹

1. No daytime symptoms
2. No night-time awaking due to asthma
3. No need for rescue medication
4. No exacerbations
5. No limitation on activity including exercise
6. Normal lung function (FEV1 and/or PEF>80% predicted or best)

With minimal side-effects

High dose steroids [BDP>800mcg daily]

Ensure patient has

- a steroid card
- a spacer device (patients using an MDI only)

Spacer devices

- Replace device every 12 months
- Use either **Space Chamber Plus Compact** (dishwasher safe) or **Aerochamber Plus**

Risk factors for worsening asthma

- Rhinitis – for development and increased severity of asthma
- Patients who have been recently hospitalised
- Patients who do not attend for review
- Patients with no personalised asthma action plan
- Use of less than 12 inhaled corticosteroid containing inhalers over a 12 month period
- The use of a LABA without an inhaled corticosteroid
- Use of more than 12 SABA over a 12 month period

Produced by the Medicines Management Team, Ipswich and East Suffolk Clinical Commissioning Group September 2017

References:

1. British Thoracic Society and Scottish Intercollegiate Guidelines Network (SIGN). British Guideline on the Management of Asthma. Published May 2008; last revision September 2016.
2. Department of Health. The Green Book - Immunisation against infectious disease. Chapter 19 Influenza (last updated 2015) and Chapter 25 Pneumococcal (last updated 2013).
3. National Institute for Health and Clinical Excellence (NICE). Clinical Knowledge Summaries (CKS) – Asthma. Last updated December 2013. Accessed via <http://www.cks.nhs.uk>