

All Wales Adult Asthma Management and Prescribing Guideline



Find out more about this guideline
<http://qrinfo.icst.org.uk/adult-asthma-guideline-wales-supporting-notes>

CORE PRINCIPLES

- Perform objective tests to confirm a suspected diagnosis of asthma
- All patients should be treated with an inhaled corticosteroid (ICS)
- The **preferred regimen** is a regular ICS/formoterol containing inhaler, with as-needed doses of the same inhaler taken in response to symptoms (maintenance and reliever therapy, or MART)
- In mild asthma with infrequent symptoms, ICS/formoterol can now be used on an **if and when needed basis** (PRN), without regular maintenance dosing. This anti-inflammatory reliever (AIR) approach reduces the risk of exacerbations and unscheduled healthcare attendances compared with daily ICS and PRN SABA
- An alternative regimen is provided. Consider if a patient is stable, with good adherence, infrequent use of SABA (<3 per year) and no exacerbations in the last year on their current therapy. If a patient is poorly controlled they should be **switched to the preferred regimen**.
- Ensure asthma action plan is updated

INHALER PRINCIPLES

- Choice of inhaler is based on patient's preference and technique (use in-check device to assess inspiratory effort)
- Whenever possible choose a device with low global warming potential (GWP) rather than those with high GWP
- If more than one inhaler is prescribed ensure these have the same technique (i.e. do not mix DPIs and MDIs)
- ICS and long-acting beta₂ agonists (LABA) **MUST** be prescribed as a combination product to obviate the risk of patients taking LABA monotherapy (associated with increased risk of mortality)
- MDIs should be used with a spacer device
- Prescribe by brand and specify device (e.g. Fostair NEXThaler)
- At step 3, Fostair and Luforbec are unlicensed options. See page 7 of the supporting notes for further information.

*ASTHMA CONTROL

- Good control is no daytime symptoms, no night time waking, no limitations in activity, no exacerbations
- Before stepping up therapy confirm symptoms are due to asthma and address inhaler technique, adherence and co-morbidity
- Consider stepping down treatment if good control for 3 months

EXACERBATION/EMERGENCY TREATMENT (AIR/MART)

- Administer up to 6 doses of ICS/Formoterol at one minute intervals. Do not go back to SABA therapy.
- If symptoms persist, seek urgent medical advice

Find out more here

Asthmahub

Get your patients to download the AsthmaHub App

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STEP 1: MILD ASTHMA

Start pathway here if mild, infrequent symptoms (<4-5 days/week)

STEP 2: PERSISTENT ASTHMA

Start pathway here if symptoms most days or waking with asthma ≥1/week

STEP 3: ONGOING POOR CONTROL

Uncontrolled*, despite good adherence to low dose ICS/LABA

STEP 4: ADD-ON THERAPIES

Uncontrolled*, despite good adherence to moderate dose ICS/LABA

STEP 5: CONSIDER REFERRAL

Consider trial of high-dose ICS/LABA and referral to secondary care for asthma phenotyping +/- biological therapy

INDICATIONS FOR REFERRAL:

- Diagnostic uncertainty
- Complex comorbidity
- Suspected occupational asthma
- Poor control following treatment at Step 4
- ≥2 courses of oral steroids/ year

Trial of high dose ICS/ Formoterol

Discontinue if no benefit after 3 months. Issue steroid warning card. High dose ICS/LABA can only be used as part of fixed dose regime **with PRN SABA**. **Not to be used as per MART.**

Preferred regimen - Maintenance and Reliever Therapy (MART) - Patients use the same anti-inflammatory ICS/Formoterol inhaler for maintenance (BD) and reliever (PRN) doses

As needed low dose ICS/Formoterol reliever
Maintenance doses - None
Reliever doses - PRN

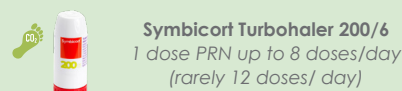
MART low dose ICS/ Formoterol
Maintenance doses - 1 dose BD
Reliever doses - PRN

MART moderate dose ICS/ Formoterol
Maintenance doses - 2 doses BD
Reliever doses - PRN

Add on LAMA to MART regimen
If no benefit after 3 months, remove LAMA from regimen

DPI

LICENSED OPTIONS INCLUDE:



Symbicort Turbohaler 200/6
1 dose PRN up to 8 doses/day (rarely 12 doses/day)

LICENSED OPTIONS INCLUDE:



Symbicort Turbohaler 200/6
Max doses/day: 12

Fostair NEXThaler 100/6
Max doses/day: 8

Fobumix Easyhaler 160/4.5
Max doses/day: 12

DuoResp Spiromax 160/4.5
Max doses/day: 12

Other bioequivalent products may be considered

OPTIONS INCLUDE:



Symbicort Turbohaler 200/6
Max doses/day: 12

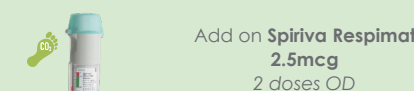
Fostair NEXThaler 100/6
Max doses/day: 8 (unlicensed)

Fobumix Easyhaler 160/4.5
Max doses/day: 12

DuoResp Spiromax 160/4.5
Max doses/day: 12

Other bioequivalent products may be considered

LICENSED OPTIONS INCLUDE:



Add on Spiriva Respimat 2.5mcg
2 doses OD

OR

LICENSED OPTIONS INCLUDE:



Fostair MDI + spacer 100/6
Max doses/day: 8

Luforbec MDI + spacer 100/6
Max doses/day: 8

Other bioequivalent products may be considered

OR

OPTIONS INCLUDE (UNLICENSED):



Fostair MDI + spacer 100/6
Max doses/day: 8

Luforbec MDI + spacer 100/6
Max doses/day: 8

Other bioequivalent products may be considered

AND

Trial of montelukast 10mg at night
(Discontinue if no benefit after 6 weeks)

AND

DID YOU KNOW?

NHS Wales has set a target to reduce the proportion of high global warming potential (GWP) inhalers from more than 70% to less than 20% by 2025

PRESCRIBE A DPI PREFERENTIALLY UNLESS THE PATIENT CANNOT USE ONE

Learn more here



MDI

Only Symbicort 200/6 Turbohaler has a licence to be used as a reliever alone without regular ICS/formoterol maintenance doses.

The use of other low dose ICS/formoterol inhalers as reliever alone is unlicensed.

Add-on

Alternative (more traditional) regimen - patients use a different inhaler for maintenance (OD or BD) and reliever (PRN)

Regular low dose ICS
AND
As needed SABA Reliever

Regular low dose ICS/LABA
AND
As needed SABA Reliever

Regular moderate dose ICS/LABA
AND
As needed SABA Reliever

Add on trial of LAMA
Discontinue if no benefit after 3 months

DPI

LICENSED OPTIONS INCLUDE:

- Budesonide Easyhaler 200mcg 1 dose BD
- Flixotide Accuhaler 100mcg 1 dose BD

LICENSED OPTIONS INCLUDE:

- Relvar Ellipta 92/22 1 dose OD
- Atecura Breezhaler 125/62.5mcg 1 dose OD
- Fostair NEXThaler 100/6 1 dose BD
- Symbicort Turbohaler 200/6 1 dose BD
- Fobumix Easyhaler 160/4.5 1 dose BD
- DuoResp Spiromax 160/4.5 1 dose BD

LICENSED OPTIONS INCLUDE:

- Relvar Ellipta 92/22 1 dose OD
- Atecura Breezhaler 125/127.5mcg 1 dose OD
- Fostair NEXThaler 100/6 2 doses BD
- Symbicort Turbohaler 200/6 2 doses BD
- Fobumix Easyhaler 160/4.5 2 doses BD
- DuoResp Spiromax 160/4.5 2 doses BD

If already on a DPI device:
Add on Spiriva Respimat 2.5mcg
2 doses OD

OR

LICENSED OPTIONS INCLUDE:

- Clenil Modulite 200mcg + spacer 1 dose BD
- Soprobec 200mcg + spacer 1 dose BD
- Qvar Easi-Breathe (BAI) 100mcg 1 dose BD

OR

LICENSED OPTIONS INCLUDE:

- Fostair MDI 100/6 + spacer 1 dose BD
- Luforbec MDI 100/6 + spacer 1 dose BD

OR

LICENSED OPTIONS INCLUDE:

- Fostair MDI 100/6 + spacer 2 doses BD
- Luforbec MDI 100/6 + spacer 2 doses BD

OR

Switch to Trimbow MDI 87/5/9
2 doses BD
(Triple therapy containing moderate dose ICS/ LABA/LAMA)

AND

Reliever

LICENSED OPTIONS INCLUDE:

- Ventolin Accuhaler 200mcg 1 dose PRN
- Salbutamol Easyhaler 100mcg 1-2 doses PRN
- Salamol MDI 100mcg + spacer 1-2 doses PRN

AND

Trial of montelukast 10mg at night (Discontinue if no benefit after 6 weeks)

AND

Add-on

AND

As needed SABA reliever

AND