All Wales Adult Asthma Management and Prescribing Guideline

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
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Y Grŵp Gweithredu ar Iechyd Anadlol
Respiratory Health Implementation Group

GIG CYMRU NHS WALES

CORE PRINCIPLES

- Perform objective tests to confirm a suspected diagnosis of asthma in keeping with NICE guidelines 2024. An elevated blood eosinophil count or FeNO > 50bbp would be diagnostic of asthma with a supportive clinical history
- 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 regime is provided in the supporting notes for established patients with stable asthma, good adherence, infrequent use of SABA(<3/year) and no exacerbations in the last year. If poor control is identified patients should be switched to the preferred regimen
- Ensure asthma action plan is updated Asthmahub

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 beta$_2$ 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, Bibeco and Luforbec are unlicensed options. See page 7 of the supporting notes for further information.

*ASTHMA CONTROL

- Uncontrolled asthma: any exacerbation requiring oral corticosteroids or frequent regular symptoms (use of reliever 3 or more times a week or nocturnal waking once or more a week)
- Before stepping up therapy confirm symptoms are due to asthma and address inhaler technique, adherence, co-morbidity smoking and triggers
- Consider stepping down treatment if good control for 3 months
- Use a validated symptom questionnaire (e.g. ACT, ACQ at any asthma review)

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 about this guideline
http://qrinfo.icst.org.uk/adult-asthma-guideline-wales-supporting-notes

Find out more here

Asthmahub
Get your patients to download the AsthmaHub App

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STEP 1: MILD ASTHMA	STEP 2: PERSISTENT ASTHMA	STEP 3: ONGOING POOR CONTROL	STEP 4: ADD-ON THERAPIES
Start pathway here if mild, infrequent symptoms (<4-5 days/week)	*Start pathway here if symptoms most days or waking with asthma ≥1/week*	*Uncontrolled*, despite good adherence to low dose ICS/LABA*	*Uncontrolled*, despite good adherence to moderate dose ICS/LABA*

Asthma regimen in keeping with NICE NG245 - Maintenance and Reliever Therapy (MART) - Patients use the same anti-inflammatory ICS/Formoterol inhaler for maintenance (BD) and reliever (PRN) doses

DPI

AIR/ As needed low dose ICS/ Formoterol reliever

Maintenance doses - None
Reliever doses - PRN

LICENSED OPTIONS INCLUDE

- **Symbicort Turbohaler 200/6** — *1 dose PRN up to 8 doses/day (rarely 12 doses/ day)*
- **Fobumix Easyhaler 160/4.5** — *1 dose PRN up to 8 doses/day (rarely 12 doses/day)*
- **WockAIR 160/4.5** — *1 dose PRN up to 8 doses/day (rarely 12 doses/day)*
- **DuoResp Spiromax 160/4.5** — *1 dose PRN up to 8 doses/day (rarely 12 doses/day)*

The use of as needed Fostair is supported by NICE NG245 (off label)

MART low dose ICS/ Formoterol

Maintenance doses - 1 dose BD
Reliever doses - PRN

LICENSED OPTIONS INCLUDE

- **Symbicort Turbohaler 200/6** — *Max doses/day: 12*
- **Fobumix Easyhaler 160/4.5** — *Max doses/day: 12*
- **WockAIR 160/4.5** — *Max doses/day: 12*
- **Fostair NEXThaler 100/6** — *Max doses/day: 8*
- **DuoResp Spiromax 160/4.5** — *Max doses/day: 12*

Other bioequivalent products may be considered

MART moderate dose ICS/ Formoterol

Maintenance doses - 2 doses BD
Reliever doses - PRN

LICENSED OPTIONS INCLUDE

- **Symbicort Turbohaler 200/6** — *Max doses/day: 12*
- **Fobumix Easyhaler 160/4.5** — *Max doses/day: 12*
- **WockAIR 160/4.5** — *Max doses/day: 12*
- **Fostair NEXThaler 100/6** — *Max doses/day: 8 (off label)*
- **DuoResp Spiromax 160/4.5** — *Max doses/day: 12*

Other bioequivalent products may be considered

Add on LAMA and/or LTRA

Check blood eosinophil level and FeNO if available

FeNO or blood eosinophil raised? Yes → Refer
No

Consider an add-on trial of LAMA or LTRA for 8-12 weeks.

LICENSED OPTIONS INCLUDE

- **Spiriva Respimat 2.5mcg** — *2 doses OD*

OR

- **Montelukast 10mg at night**

(Follow the MHRA safety advice about the risk of neuropsychiatric reactions in people taking montelukast)

OR **OR**

MDI

The use of as needed Fostair, Bibecfo and Luforbec is supported by NICE NG245 (off label)

DO NOT prescribe Short acting bronchodilator (SABA) monotherapy

LICENSED OPTIONS INCLUDE:

- **Fostair MDI + spacer 100/6** — *Max doses/day: 8*
- **Bibecfo MDI + spacer 100/6** — *Max doses/day: 8*
- **Luforbec MDI + spacer 100/6** — *Max doses/day: 8*

Other bioequivalent products may be considered

OPTIONS INCLUDE (OFF LABEL):

- **Fostair MDI + spacer 100/6** — *Max doses/day: 8*
- **Bibecfo MDI + spacer 100/6** — *Max doses/day: 8*
- **Luforbec MDI + spacer 100/6** — *Max doses/day: 8*

Other bioequivalent products may be considered

REVIEW BENEFIT AFTER 8-12 WEEKS

- If benefit - continue
- If benefit but control still inadequate - trial alternative medicine in addition
- If no benefit - switch to a trial of the alternative medicine
- If no benefit to either option - refer

Existing Patients

Change all patients currently prescribed short acting bronchodilator monotherapy to as needed low dose ICS/formoterol

Change to MART low dose if uncontrolled on regular low dose ICS or ICS/LABA.

If on additional therapy (LAMA/ montelukast) decision whether to stop or continue additional therapy will be based on benefit when initially started

Change to MART moderate dose if uncontrolled on regular moderate dose ICS or ICS/LABA.

If on additional therapy (LAMA/ montelukast) decision whether to stop or continue additional therapy will be based on benefit when initially started

Refer to secondary care if uncontrolled on high dose ICS/LABA

Consider switching to moderate dose MART if good control

STEP 5: REFERRAL

Refer to secondary care for investigation of ongoing symptoms, asthma phenotyping and consideration of 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

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