Humber and North Yorkshire Adult Asthma Guideline 2023

The enclosed asthma guidelines are intended for use by clinicians working in Humber and North Yorkshire. These guidelines have been developed to inform treatment decisions for:

- People with suspected asthma that are awaiting objective diagnostic testing
- People with newly diagnosed asthma
- People with uncontrolled asthma considered by their clinician to require a change in treatment
- People considered by their clinician to require a change in asthma treatment for another reason through shared decision making

These guidelines **<u>are not</u>** intended to and **<u>should not</u>** be used to support or justify a switch in asthma therapy that is not clinically indicated. All change in treatment should be made through shared decision making between a patient and their clinician.

Guideline Key

- AIR: anti inflammatory reliever
- ICS: inhaled corticosteroid
- LABA: long-acting beta agonist
- LAMA: long-acting muscarinic antagonist
- LTRA: leukotriene receptor antagonist
- MART: maintenance and reliever therapy
- SABA: short-acting beta-agonist

Humber and North Yorkshire
Health and Care Partnership

The green leaf symbol identifies the lower carbon footprint regimen and devices.

Inhaler choice should be based on an individual patient's needs, choice and ability to use the device.

Controlled asthma has a significantly lower environmental impact than uncontrolled asthma.

Adults with Suspected Asthma

Adults with Confirmed Asthma

Step-up and step-down treatment to achieve control with the lowest possible maintenance treatment

Consider the principles of good asthma care when considering step-up of treatment (page 3)

Dose guidance is available on page 2

Preferred Option (Inhaled)

Arrange diagnostic testing in accordance with Guidelines.

ICS/Formoterol as required for relief of symptoms

Symbicort* Fobumix (not licenced for PRN use only) Luforbec (not licenced for PRN use only)

Anti-inflammatory Reliever Therapy

ICS/Formoterol as required for relief of symptoms

Symbicort* Fobumix (not licenced for PRN use only) Fostair Nexthaler (not licences for PRN use only) Luforbec (not licenced for PRN use only)

Reliever

ICS/Formoterol (AIR)

Maintenance and Reliever Therapy

Regular **ICS/Formoterol** and as required for relief of symptoms.

Fobumix Symbicort Fostair Nexthaler Luforbec

Reliever

ICS/Formoterol (MART)

Maintenance and Reliever Therapy PLUS LAMA

Regular **ICS/Formoterol** and as required for relief of symptoms

Fobumix Symbicort Fostair Nexthaler Luforbec

Plus LAMA

Spiriva Respimat

Reliever

ICS/Formoterol (MART)

High Dose ICS/LABA/LAMA

Closed Triple: High dose **ICS/LABA/LAMA**

Trimbow pMDI Enerzair Breezhaler

If no benefit/side effects from LAMA Use high dose ICS/LABA

Relvar Ellipta

If controlled on high dose ICS combination therapy, consider controlled step-down of ICS dose using MART

Reliever

SABA as required for relief of symptoms

Patients requiring high dose ICS should be referred to secondary care asthma services for review to consider suitability for biological therapies

Alternative Option (Inhaled)

Regular **low dose ICS** as a therapeutic trial (as per those with confirmed asthma). If safe to do so and no delay expected for diagnostic testing, obtain objective diagnostic tests prior to initiation.

Plus

SABA as required for relief of symptoms

Regular low dose ICS

Budesonide Easyhaler Pulmicort Turbohaler Kelhale

Reliever

SABA as required for relief of symptoms

Fixed Dose ICS/LABA

Fobumix Symbicort Fostair Nexthaler Luforbec

Reliever

SABA as required for relief of symptoms

Closed Triple: ICS/LABA/LAMA

Trimbow pMDI Trimbow Nexthaler (not licensed in asthma)

Reliever

SABA as required for relief of symptoms

Add on therapies

(consider as a therapeutic trial and **stop if no benefit**)

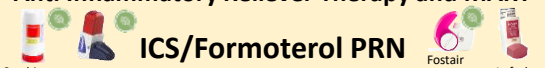
LTRA

LTRA

LTRA AND /OR **Methylxanthine** AND/OR **Macrolide**

Reliever Therapy

Anti Inflammatory Reliever Therapy and MART



Symbicort Fobumix **ICS/Formoterol PRN** Fostair Nexthaler Luforbec

SABA Reliever

Salamol pMDI Salbutamol Easyhaler Terbutaline Turbohaler

Salbutamol or Terbutaline PRN

Short-acting Beta Agonist use (SABA) in Asthma

SABA over-use (3 or more canisters per year) is associated with increased risk of asthma attacks and asthma deaths. SABA should not be prescribed using repeat prescription unless a robust system is in place to identify and address SABA over-use.

Suspected Asthma

Confirmed Asthma

The green leaf symbol identifies inhalers with low carbon footprint.

Inhaler choice should be based on an individual patients needs, choice and ability to use the device.

Controlled asthma has a significantly lower environmental impact than uncontrolled asthma.

Step-up and step-down treatment to achieve control with the lowest possible maintenance treatment

Consider the principles of good asthma care when considering step-up of treatment (page 3)

Arrange diagnostic testing in accordance with Guidelines.

Preferred Option (Inhaled)

ICS/Formoterol as required for relief of symptoms

Symbicort 200/6 Turbohaler or Fobumix 160/4.5 Easyhaler or Luforbec 100/6 pMDI

- 1 puff PRN

Anti Inflammatory Reliever Therapy

ICS/Formoterol as required for relief of symptoms.

Symbicort 200/6 Turbohaler or Fobumix 160/4.5 Easyhaler

or

Fostair 100/6 Nexthaler or Luforbec 100/6 pMDI

- 1 puff PRN without regular preventer therapy

Reliever

ICS/Formoterol (AIR)

Maintenance and Reliever Therapy (MART)

Regular **ICS/Formoterol** and as required for relief of symptoms.

Fobumix 160/4.5 Easyhaler or Symbicort 200/6 Turbohaler

- 1-2 puff(s) BD

or

Fostair 100/6 Nexthaler or Luforbec 100/6 pMDI

- 1 puff BD

Reliever

ICS/Formoterol (MART)

Maintenance and Reliever Therapy PLUS LAMA

Regular **ICS/Formoterol** and as required for relief of symptoms.

Fobumix 160/4.5 Easyhaler or Symbicort 200/6 Turbohaler

- 2 puff(s) BD

or

Fostair 100/6 Nexthaler or Luforbec 100/6 pMDI

- 2 puffs BD

and

Spiriva Respimat

- 2.5 micrograms 2 puffs OD

Reliever

ICS/Formoterol (MART)

Patients requiring high dose ICS should be referred to secondary care asthma services for review and consider suitability for biological therapies

High Dose ICS/LABA/LAMA

Closed Triple: ICS/LABA/LAMA

Trimbow 172/5/9 pMDI

- 2 puffs BD

or

Enerzair Breezhaler

- 1 puff OD

If no benefit/side effects from LAMA Use high dose ICS/LABA

Use same drug and device as earlier steps but at high dose ICS formulation or consider:

Relvar 184/22 Ellipta 1 dose OD if once daily preparation preferred

If controlled on high dose ICS combination therapy, consider controlled step-down of treatment

Reliever

SABA as required for relief of symptoms

Alternative Option (Inhaled)

Regular **low dose ICS** as a therapeutic trial (as per those with confirmed asthma). If safe to do so and no delay expected for diagnostic testing, obtain objective diagnostic tests prior to initiation.

Plus

SABA as required for relief of symptoms

Regular low dose ICS

Budesonide Easyhaler or Pulmicort Turbohaler

- 200 micrograms 1 puff BD

or

Kelhale pMDI

- 100 micrograms 1 puff BD

Reliever

SABA as required for relief of symptoms

Fixed Dose ICS/LABA

Fobumix 160/4.5 Easyhaler or Symbicort 200/6 Turbohaler

- 1-2 puffs BD

or

Fostair 100/6 Nexthaler or Luforbec 100/6 pMDI

- 1 puff BD

Reliever

SABA as required for relief of symptoms

Closed Triple: ICS/LABA/LAMA

Trimbow 87/5/9 Nexthaler or pMDI

- 2 puffs BD

Reliever

SABA as required for relief of symptoms

Add on therapies

(consider as a therapeutic trial and **stop if no benefit**)

LTRA

Montelukast 10mg OD

(consider adding at this stage if isolated exercise induced asthma)

LTRA

Montelukast 10mg OD

LTRA: Montelukast 10mg nocte

AND /OR

Methylxanthine: Uniphyllin 200mg BD (titrate as per protocol)*

AND/OR

Macrolide: Azithromycin 250mg 3 times weekly*

(* Seek advice and guidance from a respiratory specialist prior to commencing)

Reliever Therapy

Anti Inflammatory Reliever Therapy / MART

Symbicort 200/6 / Fobumix 160/4.5, 1 puff PRN up to max 12 daily doses/24 hrs

Fostair Nexthaler / Luforbec pMDI 100/6, 1 puff PRN up to max 8 daily doses/24 hrs

SABA Reliever

Salamol 100 micrograms pMDI 1-2 puffs PRN up to QDS

Salbutamol 100 micrograms Easyhaler 1-2 puffs PRN up to QDS

Terbutaline 500 microgram Turbohaler 1 puff PRN up to QDS

Short-acting Beta Agonist use (SABA) in Asthma

SABA over-use (3 or more canisters per year) is associated with increased risk of asthma attacks and asthma deaths. SABA should not be prescribed using repeat prescription unless a robust system is in place to identify and address SABA over-use.

ICS/Formoterol is the preferred reliever in asthma

ICS/Formoterol is the preferred reliever in asthma. ICS/formoterol is effective as required to relieve symptoms without regular preventer therapy in mild asthma (anti inflammatory reliever therapy: AIR*) or alongside regular maintenance doses of the same inhaler (maintenance and reliever therapy: MART) in moderate to severe asthma.

ICS/Formoterol Reliever

- Formoterol is a fast- and long-acting bronchodilator, providing rapid relief of bronchoconstriction
- Using ICS/formoterol as a reliever ensures that symptomatic asthma patients receive an inhaled corticosteroid, even when adherence to preventer therapies is sub-optimal.
- AIR is as effective at preventing asthma attacks as taking regular ICS with SABA reliever in mild asthma and is safer than using SABA alone
- Do not routinely co-prescribe a SABA alongside a MART regimen.
- Provide a dedicated Asthma Action Plan when prescribing AIR and MART

Instructions during an asthma attack:

In an asthma emergency I should:

- Sit up and stay calm
- Loosen tight clothing
- Take 1* puff of my AIR/MART inhaler
- If needed, take 1* additional puff of my AIR/MART inhaler every few minutes (up to a maximum of 6* puffs)
- If I don't feel better, or feel worse at any point, call 999 for an ambulance.

*If using Symbicort pMDI 100/3, 2 puffs equate to 1 puff of the Turbohaler. Therefore use 2 puffs as needed, up to a maximum of 12 puffs.

- Symbicort 200/6 is the only ICS/Formoterol inhaler currently licenced for use as needed in response to symptoms without additional regular preventer inhalations.

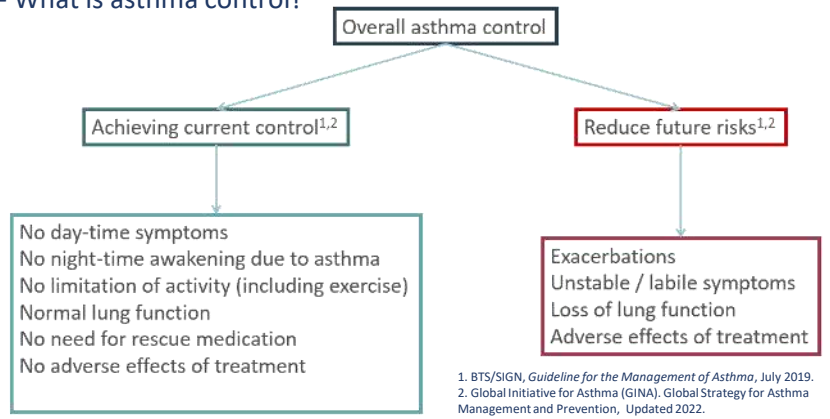
Principles of Good Asthma Care

Check that all principles are being followed when considering stepping up asthma treatment

1. Inhaler technique should be taught and reviewed during every asthma consultation. Inhaler technique videos are available at: How to use your inhaler | Asthma UK
2. Adherence with preventer therapy should be assessed and addressed during every asthma consultation and whenever a new reliever inhaler is requested.
3. SABA inhalers should not be prescribed using a repeat prescription without a robust system in place to ensure SABA over-use (use of ≥3 SABA canisters per year) is identified and addressed.
4. All patients with asthma that are prescribed a SABA should also be prescribed and taking an ICS.
5. All patients should be given a personalised asthma action plan which should be updated following any treatment change.
6. Patients using MART should not routinely be co-prescribed a SABA inhaler (see above).
7. Appropriate life-style and self-management advice should be discussed during each asthma consultation (e.g. trigger avoidance smoking cessation, physical activity, weight management etc.)

The aim of asthma management is to achieve asthma control.

- What is asthma control?



1. BTS/SIGN, *Guideline for the Management of Asthma*, July 2019.
2. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, Updated 2022.

Excessive reliever use† indicates the need for asthma review. Always provide a personalised asthma action plan with guidance to patients about when to seek review by an asthma clinician.

† Persistently using 7 or more ICS/Formoterol per week (preferred pathway) **OR** 3 or more SABA uses per week (alternative pathway)

Who/when to refer for a specialist opinion

- Diagnostic uncertainty based on clinical judgement +/- primary care investigations
- Unexpected / inconsistent clinical findings (e.g. stridor, monophonic wheeze, clubbing, cyanosis).
- Suspected occupational asthma
- Prominent systemic features (myalgia, fever, weight loss)
- Concerns about adherence with treatment despite education
- Patients requiring high dose ICS for control, or remaining uncontrolled despite high dose ICS.
- Frequent exacerbations (requiring 2 or more oral corticosteroid courses per year despite optimal inhaled therapy).
- Difficult asthma (e.g. suspected inducible laryngeal obstruction, refractory reflux etc.)

Where can I find more asthma resources?

Implementation Resources

Add QR Code

A+L UK

Add QR Code

Could this page have additional links to Asthma lung UK for inhaler technique videos etc?

SENTINEL Plus Quality Improvement Framework

Greener Practice Toolkit