

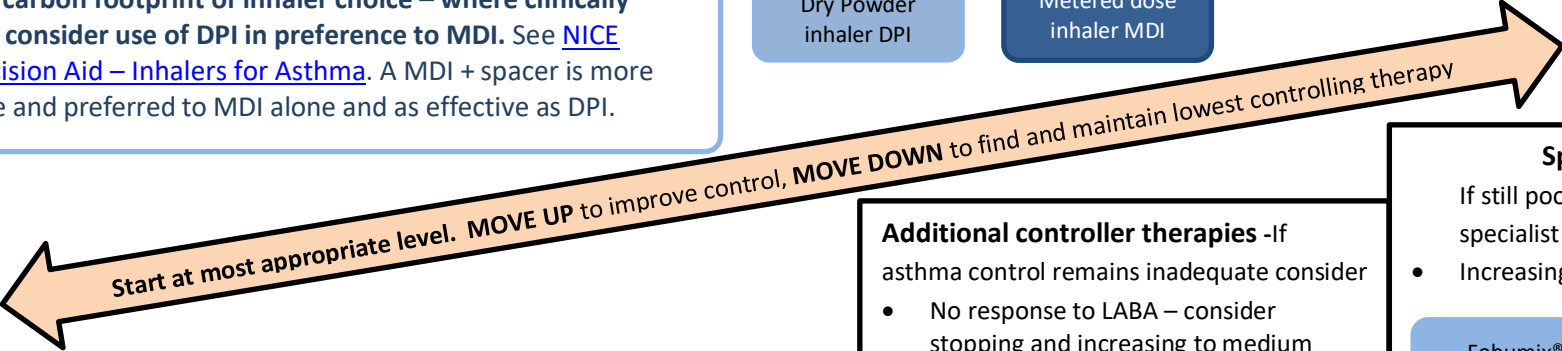
Pan Mersey Guidelines for the Management of Adults with Asthma (18 years and over)

Based on the [BTS / SIGN British Guideline on the Management of Asthma](#) July 2019 (NICE 2017 Asthma Guidance differs in part)

Consider carbon footprint of inhaler choice – where clinically possible consider use of DPI in preference to MDI. See [NICE Patient Decision Aid – Inhalers for Asthma](#). A MDI + spacer is more effective and preferred to MDI alone and as effective as DPI.

Dry Powder inhaler DPI

Metered dose inhaler MDI



Regular Preventer - Low dose inhaled corticosteroid (ICS)

Budesonide 200 micrograms Easyhaler

Beclometasone 100 micrograms MDI (Prescribe by brand - see overleaf and consider CCG preferred brand) + spacer

If concordance is an issue Budesonide 200 micrograms Easyhaler can be given as 400 micrograms at night.

Initial add-on therapy – Add in a long acting β_2 Agonist (LABA) (as an ICS/LABA combination inhaler)

Fobumix® (budesonide/formoterol) 160/4.5 Easyhaler 1 Puff BD

Fostair® (Beclometasone /formoterol) 100/6 MDI + spacer, 1 Puff BD

If concordance is an issue and the patient requires a once daily product to aid control, consider *Relvar® (Fluticasone fuorate/Vilanterol) Ellipta 92/22 1 puff daily

Consider MART therapy (see over leaf)

Additional controller therapies -If asthma control remains inadequate consider

- No response to LABA – consider stopping and increasing to medium dose ICS (see ICS doses below)
- If benefit from LABA but control still inadequate consider increasing to medium dose ICS/LABA

Fobumix® (budesonide/formoterol) 320/9 Easyhaler 1 Puff BD

Fostair® (Beclometasone /formoterol) 100/6 MDI + spacer, 2 Puff BD

If concordance is an issue and the patient requires a once daily product to aid control, consider *Relvar® (Fluticasone fuorate/Vilanterol) Ellipta 92/22 1 puff daily

OR

- add a Leukotriene receptor antagonist (LTRA)

Consider MART therapy (see over leaf)

Specialist therapies:

If still poorly controlled refer to specialist to consider:

- Increasing to high dose ICS/LABA

Fobumix® (budesonide/formoterol) 320/9 Easyhaler, 2 Puff BD

Fostair® (Beclometasone /formoterol) 200/6 MDI + spacer, 2 Puff BD

If concordance is an issue and the patient requires a once daily product to aid control, consider Relvar® (Fluticasone fuorate/Vilanterol) Ellipta 184/22, 1 puff daily

OR

- Add a LTRA (if not already trialled)
- Add tiotropium (Spiriva Respimat®)
- Add SR theophylline

Sometimes the specialist may recommend that an ICS and ICS/LABA is co-prescribed.

SYMPTOM RELIEF

Short-acting β_2 Agonist (SABA) as required “Reliever”

Salbutamol 100 micrograms Easyhaler 2 puffs PRN

Salbutamol 100 micrograms MDI 2 puffs PRN

Consider initiating a regular preventer if a patient is using SABA ≥ 3 doses per week, symptomatic ≥ 3 times a week, waking 1 night per week or suffered an asthma attack requiring oral steroids in last 2 years.

Check adherence with existing therapies and inhaler technique before initiating a new therapy

*NOTE Relvar® 92/22 has been designated as both a low and medium dose ICS

- These guidelines are based on the BTS (British Thoracic and SIGN) Management of Asthma Guidelines 2019. NOTE: NICE Guidelines 2017 are different.
- A well-controlled asthmatic should have a maximum of 3 relievers in a 12-month period – if required more often review treatment.
- Patients should receive self-management education including a personalised asthma Self-Management Plan
- See [Pan Mersey guidance on when to issue a Steroid Treatment card](#) to a patient on inhaled corticosteroids.
- ALWAYS prescribe by brand to ensure the patient receives the same device each month.
- **Where patient has difficulty with inhaler devices, consider suitability of device over drug choice within that drug class. Products other than those listed are included in the Pan Mersey Formulary and may be used where necessary.**
- Always assess device suitability to guide choice of treatment. When moving through treatment stages ensure device consistency where possible
- Review any changes after 2-3 months

For more detailed information on asthma management, see:

- www.asthma.org.uk
- [BTS / SIGN British Guideline on the Management of Asthma](#)
- [NICE NG80: Asthma: diagnosis, monitoring and chronic asthma management](#)

• **Complete control of asthma is defined as:**

- no daytime symptoms
- no night-time awakening due to asthma
- no need for rescue medication
- no exacerbations
- no asthma attacks
- minimal side effects
- no limitations on activity including exercise
- Normal lung function (in practical terms FEV₁ and/or PEF > 80% predicted or best.

Inhaled Corticosteroid (Brand Name)	Strength	Equivalence to traditional Beclometasone Dipropionate (BDP/Day)
Beclometasone Dipropionate - Clenil [®] , Soprobe [®] , Easyhaler	100 micrograms	100 micrograms
Beclometasone Dipropionate (extrafine particles) Kelhale [®] , QVAR [®]	100 micrograms	200-250 micrograms
Beclometasone Dipropionate (extrafine particles) Fostair [®] NEXThaler	100 micrograms	250 micrograms
Budesonide Symbicort [®] , Pulmicort [®] , Easyhaler	100 micrograms	100 micrograms
Budesonide Fobumix [®] , Symbicort [®] , Duoresp [®] , Spiromax [®]	160 micrograms = 200 micrograms	200 micrograms
Fluticasone propionate Flixotide [®] Accuhaler Evohaler/AirFluSal [®] /Combisal [®] /Sereflo [®] /Sirdupla [®]	100 micrograms	200 micrograms
Fluticasone furoate Relvar [®]	92 micrograms	1000 micrograms

MART – Maintenance and Reliever Therapy

MART can be used as a treatment option for asthmatics over 18 years who have a history of asthma attacks on medium dose ICS (400 micrograms per day of beclometasone dipropionate extrafine particles or equivalent) or an ICS/LABA.

The Pan Mersey preferred ICS/LABA are:

Fostair[®] 100/6 MDI – 1 puff BD + PRN max 8 puffs daily
Fobumix[®] Easyhaler 80/4.5 or 160/4.5 – 2 puffs daily and PRN max 8 puffs daily
(Can be used up to 12 puffs daily but this will need to be reviewed urgently)

Patients should receive an Asthma Self-management Plan for MART. These patients do not need a SABA (except in exercise induced asthma). When starting this treatment, the total regular daily dose of inhaled corticosteroid should not be reduced. Patients requiring frequent daily use of Fostair 100/6 MDI or Fobumix[®] Easyhaler 160/4.5 as a reliever should have their maintenance treatment reviewed regularly.