



**South Tyneside and Sunderland
Area Prescribing Committee**

Guideline for the Treatment of Asthma in Adults (RS1)

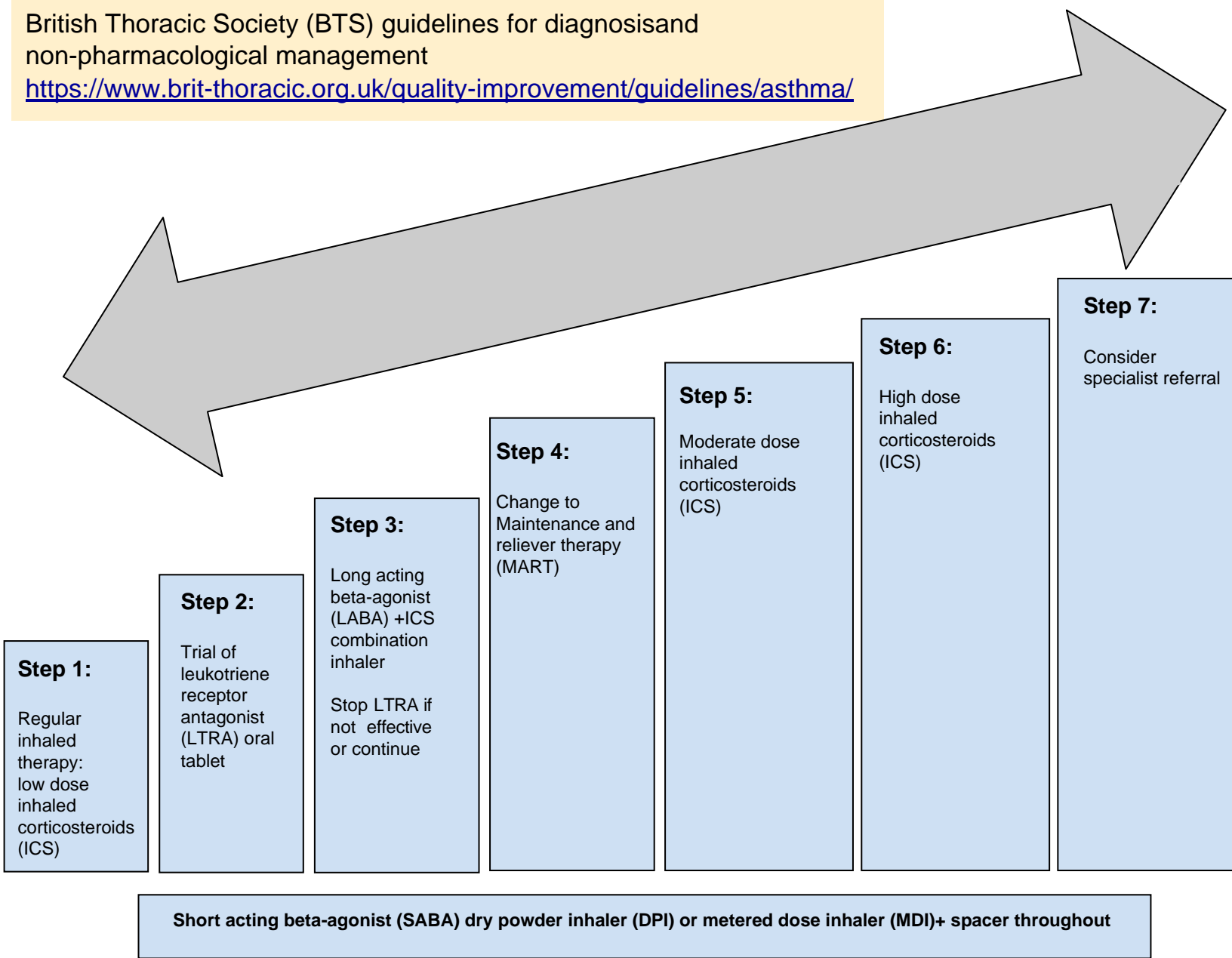
Author	Dr Joanna Stutchbury, GP ST3, NENC ICB – South Tyneside Dr Andrew MacNair, Consultant Paediatrician, South Tyneside and Sunderland Foundation Trust
Approved by	South Tyneside and Sunderland APC
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This guideline is intended for use in primary care

SOUTH TYNESIDE AND SUNDERLAND ASTHMA GUIDELINES FOR ADULTS AGED 17 YEARS AND OVER (2022)

British Thoracic Society (BTS) guidelines for diagnosis and non-pharmacological management

<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>



- The best inhaler is one that the patient can use correctly; make any changes as part of shared decision making process
- Dry powder inhalers (DPIs) have a lower carbon footprint and should be used first line where clinically appropriate
- Always check inhaler technique
- Prescribe a spacer with a metered dose Inhaler (MDI)
- Patients should return old inhalers to any pharmacy for safe disposal
- Smoking cessation support should be offered to all smokers
- Do not prescribe inhalers generically- prescribe by brand
- Nice Patient Decision Aid <https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573>

NICE Asthma guidelines

<https://www.nice.org.uk/guidance/ng80/resources/asthma-diagnosis-monitoring-and-chronic-asthma-management-pdf-1837687975621>


























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For more information about low carbon inhaler prescribing <https://greeninhaler.org/>

- ACT5 [Asthma.com](https://www.asthma.org.uk/advice/manage-your-asthma/action/)
- Self-management plan
- www.asthma.org.uk/advice/manage-your-asthma/action
- Check Inhaler technique and concordance
- Smoking cessation support and review triggers
- Step up if using short acting beta-agonist (SABA) >3 times a week
- Review response 4 to 8 weeks after initiation or change to treatment
- Consider decreasing maintenance therapy when a person's asthma has been controlled with their current maintenance therapy for at least 3 months

STEP 1 Regular preventer therapy (low dose inhaled corticosteroids (ICS))	STEP 2: Initial add on therapy: montelukast	STEP 3: Initial Add on therapy: LABA	STEP 4: Change to Maintenance and reliever therapy (MART)	STEP 5: Moderate dose ICS	STEP 6: High dose ICS	STEP 7: Refer to specialist asthma clinic
<p>Beclometasone Easyhaler DPI 200microgram / puff 1 puff BD Low carbon option</p>  <p>OR</p>	<p>Continue step 1 inhaler Check technique</p> 	<p>Fostair NEXThaler DPI 100/6 1 puff BD Low carbon option</p>  <p>OR</p>	<p>Fostair NEXThaler DPI 100/6 1 puff BD Low carbon option +6 extra puffs PRN/day</p>  <p>OR</p>	<p>Fostair NEXThaler DPI 100/6 2 puffs BD Low carbon option + 4 extra puffs PRN/day (max 8/day)</p>  <p>OR</p>	<p>Fostair NEXThaler DPI 200/6 2 puffs BD Low carbon option Not licenced for MART</p>  <p>OR</p>	<p>Consider specialist referral Consider trial of addition of: Tiotropium Respimat (A.k.a Spiriva Respimat) Soft Mist Inhaler 5 micrograms 2 puffs OD</p> 
<p>QVAR Easi-breathe MDI 50 to 100 microgram / puff 1 puff BD</p>  <p>OR</p>	<p>ADD Montelukast 10mg at night</p> 	<p>Duoresp Spiromax DPI 160/4.5 1 puff BD Low carbon option</p>  <p>OR</p>	<p>Duoresp Spiromax DPI 160/4.5 1 puff BD Low carbon option + 6 extra puffs PRN</p>  <p>OR</p>	<p>Duoresp Spiromax DPI 160/4.5 2 puffs BD Low carbon option + 4 extra puffs PRN Max 12 total puffs for short time only and with review</p>  <p>OR</p>	<p>Duoresp Spiromax DPI 320/9 2 puffs BD Low carbon option Not licenced for MART</p>  <p>OR</p>	<p>Uniphyllin Continus initiation by specialist only– Baseline & annual monitoring required</p>
<p>Clenil Modulite +spacer MDI 200microgram/puff 1 puff BD</p> 	<p>Review Montelukast after 4-8 weeks, consider stopping if ineffective</p>	<p>Symbicort Turbohaler DPI 100/6 1-2 puffs BD Low carbon option</p>  <p>OR</p>	<p>Symbicort Turbohaler DPI 100/6 1-2 puffs BD Low carbon option +6 extra puffs PRN</p>  <p>OR</p>	<p>Symbicort Turbohaler DPI 200/6 1-2 puffs BD Low carbon option +6 extra puffs PRN</p>  <p>Can be increased to 2 puffs BD and max total puffs/day 12 for short period, with review.</p> <p>OR</p>	<p>Symbicort Turbohaler DPI 400/12 1 puffs BD Low carbon option</p>  <p>Can be increased to 2 puffs BD, then reduced when able</p> <p>OR</p>	<p>South Tyneside ARAS 0191 4041062 Sunderland Asthma Specialist Nurses: 0191 5699102 Community Respiratory Team: 0191 5252303</p>
		<p>Fostair + spacer MDI 100/6 1 puff BD</p>  <p>OR</p>	<p>Fostair + spacer MDI 100/6 1 puff BD +6 extra puffs/day</p> 	<p>Fostair + spacer MDI 100/6 2 puffs BD +4 extra puffs/day</p> 	<p>Fostair + spacer MDI 200/6 2 puffs BD Not licenced for MART</p> 	
		<p>Revlar Ellipta 92/22 DPI 1 puff OD OD prep may be useful for People struggling with BD Low carbon option</p> 	<p>Note Revlar Ellipta is not licensed for MART Step 4 may be skipped in patients for whom MART is not appropriate in these</p>	<p>Revlar Ellipta 184/22 DPI 1 puff OD Low carbon option OD prep may be useful for people struggling with BD</p> 	<p>Revlar Ellipta 184/22 DPI 1 puff OD Low carbon option OD prep may be useful for people struggling with BD</p> 	

When required therapy (PRN)

Salbutamol Easyhaler
DPI
100micrograms/dose
1-2 puffs PRN
Low carbon option



Salamol +spacer

MDI
100micrograms/dose
1-2 Puffs PRN
Higher carbon than DPI, but lower than the Ventolin Evohaler



Consider issuing a DPI SABA for regular use, and an MDI+ spacer SABA for use in severe asthma attacks when respiratory effort may not be sufficient for a DPI

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Key

DPI- Dry powder Inhaler
MDI- Metered dose inhaler
OD- Once daily
BD- Twice daily
PRN- As required therapy ('Pro Re Nata')