Wessex Adult Asthma Guidelines 2018

Prescribe by Brand – following patient assessment

Wessex Asthma Network

Reliever

- ▼ ■ **Ventolin Evohaler (PMDI) 100**
  2 puffs prn. £0.23/30days
  (based on 1 puff/day)
- **Salamol Easi-Breathe (PMDI) 100**
  2 puffs prn. £0.95/30days
  (based on 1 puff/day)
- **Salbutamol Easyhaler (DPI) 100**
  2 puffs prn. £0.50/30days
  (based on 1 puff/day)
- **Ventolin Accuhaler (DPI) 200**
  1 puff prn. £3.00/30days
  (based on 1 puff/day)
- **Bricanyl Turbohaler (DPI) 500**
  1 puff prn. £2.49/30days
  (based on 1 puff/day)

Low Dose ICS

Dry Powder (DPI) – Inhale Quick and Deeply in 2-3 Seconds

- **Budesonide Easyhaler 100**
  2 puffs bd. £5.32
- **Pulmicort Turbohaler 100**
  2 puffs bd. £8.55
- **Beclometasone Easyhaler 200**
  1 puff bd. £8.96
- **Flixotide Accuhaler 100**
  1 puff bd. £8.00

Pressurised Meter Dose Inhaler (PMDI) – Inhale Slow and Steady in 4-5 Seconds

- ▼ ■ **Clenil Modulite 100**
  2 puffs bd. £4.45
- ♦ **Qvar Easi-Breathe 50**
  2 puffs bd. £4.64
- ▼ ♦ **Qvar 50**
  2 puffs bd. £4.72
- ▼ ■ **Flixotide 50**
  2 puffs bd. £5.44
- ▼ **Alvesco 80**
  2 puffs od. £16.42
  prescribe if intolerant to other ICS

LABA / Low to Medium Dose ICS

Dry Powder (DPI) – Inhale Quick and Deeply in 2-3 Seconds

- ○ **Fobumix Easyhaler 80/4.5**
  2 puffs bd. £26.99
- ○ **Symbicort Turbohaler 100/6**
  2 puffs bd. £28.00
- ○ **DuoResp Spiromax 160/4.5**
  1 puffs bd. £27.97
- ♦ **Fostair Nexthaler 100/6**
  1 puff bd. £14.66
- **Relvar Ellipta 92/22**
  1 puff od. £22.00

Pressurised Meter Dose Inhaler (PMDI) – Inhale Slow and Steady in 4-5 Seconds

- ♦ ○ ▼ ■ **Fostair 100/6**
  1 puffs bd. £14.66
- ▼ ■ **Flutiform 50/5**
  2 puffs bd. £14.40

LABA / Low to Medium Dose ICS

Dry Powder (DPI) – Inhale Quick and Deeply in 2-3 Seconds

- ○ **Fobumix Easyhaler 160/4.5**
  2 puffs bd. £26.99
- ○ **Symbicort Turbohaler 200/6**
  2 puffs bd. £28.00
- ○ **DuoResp Spiromax 160/4.5**
  2 puffs bd. £27.97
- ♦ **Fostair Nexthaler 100/6**
  2 puffs bd. £29.32
- **Relvar Ellipta 92/22**
  1 puff od. £22.00

Pressurised Meter Dose Inhaler (PMDI) – Inhale Slow and Steady in 4-5 Seconds

- ♦ ▼ ■ **Fostair 100/6**
  2 puffs bd. £29.32
- ▼ ■ **Flutiform 125/5**
  2 puffs bd. £28.00

LABA/High Dose ICS

Dry Powder (DPI) – Inhale Quick and Deeply in 2-3 Seconds

- **Fobumix Easyhaler 320/9**
  2 puffs bd. £53.98
- **Symbicort Turbohaler 400/12**
  2 puffs bd. £56.00
- **DuoResp Spiromax 320/9**
  2 puffs bd. £59.94
- ♦ **Fostair Nexthaler 200/6**
  2 puffs bd. £29.32
- **Relvar Ellipta 184/22**
  1 puff od. £29.50

Pressurised Meter Dose Inhaler (PMDI) – Inhale Slow and Steady in 4-5 Seconds

- ♦ ▼ ■ **Fostair 200/6**
  2 puffs bd. £29.32
- ▼ ■ **Flutiform 250/10**
  2 puffs bd. £45.56

Key

- ♦ Extra Fine Particle
- ○ MART Regime
- ■ Consider Flo-Tone with pMDI
- ▼ Use a Spacer with pMDI. Wash monthly, replace annually.

Remember to check adherence to treatment, inhaler technique and provide a written asthma action plan.
The prices are based on 30 day inhaler usage (2018).

Add-on (3 month trial)

LTRA Montelukast 10mg 1 tab od. Pk 28 £1.61

LAMA Soft Mist Inhaler Spiriva Respimat 2.5
2 puffs od. £23.00

MART (Maintenance and Reliever Therapy)

REFER TO SECONDARY CARE

Inhaler prices are correct at time printed. Prices may be subject to change.

Wessex Adult Asthma Guidelines 2018

Wessex Asthma Network

Diagnosis

- Asthma is defined by a history of respiratory symptoms such as wheeze, shortness of breath, chest tightness and cough that vary over time and intensity, together with variable expiratory airflow limitation
- History of asthma attacks, variable symptoms that are worse at night and early morning, triggered by infections, exercise, allergen exposure, weather or irritants
- Symptoms can be made worse with Aspirin/NSAIDs/ß-Blockers
- Wheeze should be confirmed by a healthcare professional
- Assess control using ACQ, ACT or RCP 3 questions
- Record and code:
  - Triggers
  - Atopic history
  - Family history
  - Occupational exposure
  - Smoking history, if significant consider asthma COPD overlap (ACO)
  - Quality assured spirometry using lower limits of normal to ascertain obstruction
- Review full blood count for evidence of raised eosinophils
- Check lung function response, air flow variability and reversibility:
  - 20% diurnal variation on ≥ 3 days in a week for 2 weeks on Peak Expiratory Flow Rate (PEFR) diary
  - FEV_1 ≥ 12% (and 200 ml) increase after Short Acting ß-agonist (e.g. Salbutamol 400 mcg by pMDI/spacer), or after a 14 day Prednisolone trial (30mg/day)
- Normal spirometry does not rule out asthma
- Where diagnosis is not clear exclude alternative cause of symptoms (e.g. Rhinitis, ACO, GORD)
- Start all patients on ICS appropriate to level of severity and step up incremently if symptoms are not controlled after 6 weeks
- Measure FeNO levels (if available). ≥40ppb is suggestive of asthma

Resources

1. Gina (Global Initiative for asthma (2017) Global Strategy for Asthma Management and Prevention
2. BTS Sign guidelines: https://www.brit-thoracic.org.uk/standards-of-care/guidelinesbtssign-british-guideline-on-the-management-of-asthma/
3. Refer to Quit4Life Self referrals to Quit4Life – 08456024663 / Text QUIT to 60123 / www.Quit4life.nhs.uk
4. Allergy UK – triggers: http://www.allergyuk.org/
5. Asthma UK: https://www.asthma.org.uk/
6. Asthma Control Test: http://www.asthmacontroltest.com/
7. www.rightbreathe.com
8. Very Brief Advice Training on NCSCT website: http://www.ncsct.co.uk/publication_very-brief-advice.php

Asthma Reviews

- Provide a written personalised asthma action plan[5] to monitor control (preferably using PEFR monitoring) appropriate to severity of the symptoms
  - PEFR < 80% best – consider increasing ICS
  - PEFR < 60% best – start oral steroids and seek advice
  - PEFR < 40% best – seek urgent medical attention
- Assess symptoms (RCP 3 questions, ACT, ACQ) and frequency of reliever usage

  Features of poor control include:
  - Daytime symptoms ≥ 3 times per week
  - Night-time awakening ≥ 1 per week
  - The use of rescue medication ≥ 3 times per week
  - Asthma attacks ≥ 1 per year
- Assess FeNO and lung function (PEFR or FEV_1)
- Document frequency and severity of any asthma attack and time off work
- Assess risk factors for asthma exacerbations by measuring FEV_1 at start of treatment and after 3-6 months of controller treatment to monitor personal best lung function. Measure periodically for ongoing risk assessment
- Advise on trigger avoidance and the difference between good and poor asthma control
- Check patients' understanding of treatment
- Check and demonstrate inhaler technique and adherence at every opportunity[5, 7]
- If appropriate ensure using spacer with pMDI and cleaning/storing correctly[5]
- Minimise numbers/type of inhaler devices
- Encourage to stop smoking and offer help at every opportunity[8]
- Assess and treat associated disease (e.g. GORD, rhinitis)
- Offer dietary advice for overweight patients
- Offer annual flu vaccine
- If patient is well controlled for 3-6 months consider stepping down treatment
- Listen and answer any questions or concerns from patients and carers

Refer to Secondary Care

- Persistent poor asthma control despite high dose ICS/LABA
- ≥ 12 SABA inhalers in last 12 months despite primary care review
- ≥ 2 asthma attacks requiring oral steroids in last 12 months
- Life-threatening asthma attack
- Suspected occupational asthma
- Poorly controlled asthma in pregnancy
- The diagnosis is unclear or unexpected clinical findings e.g. finger clubbing, stridor, crackles in the chest, monophonic wheeze
- Unexpected abnormalities on CXR e.g. persistent consolidation/interstitial shadowing
- Persistent productive cough especially if recurrent bacterial infections are confirmed on sputum cultures
- Unexplained restrictive spirometry
- Complex comorbidity preventing accurate assessment of asthma control
- Poor response to treatment or unable to tolerate treatment
- Non acceptance of diagnosis or persistent non-adherence

Wessex Hospital Contact Numbers

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Version 1.0. Created by: WAN May 2018 – Review date annually

Wessex Academic Health Science Network