





## CORE PRINCIPLES

- All patients with asthma should be treated with an inhaled corticosteroid (ICS); using short acting bronchodilator (SABA) monotherapy is now outdated and no longer acceptable.
- Review control within a maximum of 3 months of change in therapy
- Poor asthma control - Use of reliever (including PRN doses of MART regimen) >2 times per week, poor symptom control, exacerbations. *More than 6 SABA prescriptions per year should prompt urgent review*
- Review inhaler technique, adherence and co-morbidity at every opportunity including prior to stepping up therapy
- Consider stepping down treatment if asthma is well controlled
- Ensure patient has an asthma action plan and that it is updated appropriately

## INHALER PRINCIPLES

- Choice of inhaler is based on patient's preference and technique
- Whenever possible choose a device with low global warming potential (🌱 Low global warming potential 🌿 High GWP)
- Only choose inhalers that you have observed the patient using correctly
- If more than one inhaler is being prescribed, both the maintenance and reliever inhalers should be of the same type; do not mix MDIs and DPIs
- Where indicated below, the MDIs should be inhaled via a spacer device such as an AeroChamber Plus Flow-Vu, and consider the importance of choosing a device with a dose counter
- Always prescribe by brand to ensure consistent device
- Inhaled corticosteroids (ICS) and long-acting bronchodilators (LABA) MUST be prescribed as a combination product to obviate the risk of patients inadvertently taking the LABA as mono-therapy

**RESCUE THERAPY (SABA OPTIONS) INCLUDE:**

<p>Easyhaler Salbutamol DPI 100mcg PRN</p> 	<p>Salamol MDI 100mcg PRN + spacer</p> 
<p>Bricanyl Turbohaler DPI 500mcg PRN</p> 	<p>Salamol Easi-Breathe 100mcg PRN</p> 

*SABA only therapy is not recommended*

### STEP 1: NEW ASTHMA DIAGNOSIS

Commence **regular low-dose** ICS plus PRN SABA.

Reinforce need to take ICS and that SABA should not be required more than twice per week

If asthma with infrequent symptoms (e.g less than twice a month) take ICS and SABA together on a PRN basis

### STEP 2: PERSISTENT SYMPTOMS

Change to **regular low-dose** ICS/LABA inhaler

**EITHER Fixed dose regimen:**

See individual inhalers below (Continue rescue SABA)

**OR MART regimen:**

1 inhalation ICS/LABA twice daily PLUS rescue ICS/LABA (Stop rescue SABA)

**OPTIONAL Add-on therapies:**

Trial of Montelukast (10mg nocte) - discontinue if no benefit after 6 weeks

### STEP 3: ONGOING POOR CONTROL

Increase to **regular moderate-dose** ICS/LABA inhaler

**EITHER Fixed dose regimen:**

See individual inhalers below (Continue rescue SABA)

**OR MART regimen:**

2 inhalations ICS/LABA twice daily PLUS rescue ICS/LABA (Stop rescue SABA)

**OPTIONAL Add-on therapies:**

Trial of Montelukast (10mg nocte) - discontinue if no benefit after 6 weeks

### STEP 4: REFERRAL

If symptomatic, **add on** LAMA

**OPTIONS INCLUDE:**

**ADD**  
Spiriva Respimat 2.5mcg  
2 doses OD



**OR**

**SWITCH TO**  
Trimbow MDI 87/5/9  
2 doses BD  
*If already on a MDI device*



*Discontinue if no benefit after 3 months*

**Consider referral** to secondary care, but first:

1. Is the diagnosis correct?
2. Is the patient on regular maintenance oral steroids or high dose ICS?
3. Good inhaler technique?
4. Good adherence?
5. >3 exacerbations/year and/or eosinophil count >0.3?

**YES**

Refer to severe asthma clinic

**NO**

Address adherence issues, consider differential diagnosis

#### OTHER INDICATIONS FOR REFERRAL:

- Diagnostic uncertainty
- Complex comorbidity
- Suspected occupational asthma
- Poor control following treatment at Step 4
- ≥2 courses of oral steroids/ year

**DPI**  
Inhale quick and deep

#### DPI OPTIONS (BD or OD regimens) INCLUDE:

<p>Easyhaler Budesonide 200mcg 1 dose BD</p> 	<p>Pulmicort Turbohaler 200mcg 1 dose BD</p> 
<p>Easyhaler Budesonide 400mcg 1 dose OD</p> 	




**OR**

#### FIXED-DOSE (BD or OD regimen) INCLUDE:

<p>Fostair NEXThaler 100/6 1 dose BD</p> 	<p>Fobumix Easyhaler 160/4.5 1 dose BD</p> 
<p>Relvar Ellipta 92/22 1 dose OD</p> 	<p>Atecura Breezhaler 125/62.5 1 dose OD</p> 

**OR**

#### MART REGIMEN OPTIONS INCLUDE:

<p>Fostair NEXThaler 100/6 1 dose BD plus prn doses</p> 	<p>Fobumix Easyhaler 160/4.5 1 dose BD plus prn doses</p> 	<p>Symbicort Turbohaler 100/6 1 dose BD plus prn doses</p> 
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**OR**

#### FIXED-DOSE AND MART REGIMENS, OPTIONS INCLUDE:

Luforbec MDI 100/6 + spacer  
1 dose BD or  
MART regimen 1 dose BD plus prn doses





#### FIXED-DOSE (BD or OD regimen) OPTIONS INCLUDE:

<p>Fostair NEXThaler 100/6 2 doses BD</p> 	<p>Fobumix Easyhaler 160/4.5 2 doses BD</p> 
<p>Relvar Ellipta 92/22 1 dose OD</p> 	<p>Atecura Breezhaler 125/127.5 1 dose OD</p> 

**OR**

#### MART REGIMEN OPTIONS INCLUDE:

<p>Fobumix Easyhaler 160/4.5 2 doses BD plus prn doses</p> 	<p>Symbicort Turbohaler 200/6 1 dose BD plus prn doses</p> 
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**OR**




#### FIXED-DOSE REGIMEN OPTIONS INCLUDE:

Luforbec MDI 100/6 + spacer  
2 doses BD



**MDI**  
Inhale slow and steady

#### MDI OPTIONS INCLUDE:

<p>Kelhale 100mcg + spacer 1 dose BD</p> 	<p>Soprobe 200mcg + spacer 1 dose BD</p> 	<p>Clenil 200mcg + spacer 1 dose BD</p> 
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AeroChamber Plus Flow-Vu spacer (where applicable)



Asthma+ Lung UK

Signpost patients to inhaler technique resources

Find out more about this guideline



- BD:** Twice daily
- OD:** Once daily
- DPI:** Dry Powder Inhaler
- GWP:** Global Warming Potential
- ICS:** Inhaled Corticosteroid
- LABA:** Long-acting Beta<sub>2</sub> Agonist
- LAMA:** Long-acting Muscarinic Antagonist
- MART:** Maintenance and Reliever Therapy
- mcg:** micrograms
- MDI:** Metered Dose Inhaler
- PRN:** As needed
- SABA:** Short-acting Beta<sub>2</sub> Agonist