# West Yorkshire Adult Asthma Management and Prescribing Guideline

### **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should be treated with an inhaled corticosteroid (ICS); using short acting bronchodilator (SABA) monotherapy is now outdated and no longer acceptable.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
- Review inhaler technique, adherence and co-morbidity at every opportunity including prior to stepping up therapy

Start pathway here if mild, infrequent symptoms (< twice a

month)

- 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 (GWP): Low 🔎
- 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 supply of 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 monotherapy

West Yorkshire **Health and Care Partnership** 

OD: Once Daily PRN: As Needed

**GWP:** Global Warming Potential ICS: Inhaled Corticosteroid

MART: Maintenance and Reliever Therapy MDI: Metered Dose Inhale LABA: Long-acting Beta<sup>2</sup> Agonist SABA: Short-acting Beta<sup>2</sup> Agonist LAMA: Long-acting Muscarinic Antagonist



Asthmahub (England) App

 A digital personalised asthma action plan Regular users of this app improve wellness https://icsthub.co.uk/asthmahub/





Asthma+Lung UK:

Inhaler Technique Videos https://www.asthmaandlung.org.uk/living-with/inhaler-videos



STEP 1: INITIAL MANAGEMENT OF NEWLY DIAGNOSED ASTHMA

### STEP 2: MANAGEMENT OF PERSISTENT ASTHMA

Start pathway here if symptoms most

### STEP 3: ONGOING POOR CONTROL

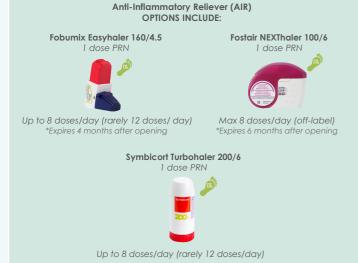
Uncontrolled despite good adherence

Uncontrolled despite good adherence

## PREFERRED REGIMEN:

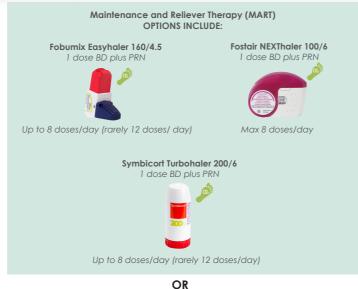
as-needed therapy in mild asthma, and only certain ICS/formoterol inhalers were licensed for medium-dose MART therapy. The use of any other ICS/formoterol inhalers would therefore be off-label, but may be used in line with NICE guidelines.





OR







**DPI OPTIONS INCLUDE** 

Fobumix Easyhaler 160/4.5

Fostair NEXThaler 100/6

Relvar Ellipta 92/22

1 dose OD

Plus DPI SABA PRN

**OPTIONS INCLUDE** 

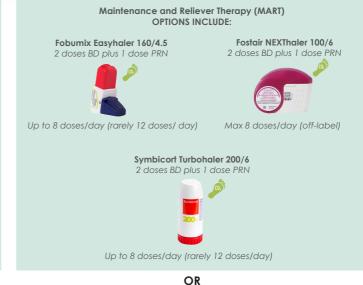
Luforbec MDI 100/6

1 dose BD

Proxor MDI 100/6

1 dose BD

Plus pMDI SABA PRN





**DPI OPTIONS INCLUDE** 

Fobumix Easyhaler 160/4.5

Fostair NEXThaler 100/6

Relvar Ellipta 92/22

Plus DPI SABA PRN

**OPTIONS INCLUDE** 

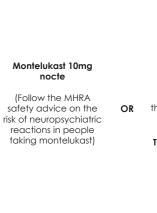
Luforbec MDI 100/6

2 doses BD

Proxor MDI 100/6

2 doses BD

Plus pMDI SABA PRN





MDI device:

Add LAMA if already on DPI

Spiriva Respimat 2.5 micrograms 2 doses OD

> Trimbow MDI 87/5/9 2 doses BD



Flow-Vu space Plus pMDI SABA PRN

Discontinue if no benefit.

## REFERRAL:

Consider trial of high-dose ICS/LABA and referral to secondary care for asthma phenotyping +/- biological therapy. but first:

1. Is the diagnosis correct?

2. Good inhaler technique?

3 Good adherence?

## YES

Refer to severe asthmo

Address adherence issues, consider differential diagnosis

NO

## OTHER INDICATIONS FOR REFERRAL:

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



Find out more about this guideline



Designed by The Institute of Clinical Science & Technology

DPI

Inhale quick

and deep

MDI

Inhale slow

and steady

### **DPI OPTIONS INCLUDE**

Easyhaler Budesonide 200 micrograms 1 dose BD

Easyhaler Budesonide 400 micrograms

Plus DPI SABA PRN

## **OPTIONS INCLUDE**

Kelhale 100 micrograms 1 dose BD

Plus pMDI SABA PRN

days or waking with asthma ≥1/week

to low-dose ICS/LABA

# **STEP 4: ADD-ON THERAPIES**

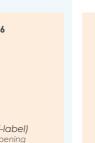
to medium-dose ICS/LABA

OPTIONS INCLUDE:

An 8-12 week trial of either:

Single Inhaler Therapy, using ICS/formoterol inhaler either on an as needed basis only (Anti-Inflammatory Reliever, AIR), or as Maintenance and Reliever Therapy (MART). In December 2024, only certain budesonide/formoterol inhalers were licensed for





ALTERNATIVE REGIMEN: Patients use separate maintenance and SABA reliever inhaler. Patient should be prescribed either all Dry Powder Inhalers (preferred) or all pMDIs.



