TREATMENT OF ADULT ASTHMA

REMEMBER!
- LOWEST DOSE TO CONTROL SYMPTOMS
- CHECK TECHNIQUE & CONCORDANCE THROUGHOUT

ASTHMA
Treatment according to symptoms:
1: Salbutamol MDI 100 micrograms
   One to two inhalations when required
   Using a rescue bronchodilator more than 3 times a week

2: Add in Kelhale (beclomethasone extra-fine particles BDP)
   According to patient’s needs but in the range of:
   100 micrograms twice daily up to a maximum of 400 micrograms a day
   (equiv to 800 micrograms standard BDP)

STILL SYMPTOMATIC
Check: Inhaler technique and compliance

- Good technique
- Poor technique

3: Combination therapy either:
   - Maintenance And Reliever Therapy
   - Leukotriene antagonist eg montelukast 10 mg nocte

   Symbicort 100/6→ 200/6 once or twice daily plus as required up to 12 inhalations/day
   Fostair 100/6 twice daily plus as required up to 8 inhalations/day

   Twice daily fixed dosing may be suitable for some patients but is associated with a greater exacerbation rate

STILL SYMPTOMATIC OR FREQUENT EXACERBATIONS

4: Add in: Trial of other individual treatments for one month and assess patient benefit – withdraw if no response.
   Perform therapeutic trials with:
   - Tiotropium Respimat
   - Theophylline
   - Azithromycin

5: In exacerbations oral prednisolone (if repeated > twice a year see below)

6: Referral for review by the asthma team for
   - Biological treatment in patients with repeated exacerbations, eosinophils >0.3 and IgE (30-1500) OR
   - Treatment with Relvar 92/22 inhaler

Approved by Hull and East Riding Prescribing Committee: March 2018  Update: March 2020  Review Date: March 2023