

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

Try different device eg breath actuated or dry powder

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

CONTROLLED – STEP DOWN