

TREATMENT OF ADULT ASTHMA

REMEMBER!

- LOWEST DOSE TO CONTROL SYMPTOMS
- CHECK TECHNIQUE & CONCORDANCE AT EACH VISIT

ASTHMA

Treatment according to symptoms:

- 1: Kelhale (beclomethasone extra-fine particles MDI) or Budesonide (Easyhaler or Turbohaler) (DPIs)
ICS dose should be in the range of (adjusted according to need):
 - 100-200 micrograms twice daily for Kelhale
 - 200-400 micrograms twice daily for Budesonide
 (Inhaler choice dependent on technique and patient preference)

STILL SYMPTOMATIC

Check Inhaler Technique and Adherence

Good technique

Poor technique: Try a different device eg breath actuated or dry powder

2. Combination Therapy

Maintenance and Reliever therapy (MART)*
Do not co-prescribe a SABA

If remains uncontrolled
add

Leukotriene antagonist eg montelukast 10 mg nocte

* How to prescribe MART

- Fobumix 80/4.5 or 160/4.5 (DPI) OD or BD and as required up to 12 inhalations/day
- Symbicort 100/6 or 200/6 (Turbohaler) OD or BD and as required up to 12 inhalations/day
- Fostair 100/6 twice daily plus as required up to 8 inhalations/day (Nexthaler)

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

STILL SYMPTOMATIC OR FREQUENT EXACERBATIONS

- 3: Add a LAMA:
 - if using MART → add Tiotropium Respimat
 - if fixed dose ICS / LABA → convert to BD Trimbow or OD Enerzair Breezhaler
- 4: Consider trial of Azithromycin 250 mg OD (3-month trial and review)
 - seek Advice and Guidance if required (Electronic Referral Service)
- 5: Treat exacerbations with oral prednisolone (Refer if repeated > twice a year)
- 6: Refer to HUTH Severe Asthma service for consideration of biological treatment in patients with repeated exacerbations, eosinophils ≥ 0.3 and IgE (30-1500)

CONTROLLED – STEP DOWN